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WATER AND SANITATION FOR HEALTH PROJECT

COORDINATION AND INFORMATION CENTER

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TRAINING IN HEALTH EDUCATION AND SANITATION PROMOTION FOR RURAL WATER PROJECTS IN MALAWI

April 6-8, 1983
April 18 - May 6, 1983
May 17 - June 3, 1983

WASH FIELD REPORT NO. 99

AUGUST 1983

The WASH Project is managed by Camp Dresser & McKee Incorporated. Principal Cooperating Institutions and subcontractors are: International Science and Technology Institute; Research Triangle Institute; University of North Carolina at Chapel Hill; Georgia Institute of Technology—Engineering Experiment Station.

Prepared for:
USAID Mission to the Republic of Malawi
Order of Technical Direction No. 144

WATER AND SANITATION FOR HEALTH PROJECT

WASH

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August 24, 1983

Sheldon Cole, Director
USAID Mission
Lilongwe, Malawi

Attention: David Garms

Dear Mr. Cole:

On behalf of the WASH Project I am pleased to provide you with 10 (ten) copies of a report on Training in Health Education and Sanitation Promotion for Rural Water Projects in Malawi.

This is the final report by Louise McCoy and is based on her trip to Malawi from 18 March 1983 to 8 June 1983.

This assistance is the result of a request by the Mission on 2 February 1983. The work was undertaken by the WASH Project on 7 March 1983 by means of Order of Technical Direction No. 144, authorized by the USAID Office of Health in Washington.

If you have any questions or comments regarding the findings or recommendations contained in this report we will be happy to discuss them.

Sincerely,

David Donaldson
Acting Director
Wash Project

cc. Mr. Victor W.R. Wehman, Jr., P.E., R.S.
AID WASH Project Manager
S&T/H/WS

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Prepared by:

Louise McCoy

August 1983

Water and Sanitation for Health Project
Contract No. AID/DSPE-C-0080, Project No. 931-1176
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U.S. Agency for International Development
Washington, DC 20523

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(The detailed plan for the training of trainers and materials developed for the training of trainers and field workers are contained in the supplement to this field report.)

EXECUTIVE SUMMARY

Two three-week workshops were designed and held for 53 Ministry of Health field workers in Malawi. The workshops introduced these workers to new responsibilities in health education and sanitation promotion (HESP) related to the AID-funded rural piped water supplies. The participants were trained in new skills for forming and training village health committees (VHCs) which would then educate other villagers in proper health practices related to the use and storage of potable water and other sanitation measures. A draft design was produced for training 22 more field workers immediately and for future workshops as well.

The workshops utilized an experiential training methodology to develop new skills and knowledge regarding:

- Adult learning principles and methods
- Generating community self-help resources
- Communication
- Sanitation technology
- Water-related diseases
- Recording and reporting field activities

Twelve MOH personnel were trained to become assistant trainers.

Further training needs for the project were identified and tentative plans made for implementation.

Outcomes:

o The workshops effectively launched a new sanitation promotion effort in 1,500 villages. Field workers now have new skills to motivate and educate village health committees to maximize the health benefits of improved water supply in rural areas.

o The self-help resources of village peoples, originally tapped to pipe the water from mountain springs, are further developed through the application of new methods that utilize their experience and energy.

o A variety of staff development objectives in the Public Health Inspectorate of Malawi have been met for key management and training personnel.

Recommendations:

To support the continuing effort, additional assistance is required in:

o Developing appropriate visual and other educational aids.

o Gathering and integrating new information about women's roles and beliefs.

o Upgrading supervisory skills of those who monitor field worker activities.

Staffing and transport requirements must be funded. Closer coordination with health personnel at district levels is necessary.

To expand the rural areas served, expert assistance is necessary to develop selection processes and design pre-service training for new workers.

ACKNOWLEDGEMENTS

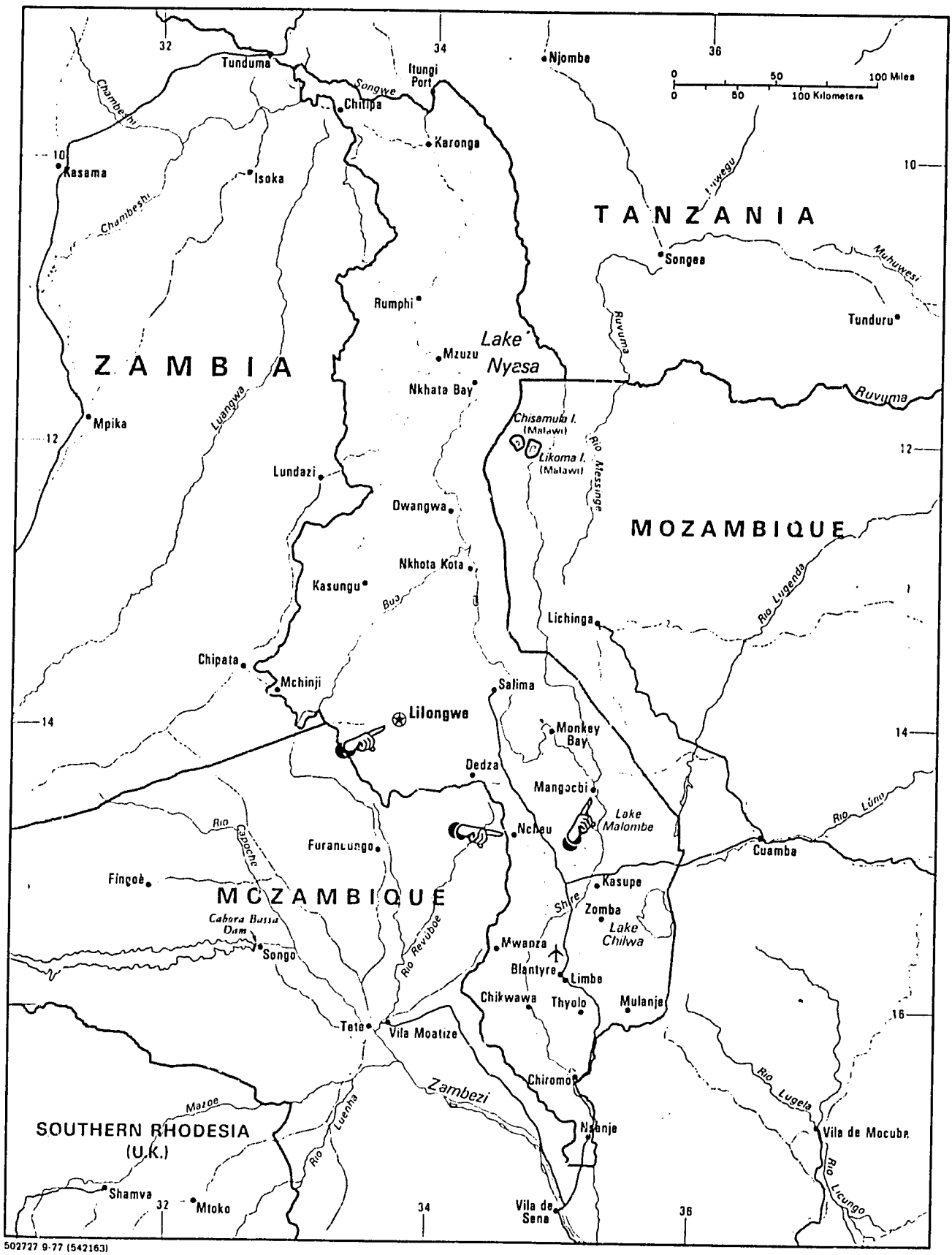
Mr. Richard Ainsworth, principal Health coordinator for the Malawi Ministry of Health, and the principal contact for the WASH consultant, was the key person in this assignment. His energy and commitment were inspiring. His articulation of project goals and strategies established a visionary and relevant context for the work. His thoughtfulness and attention to detail was a continuing source of support.

The Malawian personnel assigned by the Ministry of Health to assist in the development and presentation of the workshops are responsible for the success of the workshops for field workers. They brought to the work important knowledge of field situations and bilingual (and sometimes trilingual) skills. However, it was their ability to grasp new concepts and methods of training others that was truly remarkable and deserving of the gratitude of everyone involved. These men are:

M.F. Magombo, DHI
A.L. Msampha, HA
G.L. Majikuta, DHI
H.M.S. Abduhl, SHA
S.K.O. Mphande, HA
L.N. Chilambula, HA
R.C. Mandebvu, DHI
J. Zoya, HA
A. Makawa Phiri, DHI
F.Z.M. Ndhlovu, SHA
A.S. Kanchila, HI

David Garms, Program Officer for the USAID Mission in Malawi, and Craig Hafner, WASH Project Task Manager, provided unusual logistics and technical support at critical times. In addition, Fred Rosensweig, WASH Training Officer, provided continuing professional support that was also greatly appreciated.

Malawi



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Railroad
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Airport

Chapter 1

BACKGROUND

1.1 Events Leading to the Request for Technical Assistance

In 1982, the Malawi Ministry of Health began a project to intensify health and sanitation promotion efforts in rural areas served by gravity-fed, potable, piped water. Assistance by the U.S. Agency for International Development is provided as a component of its $6 million project to bring gravity-fed piped water to rural areas where the geographical configuration makes it possible. The system of bringing water from the mountains to taps in the villages was first introduced in 1968 with the assistance of many small donors for materials and technical assistance and utilizing labor provided by the villagers who would now have convenient and safe water. Over a million people of Malawi will eventually be served by this system.

In recent years, people associated with safe water and health promotion efforts in Malawi began to recognize that the potential of improved water supplies for reducing the incidence of diseases in the villages was not being fully realized. High levels of contamination are found in drinking water storage pots in homes though water at the tap is safe. Women continue to use polluted rivers for bathing and washing clothes. The systems are designed to provide enough water for good sanitation and hygiene practices yet water is utilized at about one-half the per capita levels considered necessary for acceptable personal hygiene and household cleanliness. Clearly health education and sanitation promotion are necessary in the villages to realize the potential benefits of convenient, safe water.

To organize the activities of this new villager education effort, a Principal Health Coordinator (Richard Ainsworth) was engaged in 1982. He developed a strategy which identified the steps necessary to achieve these goals. At the heart of the plans are the formation and training of village health committees (VHCs) who will in turn educate their neighbors and spread health and sanitation messages. The main messages that the project promotes focus on the care of safe drinking water supplies from the tap to consumption; the construction and proper use of latrines, bath houses, refuse pits, and dish racks; and the maintenance of good personal hygiene and environmental cleanliness. The aim of the project is to decrease the incidence of diseases related to water and sanitation such as diarrhea, intestinal worms, bilharzia, and skin and eye infections.

In January of 1983, Craig Hafner of the WASH staff visited Malawi and met with personnel from the Ministry of Health (MOH) and the Department of Lands, Valuation, and Water (DLVW). His visit generated a request from the Government of Malawi and the USAID Mission to provide the assistance of two consultants through the Water and Sanitation for Health (WASH) Project to design and deliver three workshops for MOH field workers in rural piped water areas. These workshops would improve field workers' skills in communication, motivation, and assistance to village health committees in their efforts to organize and solve their own environmental health problems. The original request of February 1983 was modified by both USAID/Washington (to provide

only one consultant) and by the Government of Malawi (to add a training session for Malawian health personnel in training technology).

1.2 Order of Technical Direction Number 144

The request for technical assistance to USAID/Malawi was issued to the WASH contractor on March 7, 1983 (see Appendix A). A single consultant was to design and implement three two-week workshops for MOH field workers, prepare a workshop design for future use, and make recommendations for future MOH skill training. The primary focus was the development of skills in communication and motivating community participation in the resolution of village health problems related to water and sanitation.

Prior to departure of the consultant to Malawi, the schedule for the workshops was changed and the scope of work modified. A training of trainers (TOT) session was to be delivered first for MOH personnel who would assist in the workshops for field workers. The primary purpose of this change was to develop training skills of selected Malawian Government personnel and to use the Malawians as co-trainers during the workshop. The workshops were also extended to three weeks to accommodate additional content in communicable diseases and sanitation technology. This change meant that the third workshop would be delivered by MOH personnel after the departure of the consultant. A draft design for the workshops would be developed rather than a full-scale trainers' guide.

1.3 Terms of Reference

The Ministry of Health presented Terms of Reference for the consultant's work on arrival (see attachment to Appendix A). These terms were very similar to what had been anticipated except for the addition of more topics to the workshops for field workers, specifically documentation (recording and reporting) and village sanitation inspection skills.

Chapter 2

ORIENTATION

The first priority of the consultant on arrival in Malawi was to become familiar with the gravity-fed rural piped water supply project and its health education and sanitation promotion (HESP) component. Lengthy discussions were held with Mr. Ainsworth, the Principal Health Coordinator, and his project reports, correspondence files, position papers, procedure manuals, and data-gathering formats were reviewed. The Report on the National Seminar for Health Education and Sanitation Promotion in Rural Piped Water Project held in February 1983 in Chilema was especially useful (for a copy of this report see supplement to this field report).

Introductory meetings were held with USAID Mission Project Officer David Garms and in the Ministry of Health, Dr. M.K. Chirambo, Chief Medical Officer; Mr. L.L. Chipungu, Acting Principal Health Officer; and Mr. Sam Lewis, WHO Health Education Specialist.

Dr. Anthony Klouda, Primary Health Care Coordinator for the Private Hospital Association of Malawi, was a rich resource for training materials and, more importantly, for his understanding of cultural issues affecting health and sanitation practices in Malawi.

A day was spent visiting training sites at Msamba and Ntcheu, interviewing workshop participants in the field, meeting members of the Village Health Committee in Karodya, and viewing a rural piped water system.

Training manuals, visual aids, and other locally produced materials were reviewed to determine usefulness for the workshops. Sources of training supplies and support and duplicating were identified.

In consultation with Mr. Ainsworth, the consultant's calendar and goals for the workshops were determined.

Chapter 3

THE TRAINING OF THE TRAINERS

3.1 Introduction

The training of trainers (TOT) was designed to introduce selected Ministry of Health personnel to experiential and performance-based training methods. Purposes were twofold.

- To develop training skills of Ministry personnel.
- To make it possible for these personnel to function as bilingual (English and Chichewa) Assistant Trainers for Health Education and Sanitation Promotion Workshops to be held for field workers in the three regions of Malawi (Central, South, and North).

The TOT was held April 6-8, 1983 at Msamba Training Centre near Lilongwe.

3.2 Participants

Six District Health Inspectors and six Health Assistants with supervisory responsibilities in rural piped water supply projects were selected by the Principal Health Coordinator (Richard Ainsworth) and the Regional Health Officers to attend the TOT and to serve as trainers for the workshops. Each of the three regions was represented by two District Health Inspectors and two supervising Health Assistants. This team of four would join Louise McCoy, the WASH training consultant, and Richard Ainsworth, the Principal Health Coordinator, to plan and give the workshop for field workers in their own region. All but one had attended the national seminar in February providing a background in the goals of the project and an introduction to experience-based training methodology. For a list of participants in the TOT, see Appendix C. Two participants representing the Northern Region were delayed by a plane cancellation and missed the Tuesday evening and Wednesday morning sessions.

3.3 Planning and Preparation

TOT goals, methods, and agenda were developed by the consultant after the initial orientation to the country and project. Materials were drawn from the consultant's personal or WASH files, and two major works (Bower and Werner's Helping Health workers Learn and the American Home Economics Association's Working With Villagers) were hand-carried in sufficient quantity to provide a copy for each co-trainer. (Copies of handouts are in the supplement to this report which also contains the detailed training design.)

An easel was constructed for charts and suppliers of other materials (newsprint, markers, etc.) were identified.

Responsibility for conducting the workshop was shared with coordinator Ainsworth, partly for purposes of demonstrating co-training.

3.4 Goals and Objectives

3.4.1 Goals

- To improve skills and increase knowledge of training techniques in village health and sanitation.
- To plan application of new skills and knowledge in workshops for field workers in Health Education and Sanitation Promotion for rural piped water projects.

3.4.2 Objectives

By the end of the meeting, participants will be able to:

- Discuss principles of adult learning.
- Use the experiential learning cycle in designing training sessions.
- Do a task analysis of environmental sanitation and health education work.
- Write behavioral objectives for training sessions.
- Select and use a variety of training methods and visual aids.
- Design and deliver a short training session to practice utilizing new knowledge and skills.
- Evaluate the effectiveness of a training session.
- Identify tasks to be accomplished for planning a workshop.

3.5 Agenda

Below is an outline of the topics covered day by day.

Tuesday Evening 7:30-9:15 pm

- Introduction
- Sharing expectations
- Discussion of schedule
- Group norms

Wednesday Morning 8-12 noon

- Adult learning
- Learning styles and trainer styles
- Experiential learning cycle

Wednesday Afternoon 1:30-5:30 pm

- Content/process/methods
- Methodologies

Lecture/visual aids	Lecturette
Group discussions	Role plays/skits
Demonstration	Field trips
Instrumentation	Practicals

Thursday Afternoon 1:30-5:30 pm

- Trainer skills

Session design	Feedback
Delivery skills	Co-training

Thursday Evening 7-8:30 pm

- Preparation for practice sessions

Friday Morning 8-12 noon

- Practice sessions presented

Friday Afternoon 1:30-5:30 pm

- Planning for workshops
- TOT evaluation

Saturday

- Return to station

3.6 Evaluation

Participants responded to an evaluation instrument soliciting their individual opinions of the effectiveness of the TOT.

All rated the value of the TOT very positively (nine checked "great" and three checked "good"). The group felt all objectives were accomplished--many to the 100 percent level, some to 75 percent levels. Asked which sessions were most useful one or another member of the group mentioned each session. The sessions providing opportunities for members of the group to practice deliveries and the sessions on methods of adult education got the most nominations.

Participant comments centered on the need for the workshop to be much longer and on their appreciation of the organization and skills of the leaders. (Full information on the evaluation is in the supplement.)

3.7 Recommendations

3.7.1 More Time

Due to Easter holidays and the travel time requirements of participants, the five days that were originally planned for the TOT were cut to three days. Seven to eight days is recommended, especially as additional time was needed to accomodate participants limited English. All sessions needed further development and elaboration to achieve participant mastery of the skills and new knowledge.

3.7.2 Second Training Consultant

A second consultant trainer as originally planned would have made a significant difference in the effectiveness of the TOT. This difference would have occurred in at least the four areas outlined below:

- A better assessment of the needs and limitations of the participant group through more interviews of participants prior to the start of the workshop and through the design of a "pre-test" instrument to be administered during the first session.
- The design of specific instruments (test, checklists, etc.) to provide relevant practice in achieving mastery of a particular concept or skill, for example, to distinguish behavioral vs. non-behavioral objectives and record observations of discussion-leading skills.
- The revision of hand-outs to simplify the English and to make it more specific to local circumstances.
- The development and delivery of brief demonstrations of various methods using content relevant to the work of the participants.

3.7.3 Discussion Group Leadership Skills

This population had little experience with participation in discussion groups and no experience with the leadership of them. It is the most critical skill for functioning as an assistant trainer in experience-based workshops or for purposes of processing and applying new skills and knowledge acquired in field or structured classroom experiences. Other goals of a TOT should be sacrificed, if necessary, to achieve participant mastery of these skills.

3.8 Outcomes and Conclusions

The TOT contributed greatly to the ability of the participants to function as assistant trainers in the workshops for field workers. Obviously, participatory and performance-based training for themselves is of great value for those to being asked to deliver such training.

A cadre of trainers, some of them with lead trainer potential, now exists in the Malawi Ministry of Health. They will be called on to assist with refresher courses and workshops for new field workers in the rural piped water supply areas. They may also be used by other MOH departments in the training of field workers.

Participants reported feeling like members of a special fraternity with special skills following the TOT and their experience on the workshop training teams. Seminars and conferences that do not use participatory techniques are likely to be roundly criticized by this group in the future, possibly upgrading the effectiveness of such programs in the long term. Skills acquired for training purposes are easily adapted to supervisory settings as well, and all of these trainers are in supervisory positions.

Chapter 4

THE WORKSHOPS FOR FIELD WORKERS

4.1 Introduction

The workshop for the Central Region was held in Ntcheu April 18 to May 6; the one in Southern Region in Mangochi May 17 to June 3. The Northern Region workshop in Karonga was scheduled for June 13 to July 1 after the consultant's departure.

All workshops were held in local government meeting chambers. Participants and staff were housed in nearby rest houses or hotels and took their meals in local restaurants. Workshop activities were scheduled five days a week from 8-12 a.m. and 1:30 to 5:00 p.m.

4.2 Participants

The participants for the workshops were drawn from two different levels of the Ministry of Health Public Inspectorate. A small proportion, about 20 percent, of the group were Health Assistants. Health Assistants (HAs) are certified on completion of a three-year course of study beyond the Junior Certificate level of secondary school studies. Their salaries range from the equivalent of about U.S. $80 to $140 per month. Subsidized government housing is also provided at a cost of 10 percent of the Health Assistants' salary. In the HESP project, Health Assistants function as project supervisors, supervising the work of Health Surveillance Assistants (HSAs) in the villages. Others work alongside the HSAs in the villages as field workers as part of their duties and were included among the workshop participants.

Eighty percent of the participants were identified from the pool of HSAs already stationed in Rural Piped Water Supply Project areas. These men have passed Standard 8 and have had no further education or training other than on-the-job. They make $22 to $40 a month and are not provided government housing. They average eight to ten years experience (many were hired during the big cholera outbreak in the 70's) with a range of from one to 19 years of government employment. The participants in the workshop therefore represented a wide range of intellectual abilities and academic experience. All had practical field experience.

4.3 Preparation and Planning

The goals and over-all flow and sequencing of the design were developed by WASH consultant McCoy in consultation with Ainsworth, the project coordinator and principal contact.

There are two major process themes woven into the workshop design. These themes not only guided the choices of methods but also were part of the content of the workshop itself.

1. Learning by Doing: The workshop design provided opportunities for repeated practice of new skills--both in mock exercises in the classroom and in the field with actual tryouts of new techniques with leaders in villages near the workshop sites. Practice was always followed by structured opportunities to reflect on that experience, identify issues and problems, and seek resolution or new ideas for application in the home setting.

2. Build on What They Know: All working sessions were designed to provide maximum opportunity for participants to share their knowledge and experience. The Health Surveillance Assistants (HSAs), while never provided opportunities for any formal training previously, came to the workshops with a great deal of applicable practical knowledge, notably in sanitation technology and cholera control. Some workshop sessions merely systematized or validated already acquired knowledge. This process encouraged debate, thought, and a sense of confidence in their own abilities.

Three major content themes were woven into the workshop design throughout the three-week period: 1) a cooperative approach to interaction with villagers, 2) the Project Strategy, and 3) the documentation system.

1. A cooperative approach to motivating community participation in sanitation and health promotion was repeatedly emphasized throughout the workshop. Historically, government officials had taken an authoritarian "policeman like" approach to changing health and sanitation practices. To develop a cooperative consultative approach required a number of new skills and the development of a different attitude. Workshop leaders demonstrated an attitude of respect and encouraged and validated the expression of opinions and the sharing of experiences. Workshop sessions repeatedly addressed the issues of villager and field worker sharing responsibility for improving health and sanitation practices.

2. The project strategy outlines in a step-by-step fashion the activities of the Health Assistant or Health Surveillance Assistant in a target village from first meeting to follow-up visits. These steps provided the framework for the sequencing and flow of the workshop design.

3. The documentation system devised by Ainsworth is comprised of a series of 11 forms correlating to field worker activities in the villages. These forms provide data for monthly progress reports and continuing records for review of effort and outcomes. These forms also provided a structure and a tangible set of expectations that were new in the experience of these field workers. The purposes and utilization of this somewhat complex set of forms became another repeated theme.

The assistant trainers were the primary resource for assessing the participants' prior level of skill or knowledge and adapting new principles and practices introduced by the consultant coordinator to the specific Malawi cultural or organizational situation.

Each training session was designed in detail in consultation with the Assistant Trainers on the training team. It was imperative to involve these trainers in the detailed planning as they had major responsibility for leading

most workshop activities in the Chichewa language; the consultant functioned as a supervisory coordinator.

Most Health Surveillance Assistants could understand simple English talks especially when accompanied by written English visual aids. However, their ability to express themselves in English was limited, and, as verbal interaction is a major point of the adult learning process, it was necessary to limit English language talks to the minimum and conduct the workshop in Chichewa. However, all written material, including the charting or reporting on newsprint of discussions was done in English. They served not only to enable the consultant coordinator to keep track of what was going on, but provided the participants with necessary practice as they are required to do all written correspondence and reporting in English.

The training team met for three days prior to the start of each workshop to plan activities in detail. Every day the team met after the day's work to assess the effectiveness of the design for recommended revisions to the next workshop and to review again the plans for the next day. Weekends also provided time for planning.

4.4 Goals of the Workshop

By the end of the workshop, participants should be able to:

- Describe rural piped water projects.
- Describe the steps in the Project Strategy and related activities.
- Perform a village inspection.
- Conduct an analysis of village health and sanitation problems with village leaders.
- Design and conduct a training session on a health or sanitation topic for a small group of village leaders.
- Discuss the formation of village health committees.
- Correctly record results of village inspections and report results to supervisors and village leaders.
- Report HESP activities to supervisors.
- Review knowledge of water-related diseases and sanitation technology.
- Define major messages related to HESP for villagers.

Specific objectives for each session are outlined in the draft design which is in a separate document.

4.5 Agenda

The agenda for each of the three regional workshops varied slightly depending on local market days, government holidays, and availability of meeting room space. A representative outline of workshop topics, as planned for the last workshop, follows. Specific session objectives, workshop activities, and materials distributed are included in the supplement to this report.

Day 1
- Registration
- Opening ceremonies
- Introduction and expectations
- Background and project strategy

Day 2
- Village leadership: Sharing the responsibility
- First village visit: To meet leaders, view water supply system, introduce self, and make arrangements for further visits.

Day 3
- Review village visit
- Introduce documentation system: Forms 1, 2 and 3 (see supplement)
- Coordination with Water Department
- Village inspection and Form 5
- Advising families

Day 4
- Second village visit: To do a village inspection, report results to village leaders, and seek additional facts about the community

Day 5
- Review village visit
- Introduce forms 4 and 10 (see supplement)
- Review forms 1, 2, 3, 5 (see supplement)
- Computing percentages
- Review project strategy and the week's work
- Workshop evaluation

Day 6
- Relationships of water and sanitation to disease
- Sanitation technology: review current practices, introduce ventilated pit latrine, consider tap area development, and "hand-washing technology"

Day 7
- Village health committee training: Innovation and change theory
- Adult-learning principles
- Leading discussion groups

Day 8
- Practice in leading discussion groups
- Analyzing village health problems with problem analysis visual aid
- Practice using problem analysis visual aid

Day 9
- Third village visit: To do village health problem analysis with village leaders
- Review village visit
- Introduce Form 9 (see supplement)
- Review Forms 3 and 10 (see supplement)
- Developing training plans for village health committees

Day 10 - Water-related diseases: Causes, signs, treatment, control and prevention
- Review project strategy
- Evaluation of workshop

Day 11 - Other diseases
- Diarrhea and dehydration in children
- Demonstration of rehydration fluid therapy
- Practice in demonstrating rehydration fluid therapy
- Uses of demonstration method

Day 12 - Lesson planning: Content and methods, step-by-step approach
- Practice planning lessons

Day 13 - Practice in giving lessons
- Fourth village visit: To give health training to village health committee

Day 14 - Review village visit
- Review recording: Forms 1, 2, 3, 4, 5, 9, 10 (see supplement)
- Introduce reporting: forms 6 and 7 (see supplement)
- Introduce monthly planning: form 11 (see supplement)
- Project expectations for 1983

Day 15 - Review adult learning principles and methods
- Review project strategy
- Workshop examination
- Workshop evaluation
- Recommendations
- Closing ceremonies

4.6 Evaluation

Participants evaluated the workshop weekly. Trainers utilized a variety of group discussion techniques to get participant reaction to workshop methods and to assess retention of material presented for purposes of modifying the approach or scheduling extra reviews. In general, workshop participants found the methods involving, surprising, exciting, and tiring. When a large group expressed difficulty with the concept presented (usually concerning the documentation system) reviews were scheduled into the next week's activities.

Two individual written instruments were administered at the end of the workshop: one solicited participant assessments of progress regarding objectives and general reactions to trainers, setting, and content; the other tested knowledge of some of the workshop content.

Participant assessment of progress on objectives was high. Likes and dislikes expressed regarding particular topics or methods revealed no pattern, and different participants responded positively and negatively to the same issue. The only criticisms by a large number were related to logistics and requested, for instance, a greater variety of food, more vehicles to transport participants to village practicals, and more daily allowance money.

The written examination on workshop content revealed one serious deficiency in both the central and south region workshops--the computation of percentages. More time and practice were devoted to this topic in the second workshop, yet almost 30 percent of the group still did not do this "word problem" correctly on the exam. (Copies of these two written instruments are included in the supplement to this field report.)

Chapter 5

RECOMMENDATIONS

5.1 Training for Supervisors of Field Workers

The current training of personnel identified as project supervisors (Health Assistants and District Health Inspectors) does not address principles and methods of supervision. In addition, at this moment, the field workers have a greater understanding of the goals and expectations of the project than their supervisors. As the field workers are only minimally trained and must work independently, the success of the project is very dependent on the skills of supervisors in assessing individual progress, setting attainable work objectives, evaluating and recommending personnel changes, and motivating and supporting their supervisees. Consultant assistance should be utilized in developing an initial workshop to train project supervisors in basic personnel practices, supervision skills, and management theory and practice.

5.2 Local Counterparts

As only three years remain at current funding expectations, consideration should be given now to the identification and education of professional Malawian counterparts to replace or assist expatriate personnel funded by USAID. The project has potential for significant expansion as gravity-fed piped water is brought to more villages and could be expanded immediately to serve villages that have potable water from boreholes.

5.3 Full-Time Trainer

The Principal Health Coordinator cannot afford to take time away from administrative and program development duties to meet all the training needs necessary to the success of the health and sanitation promotion component. The full-time assistance of a trainer who speaks Chichewa fluently is required. Principal duties would be:

1. To make follow-up visits to field workers to assess effectiveness of these workshops and identify needs for further training.

2. To organize four to six regional workshops for these field workers this year and four to six "refresher" seminars late next year.

3. To develop and distribute materials (visual aids, lesson plans, etc.) to assist field workers in VHC Training.

4. To organize and assist in the design and delivery of three pre-service workshops for 50 to 60 workers anticipated in early 1984.

5. To organize and assist in the training of project supervisors.

5.4 Production of Visual Aids

Tangible tools and visual aids provide great support to unsophisticated and inexperienced teachers. The goals of the project would be reached more quickly and effectively with the use of a great variety of visual and manipulative aids (posters, games, illustrated lesson plans, story-books, dolls, measuring devices for oral rehydration, etc.).

Consultant assistance in the creating and adapting of teaching aids to serve the particular needs of the Malawi project is necessary. Further, both funding and technical assistance is needed to produce aids in sufficient quantity for the use of village health committee members and field workers. It is far easier and less time-consuming to train health workers in how to use an appropriate aid effectively than it is to teach them how to create, test, and produce such aids themselves. More control can also be exercised at the national level over the messages that are delivered to villagers if aids are produced in quantity and distributed.

5.5 Training New Field Workers

Fifty or 60 new workers may be hired in the beginning of 1984. If so, assistance may be necessary to design pre-service training for these workers. The Principal Health Coordinator is also anticipating using this training as a final assessment and selection device in hiring these workers, and assistance in designing that model is advisable.

5.6 Planning for Coordination and Integration

Some coordination efforts have begun, notably with the Department of Lands, Water and Valuation at ministry officer levels. In addition, the project field workers have been encouraged to contact and share information with local water monitors. While some "territorial-type" conflicts could arise in that both groups are focused on the use and maintenance of safe water supplies, the goals of the two groups and their dependence on village action to support the goals of both projects provide a substantial basis for mutual support, coordination, and understanding.

The coordination and information effort with local and district political and government leaders is already carefully structured and integrated into the project strategy. A more difficult coordination and integration task lies ahead with established medical personnel. The field workers must now limit the amount of time they have spent assisting medical clinics in the past in order to do the work expected in this project. The clinic personnel on whom these duties will now fall may not support these changes.

While officials at the national level are fully informed and supportive, a thorough information and coordination effort must be undertaken at the district hospital levels. Professional medical personnel at these centers and out-station clinics can provide a great deal of support to the field workers or, alternatively, critically undermine their efforts.

Village development efforts by other ministries also affect the ability of a village community to create healthy conditions for its members. Coordination with extension workers in agriculture, homecrafts, nutrition, etc. would be beneficial to the efforts of all groups. This coordination effort can be delayed for some time as this project gets implemented but planning for such coordination efforts could begin soon.

5.7 Roles of Women

All the workers, supervisors, and policy-makers on this project are men. Day-to-day family health and sanitation practices are the responsibility of women. Will the messages and methods of the health and sanitation promotion component reach women? Who influences village women? What do village women believe now? Answers to these questions were not available at the time of the consultant effort. Either proper studies must be undertaken or the information gathered from other sources. That information should be integrated into the training effort. In addition, the project administration should have access to some kind of advisory group that can offer counsel on the impact and effectiveness of project activities for women.

5.8 Transport

These field workers must rely on their feet for transport. Project expectations require almost 20 visits per village per year (or about 200 village visits per year per worker). They need bicycles with tool kits and training in how to maintain and do their own repairs. This bicycle should be sold to them at a cheap price. If they do not know how to repair the bicycles themselves, they will spend lots of time getting into centers where bicycle repair is done.

Chapter 6

OUTCOMES AND CONCLUSIONS

Outcomes of the technical assistance can be identified at several different levels.

6.1 Training for Promotion of Village Health and Sanitation

- The 70 participants in the workshops are now prepared to form or revitalize village health committees in over 1,500 target villages in the rural piped water project areas over the next three years (12 to 25 villages per field worker).

- The health education and sanitation promotion work of the field workers and village health committees could reduce the incidence of disease among 750,000 people (average of 500 people per village).

- The draft design will be the basis for training another 50 field workers in 1984. The work of these new surveillance assistants with 15 village health committees each may affect another 375,00 people by the end of 1985.

- The Health Assistants and Health Surveillance Assistants trained in these workshops represent only a portion of those in the field throughout the country. Some workshop ideas will be shared informally with colleagues at home stations. In addition, the other field workers may begin to apply pressure on personnel in the Ministry of Health for training to upgrade their promotion skills.

- Participants in the workshop can readily identify needs they have for additional training, are eager to attend follow-up workshops, and can better utilize other learning sources.

6.2 Staff and Program Development

- The design, delivery, and training management skills of the Principal Health Coordinator were developed further in the process of implementing these workshops. Further, training needs for the project were more sharply defined and a calendar of training activities tentatively outlined for the next year.

- Twelve supervisory personnel in the Public Health Inspectorate learned and practiced new training techniques. Several of these now have the capacity for functioning as lead trainer in future workshops sponsored by the Ministry of Health.

- The field workers in the workshops not only gained new knowledge and skills to apply in their home stations but an orientation to a new

structure and set of expectations. They are now answerable for their work activities to a new review and documentation system that reports to a national level.

6.3 Other Development Issues

The concept of village self-help was given new impetus and some elaboration by the approach taken in these workshops. Whereas participants in the workshops initially viewed villagers as only a source of labor for accomplishing changes (digging trenches for pipes or pits for latrines), they began to see that villagers had knowledge and skills that could be utilized or developed for motivating and educating others in good sanitation practices. If villagers are successful in bringing about changes in local health practices, energy and skills will be available for other development goals as well.

The model of training local personnel to assist in the delivery of workshops was functional and can be applied to other development settings effectively.

Even if only a tenth of the potential benefits of the technical assistance are realized, the cost-benefit ratio is extremely favorable.

APPENDIX A

WATER AND SANITATION FOR HEALTH (WASH) PROJECT
ORDER OF TECHNICAL DIRECTION (OTD) NUMBER 144
March 7, 1983

TO: Dr. Dennis Warner, Ph.D., P.E.
WASH Contract Project Director

FROM: Mr. Victor W.R. Wehman Jr., P.E., R.S. VWW
AID WASH Project Manager
AID/S&T/H/WS

SUBJECT: Provision of Technical Assistance Under WASH Project Scope of Work for USAID/Malawi

REFERENCES: A) Lilongwe 00399, dated 2 Feb 1983
B) Government of Malawi Request for Assistance

1. WASH contractor requested to provide technical assistance to USAID/Malawi as per Ref A., para 1-6 with exception that one (1) consultant rather than the Two (2) requested will perform the services.

2. WASH contractor/subcontractor/consultants authorized to expend up to 84 person days of effort over a five (5) month period to accomplish this technical assistance effort.

3. Contractor authorized to expend up to 70 person days of international and/or domestic per diem to accomplish this effort.

4. Contractor to coordinate with AFR/DR/HN (J. Shepperd), AFR/DR/ENG (J. Snead), Malawi Desk Officer and USAID/PC/Malawi and should provide copies of this OTD along with any ETA information, or interim reports as may be requested by S&T/H/WS, AFR/DR or USAID staff.

5. Contractor authorized to provide up to one (1) international round trip from consultants home base through Washington D.C. (for briefing and preparation) to Malawi and return to consultants home base through Washington D.C. during life of this OTD.

6. Contractor authorized local travel for consultants in Malawi NTE $900 without the written approval of the AID WASH Project Manager.

7. Contractor authorized to obtain secretarial, graphics or reproduction or piecework assistance (miscellaneous) services in Malawi or WASH CIC as necessary and appropriate to accomplish tasks. These services are in addition to the level of effort specified in para 2 and 3 above and NTE $1900 without the prior written approval of the AID WASH Project Manager.

Camp, Dresser & McKee, Inc.
WASH PROJECT

MAR 0 8 1983

8. Contractor authorized to provide for car or vehicle (s) rental as necessary and appropriate to facilitate effort. USAID/Malawi and PC/Malawi and Government of Malawi strongly encouraged to provide vehicle support for workshops if at all possible and if available and appropriate.

9. WASH contractor will adhere to normal established administrative and financial controls as established for WASH mechanism in WASH contract.

10. WASH contractor should definitely be prepared to administratively or technically backstop field consultants and subcontractors.

11. Contractor report on overall progress of activity to be made in writing in the field after conclusion of effort. A draft coordinated report in English is to be left at USAID/Malawi. Final report due to S&T/H within 30 days of return of consultants to the U.S. Final report to be in English and will be edited and printed by WASH CIC.

12. New procedures regarding subcontractor cost estimates and justification for subcontractor/consultants remain in effect.

13. USAID/Malawi, PC/Malawi and persons identified in para 4 above should be contacted immediately and technical assistance initiated as soon as possible.

14. Appreciate your prompt attention to this matter. Good luck.

PAGE 01 LILONG 00399 021757Z 7481 053691 AID1657
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TO SECSTATE WASHDC 4798
INFO AMEMBASSY NAIROBI

UNCLAS LILONGWE 399

AIDAC

FOR ST/HEA AND AFR/SA; NAIROBI FOR REDSO

E.O. 12356: N/A

SUBJECT: ASSISTANCE FROM WASH PROJECT

REF: (A) 82 STATE 353524

1. VISIT TO MALAWI OF WASH PROJECT REPRESENTATIVE CRAIG HAFNER WAS PRODUCTIVE. HAFNER HAD SERIES OF MEETINGS WITH DEPARTMENT OF LANDS, VALUATION AND WATER, MINISTRY OF HEALTH AND UNIVERSITY OF MALAWI TO EXPLAIN WASH PROJECT AND IDENTIFY POTENTIAL AREAS FOR FUTURE WASH SUPPORT

2. HAFNER VISIT HAS GENERATED FOLLOWING PENDING REQUEST FOR WASH TECHNICAL ASSISTANCE FROM GOM: TWO TRAINING CONSULTANTS TO DESIGN AND IMPLEMENT THREE WORKSHOPS (TWO WEEKS EACH) FOR UP TO 65 MINISTRY OF HEALTH FIELD STAFF PROVIDING HEALTH EDUCATION AND SANITATION IMPROVEMENTS IN RURAL PIPED WATER PROJECT AREAS. TENTATIVE WORKSHOP DATES ARE: MARCH 21-31 IN ZOMBA FOR 25 PARTICIPANTS; APRIL 11-22 IN ZOMBA FOR 20 PARTICIPANTS; AND MAY 2-13 IN KARONGA FOR 20 PARTICIPANTS.

3. PROPOSED TOPICS FOR WORKSHOP INCLUDE: COMMUNICATIONS PROCESS, ADULT LEARNING THEORY, COMMUNITY MOTIVATION METHODS, DESIGNING AND IMPLEMENTING LEARNING ACTIVITIES, SHARED APPROACH TO DEVELOPING A PROBLEM-ORIENTED LEARNING PROGRAM, COMMUNITY EDUCATION TECHNIQUES AND MATERIALS, AND VILLAGE HEALTH COMMITTEE FORMATION, FUNCTIONS AND CHARACTERISTICS. IN ADDITION, PROJECT SPECIFIC INFORMATION-SUCH AS PROCEDURE SUPERVISION AND ADMINISTRATION WILL BE COVERED.

4. PARTICIPANTS: APPROXIMATELY 15 HEALTH ASSISTANTS (HA) AND 50 HEALTH SURVEILLANCE ASSISTANTS (HSA); VARYING IN AGE FROM MID 20'S TO MIDS 50'S WITH EDUCATION RANGING FROM 6 YEARS OF PRIMARY SCHOOL TO HIGH SCHOOL DIPLOMA LEVEL: ALL CAN READ AND WRITE ENGLISH WITH DIFFERING DEGREES OF PROFICIENCY. PAST TRAINING EXPERIENCE RANGING FROM ONLY ON THE JOB TO 2 YEARS HEALTH ASSISTANCE COURSE. MOST HAVE CONSIDERABLE EXPERIENCE IN COMMUNITY OUTREACH WORK BUT LITTLE FORMAL OR PARTICIPATORY TRAINING EXPERIENCE.

5. CONSULTANTS: PROPOSED ETA-MARCH 7 FOR

LILONG 00399 021757Z 7481 053693 AID16

11 WEEKS, ETD-MAY 20. IF 2 CONSULTANTS NOT AVAILABLE FOR FULL 11 WEEKS, SUGGEST LEAD TRAINER BE AVAILABLE FOR FIRST 6 WEEKS MARCH 7-APRIL 16 AND SECOND TRAINER BE AVAILABLE THROUGHOUT

(A) CONSULTANT QUALIFICATIONS: HAVE DESIGNED AND IMPLEMENTED AT LEAST 2 TRAINING OF TRAINER WORKSHOPS FOR DEVELOPMENT COUNTRY PERSONNEL; EXPERIENCED IN TRAINING COMMUNITY DEVELOPMENT METHODS; COMMUNICATIONS; AND BASIC GROUP FACILITATION; HAVE DESIGNED AND LED AT LEAST TWO WORKSHOPS ON ADULT LEARNING THEORY USING EXPERIENTIAL LEARNING MODEL. PREFER BUT NOT REQUIRED-PREVIOUS AFRICA RURAL LIVING AND TRAINING EXPERIENCE UNDER DIFFICULT CONDITIONS, AND EXPERIENCED WITH METHODS USED IN DAVID WARNER'S BOOK QUOTE HELPING HEALTH WORKERS LEARN UNQUOTE.

(B) SCOPE OF WORK: WORK CLOSELY WITH AND BE RESPONSIBLE TO MOH, PUBLIC HEALTH COORDINATOR, AND RURAL HEALTH SUPERVISION STAFF. WITH PRINCIPAL HEALTH COORDINATOR AND STAFF, DESIGN AND IMPLEMENT THREE WORKSHOPS FOR HA AND HSA; PREPARE A WORKSHOP DESIGN FOR FUTURE MOH USE; AND MAKE RECOMMENDATIONS AND ASSIST IN PLANS FOR FUTURE MOH SKILL TRAINING.

6. EXPECTED END RESULTS: (A) 65 MALAWI RURAL PUBLIC HEALTH WORKERS SKILLED IN IMPROVIED METHODS OF COMMUNICATING, MOTIVATING AND ASSISTING VILLAGE HEALTH COMMOTTEES TO ORGANIZE AND SOLVE THEIR OWN ENVIRONMENTAL HEALTH PROBLEMS; (B) DRAFT DESIGN FOR 2 WEEK WORKSHOPS TO BE MODEL FOR MOH AND DEPT OF LANDS, VALUATION AND WATER IN TRAINING STAFF IN INTERACTING AND MOTIVATING VILLAGE COMMITTEES; AND (C) 15 RURAL HEALTH SUPERVISING STAFF SKILLED IN FIELD WORKER TRAINING TECHNICUES.
BURROUGHS

WASH Proj Dir

McJunkin
Austin
Witten
~~WEHMAN~~ UWW

Received ST/H/WS (WEHMAN) 2-7-83
Passed to WASH 2-8-83

SCOPE OF WORK

for Malawi Training Assignment

OTD-144

1. Work closely with the Ministry of Health (MOH), Public Health Coordinator's (Richard Ainsworth) Office and the staff of the Regional Public Health Inspectorate of Malawi.

2. Design and deliver a training of trainers (TOT) workshop for 12 senior public health officials for each of the three regions in Malawi. The workshop should incorporate experiential learning techniques.

3. With the Ministry of Health staff design a 3-week community participation workshop for rural health workers (Health assistants and health surveillance workers) including the following subjects:

   - communications process
   - adult learning theory
   - community motivation methods
   - designing and implementing learning activities with villagers
   - village health committee formation, functions and characteristics

     * in all of the above, the examples and content should be based on water and sanitation issues in villages.

   - communicable diseases

4. Deliver, with the assistance of Ministry of Health staff, two three-week workshops and prepare the staff for the delivery of a third workshop for up to 20-25 participants each.

5. Submit a final report detailing the planning, implementation and evaluation of the TOT and the community participation workshops as well as recommendations for further follow-up training activities for the MOH. A draft of the report should be left with AID/Malawi and the final report submitted to WASH. The workshop designs and materials used should be included in this report.

TRAINING CONSULTANT

TERMS OF REFERENCE

1. To organize and conduct three two-week workshops for up to 80 public health field personnel to increase their skills in providing health education and sanitation promotion inputs in rural water projects.

2. To work closely with up to six local health personnel to upgrade their skills as trainers and supervisors of the above personnel.

3. To develop effective training modules in the areas of:-

   - Communication with rural communities
   - Community problem identification/community diagnosis
   - formation and training of Village Health Committees
   - health education techniques and materials
   - performing sanitary inspections of villages
   - completing project monitoring forms
   - appropriate sanitation technology

4. To develop a training guide for use in future workshops.

5. Reports directly to the Principal Health Coordinator in all matters pertaining to the Workshops.

6. Estimated duration of consultancy: 13 weeks.

   weeks 1-3: preparation for workshops and training of trainers
   weeks 4-5: workshop I
   week 6: preparation
   weeks 7-8: workshops II
   week 9: preparation
   weeks10-11: workshop III
   weeks12-13: wrap-up and writing of training guide.

APPENDIX B

Persons Interviewed and Contacted

1. Mr. Richard Ainsworth, Principal Health Co-ordinator (MOH)
2. Mr. Lindsay Robertson, Chief Water Engineer (DLVW)
3. Dr. M. C. Chirambo, Chief Medical Officer (MOH)
4. Mr. L. L. Chipungu, Acting Principal Health Officer (MOH)
5. Mr. S. Cole, Director, USAID/Malawi
6. Mr. D. Garms, Project Officer, USAID/Malawi
7. Dr. A. Klouda, PHAM Primary Health Care Co-ordinator
8. Mr. J. W. Nyirenda, Acting Regional Health Inspector (South) (MOH)
9. Mr. C. S. C. Mhango, Acting Regional Health Inspector (Central) (MOH)
10. Dr. Anita Springs, WID Consultant, USAID
11. Mr. Sam Lewis, WHO Specialist, Health Education (MOH)
12. Drs. John and Mary Gillies, Government Medical Officers, Ntcheu District Hospital
13. Mr. John Rankin, Training Consultant for Primary Health Care Committee (MOH)
14. Dr. Ann Marie Hayes, Peace Corps Country Director/Malawi
15. Mr. Ray Colliver, Peace Corps Volunteer/Malawi
16. Mr. Bill McCoy, Peace Corps Country Director, Lesotho
17. Mr. K. B. Ntoambe, Principal Health Educator, Lesotho Ministry of Health

APPENDIX C

TRAINING OF TRAINERS MEETING
MSAMBA, APRIL 5 - 8- 1983

Participants:

M. F. Magombo, DHI

A. L. Msampha, HA

G. L. Majikuta, DHI

H. M. S. Abdul, SHA

C. S. C. Tasaukadala, DHI

S. K. O. Mphande, HA

L. N. Chilambula, HA

R. C. Mandebvu, DHI

J. Zoya, HA

A. Makawa Phiri, DHI

F. Z. M. Ndhlovu, SHA

A. S. Kanchila, HI

Leaders:

R. Ainsworth, Principal Health Coordinator

L. McCoy, Senior Consultant, WASH Project

Visitor:

L. L. Chipungu, Acting Principal Health Officer

HEALTH EDUCATION AND SANITATION PROMOTION
IN RURAL PIPED WATER PROJECTS

NTCHEU WORKSHOP - 18 APRIL - 6 MAY, 1982

PARTICIPANTS

Name		Post	Station
1.	Mr. Kalumbamoyo	HSA	Mwansambo
2.	Mr. Mkwezalamba	HSA	Kasakula (Ntchisi)
3.	Mr. Tenthani	HSA	Mchinji
4.	Mr. Tembo	HSA	Kochilira
5.	Mr. Whisky	HSA	Dedza
6.	Mr. A. A. Kukasha	HSA	Mlangeni
7.	Mr. E. Kalindi	HSA	Lizulu
8.	Mr. R. E. Madeya	HSA	Mlanda
9.	Mr. C. Machumbuza	HSA	Kapeni
10.	Mr. P. Banda	HSA	Ntcheu
11.	Mr. R. G. Kasamba	HSA	Dzunje
12.	Mr. V. Makwelelo	HSA	Kasinje
13.	Mr. H. Kamili	HSA	Bwanje
14.	Mr. E. G. Mbamera	HSA	Mulanje
15.	Mr. B. G. Vumbe	HA	Muloza
16.	Mr. P. Sitima	HA	Chonde
17.	Mr. T. Mpoola	SHA	Namitambo (Chiradzulu)
18.	Mr. Mkandawire	HA	Nkalo "
19.	Mr. F. Nadhope	HSA	Phalombe
20.	Mr. C. M. Nyirenda	HA	Chitekesa
21.	Mr. J. C. Labana	HA	Nambazo
22.	Mr. F. K. Matola	HSA	Nazombe
23.	Mr. F. D. Soyama	HSA	Mpasa
24.	Mr. S. J. Ntambalika	HSA	Kambenje
25.	Mr. A. Chinyenye	HSA	Lingamasa
26.	Mr. T. Kamoto	HSA	Mangochi
27.	Mr. Matemba	HSA	Kandou

TRAINING STAFF

Ms. Louise McCoy, Training Coordinator

Mr. R. A. Ainsworth, Principal Health Coordinator

Mr. G. L. Majikuta, DHI, Trainer

Mr. M.F. Magombo, DHI, Trainer

Mr. H. M. S. Abdul, SHA, Trainer

Mr. A. L. Msampha, HA, Trainer

MANGOCHI WORKSHOP

17 May - 3 June

NAMES OF PARTICIPANTS

I.B.C. Vumbe	H/A.	Muloza - Mulanje.	
J.W. Kanthalo	H.S.A.	Thuchila "	
A.I. Chipande	S.H.A.	" "	
J.R. Thangalimodzi	H.S.A.	Chinyama "	
Y.G. Ndasauka	H.S.A.	Chonde "	
W.J. Mazuwa	H.S.A.	Nazombe "	
S. Daglas	H.S.A.	Muloza "	
S.B. Mamuhiyaka	H.S.A.	Mulomba "	
A.H. Kaliya	H.S.A.	Kalinde "	
J. Manyungwa	H.S.A.	Nambazo "	
R.M. Mveru	H.S.A.	Chitekesa "	
M.F.J. Kandaya	H.S.A.	Namitambo	Chiradzulu
J.M. Mgodi	H.S.A.	Nkalo	"
D.A.M. Delepano	H.S.A.	Zomba	
R.S. Katunga	H.S.A.	Makwapala Zomba	
E.F. Chidichie	H.S.A.	Pirimiti Zomba	
S.A. Wisikesi	H.S.A.	Chingale, Zomba	
P.S. Maulana	H.S.A.	Domasi, Zomba	
A.C. Makupe	H.S.A.	Chingale, Zomba	
C.A.N. Chitute	H.S.A.	Kachulu (H)	
M.B.V. Mbewe	H.S.A.	Machinga	
C.B. Chakwana	H.S.A.	Machinga	
D.C. Zammimba	H.S.A.	Machinga	
G.R. Mtengula	H.S.A.	Machinga	
F.C. Mbangala	H.A.	Zomba	
Z.N. Tembo	H.S.A.	Mchinji	

APPENDIX D

Consultant's Calendar of Activities

March	24	Washington D. C.	Briefing
	26	Lilongwe	Arrival
	28-31	Lilongwe, Ntcheu	Orientation & Workshop Planning
April	1-5	Lilongwe	TOT Design and Preparation
	6-8	Msamba	TOT Delivery
	10-12	Lilongwe	Workshop Design
	12-16	Ntcheu	Workshop Planning with Training Team
	18 to May 6	Ntcheu	Workshop (Central Region)
May	8-10	Lilongwe	Review and Revise Workshop Design
	11-15	Mangochi	Workshop Planning with Training Team
	17 to June 3	Mangochi	Workshop (South Region)
June	5-7	Lilongwe	Prepare Draft Design and Recommendations Report to Mission
	8	Lilongwe	Departure
	13-14	Washington D. C.	Prepare and Give Briefing

DAILY TIMES / TUESDAY 10 MAY 1983

Health and sanitation promotion seminar ends

TWENTY-seven participants to a workshop on health and sanitation promotion in rural piped water projects in Ntcheu district have been asked to implement the skills they had earned for the benefit of the community.

A government medical officer from the district hospital made the appeal when he closed the three-week workshop last week.

The medical officer urged the participants to teach people what they had learnt through the village Health Committee in order to ensure achievement of the workshop objective — to promote health and proper sanitation in the rural areas.

The workshop participants were commended for their enthusiasm throughout the workshop. They shared new ideas and went out into the field to learn new skills and involved themselves in the whole programme instead of just sitting and listening to lectures, he said.

"You are in the forefront and you have a great role in promoting health in the villages and in helping to build a healthy village population where people live happily," said their workshop co-ordinator.

The workshop also set several objectives which health assistants and health surveillance assistants should achieve by the close of the year.

By December 31 they should have formed Village Health Committees in each target village, made two village inspection in each target village, completed village health committee training, performed two follow-up visits in each target village.

They should also have conducted health education courses for four target villages in the case of health assistants and two in the case of health surveillance assistants. —Mana

Best Available Document

PN-AAN-603
931176/62
ISN-31773

WATER AND SANITATION FOR HEALTH PROJECT

COORDINATION AND INFORMATION CENTER

Operated by The CDM Associates
Sponsored by the U. S. Agency for International Development

1611 N. Kent Street, Room 1002
Arlington, Virginia 22209 USA

Telephone: (703) 243-8200
Telex No. WUI 64552
Cable Address WASHAID

SUPPLEMENT

WASH FIELD REPORT NO. 99

DETAIL REPORT ON
TRAINING OF TRAINERS
MSAMBA, MALAWI
APRIL 6-8, 1983

AND

DRAFT DESIGN FOR WORKSHOP FOR
FIELD WORKERS IN HEALTH EDUCATION
AND SANITATION PROMOTION
Ministry of Health, Malawi

June 1983

The WASH Project is managed by Camp Dresser & McKee Incorporated. Principal Cooperating Institutions and subcontractors are: International Science and Technology Institute; Research Triangle Institute; University of North Carolina at Chapel Hill; Georgia Institute of Technology—Engineering Experiment Station.

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SUPPLEMENT TO

WASH FIELD REPORT NO. 99

MALAWI TRAINING FOR HEALTH EDUCATION AND SANITATION PROMOTION

Prepared for the USAID Mission to
the government of Malawi under
Order of Technical Direction No. 144

Prepared by:
Louise McCoy

June 1983

Contains:

DETAIL REPORT ON TRAINING OF TRAINERS

DRAFT DESIGN FOR WORKSHOP FOR FIELD WORKERS
IN HEALTH EDUCATION AND SANITATION PROMOTION

Water and Sanitation for Health Project
Contract No. AID/DSPE-C-0080, Project No. 931-1176
is sponsored by the Office of Health, Bureau for Science and Technology
U.S. Agency for International Development
Washington, DC 20523

PART I

DETAIL REPORT ON TRAINING OF TRAINERS

Msamba, Malawi

6-8 April 1983

Health Education and Sanitation Promotion
in Rural Piped Water Projects

Ministry of Health, Malawi

Prepared by Louise McCoy

Water and Sanitation for Health Project

Sponsored by the U.S. Agency for
International Development

June, 1983

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1. Introduction

This workshop was designed to introduce selected Ministry of Health personnel to experiential and performance-based training methods. Purposes were twofold.

A) To develop training skills of Ministry personnel
B) To make it possible for these personnel to function as bilingual (English and Chichewa) Assistant Trainers for Health Education and Sanitation Promotion Workshops to be held for field workers in the three regions of Malawi (Central, South, and North).

1.1 Participants

Six District Health Inspectors and six Health Assistants with supervisory responsibilities in rural piped water supply projects were selected by the Principal Health Co-ordinator (Richard Ainsworth) and the Regional Health Officers to attend this TOT and to serve as trainers for the workshops. Each of the three regions was represented by two District Health Inspectors and two supervising Health Assistants. This team of four would join Louise McCoy, the WASH training Consultant, and Richard Ainsworth, the Principal Health Co-ordinator, to plan and give the workshop for field workers in their own region. All but 1 had attended the National Seminar in February providing a background in the goals of the project and an introduction to experience-based training technology. The list of participants is appendixed. Two participants representing the Northern Region were delayed by a plane cancellation and missed the Tuesday evening and Wednesday morning sessions.

1.2 Leaders

Ainsworth and McCoy shared leadership responsibility for the delivery of the workshop.

1.3 Visitors

Mr. L.L. Chipungu, Acting Principal Health Officer, observed the Wednesday morning session.

1.4 Site

The TOT was held at Msamba Training Centre on the campus of the Msamba Catholic Secondary School about 3 miles from Lilongwe. Each participant had a single room furnished with study table, etc. The meeting room and dining hall were adjacent to the dormitory. The meeting room was an excellent size for a group of 10-12, well-furnished, and with lots of windows to provide ventilation and light. Meals were served buffet style. A refrigerator was stocked with soft drinks and beer for participants to purchase.

1.5 Goals and Objectives

Goals: To improve skills and increase knowledge of training techniques for village health and sanitation.

To plan application of new skills and knowledge in workshops for field workers in Health Education and Sanitation Promotion for Rural Piped Water Projects.

Objectives: By the end of the meeting, participants will be able to:

A. Discuss principles of adult learning
B. Use the experiential learning cycle in designing training sessions.
C. Do a task analysis of environmental sanitation and health education work.
D. Write behavioral objectives for training sessions.
E. Select and use a variety of training methods and visual aids.
F. Design and deliver a short training session to practice utilizing new knowledge and skills.
G. Evaluate the effectiveness of a training session.
H. Identify tasks to be accomplished for workshops.

1.6 Programme

Tuesday Evening 7:30-9:15 PM
- Introduction
- Sharing Expectations
- Discussion of Schedule
- Group Norms

1.6 Programme (Continued)

Wednesday Morning 8-12 noon
- Adult Learning
- Learning Styles & Trainer Styles
- Experiential Learning Cycle

Wednesday Afternoon 1:30-5:30 PM
- Task Analysis
- Behavioral Objectives

Thursday Morning 8-12 noon
- Content/Process/Methods
- Methodologies

Lecture/Visual Aids	Lecturette
Group Discussions	Role Plays/Skits
Demonstration	Field Trips
Case Study	Practicals
Instrumentation	

Thursday Afternoon 1:30-5:30 PM
- Trainer Skills

Session Design	Feedback
Delivery Skills	Co-training

- Preparation for Practice Sessions

Thursday Evening 7-8:30 PM
- Preparation for Practice Sessions

Friday Morning 8-12 noon
- Practice Sessions and Feedback

Friday Afternoon 1:30-6:00 PM
- Planning for Workshops
- TOT Evaluation

Saturday
- Return to station

Tea breaks were scheduled at 10 AM and 3:30 PM for 15 minutes each.

2. TOT Delivery: Goals, Activities, Materials

While goals and activities for the workshop were developed by McCoy, the leadership of sessions was shared with Ainsworth.

2.1 Tuesday Morning

Goals: Introduce ourselves
Get to know each other
Review expectations, objectives and schedule

2.1 Tuesday Morning (Continued)

Activities: Ainsworth opened the session with a brief statement outlining the background and purposes of the meeting. McCoy was introduced, goals for the evening announced, and brief introductions and ice-breakers conducted (members knew each other already and had recently attended a National Seminar together).

Expectations: In 2 groups of 5 members each, expectations of the worksop were solicited, charted, and posted.
These expectations were compared to TOT objectives to determine where planners and participants agreed and disagreed.

> Members of the group expressed the hope that they would learn supervision skills. While some training skills were also applicable in supervision activities, the topic was outside the scope of this meeting. The need for development of supervision of skills was noted and hope expressed that there may be an opportunity in the future for a seminar on this topic.

The schedule was reviewed and agreement of group members solicited.

Agreements on member behaviour guidelines were discussed and posted (being on time, encouragement to ask for clarification, etc.).

The session closed with a review of goals accomplished and an outline of the next morning's activities.

Materials: Each participant was given:

(1) A ring binder
(2) A pen
(3) Paper for note-taking
(4) Welcome letter outlining meal times, meeting times, etc.
* (5) List of participants, staff, and visitors expected
(6) List of TOT general objectives
(7) Summary of resume of WASH Consultant Louise McCoy
(8) Programme

* Appendixed

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2.2 Wednesday Morning

Goals: Identify issues in adult learning
Discuss experiential learning theory
Begin making notes for planning workshops

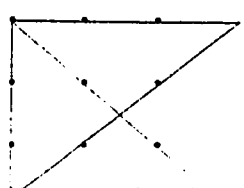
Activities: To illustrate the need to expand our thinking about adult learning beyond the limits of classroom experience the Nine Dots exercise was done.

. . .

. . .

. . .

The dots are to be all connected with 4 straight lines without the pen leaving the paper.



Participants individually completed the sentence "Adults learn best by or when ....." Then, gathered in groups of 5, they wrote their responses on newsprint and, after posting, individually marked their opinion of each statement. Their opinions were compared to adult learning principles outlined in Working With Villagers. Similarities and differences were noted. Implications for planning the workshops was discussed and charted.

Participant Responses: Applying Adult Learning Principles to Workshop Planning

- Use discussions
- Utilize the field experience of workers
- Go to villages with workers to demonstrate village inspections
- Use field trips to see the problems and alternative solutions
- Use practical examples and demonstrations
- Do community diagnosis in villages nearby
- Ask questions to learn what they know so we can build on what they know

2.2 Wednesday Morning (Continued)

The learning styles inventory was administered, scored, profiled, and interpreted. Discussion followed on how this information can be applied to preferences in trainer style and needs to design the workshops for a variety of participant learning styles.

A lecture on the Experiential Learning Cycle was given. The "Ostrich Game" was played to illustrate the cycle and the utilization of structured experiences in classroom setting.

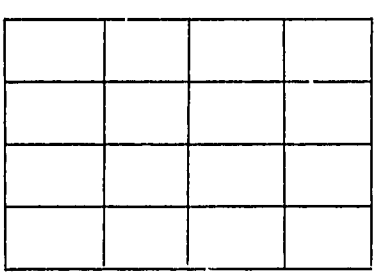
The morning's activities were summarized and the afternoon's outlined.

Materials: Learning Styles Inventory and Profile Sheet
Experiential Learning Cycle, Peace Corps Health Guide, 1982

2.3 Wednesday Afternoon

Goals: To analyse health education and sanitation promotion work
To practice writing training objectives for the workshop

Activities: The "Box of Squares" exercise introduced the concept of analysing work duties to identify all the tasks involved in accomplishing an assigned duty.



The group was shown this figure and asked "how many squares are in the box?" Eventually 30 squares were discovered.

The portion of the job description for health assistants (HA's) health surveillance

2.3 Wednesday Afternoon (Continued)

Activities: assistants (HSA's) involving the rural piped water system projects was posted. One of these duties (making village inspections) was analysed to list all the detailed tasks involved in a village inspection from preparation and planning through reporting. The group was divided into pairs to list the task detail for other duties. These lists were posted and reviewed. One list of detailed tasks was further analysed and given number values as to frequency, importance, and difficulty. The numerical totals represented a ranking of training priorities. After practicing the number codes a little individually, the group went back to the detailed task lists to assign values and establish training priorities. The need to break down tasks additionally into skill and knowledge requirements was briefly discussed.

The purposes and criteria for training objectives was presented.

A) Outcome-oriented: "By the end of the session....."
B) Trainee is the subject: "Trainee will be able to ....."
C) Action verb describing observable behavior.

A brainstorming technique was used to make a list of verbs which were then evaluated as to whether or not they were action verbs. Participants practiced writing training objectives for the tasks they had previously identified and checked them against the criteria with partners. To conclude, a few were taken and checked against the criteria in a large group. The issue of measurability and performance standards was noted. The value of performance-based objectives in evaluating the effectiveness of training was also discussed.

It was agreed that more practice was needed and that the next session would start with practicing writing objectives.

2.3 Wednesday Afternoon (Continued)

Materials: "Task Analysis" and "Behavioral Objectives": both handouts based on R.F. Mager's "Preparing Instructional Objectives"

2.4 Thursday Morning

Goals: Practice writing training objectives
Discuss content for workshops
Identify a variety of methods to use
List guidelines, advantages and disadvantages in the use of several methods
Write personal notes for planning

Activities: Before beginning the day's activities, the leaders wanted to "check-in" on participants' feelings about speed of speech, use of jargon or complex terminology, and amount of material being delivered. By checking a five point scale, it was learned that participants were generally comfortable with language speed and difficulty and, while a few were feeling a bit rushed, most were comfortable with the amount of material being presented.

The criteria for training objectives were reviewed and the group practiced writing some individually and then checking their work with a partner. In the large group, problems and purposes were clarified.

The content of the up-coming workshops was outlined by assigning percentages to each of the major duties of an HSA. These percentages represented the expected training accomplishment for each major duty as some duties can be addressed more fully in other workshops at a later time. Those duties of immediate concern to the HSA's will be covered more fully in this workhsop.

2.4 Thursday Morning (Continued)

HESP Content	
100%	Village Health Committee Formation
100%	Village Inspection
100%	Recording and Reporting
75%	Village Health Committee Training
75%	Water-related Diseases - Identification, Treatment, Prevention
50%	Co-ordination with the health groups and government departments
40%	Health Education
25-50%	Sanitation Technology
25%	Follow-up Visits

Content was contrasted with methods. Group identified methods used in this training and in the National Seminar they had attended the previous month.

To become more familiar with certain methods, the group was formed into pairs. Each pair took one of the following group of methods, researched the identified resources, prepared a 10 minute sample of the method and guidelines for trainers in using the methods.

As each of these methods were presented, the discussion that followed included listing the advantages and disadvantages of each method. A sample of participant developed material follows:

Discussion Groups

Guidelines for Trainers
- Welcome informally
- Make participants feel at ease
- Sit in a circle
- Keep on the subject
- Do not interrupt
- Utilize group resources
- Get group participation
- Be open and friendly
- Laugh with people, but not at them

Advantages
- Can share ideas, experiences, and skills
- Can learn what they know
- Can build from what they know
- Can identify problems that they feel
- Involve the members

2.4 Thursday Morning (Continued)

Discussion Groups (Continued)
Disadvantages
- Some people are shy
- Some can dominate
- Have to control properly to keep on topic
- Leader must have skill

Below is a list of methods addressed in this fashion and resources utilized.

1) Lecture, Lecturette, Visual Aids:
   Working with Villagers, Pg 72-74, Media Labs
   Helping Health Workers Learn, Chapter 12
   Handout "Lecturette"

2) Discussion Groups
   Working with Villagers, Pg 51-65
   Helping Health Workers Learn, Pg 4-9, 10
   Handout "Group Discussion"

3) Demonstration - Practicals - Field Visits
   Working with Villagers, Pg 69-71
   Handout "Showing How"

4) Games, Instruments, Questionnaires
   Working with Villagers, Pg 78-79
   Helping Health Workers Learn, Chapter 11, Pg 24-28, Chapter 4, Pg 6-8
   Handout "Instrumentation"

5) Role-Plays, Dramas
   Working with Villagers, Pg 80-81
   Helping Health Workers Learn, Chapter 14, Chapter 1, 17-23
   Handout "Role-Play"

6) Story-telling, Case Studies, Critical Incidents
   Helping Health Workers Learn, Chapter 13, Chapter 1, 26-28
   Handout "Case Study and Critical Incidents"

Materials: American Home Economics Association and International Family Planning Project, Working With Villagers - Trainers Manual, Washington D.C., 1977

David Werner and Bill Bower,

2.4 Thursday Morning (Continued)

Materials: Helping Health Workers Learn, Palo Alto, 1982

Handouts
"Lecturette"
"Role-Plays"
"Group Discussion"
"Case Studies and Critical Incidents"
"Instrumentation"

Extension Service, USDA and AID, U.S. Dept. of State, Showing How the Demonstration Teaching Method pamphlet by Helen Strow, Educational Specialist U.S. Govt Printing Office 1974 : 720/767

2.5 Thursday Afternoon

Goals:
- Continue viewing samples of different methods
- Identify advantages and disadvantages of different methods
- Discuss and practice the following delivery skills: -
  - co-training
  - feed-back
  - listening
  - paraphrasing
  - questioning
- Design planning presentations

Activities: Methods were presented and discussed as described in the morning session. Delivery Skills: Co-training was described by the participants as they saw the leaders modeling it. Pluses and problems were discussed and charted and guidelines for effective co-training generated.

The group used a brainstorming technique to identify listening behaviors. The use of paraphrasing was outlined and demonstrated. A short lecturette was given on the difference between questions that are "open" and encourage discussion and questions that are "closed" or require a short, factual or yes - no answer. Ten questions were read for the group members to practice differentiating open and closed questions.

2.5 Thursday Afternoon (Continued)

Activities:

To practice these discussion skills the group divided for two small group discussions with a leader and observor identified.

A topic was given and observors commented on leader behaviors after about 15 minutes of discussion. Time permitted only one round of discussion.

Performance review or "feed-back" guidelines were presented for use in critiques of lessons to be presented the next day.

Guidelines for preparation of presentation were outlined as follows:

1) In teams of two-both to have a part
2) Prepare a 40 minute lesson on a topic to be presented in the workshop
3) Write a behavioral objective for the lesson
4) Lesson should take learners through the experiential cycle
5) Try something new
6) Use resources here
7) Ask for help

Topics selected by participants were: Control of Cholera, Construction of a Pit Latrine, Principles of Adult Education, Bilharzia, VHC Formation, and the Inspection of Village Water Supply.

The evening was devoted to preparation of these lessons with leaders available to help.

Materials: None

2.6 Friday Morning

Goals: To present a training session
To practice evaluating the effectiveness of observer trainer behaviors

Activities: Each participant pair presented a training session of 40 minutes
Each session was followed by a review identifying specifically effective behaviors

2.6 Friday Morning (Continued)

Activities:

and noting a couple of improvement alternatives. Four teams presented during the morning.

Materials: None

2.7 Friday Afternoon

Goals:
- Continue presentation of training sessions
- Continue practicing session evaluations
- To plan for the workshops
- To evaluate this meeting

Activities: The last two teams made presentations as described in the morning session.
To conclude the practice session, participants were asked to state generalizations or conclusions they could draw from observing and delivering the sessions

Participants Conclusions
- Experienced different styles - Different styles can be equally effective - Saw improvements in: how to make more clear, how to expand a session to cover more detail, how to involve people more - Saw different methods in different combinations - Should combine lecture with other methods - never alone - Use of objectives to evaluate a lesson - Specific step-by-step process in lessons - Co-training adds to the lesson, increases flexibility - Visual aids should be used - We learned from each other

A number of topics to be discussed during the session on planning had been identified over the 3 days by posting a piece of newsprint where individuals could write ideas as they came up. Each item was raised, discussed, action identified, and responsibilities assigned to individuals. The list of items discussed follows.

2.7 Friday Afternoon (Continued)

Things To Discuss
- Cash incentive or "pocket money" for participants
- Medicine/first aid kit for workshops
- diet - menu
- Language/translations
- Planning meeting: place/time
- Opening and closing ceremonies
- Assignments on content
- Entertainment and recreation

Additionally, roles of members of each regional training team were clarified.

A handout, "Helping Hands", was distributed to be reviewed prior to workshop planning.

An evaluation instrument was posted and each participant responded individually in writing.

Brief closing comments were made by the leaders and "tools of the training trade" formally distributed to these new trainers.

Materials: Markers (blue, red, and black)
Staplers (small) with staples
Ruler
Handout: "Helping Hands - Giving Volunteer Leaders a Place"
Extension Service, U.S. Dept. of Agriculture and USAID, U.S. Dept. of State. Helen A. Strow, author, U.S. Govt Printing Office 1974: 720/764

3. Evaluation

3.1 Participant Responses To Evaluation Instrument

A) Overall Value of the TOT

NONE	SOME	ALL RIGHT	GOOD	GREAT
1	2	3	4	5

Three (25%) participants gave the TOT a 4 on the scale above and 9 gave a 5 (75%)

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3.1 Participant Responses To Evaluation Instrument (Con't)

B) How fully were objectives accomplished?

Scale:

0%	25%	50%	75%	100%
1	2	3	4	5

1) Discuss principles of Adult Learning

1	0
2	0
*3	1 or 8%
4	6 or 50%
5	5 or 42%

* 2 participants not able to attend first session

2) Use the experiential learning cycle in designing training sessions

1	0
2	0
3	0
4	6 or 50%
5	6 or 50%

3) Do a Task analysis of health education and environmental sanitation work

1	0
2	0
3	0
4	3 or 25%
5	9 or 75%

4) Write behavioral objectives for training sessions

1	0
2	0
3	1 or 8%
4	6 or 50%
5	5 or 42%

5) Select and use a variety of training methods and visual aids

1	0
2	0
3	1 or 8%
4	5 or 42%
5	6 or 50%

3.1 Participant Responses to Evaluation Instrument (Con't)

6) Design and deliver a short training session to practice new knowledge and skills

1	0
2	0
3	1 or 8%
4	4 or 32%
5	7 or 60%

7) Evaluate the effectiveness of a training session

1	0
2	0
3	0
4	6 or 50%
5	6 or 50%

8) Identify tasks to be accomplished for workshops

1	0
2	0
3	0
4	2 or 16%
5	10 or 84%

C) Write 3 ideas or skills you learned that you consider most useful.

Behavioral Objectives (11)
Methods of Adult Education (1111)
Presentations (1111)
Discussion (111)
Demonstration
Visual Aids (11)
Adult Learning (111)
Learning Styles
Experiential Theory (11)
Task Analysis (111)
Co-training (11)
Delivery Skills
Lecturette
Story or Critical incident
Evaluating effectiveness of a training session

D) 11 of the 12 participants gave Msamba, the training site, a "great" rating, the other a "good"

3.2 Participant Comment

1) "I think such a workshop should be scheduled for a much longer period than three days, as

3.2 Participant Comment (Continued)

the subjects to be covered are many. Your teaching skill and organization are marvellous"

2) "Great - Super. You really know your profession. You deserve a distinction".

3) "I think this training has made me change my old teaching methods to a real practical way and that such training should be encouraged. The training was properly organized that I did not have the problem of traveling to the site and that every thing at the site was well organized".

4) "Very helpful co-training. Very great co-trainer. All gave helpful, useful feedback. The training has been very great and of very beneficial to all of us".

5) "Deserved worth of praises for the big job rendered. When other workshops are thought of in future, Msamba should be considered first priority".

6) "You all had the skills and knowledge of training the trainers, in that I have at this time new techniques for village health and sanitation. Excellent planning of the meeting".

7) "Need more discussion in session. The place was very quiet and the programme or timetable so systematic. The seminar was so fantastic".

8) "You really designed the workshop and in future please do not change. We really enjoyed our stay at this place these three days look to be (to me) 3 hours. There was no free time especially at the closing day for people to go round the town".

9) "Training sessions should be short in order to give time to trainers for relaxation - especially the last session. Arrange for an entertainment session to mark the closing of the workshop".

10) "Very hard workers who accomplished their task. Good explanations of topics and ideas. I hope they will work even harder in the future seminars. Very beneficial workshop. Wished it has lasted 2 weeks or more. Hoping you will choose some member to study further whether here or abroad".

11) "The feedback from Ainsworth and McCoy was very good. The whole workshop as whole was very spendid and fruitful but only that the days were very short".

12) "Very good. The workshop was well organized and all the subjects were well arranged".

4. Recommendations

4.1 More Time

Due to Easter holidays and the travel time requirements of participants, the 5 days that were originally planned for the TOT were cut to three days. Seven to eight days is recommended, especially as there were additional time needs to accomodate participant limitations in English. All sessions needed further development and elaboration to achieve participant mastery of the skills and new knowledge.

4.2 Second Training Consultant

The planners for this consultation requested a team of two trainers which was later cut to one trainer during approval stages for the consultancy in Washington. A second consultant trainer would have made a significant difference in the effectiveness of the TOT in at least the four areas outlined below:

A. A better assessment of the needs and limitations of the participant group with more interviews of participants prior to the start of the workshop and the design of a "pre-test" instrument to be administered during the first session.

B. The design of specific instruments (tests, checklists, etc.) to provide relevant practice to achieve mastery of a particular concept or skill. For example: to distinguish behavioral vs. non-behavioral objectives; record observations of discussion leading skills.

C. The revision of hand-outs to simplify the English and to make more specific to local circumstances.

D. The development and delivery of brief demonstrations of various methods using content relevant to the work of the participants.

4.3 Discussion Group Leadership Skills

This population had little experience with participation in discussion groups and no experience with the leadership of them. It is the most critical skill to functioning as an assistant trainer in experience - based workshops, for purposes of processing and applying new skills and knowledge acquired in field or structured classroom experiences. Other content of a TOT should be sacrificed if necessary

to achieve participant mastery of these skills.

TRAINING OF TRAINERS MEETING
MSAMBA, APRIL 5 - 8- 1983

Participants:

M. F. Magombo, DHI

A. L. Msampha, HA

G. L. Majikuta, DHI

H. M. S. Abdul, SHA

C. S. C. Tasaukadala, DHI

S. K. O. Mphande, HA

L. N. Chilambula, HA

R. C. Mandebvu, DHI

J. Zoya, HA

A. Makawa Phiri, DHI

F. Z. M. Ndhlovu, SHA

A. S. Kanchila, HI

Leaders:

R. Ainsworth, Principal Health Coordinator

L. McCoy, Senior Consultant, WASH Project

Visitor:

L. L. Chipungu, Acting Principal Health Officer

List of Materials Distributed

Ring Binder
Pen
Paper for note-taking
Welcome letter outlining meal times, meeting times, etc.
List of participants, staff, and visitors expected
List of TOT general objectives
Summary of resume of WASH Consultant Louise McCoy
Programme
Markers (blue, red, and black)
Staplers (small) with staples
Ruler

Books

American Home Economics Association and International Family Planning Project, Working With Villagers - Trainers Manual, Washington D.C., 1977
Werner, David and Bill Bower, Helping Health Workers Learn, Palo Alto, 1982

Handouts

"Lecturette"
"Role-Plays"
"Group Discussion"
"Case Studies and Critical Incidents"
"Instrumentation"
"Showing How: The Demonstration Teaching Method" pamphlet by Helen Strow, Educational Specialist U.S. Govt Printing Office 1974 : 720/767
"Helping Hands - Giving Volunteer Leaders a Place" Extension Service, U.S. Dept. of State. Helen A. Strow, author, U.S. Govt Printing Office 1974 : 720/764
"Learning Styles Inventory" and "Profile Sheet" Experiential Learning Cycle," Peace Corps Health Guide, 1982.
"Task Analysis" based on R. F. Mager's "Preparing Instructional Objectives"
"Behavioral Objectives" based on R. F. Mager's "Preparing Instructional Objectives"

THE LECTURETTE

Description

This is a form of the lecture technique that opens conversation between the trainer and the participants.

When is it a useful training technique?

It is a useful choice when: (a) you need to present information or ideas and (b) the information or experience in the group can support what you are talking about.

How does it work?

During the presentation of the lecturette, the trainer needs to maintain effective contact with participants and to break up the lecture with activities that will give points added meaning. The following methods can aid in keeping participants involved during the presentation.

- *Soliciting examples.* Instead of giving examples, the trainer can ask participants to offer their own. The request to "give me an example in your experience that illustrates this point" can provoke both task-relevant thinking and productive sharing.
- *Interviews.* Participants sit in pairs and are instructed to interview each other at selected points when the lecturette is interrupted. A good practice is to encourage interviewers to avoid "yes-no" and "why" questions and to experiment with "what" and "how" ones.
- *Right-left comparisons.* At appropriate points during the lecturette, the trainer stops talking and instructs participants to compare their reactions with the persons on their right and on their left. Similarities and differences are reported to the total group.
- *Checking understanding.* The trainer stops from time to time and asks the simple question "What do you hear me saying?" Distortions, misinterpretations and omissions can be dealt with before continuing.
- *Interviewing the trainer.* Participants can ask as reporters at a news conference and pose questions on the points just raised in the lecturette.
- *"Right now I. . . "* At appropriate points in the presentation, the trainer solicits statements from the participants. These statements begin with the phrase "Right now I. . ." Variations include "Right now I'm thinking. . .", "Right now I'm feeling. and "Right now I'm imagining. . .".

It is important to underline that using these techniques in excess can work against learning. The significant considerations are to keep participants actively involved with the content and to make certain that they also hear the major points or ideas of your presentation.

What are the advantages of doing lecturette?

- *Involvement.* In general, it is important to design any training or consulting activity in such a way as to avoid putting participants in a passive posture because commitment only results from a sense of ownership through meaningful involvement.

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- *Relevance.* It is difficult to anticipate what will be significant to each member of a group. When participants are engaged in activities linked to the ideas presented, they make the content immediately credible for themselves.
- *Increasing information.* Using experiential techniques in conjunction with lecture capitalizes on the experience that exists within the group.
- *Two-way communication.* The trainer models effective communications when the content is clear, and two-way discussion are much more likely to meet this criterion than one-way talking.
- *Checking understanding.* It is important for the trainer to determine the accuracy of the communication and to clear up any misconceptions. Experiential exchanges help to identify misunderstandings.
- *Maintaining rapport.* Presenting ideas can create a sense of distance between the trainer and the group. The group may come to depend on the trainer to explain everything, rather than to look within itself for ideas.
- *Excitement.* Participants are more likely to listen to ideas that they experience in a lively manner.

CASE STUDY AND CRITICAL INCIDENTS

Description

Case study and/or critical incident are problem identification, problem solving activities.

Both the case study and the critical incident are descriptions of situations which are as close to reality as possible. The case study is usually complex and contains several sets of information from a variety of sources. The critical incident is very short and simple and provides a limited amount of background information. Either technique may or may not demand a decision or resolution at the end of the exercise. In both techniques the focus should be on thinking, talking, and deciding about the many ways of solving the problem, and analyzing the factors which may have contributed to the situation.

When is it a useful technique?

Case studies and critical incidents are useful when the learning goal is to practice analyzing a complex set of factors of a specific situation or problem. It assists in developing participants' analytical and problem solving skills and provides the basis for discussion of alternative solutions to a central or common problem. These techniques also are useful in giving participants a chance to practice a method of tackling difficult problems before he/she is personally involved in a "real" situation that may be difficult, confusing, frightening or overwhelming.

How to construct a case study or critical incident

A case study starts with the identification of what you want participants to learn. Then a situation, tasks, and time period are selected which will include all the aspects you want participants to consider. Examples of these might be a phone conversation, a meeting, the handling of a grievance, or one day in the life of a steward. Characters are developed through the writing of memos, letters, sample dialogues and any other paper that will give the appropriate setting and personal information.

These guidelines below will be helpful in developing a case study or critical incident. Remember the critical incident may, in fact, be only a two or three sentence description of a problem situation so some of these guidelines may not be applicable.

- The case study/critical incident is a description of a specific situation, near to reality as possible (with names changed to protect the innocent).
- The focus is on experience, therefore an actual situation where action/decisions can be made.
- Thus the discussion centers in an actual, multi-faceted situation.
- Case studies emphasize the particular rather than the general as much as possible.
- The participants are to feel that they have had the experience that the case stud describes.

- Therefore the case study must be of interest so the participant can "get into it."

- The reader individual or the reader/group do the decision-making. There are usually no observers or spectators in the group.

- [illegible] dissected and analyzed as the group moves [illegible]

- Ideally, the case study method, when used well, gets the participant in the habit of making decisions.

- If a time-frame is established, i.e. 60 minutes, 2 hours, etc., decision-making includes use of time. We have to decide, and as the saying has it, "not to decide is to decide."

- To make good decisions, all the factual material in the case study should be used.

- Case studies are best when they come as close to reality as possible; therefore, they should reflect day-to-day and run-of-the-mill decision-making with opportunity for differences of opinion. Resolving those differences of opinion into consensus, or majority-minority decisions is part of the task.

How to use a case study

After the participants have read the materials and made their analysis, the trainer leads a group discussion to draw out the learning. Sometimes it is useful to have small groups discuss the material initially and report to the large group as a means of beginning the large group discussion.

Best Available Document

INSTRUMENTATION

Description

Instruments* are the questions, statements or words participants are asked to react to, rate, or rank. They are generally written, but can be given verbally. They range from the very simple to the complex.

When is this a useful technique?

Instrumentation is useful to assist participants to focus on and have a common language for talking about their attitudes, feelings or behavior. Spontaneously derived instruments are helpful in exploring ideas, generating here-and-now data for discussion and processing. Additionally, participants have a high involvement in the activity because it is talking about how they feel, or what they think *right now.*

Methods for developing instruments

- *Attitude scales.* The trainer selects an appropriate topic. Each participant writes a "true" statement about the topic. These statements are posted and numbered, without discussion. (The facilitator needs to be careful not to edit the statements except to make them comparable.) Then they are listed and rated by the participants on a scale of (5) Agree to (1) Disagree. The responses are tallied and followed by a discussion of the results.
- *Adjective check lists.* Adjectives are solicited by brainstorming or free association. These are alphabetized and then used for various purposes such as feedback, intergroup perception checking and evaluating.

An example comes from a team-building session. The trainer wants a way to focus on perceptions about influence within the group. Members are instructed (1) to recall an individual in their past (not present) who has influenced them both significantly and positively and (2) to write down two or three adjectives that describes that person. Then the process is repeated for a person who influenced them both significantly and negatively. These two lists of adjectives are called out, alphabetized, and posted. This "instrument" is then used to guide the discussion of individuals in the team.

Another example has everyone decide whether they are "inside" or "outside". Participants discuss what makes them feel this way, how they defined it, what it means in their behavior, etc.

- *Polar Scales.* Participants develop a list of adjectives such as hot-cold, light-heavy, high-low, etc. It is important that the adjectives are true opposites. These are posted as the ends of a scale, with six or seven points in between, *e.g.,*

  empty /...../...../...../...../...../ full
  fast /...../...../...../...../...../ slow

  Then a topic to be rated is announced. Each participant rates the topic according to his or her associations with it. These rates are tallied, written, and become the agenda for discussion.

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* Instrumentation is a very large area of types of "tests", generally written, that are designed to help people focus on either their behavior or attitudes. Some instruments are tested so what they think they are measuring or testing is validated and then comparisons can be made between people or groups, etc. Here we are dealing with a much less technical form of instrumentation and, in fact, it could be termed spontaneous instrumentation.

ROLE PLAYING

Description

Role playing is creating a "real" situation for people to assume an identity other than their own. The participants in a role-play improvise a script as they go along. The roles are created so that there is a particular problem or joint task between two or more roles which require people to do something together.

When is it a useful training technique?

In training for skill development, role play is the logical choice. Role playing allows participants to practice their skills in dealing with the situation or helps participants understand the complexity of the situation as well as the skill required.

Additionally, role playing can be helpful to respond to attitude objectives. Because it is involving, participants explore their personal reactions and feelings when talking about the experience. Not only do participants learn about themselves, they also have an opportunity to become aware of the "other" players' point of view. Finally, role playing is a technique that allows for the level of complexity of real life.

Types of Role Playing

Structured Role Playing

In this type, a leader selects both the situation and the roles to be enacted, and specifies the goals of the activity. This type of pre-planned role playing provides, in some cases, very elaborate written materials that describe the roles and situations, and elicit complex responses from the observers. In more simple cases, if, for example, the goal for the group is to study different leadership patterns, the trainer might assume the role of the leader in the role-play, and orally assign the other roles.

A variation of this approach consists of having the role playing planned in advance by members of the group itself rather than by the leader. This would be appropriate when trying to communicate information, setting and studying in a social problem, or interpreting a report. The simulated situation is presented to the group first, followed by the enactment. The leader or group planning the exercise may determine the degree of spontaneity desired and adjust how much the players should or should not be told in advance.

Spontaneous Role Playing

This approach relies on the problem situation arising from the group discussion without advance planning by the group or leader. In this instance, the enactment itself serves as the "briefing" to the group on the problem and situation.

Both structured and spontaneous role playing relate to learning through (a) doing, (b) imitation, (c) observation and feedback and (d) analysis. Role playing represents a form of experiential learning.

How to construct a role play

Pick a situation that is realistic to the training participants, and consistent with the learning objectives.

Define the problem or issue in the situation that the players will have to deal with.

Determine the number of role players needed.

Develop the specific roles for each person by answering these questions:

—what is this person like?
—what is important about their background?
—how do they feel about the other "people"?
—how do they feel about the situation?
—what do they think about the situation?

These role questions can be written or given verbally to the players.

How to set up a role play

From the trainer's point of view, *the first role playing is crucial.* It is at this time that the group's attitudes to the technique will be determined and their future performance as role players will be settled. The role-playing session should *start by* the trainer *briefing all the participants.* He/she should *outline the situation* that is to be the basis of the role playing and should *give a concise description of the characters involved in the situation.* This being done, the group then *acts out the situation, making up their lines as they go along. At the end of the scene, the actors and the audience discuss what has taken place during the scene, the motivations of the people involved, and why the scene developed as it did.*

In a role-playing situation that is effectively handled, not only the actors, but also the audience, become involved, and this involvement often carries over to the discussion, thereby enriching and enlightening it.

If the trainer wishes to involve the audience further, he/she may give members of the audience definite tasks to carry out during the scene. For instance, one member of the audience may be required to note the gestures and mannerisms of the actors, another may be briefed to listen for significant remarks, and yet another may be asked to try and spot focal points of the drama.

It is also possible to use the role play in small groups, having several role plays occuring at the same time. This is harder to manage the processing of the learning, but has more people directly involved.

Regardless of the number of role plays and types of participation, you start all role plays the same way:

- Describe the purpose for the role play.
- Describe the situation briefly and clearly, even if prepared written roles are used.
- Unless everyone is participating, select the role players. (A volunteer who gives a "bad" performance could lose face before his/her peers.) Take care in assigning roles (*e.g.*, do not chose people who might overidentify with problem, etc.)
- Brief the actors. Allow enough time to understand or read the roles. Tell role players to make up facts or information not covered in roles or that they forget, but which seems necessary. Do not try to "stump" other actors. Do not "overact."
- Assign tasks or structure what the audience or observers should look for.

- Set the scene. Label props (if used) and place role players to define the physical situation and mood. Help relieve tension/anxiety of actors by smiling, making physical contact, and checking for readiness.

Remember, most of the common problems in managing role plays can be avoided by a carefully prepared and delivered introduction.

How to monitor the role play

- Start the action. When several groups are involved, all should begin at the same time.
- Stay out of the line of vision of the role players. Quietly observe.
- Coach only if absolutely essential—if role player has difficulty getting started, breaks role, etc. (Unless you are using a "stop action" role play procedure where you have explained beforehand that you will be interrupting the role play at various points to discuss or add information or switch roles.)
- Cut the role play. Try not be too abrupt. Don't continue too long; often the role play will arrive at a natural end point. Just a few minutes of interaction can provide data for a long discussion, so don't overload the audience.
- Thank the role players, using *real* names. This removes them from their roles and provides a bridge to the discussion to follow.

How to process a role play

- Allow role players to comment before the audience. Between the players, allow the person who "had the responsibility for solving the problem" to go first.
- Open discussion to audience and/or observers. Try to trace the way the situation and interaction developed; why the role players behaved as they did; how it might have gone differently to achieve a better outcome.
- Encourage audience/observers to describe their own feelings as certain events occurred, rather than only analyzing the behavior of the role players.
- Summarize major issues and tie these to role play purpose. (Do not evaluate the acting ability of the role players or get stuck in their interpretation of their roles. Rather, stay focused on what the role play contributes to the understanding of the problem they were demonstrating and/or attempting to solve.)

GROUP DISCUSSION

Description

Centered on a specific topic, problem or question, group discussion is an exchange of ideas *among members of a group* facilitiated by the discussion leader.

When is it a useful technique?

Group discussion is more useful when one or more of the following conditions are met:

- There is experience or knowledge on the subject in the group.
- There is a need to create new ideas or action from these experiences.
- There are complex ideas to understand or make decisions about.
- There is a need for talking about personal values, attitudes or feelings that will lead to involvement.
- There is a need to determine the participants needs.

The function of the discussion leader

The purpose of the discussion leader is to *assist* the group in doing its job. The leader helps set the stage, keeps the discussion moving along, develops wide participation, and assists the group in establishing a systematic approach to its task.

Some functions of the group leader are:

1. **Setting the Group Climate.** The leader has an important part in developing the climate of the group. He/she should make sure group members have become acquainted with one another. This needs to be done early in the session. The informality of the group leader and the building of a warm and friendly attitude toward all group members encourages participation.

2. **Stating the Question.** Clear phrasing of the question, which the group is being asked to discuss, is important to focus the group's attention on its basic task and purpose. A well stated question stimulates constructive and creative group participation.

3. **Encouraging Group Participation.** The group leader can encourage group participation by:

   a. Keeping aware of individual's efforts to be heard and by providing them an adequate opportunity to contribute. This includes calling the group's attention to unheard contributions.

   b. Helping the group understand the meaning and intent of individual contributions.

   c. Maintaining continuity of group discussion by pointing out the relationship of similar ideas offered by different group members.

   d. Encouraging inter-member discussion rather than member-leader discussion.

   e. Conveying acceptance by exhibiting a non-critical attitude and by refraining from evaluating member contributions.

f. Don't let anyone take over and monopolize the meeting, and don't rely on those who are always articulate and eager to talk. Try to bring in those who aren't talking by making them feel that their contribution would be welcomed by the group. Call on people by name when you know that they are trying to get in, or when you are sure they won't be embarrassed by being called upon.

g. Keeping the discussion on the subject. Some diversions may be fruitful, but only insofar as they can be related before too long to the main topic.

h. Helping the group bring out logical fallacies and errors of reasoning. It would be a mistake to try to push too hard, or move too fast along these lines. The leader should not fit the discussion rigidly into a preconceived pattern, nor use cross-examination where the result is to make people look foolish.

4. **Utilizing Group Resources.** In most groups, participants have special knowledge and skills which are useful to the group. The leader should become aware of these resources and make sure they are available to the group. He/she should not, however, permit such resource people to dominate group discussions.

5. **Keep the Discussion Moving Along.** A good brisk pace is desirable, but don't move it faster than the group wants to go; patience is an important attribute of the good leader. It is also an important part of the discussion leader to use the time well.

6. **Testing for Group Consensus.** The leader can assist the group in developing consensus by occasionally reviewing points developed during the discussion and by summarizing what appears to be the group's conclusions.

7. **Summarize the Group's Conclusions and Ideas.** At the end review and reinforce the learning that you intended to draw from the discussion. It is important that the discussion leader remains impartial during the discussion so that this function of summary and review can be clearly heard by the participants. (Be careful not to give answers or give personal opinions as "facts" during the discussion or this will decrease your impartiality and thereby decrease participants' ability to hear your summary.)

How to lead a discussion

1. **Set the Climate**

Start on time.
Try to make the group feel at ease.
State the general purpose of the discussion. (It is assumed that you have specific learning objectives and this technique is appropriate.)
Announce the topic clearly and concisely.
Explain the discussion procedures and define its limits.

2. **Guide the Discussion.**

Encourage participation by all members.
Control the over-talkative member.
Draw out the shy member.

Don't allow one or more members to monopolize.
Deal tactfully with irrelevant contributions.
Avoid personal arguments.
Keep the discussion moving.
Keep the discussion on the subject.
Summarize frequently.
Use audio-visual aids.

3. Summarize the Discussion.

Review the highlights of the discussion.
Review the conclusions which have been reached.
Make clear what has been accomplished by the discussion.
Restate any minority viewpoint.
Get agreement for any action proposed.

Types of questions and their uses in discussion leading

The Uses of Questions

To get all members of the group involved in the discussion.
To draw out quiet, shy or backward members.
To start people thinking.
To awaken interest.
To find out what previous knowledge of the subject members may have.
To keep the discussion moving.
To keep the discussion on the subject or bring it back to the subject.
To recall a "wandering" mind.
To stop private conversations.
To prevent monopolization by one member.
To draw out members' experience which may be relevant and helpful.
To pull a "difficult" member in place.
To get each member to hear a range of opinions all different from his/her own.
To highlight important aspects of the subject.
To check on the group's assimilation of the subject matter.

The Types of Questions

Broadly speaking, there are two types of questions:

1. The *general question* (sometimes referred to as the "overhead" question) is addressed to the group as a whole. The discussion leader wants to stimulate thinking by *all* members of the group. If he/she names the person who is to answer before he/she asks the questions, he/she is simply encouraging all the other members to go to sleep while the "victim" tries to answer. If he/she puts the questions to a group as a whole, every member of the group has to think. In addition, by using a direct question too early in the discussion, it may embarrass members of the group by asking them questions which they are not yet ready to answer.

2. The *direct question* is addressed to an individual by name. It has definite advantages in certain circumstances, but it must be used with care. It could, for example, put the person to whom it is addressed in the very uncomfortable and embarrassing position of having to reply when he/she just does not have anything to say. On the other hand, if there is an acknowledged "expert" on the topic under discussion in the group, the direct question can be used to draw upon his/her experience. It can also be used to draw a shy member into the discussion, but in this case the question should be carefully chosen and be one which he/she is pretty sure to be able to answer. It can also be used to break up private conversations or to interrupt a "monopolizer" (*i.e.*, by asking someone *else* to comment).

Note that it is a useful technique to phrase the question as a general question first, pause to allow all the members of the group to think, and then name the individual who should answer: *e.g.*, "What do you consider the basic reason why this situation arose?" (pause)—then call the name.

Another form of the direct question is what is sometimes described as the "pick-up" question. This is used to refer back to a contribution which got passed over in the "heat" of the discussion. This frequently happens with a contribution from a shy member who may speak rather quietly and be interrupted by a more aggressive or more vocal member. The important thing is that the leader should make a mental note at the time and come back to the point later if only to give recognition of the contributor. Here is an example: "I believe that you were saying a few minutes ago, Mr. Smith, that you found a new way of dealing with this particular type of problem. Would you like to tell us a little more about it?"

We have said that every question is either a general question or a direct question. In addition, questions can be further divided into a number of categories. A few are described below.

An *open question* is expressed in very broad terms and is capable of a wide variety of answers. It is usually prefixed by who, what, when, where, how or why.

"Who ought to be responsible for taking action on this type of situation?

"Why is it important that a company should have a sound induction scheme?"

"What are the advantages of apprentice training schemes?"

A *factual question* seeks facts, information, data, etc.

"How many people have attended a previous training course?"

"Which of you have previous experience in the steel industry?"

A *re-directed question* is used when members of the group put specific questions to the discussion leader. The leader, should, wherever possible, re-direct them to other members of the group. This keeps the group active and prevents a dialogue between the discussion leader and one member.

In the case of a *rhetorical question*, the leader does not expect the group to answer and the group knows this. They know that either no answer is required or the leader will answer it, *e.g.*, "In these circumstances what else could I do but go along with the crowd?"

In a *leading question*, the answer is implicit in or suggested by the question, e.g., "This sort of behavior is quite unacceptable, isn't it?"

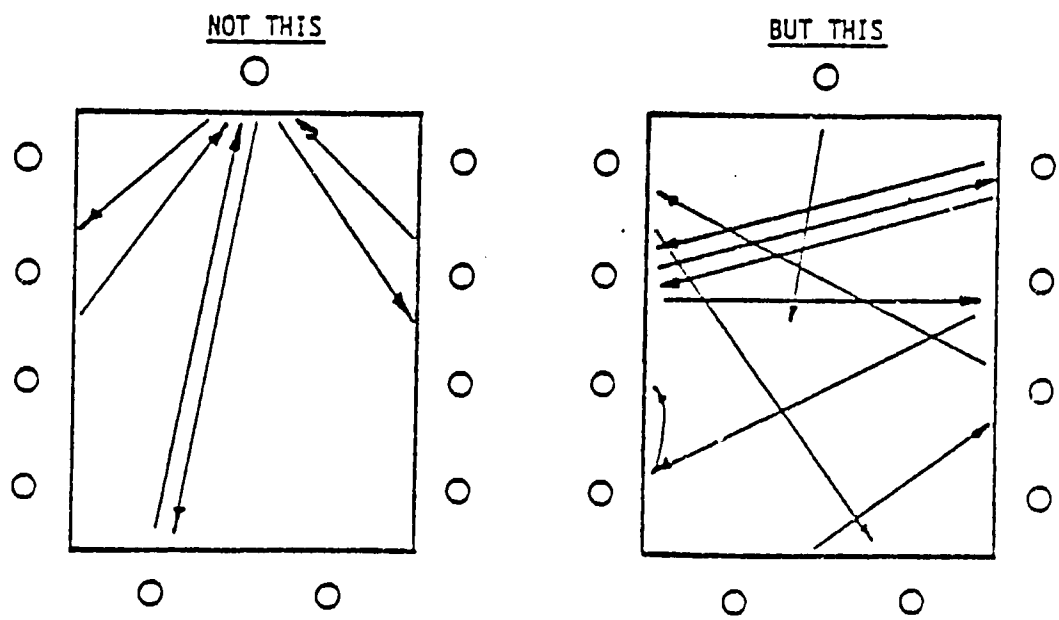
There are many other categories of questions including, for example, imperative, exploratory, provocative, controversial, and ambiguous, but the categories dealt with above are the most important in the industrial discussion group situation. Of the five categories, the last two, rhetorical and leading, *have no value in discussion leading*. They do not provoke the group members to think and they do not stimulate further discussion. In any case, the leading question is usually considered slightly "improper". If you have the choice, try to pose questions most frequently in the "open" or "neutral" or "non-directive" form.

General Hints on the Use of Questions

1. Questions should be be brief, clear and simply worded.
2. Direct questions should be distributed at random. A fixed order, *e.g.*, clockwise around the group, should be avoided at all costs. They should also be well distributed among the various members of the group.
3. Questions should, as far as possible, cover one point only.
4. Question should, where possible, be related to the ability and experience of the person to whom they are addressed.
5. Having asked the question, give the members of the group time to think before expecting an answer.
6. Don't use rhetorical or leading questions to try to get out of a difficult or awkward situation in the group. This is more likely to make the situation worse.

Using Questions to Establish the Right Pattern of Discussion

Finally, on the use of questions, here are two diagrams which give us a bird's eye view of the pattern of discussion we are trying to achieve.



REINFORCING THE EFFECTIVENESS OF LECTURE, LECTURETTE AND GROUP DISCUSSION

After the lecture, lecturette or group discussion, there should be some activity that builds on the learning. Otherwise, the retention of the content will be lessened. The activities should be sequenced in such a way that they link the previous activities with later ones. Several methods can be employed to "nail down" the learning.

- *Question/answer period.* This traditional teaching method helps to clarify points. A good practice is to have participants rehearse their questions with each other before asking them.
- *Quiz.* The trainer administers a test based on the concepts presented. The presentation may be oral, posted, or printed. Individuals respond to the items, compare their answers with each other, and discuss any disagreements with the trainer. It is important not to establish a traditional classroom-like atmosphere with adult learners. The use of this method should not result in anxiety about learning or "answers".
- *Statements.* Participants are invited to make declarative statements to the trainer and to the group. The trainer directs a discussion of the points raised. This method requires some patience on the part of the trainer since many participants have been heavily conditioned to ask "the expert" questions, rather than to look within themselves for statements. Many participant questions are statements in disguise, however, and need to be turned around before the trainer responds.
- *Handouts.* Learning can be reinforced by giving participants the essential content in print form. If this is done before or during the presentation, participants can distract themselves through reading instead of listening. If this is done after the activity, the trainer needs to announce beforehand that a handout will be provided because some participants will resent having taken notes unnecessarily. A significant portion of participants, however, will listen better if taking notes at the same time and will do so even if handouts are distributed.
- *Applications planning and goal setting.* Participants are instructed to work individually or in pairs to apply the ideas presented to actual situations.
- *Role playing.* Subgroups are formed to create role plays to illustrate various points in the learning. These skits are presented to and discussed by the total group.
- *Skill practice.* The trainer demonstrates the application of one or more concepts in structured situations to provide opportunities to act out effective behaviors.
- *Linking with other experiential methods.* A lecturette can lead into a structured experience, or it can augment the generalizing stage of the experiential learning cycle.

The major concerns of the trainer after presenting a lecture or lecturette are to ensure that the ideas have been understood clearly and that it has practical usefulness for participants. The "so what?" and "now what?" stages of the experiential learning cycle need to be applied, the above activities are examples that can meet this need.

SHOWING 'HOW

The Demonstration Teaching Method

Extension Service
U.S. Department of Agriculture
in Cooperation with
Agency for International Development
U.S. Department of State

By Helen Strow,
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SHOWING HOW

The Demonstration Teaching Method

ABOUT DEMONSTRATIONS
- What Is a Demonstration?
- How Demonstrations Teach New Practices
- Why Demonstrations Improve Your Program
- Who Should Use Demonstrations?
- What Can Be Demonstrated?
- Where Can Demonstrations Be Held?

GETTING READY FOR THE DEMONSTRATION
- Plan Ahead
- When and Where
- Publicity
- Study Your Subject
- Select the Right Demonstration
- Outline Steps
- List Key Points
- Assemble Equipment
- Rehearse
- Suggested Outline for Planning Demonstrations

CONDUCTING YOUR DEMONSTRATION
- Before the Audience Comes
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Followup

Evaluate Your Demonstration

Appendix

ABOUT DEMONSTRATIONS

What Is a Demonstration?

A demonstration is a way to show people how to do something. Usually, you show them how and tell them why you do it. A good demonstration shows how to do something so clearly and so carefully that a person watching can copy what you have done.

One of the oldest ways to teach is to demonstrate. Parents use this method to teach young children. When a mother wants to teach her child how to hold a dish, she shows him how to put his hands on each side to support it. Then she has him practice until she is sure he has learned. When a father wants to teach his son how to cut weeds, he shows him how to hold and lift the hoe and how to strike the weed to cut it. Then he gives his son the hoe to repeat what he has shown him.

These are very simple demonstrations, but they are demonstrations. The main difference between the simple demonstration and the teaching method demonstration is that the latter is carefully planned.

How Demonstrations Teach New Practices

- They help people to take more interest in learning.
- They combine seeing with learning.
- They encourage people to try new practices.
- They make each step easy to understand.
- They convince people who see and examine results.

Why Demonstrations Improve Your Program

- They are dramatic and attract attention.
- They build confidence in the local worker.
- Announcements of a demonstration can be used to publicize a program.
- Demonstration results make news that can carry the suggested practice to a broader audience,

Who Should Use Demonstrations?

Local workers — Village workers — Agents — Village workers have many places to demonstrate to farmers, village women, boys and girls. Never tell how to do something when you can show how. Form the habit of putting this kind of action in your teaching whenever you can.

Leaders — It is easy to train leaders to give demonstrations. New leaders are more comfortable giving a demonstration than using any other method. Well trained leaders enjoy showing their neighbors a new skill.

Trainers — Supervisors — Specialists — People responsible for training local workers have many uses for demonstrations. A supervisor or specialist should study his teaching outlines to locate points at which he can demonstrate, rather than just lecture. The audience will learn faster and he will get better results. For example, go to a village with a new worker and demonstrate how to make a home visit, rather than confining training to a discussion in the office.

What Can Be Demonstrated?

Both home economics and agriculture have almost unlimited possibilities for the use demonstrations. Here are exam

If a program is aimed to improve diets, demonstrations co show how to plant a garden, c for it, select the best vegetable prepare them for family use, a how to prepare vegetables for a baby.

If the program emphasizes kitchen improvement, demonstrations might include how to plan where to place a new stove, how to build a smokeless stove, how to use the new stove and care fo it.

In a program of poultry improvement, demonstrations migh show culling, mixing feed, and making feeders.

Where Can Demonstrations Be Held?

1. Hold demonstrations where a group can gather to see and h you. Arrange benches under a tree, in a home, or use a publi building.
2. Exhibits at fairs offer a good place to demonstrate. The demonstrations need to be short an related to the exhibit. For example, at an exhibit showing homemade equipment for a baby, agents showed how to make a baby's bed from a wooden box.
3. Demonstrations in a market ma show how to use foods. This helps the farmer and the consumer.
4. A talk to school children on health could include a short demonstration on how to make a homemade toothbrush and

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how to use it.

5. In farm and home visits, you have many opportunities to say "Let me show you how to ....." You may show a woman how to adjust the tension on her sewing machine, how to feed her baby, how to wash greens, how to get a spot off a garment, or how to clean a pot that has food burned on it. You may show the farmer how to plow a straight furrow, how to prune a fruit tree, or how to tie a new knot.

GETTING READY FOR THE DEMONSTRATION

Plan Ahead

Plan your demonstration as a part of your total program. Weeks or even months before you give a demonstration, write in your plan of work that you will use demonstrations to teach certain skills.

Use equipment that is familiar to your audience.

When and Where

Plan when and where you will give your demonstration. Plan the time and place most convenient for the people you want to reach. Ask these people to help you plan. They will know when they will have free time. They will also know about a suitable place for the number of people you expect to attend. You may need to review with them the requirements for a meeting place.

Select a place –

- Large enough to hold the audience.
- Where everyone can see the demonstration and can hear what you say.
- Suited to the demonstration. For instance, a plowing demonstration should be held in a field.

Publicity

Advertise the demonstration ahead of time to reach the people you want to attend. In your plan of work, you indicated who these people would be. Will posters tell them about the demonstration? Do you have leaders in the village who will notify others? Call on key people in the village well in advance, to be sure they remember the time and place of the demonstration.

Study Your Subject

To conduct a successful demonstration, study your subject. Be skilled in the practice you plan to demonstrate. Know more about your subject than you tell your audience. They will ask questions. Convince them that you are thoroughly familiar with the method you are teaching.

Select the Right Demonstration

A demonstration should:

- Teach a sound practice.
- Have wide application.
- Be timely – Show how to treat seeds for disease just before planting season and how to prepare beans when they are available in the garden.
- Be one that you do with available equipment. Don't demonstrate how to can fruits when people have no cans or jars. Consider a drying demonstration instead. Don't demonstrate the use of a sprayer if the farmer can't get one.

Outline Steps

Make an outline. List each step you will take when you give your demonstration. Each step should be an act you will perform. For example, to wash dishes some steps would be:

1. Arrange equipment and dishes.
2. Put wash water in pan.
3. Add soap to water.

To dust a chicken to get rid of lice, some steps would be:

1. Hold the bird on a firm object such as a table.
2. Put a pinch of dusting powder on its head, neck, breast, tail, thighs, and under its wings.
3. Work powder in well.

List Key Points

The steps you list are the framework of your demonstration. But they are not enough to make it a success. Use *key points* to support every step. Key points are the facts that are brought out in each step. These facts will make each step easier for your audien to understand or will eliminate hazards as they try to practice what you are demonstrating. Li this information in your outline under a column called *Key Poin* Here are two examples:

MAKING CEREAL

Step	Key Points
Add cereal to water.	Water must l boiling, stir continuously

TRANSPLANTING A TOMATO PLANT

Step	Key Points
Put earth around plant.	Press firmly, half way up stem.

Both steps and key points shou be written in simple, concise terms. For example, in transplan ing, it is better to write "press firmly" and "half way up stem", which you can read quickly, tha the full comment you will make. This comment might be "While you hold the plant upright in yo left hand, put the earth around t plant with your right hand. Whe you have put enough earth arour the plant to reach *half way up th stem, press the earth down firmly* with your hand."

Assemble Equipment and Material

After you have outlined your demonstration – step by step with all the key points – your next job is to assemble everything you will use. Select equipment that is familiar to the people who will attend. For example, if you plan to show village women how

to cook, use cooking pots, spoons, and other utensils familiar to them. A second choice would be to use equipment available in the local market at a price they can afford to pay.

If you are teaching how to use a new food, or prepare an old food in a new way, use the same kinds of equipment they now use. When you want to demonstrate a new piece of equipment, use foods that are familiar to the group. If you are showing farmers how to make a rope halter, use the kind of rope the farmers have.

Arrange your equipment neatly as you plan to use it in your demonstration.

Rehearse

Like an actor on the stage, you must rehearse your demonstration. Whether you are an experienced demonstrator or a beginner, this is necessary. This is the only way you will know that you have all the equipment and supplies you will need; all the information you will need; and most important of all, that you will know how to coordinate what you do with what you say.

Demonstrations help young children learn.

Here is an outline for planning a demonstration used by agricultural workers in Kenya.

SUGGESTED OUTLINE FOR PLANNING DEMONSTRATIONS

1. Demonstration: _____

2. Why is this demonstration important?

_____

_____

_____

3. What materials and equipment will be needed?

_____ _____

_____ _____

_____ _____

4. How will the demonstration be conducted?

STEPS	KEY POINTS
a. _____	a. _____
b. _____	b. _____
c. _____	c. _____
d. _____	d. _____
e. _____	e. _____
f. _____	f. _____

5. What kind of followup will I use?

6. How will I evaluate this demonstration? (See Appendix, page 13 for example.)

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People enjoy watching an expert work. They appreciate forethought and careful preparation. When you give a well-prepared demonstration, it lets your audience know that you think they are important.

Rehearse your demonstration exactly as you plan to give it at your meeting. Find a place to practice where you will be uninterrupted. Do and say out loud exactly what you are going to do and say in your demonstration. Repeat the demonstration until you know it well enough to welcome questions or interruptions without losing your chain of thought.

Do the demonstration where the problem is located.

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CONDUCTING YOUR DEMONSTRATION

Before the Audience Arrives:

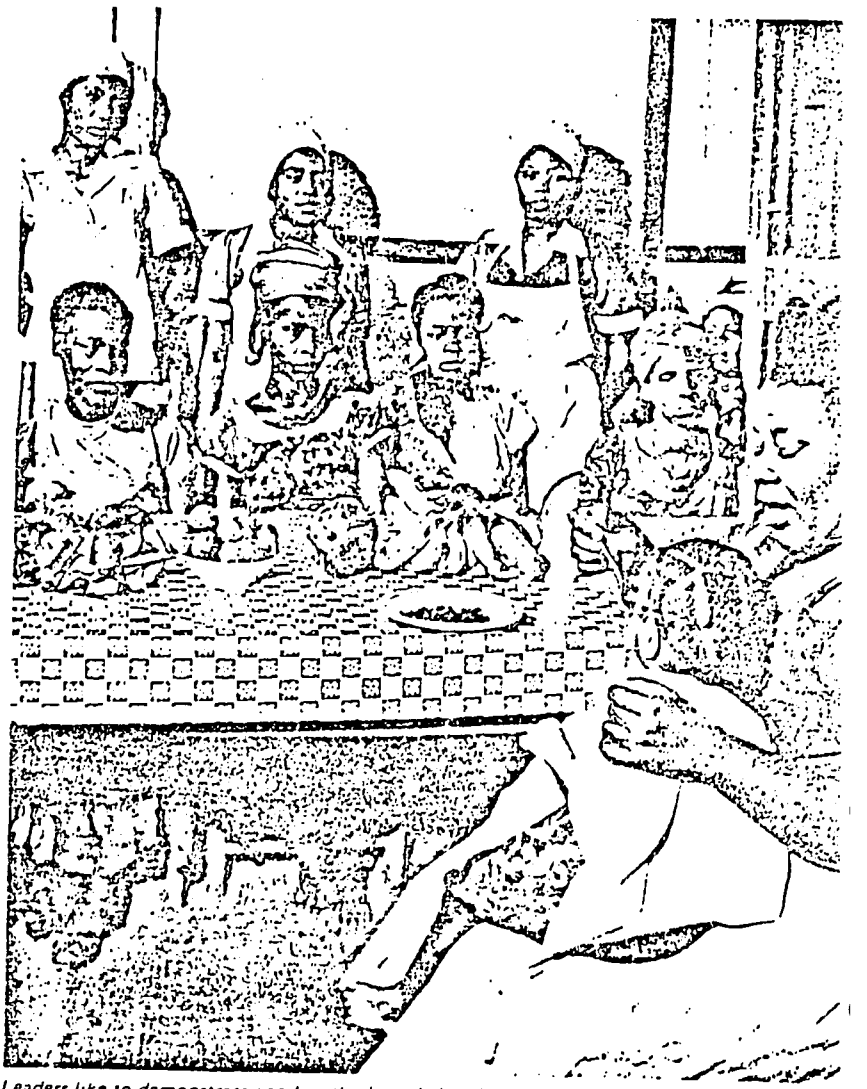
On the day you give your demonstration, plan to reach the meeting place ahead of time. For many demonstrations, a half hour before the meeting starts is sufficent. But for others, you may need more time. You need time to:

1. Arrange your demonstration equipment and supplies neatly.
2. Check any equipment such as stove, sprayer — to see if it will work.
3. Make sure your audience can see and hear every step of your demonstration.

Presentation

Your presentation will consist of four parts. They are:

1. *Introduction* — Explain the need for this demonstration. Tell your audience why you are showing this particular practice in the community. Also tell them how it will improve on the method now in use. Be sure to acknowledge the present method. For example, if you show a new way to mix whitewash, show also that you understand the method that the people now use. Make your introduction short, but make it interesting. Convince your listeners that the subject is important.
2. *The Demonstration Itself* — Make the demonstration look easy so the group will *want* to try it at home. Make it look like fun, and really *make* it fun.
   - *Be enthusiastic* — Enthus-



Leaders like to demonstrate good methods to their neighbors.

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iasm is contagious. Act as if you believe in what you are doing.

Be yourself — You can be yourself if you have practiced your demonstration and you are confident in your ability to present it. Smile occasionally as you talk to your audience.

Talk to your audience — Each member of your audience should feel you are talking to him. Look at your audience whenever you can. During your demonstration, don't attempt to talk to your audience while your back is turned to them.

Speak loud and clear — Be sure the audience can hear you. Speak distinctly. You may wish to have someone posted in the back to raise his hand when he can't hear you. Use words that the audience will understand. If you use words you think are unfamiliar to them, explain the meaning.

Follow your outline — Explain step-by-step what you are doing, how it's done, and why this practice is important. Have some of the audience demonstrate back to you steps you feel are difficult. Repeat a step if necessary.

Work alone — It may be better not to have an assistant when you demonstrate. The group may get the impression that the operation is too complicated for one person to do. However, you could ask some members of the audience to help in certain lengthy operations, after you have shown your ability to work alone.

3. *Question and Answer Period* — Encourage discussion. You may tell your audience that there will be time at the end of your demonstration for questions. You may, however feel that questions during the demonstration will help to make it clearer. Then tell your audience that questions are welcome at any time. No matter what instructions you give your audience, *you* must be prepared to answer questions that interrupt your demonstration, and be prepared to handle them graciously.

   Always repeat a question so everyone can hear it. Be sincere and tactful in answering. Suggest, don't dictate. They may ask some questions that seem silly to you, but be sure to answer them willingly. Discourage the group from laughing at or embarrassing anyone that asks a question. Even if a question is asked at a time or on a subject you feel is unsuitable, you must *never* make the questioner feel uncomfortable.

4. *Summary* — Summarize your entire demonstration. Hand out reference materials. Advise audience where to get further assistance, and where they can get materials and equipment. If this demonstration is one of a series, announce when and where the next one will be given.

FOLLOWUP

Publicize what happened at the demonstration — Here are some ways you can publicize your demonstration:

1. *News Item* — If you have a newspaper available, use local names, incidents, and situations as background to describe the new practice.
2. *Radio* — If you have a radio program, publicize your demonstration the same as in a newspaper.
3. Ask leaders to talk to others about the demonstration.
4. Hold a followup meeting at the home of a family who is satisfactorily using the practice shown in the demonstration. This type of meeting is an effective way to prove further the local value of the practice.

Evaluate — A good demonstration should produce changes in the methods people use. To measure your effectiveness:

1. Visit people who attended the demonstration and find out if they have put the recomendations into practice.
2. Check with local storekeeper to see if they have had increased demands for special materials you recommended

EVALUATE YOUR DEMONSTRATION

Everyone likes to know how well he has performed. Here is a score card you can use to evaluate your own demonstration.

Score Card

	Yes	No
Plan — (20%)		
Did I discuss why the demonstration should be given with local leaders beforehand?	☐	☐
Was this meeting definitely related to local problems and needs?	☐	☐
Was it designed to improve knowledge, skills, and attitudes?	☐	☐
Did I arrange in advance for local people who took part?	☐	☐
Was the community alerted to the problem and its solution?	☐	☐
Did I publicize the demonstration to the local community?	☐	☐
Was the meeting place suitable?	☐	☐
Was my demonstration conveniently timed?	☐	☐
Were the materials and equipment available?	☐	☐
Conduct — (50%)		
DEMONSTRATOR		
Was I at ease?	☐	☐
Was I familiar with my subject?	☐	☐
Was I skilled at doing what I was trying to teach?	☐	☐
PHYSICAL ARRANGEMENTS		
Did I check all equipment to see if it would work properly?	☐	☐
Was my equipment arranged and adjusted to fit my subject and the size of my audience?	☐	☐
Was the place suitable for this kind of demonstration?	☐	☐
Could the audience see and hear all parts of my demonstration?	☐	☐
PRESENTATION		
Was it clear and divided into logical steps?	☐	☐
Did it convince my audience how easy it is to practice the skill I demonstrated?	☐	☐
Did the group participate through discussion or practice?	☐	☐
Results — (30%)		
Did a large percentage of people with the problem attend?	☐	☐
Did a large percentage of people attending indicate they would change their practices?	☐	☐
Were the meeting activities reported to the community through news articles or other media?	☐	☐

HELPING HANDS

Giving Volunteer Leaders A Place in The Extension Program

WHO IS A LEADER?

WHY ARE VOLUNTEER LEADERS IMPORTANT?

HOW TO FIND LEADERS
- Leaders Are Selected for Specific Jobs
- What Kinds of Help Can Leaders Give?
- Leaders Grow
- A Leadership Ladder

TRAINING LEADERS
- Recognize and Thank Leaders
- Village Leadership Patterns

WHAT DOES THE EXTENSION AGENT DO IF LEADERS ARE TEACHING?
- What Do You Get Out of It?

LEADER'S GUIDE FOR DEMONSTRATION ON TESTING SEED FOR GERMINATION

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WHO IS A LEADER?

Anyone in the village or community may possibly be a leader. A person is a leader when his ideas or actions influence others, or when he helps the people of the village get what they want. In every village there are already people with some knowledge and experience. When other people in the group benefit from these attributes, the people who have them are put in a leadership position.

These are all leaders:

1. The chief or head man of the village
2. The head of the religious group
3. The teacher of the school
4. The person who helps a youth club
5. The farmer who tries a new variety of a crop and others ask him about it
6. The woman who grows better tomatoes than her neighbors and shares the knowledge with them.
7. The young mother who invites other mothers to her home to see a demonstration on how to better feed their babies
8. The farmer who calls a meeting to order
9. The woman who tells others about a meeting
10. The young man who helps the agricultural officer demonstrate seed treatment.

Many others serve as leaders in a great variety of ways, both large and small.

These leaders fall into two groups. The first consists of the designated or formal leaders, such as the chief, the religious leader, the Extension worker, and the teacher.

The second group is made up of those who are leaders because of what people expect of them. In this group are many who do not consider themselves leaders. These are often called volunteer leaders, unpaid leaders, or informal leaders.

WHY ARE VOLUNTEER LEADERS IMPORTANT?

Volunteer leaders are important for two reasons. One is that leadership and experience help an individual grow and develop self-confidence. The second is that an educational program, such as Extension conducts, needs local people who are willing to give time and effort to plan and carry out a program. A professional paid Extension worker cannot reach all the people needing assistance without help from the local villagers.

Most people like to help others by sharing their knowledge and skills. They often use leadership skills they learn in an Extension program to help in other programs.

With the help of leaders, an Extension worker can reach more people. In many countries, an Extension worker has 1,000 families to serve. With the use of trained and supervised volunteer leaders, an agent can come much nearer to meeting their needs. For example, in a half a day the agent may teach the members of one youth club or train leaders who in turn may teach the members of 10 or 12 clubs. Thus, in place of helping the boys and girls in one club, the Extension worker has helped boys and girls in 10 to 12 clubs.

Including volunteer leaders from the community gives a program a greater chance of success. It is their program and they will work to have it succeed. Leaders help keep a program realistic and related to needs. They not only channel information to the people, but also relay the people's reactions back to the professional worker. People trust local leaders and may work with them more readily than they will with you, the professional leader.

HOW TO FIND LEADERS

1. *You must believe in leaders.* To find leaders, you must believe that people can be leaders. Sometimes an Extension agent will say, "There are no leaders in my area," and, of course, he has no leaders helping with the program. He is looking for people who are called leaders, or who stand out from other people in the village. One rarely finds such people. Usually one finds potential leaders and helps them develop. In one country the State supervisor said that she played a game of hunting leaders each time she visited a village Without fail, as she was leaving a village, she would say about some woman, "There is a leader." She could see the small signs that indicated a woman might be a leader. This

supervisor looked for women who had done something a little better than others in the village. They seemed willing to share their knowledge or skills with others.

An agricultural officer in one country says he looks for the farmer who tries a new idea out, such as planting a new variety of seed, or building a fence of thorn bushes around the garden. He also finds leaders who ask for more information about new agricultural practices they have heard described over the radio.

Another Extension worker has pointed out the need to be alert and aware of the shy person. They often show interest in what's happening, but may not have done anything outstanding. Often these potential leaders are lost because they were not encouraged.

2. *Look for Leadership Traits.* Always be on the lookout for potential leaders. Observe where their particular skills are. See if they appear well liked by the people. You will find some who might help with the youth program and others who might be good garden leaders to teach how to plant, weed, or harvest vegetables. Others may organize a farmers' club. Still others may announce meetings or get people interested in a program.

Do not expect every potential leader to fit into every leadership job. Different people will emerge for different jobs.

You may not find obvious enthusiasm or willing volunteers. You may have to look for less obvious evidence. Interest, friendliness, or willingness to work, or hearing a person's name used often by neighbors may be your key to a potential leader.

If you are to find leaders, you must believe that village people can become leaders, and you must want the help of leaders to share with you in teaching the people. If you don't believe that leaders can be found and that you want their help, you will never find them. The agent referred to at the beginning of this section, who had no leaders, probably did not really want any.

Leaders Are Selected for Specific Jobs

Leaders can't be "leaders" in name only. They must be leaders of something. Since leadership means having responsibilities, a leader must be depended upon for a certain specific job. A group will choose the person they think would be best for the particular kind of leadership responsibilities.

For example, the members of a club generally elect the person they think is best suited to be president of the club. The members of a committee often select the person who is to serve as chairman. A group of women may select one member they think would do the best job as a clothing leader. The farmers' club may select a member to be a rice demonstration leader. Before this selection is made, the job the leader will perform should be carefully described to the group, so they can select wisely.

A second way to select leaders is to appoint them. You, or another official, may appoint or ask a person to be a leader for a specific job. This is usually not as effective as having the group select the leader to represent them. However, leaders so selected often like it because it demonstrates your faith in them.

A third way is to let people volunteer. If the best person is too shy to volunteer, you may need to give encouragement, like "I would be grateful for your assistance." All of these ways are good. It is probably wise to vary your approach.

What Kinds of Help Can Leaders Give?

There are many ways leaders can help you and the program. Ask them for special kinds of help and give them specific jobs to do. The following are examples of the help leaders can give:

1. Notify others of meetings.
2. Bring people to meetings.
3. Arrange for and find meeting places.
4. Help identify problems in the village and decide the best ways to solve these problems.
5. Give simple demonstrations.
6. Conduct meetings.
7. Lead youth groups and various individual projects.
8. Interest others in becoming leaders.
9. Teach neighbors skills.
10. Share information with neighbors.
11. Serve as officer in an organization or chairman of a committee.

Different kinds of leadership ability are needed to carry out the different jobs outlined above.

Some people have one kind and some another.

The different types are:

1. Special know-how leadership — having some special skill, know-how, or interest.

2. Teaching leadership — having ability to share or teach others what they themselves know or learn.

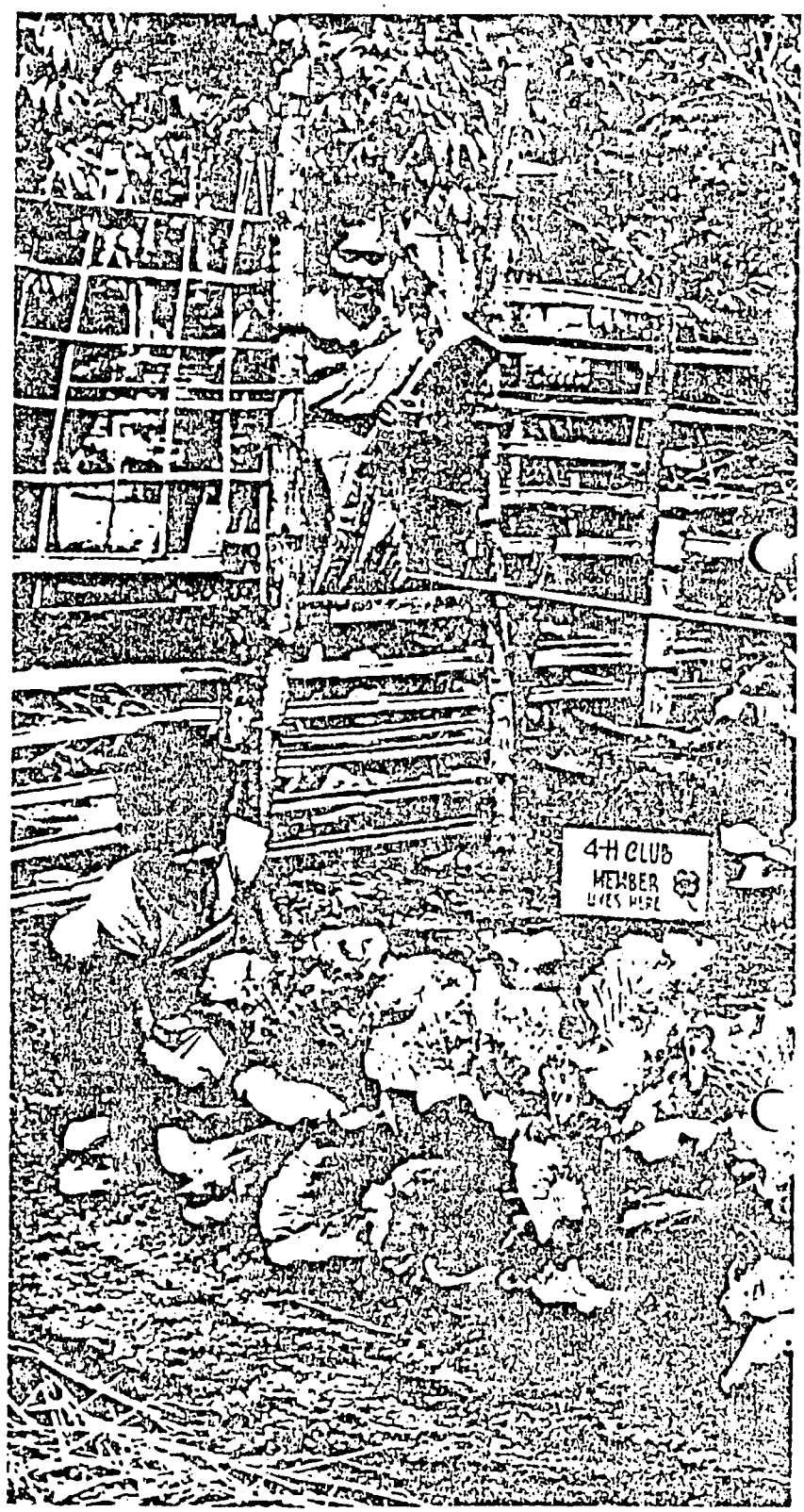
3. Organizational leadership — having ability to lead and guide an organized group.

4. Opinion, advisory, and influence leadership — having the respect of others so their opinion, advice, and approval is wanted on important matters.

People and leadership jobs differ, so there is a greater possibility of finding someone for each leadership job.

Leaders Grow

Leaders grow in many ways as they are trained and given chances to help with your program. They grow or develop in understanding, and in the things they can do. They also become more skilled in working with



A leader of a youth club calls on members to help them with their projects. This encourages members such as this boy to work hard to have a successful project.

people. With the development of confidence, they usually accept more leadership responsibilities, and are better at motivating others to become leaders.

Your big job is to get people started in leadership activities — to get them to accept their first assignment.

The ladder below shows how a person may start accepting small simple responsibilities, and move up to larger and more responsible jobs until he becomes a leader of his group or member of the village council.

A Leadership Ladder:

Become Member of Village Council
Become Chairman for Village Tour
Become President of Homemakers Group
Become Youth Club Leaders
Train Other Leaders
Demonstrate to Small Group
Tell and Show One Other Person
Help with Demonstration
Notify Members
Arrange Meeting Places
Bring Another Person
Arrange Chairs

The first thing a new leader does must be simple enough to be a success. A little success goes a long way toward bringing more success. Leadership is growth. It is gradual and continuous. It develops step-by-step. The important thing is to involve people in small ways that start them up the ladder to greater participation and leadership.

The success of the leader depends largely on the Extension worker. With the very first job give instructions clearly, so that the leaders understand exactly what you expect of them. If you ask a new leader to arrange benches under a tree for people to sit on, tell him and show him exactly how you want them. Nothing discourages a leader more quickly than to be asked to arrange the benches and then have you rearrange them because they aren't right. So, it is with each step. Be clear in your directions. Make sure the leader understands, and do not give him too many details in relation to his first task. He may become confused and will not want to assume responsibility. You can insure success for the leader and give him a feeling of satisfaction in his accomplishments by giving him careful training.

TRAINING LEADERS

A leader cannot do what he or she does not know how to do. It is a mistake to expect leaders to do something without preparing or training them for it. In fairness to them, you should prepare them for even the simplest job they agree to do, such as getting a room ready for a meeting. They need to be shown and told how the chairs and tables should be arranged, the room cleaned, etc. Basically, training of leaders consists of giving a clear explanation of what is expected, followed by simple and complete instructions of how to do each duty.

Leader training is continuous and will cover different things depending on each leader's needs. Training for specific jobs should include:

1. Subject matter on what to teach — for example, how to grow tomatoes, treat seed, or feed a baby.
2. How to teach — how to give a demonstration, make and use visuals, lead a discussion, make a home visit, preside at meetings, or appear before groups.
3. How to explain to people what Extension and other village programs are.
4. How to involve leaders in planning and helping with leader training meetings.
5. Guides prepared for them to use in teaching (see example page 14.)

All these ways are needed. Work out a training plan to prepare every leader for his or her job. Let leaders help plan their training.

Training in leadership development is far more than just how to do a job or how to be good at something. Training should include discussion of:

1. The characteristics of a good leader

2. The meaning of "responsibility" for the leader.

3. How a leader works with people.

4. How a leader interests people in trying new methods and ideas.

5. How a leader overcomes resistance to new ideas and programs.

6. The characteristics of a good program.

Good training avoids difficulties. Local leaders may misinform others, if they themselves lack knowledge. If they do not understand the value of sharing, they may want to do all the work themselves. Other people in the village may become jealous if you do not teach leaders how to work with them without becoming overbearing. Giving many people the opportunity to work as leaders can help overcome jealousy and the feeling that you have favorites. Make it easy for the leader to learn. Make it easy for leaders to lead by giving them good training.

Many village workers use community or Extension advisory councils. Organizing various leaders into an advisory council is an excellent way for them to learn to work together and to develop leadership. Such a group can help develop and carry out a program in the village. An advisory council will give you many training opportunities. Through training, you can help leaders improve the way they think about the village and its problems.

Recognize and Thank Leaders

The only pay a leader receives is satisfaction — a feeling of special accomplishment. Leaders must feel their work is appreciated. We all like recognition, and good leaders need to be given some special attention. Encouragement, praise, and a heartfelt "thank you" are good ways to recognize leaders. This can come, not only from you, but also from one of the village officials at a public meeting.

Special attention and training can be given by taking leaders on tours or visits to other villages, government experiment stations, public health centers, libraries, schools, or to the capital to meet national officials. If the village has a newspaper or a board where news items are posted, you might publicize some special work a leader has done. Tell public officials about their work. Give them a chance to meet interesting visitors who come to the village. A small gift to leaders can show appreciation for their services. Or present a ribbon, or a certificate signed by the Extension Director or Minister of Agriculture.

Make leaders feel they have an important part in planning and carrying out a program in the village. This is one of the finest kinds of recognition you can give them. Ask often for their advice. Treat each leader as an important person by remembering the small thoughtful things that make a person feel he is appreciated. You can write a personal letter at the end of the season to all leaders to thank them for their assistance and congratulate them on the good results it has brought. Always give leaders the credit for what they do.

Village Leadership Patterns

As you become accustomed to working with leaders, you will have more of them. The leadership picture of a village might look like this after you have worked with it for some months:

1. Chief of village, the general adviser.

2. Agricultural council — elected president and five farmers with the village chief exofficio.

3. Homemaking council — elected president and five women.

4. Youth council — elected president, five youths, and five adults.

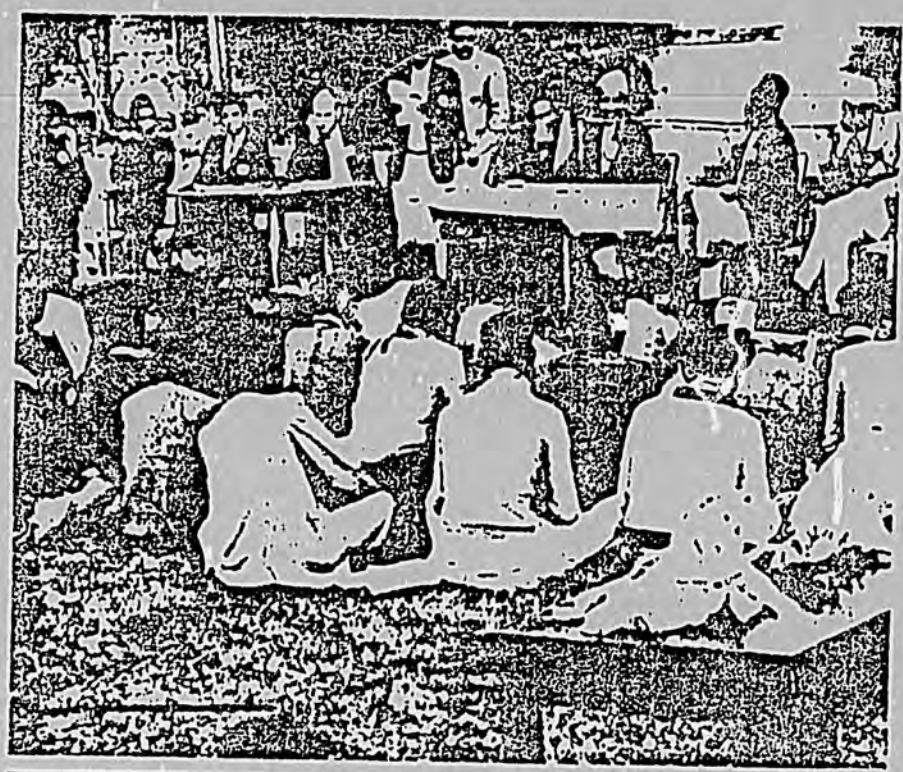
5. Four presidents of four farmers' clubs.

6. Twelve leaders of six youth clubs.

7. Secretaries of six youth clubs.

8. Fifteen project or subject-matter leaders of five women's clubs.

When you have this many leaders the villagers will see you as a trainer of leaders. They will know you as one who helps them do the things they want to do. This is not presented as an ideal or a pattern, but simply one possibility among many. As a program expands, there will be more and more leaders. This is as it should be. You don't want to use the same leaders over and over.



One way to recognize leaders is to have Ministry officials mention their names public meeting.

WHAT DOES THE EXTENSION AGENT DO IF LEADERS DO THE TEACHING?

Without leaders, you must do each task yourself. You teach every lesson to the youth groups, farmers' clubs or women's groups. You make all the arrangements for each meeting. You advertise your meetings. You encourage people to attend, etc. Consequently, you are limited in the size and scope of your program to what you alone can do. By using leaders, you can greatly expand your accomplishments.

Let's suppose you decide to start using leaders and want to begin having leaders teach youth club members. This is a job you have been doing, and you've en-

Training leaders in a group.

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joyed it. If you train leaders to do it, what are you going to do? This question will occur to you, so let's consider it. First, you train leaders to do a specific demonstration. Train them so carefully that they will give the demonstration well and feel good about it. At the same time you will explain to the club members that a leader is going to give a demonstration. On the day of the club meeting you will attend as usual, but will let the leader set up the materials for the demonstration without your supervision or guidance. You will introduce the leader and explain what he or she will be doing. Then you will go to the back of the group and observe, if the leader wishes you to remain. Leave if they prefer to demonstrate without your presence.

It is a good idea to train two leaders for each demonstration. They can help each other, or if one is unable to come on the day of the meeting, the other can still demonstrate. Before the next club meeting, you will train the leaders for another activity. At this training meeting you can review the last meeting and answer questions leaders have about it. Again prepare the club for the leader's participation, and again let them to do it without your obvious supervision. Slowly and carefully shift the club program more to the leaders. Soon you will be able to tell the club members that you will only come every other meeting, or whatever you think is suitable.

While this club meets you can begin organizing a second club in the village. Try to find two adult leaders who will meet with this club from the first, so that you only attend some of the meetings. Soon you can begin to train four leaders at a time, instead of two. Move on to the third youth club and the fourth, and so on. At the same time, you will be enlarging your adult program through leaders and will be spending more time on leader training and less on direct teaching. This shifts your role to that of a trainer.

In the beginning, as you enlist leaders to help with a teaching job, you will spend more time helping the leaders than you would spend doing the job yourself. You will have to train the leaders, remind them of the meeting, encourage them to do the job, follow up after the meeting, publicize their work, and see that they have recognition. As they slowly assume responsibility, you will begin to see an expanded program reaching more and more people, and feel the support a loyal leadership will give you.

What Do You Get Out of It?

1. Your satisfaction will come through seeing leaders do well on each job they undertake, rather than from the appreciation expressed by individuals who learn a new skill directly from you.

2. You will help more families improve their agricultural production and family living. If volunteer leaders are not included in your program, the number of people helped each year is limited to those you can reach personally. With leaders you will be recognized throughout your area as a professional leader with large and important programs. Instead of 200 families, you may be reaching 1,000.

3. You will deal personally with the leaders in each community. This is a great satisfaction because they usually accept new ideas more quickly than the average person.

4. You help people develop and achieve their potential in leadership. They will express their appreciation for this in many ways. Developing people is a most important element in an Extension worker's job.

5. You become a trainer of leaders, not just a teacher of people. You continue to teach people as you always have, but you add this broader dimension to your efforts.

LEADERS GUIDE FOR DEMONSTRATION ON TESTING SEED FOR GERMINATION

Preparation Ahead of Time

1. Notify people of the day, time, and place where meeting and demonstration will take place.

2. Learn all you can about the community problems and needs as they relate to seed:

a. How the people of the village care for their seed from harvest to planting

b. Problems farmers have had in planting seed that did not grow well

c. The extent to which farmers are already testing their seed for germination, and meth-

LEARNING STYLE INVENTORY

This inventory is designed to assess your method of learning. As you take the inventory, give a high rank to those words which best characterize the way you learn and a low rank to the words which are less characteristic of your learning style.

You may find it hard to choose the words that best describe your learning style because there are no right or wrong answers. Different characteristics described in the inventory are equally good. The aim of the inventory is to describe how you learn, not to evaluate your learning ability.

Instructions

There are nine sets of four words listed below. Rank order each set of four words assigning a 4 to the word which best characterizes your learning style, a 3 to the word which next best characterizes your learning style, a 2 to the next most characteristic word, and a 1 to the word which is least characteristic of you as a learner. Be sure to assign a different rank number to each of the four words in each set. Do not make ties.

1.	___discriminating	___tentative	___involved	___practical
2.	___receptive	___relevant	___analytical	___impartial
3.	___feeling	___watching	___thinking	___doing
4.	___accepting	___risk-taker	___evaluative	___aware
5.	___intuitive	___productive	___logical	___questioning
6.	___abstract	___observing	___concrete	___active
7.	___present-oriented	___reflecting	___future-oriented	___pragmatic
8.	___experience	___observation	___conceptualization	___experimentation
9.	___intense	___reserved	___rational	___responsible

FOR SCORING ONLY

CE _____	RO _____	AC _____	AE _____
234578	136789	234589	136789

EXPERIENTIAL TRAINING METHODOLOGY

The experiential training methodology presents an innovative approach toward training. To facilitate the acquisition of specific competencies during training and to encourage the application of these competencies by trainees, trainers use a flexible, learner-centered, experiential learning approach. This approach has its basis in the following assumptions:

- Because individuals are unique, particularly in regard to learning processes, a training curriculum must incorporate a variety of educational approaches in order to accommodate the variety of ways that people learn.

- Learning is not something that can be injected into people; rather it emerges from them as a result of their experiences.

- Learning is most effectively brought about when the learning goals and objectives have relevance and meaning for the trainees in terms of their own lives, what they already know, and their personal goals.

- Learning is an inherent product of living. Training is most effective when it facilitates learning by focusing on issues and problems that have relevance in peoples' lives.

- Learning is meaningless if it is confined to only the acquisition of facts and figures. The acquisition of information must be supplemented by an understanding of why this information is important and how this knowledge can be utilized productively. Effective training is a process which facilitates this.

Experiential methodology incorporates a flexible structure of classroom activities, simulation exercises, and actual experiences in "real life" situations. Trainees' acquisition of knowledge and skills related to their work is facilitated by the trainers. Their primary role is one of creating learning environments which are stimulating, relevant, and effective. This learner-centered, experiential approach toward training allows the individual trainees to manage and assume responsibility for their own learning.

Experiential learning is exactly what the name implies—learning from experience. Effective training strategies which incorporate experiential learning approaches, build upon this precept by providing learners with situations/settings/environments that stimulate the process of experiencing. Within the context of a training curriculum, learning experiences in these situations/settings/environments may take the form of classroom activities, simulations, or "real life" activities. Experiential learning occurs when a person engages in an activity, reviews this activity critically, abstracts some useful insight from the analysis, and applies the result in a practical situation. The experiential process follows the following theoretical circle:

Experiencing

(Activity, "Doing")

Applying

(Planning more effective behavior)

Processing

(Sharing and discussing reactions and observations)

Generalizing

(Inferring from the experience truths about the "real world")

Experiencing

This is both initial activity and the data-producing phase of the experiential learning cycle. Experiencing is, in fact, an inherent element of living. In experiential learning, however, this activity of experiencing is linked to a process which includes interpreting the experience, drawing generalizations from it, and determining how to make use of the learning. The experiential learning process helps individuals to minimize subjective reactions, and draw out objective elements from their experiences.

There are a wide range of activities and exercises for providing trainees with experiences from which they may extract the data to process and make generalizations. Individual and group activities used to facilitate the "experiencing" step include:

- role plays
- case studies
- films and slide shows
- sharing descriptions of specific experiences
- placing trainees in actual situations requiring them to react and/or perform
- allowing trainees to train one another.

During this phase it is not possible to control or to structure precisely the experiences which will occur. This is not a problem. Since experiential learning is a process comprised of several phases, the function of the "experiencing" phase is merely to establish the initial data upon which the overall process is based.

Processing

This is a crucial step in the experiential learning cycle. During this phase, individuals share with others the specific experiences they had during the previous phase. This may happen on an individual basis, in small work groups, or in a full training group. Individuals share both their cognitive and affective reactions to the activities in which they have engaged; and during sharing, try to link these thoughts and feelings together in order to derive some meaning from the experience. Initially, the experience may or may not appear to be meaningful to the trainees, however this phase of the cycle allows them to think through the experience and conceptualize the reasons for coming to such conclusions. The trainer's role as facilitator is very important during this phase of experiential learning. He/she should be prepared to help the participants to think critically about the experience. In addition, it is the trainer's responsibility to help the participants verbalize their feelings and perceptions as well as draw attention to any recurrent themes or patterns which appear in the trainees' reactions to the experience. In short, the trainer's role involves helping the trainees conceptualize their experiences so that they have some concrete data upon which to draw conclusions and generalizations.

Processing establishes the context for the next phase of the experiential cycle which is "generalizing". Therefore, any experiences which trainees have during training, whether they are films, role plays, field experiences, etc., should be "processed". That is, trainees should be given time to reflect on such experiences in order to assess whether they help facilitate their learning:

Techniques used to facilitate the processing step include:

- groups discussion of patterns and recurring topics and themes which arise as a result of individual experiences
- generating and analyzing data
- reporting
- interpersonal feedback
- interviewing
- trainees functioning as process observers

Generalizing

This phase involves drawing inferences from the patterns and themes which have been identified. Trainees determine how these patterns which evolved during the structured learning experience of the training sessions relate to the unstructured experiences of everyday life. In other words, the participants in the experiential process have the opportunity to identify similarities between the experiences within the training session and experiences which they can cite from the "real world". They are given the chance to see the relationships between training, their own personal goals and the life they will have after training.

Activities used to facilitate the generalizing step include:

- summarizing learning into concise statements or generalizations
- group discussions of an agreement upon definitions, concepts, key terms and statements
- individual ang group response to questions like: "How do you think what you have done and learned in this session relates to your back-home activities.

Applying

If learning is defined as a relatively stable change in behavior, it is the "applying" step in the experiential learning process that facilitates learners to modify future behavior. Drawing upon insights and conclusions they have reached during the learning process, trainees incorporate their learning into their lives by developing plans for more effective behavior.

Techniques and activities used to facilitate the "applying" step include:

- individual and group responseto the question: "How might you use this learning to be more effective within the specific geographic and cultural setting of your assignment?"
- reviewing lists generated during preceding training sessions and making revisions which reflect new insights, plans, and behavior
- modifying and/or developing plans of action, personal goals, and strategies for personal behavior modification

There are numerous advantages in using the experiential learning process. This approach permits active participation by all individuals involved. Consequently, it facilitates the acquisition of various competencies, which are best learned by "hands on" experience.

The Role of The Trainer in Experiential Methodology

Workshops are conducted by trainers whose role in the training process is defined as being facilitators. As such, their primary responsibility is to provide the trainees with an effective and appropriate learning environment; and to facilitate an active process by which trainees determine and address their invididual learning needs. This may be accomplished by facilitators who:

- encourage the active involvement of all trainees
- promote an atmosphere of cooperation
- adapt training activities and exercises to the specific needs of a particular training group
- provide linkages to other components of training
- assist trainees in making linkages between each training session
- encourage trainees to constantly relate training experiences to "real life" situations
- direct trainees toward materials and human resources they may require
- make themselves available to serve as resources, but do not establish themselves as experts who dispense answers.

Adapted from Basic Health Training Manual, U.S. Peace Corps, 1980.

TASK ANALYSIS

Suppose you are faced with the problem of a car that won't run properly. Would you start selecting tools at random and doing whatever comes to mind? Would you use the same tool on every part of the car? Or would you first analyze the problem, decide the result you wish to obtain, select and use the tools that are most suitable to attaining that result and then check to see that it has actually been accomplished? In programming and training ~~Volunteers~~ extension you will face a good many analagous problems. Too often we approach this work much in the way that is suggested in the first method; that is we pick up the first available tool and start whaling away. It should not come as a surprise that the results are often less than satisfying.

A systematic approach to programming-training-evaluation is analogous to the second procedure mentioned. It involves detailed specifications of the desired result, development of an instrument by which success can be measured, development of procedures to achieve that result, and ways to continually ensure improvement.

Several steps are involved in this systematic approach. During this session we will cover them in same depth as well as provide opportunities for practice in their use. You should be familiar with the overall approach, it doesn't differ significantly from approaching any problem systematically. The tools differ, but the procedure is virtually the same.

The three phases of the process are:

1. Determine and describe what we want to achieve;
2. Do what is necessary to achieve the desired result, and;
3. Evaluate the result to determine whether we succeeded in doing what we set out to do.

In developing instruction this means:

1. Deriving and describing objectives in a meaningful form;
2. Developing lessons, activities and materials designed to meet these objectives, and trying them, and;
3. Determining how well the objectives were achieved and making any necessary modifications and improvements.

Whatever the subject matter, the goal of instruction is to develop ourselves or others to the point where we or they are:

1. Capable of performing satisfactorily in the job described;
2. Capable of improving skill through further practice.

Task analysis is directly related to the first goal. To prepare someone to perform a job, we must know what the job consists of, what one needs to do to perform each of the tasks, and how frequently each of these tasks is performed. Once we have this basic information we can design an approach which is performance oriented rather that subject oriented. The strategy is to use the job as the basis for deciding what will be taught and in what order and depth, rather than to simply present as much subject matter as possible in a given time.

Let us suppose that you are given responsibility for programming and training new extension agents. an agriculture program for ~~Volunteers~~. The usual approach is to take an old ~~104, and~~ American voc. ed. syllabus and present the materials called for. This might well involve extensive training in subject matter concerned with American crops, machinery, and the use of fairly sophisticated agricultural supplies.

Best Available Document

Much of this will probably be just plain irrelevant to the needs of a potential ~~Volunteer~~ in a developing nation. If, on the other hand, we analyze the job ~~of the Volunteer~~, we will soon be able to identify the knowledge and skills which are essential for him to perform satisfactorily and to continue to develop his skills. This should provide the basis of performance oriented instruction.

1. JOB DESCRIPTION. The first step in developing a task analysis is a "job description." This is the frame or outline from which we work. A job description is a general statement about what a person on the job does, and tells something about the conditions under which he does them. It is NOT a description of what he knows. Usually such a description is short, not more than a few paragraphs. The following criteria describe a job description:

1. It tells what a person does;
2. It describes any special or unusual conditions under which he does his job;
3. It includes all areas of performance e.g., technical, cross-cultural and language;
4. It is short.

An example of a simple job description is as follows:

VOCATION: Radio and Television Serviceman

He may be required to install, maintain and service amplitude and frequency modulated home and auto receivers, transistorized radios, black and white and color televisions, high fidelity amplifiers and tape recorders. He must be able to read circuit diagrams and codes of values to select component substitutes. His job requires meeting the public both in his shop and on service calls. He may be required to drive a car or truck. He must be able to work at heights. He should be able to maintain business records and inventory.

A job description sketches the outlines of high spots of the job, but it is not adequate as a basis of instruction--it isn't sufficiently specific. It does, however, provide a guide for the next step, task analysis.

II. TASK ANALYSIS

A job invariably includes a number of tasks. A task is a set of logically related actions required for completion of a job objective. It is a complete job element.

An example of a partial task analysis for a service station attendant would probably include the following tasks:

1. Cleans or replaces spark plugs;
2. Adjusts and bleeds brakes;
3. Replaces wheel cylinders;
4. Inspects and flushes radiators;
5. Tests antifreeze.

This differs from "task detailing" which is an analysis of each of the steps involved in completing a task. To illustrate this, look at the detail of the task "cleans or replaces spark plugs."

1. Note plug location relative to the cylinder; remove plug cover, leads;
2. Remove all spark plugs;
3. Identify the type of plugs;
4. Decide whether to clean, adjust and/or replace plugs;
5. Adjust and clean plugs if appropriate;
6. Reinsert plugs in engine;
7. Connect ignition wire to appropriate plugs;
8. Check engine firing;
9. Prepare bill for $40.99

This information is far more specific than the basis task analysis and represents a later step instructional development.

The first step in a task analysis is to derive a list of all possible tasks. In this process we are concerned with:

A. BASIC PREMISE--that you have learned as much as possible about the subject matter area. This enables you to evaluate the answers you receive . It also permits you to logically refine statements that are not tasks and, given an element of a task, relate it to the actual task.

B. CONTENT--the job of an American Peace Corps Volunteer can be delineated in terms of three areas: cross-cultural, technical and language. A job-description should include these three and a complete task analysis will include cross-cultural, technical and and language tasks. (It should be noted that these are seldom performed separately or in isolation from tasks in the other areas. They merely represent a convenient way of describing tasks that are logically related.) Within each of these three areas there are tasks which are cognitive, tasks which are affective, and tasks which are psychomotor. Briefly these can be defined as follows:

1. Cognitive--this type of activity is intellectual and includes skill like memory, analysis, problem solving, etc.
   Examples of technical tasks which are primarily cognitive would include:
   a) Writing a proposal for an ecology project;
   b) Designing an agricultural vocational education course;
   c) Setting up a schedule of recreational activities;
   d) Compiling a swine or poultry ration from locally available materials.

2. Affective--affective activity is concerned with things like values attitudes and beliefs. For the Volunteer, some affective tasks will be dealing constructively with his own attitudes and values. He may also be concerned with promoting changes of attitudes in people with whom he works. For example, promoting an attitude on the part of a client or conterpart which will ensure that he uses a skill that the Volunteer has trained him to perform.

3. Psycho-motor--psychomotor activity involves the use of the sketal, muscular and voluntary nervous systems. They are physical activities like swimming, running, using a tool, driving a dump truck etc.

In summary, when constructing a task analysis for a Volunteer job, you should be certain that all technical tasks are included. Within each of these areas you should ensure that you have included all tasks which are cognitive, all tasks which are affective, and all tasks which are psychomotor. Most important, each of them should be written in a way that will clearly indicate the level in the domain that is required. This is essential if training objectives are to be written at the level of Volunteer performance.

The next element of content is to rank-order tasks. A simple scheme for doing this is to determine what the importance of each task is, how frequently each task must be performed, and how difficult each task is to learn.

For importance you might employ a simple scale like:

1 = most important, critical
2 = moderately important
3 = marginal or unimportant

For frequency of importance you might use terminology like:

1 = Daily, or more often
2 = Several times a week
3 = Weekly
4 = Monthly
5 = Occasionally
6 = Seldom

Difficulty of learning could be described as:

0 = Impossible
1 = Extremely difficult
2 = Difficult
3 = Moderately difficult
4 = Easy

When you have ranked the tasks in terms of these three criteria, it should be relatively simple to rank-order them in order of total importance to training.

C. TECHNIQUE--the steps in conducting a task analysis are.

1. Preparing an outline (job description);
2. Identifying a source or sources;
3. Conducting an interview or interviews;
4. Organizing the data;
5. Valadating the data;

To discuss individually:

1. Preparing an outline--using your information about the job. area and categorizing it in terms of:

TECHNICAL	LANGUAGE	CROSS-CULTURE
Cognitive	Cognitive	Cognitive
Affective	Affective	Affective
Psychomotor	Psychomotor	Psychomotor

prepare an outline, along the lines of a sk eletal job description. This outline will indicate the areas in which you must identify the tasks which comprise each aspect of the job.

2. Indentifying a source or sources--essentially there are three types of sources:-
   a) Someone doing the actual job:
   b) Someone who knows about the,job, i.e. supervisor;
   c) Yourself.

   The best possible source is someone who is actually doing the job. He knows better than anyone else what he actually does.

The second best source is someone who knows about the job, for example, supervisory personnel. Be aware, however, that you will get some information about what someone doing the job ought to be doing, rather than what he actually does. Working with host agency personnel, you may have to eventually reconcile these differences. With a well researched and organized task analysis you at least have a useful tool in conducting this type of negotiation.

The third and least reliable source is yourself. You will have your own biases about what the job should entail. Because we are Americans out of our own cultural water, it is likely that these biases might lead us fairly far astray.

In doing your task analysis you should try to identify technicians or host country personnel who are actually doing the job. In the absence of such personnel, a supervisor is probably next best. As a general rule of thumb, more than one source is preferable as you will get more than one perspective of the job. In many instances host country sources will deal primarily with technical tasks, though they may also be able to provide some insight into cross-cultural and language tasks that are essential. For the latter two types of tasks, a volunteer in the field, even if he isn't doing your type of technical job, is probably the best source, as he is engaged in doing language and cross-cultural tasks most of the time.

Conducting an interview-- the conducting of an interview is a fairly specialized skill and depends to some extent on your own personality and that of the person you interview. We would suggest a few guidelines that may be of help.

a) Introduce yourself and give the person a chance to do likewise. Enjoy any social amenities that seem appropriate.

b) Explain the purpose of your interview that is that you are trying to determine what he does (if interviewing someone actually performs a job identical or similar to yours), or what he thinks someone in your position does or should do (if you are working with a supervisory type). The operative word is DOES. While background information is useful and interesting, it doesn't tell you what the volunteer will do. It only indicated the conditions under which he will do it. By the same token, information on what the person knows, or the volunteer should know, doesn't tell you what he will have to do. Stress that you are trying to find out what someone in the job actually does and has to do.

c) Ask the person for a general outline of what he does and his duties. Note anything that doesn't appear in your outline as well as things in your outline that aren't mentioned by the source.

d) The job description should give you some major task areas. Take each one and attempt to elicit statements stated behaviorally about what he does in this area. For example, you might receive an initial answer like "I work with teachers."

This, obviously, is subject to any number of interpretations. Your goal is to elicit a statement or set of statements that indicate with relative percision what the person who works with teachers actually does, stated in a way that you, he, and anyone else who reads the task analysis, would share a mutual understanding. You might ask: "What do you do when you work with teachers?" or "What does working with teachers involve?" or "Can you explain the different things working with teachers require you to do?" "Does that mean you teach with them in the same classroom, or supervise their teaching or ...?" What you are looking for are statements like:

"I help teachers to produce lesson plans, by reviewing and critiquing them and making alternative suggestions."

"I team teach with one teacher."

"I do the time and attendance reports for all the teachers in the school."

"I design training programs for in-service teachers and conduct and evaluate them."

e) You should continue to try to refine statements until you obtain a statement or set of statements for which further elaboration would, essentially, involve the set of steps involved in performing that task.

f) Keep in mind that many people whom you interview will provide information in a stream of consciousness and you will have to organize this data yourself. One way to facilitate this is to record tasks on 3 5 cards and organize them in accordance with your outline scheme. When the source has completed his recitation of tasks, review each section with him to determine whether he might have omitted something.

g) Next, try to determine the level of skill required. In the cognitive area, there are six different levels of increasing sophistication:

Knowledge--essentially memory or recall.

Comprehension--translation, interpretation or extrapolation from things memorized.

Application-- applying a rule or set of rules to a unique situation(s).

Analysis--determining the parts of a whole and their relationship to one another.

Synthesis--creating a unique product from previously unrelated data, information, materials, etc.

Evaluation--applying criteria to determine whether such a product meets them.

In the Affective there are five levels:

1. Receiving
2. Responding
3. Valuing
4. Organization
5. Characterization

h) Next, go over each of the tasks to determine its importance frequency and difficulty of learning. It is important to wait until this stage as this is the point when the source has produced all the tasks and his judgements on their relative importance, frequency and difficulty will be far more accurate.

4. Organizing the data--your outline has already produced the first organizational tool. You should have groups of tasks in each of the three basic areas which you can identify as cognitive, effective and psychomotor. The second step would be to determine overlapping tasks. For example, in working with farmers in extension work, several of the steps in the approach would be similar--only the content of information would differ. The third step is to look for common cognitive, affective and psychomotor skills. You may find, for example, that application of a certain method is common to many of the tasks; or that a good many tasks involve analysis--though of slightly different situations. All three of these criteria provide potential ways of organizing the tasks logically.

5. The outcome of organization should be a comprehensive list of tasks presented in logically coherent categories. Once this list is compiled and rank-ordered in terms of importance, frequency and difficulty, you would then disscuss it with your source or sources. They may suggest changes in the ordering and/or the addition or deletion of tasks. Once this process is completed You have a final task analysis for the job.

HOW DO YOU USE THE TASK ANALYSIS?

If you are doing the task analysis in order to design a formal or informal training program for students, counterparts or clients, you would first attempt to assess how many, if any, of the tasks an individual or individuals can perform. ~~This might be done in PRIST for example~~. You would also attempt to determine whether they had the skills prerequisite to performing those tasks (for example, if you are trying to train a heavy equipment operator, your would want to find out whether he can drive anything). Next, you would set objectives, determine a sequence of training units and the ways and means of meeting the objectives. Last, you would devise ways of determing whether the individual had met the objectives.

In this way your instruction of ~~Volunteers~~ the trainees will be relevant to the job and will develop the skills that you or others need to perform it satisfactorily as well as to continue to improve those skills.

Mayer, Robert, DEVELOPING VOCATION INSTRUCTION, Palo Alto, Fearon Press.

TWELVE ROADBLOCKS TO COMMUNICATION

1. ORDERS: "Don't do that anymore!"

2. THREATS: "If you do that anymore, I'm going to severely punish you."

3. PREACHING: "you ought to know better than that."

4. PERSUADING WITH LOGIC: "I read an article that said that stuff will cause you to lose your memory. You wouldn;t want that to happen, would you?"

5. ADVICE: "Next time you're in that mood, just distract yourself with a good book."

6. CRITICISM: "You were really stupid to do that."

7. PRAISE: "Well, I think you're a nice person, anyway."

8. REASSURANCE: "That's too bad, but don't worry, one mistake doesn't mean that much."

9. DIAGNOSING: "The real problem is that your parents don't spend enough time with you."

10. CROSS-EXAMINING: "You know the rules. Why did you do it?"

11. CHANGING THE SUBJECT: "This happened to another kid here at school and he was really ..."

12. SARCASM: "Of course you thought you would never get caught."

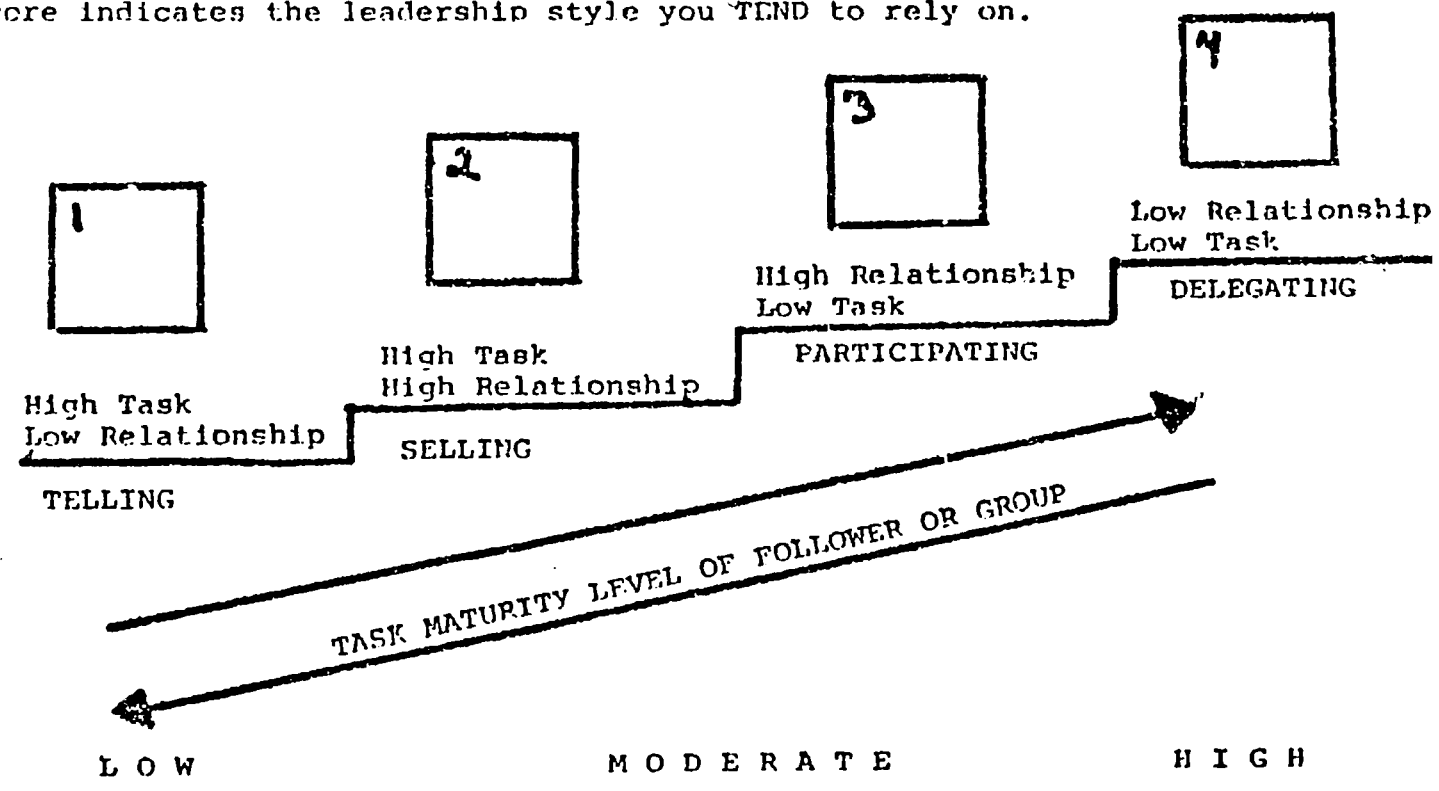
Any of the roadblocks used at a time when we should be listening may create defensiveness in the other person or further build dependence rather than maturity. Praise can have negative results when it replaces listening; praise can be and often is the first step in manipulation. Listening can build confidence that the person seeking help can work out his own problems. To actively listen, we must be willing and able to set aside our own needs and concentrate fully on what the other is saying so that our responses are communication rather than roadblocks.

Thomas H. Gordon, Parent Effectiveness Training, Peter H. Wyden, New York, 1970.

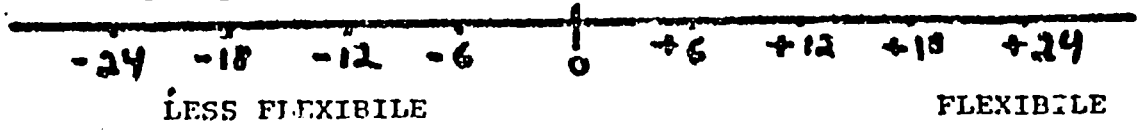
S I T U A T I O N A L L E A D E R S H I P

Style of Leader

DIRECTIONS: Transfer scores from COLUMN I to squares below. Score indicates the leadership style you TEND to rely on.



Score from COLUMN II indicates a range of flexibility in changing leadership style depending upon the situation:



Original material by Paul Hersey and Ken Blanchard, Adapted and re-designed by Van Richards.

TASK ANALYSIS

MAIN TASK: _____

S or K	TASK DETAIL	Importance	Difficulty	Frequency	Total

Codes;

Very Important	3	Very Difficult	3	Daily or weekly	3
Important	2	Somewhat difficult	2	1 or Twice a month	2
Less important	1	Easy	1	3 or 4 times a year	

S = Skill required

K = Knowledge required

BEHAVIORAL OBJECTIVES

What is a behavioral objective?

Briefly, a BEHAVIORAL OBJECTIVE is a way of describing the objectives of a training course in terms of what the trainees should be able to do at the end of that training.

A BEHAVIORAL OBJECTIVE must be stated clearly and precisely so that everyone who reads it will know exactly what the desired outcome of the training program is. By ensuring this precision, at the end of the training program everyone can easily agree on whether or not the objectives of the program have been achieved.

Why use Behavioral Objectives?

The main advantage of BEHAVIORAL OBJECTIVES is their exactness in giving direction to a training course. By knowing exactly where you want to go, it is easier to determine how to get there. Clearness of goals also make it easier for trainers or teachers to communicate among themselves and cooperate on a training program. Each of the trainers can agree on exactly what outcome is desired and can work to achieve it. Thus each trainer can support the achievement of another trainer's objective, even while teaching his own.

BEHAVIORAL OBJECTIVES are action-oriented and thus ideal for Peace Corps training, vocational school teaching, in-service job training, and informal counterpart training.

BEHAVIORAL OBJECTIVES are people-oriented since they focus the trainer on constantly trying to improve the course as it goes along and to improve the training inputs from one course to the next.

BEHAVIORAL OBJECTIVES are responsibility-oriented, since they encourage both the trainer and the trainee to take the responsibility for achieving the objectives of the training.

How should Behavioral Objectives Be Written?

A BEHAVIORAL OBJECTIVE should be a statement of <u>what the trainee will be able to do at the end of the training program</u>.

In order to ensure that every objective is written in these terms, there are three basic rules which must be followed. Any training objective which violates any one of these rules is not a behavioral objective.

A statement of a training goal is a Behavioral Objective if it meets the following conditions:

A. BEHAVIORAL OBJECTIVES must state what behavior is desired as the <u>outcome</u> of the training. Thus, they must specify what the trainee will be able to do at the <u>end</u> of the training that he was not able to do before the training.

A Behavioral Objective is not concerned with the content of the course of a description of how the instructor intends to achieve the desired objective.

B. A BEHAVIORAL OBJECTIVE must state the desired outcome of the training in terms of observable measurable actions. Only actions (behavior) can be observed and measured and only by observing and measuring actions can the instructor determine whether or not his instruction has been successful.

C. The trainee must be the subject of the sentence. That is, BEHAVIORAL OBJECTIVES are written in terms of the trainee's action. The objectives should not specify what the instructor must do but only what the trainee will be able to do at the end of the training.

CHARACTERISTICS OF BEHAVIORAL OBJECTIVES

A. A BEHAVIORAL OBJECTIVE MUST FOCUS ON THE GOAL OF THE TRAINING.

This means that BEHAVIORAL OBJECTIVES are concerned with what the trainee will be able to do at the end of the training. BEHAVIORAL OBJECTIVES only describe the results desired from a given training program. They do not describe how to go about achieving those results. Different instructors may have different ways of achieving the same results, but the objective is concerned only with stating what the results will be.

A statement which describes the action to take place during a training course is not a BEHAVIORAL OBJECTIVE. It is merely a description of the learning activities by which the instructor intends to achieve that objective.

Example A-1

Example of NON-Behavioral Objective:

Trainee will be given the opportunity to have actual practice in doing field work related to the theories taught in class.

"Practice" is not an objective; it is a learning activity, a way to achieve an objective. Thus the above statement is unsuitable as a Behavioral Objective.

Example A-2

Example of a Behavioral Objective :

Trainee will be able to do community development field work, using extension education techniques as described in the manual on extension education.

This is only one possible way of converting the first example given above into a Behavioral Objective. Since non-behavioral objectives tend to be very vague, there are a number of different ways of interpreting them. However, notice that in this example, the END result of training is emphasized "trainee will be able to do..." at the end of the training program.

B. A BEHAVIORAL OBJECTIVE MUST HAVE AN ACTION VERB

This means that the trainee must do something that we can see and measure. If we cannot observe what the trainee does, then how can we evaluate whether or not he is doing it correctly?

Here are some examples of forms in which Behavioral Objectives are usually written:

Trainee will be able to _____

When presented with _____, trainee will _____

Under the following conditions, the trainee will _____

At the end of training, the trainee will _____

After completing this book, the trainee will be able to _____

In the black space there should be a verb indicating an observable measurable action. It must be a verb that describes exactly what the instructor wants the trainee to be able to do.

Following are two lists of verbs. One list contains verbs which are observable, measurable actions and therefore appropriate for use in BEHAVIORAL OBJECTIVES. The other list describes things which we cannot see or measure and are therefore unsuitable for behavioral objectives.

Action Verbs		Vague Verbs
DO	DEMONSTRATE	: KNOW
TELL	SHOW	: UNDERSTAND
WRITE	ANSWER	: APPRECIATE
DESCRIBE	CHOOSE	: HAVE
LIST	ORGANIZE	: COMPREHEND
WALK	CONDUCT	: BE AWARE
RUN	DRAW	: FEEL
EXPLAIN		: BELIEVE

Sometimes, an objective seems to be written in the proper form, but it is not really a behavioral objective, because the verb used is not an ACTION verb and therefore not observable and measurable. Here is an example.

Example B-1

Example of NON-Behavioral Objective:

Trainee will be able to understand the causes of the pollution problem.

The question here is what do we mean by "understand". Perhaps if we think about the ways that this objective might be tested, we can think of some of the verbs which would indicate actions by which we would measure this "understanding"

Some of these actions might include list, explain, describe, write an essay on. Here is one possibility.

Example B-2

Example of a Behavioral Objective:

Trainee will be able to list the main causes of the pollution problem as given in class.

Of course, there are other ways of interpreting the meaning of "understanding". You may be able to think of several more than are given here. But that is exactly why the word "understand" cannot be used in behavioral objectives -- it is too vague.

C. IN A BEHAVIORAL OBJECTIVE, THE TRAINEE MUST BE THE SUBJECT OF THE SENTENCE

A. BEHAVIORAL OBJECTIVE is concerned with what the trainee will be able do do, not with what the instructor will do. Therefore, a BEHAVIORAL OBJECTIVE must have a subject for the sentence, as well as an action verb. If an objective has no subject, then we cannot be sure who is expected to do the action. The subject can be words like "trainee," "student", "you" ect.

Example C-1

Example of NON-Behavioral Objective:

To discuss the pollution problem and its implications.

Who is going to discuss the pollution problem? The instructor? The trainees? A guest speaker? The Radio? From this objective it is not clear, because no subject is stated. Therefore, it cannot be called a Behavioral Objective.

Example C-2

Example of a BEHAVIORAL OBJECTIVE:

Trainee will be able to explain the pollution problem and list implications to a group of high school students.

Again this is only one possible way of interpreting the previous example in order to make it a BEHAVIORAL OBJECTIVE. Notice that the Trainee has become the subject of the sentence. Also the action called for will be at the end of the training. Let's look at one more example of a BEHAVIORAL OBJECTIVE. It fulfills all the three requirements for a properly written Behavioral Objective.

D-1

The trainee will be able to prepare a lesson plan which incorporates all of the five teaching learning principles.

A. It describes what the trainee should be able to do at the end of the training: "The trainee will be able to prepare a lesson plan..."

B. It contains an action verb describing an observable, measurable behavior:
"The trainee will be able to prepare a lesson plan..."

At the end of training, we can look at the paper that has the trainee's lesson plan and see if the trainee could, in fact, do it.

C. The trainee is the stated subject of the sentence.
"The trainee will be able to prepare a lesson plan..."

Now take a break for a moment and think about some of the things that behavioral objectives can do to help you.

In formal teaching and informal, as well as informal training, Behavioral Objectives can:

1. Facilitate instructional design and development by providing clear goals to work toward.
2. Facilitate curriculum development--sequencing, eliminating gaps and overlaps.
3. Promote more efficient communications between trainers, administrators, researchers, and trainees.
4. Make it evident what students actually learn, thereby permitting selection of most important goals.
5. Permit instruction to be evaluated and thereby improve.
6. Promote individualized instruction by making possible criterion-referenced evaluation--each trainee can be required to master all objectives (Independent learning is also promoted).
7. Permit students to be more efficient learners, when they find out what is expected of them.
8. Eliminate the time wasted when trainees can already achieve all or some objectives before beginning a course.
9. Impose a philosophy of trainer responsibility for assisting students to master objectives.
10. Promote the idea of behaviorally analyzing all components of instruction--entry performance, intermediate performance and terminal performance.
11. Facilitate research in training--advance instructional technology.
12. Promote a new role for trainers-instructional designers, managers and resource specialists as opposed to information dispensers.

MAIN POINTS ABOUT BEHAVIORAL OBJECTIVES

A statement of a training goal is a Behavioral Objective if it meets the following conditions:

A. A BEHAVIORAL OBJECTIVE describes what the trainee should be able to do at the end of the training.

B. A BEHAVIORAL OBJECTIVE contains an action verb describing observable, measurable behavior.

C. In a BEHAVIORAL OBJECTIVE, the trainee is the subject of the sentence.

PART II

DRAFT DESIGN FOR WORKSHOP

FOR FIELD WORKERS IN HEALTH

EDUCATION AND SANITATION PROMOTION

Ministry of Health, Malawi

Prepared by Louise McCoy

June 1983

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APPENDICES

A. Sample Workshop Schedule

B. Trainer Tools

C. Handouts (C-1 through C-27)

Chapter 1.

INTRODUCTION

1. These materials were prepared for use by the Principal Health co-ordinator in training Malawian environmental health workers working in villages with potable piped water supplies.

   The design assumes that the trainer is experienced and has four bilingual assistant trainers and that there are 20-25 participants with skill in speaking and writing English. Verbal interactions are done in the local language while hand-outs, written reports, and recording of discussions are done in English.

   The material is organized by topic and the time needed for each topic is indicated. The topics are presented in a logical order, but, with care, sessions can be shifted to accommodate different objectives, emphasis, time constraints, or circumstances of future workshops. A sample schedule is appendixed.

Chapter 2

TRAINING SESSIONS

2.1 Introduction and Expectations — 1 hour

Objectives:

To get to know each other

To share workshop expectations

To review the program

Activities:

1. Welcome the group. Explain need to know each other.

2. Divide group (including trainers.). Get in two circles, one inside the other. Have circles move in opposite directions. Call stop, each to introduce himself to person closest in other circle. Repeat. Repeat again. Hook up partners to form groups of 6, sit down in small circles and do "match game."

3. Give instructions to same groups to take 20 minutes and discuss "expectations" or "what you want to learn in this workshop." Group's ideas should be recorded on newsprint. Distribute newsprint and markers. (Staff can leave groups after it is clear that they understand the task)

4. Trainer posts all lists. In large group, read through lists and compare to workshop objectives.

5. Introduce program and relate their expectations to the planned program.

6. Summarize. Remind to return on time for the next session.

2.2 Project Background and Strategy — 3 hours

Objectives:

To increase understanding of the project

To visualize the goals of the project

To identify the order of project strategy steps

Activities:

1. Introduce objectives.

2. Give brief talk on the background of the project.

3. Divide group into small groups of 4. Give directions to draw a picture of a village to represent bad, unsanitary conditions. Give newsprint, markers, and 20 minutes.

4. Post pictures. Have someone from each group come up to elaborate or explain their picture. Summarize the bad conditions.

5. Direct participants to return to the same groups and draw a picture of villages as we would like them to be. 20 minutes.

6. Post, discuss, and summarize.

7. Give lecture on project strategy utilizing visual aids step-by-step. Give particular attention to new words: "compliance" and "baseline" NOTE: If "bad", pictures are quietly moved to far left and "good" pictures moved to far right; trainer can point out how project strategy steps will take us from unsanitary conditions to perfectly clean and marvelous villages!

8. Review, taking down visuals as you go, pass out "Project Strategy" hand-out.

9. Divide group into 2 teams and give each team a mixed-up set of the project strategy steps. Hold competition to see which team can put the steps in proper order most quickly. (No reference to notes.)

   NOTE: If time permits, review results of survey, pointing out how far group has progressed

on the project strategy so far. (i.e., No. of target villages already selected, No. of VHC's already formed, etc.).

10. Summarize the session and close with review of the objectives.

2.3 Village Leadership — 4 hours

Objectives:

- To explore how village leaders can be useful
- To identify approaches to village leaders
- To identify steps in meeting village leaders

Activities:

1. Introduce objectives
2. Identify 3 groups of 5 to solve "cooperation" puzzle. Assign others as observers for each group.
3. Post and review task and rules.
   - A. Group is to create 5 equal squares from pieces given in 20 minutes.
   - B. No talking.
   - C. No pointing or taking pieces from a friend.
   - D. You may give pieces away to others.
4. Brief observers on role.

NOTE:
- Check before to be sure all pieces are there.
- Do not call it a co-operation game in front of the group.
- Review carefully what a square is and show on chart five equal squares. Show a rectangle with a big X or "No" on it.
- Review rules carefully. Have participant-observers take responsibility for rules.
- Trainers must watch that pieces are not turned over. Would be best to cut pieces of paper with a different color on each side. The puzzle will not work if 3 or 4 pieces are turned over.
- Must arrange 3 tables, puzzle requires a table surface to do.

NOTE: - Trainers should not give much advice as they work.
- Make sure instruction is given that group is to make 5 squares.

5. Give 3 pieces to each person in the group of 5.

6. After 20 minutes, call time.

7. Show how puzzle is solved if group hasn't done it.

8. Three trainers lead discussion groups with players and observers staying in the same groups - 30 minutes.

   Key discussion questions: What did players see or feel as the time went on? What did observers see? How did the group solve the problem? Which members did what to help the group solve the problem? What does puzzle teach about co-operation?

   Trainers should summarize the discussions in the small groups.

9. In large group, trainer charts responses to the question "What can villagers contribute to creating good health in the village?".

10. Pass out inventory "What Villagers do to Create Good Health." Review instructions and give 15 minutes to work individually.

11. Trainer asks if there are additions to the list of villager contributions.

12. Create a list of HA/HSA contributions.

13. Summarize and take a break.

14. Introduce issue of good and bad approaches to villagers. Divide participants into 2 groups. Instruct one group to prepare a drama illustrating a bad approach, all the mistakes that an HA/HSA can make; the other group is to prepare a drama illustrating a good approach. Give 20 minutes.

15. Present dramas - bad approach first, then good. Compliment the players.

16. In large group, trainer leads and charts a discussion on what was good, specifically, about the 2nd approach.

17. Divide group into 4 discussion groups to be led by trainers. 30 minutes.

    Key questions: What are the proper steps in meeting villagers and leaders? Who are leaders? Informal leaders? What problems have you had in getting co-operation of village leaders in the past? How can we solve?

    Trainers should summarize the discussions in the groups.

18. In the large group, review the morning's activities and objectives to close.

2.4 Co-ordination with Water Department — 2 hours

Objectives:

To increase knowledge of rural piped water project

To learn about the water departments work in rural piped water projects

To discuss co-ordination with the water department

Activities:

1. Introduce objectives.

2. View Piped Water Film, discuss in large group.

3. Introduce representative of the water department to give talk.

   NOTE: Ask representative to talk about the following questions:

   1. How is the department organized?

   2. How does water department start out in a new area?

   3. What do water monitors do?

   4. How many villagers does a water monitor cover for maintenance?

4. Conduct question and answer session.

5. Trainer lead large group discussion on need and advantages of co-ordination.

   NOTE: At least the following points should be made:

   1. Give background, history of water departments relationship to Health Ministry.

   2. Water Monitors often have knowledge about how to work in a village and with particular, the village leaders.

   3. Tap committee must be involved in any standpipe area development.

Co-ordination with Water Department (Continued)

NOTE: (Continued)

4. Water Monitors help to maintain piped water system which is a health and sanitation concern.

5. Need to avoid potential for conflict, undermining, infringment on "territory".

6. Provide mutual support. Share information.

7. How? Find out who water monitor in your area is. DHI or Project Supervisor should know. Meet. Discuss HESP Project. Share information.

2.5 Village Inspection Skills — 3 hours

Objectives:

To review village inspection skills

To review new form for inspection (HESP 5)

To discuss approaches to villagers and giving advice to families

To identify objectives for the village visit.

Activities:

1. Introduce objectives and point out needs to make judgments while doing inspections.

2. Divide into 5 groups. Assign each group one of the following topics and instruct them to develop a list of conditions that would make it "unsatisfactory".

   A. Latrines

   B. Dwellings

   C. Drainage at taps

   D. General Village Cleanliness

   E. Drinking water pots

   (Groups should put lists on newsprint)

3. Each group reports and agreement of large group is confirmed.

4. Trainer discusses infestations: types and ways to get information during inspection.

5. Tally sheet is passed out and reviewed in detail (except percentages).

6. Have group practice (in pencil) with a sample. i.e., give total numbers and chart and have them put in proper places.

   NOTE: -Discuss (with drawings) the difference between dwelling houses and households. Review thoroughly.

NOTE: (Continued)

- May wish to do a simple practice with percentages, but save detailed practice for afterwards.
- Note that "village cleanliness" boxes require only a tick, not a number.
- Discuss problems in inspecting drinking water pots (privacy, beliefs, etc.).

7. Summarize. Handout material on Village Inspection.

8. Introduce approaches to families, discussing reactions of different people to inspections, need and use of VHC members in accompanying, etc.

9. In large group, trainer chart participant ideas about "advice to field workers in doing village inspections and advising families."

   (Alternative if time permits: Staff present a drama showing a good approach by an HA/HSA to different "problem families" (Woman alone without male assistance to dig latrine, etc.; "nice" family that says "yes, yes" but won't follow-through; rude, unco-operative family that resents any suggestion). Discuss, soliciting specific, good approaches used by the "HSA" with these problems. Then, in lg. group, identify other kinds of families that might be encountered (shy, co-operative, etc.). In small groups, have participants discuss and develop "advises" on working with problem and co-operative families while doing inspections. Have small groups report to the large group and summarize.)

10. Post and review village and team assignments (put experienced people with lesser - experienced. Put people from different areas together).

11. Post and review tasks for the village visit.

    NOTE: Make sure those listed below are consistent with the alternative design you have chosen.

    1. Meet Village Health Committee

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Village Inspection Skills (Continued)

NOTE: (Continued)

2. Discuss project, the training program, and the limits of your role in the practice villages.

3. Get information about the VHC (When elected, activities, no. of members, etc.) and the tap committee (composition, rules, etc.).

4. Do "fact finding" about the community itself.

5. Observe and identify problems at taps in carrying water and in uses of other water supplies.

6. Learn how village was organized to get piped water.

7. Do village inspection.

8. Report on village inspection results to VHC.

9. Make plans with VHC for appointment next week to discuss health problems.

NOTE:
- Make all tasks clear. Put on newsprint - ask to copy or, better, do a handout.
- Both members of team should fill out tally sheet.
- Maximum 120 dwellings. 1 tally sheet only.
- Arrange transport, where, when to leave and collect.
- Do charts on village assignments and tasks in village ahead of time.

2.6 <u>Review of Village Inspection Visit and Introduction of Related forms</u> 4 hours

Objectives:

To review village visit

To learn how to use HESP forms 3, 4, 10

To review how to do percentages

Activities:

1. Introduction of objectives.

2. Put into 4 groups for discussion. 40 minutes.

   NOTE: Trainers should set up these groups ahead of time on newsprint, make sure no one is in the same group with the person who went to the same village. Save this chart as the same groups should be used to review each village visit.

3. Trainers <u>lead</u> these groups (4 trainers, 4 groups). Key questions: (1) Which local leaders did you meet? What was their attitude and reaction to you? (2) What conditions and problems did you observe at standpipes? (3) What were the Tap Committee rules? (4) Which people went with you on the inspection tour? How did they help you? How did they help the families? (5) What kinds of families did you meet? What were their attitudes and reactions to the inspection? Why? (6) What problems did you have with the new form? (7) Did you try to inspect water pots? What reactions did you get? (8) Did you report to the VHC at the end of the inspection tour? What kinds of problems did you discuss?

   NOTE: Select questions for consistency with tasks given. Trainers must know <u>why</u> each question is discussed. Should draw conclusions and summarize as the discussion proceeds. Identify a recorder/spokesman for the group to take notes on the issues to be discussed in the large group.

Review of Village Inspection Visit and Introduction of Related forms (Continued)

4. In large group, trainer asks for reports from all groups on question 5 (families and reactions). Summarize. Ask for reports on water pot inspection experience (No. 7). Discuss and summarize. Then, get problems with form 5 from all groups. Discuss, resolve.

   NOTE: You will probably have to review household/dwelling differentiation again.

5. Trainer reviews how to do percentages. Work a couple of problems to illustrate what kind of information a percentage can give you. Discuss purpose of these percentages (baseline and follow-up inspections).

6. Give group a sample problem to work individually. (3 - 4 minutes). Then do problem on board.

7. Take numbers from participant tally sheets to create 5 problems on board. Give 15 - 20 minutes to work. Trainers circulate to check work and help.

8. Instruct participants to do the percentages required on their form 5. Trainers circulate to help. Take a break.

9. Hand-out Form 4 and instruct participants to transfer information from Form 5 to this one.

   NOTE: You may have to give information on project name, GVH, etc. for the practice village area. Review visual on Form 4. Take questions, etc.

10. Hand out Form 3 and have participants fill out. Review visual. Take questions.

11. Ask participants to get with their village visit teammate and identify (jot notes) all facts they have about the village they visited. 10 - 15 minutes.

12. Hand out form 10 and fill out as much as they can. Review visual. Take questions, etc.

13. If time permits, you may also want to review Form 2. The discussion on compliance will take some time.

Review of Village Inspection Visit and Introduction of Related forms (Continued)

14. Summarize forms and review objectives to close.

2.7 Evaluation of the workshop

Evaluations can have 2 purposes

A. To assess what knowledge participants have gained.

B. To get feedback from the participants on satisfaction with workshop methods, pace, topics, etc.

Two instruments have been developed to use for evaluation purposes at the end of the workshop: one is an "examination" on the topics addressed in the workshop; the other is an "evaluation" of the workshop. These will take about 1 hour to administer on the last day of the workshop.

Below are four alternatives that can be selected for use the fourth or fifth day of the first and 2nd week to assess progress and/or participant reactions to the workshop.

I. Divide group into 4 groups. Give about 20 minutes to develop questions "to evaluate the workshop." A spokesman for group 1 then (verbally) gives their quiz to group 2 - the group can confer before responding but the pace should be kept fast. Group 2 quizzes group 3, group 3 quizzes group 4, group 4 quizzes group 1. At Ntcheu, this provided a review of the week - both content and processes. Questions devised by the participants could be recorded by a trainer to include in a written test later.

II. Divide group into 5 groups. Task: Groups discuss a series of questions posted by the trainers. Questions like: What do you think of the ways lessons are taught here? How could involvement of participants be increased? What could trainers do to improve the workshop? What topics should be reviewed and clarified? What problems do you have? Then have each group choose a spokesman to sit in a small circle with the trainers to discuss the issues.

Other participants sit around the inner circle to observe the discussion. One trainer should lead the discussion.

NOTE: Trainers should choose questions that they want to discuss with participants.

III. Have people think and jot down their ideas on

"What do I especially like about the workshop?"

"What do I wish would happen in the workshop?"

Give 5 minutes. Then trainer charts the responses of the group members to these questions. Have 2 charts or divide one in half labelled "Likes" and "Wishes". Summarize to close.

IV. Divide group into small groups. Assign each group a topic that has been covered in the workshop. They are to develop five questions on that topic and put them on newsprint. When newsprints are posted, trainer should give a different number to each question. Give participants a blank piece of paper to write their answers to the numbered questions. Announce that this is an "open book" quiz and that participants can consult any of their own notes or handouts for answers. Each to work alone and quietly. Collect answer sheets, score, report to the group on how the group did, clarify any topics that many answered incorrectly.

NOTE: Evaluations during the workshop should be preceded by a review of the week and a review of project strategy steps covered.

2.8 Introduction to Sanitation — 1 hour

Objectives:

Review relationship of water and disease

Identify how to keep water safe

Identify water storage messages

Activities:

1. Large Group: As group responds, trainer records on chart.

   A. Sources of water

   B. Which are safe? (Piped, borehole)

   C. Identify water-related diseases

   D. Identify sources of contamination (man, animals, wind)

2. Put group members into 4 groups of 6. Instruct them to develop guidelines or messages for villagers on keeping water safe from tap to mouth. 20 minutes.

3. Each group report on newsprint in English.

4. Trainer compare and compare to National Seminar messages.

5. Pass out drinking water poster. Discuss uses in village health education.

6. Review session and close.

2.9 Sanitation Technology — 5 hours

Objectives:

To review pit latrine construction, refuse pits, both houses, and dish racks.

To identify and solve various pit latrine construction problems.

To view film on ventilated pit latrine and discuss modifications for Malawi.

To explore alternatives in the development of standpipe areas and "hand-washing technology."

Activities:

1. Introduce objectives.
2. Trainer gives a brief talk on the construction and purposes of bath houses, refuse pits, and dish racks.
3. Trainer leads a discussion on guidelines for basic construction of pit latrines and charts conclusions as the discussion progresses.
4. With the group, develop a list of construction problems: i.e. high water table, problem soils, lack of materials, weak slabs, squat hole wrong size etc.
5. Divide into 4 groups. Assign different problem (s) to solve. Instruct groups to prepare illustrated reports. 20 minutes.
6. As groups report, trainer leads large group discussion and charts additions on each problem.
7. Hand out "Why villager excretes in unsafe way." Work individually for 15 minutes followed by large group discussion.
8. Introduce and show film on Ventilated Pit Latrine.
9. Trainer leads a large group discussion on modifications for Malawi.
10. Pass out handout on ventilated Pit Latrine Construction.

Sanitation Technology (Continued)

11. Trainer introduces the idea of tap area development and leads a discussion on the possibilities with particular emphasis on washing slabs (types, cost, resources, etc.)

12. Trainer introduces concept of "hand-washing technology."

13. Break into 6 groups of 4 to create ideas on what we can suggest to villagers to make, build, or buy that will encourage frequent hand-washing. Verbal reports to be charted by trainer in the large group (i.e. take one report, then ask only for additions from the other groups). Summarize.

14. Review objectives and close.

2.10 Introduction to Village Health Committee Training 2 hours

Objectives:

To review VHC formation procedures

To discuss characteristics of good VHC members

To review Form 2 and VHC compliance

Activities:

1. Introduce objectives.

2. Trainer reviews proper procedures in formation of VHC - refer to drama done by participants on "good approach". Discuss differences in steps in the Project Strategy when working with old or new VHCs.

3. Introduce theory of steps in how people change:

   1) Awareness

   2) How to accept, action needed

   3) Influence of others

   4) Recongnition of personal benefit

   5) Decision to overcome barriers

4. Compare how VHC and HSA can help individuals go through those steps in discussion with large group.

5. Review duties of VHC members.

6. Introduce innovation acceptance theory:

   1) Innovators

   2) Early majority

   3) Great majority

   4) Late majority

   5) Laggards.

7. Identify characteristics of good VHC members (young/old, men/women, etc. also).

8. Have group members look at Form 2. Ask them to fill one out on their practice village VHC members.

9. Review VHC compliance thoroughly. Note purpose of VHC Training is to get compliance.

   NOTE: Recommend Ainsworth do the theory pieces with translation unless another trainer has thorough understanding from Batson course.

10. Review session and close.

2.11 What Helps Adults to Learn — 1 1/2 hours

Objectives:

To understand why discussion and sharing of knowledge is important to learning.

To identify ways to encourage group discussion of ideas.

Activities:

1. Ask field workers to make notes about each point as as you explain it and it is discussed by the group.

   INTEREST: Adults learn most easily about things they are interested in.

   EXPERIENCE: Adults base many of their views and opinions on their own past experience.

   SEEING RELATIONSHIPS: Adults are more likely to try new practices when they see how they relate to improving their lives.

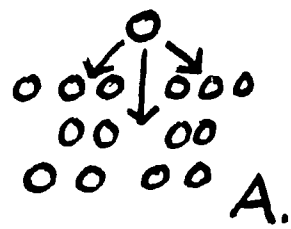
   PROBLEM-SOLVING: Adults have to solve problems every day of their lives. New ideas presented in the form of problems and questions enable people to use and develop these problems-solving skills.

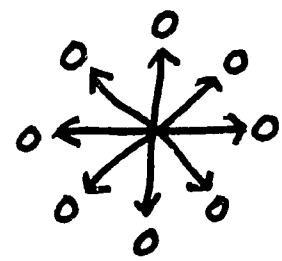
   DISCUSSION: Most adults like to discuss things. In discussion of problems, people have the chance to explore ways a problem might be solved and share their ideas with others. When people share information and ideas, new ways to solve problems often are discovered.

   ACTION: When people take action and find that new ways of doing things improve their lives, they gain confidence and become interested in learning more new things.

2. Summarize: Ask the participants how they feel about these points and discuss those that are unclear.

3. Draw the following illustration on a chart. It represents two types of learning situations. A illustrates one person teaching the others, and B represents a group of people learning from each other.





Lead a large group discussion on the following questions:

- What is happening in illustration A? in B?
- Which represents a learning situation? Do they both?
- Which way is communication flowing in A? in B?
- Who is the teacher in A? Who is the teacher in B? Is everyone?
- Who is learning in A? Who is learning in B?
- When is A a good teaching technique? When is B a good teaching technique?

NOTE: Important points to bring out in the discussion:

A) Both A and B represent learning situations. A shows the more traditional setting with the learners focusing their attention on one person. In B everyone can more easily talk to and look at each other.

B) In A, communication tends to be more in one direction--from the teacher to the learner. In B, it is easier to encourage two-way communication among all learners with everyone having a better opportunity to participate.

C) In A the teacher is the main source of information. In B there is not only one person who teaches, but everyone both teaches and learns as participants in the group, sharing information and exchanging ideas among each other.

D) A may be appropriate for giving a talk to provide information or for a demonstration. B may be appropriate for discussions, problem-solving, changing ideas, conducting a home visit, etc.

4. Post chart written as below:

   WHAT ENCOURAGES ADULTS TO DISCUSS THINGS AND DISCOVER NEW IDEAS?

   The answers:

   FEELING COMFORTABLE

   FEELING CONFIDENT

   RECOGNIZING THEY HAVE THINGS TO LEARN AND THINGS TO TEACH OTHERS.

   Discuss each point with participants and determine how they feel about the three statements. Help field workers to understand that in order to discuss important ideas, adults must recognize that they have knowledge and information to share with others; they must have the confidence to express their ideas; and they must know that their ideas will not be rejected. No single person can know everything, and everyone knows some things. Therefore, both the teacher and the learners will learn from each other as they try to resolve problems and answer questions.

5. Now ask the participants to look at the questions posted.

   What can I do in a meeting to make villagers feel comfortable?

   What can I do in a meeting to make villagers feel confident?

Divide the large group into smaller groups of 4 to 6 persons to work together to list responses to these questions.

What helps Adults to Learn (Continued)

6. Summarize: Ask the field workers to come back together after 20 minutes and report their lists to the whole group. Ask participants to each list answers to the questions in their notebooks, adding those things which they might not have included during their small group discussion.

7. Handout "What Helps Adults to Learn?"

8. Summarize session and review objectives to close.

2.12 Effective Questioning — 1 hour

Objective:

To learn to use questions to stimulate interest and participation in discussions.

Activities:

1. Trainer gives a short talk as follows:

   Explain to participants that a good field worker makes his audience feel relaxed and happy to be at the group meeting. He welcomes each person, talks about local events while he waits for everyone to arrive.

   There are several tools that can be used to help everyone in the group to be an active participant--such as pictures, games, problem dramas--and we will be dealing with these teaching techniques later. However, almost all these techniques are based on the effective use of questions and discussions to involve the group.

   Explain that in this activity you are going to discuss how different types of questions can be used to get people to express their ideas and to participate in meetings.

   The questions a field worker asks after showing pictures or at the end of a problem drama or game are very important. They help the audience think about the important points and talk about their ideas. There are different kinds of questions, and they each have different purposes. A mix of different questions will usually lead to a good group discussion.

   Inform the group that three kinds of questions will be considered: closed questions, open questions, and redirected questions.

2. Write on the blackboard an example of a closed question such as:

2. (Continued)

   What days is the under-five clinic?

   Who needs pit latrines?

   Which form do you use for a village inspection?

   Ask field workers to discuss what a closed question is and how to handle reactions to it. What are its advantages, disadvantages? When should it be used?

   Ask volunteers from the group to give you examples of closed questions.

3. Write on the blackboard an example of an open question, such as:

   How can we encourage people to build latrines?

   Ask the group to discuss the above question. After a few minutes of discussion, ask field workers to consider what an open question is and how it should be used in a discussion. What are its advantages, disadvantages?

   NOTE: Be sure following points are covered.

   Open questions allow for several different answers, most of them long. The advantage of an open question is that is forces people to think, and makes people want to talk and give their opinions. It is a good way of getting ideas out in the open for the group to discuss. When working with people who are not used to expressing their opinions freely in a group, it may be more effective to use other techniques to stimulate interest (such as a factual or closed question, pictures, game, problem-drama) before asking open questions.

   In handling answers to open questions, a field worker should:

   - Encourage everyone who looks as if he wants to answer to do so. To do this, the field worker must remember to move his eyes and his attention around the group and not focus his attention only on several members of the audience.

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3. (Continued)

   - Ask the group to first listen respectfully to an answer, even if they disagree with it.

   - Then encourage the group to respond to answers that are controversial. This will lead to a good group discussion.

   - After the question has been well discussed, the field worker may want to sum up the discussion, emphasizing the important ideas.

   Now ask volunteers from among the field workers to give you examples of open questions.

4. Write on the blackboard an example of a redirected question, such as:

   "Mrs. Karodyo says her whole family drinks water from the stream without getting sick. She is asking why she must boil the stream water for her baby. That is a good question. What do you think the answer is, Mr. Mbewe?"

   Ask the field workers to identify the advantages and disadvantages of redirecting a question from one person to another.

   NOTE: Discussion should make these points.

   If someone in the audience asks the field worker a question, it might be a good idea to ask someone else in the group to answer. This places responsibility on the group to think through problems rather than to rely on the field worker for all the answers. The advantage is that it directs attention away from the field worker to the learners. A disadvantage is that a person may not be prepared to answer a question redirected to her and may feel uncomfortable about answering in front of the group; this is most often true when the question is a closed question requiring factual information.

5. Summarize: Ask field workers to identify an open question and a closed question. Ask them to write their own examples of all three types of questions in their notebooks.

2.13 Leading a Discussion — 3 1/2 hours

Objectives:

To discuss role of discussion leader

To practice leading discussions

To identify what leaders can do to help group discussions

Activities:

1. Explain that the discussion is a method of learning in which there is an exchange of ideas and opinions within a group. A discussion helps:

   - people to hear, talk about, and consider new ideas.
   - the group to work together to find a solution to a problem.
   - people to make their ideas clear by saying them aloud.
   - the field worker to learn about the ideas and feelings of the audience.

   The field worker plays a quiet but very important role in the discussion. Although he knows the subject very well, he does not force his opinions on the group. Instead, he encourages group members to talk and he listens carefully--and sets a friendly example for the group.

2. Tell the field workers that there are several things to consider in leading a discussion. Ask the group how they would answer the following question:

   "What do you think is the role of the discussion leader?"

   Put responses on the blackboard and summarize.

3. Divide the field workers into small groups. Ask each group member to take a turn in leading a short discussion of one topic, with other members of his group acting as village people.

3. (Continued)

NOTE: Some things you, as the trainer, will want to do to make these small group discussions a good learning experience:

- Help the groups to get started by asking someone to volunteer to be first.
- A Trainer should sit with each group to help field workers review their discussion-leading experience.
- Help group members note and understand things that helped or hindered discussion.
- Write discussion topics on slips of paper and have each field worker select a topic.
- Keep time. 15 - 20 minutes for each discussion and 10 - 15 minutes for review of discussion leading methods.

4. After each person has had a chance to lead a short discussion, bring the group together and ask field workers the following questions. Discuss with them the possible answers and help them to select the answers that are best for them as discussion leaders.

- How should a discussion leader behave?
- What would you do as discussion leader if:
  a) Group members have conflicting views?
  b) Sensitive issues are raised?
- How would you encourage quiet people to participate?
- How would you keep one person from talking all the time?
- How would you build questions on responses of the group?
- How would you keep the discussion focused on the topic?

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4. (Continued)

NOTE: Be sure following points are made.

A discussion leader should not do all the talking. She should ask questions when discussion stops or introduce new ideas.

If two or more group members have an argument, the leader can redirect the question to other members. The leader should acknowledge different viewpoints and introduce factual information that helps to clarify the discussion.

When sensitive issues arise, the field worker should observe the general feeling of the group. If she feels it is not appropriate for the issue to be discussed, she might say, "If you like, we can discuss this individually after our meeting."

5. Summarize the main points raised in leading discussions. Ask group to write notes for themselves on leading discussions.

2.14 Problem Analysis - Introduction, Practice and Preparation for Village Practical — 3 - 4 hours

Objectives:

To learn about and practice using the problem analysis visual aid

To make plans for visit to village to do problem analysis

Activities:

1. Introduce objectives.

2. Explain purpose of visual aid for problem analysis. (To list and analyse problems - something done by adults all the time - refer to pit latrine construction problems).

3. Trainer presents demonstration with small group of participants acting as villagers in Chichewa.

   NOTE: Get small group in circle and direct others to be silent observers. Be clear that purpose is to get villager opinion, not "right answer". As problems are identified, show picture card and explain to each person, if necessary the picture.

   If a problem is mentioned that does not have a picture, draw one on a blank card to use.

   For colored colums, give 2 or 3 different cards to each in group, then explain what symbols mean. Have group members put cards in plastic packets themselves when the group has agreed. Collect left over cards before giving out next color.

   Review by asking group members to take turns reviewing the analysis of each problem one-by-one in priority order. Changes can be made as the review goes along if group members want. Conclude the discussion with plans to discuss one or two of their problems at your next visit.

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Problem Analysis - Introduction, Practice and Preparation for Village Practical (Continued)

4. Pass out a set of cards to every participant. Go through with them to get familiar with the symbols etc. Note number they should have.

5. Review visual.

6. Pass out plastic sheets with pockets.

7. Put into groups of 5. One in each group to volunteer to practice using visual, others to act like VHC members.

   NOTE: Point out that they will soon have enough plastic pockets to do 20 problems in their target villages, that we will do 10 problems in the practice villages the next day, and that we will do only 5 problems while practicing in the classroom to give time to everyone to practice.

   Trainers should circulate and watch to make sure all stages are followed.

8. After one practice, get group back in large group to take questions and to review any errors that trainers noticed.

9. Then discuss how to leave a copy of the problem analysis results with the VHC.

10. Return them to groups for a different person to practice. Direct them to make a copy of the analysis as part of their practice. Continue as many practices as you have time for but don't worry if not everyone gets a chance. They will see it done at least three times.

11. In large group, have groups report different methods they used in leaving the problem analysis with the "villagers." Compare for most useful.

12. Summarize.

Problem Analysis - Introduction, Practice and Preparation for Village Practical (Continued)

13. Put group into village teams to plan for next day's visit. Note that both should do part of the analysis with the VHC.

14. Review objectives for visit:

    1) Do problem analysis;

    2) Leave out line of problems with VHC;

    3) Make appointment with VHC to give 2 health lessons day for next village visit.

    4) Bring back completed analysis in the pockets for the next class.

    5) Learn more about community for Form 10.

15. Note arrangements for transport, meals etc. for the visit.

16. Review objectives and close.

2.15 <u>Review of Problem Analysis Village Visit, Etc.</u> 3 hours

Objectives:

To review village visit and problem analysis

To practice using HESP forms related to this visit

To evaluate workshop

To learn how to make VHC Training Plans

Activities:

1. Introduce Objectives.

2. Put group into the same 4 groups as they were in for the discussion about the village inspection visit.

3. 4 trainers lead 4 group discussions. Key questions:

   1) Were you able to do the problem analysis? What were the circumstances? Where did you put the sheet of plastic pockets?

   2) What was the reaction of the villagers to the problem analysis?

   3) Did everyone participate? Anyone dominate? Anyone not say anything? What could you do to encourage more equal contributions to the discussion?

   4) How does this activity use the adult learning principles?

   5) What kind of record did you leave with the VHC? What is the best kind to leave?

   6) What, if anything, will be different when you do this in your own target villages?

   7) What problems did you have? What problem cards should be created?

   NOTE: Leaders should summarize as you go through the discussion and at the end. 30 - 40 minutes.

4. Trainer review how this activity utilizes adult learning principles in large group.

5. Discuss and identify improvements that can be made - especially new problem cards that can be created.

6. Have group take out Form 3 to make note of this visit.

7. Have group take out Form 10 to make any additions to information about the community.

8. Pass out Form 9. Review with visual. Show how to list problems according to priority.

9. Have them get with their village visit team member and both should fill out Form 9 based on the plastic sheet they brought from village with cards still in it. Trainers circulate to assist. Take a break.

10. Back in large group, take any questions. Note column "Date Trained" to be filled in as lessons are given to VHC.

11. Give lecture with visual on what must be done to "complete VHC Training". Note purpose is to get VHC compliance.

12. Pass out handout and take questions.

13. Present sample problem analysis (perhaps the one developed in original demonstration) listed in priority order. Have group work individually to develop a Training Plan that integrates project's water-related problems and village problems.

14. Present Training Plan based on sample. Take questions.

    NOTE: This process is difficult and is reviewed again when you do lesson planning.

15. Summarize

NOTE: At this point you should have about 45 minutes left...or an hour and a half - depending on whether village visit was done in the morning or in the afternoon the day before.

You can do one of the evaluation mechanisms (be sure to review the project strategy beforehand).

Identify other alternatives and resources to assist with VHC Training on village-identified problems where HSA has no knowledge or skills to offer. Example: crops, - ag. extension wounds, - Red Cross.

17. Review day's objectives and close.

2.16 Communicable Diseases — 9 - 11 hours

Objectives:

To review causes, signs and symptoms and preventative measures for water-related diseases and other common diseases in the region

To identify primary health and sanitation promotion messages for villagers related to control of these diseases.

Activities:

1. The following water-related diseases must be covered in detail.

   Malaria

   Bilharzia

   Diarrhea (and dysentery)

   Worms

   Skin Diseases

   Eye diseases

2. Other water-related diseases that are of concern are:

   Cholera, Typhoid, Polio

3. Trainers should select other communicable diseases of special concern in the particular region. These could be:

   Measles

   Tuberculosis

   Others

4. Infestations should also be covered.

5. For each disease, a 20 minute lecture presentation with visuals should be prepared outlining in simple language the

   A) Causes, spread

   B) Signs and symptoms

   C) Treatment

   D) Control and prevention measures with emphasis on water, sanitation, and hygiene.

   Each presentation should be followed by a 15 minute question and answer period.

   Health Assistants in the group can be asked to prepare some of these presentations. They should be given access to reference resources (i.e. "Where There is No Doctor" and Control of Communicable Diseases"). These assignments should be made at least 3 days in advance so that they have time to prepare. Encourage them to prepare visual aids to illustrate their talks. It is best if they work in pairs - perhaps with an HSA.

6. Handouts are available on cholera, dysentery, conjunctivitis, rehydration. There is a need to develop handouts on all topics.

7. Messages for villagers for each disease should be identified.

8. Participants should be tested on major facts to determine where information is lacking and where reviews are necessary. Two designs on how to do this follow.

   1) Short, less participatory:

      After presentation, trainer leads a discussion and charts major messages for villagers on this disease. Make sure messages are realistic and appropriate to piped water project (i.e. no need to boil water and it is useless to tell women to do it anyway because they do not). While one

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8. (Continued)

1) (Continued)

trainer is doing this, another can be putting on newsprint a test that he has developed while listening to the presentation. Post test and have participants answer on paper. At break, correct test and, later, present group results and review major weaknesses.

2) Longer, more involving:

After 2 presentations (bilharzia and worms for example) divide into 4 groups. Post tasks on newsprint as follows:

Group 1	Make list of important messages for bilharzia.
Group 2	Create a test on material presented on bilharzia.
Group 3	Make list of important messages for worms.
Group 4	Create a test (put on newsprint) on material presented on worms.

Each group presents in order. Get additions, agreement of large group on messages. Have group 2 and 4 collect, correct, and present results to group later - then review weaknesses.

2.17 Infestations — 50 minutes

Objectives:

To identify common infestations

To identify control measures that do not require chemicals

Activities:

1. In large group, identify major infestations. Then divide group into 5 groups. Each group to take one of the following and develop, on newsprint, with a drawing of the vermin, a list of control measures without chemicals. Give 20 minutes.

    1) Mphutsi (Maggots): both types - skin and floor

    2) Bedbugs and fleas

    3) Ticks

    4) Cockroaches, flies

    5) Rats

2. In large group, tell the group to take notes as each group presents their list. Ask for additions from other group members as each report is presented.

3. Summarize.

2.18 Diarrhea, Dehydration and Rehydration — 3-4 hours

Objectives:

To review diarrhea and dehydrations in children

To practice demonstrating rehydration

To discuss uses of demonstration method for other topics in VHC Training.

NOTE: You will need water, sugar, salt, cups and spoons for 5-6 demonstrations.

Activities:

1. Discuss usual causes of death in children under 5 years: malnutrition (maramus and kwashikor) and dehydration.

2. Trainer discusses variety of causes of diarrhea, signs and symptoms, and prevention. Take questions.

3. Discuss differential diagnosis with diarrhea. 3 levels:

   1) Simple; frequent loose stools or water.

   2) With blood, mucus or pus.

   3) Continuous water.

4. Discuss symptoms of dehydration: (sunken fontanelle, no skin elasticity, etc.).

5. Present demonstration of preparation and giving of rehydration fluid.

6. Ask group to tell trainer what improvements could be made in the demonstration. Take a break.

7. Put into groups of 5 or 6 and tell the groups to make the best step-by-step plan possible for a demonstration of rehydration therapy. 20-30 minutes.

8. Then, instruct each to choose 2 members to present their plan to one of the other groups.

   NOTE: Trainers will have to supervise who goes to which group.

9. After presenting their demonstration, the team should discuss/and compare their demonstration with the plans that the group had made earlier.

10. Then the team returns to its original group with modifications to suggest now that they have tried out the plan and discussed it with the other group. Group members will also have seen the demonstration of another team. This experience should be collected to make a final demonstration plan for rehydration therapy that each participant can write in his notebook.

11. In large group, ask for questions and summarize.

12. Pass out handout on demonstration method.

13. Read through with group.

14. Chart group responses to questions:

    "What other topics can we use this method for?"

15. Close with review of day's objectives.

2.19 Lesson Planning — Full Day

Objectives:

To learn how to plan a lesson

To practice planning lessons

To review how to plan for VHC training

To make notes on 7 lesson plans

Activities:

1. Introduce objectives.

2. Trainer gives lecture on parts of a lesson. Discuss "what" and "how" or "content" and "method". Show sample lesson on newsprint with "what" on one side and "how" on the other. (Perhaps diarrhea and rehydration).

3. Pass out Lesson Planning handout and review steps in preparation of a lesson.

4. In the large group, prepare a lesson plan using responses of the group. (Perhaps bilharzia).

5. Take questions on handout and suggest that group members write down these 2 lesson plans later in their notebooks.

6. Divide group into 4 groups. Assign each group to develop a lesson plan for one of the following:

   1) Worms

   2) Skin diseases

   3) Eye diseases

   4) Malaria

   Give 40 minutes. Lesson plan should be on newsprint.

Lesson Planning (Continued)

7. Have each group report and Trainer asks large group for suggested additions or changes to improve the lesson reports are presented. Encourage participants to copy these plans (if they are any good!)

LUNCH

8. Review VHC Training Completion visual.

9. On chart, list the 10 problems from one of the village problem analysis on the extreme left. List the project requirements on the extreme right (diarrhea, malaria, bilharzia, worms, skin, eye). Leave space in the middle for another list (the VHC Training Plan).

10. Slowly, with contributions from the group, create the VHC Training Plan in the middle by listing again each topic from the village list and ticking the project requirement list as duplication is discovered. Put things like rats and bedbugs together for a single lesson on Infestations. Put rehydration together with diarrhea. Note that sanitation and hygiene topics can be covered partially as prevention or control measures with the water-related diseases. Add to the VHC Training Plan any project requirements that have not been ticked.

11. Have participants take out their Form 9 from practice village visit and create a VHC Training Plan in the same way. Trainers should circulate to check their work.

12. Have the 2 village team members get together to see if they made the same plan.

13. In large group ask for questions. Do a quick review to summarize.

14. Introduce need for more practice on lesson-planning. Have group, working individually, develop a lesson plan for measles. Give 20 minutes to work quietly.

Lesson Planning (Continued)

15. Put into groups of 4 to share, compare their plans, and make the best one they can from the ideas that each had.

16. In large group, have one group report. As each step is presented, trainer should chart, and also chart additions and alternatives from other groups.

    NOTE: There is no one right way, but each can create own according to situation, judgments, and comfort with different methods.

17. Tell group that tomorrow they can practice with peers their lessons to be given in the villages in the afternoon. Have village teams get together and decide which is going to present which topic. Have each person list his name and topic on a chart. (This list will be used to make the groups for the next day so you don't get 6 malaria lessons in one group).

    NOTE: Any time left can be used for individual planning or tell them to plan that night.

18. Review objectives and close.

2.20 Giving Training Lessons — 7 hours

Objectives:

To practice lessons and get feedback on how to improve

To give lessons in the villages

Activities:

1. Introduce objectives.

2. Assign participants to 4 groups so that there is a variety of topics in each group (this chart should be prepared ahead of time).

3. Trainers manage the presentation of lessons and feedback in each group. Approximately 30-40 minutes total for each.

   NOTE: Manage time carefully. After each presentation, ask for suggestions for improvement, first from presenter, then from group, then from trainer. Be sure to correct any misinformation about the disease. Trainer should sit outside of circle during presentations. Instruct group to act as typical villagers. If anyone has to make a totally new plan, excuse him from the group for a while to work on it as he will have to do it that afternoon in the village. Check that plans include all parts of the lesson.

4. Bring group back together at end of the morning to identify major conclusions and to review transport arrangements for the afternoon visit.

2.21 <u>Village Lesson Review</u> 1½ hours

Objective:

To review yesterday's village visit

Activities:

1. Introduce objective.

2. Put group into same four groups as before for review of village visit.

3. 4 trainers lead 4 discussion groups (30-40 minutes).

   Key questions:

   1) Did you do your lesson? Any problems?
   2) What information did villagers have already about your topics? Correct or incorrect information? How should we react to incorrect (beliefs, superstitions, tc.) information that villagers have? 3) What evidence or proof did you get about what the VHC learned? (Evaluation). 4) What could you do or see to find evidence of their learning on this topic the next time you come to visit? 5) How could your lesson be improved? Make a list of ideas for making VHC lessons most effective.

4. In large group, trainer leads discussion, with contributions from each group on:

   1) Incorrect ideas that villagers have and how HSA's should respond

   2) Ideas for improving lessons. Chart these ideas suggest that participants take notes.

5. Briefly review VHC Training and take any questions.

6. Have participants take out Form 9 and put today's date next to that topic.

7. Take our Form 3 and add note on yesterday's activity.

8. Take out Form 10 and add any new information from yesterday's visit.

9. Summarize and close.

2.22 Final Review of Recording and Reporting Forms 3½ hours

Objectives:

To review, record and report forms

To set up record and report files

Activities:

1. Hand out packets of recording forms. Trainers circulates to help participants get them into folders in the correct order.

2. Hand out summary of HESP forms.

3. Review all recording forms in detail using visuals. Take questions. Might be good to develop questions or problems related to each form to present to the group as you introduce each review. (For example, "When do you make entries on Form 3" or "What is value of Form 4" or "Why would a supervisor ask to see your Form 10?". Summarize.

4. Trainer discuss need for and use of reports. Note that PHC expects to send out quarterly national summaries to all project workers.

5. Hand out folder and supplies for Forms 6 and 7 (maybe carbon paper).

6. Discuss, in detail with visuals, and taking questions:

   1) Form 6

   2) Form 7

   3) Monthly written report

7. Review summary of HESP Forms handout.

2.23 <u>1983 Project Objectives</u> 2 hours

Objectives:

To review 1983 project expectations

To make plans for your next month's work

Activities:

1. Give handout on 1983 Objectives to group and review with lecture and visuals. Take questions.

2. Have participants add up number of village visits necessary for each objective. Give 3-4 minutes.

3. Take answers to items 1, 2, 3, 4, and chart. Get group agreement.

   NOTE: <u>No. 1</u> (minimum of 20 - one to discuss project with local leaders, one to introduce project to whole village: differences may be in whether or not VHC has to be elected).
   <u>No. 2</u> - 20
   <u>No. 3</u> - 50 (10 for problem analysis and 40+ for VHC lessons if 2 lessons are done in one visit).
   <u>No. 4</u> - 16
   <u>Total</u> - 106

4. Divide by months remaining in year to see number of visits necessary per month.

5. Pass out monthly plan (Form 11) and show how to turn into a calendar with dates in the small boxes.

6. Instruct participants to, "Note which days they will be working for MCH (should be 2 per week) and

   - set aside one day for writing reports
   - set aside one day for staff meeting
   - now think about your target villages and decide which days you plan to go to which villages to do what. Plan 2 days a week for field work." Give them 20 minutes to work individually.

7. Instruct participants to, "Trade with person sitting

Activities (Continued)

7. next to you and check his plan to see that 13-17 village visits are planned in the month."

8. Instruct participants to, "Return plans to owner with suggestions."

9. Instruct participants to, "Make a copy of your plan to turn in to Project Supervisor on return to station next week."

10. Pass out a supply of these forms. Approximately 20 apiece.

11. Review day's objectives and close.

2.24 <u>Last Day</u> 4 hours

Objectives:

To review workshop

To evaluate the workshop

To assess knowledge learned

To close the workshop

Activities:

1. Introduce Objectives.

2. Trainer review Adult Learning Principles.

3. Pass out hand-out on related methods and discuss methods learned in workshop (Point out other methods to learn about).

4. Briefly discuss story-telling and handout material on story-telling.

5. Hand out blue health board game. Put in groups of three and pass out dice. Trainers circulate to teach how to play. About 20 minutes to play.

6. Bring back for large group discussion on:

   1) How can we improve this game?

   2) How can we use this game?

7. Pass out "Power to Create Good Health". Ask them to decide which are preventative health issues.

8. Review project strategy - let participants tell trainer which visual goes where. Get agreement. have fun suggesting the wrong one, etc.

9. Pass out examination. Give 15-20 minutes to do. Collect.

Last Day (Continued)

Activities: (Continued)

10. Pass out evaluation. Explain carefully. Give 15-30 minutes. Collect.

11. Put in 4 groups. Ask them to make recommendations on newsprint on:

    1) How can we improve this workshop?

    2) What do you want to learn in next workshop?

12. Have groups present reports.

13. Summarize and close. Review plans for closing ceremony.

APPENDIX A

HEALTH EDUCATION AND SANITATION PROMOTION
WORKSHOP - PROGRAMME OUTLINE

13TH JUNE TO 1ST JULY, 1983

KARONGA.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	13/6/83	14/6/83	15/6/83	16/6/83	17/6/83
AM	Registration Opening Ceremony Introductions	Village Leadership	Village Inspection preparation Village Inspection practice	Review Village inspection	Water/sanitation relationship HESP messages Sanitation Technology
PM	Project Background Project strategy	Village inspection skills in village	Village inspection practice in village	Coordination with water Project	Sanitation Technology Evaluation
	20/6/83	21/6/83	22/6/83	23/6/83	24/6/83
AM	Water related Diseases	Introduction to VHC Training VHC formation Principles of adult learning	Practice leading Discussions Problem analysis Demonstration	Water related Diseases	Review problem Analysis Water related Diseases
PM	Water related Diseases	Leading Discussions Practice leading discussions	Problem Analysis Practice	Problem Analysis practice in village	water related Diseases Evaluation
	27/6/83	28/6/83	29/6/83	30/6/83	1/7/83
AM	VHC lesson planning Health Education Technologues	Practice VHC lessons	Review VHC lesson practice	HESP Recording and reporting System	Wrap-up Activities Evaluation
PM	Write VHC lesson Plans	Practice VHC lessons in village	Revise VHC Lessons Review Health Education Techniques	HESP project Objectives Work planning	Closing Ceremony

APPENDIX B

TRAINER TOOLS

Newsprint - 500 sheets
Markers - 25 assorted (green, blue, black, red)
Easel
Blackboard
Chalk
Duster
Stapler
Staples
Scissors
Paper Clips
Extra pens, pencils
Projector with sheet or screen
Ashtrays
Waste Basket (empty box)
Typist, Duplicator
Stencils
Ink
Duplicating Paper
Masking Tape
HESP Stamp/Ink Pad
Vouchers
Hole Punch
Money
Matches
Tea Stuff

Project Strategy steps visuals
2 sets of Project Strategy steps for competition
Co-operation Game Puzzle pieces
Film on Rural Piped Water Supply
Other Health Education or "entertainment" films
Visuals on VHC Training Completion
Visuals with samples on each form
Visual on Washing Slab, (photos)
Visual on 1983 Project Objectives
Problem Analysis set for demonstration
Sample Lesson Plan

APPENDIX C

LIST OF HANDOUTS

1. Report of National Seminar
2. List of Workshop Goals
3. Information/Welcome Letter
4. Survey Form
5. Expectations: Personal Inventory
6. Project Strategy
7. Inventory: "What Villagers do to Create Good Health"
8. Village Inspection
9. Drinking Water Storage Poster
10. "Why Villager Excretes in Unsafe Way"
11. Ventilated Pit Latrine Construction
12. "Local Leaders"
13. What Helps Adults to Learn?
14. To complete VHC training
15. Cholera
16. Dysentery
17. Conjunctivitis
18. Dehydration/Rehydration
19. Giving a Demonstration
20. Lesson Planning
21. Teaching Methods
22. Story-Telling
23. Blue Health Game with Dice
24. Power to Create Good Health
25. HESP Project Objectives (Health Education & Sanitation Promotion)
26. HESP Forms 1-11
27. Workshop Examination

C-1

Preliminary Copy 2-1

REPORT ON NATIONAL SEMINAR

FOR

HEALTH EDUCATION AND SANITATION PROMOTION

IN

RURAL PIPED WATER PROJECTS

7TH - 11TH FEBRUARY, 1983

CHILEMA TRAINING CENTRE - ZOMBA

MINISTRY OF HEALTH

P. O. BOX 30377

LILONGWE 3

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Hooked Paper

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Thanks are due to many persons who assisted before and during the Seminar. Special thanks should be directed to Mr. C. S. C. Tasaukadala, DHI/Zomba, and Ms D. L. Davis, PCV Sanitarian/Zomba, for their efforts in organizing the construction of latrines and a washing slab in villages in the Zomba area to serve as a sanitation technology demonstration.

Mr. Ray Colliver, PCV Sanitarian/Dedza should be mentioned for his contribution of outstanding talent in creating drawings and artwork for the visual aids section of the project, as well as his general assistance in arranging the materials used in the Seminar.

Thanks also go to Mr. S. J. K. Lewis, WHO Health Education Specialist, who provided valuable assistance in helping to think through the health education sections of the Seminar; also, the staff of the Health Education Section deserve mention for their efforts in duplicating the materials used in the Seminar.

Thanks also go to the various resource persons who contributed to the Seminar and to Rev. Chitsulo and his staff at Chilema Training Centre for helping to make the Seminar a success.

Mr. Van Shaik and members of the Department of Lands, Valuation and Water also deserve mention for their assistance in providing an excellent presentation on the rural piped water project.

Most of all, our sincere thanks go to the participants of the Seminar who contributed their ideas and suggestions throughout the Seminar to make it a worthwhile experience.

Kwa onse amene anatithandiza,

Zikomo kwambili,

R. A. Ainsworth
PRINCIPAL HEALTH COORDINATOR

HEALTH EDUCATION AND SANITATION PROMOTION

IN RURAL PIPED WATER PROJECTS

1. INTRODUCTION

A National Seminar was held on 7th to 11th February at Chilema Training Centre, Zomba for the Managers and Supervisors of the Ministry of Health's health education and sanitation promotion inputs in rural piped water projects. The Seminar marked a major step in the project since this was the first gathering of the officers involved. The broad purpose of the Seminar was twofold:-

1.1 To inform project managers and supervisors of the basic strategy and techniques to be used in the Project;

1.2 To solicit their ideas as to how to improve these strategies and techniques.

The Seminar, as with other activities of the project was funded by a USAID grant for Self-Help Rural Water Supply (612-0207). This brief report will highlight some of the major activities, discussions and recommendations of the Seminar.

2. OBJECTIVES

At the outset of the Seminar, the following objectives were proposed:-

2.1 To fully acquaint Ministry of Health participants with the history, technology, installation and maintenance of the Rural Piped Water Programme.

2.2 To review a draft of the project field manual.

2.3 To discuss and understand techniques of community education and participation and adapt methods and materials for use in project areas.

2.4 To observe demonstration latrine and laundry slab construction and discuss appropriate sanitation technology.

2.5 To discuss and finalize the strategy to be applied by the project.

2.6 To discuss the project recording and reporting system.

2.7 To understand the principles of project supervision.

2.8 To develop a framework for the training of Health Surveillance Assistants in the project areas.

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3. PARTICIPANTS

The 33 participants were drawn from three cadres of the Ministry of Health:-

District Health Inspectors who are the managers of health education and sanitation promotion inputs to rural piped water projects in their districts.

Senior Health Assistants and Health Assistants who are the Supervisors of field workers providing health education and sanitation promotion in rural piped water projects.

Peace Corps Volunteer Sanitarians who, as counterparts, assist Project Supervisors in their duties.

A listing of the participants:-

DISTRICT HEALTH INSPECTORS

1.	B. Chandiyamba	Machinga
2.	D. B. Ching'amba	Mangochi
3.	G. N. A. Dombo	Mzimba (North)
4.	H. T. K. Dzinjalamala	Chikwawa
5.	H. F. Magombo	Nkhotakota
6.	G. L. Majikuta	Ntcheu
7.	R. C. Mandebvu	Chitipa
8.	E. B. Mtika	Mulanje
9.	K. Msowoya	Dedza
10.	C. A. J. Mwakalagho	Mzimba (Centre)
11.	B. T. S. Mwalwimba	Mchinji
12.	A. M. Phiri	Rumphi
13.	N. H. H. Silungwe	Ntchisi
14.	C. S. C. Tasaukadala	Zomba

HEALTH ASSISTANTS

1.	H. M. S. Abdul (Senior H.A.)	Ntcheu
2.	J. Chaseta	Mwansambo, Nkhotakota
3.	L. N. Chilambula (Senior H.A.)	Mangochi
4.	H. R. Gundo	Nsanama, Machinga
5.	R. R. Kalmos-Milanzi (S. H.A.)	Liwonde, Machinga
6.	C. L. Kaombe (Senior H.A.)	Phalombe, Mulanje
7.	D. J. Miso	Jenda, Mzimba
8.	S. K. O. Mphande	Makwapala, Zomba
9.	A. L. Msampha	Mchinji
10.	F. Z. Ndhlovu (Senior H.A.)	Rumphi
11.	H. S. Nkawihe (Senior H.A.)	Mulanje
12.	B. M. R. Sichali	Ifumbo, Chitipa
13.	M. H. Simika (Senior H.A.)	Bwanje, Ntcheu
14.	J. A. Zoya	Kaporo, Karonga

PEACE CORPS VOLUNTEER SANITARIANS

1.	J. Barrows	Mzimba
2.	R. Colliver	Dedza
3.	D. L. Davis	Zomba
4.	H. S. Sa..in	Dowa
5.	A. Sowa	Karonga

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4. RESOURCE PERSONS

A variety of persons acted as resource persons, either presenting lectures or assisting with discussions:-

1. R. A. Ainsworth, Principal Health Coordinator (Seminar Organizer)
2. F. K. Bangula, Primary Health Care Coordinator
3. Dr. W. C. Chaziya, Medical Superintendent, Zomba General Hospital
4. L. L. Chipungu, Acting Principal Health Officer
5. S. Cole, Director, USAID/Malawi
6. Dr. A. Klouda, PHAM Primary Health Care Coordinator
7. P. Lindskog, Fellow, Centre for Social Research
8. L. G. Mkhoma, Water m Monitoring Supervisor, Mulanje
9. J. W. Nyirenda, Acting Regional Health Inspector (South)
10. C. S. C. Mhango, Acting Regional Health Inspector (Centre)
11. L. A. H. Msukwa, Director, Centre for Social Research
12. A. W. C. Munyimbili, Regional Health Inspector (North)
13. H. Van Shaik, Senior Water Engineer

5. PROGRAMME

The programme was set after considerable consultation with project staff in the field. Ample time was allotted for group discussion and participatory techniques such as role play; lectures were kept at a minimum to enhance a two-way flow of information. The structured part of the programme was confined to day time hours, evenings being left free. On the three of the five evenings, however, a selection of films was projected which were **both** informative and entertaining.

The llowing presents the times and subjects of the programme:-

Monday, 7th February, 1983

8.00 - 9.00 A.M.	-	Registration/Seminar Objectives/ Announcements
9.00 - 9.45 A.M.	-	Opening Ceremony
9.45 - 10.30 A.M.	-	Break
10.30 - 12.00 Noon	-	Discussion of basic issues
12.00 - 1.30 P.M.	-	Lunch
1.30 - 2.25 P.M.	-	Project Strategy
2.25 - 2.40 P.M.	-	Break
2.40 - 5.00 P.M.	-	Primary Health Care
7.20 -	-	Film "Water for the Villages"

Tuesday, 8th February, 1983

8.00 - 8.30 A.M.	-	Introduction to Principles of Gravity Fed Water Projects
8.30 - 12.00 Noon	-	Visit Mirala and Chagwa Projects
1.30 - 2.00 P.M.	-	Slide - Sound Shows:- -- Special Tap Opening Ceremony - Water, Women and Culture
2.00 - 3.00 P.M.	-	Monitoring Assistants : their job descriptions and training
3.00 - 3.15 P.M.	-	Break
3.15 - 5.00 P. M.	-	Coordination of Water and Health Extension Workers in Health Education

Wednesday, 9th February, 1983

8.00 - 9.00 A.M.	-	How to Teach and Learn
9.00 - 10.00 A.M.	-	Problem-oriented approach to Community Education
10.00 - 10.15 A.M.	-	Break
10.15 - 12.00 Noon	-	Small groups develop learning sessions
12.00 - 1.30 P.M.	-	Lunch
1.30 - 5.00 P.M.	-	Presentation of Learning Sessions

Thursday, 10th February, 1983

8.00 - 10.15 A.M.	-	Small groups review draft Manual Sections
10.15 - 10.30 A.M.	-	Break
10.30 - 12.00 Noon	-	Presentation of reports of Manual Section reviews.
12.00 - 1.30 P.M.	-	Lunch
1.30 - 5.00 P.M.	-	Appropriate Sanitation Technology field visit and discussion.

Friday, 11th February, 1983

8.00 - 8.30 A.M.	-	Sanitation Technology (Cont'd)
8.30 - 9.15 A.M.	-	Children as Health Workers
9.15 - 10.00 A.M.	-	Supervision
10.00 - 10.15 A.M.	-	Break
10.15 - 11.15 A.M.	-	Project organization, monitoring and communication
11.15 - 12.00 Noon	-	Project Evaluation
12.00 - 1.00 P.M.	-	Lunch
1.00 - 3.00	-	Developing the Framework for future training
3.00 - 3.15	-	Evaluation of Seminar

6. Proceedings

In this section, the various topics discussed will be presented in detail. Where papers were presented, they will be summarized to distill the salient points. Please refer to the Programme in the preceeding section for timings.

6.1 Opening Ceremony

Dr. W. C. Chaziya, Medical Superintendent of Zomba General Hospital, was present to officially open the Seminar on behalf of the Ministry of Health, Mr. S. Cole, Director of USAID/Malawi was also on hand to make some remarks concerning his agency's involvement as the supporters of the project. USAID has a keen interest in projects which encourage self-help; Mr. Cole stated that USAID is most pleased to be supporting the project. In many rural water projects there is no provision for complementary health education. With the Self-Help Rural Water Supply Project, however, this is not the case since it was recognised at an early stage that USAID should provide funding for an effort by the Ministry of Health to educate those who have installed a piped water project as to how the safe water they are receiving will help lead them to healthier living.

The speech presented by Dr. Chaziya to open the Seminar was as follows:-

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OPENING SPEECH

Seminar Participants, Government Officials, Ladies and Gentlemen:

I am pleased this morning to have the opportunity to open the National Seminar for Health Education and Sanitation Promotion in Rural Piped Water Projects. This Seminar represents the first gathering of our Ministry's officers responsible for the management of health inputs in our nation's extensive rural piped water scheme. I must thank the United States Agency for International Development, represented here by Mr. Cole, for providing funds to make this Seminar and project possible.

The Department of Lands, Valuation and Water has indeed created an impressive scheme of bringing clean, safe water to our villages in Malawi. When all of their projects have been completed, more than a million rural villagers will have access to clean water - about one-fifth of our rural population. This scheme has received international acclaim and is regarded as a superior example in providing a commodity which is essential for human existence - clean water. There is no question that this scheme has been successful.

So, Ladies and Gentlemen, you may ask, "If this piped water scheme has been so successful, why does the Ministry of Health need to be involved with it?" The answer lies in the fact that one of the goals of supplying clean water is to improve the health of the rural population. It has been repeatedly shown that little improvement in health takes place by merely providing such water without educating the users as to how to take good advantage of it.

To just give people good and plentiful water does not mean they will automatically use it to good advantage. This is where the Ministry of Health comes in. With our network of Health Inspectors, Health Assistants and Health Surveillance Assistants we hope to provide the type of education the community needs to become healthier through the use of their newly built safe water system.

It is recognized that this means changing people's habits, and that this is never easy. Yet we hope that by establishing a dialogue with community leaders we will be able to assist villagers to come to an understanding that, while most of their behaviours are leading them to healthy living, some behaviours may need to change to ensure the health of their children and families.

It is very encouraging to speak with villagers who have constructed their own piped water system with the assistance of Government. If you have not done so, then I urge you to. There is no mistaking the pride with which they will tell you that the water system belongs to them and it is their hard work which brought them the benefits of clean water. Ask any of them where the water comes from and they will point high up in the mountain and explain how they climbed up there to help dig trenches for the pipe-lines. Question them further and you will hear them tell you how they collect money from their own pockets to buy a new tap when it breaks and how they deal with repairing breakdowns in the system to ensure a reliable flow of water. You will see that there is no mistaking their feelings of pride.

There are lessons to be learned from these observations. Did these feelings of pride happen by accident? Of course not. Through their local leadership, villages have been involved in the installation of the water system from its planning stages. This is the key - involving people from the beginning so they feel a sense of ownership.

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We in the Ministry of Health have witnessed a similar process. It was only through the involvement of village leaders that we were able to successfully combat cholera not so many years ago. We saw Village Health Committees mobilized to chlorinate wells and water pots, quickly report suspected cholera cases and spread the message of cholera control through their communities. It is a process with which we can be glad to have been involved.

By combining the lessons learned through the Department of Lands, Valuation and Water's piped water scheme and our Ministry's work with Village Health Committees, there is much to be done in the way of collaboration. I urge each of our staff in the Health Inspectorate to seek out their local counterparts in rural water projects and discuss ways in which you can work together.

I wish to close by saying that we at the Ministry of Health are pleased with the efforts of our field staff in working with Village leaders in spreading messages about health, hygiene and sanitation. Let me hastily add, however, that there is much work to be done. There are hundreds of village health committees yet to be formed, educated and assisted in moving their communities towards better health. This is a challenge to which I know you are equipped to respond. And respond you must if we are to accomplish our side of Government's commitment to provide water and sanitation to all by the year 1990.

With his usual wisdom and foresight, our leader, the Life President, His Excellency Ngwazi Dr. H. Kamuzu Banda, has accepted the challenge of the United Nations International Drinking Water Supply and Sanitation Decade. Safe water and adequate sanitation for all in Malawi by 1990 is the goal. It is our responsibility to translate the Life President's wishes into actions, and it is only by involving our rural village communities that we will succeed. We have the advantage of not only strong traditional leadership, but the capable leadership of the Malawi Congress Party. Working hand-in-hand these two forces result in organization, mobilization and action for the improvement of our rural communities.

Ladies and Gentlemen, I hereby officially declare this Seminar open and charge each of you with the responsibility of taking best advantage of the five days ahead. I have been assured by the organizers of this seminar that they are most open to and expectant of receiving your candid comments during the ensuing discussions scheduled in the seminar. With that I will close and wish you all the best in your deliberations.

Thank you.

6.2 Discussion of Basic Issues

In order to stimulate discussion of some basic issues pertinent to the Seminar, a series of 5 statements were displayed to the Participants and they were asked to indicate whether they agreed with them. The statements were written on large pieces of paper and hung on the wall; the following instructions were also displayed:-

"Please consider carefully these statements and indicate whether you:-

(1) Strongly agree
(2) Agree
(3) Disagree
(4) Strongly disagree"

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Participants then marked a paper under the statement with the opinion they held based on a score of 1 - 4. When all had indicated their opinion, the Seminar Organizer, Mr. Ainsworth, led a discussion based on the range and average of their opinions. Participants were encouraged to defend their opinions.

These statements will here be presented followed by the ratings given by the participants and a brief report of the ensuing discussion:-

Statement A: "Self-help means getting the people to co-operate with Government"

(1)	Strongly Agree	:	11 Participants
(2)	Agree	:	10 Participants
(3)	Disagree	:	10 Participants
(4)	Strongly Disagree	:	2 Participants

Average score = 2.1 indicating that there was general agreement with the statement.

During discussion, however, several participants pointed out that we should be as sure as possible about the information given to the community. Some, however, believed that it is not always possible to be sure since we do not always have all the answers and that this should be admitted to communities so they can better share in the identification of solutions to their problems.

Statement B: "As Health workers we must never doubt the information we give to people in the Community".

(1)	Strongly Agree	:	15 Participants
(2)	Agree	:	13 Participants
(3)	Disagree	:	5 Participants
(4)	Strongly Disagree	:	1 Participant

Average score = 1.8 meaning that participants generally agree with the statement.

Discussion pointed out that we should give the most appropriate information for their villages. Blind acceptance of advice almost always means it will not be followed.

Statement C: "Village Health Committees are useful only when they accept our advice without questioning".

(1)	Strongly Agree	:	1 Participant
(2)	Agree	:	0 Participant
(3)	Disagree	:	17 Participants
(4)	Strongly Disagree	:	13 Participants

Average score = 3.4 meaning that participants generally disagree fairly strongly with the statement.

Discussion revealed that VHCs should be encouraged to question information provided them; that this indicates an understanding on their part and an interest to learn. Some participants expressed that self-help should be initiated by the people themselves. Others argued that the Government must provide the stimulus to committees to encourage them to help themselves. It was eventually agreed that self-help should be a shared process with Government assisting communities to identify their problems and together work out solutions to correct those problems.

Statement D: "When teaching people in the community we must always find out what they already know and build from there".

(1)	Strongly Agree	:	21 Participants
(2)	Agree	:	6 Participants
(3)	Disagree	:	6 Participants
(4)	Strongly Disagree	:	0 Participant

Average score = 1.5 meaning that participants generally agree on the strong side with the statement.

During the discussion, it was pointed out by participants that we must not consider village people to be empty shells which we must fill up with knowledge, but rather adults who know a bit already but need additional knowledge in order to improve. Some felt that the statment should have read:- "..... already know and practice ....." to be more accurate.

Statement E: "Our most important job is to get people to **build latrines and** refuse pits"

(1)	Strongly Agree	:	4 Participants
(2)	Agree	:	5 Participants
(3)	Disagree	:	17 Participants
(4)	Strongly Disagree	:	6 Participants

In discussion, some participants revealed that the reason they disagreed was there were many tasks to be accomplished besides latrines and refuse pits. Others disagree because they believe the education of the community to be the most important and not just the construction of latrines, etc. Those who agreed expressed that this was the proper work of the health inspectors : environmental sanitation.

In all, the discussion sparked a lot of debate and ideas and served its purpose which was to start people talking and thinking. No real concesus was achieved on the statements, but a concensus was not expected.

6.3 Project Strategy

Mr. Ainsworth briefed the participants on the proposed strategy of the project and asked for suggestions as to improvements. Except for one point there was a general condensus that the strategy was acceptable. The following page (Figure 6.3.1) presents the separate steps in the Project Strategy as agreed to by the Participants. Later in the week a group of participants discussed the Project Strategy in detail (See 6.).

6.4 PRIMARY HEALTH CARE (PHC)

Mr. F. K. Bangula, Ministry of Health PHC Coordinator, assisted by the PHAM PHC Coordinator, Dr. Tony Klouda, led a discussion on basic PHC principles. The importance of integrating the PHC approach into all Ministry projects is being increasingly realised. Because of this, and also because the Project is utilizing a PHC approach, this discussion was included early in the Seminar to help introduce ideas which would hopefully grow during the Seminar.

Mr. Bangula and Dr. Klouda made a brief presentation and then split the participants into 4 groups which were given the following assignment:-

Each group should pretend to be either (1) A group of Health Workers

or (2) A group of Villagers

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Each group should then discuss (from their assumed point of view) all the following questions:-

What specific health problems have you identified in your communities?

Health services have been limited in scope, distribution and knowledge to the rural communities. What problems have led to this?

Suggest and discuss ways of improving the situation in (2).

After their small group discussions these groups were asked to report to the Seminar. Their remarks were summarized on large sheets of paper for comparison. (The two small groups in each category are combined).

VILLAGERS	HEALTH WORKERS
1. PROBLEMS	1. PROBLEMS
- Diseases: Measles, Diarrhoea, infestations, malaria, eye diseases, scabies	- Lack of manpower, accommodation.
- Need drugs, need more children	- Public awareness: no support for latrines, etc; people prefer cure to prevention; always want injections.
- Deaths in pregnancy	- Unsafe water, lack of latrines
	- Malnutrition
	- Diseases rampant (Malaria, Bilharzia, diarrhoea, measles)
	- Low attendance at clinics
	- Distance to services
	- Inadequate care for children
	- Poor housing, lack of vector control
	- Fear and superstition
2. WHY DO PROBLEMS EXIST?	2. WHY DO PROBLEMS EXIST?
- Doctors do not visit villages	- Limited health services coverage
- Problems not taken seriously	- Poor infrastructure
- Transport difficult	- Shortage of staff
- Communication poor	- Low priority on health education
	- Low motivation to work in rural areas
	- Lack of transport
	- Short of teachers for preventive staff

VILLAGERS	HEALTH WORKERS
3. SOLUTIONS TO PROBLEMS	3. SOLUTIONS TO PROBLEMS
- More transport	- Distribution of services to be more equitable
- Need hospital	- Increase manpower
- Doctors should visit villages	- More transport
	- More funds for training
	- Training of trainers
	- Improve Health Education
	- Improve "attractiveness" of rural areas
	- Improve roads

There was then a lively discussion between the "villagers" and the "health workers" about the laziness of health officials in visiting villages and their poor advice. At one stage a "Health Worker" gave a demonstration of what advice he would give about the prevention of diarrhoea, giving examples of clean living, clean housing etc. A "villager" promptly gave the good reply that some rich people he knew in town, who had a nice house, had children who had diarrhoea. This led naturally to a general discussion of what advice was appropriate. It was pointed out that in answering the first question, most of the groups had concentrated on lack of facilities, drugs and trained personnel. This represented the feeling amongst the villagers and health workers that health problems were only answered by health services. As the discussion got underway, it was quickly found out that the knowledge, advice and skills of health workers were sorely inadequate, and occassionally irrelevant for the existing problems - So increasing services and personnel would not necessarily answer the problems. We then discussed how we could begin to get an idea of the intricate nature of the problems surrounding ill health, and how to approach village leaders with a new attitude of respect for their knowledge and beliefs. There was much unhappiness in the group about accepting that we shall approach villages by saying we do not know the answers to some problems, and that we seek their advice, but eventually it seems that the necessity of doing this was accepted. We all realised that many of our existing beliefs and messages would have to be radically revised. We learnt that villagers could do a lot by themselves if properly supported.

6.5 RURAL PIPED WATER PROJECTS

This topic was led by Mr. Henk Van Shaik, Senior Water Engineer (Rural) for Lands, Valuation and Water. The purpose of the day-long session was to provide a thorough briefing for the participants about all major aspects of the piped water project. Mr. Van Shaik began with a slide-sound show which illustrated the key elements of the Project — especially those involved with community participation. The following paragraphs are excerpted from a brief paper Mr. Van Shaik distributed:-

Approximately 750,000 people are presently using water from a rural piped water supply in Malawi. Water supplies are distributed all over Malawi with Chinukha water supply in the far North, Mchinji in the Central Region and Mulanje South supply in the South, just to mention a few rural piped water supplies.

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In addition to the already completed water supplies a number of projects are still under construction such as Iponga in the far North, Dombole and Mwansambo in the Central region and the Mwanza Valley project under construction in Chikwawa district, as some examples among more.

The mean daily consumption per user was measured extensively by our evaluation staff and is 12 litres, which is less than half the design allocation per head per day.

The maintenance organization which is based on self help principles is being developed and has proven that it can operate satisfactorily provided close assistance and supervision is given to the self help communities by project staff and frequent contacts are maintained with self help organisation and the users is general.

To help improve the benefits of the rural piped water supplies all field staff should make a special effort in 1983 to actively encourage the users to use more water than the present average of 12 litres per person per day, and to encourage the users to use the piped water for all water related and using activities, not only drinking and cooking. In addition special emphasis should be laid on hygiene around the tap site and in all water related activities. All field staff should also point out the importance of proper maintenance and care, teaching the users to report breakages quickly and telling repair team to repair breakages quickly.

The objective of the rural piped water supply programme is to supply the rural communities in Malawi with clean water in abundant amounts near to the homes. The Malawi rural piped water supplies are widely acclaimed internationally because they are successful as compared to the many failing water supplies for rural areas in other countries which are characterized by frequent break-downs and short life span.

One of the main reasons for our success in the rural piped supplies is the high motivation of the staff. They do not work in the piped water supplies only because it gives a salary every month end. They try to work hard, believing in development of the country, as they all wrote when applying for the job, and are committed to show the rural communities that an improved water supply which operates properly and does not break down frequently is possible. And that it is also possible that the water supply is maintained through the efforts of the rural communities

Mr. Van Shaik also pointed out that it was the duty of each field worker to get to know the community he is working with, but this does not mean just getting together with people to drink beer. It is necessary to be seen as a respected person to be a successful field worker.

The participants were taken on a field trip to two piped water projects in nearby Machinga district. The first was Mirala Project where they observed the early stages of construction. The intake had been completed and the main sediment tank was in the process of construction. Secondly, Chagwa Project was visited which was completed in 1975. The participants met with a Monitoring Assistant and members of the local Tap Committee. They also observed a laundry slab which had been built with assistance from DLVM.

Upon returning from the field visit, a discussion was held concerning Ministry of Health/Department of Lands, Valuation and Water coordination. Possible ways of cooperating were noted as follows:-

- HAs and HSAs meet frequently with Monitoring Assistants

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- DHIs meet frequently with Water Project Supervisors.
- Health field workers attend tap opening ceremonies.
- Health field workers attend major project community meetings.
- Monitoring Assistants help with VHC training.
- Health field workers report maintenance problems to Monitoring Assistants.
- Joint attendance at seminars.

A further discussion occured concerning the handling of drinking water collected from taps. The following steps were noted which should help in preventing contamination of drinking water after collection:-

- Wash hands before washing collection bucket.
- Wash leaves before puting in water to keep from spilling.
- Everyday pour out old water from drinking water storage pot and pour in fresh water.
- Rinse drinking water storage pot with fresh water before re-filling.
- Cover water pot.
- Use a clean dipper.
- Do not drink directly from dipper.
- Keep dipper in safe place.
- Place water pot in safe place.
- Teach children not to play with water pot.

It was believed that if these steps were followed safer drinking water would result.

6.6 HOW TO TEACH AND LEARN

There has been general concensus that one of the most important skills which health workers must develop is how to teach people in the community. In recognition of that one entire day of the Seminar was devoted to a review of community teaching techniques. A book by David Werner, Helping Health Workers Learn, was drawn upon heavily since it is an excellent source of information on teaching techniques.

To avoid lecturing the participants, the day began with the enactment of a role play. One of the participants, Mr. Zoya, was given instructions to lead a role play which demonstrated both good and bad ways to teach community people. The first role play was the bad way to teach: His tone was condescending and insulting, he used terms which were not familiar to the students, and he did not allow questions. Although he did exaggerate a bit, the participants expressed that they had all observed such type of teaching in the past.

The second role-play Mr. Zoya conducted was the good way to teach: the 8 VHC Members sat around in a circle and Mr. Zoya led a discussion on personal hygiene. He encouraged each member to express their opinions and knowledge of personal hygiene. The idea was to have them think through their problems with personal hygiene and to relate their actual experiences. Mr. Zoya was very polite, made the students feel comfortable and that their ideas were respected.

The participants were asked to comment on the two role plays. Their comments are summarized as follows:-

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FIRST ROLE PLAY	SECOND ROLE PLAY
- No participation of students	- Exchange of ideas
- Teacher did not try to learn their ideas	- Teacher was respectful
- Teacher criticised and was insulting	- Teacher exhibited humility
- Teacher was talked disaparagingly of other health staff	- Teacher was not authoritarian
- Teacher did not respect customs of students	- Teacher was too submissive and should have been more dynamic
- Session was too formal	

The group agreed that the second way of teaching was more desirable, but the point was made that by being too humble and overly respectful a teacher can lose dynamism which is important in keeping the learning session interesting.

To give all participants a chance to practice teaching techniques, the large group was divided into 3 small groups and given time to prepare learning sessions on different subjects. The subjects were: diarrhoea, scabies and worms. Each group prepared health talks on one of these subjects. They then roleplayed for the Seminar the wrong and right way to teach. Each role play was analysed; the results were much the same as with the first role plays.

The point of this exercise came through: that community teachers must involve the people they are teaching, find out that what they already know and help them to express their feelings. Teachers should be respectful and not treat adult learners as children. Community education should be kept relevant by tying it to the actual experience of the learners.

As part of the day's activities there was also a demonstration of a card game developed to help villagers identify and discuss their health problems. This game was demonstrated through role play. Useful suggestions were provided by the participants as to the game could be improved.

Additional problem cards were suggested:-

Lice	Polio	Bed bugs	Blindness	Ticks
Deafness	Bilharzia	Mental Problems		

6.7 REVIEW OF DRAFT MANUAL SECTIONS

To provide detailed guidance for the Project, a comprehensive manual is in the process of being drafted. To give opportunity for inputs from the field, a morning was spent reviewing the chapters of the manual which have been drafted. On the following page is an outline of the chapters of the manual. The chapters which were available for review were: Project Strategy, Village Inspection and Recording and Reporting System.

The Participants broke into small groups according to their interest in the various chapters. Additionally, there was a Section on visual aids, although a manual chapter had not yet been fully prepared on that topic, a series of messages had been written and interested Participants had the opportunity to discuss with Ray Colliver, who has done considerable artwork for the Project, how to best get the message across visually. Upon returning to the large group meeting the small groups presented their reports. In several places, wording changes were suggested to make the meaning clearer.

On the Village Inspection chapter the recommended frequency of inspection proved a topic of controversy. The draft had suggested twice a year, but after discussion a recommendation of four times a year proved to be the concensus of the Seminar. There was an additional controversy over the inspection of drinking water pots. Some felt that we would be invading people's privacy by entering their homes. It was finally decided, however, that this should be done on a trial basis to see how it is accepted by the villages. In any event, those inspecting should never enter a house without first asking politely; also, only the sitting room of the house be entered and not the bedrooms. The problems which could potentially arise could probably be avoided if members of the Village Health Committee accompany the person performing the inspection.

MANUAL FOR HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

OUTLINE

1. Introduction

2. Water/Health/Sanitation Relationship

3. Piped Water Programme
   - a. History
   - b. Technology
   - c. Installation
   - d. Maintenance

4. MOH/DLVW Coordination

5. Project Strategy

6. Village Health Committees
   - a. Community problem solving
   - b. Formation
   - c. Training
   - d. Follow-up
   - e. Education of the Community

7. Health Education
   - a. Behaviour Change/Social Change
   - b. Spreading the message
   - c. Techniques
   - d. Materials

8. Water Collection and Storage

9. Sanitation
   - a. Excreta disposal
   - b. Latrines
   - c. Vector Control

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10. Personal Hygiene

    a. Bathing
    b. Bath houses
    c. Handwashing
    d. Clothes washing
    e. Laundry slabs

11. Environmental Cleanliness

    a. Cleanliness of Surroundings
    b. Refuse pits
    c. House repair
    d. Control of animals
    e. Dish racks

12. Village Inspection

13. Water-related diseases (Symptoms, Cause, spread, detection, treatment, prevention).

    a. Diarrhoea (dehydration/rehydration).
    b. Cholera
    c. Helminths
    d. Other G. I. diseases
    e. Eye diseases (conjunctivitis)
    f. Skin diseases (scabies, lice)
    g. Malaria
    h. Bilharzia

14. Project Organization

    a. Personnel (organogram)
    b. Objectives
    c. Target Villages
    d. Maps

15. Recording and Reporting system

    a. Description of HESP forms
    b. Monitoring and Feedback

16. Mathematics

It was also suggested that the section concerning windows be deleted as a criteria for judging a house satisfactory or unsatisfactory.

The Visual Aids section revised the messages, which appear below. It was further suggested that consideration be given to combining some of the messages that are very similar. Suggestions were given to Mr. Colliver, PCV Sanitarian in Dedza, who has been providing art work for the project, as to how to improve some of the posters he has drawn. Also, ideas were recommended as to how to illustrate the messages described above. On the following page is an example of a poster which would be used. This poster would be placed in houses above the drinking water storage pot to remind people how to properly keep drinking water.

Best Available Document

MESSAGES

SANITATION

- Build proper latrines
- Always use a latrine

- Keep latrines in good repair
- Protect food from flies
- If children are too small to use a latrine, teach them to use a special place.

WATER STORAGE

- Everyday, pour out old drinking water from the mtsuko and pour in fresh water
- Cover drinking water pots
- Put the dipper in a protected place, hold only by the handle
- Wash your hands before you wash the drinking water collection bucket
- Children should not play with the mtsuko
- Take drinking water with to the garden
- Do not drink from dipper, pour water into a drinking cup.

PERSONAL HYGIENE

- Bathe everyday, especially children
- Wash clothes regularly
- Wash your hands after using latrine
- Always wash hands before eating, even snacks.

ENVIRONMENTAL CLEANINGS

- Keep houses clean inside and out
- Keep your roof repaired, do not let it leak
- Smear walls and floors regularly, do not let cracks form
- Keep animals out of the house.
- Store food properly
- Clean surroundings mean fewer flies
- Use a dish rack when drying dishes

WATER RELATED ILLNESS

- If children have diarrhoea, give them plenty of water
- Diarrhoea makes children dry (dehydrated)
- Many skin diseases can be avoided by daily bathing of the whole body
- Eye diseases can often be avoided by daily bathing and hand washing
- Many diseases are spread by unwashed hands

6.8 Appropriate Sanitation Technology

To demonstrate appropriate sanitation technology, the Participants were taken on a field visit which included a trip to Sadzi Low Cost Housing Project to view a ventilated latrine. There, they also saw a demonstration of how to make low cost sisal-cement roofing sheets. Thereafter, the group traveled to village to view a ventilated latrine under construction. This latrine was being built with a brick chimney to eliminate the expensive PVC Vent pipe. That afternoon, however, the rain became excessive and limited both opportunity to properly view these facilities and discuss their advantages and disadvantages. The afternoon was concluded with a visit to village where a self-help clothes washing slab was under construction as well as a display board near the water tap on which health education posters could be exhibited. Again, rain hampered effective demonstration and discussion.

The following morning there was a brief discussion of the principle of ventilated latrines. Design for washing slabs was discussed and there was general agreement that the construction of washing slabs should be studied to find a model which is best accepted and needs as little cement as possible. Also, consideration should be given to whether children are able to use the slab; i.e. a portion of the slab should be made low enough that children can also wash their clothes, especially school uniforms.

6.9 Children as Health Workers

A brief discussion was led by Mr. Ainsworth concerning the idea of using children as health workers. Basically this means that older children could help look after the health of younger children. There was agreement that this is a good idea and that older children (8 years and older) could be reached through primary schools in the area. As for children not attending school, the Participants believed that they should be reached through their parents rather than teaching them directly. A few duplicated pages from Dr. Werner's Helping Health Workers Learn concerning this topic were distributed to the Participants. The purpose of the discussion was to introduce the idea and not necessarily to come to any conclusions.

The Participants suggested various ways children might become involved in health care and generally assisting their families:-

- Changing baby nappies (plus hygiene of babies)
- Cooking/food preparation
- Food gathering
- Washing clothes, dishes
- Bathing (themselves and smaller children)
- Sweeping
- General nursing care of the sick
- Collecting water
- Preventing accidents of smaller children
- Toilet training younger children
- Protecting drinking water
- Caring for livestock

New ways suggested in which they could assist included rehydration of young children with diarrhoea.

Best Available Document

6.10 Supervision

As managers and supervisors, the Participants must refine their supervisory skills. To spark discussion on this topic, a role play was enacted depicting the bad and good ways to supervise. Mr. Mwalwimba, DMI/Mchinji, led this role play. The setting was a health unit where the supervisor comes to visit a Health Surveillance Assistant. At the time the Supervisor enters the scene the HSA is in the Health Unit Treatment Room with the Medical Assistant and several patients. In the first role play, the Supervisor does not greet anyone, but begins by blasting the HSA about the quality of his work, why his reports are nonsense, and concludes by accusing him of being a drunkard. All of this is done in front of the Medical Assistant and patients. In the second role play, the Supervisor politely greets everyone and then asks the HSA to come into another room where he tells him he is basically pleased with his work except for a few details. A problem with reports is discussed and it becomes apparent that the HSA does not understand the Village Inspection form. The Supervisor makes a date to return the next week so they can go to a village together and perform an Inspection. On the way out the Supervisor is introduced to one of the patients who is a Village Health Committee Chairman. The Chairman praises the HSA's, especially his training programme in the village.

After the role play, the Participants were asked to identify what was good and bad about the two ways of supervising. Their responses were recorded:-

FIRST ROLE PLAY	SECOND ROLE PLAY
- Supervisor shouted - Would not listen, permitted no questions - Was he drunk ? - Used offensive language - Scolded in front co-workers and patients - Did not greet anyone	- Patient, polite - Permitted HSA to explain his problem - Acted sober - Took HSA in other room for discussion - Praised the HSA on good work he was doing

The discussion concluded with an examination of these points. Participants were encouraged to be mindful of the correct approach to their supervisory duties.

6.11 Project Organization, Monitoring and Communication

A copy of the Organogram on the following page was distributed to the participants and a discussion of channelsof communication ensued. Reference was made to the need to keep all levels informed. Practically, this means that communication in the form of letters and circulars should pass through the supervisory chain.

Questions were raised and discussed regarding the completion of monitoring forms and how to send them through the channels.

There was also a brief discussion of the deployment of motorcycles and how they would be supervised. Participants were informed that further discussion about motorcycles would take place individually at the time a motorcycle would be assigned to a specific field worker.

6.12 Developing a Framework for Future Training

The Participants were advised by Mr. Ainsworth of tentative plans for training the Project's field workers:-

- Three workshops
- Two weeks each
- Conducted during April - May
- 20 participants each

It was suggested by the Participants that the participants of the workshops be mixed by district so as to get differing experiences.

Questions were raised as to how this fit into other training plans of the Ministry and whether more than two weeks were available. The following topics were suggested to be included in the workshops:-

- VHC Training
- Community Education
- Community Diagnosis
- * Sanitation Technology
- * Water-related diseases
- Reporting and recording system
- Personal Hygiene
- VHC Follow-up
- VHC Formation
- Environmental Cleanliness
- Community Relations
- * Village Inspection
- Piped Water Project
- Curriculum for VHC Training

Those marked with * were considered the most important.

The question of venue was also raised and the following possibilities were proposed:-

Thuchila	Nkhande
Baka	Nathenje
Namaisi	Lunzu
Naminjiwa	Chitala
M'mbelwa	Mbawa
Chintheche	Mchenachena
Red Cross	Chilema

In conclusion, it was the congensus that there were a number of details which should be sorted out by a Smaller Committee. It was suggested that the PHC meet with the three MOIs to discuss detailed planning.

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7.0 Seminar Evaluation

At the closing of the Seminar an Evaluation form was distributed and Participants were asked to register their opinions of the Seminar. On the following page is a sample of the form. A summary of the evaluation is presented as follows:-

Question 1: How well satisfied are you with the Seminar as a whole?

Out of 30 responses,

37% indicated very satisfied
56% indicated satisfied
7% indicated unsatisfied
0% indicated very unsatisfied

Question 2: Which Techniques did you like the most?

Role Play - 14 responses
Small Group Discussion - 22 responses
Large Group Discussion - 6 responses
Lecture - 4 responses
Slide - sound shows - 8 responses

Question 3: Which sessions did you like the most?
The most often mentioned were:-

Field visits (responses)
Principles of water projects (5 responses)
Problem - oriented approach to community Education (5 responses)
Project Strategy (4 responses)
Primary Health Care (4 responses)
Project Evaluation (4 responses)

Question 4: Did you have adequate opportunity to participate in the Seminar?

Out of 31 responses

52% indicated very adequate
48% indicated adequate
0% indicated inadequate
0% indicated very inadequate

Question 5: What could have been done to improve the Seminar?

The most frequently mentioned were:-

- More experts to give lectures
- More field visits and practical work
- More group discussion
- More entertainment

Question 6: How relevant were the sessions to your needs as a manager or supervisor in this project?

Out of 32 responses,

38% indicated very relevant
59% indicated relevant
3% indicated irrelevant
0% indicated very irrelevant

Question 7: How complete is your understanding of the project after the Seminar?

Out of 31 responses,

39% indicated very complete
61% indicated complete
0% indicated incomplete
0% indicated very incomplete

Question 8: How satisfactory were the food and accommodation arrangement?

Out of 32 responses

0% indicated very satisfactory
44% indicated satisfactory
53% indicated unsatisfactory
3% indicated very unsatisfactory

SEMINAR EVALUATION

Please put a circle around your response.

1. How well satisfied are you with the seminar as a whole?

Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied

2. Which techniques did you like the most?

Role play
Small group discussion
Large group discussion
Lecture
Slide-sound shows

3. Which sessions did you like the most

4. Did you have adequate opportunity to participate in the seminar?

Very adequate	adequate	inadequate	Very inadequate

5. What could have been done to improve the seminar?

6. How relevant were the sessions to your needs as a manager or supervisor

Very relevant	relevant	irrelevant	Very irrelevant

7. How complete is your understanding of the project after the seminar?

Very complete	complete	incomplete	Very incomplete

8. How satisfactory were the food and accommodation arrangements?

Very satisfactory	satisfactory	unsatisfactory	Very unsatisfactory

9. General comments

4.4 Goals of the Workshop

By the end of the workshop, participants should be able to:

- Describe rural piped water projects.
- Describe the steps in the Project Strategy and related activities.
- Perform a village inspection.
- Conduct an analysis of village health and sanitation problems with village leaders.
- Design and conduct a training session on a health or sanitation topic for a small group of village leaders.
- Discuss the formation of village health committees.
- Correctly record results of village inspections and report results to supervisors and village leaders.
- Report HESP activities to supervisors.
- Review knowledge of water-related diseases and sanitation technology.
- Define major messages related to HESP for villagers.

Health Education & Sanitation Promotion
Workshop,
C/O Box 135,
NTCHEU.

Dear Participants,

Welcome to the training workshop for Health Education and sanitation promotion at District Council Chamber - Ntcheu.

You will be accommodated at District Council Rest House at the bus depot.

Meals will be served at Everest.
Time will be as follows:

Breakfast	6.30 - 7.15 a.m.
Lunch	12.00 - 1.15 p.m.
Dinner	6.30 - 7.15 p.m.

You will be receiving K3.50 pocket money for a week in addition laundry and bath soap will be provided.

If you have got problems concerning food contact Mr. Majikuta D.H.I. Ntcheu. We will work from 8-12 and 1.30 to 5 daily.

We are looking forward to a productive time with you as well as co-operation.

A.L. Msampha
for: WORKSHOP COORDINATOR

HEALTH EDUCATION AND SANITATION PROMOTION WORKSHOP

MAY 17, 1983

MANGOCHI

NAME

STATION

POST

AGE

MARITAL STATUS

EDUCATIONAL QUALIFICATION:

NO. OF CHILDREN

How long in service?

List your target villages for HESP in piped water project.

In how many of these villages have you met the village leaders?

How many of these target villages have VHC's already?

How many target villages have taps?

Have you done any village inspections?

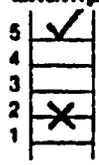
Have you ever given a health lesson? If yes, on what topics? To what groups?

My Expectations

Shown on this page are some of the knowledge and skills that a village health worker needs to do a good job.
On the ladders below:

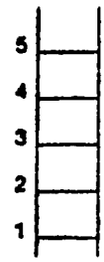
- Place an X (X) where you are now
- Place a tic (✓) where you expect to be when you finish your training

Example

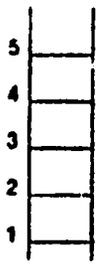


I expect to be nere when training is completed

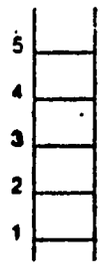
I arn here now



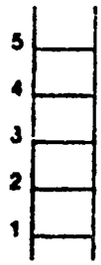
1. Skill in creating village health



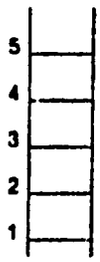
2. Knowledge of how to prevent illness



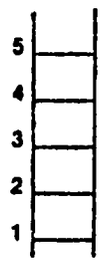
3. Knowledge of how diseases are spread



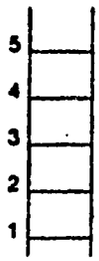
4. Skill in getting help from village leaders



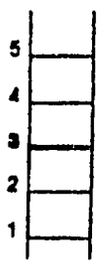
5. Skill in identifying health problems in village



6. Knowledge of health problems in village



7. Knowledge of how others can help to create good health



8. Skill in changing ideas about health

It is important for you to:

know what you expect of the training program

know what you can do now

know what you do not know

know what you cannot do

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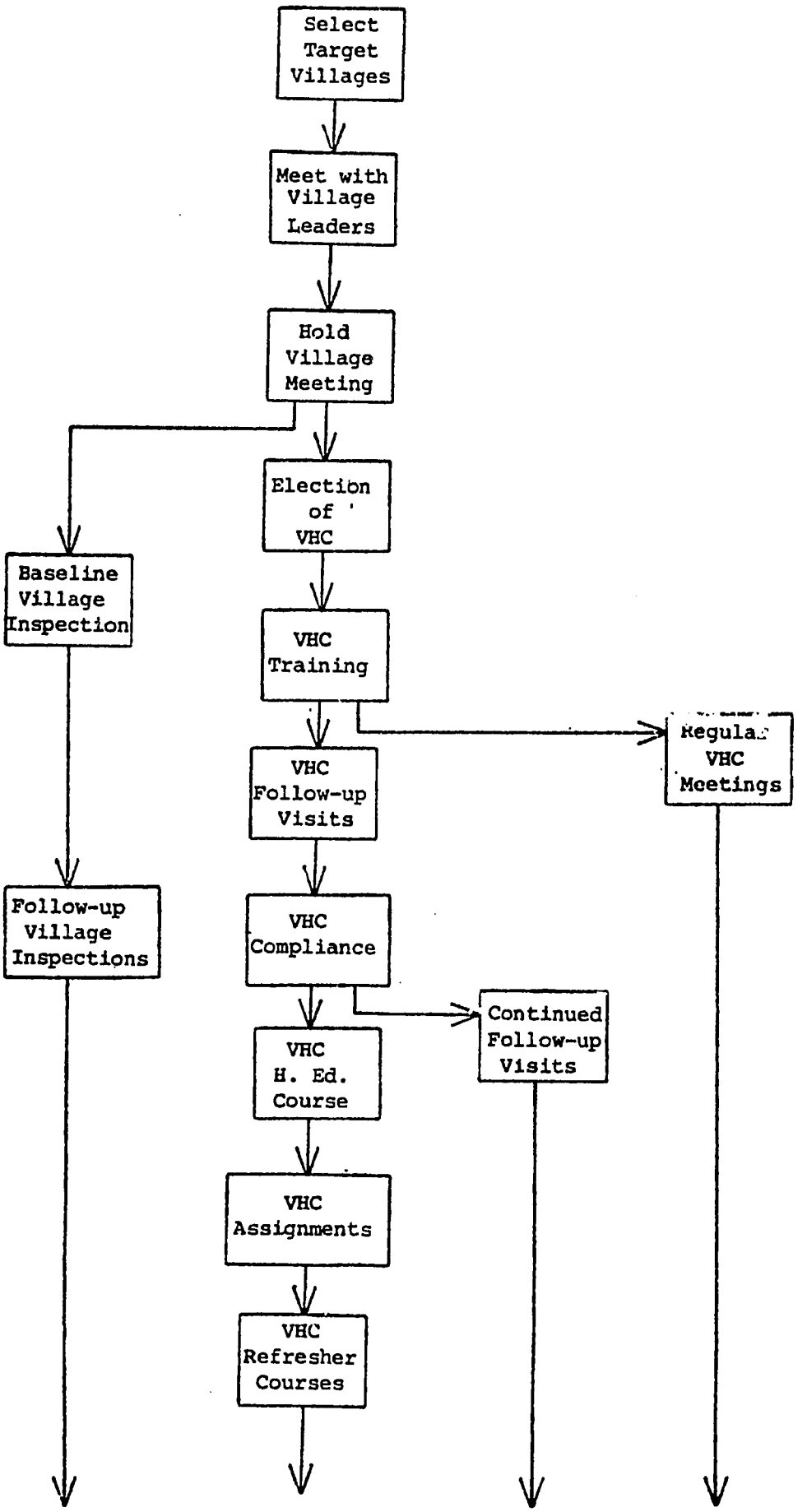
FIGURE 6.3.1: STEPS IN PROJECT STRATEGY



5. PROJECT STRATEGY

In this section we will outline the strategy to be used in the Project: this means the steps we will take to achieve our goals and objectives. It is important to understand that this strategy is flexible. There are times when the steps we take may not always be in the same order. This presents no problem as long as everything is accomplished in the end and that confusion is avoided. First we will present an outline of the steps followed by a detailed description of each step of the strategy. Some steps are described in more detail in other sections. Where this is so you will be directed to refer to that section.

Steps in the Project Strategy

1. Selection of Target Villages
2. Meet with Traditional and Party Village Leaders
3. Hold Village Meetings
4. Election of VHCs
5. Baseline Village Inspection
6. VHC Training Course
7. Regular VHC Meetings
8. VHC Follow-up Visits
9. VHC Compliance
10. VHC Health Education Courses
11. VHC Assignments
12. Continued VHC Follow-up Visits
13. VHC Refresher Courses
14. Follow-up Village Inspections

The chart on the following page shows the flow of these steps.

5.1 Selection of Target Villages

Each piped water project serves a number of villages. Usually a village has one or more taps, but sometimes only part of a village is served by taps especially if the village is large. How a village is defined is up to each field worker. In some cases you will find small villages which are really a group of people who have split off from a larger village to move to an area where more farming land is available.

It should be kept in mind that the reason for identifying villages is that they are the basic management unit we will deal with in this project.

If a village is served by the water project, it is known as a Project Village. Since we cannot be in working in all Project Villages at the same time, we must select certain villages with which to phase-in our activities. As these villages are selected, they will be called Target Villages. Each field worker (HA or HSA) will be assigned a certain number of Target Villages which will make the work load for the field worker. After an initial assignment (of 5 - 10 Villages) additional Target Villages will be selected depending on progress in the original group of Target Villages. Target Villages should be selected relatively near to the field worker's duty station. There is no need to choose Target Villages far from the duty station until the nearby ones have been brought into the project.

As Target Villages are selected, they should be entered on Form HESP 1 and the Project Supervisor notified (See section). Such selection will normally follow from instructions from the Project Supervisor to do so.

5.2 Meet with Traditional Leaders and Local Party Officials to Explain Project

Before beginning your activities in Target Villages you should meet with the Headman, local Malawi Congress Party Chairman, Ward Councillors, Village Elders and other important, influential people. Explain to them that their village has been selected as a Target Village in the Health Education and Sanitation Promotion Project. You must do your best to obtain the support and cooperation of these leaders. Do not miss the opportunity to explain the connection between water, sanitation and health. Ask them what the major health problems of the village are and discuss ways in which these problems could possibly be solved by working together.

It is this group of Village Leaders who will help organize the next step (Village meeting). If you do not believe these Leaders genuinely wish to cooperate, do not force things, instead, consult your Project Supervisor who can help you work out the difficulties of cooperation (possibly by further discussion or by contacting higher authorities such as the Traditional Authority or Area MCP Officials).

Explain to the Leaders what your activities in their village will be (electing VHC, VHC training, Village Inspection, etc), and why their active cooperation is necessary.

5.3 Hold Village Meeting to Explain Project

When the Village leadership has agreed to cooperate, you should call together the whole village for a meeting to explain briefly what your activities will be with the Project. This would be a good chance to try some creative health education: tell a story or act aut a drama which illustrates an important health concept. You should also explain the need to elect a Village Health Committee; especially important is to the village the characteristics of a good Health Committee member. A discussion of these characteristics is found in the next section.

5.4 Election of Village Health Committee

How this election actually takes place will vary considerably depending on the particular part of the country you work in. The important thing to realize, however, is that this process of election is entirely the responsibility of the village. You should do your best to influence the village as to the characteristics of a good VHC member, but do not try to influence them as to specific individuals. The choice should be left up to them.

What are the characteristics of a good VHC member? There are some obvious ones such as:-

Honest
Hard Working
Active Member of Community
Respected by Community
Lives in Village, not Absent for Long Periods of Time

These characteristices are, of course, essential and should definitely be looked for in choosing VHC members.

There are other characteristics which may not be as obvious and you will need to carefully discuss them with village leaders.

Must be Open to New Ideas

During the VHC training many new ideas will be discussed. VHC members must be willing to openly discuss and consider these new ideas. A certain resistance to change is evident in all people, where ever they come from. Some, however, are more open than others: these are the ones who should make good VHC members.

Education is Not as Important as Other Characteristics

Some years of schooling might be helpful, but not absolutely important. There will be little or no reading and writing required. Most of their training will be through discussion or the use of pictures.

Women or Men

Both should be on the VHC. You should do your best to influence the village that women must be members of the VHC. They are the ones more actively engaged in the health of their families and activities around water. How many members should be women? That is a difficult question and should be left to the village after you have discussed with them the importance of having women as members of the VHC.

Willingness to Cooperate with the Project

To demonstrate their cooperation with the Project, VHC members will be asked to do certain things. These things include:-

Constructing a latrine
Constructing a bath house
Constructing a dish rack
Digging a refuse pit
Properly store drinking water.

These will be discussed fully during their training course, but they should know before accepting membership on the VHC that these things will be asked of them.

Young or Old

Age is not really important as long as other characteristics are met. It might be argued that a young person will not have the full respect of the village. Do not forget, however, that there are other members and the VHC works as a team. One or two younger members may be useful in dealing with the health problems of young persons in the village.

To summarize, the desirable characteristics of VHC members will be listed again:-

* Honest
* Hard Working
* Active Members of Village Community
* Respected by Village Community
* Lives in Village; not Absent for Long Periods of Time
* Open to New Ideas
* Education not as Important as Other Characteristics
* Women as Well as Men
* Willingness to Cooperate with Project
* Young as Well as Old

There are probably other desirable characteristics, but these are the most important.

You should refer to section 6 for more information about Village Health Committees.

5.5 Baseline Village Inspection

At any time after election of the VHC the HA or HSA should perform a Baseline Village Inspection. See Section 13 for details as to how to perform this inspection. The information collected will be useful in knowing from where we have started and whether progress is achieved when we perform future village inspections.

5.6 Village Health Committee Training

This step in the strategy is probably the most important: it must be accomplished with imagination, sensitivity and diligence. This is the step which will make our efforts a success or a failure.

The actual training process will be described in Section 8; in this section we will only describe some of the highlights of the training programme.

The important thing to remember is that training must be performed in a way that is acceptable to the VHC members. To do this, we must first find out what the VHC members know and then build from there. It will not be possible to treat VHC members as if they are school children who will sit and listen to us lecture to them. We must adapt our teaching techniques to their traditional ways of learning. If you think about how people in villages learn about new ideas you will realize that the only time they would learn in a classroom setting is when an outsider gets them together to do so. Usually they learn by discussion, telling stories and even gossip. If we can adjust our ways of teaching to their ways of learning then we have a chance of succeeding.

People will also be much more interested in a training programme that they help to shape. That is why we should proceed in a way which helps them identify their own problems and priorities. We will be more successful if we begin our teaching with things about which they are already motivated. You will provide training for them on the problems they see as high priority. You will try as much as possible, however, to limit your initial training sessions to topics the Project is designed to deal with. These are:-

- Water/Sanitation/Health Relationship
- Excreta disposal
- Personal hygiene
- Environmental cleanliness
- Drinking water storage
- Waste disposal
- Diarrhoeal diseases
- Skin diseases
- Eye diseases
- Intestinal worms

In the process of doing so we will be encouraging VHC members to construct:-

- Latrines
- Bathing houses
- Refuse pits
- Dish racks

And to learn to treat:-

- Dehydration
- Conjunctivitis
- Scabies, lice
- Intestinal worms

After these topics have been thoroughly covered, consideration may be given to additional topics. The purpose of training the VHC is to provide them with information which will modify their attitudes and motivate them to change their behaviour concerning water-related illnesses. It is not certain how long this training will take since this depends on how quickly a particular VHC progresses, but most likely 5 - 10 days would be necessary (spread over several weeks).

The VHC training will take place in thi their own village; the field worker will travel to them. They can decide upon a meeting place in the village.

5.7 Regular VHC Meetings

Once the VHC is trained, you should encourage them to meet regularly. This means once or twice a month, or something like that. They will possibly want you to be there to meet with them. The purpose of these meetings is to discuss village health problems, think of solutions, and in general help VHC members begin to see themselves as responsible for the health of the village. Where they meet is up to them: in a nearby school or church, or under a mango tree.

5.8 VHC Follow-up Visits

After the training has been satisfactory accomplished it will be necessary for the field worker to make repeated visits. Each time there will be a meeting with the VHC and their households will be observed to see if they are making appropriate changes in their behaviour if not already correct (eg building latrines, properly storing water). If not, the reasons why will be discussed with them and continued encouragement will be provided.

5.9 VHC Compliance

When VHC members have satisfactorily accomplished certain tasks, they will be said to have complied. This means the following:-

- Construct a latrine
- Construct a bath house
- Construct a dish rack
- Dig a refuse pit
- Properly store drinking water.

Since it is probably impossible to expect 100% compliance, we will consider 80% as satisfactory. That is, when 8 of the 10 members have latrines, and 8 have refuse pits, etc., we will consider this satisfactory compliance.

The point of asking for compliance with these tasks is that we must concentrate our efforts on the VHCs. There are too many village families for us to reach them all. Our strategy is that if we can effect appropriate behaviour change in the VHC, then they will help bring about change in the rest of the village. To assist this process, once the VHC has achieved compliance, we will train them to be community educators, as is explained in the next section.

5.10 VHC Health Education Course

After achieving satisfactory compliance, the HA or HSA will provide a further training course, probably lasting two days, which will cover techniques of community health education. Visual aids will be provided to the VHC as well as training in how to develop their own visual aids. The approach again will be shared planning and problem solving.

The strategy is to develop VHC members into effective educators of their neighbors.

5.11 VHC Assignments

After completing the health education course, each VHC member will select an assignment on which to work. Such assignments will vary, but examples are that some members can be assigned latrine promotion, others refuse pits, and others rehydration methods. These assignments will be "specialties" based upon their own specific talents and interests. This should assist them in limiting the scope of what each individual member is responsible for. Some might take a more general assignment, however, which covers several areas. The point here is to give each member a definable responsibility. This should assist them in educating and motivating their neighbours.

5.12 VHC Refresher Courses

As they progress with their work of educating their community, VHC members will need, and undoubtedly ask for, continued inputs in the way of new health information. They may also wish to review what they have already learned and perhaps partially forgotten. HAs and HSAs will provide such continuing education by holding refresher courses. Again, these will be in the VHC's village and conducted by discussion methods.

Best Available Document

5.13 Continued Follow-up Visits

To continue to encourage and support VHCs, HAs and HSAs will maintain regular and frequent contact with them. As with the follow-up visits described in section 5.8, these visits will mainly be with the VHC members, but such members should be encouraged to discuss with you what they are doing to educate their fellow villagers. They should discuss specific cases with you and take you to see families with which they are specially concerned. These follow-up visits will continue indefinitely.

5.14 Follow-up Village Inspections

These Inspections will be conducted in the same way as the Baseline VI described in section 5.7. Such follow-up VIs will allow us to monitor our progress; they will be performed every three months. See section 13 for more detail.

5.15 Conclusion

It is the intention of this strategy to put increasing amounts of responsibility on the Village Health Committee. They will become promoters of hygiene and sanitation and know how to and be interested in educating their neighbours. In this way we will have greatly multiplied our efforts in spreading the message about water, health and sanitation. Our role therefore is to facilitate, to help and assist people towards good health; not to do things for them.

What Villagers Do to Create Good Health

My Ideas

Here is a list of people in the village and what they do to create good health. After each action, put the number(s) that identify the people who do these things.

Example

1. Mothers
2. Children
3. Traditional birth attendants
4. School teachers
5. Village headmen
6. Mobile child health clinic staff
7. People who grow food

Religious leaders

Traditional healers

Village health workers

Example

a. Caring for the very young	(1)	(6)

Actions

a. Caring for the very young	( )	( )
b. Caring for women during pregnancy	( )	( )
c. Vaccinating children	( )	( )
d. Providing good food for the village	( )	( )
e. Breast feeding babies	( )	( )
f. Storing food to prevent rats getting it	( )	( )
g. Identifying and treating some illnesses and trying to explain what causes illness	( )	( )
h. Preparing and cooking food	( )	( )
i. Buying or making clothes for the family	( )	( )
j. Encouraging development of health in the village	( )	( )
k. Fetching and carrying water	( )	( )
l. Educating children about ways to develop health	( )	( )
m. Encouraging people to observe religious rules about health	( )	( )
n. Attending child health clinic	( )	( )
o. Educating mothers about child health	( )	( )
p. Looking after animals	( )	( )
q. Giving love and support to family	( )	( )

13. VILLAGE INSPECTION

13.1 Purpose

The Village Inspection (VI) is designed to provide fact finding for sanitary conditions and problems in Targer Villages. The VI will allow a means of monitoring the progress of sanitation and hygiene in a village; this will tell us whether our actions are having effect. The first time you perform a VI in a Target Village, it will be known as a Baseline Village Inspection. Subsequent VIs will be known as Follow-up Village Inspections or merely Village Inspections.

VI is also a chance to have discussions with the VHC members and local villagers about conditions in their village. If there has been improvement, they should be praised and told so; if there has been no improvement, you should work with the VHC to find out what the problem is and how they can try to solve it. As has been stated before, we are really looking for a change in hygiene and sanitation related behaviours, but as these are difficult to measure, we will look for more obvious observable things, such as latrines and refuse pits.

13.2 How to Perform a Village Inspection

Before performing a VI, you should contact the VHC, giving them a few days notice to prepare themselves and the village. They should understand what you will be inspecting. They should also be prepared to take the inspection tour through the village with you. There will be an excellent opportunity to discuss village health and sanitation problems as you walk through the village together. They can possibly tell you, for instance, problems individual families are having building latrines or bath houses. On the day of the VI you should arrive at the time specified equipped with a village inspection tally sheet (Form HESP 5) a pen or pencil and a clip board or something to write on in the field. It would be wise to first have a brief chat with the VHC and meet the Headman and Party Officials if they are not members of the VHC.

Depending on the size of the village, you must carefully plan your time. If it is a small village you are inspecting, you can afford time to move slowly and have a good chat with the VHC and other people you meet during the tour. With a large village, you may be forced to move quickly and efficiently to get the job done. In any event it is important that you must not give the appearance of someone who has come to criticize and embarass. Your manner should be one of praise and encouragement when you see improvement. When lack of improvement is noted you should ask the VHC members to comment: What is the problem? How can it be solved? Have they spoken with the person(s) involved? Is there anything you can do to help? It is important to keep stressing that the responsibility for sanitation and hygiene in the village belongs to the VHC. You are there to help them, not to do things for them.

At the conclusion of the VI, it is advisable to sit down again with the VHC for a wrap-up chat. Try to find out what their plans are to bring about more improvements by the time of the next VI.

As you walk through the village you will be observing many things at the same time. Try to focus carefully on the things you will be counting: latrines, refuse pits, etc. You must also be assessing the general cleanliness of the village.

13.3 Frequency of Village Inspections

In Target villages of the Project, it is required that each village be inspected four times a year. To assist with this, it is suggested that you keep a yearly calendar showing which villages should be inspected in which month.

At some time in the future, it is hoped that VHCs will be able to perform their own VIs, thereby reducing the amount of work necessary on your part. That, however, remains in the future.

Best Available Document

13.4 What to Inspect

There are three main categories to the inspection:-

a. Sanitation

b. Water Supply

c. Environmental Cleanliness.

we will now look at each of these in turn. There will be frequent references to the Village Inspection Forms, so you will do well to consult Manual Section 14 while reading through this section.

13.4.1 Sanitation

13.4.1.1 Latrines: When counting latrines, mark anything on the Tally Sheet (Form HESP 5) that appears to be a building designed for excreta disposal. In rural villages this is almost always a simple pit latrine. If by odd chance, someone has a flushing toilet in the village, also mark that as a latrine. As long as the latrine appears to be used, count it as a latrine. Only when it appears so dilapidated and worn out that it is obvious no one is using it should you not count it as a latrine.

13.4.1.2 Unsatisfactory latrines

Next you should determine whether you judge the latrines to be unsatisfactory. It will be counted as unsatisfactory if:-

- The floor is very dirty showing no evidence of cleaning.
- The walls are seriously cracked or eroded.
- The roof appears to be seriously leaking.
- The pit is full or nearly so.
- Excessive amounts of flies, cockroaches or other vermin are present.
- Inadequate privacy available (e.g. no door or screen).

13.4.1.3 Latrine under construction:

A latrine should be counted as "Under construction" when it appears that honest efforts are under way to complete the building of the latrine. Do not count old pits that were obviously dug some time ago and yet are pointed to as the "latrine" the owner is working on. If you count a structure as a"

as a "latrine under construction" you should not also count it as a Latrine" (See 13.4.1.1. above).

As will be discussed in another section we are aiming at introducing improved latrine types which cut down on flies and odours. There is no place yet to count such improvements on your VI forms because the ideas are still in their infancy in rural villages. There is a blank column at the end of this section of your form (HESP 6) so we may begin counting such improvements in the future.

13.4.1.4 Bath Houses

A "Bath House" is usually not really "house" but rather a screen made of reeds, grass or bamboos. Bath houses are important in that theyprovide a private and convenient place in which to bathe and therefore promote more frequent and thorough bathing. It is important that a bath house have two features:-

- Adequate privacy.
- Satisfactory waste water drainage.

The second feature is usually accomplished by placing stones on the floor of the bath house and providing some sort of channel for the excess water to run off. It is possible, but unlikely, that a village family might have an indoor bath. If so, also count it under the bath house category. Only count bath houses that appear to be in actual use (i.e. do not count those under construction or those too dilapidated to have further use).

13.4.1.5 Refuse Pits

Refuse pits are important since they provide a deliberate place to discard refuse, so that it is not just thrown anywhere. A refuse pit is merely a hole about one metre on a side into which refuse is thrown. Ashes or soil should also be thrown on the refuse to discourage flies and other vermin. Where scavenging pigs or goats are a problem, a fence should be built around the pit if practical.

Occasionally, the hole created in building a house is used as a refuse pit. Whatever the pit is, to be counted as a refuse pit it must show actual signs of being used. A hole in the ground near the house should not be counted as a refuse pit unless you are satisfied that it is being used as such. Furthermore, do not count pits which are full.

13.4.1.6 Dish Racks

Known as "thandala" in Chichewa, dish racks serve the dual function of keeping dishes and other eating and cooking utensils out of reach of children and animals and also of providing a place for the proper drying of dishes. A dish rack should be build of bamboo or other such material, form a platform about 1.5 metres from the ground and be built in the open to take advantage of the purifying action of the sun. Count as such any structure built for the purpose of drying dishes. Do not count other structures which may sometimes be used for that purpose (such as the edge of a nkhokwe platform on which dishes are sometimes dried).

13.4.2 Water Supply

In Target villages tap water should form the major supply. Our concern is really with how well the waste water is dealt with.

13.4.2.2. Taps

Count the number of taps in the village. This should not vary from inspection to inspection except in rare circumstances. Do not count taps which have not functioned for a year or more.

13.4.2.2 Taps with Satisfactory Drainage

Whether the tap waste water is led into a soakaway, vegetable garden, or natural drainage feature is not important. What is important is that there should not be standing pools of waste water. This is for two reasons: (1) it provides a breeding place for mosquitoes; (2) animals, especially pigs, are attracted to such water and can transform.

the tap area into an unpleasant place. Mark as "Satisfactory" those taps which do not show evidence of collecting standing pools of waste water.

13.4.2.3 Taps with Laundry Slabs

To promote more frequent clothes washing and to minimize contact with bilharzia infested water, laundry slabs may sometimes be provided near water taps. Count only such slabs which are useable.

13.4.2.4 Drinking Water Pots Inspected

During the VI, whenever you find adult members of a household around the house ask politely to inspect their drinkingwater storage pot. There are many behaviours which affect proper water storage, but most will not be observable - we could only ask about them (e.g. do you empty out the old water every day and replenish with fresh water?). Because of this we will consider three directly observable things in determining proper water storage:-

- The storage pot should be kept in a secure place where animals do not have access.
- The pot should be covered.
- The dipper should be on the cover, or hung on the wall (also, the dipper should have a handle, and not be just a tumbler.)

If these conditions are not met, mark the water pot as "unsatisfactory".

It is extremely important to approach this part of the inspection tactfully. Do not force your way into someone's house for this purpose. Enter only with their genuine permission. It is further adviseable to only inspect pots in the living room, not in bedrooms.

13.4.3 Environmental Cleanliness

13.4.3.1 Dwelling Houses:

The condition of a family's housing is often very much related to their level of health. Better housing usually means better health, neglected housing usually means neglected health practices. Because of this, it is important for us to determine whether people are living in satisfactory houses. On the Form HESP 5 mark as a "Dwelling House" any building in which people live. This will be defined as the buildings in which people regularly sleep. This obviously will include the family's main house, but possibly also smaller, older houses still being used, dormitories for teenagers, and if someone regularly sleeps in the kitchen, then that should be marked as a dwelling house. If the family is not around when when you are performing your VI, this may be difficult to determine, so you must use your best judgement. A house should be marked as "Unsatisfactory" if:-

- The roof, thatched or iron sheets, appears to leak.
- Walls are seriously cracked or eroded.
- Walls need smearing.
- Khondes are seriously worn or eroded.
- Floor shows large cracks or serious wear (if you are able to observe the floor).

13.4.3.2 Infestations

As you perform the VI, you should take note of dwelling houses showing evidence of infestations. This may be through direct observation or through report by the occupant of the house. Numerically, you will indicate only that there is an infestation, not the type of infestation. The type of infestation should be recorded on the back of the Form HESP 5 (Tally Sheet). The common infestations detected include:

Rats	Lice	Snakes	Cockroaches
Bed bugs	Ticks	Fleas	

13.4.3.3 General Cleanliness of Village

As you proceed through the village, you should continually keep note of the general cleanliness of the surroundings. At the end of the VI you will make a judgement as to whether the cleanliness of the village is "satisfactory" or

"unsatisfactory" A few things you should consider in making your judgement:-

- are the surroundings swept?
- Is there rubbish lying about?
- Are there animal droppings in large quantities lying about?
- Are people keeping tall grass and bush from encroaching upon their houses?
- Are the village pathways kept cleared, or are they overgrown?

Remember that you are forming a general impression of the villa e, a few poorly kept houses will not necessarily have to pull the village into an "unsatisfactory" rating if you feel that most of the village is generally clean.

You may write any information you wish to support your rating under the "comments" section of form MESP 5, or on the back of the form.

13.5 Counting Households

As you cound dwelling houses you should try to determine how many such houses make up a "Household". A household sometimes referred to as a "family," is defined as group of people living in one or more houses who recognn one person as the head of their household. The reason for needing this definition is that in terms of latrines, bathhouses, etc, only one of each such facility is needed for each household not for each dwelling house. Although customs vary throughout Malawi, it is frequently the case that a households compound my consist of several dwelling house. Although customs vary throughout Malawi, it is frequently the case that a households compound may consist of several dwelling houses: a main house for the head of household, his wife and yourg children, another small house for older boys, and another house for aunts or grandmothers who live with the older girls. This is just an example, but probably a common one. In this case the three dwelling houses would make up one household.

The number of households is very important since the percentages you will calculate depend on exactly how many households are in the village.

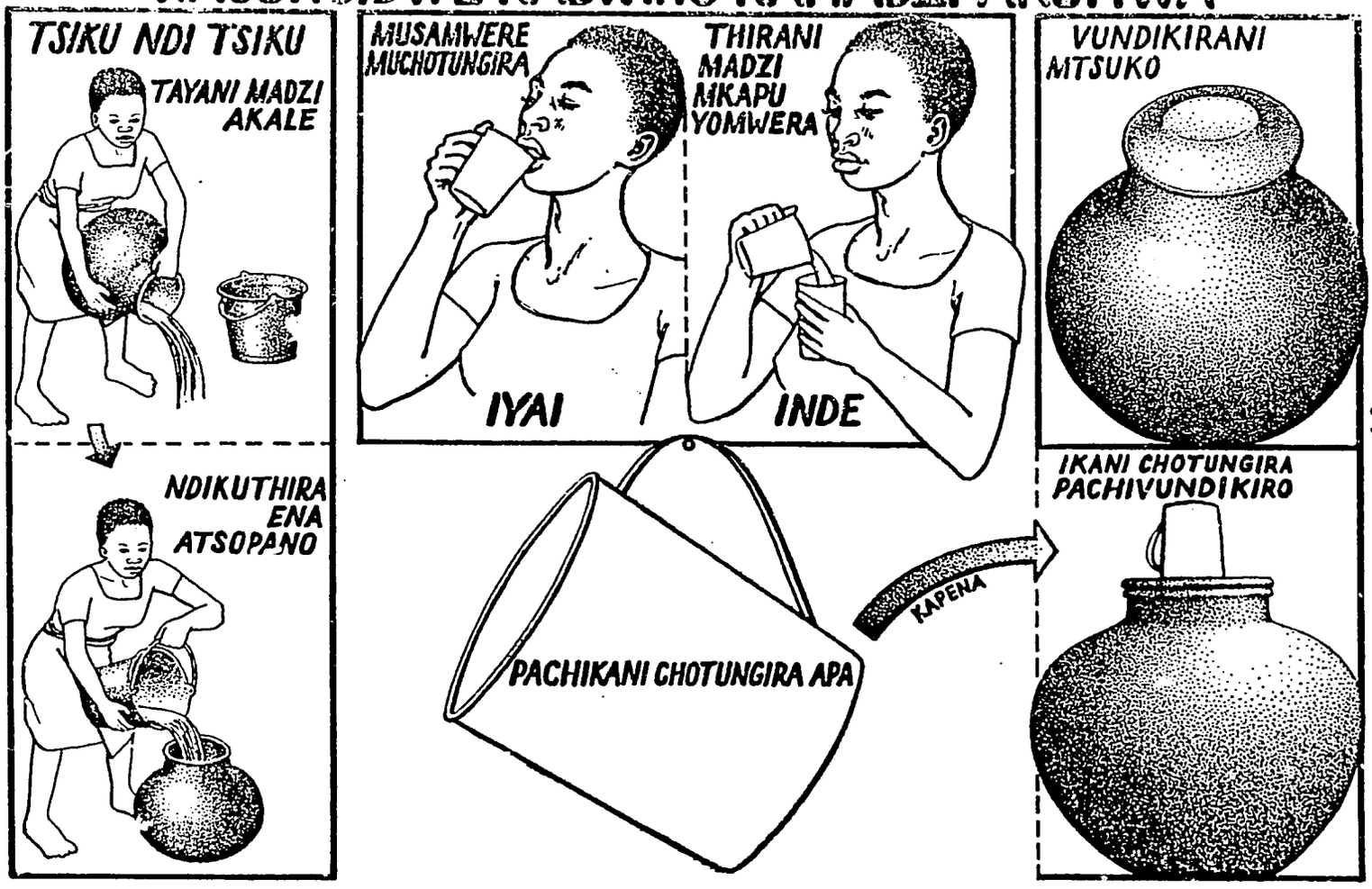
13.6 Percentages

The percentanges that you calculate (see Section 16 on Forms for instruction as to how to perform the calculation) are very important since they will be used in determining progress in sanitary condition of each Target village. For example, if at the time of the Baseline Inspection you find that 32% of the village households have latrines, but that at your next VI you show that 45% have latrines, we can say that there has been an improvement. If it remains at 32%, then obviously our efforts to increase latrine construction have not had effect.

13.7 Number of VHC Members accompanying on Inspection tour

As mentioned earlier, you should request that members of the VHC accompany you on the VI tour. You should indicate on the VI form how many actually did. To be so marked, a VHC member should accompany you for most of the tour; not just meet with you before the inspection and then disappear. The action of performing the VI together should be a learning experience for all.

KASUNGIDWE KABWINO KAMADZI AKUMWA



C-9

TASK 14 Why People Behave in Unhealthy Ways

C-10

C. **Unsafe disposal of excreta**

■

The villager excretes in an unsafe way because he/she

1. believes that

2. is afraid of

3. does not know

4. does not have

5. tried latrines but

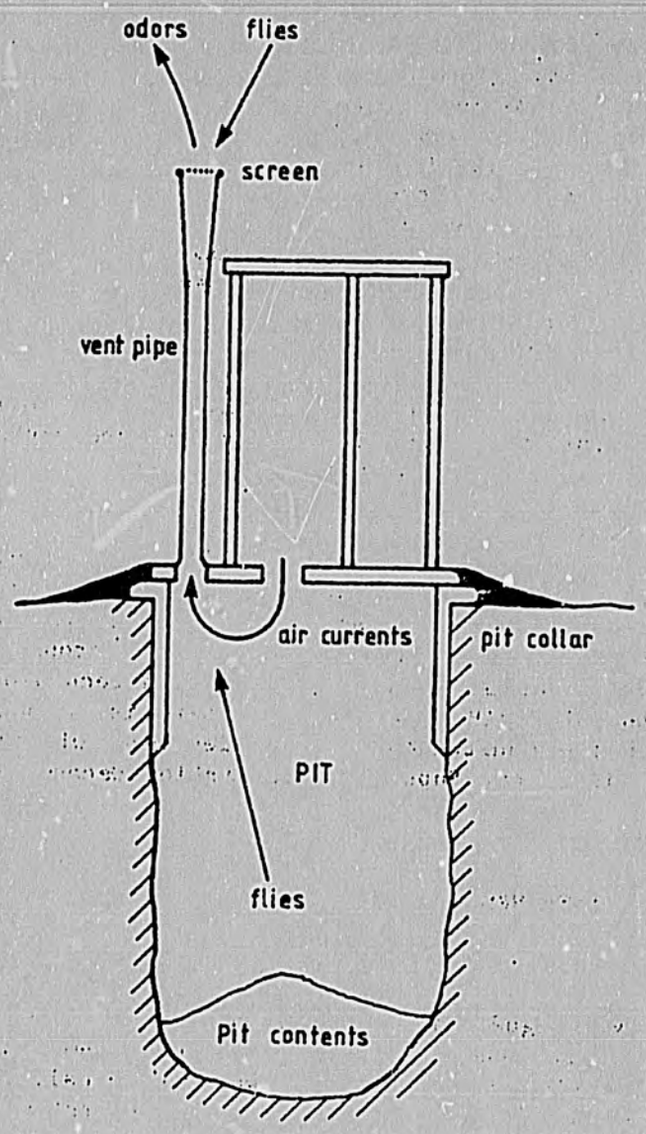


Figure 1: Schematic diagram of a ventilated improved pit latrine.

INTRODUCTION

1. Excreta-related diseases are responsible for a large proportion of the morbidity and mortality in developing countries, especially amongst low-income communities in urban fringe and rural areas where adequate water supplies and sanitation facilities are typically absent. Excreta control is thus of paramount importance if the incidence of these diseases is to be reduced. Research sponsored by the World Bank[1/] has clearly shown that excreta-related diseases can be greatly reduced by (a) the provision of sanitary toilets, of whatever type, which people of all ages will use and keep clean; (b) the effective treatment of excreta or sewage prior to discharge or reuse; (c) the provision of an adequate water supply such that water consumption is in the region of 30 to 50 liters per capita per day, which is normally the minimum requirement for the control of those excreta-related infections which have a water-washed mode of transmission; and (d) an effective and sustained program of personal hygiene education by the responsible local authority.

2. Economic and financial constraints dictate that the water supply and sanitation technologies to be used for the control of excreta-related diseases in low-income communities must be affordable by these communities; these technologies must therefore have low capital and operating costs. In rural areas and in urban areas up to a population density of around 300 persons per hectare, the least cost technically feasible sanitation technology will often be the ventilated improved pit (VIP) latrine, and there is no doubt that the VIP latrine will be one of the sanitation technologies most widely adopted during the International Drinking Water Supply and Sanitation Decade to meet the needs of the urban and rural poor.

VENTILATED IMPROVED PIT LATRINES

General Description

3. Traditionally-designed pit latrines have two main disadvantages: they smell and give rise to serious fly nuisance. Both these disadvantages are substantially reduced in VIP latrines. As shown schematically in Figure 1, the pit of the VIP latrine is slightly offset from the superstructure in order to permit the installation of a vertical screened vent pipe. As explained below, both fly and odor nuisance are controlled by the vent pipe; in all other respects VIP latrines are similar to, and designed in the same way as, traditional pit latrines, although some recent designs have the novel feature that the pit is emptyable so that the latrine can be a permanent structure[2/].

1/ See Annex IV, Volume 3.

2/ See TAG Working Paper on Ventilated Improved Pit Latrine Design (forthcoming).

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Odor Control

4. There are two explanations of the vent pipe's role in odor control: (a) the thermal effect of solar radiation on the pipe's external surface and (b) the suction effect of wind across the top of the pipe. The relative importance of these two ventilation mechanisms is currently unknown, although field investigations are at present being conducted with TAG assistance in three developing countries. In due course the results of these studies will be published in this series.

5. **Solar Radiation.** The effect of solar radiation is to heat up the vent pipe and thus the air inside it. This air becomes less dense and therefore rises up out of the vent pipe, and is replaced by cooler air from below. In this way a strong circulation of air is created through the superstructure and pit and thence up the vent pipe. Any odors emanating from the fecal material in the pit are thus drawn up the vent pipe, so leaving the superstructure odor-free.

6. **Wind.** The effect of wind passing across the top of the vent pipe is to create a negative (suction) pressure within the pipe, so that air is drawn out and replaced by air from below, thus establishing the air circulation pattern described above.

7. It is apparent that both ventilation mechanisms may operate at the same time, although clearly the solar radiation effect can only occur during daylight hours. In spite of the present incomplete understanding of how the vent pipe actually works (and thus how the vent pipe can be optimally designed), the latrines developed in Zimbabwe, which are described below, have performed very well, with odors being completely eliminated.

Insect Control

8. **Flies.** Flies are attracted to pit latrines by the odors emanating from them. In VIP latrines flies are attracted to the top of the vent pipe since that is where the odors come from. If the vent pipe is covered with a fly screen, the flies are unable to enter and lay their eggs. However a few flies will enter the pit via the superstructure and eventually new adult flies will emerge from the pit. Newly emergent flies are phototropic and thus, provided the superstructure is reasonably dark, they will fly up the vent pipe since the only light they can see is that at the top of the vent pipe. They are prevented from leaving, however, by the fly screen and in time they fall back into the pit and die. Early experiments in Zimbabwe 1/ showed that this form of fly control is very effective: in a 78 day monitoring period, 13 953 flies were caught from an unvented pit latrine, but only 146 were caught from a vented (but otherwise identical) pit latrine.

1/ P.R. Morgan (1976). The pit latrine - revived. Central African Journal of Medicine, 23, 1-4.

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9. **Mosquitoes.** Wet pits encourage mosquito breeding, although in Zimbabwe this is not generally a severe problem. The ventilation system of the VIP latrine reduces mosquito breeding but not to the extent that fly breeding is reduced. Covering the surface water in wet pits with polystyrene balls has been found to be an effective mosquito control strategy 1/. This work has been recently confirmed in Zimbabwe, where 1 kg of 4-6 mm diameter polystyrene balls added to wet pits of 1.76 m^2 cross sectional area achieved substantial mosquito control 2/; however the long term efficacy and practicality of this method of mosquito control and its effect on sludge accumulation rates in pits subject to seasonally variable groundwater levels remain to be determined. Recent work in Tanzania 3/ suggests that mosquito control can also be achieved by placing a suitably designed trap over the squatting plate hole; such a strategy is necessary since mosquitoes are not so phototropic as flies and so may emerge through the squat hole, especially in the evenings 4/. Further research is underway on mosquito control in wet pits.

10. The vent pipe thus performs three vital functions: it eliminates odors in the superstructure, prevents most flies from entering the pit and traps newly emergent adults. It is important that air circulation through the latrine is not impeded in any way, for example by placing a cover over the squat hole. Such covers used to be recommended to control flies, but in VIP latrines they are not only unnecessary but also detrimental and their use should be discouraged 5/.

1/ P. Reiter (1978). Expanded polystyrene balls: an idea for mosquito control. Annals of Tropical Medicine and Parasitology, 72(6), 595-596.

2/ Experimental results are given in Annex III.

3/ C.F. Curtis (1981). Insect traps for pit latrines. Mosquito News, 40(4), 626-628.

4/ Recent work in Botswana and Tanzania has shown that approximately two-thirds of emerging mosquitoes try to leave via the vent pipe and one-third leave via the squat hole (C.F. Curtis and P.M. Hawkins, "Entomological studies of on-site sanitation systems in Tanzania and Botswana," Transactions of the Royal Society of Tropical Medicine and Hygiene, 76(1), 99-108; 1982).

5/ An exception to this rule may be in areas where it is culturally unacceptable to have a dark superstructure interior and therefore a squat hole cover is needed to reduce the amount of light entering the pit from the superstructure. Research is required to compare the effect on fly control of having no cover (thus maximizing air flow but permitting light to enter through the squat hole) as against having a cover (thus impeding air flow but restricting the light which is needed to encourage young flies to try to exit up the vent pipe). If a cover is used, it should be raised from the slab so that air circulation is not unduly inhibited.

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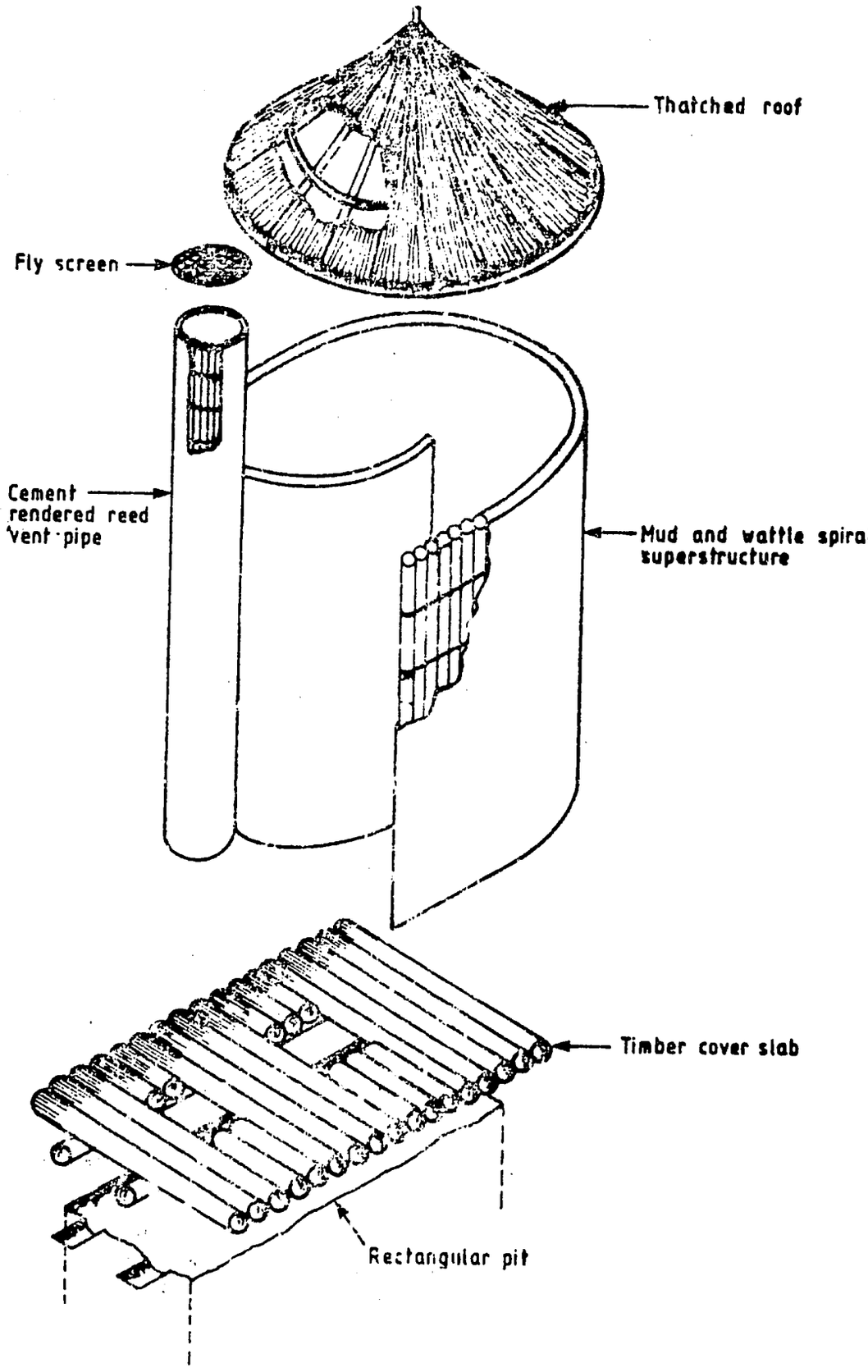

Figure 11: Exploded schematic diagram of mud and wattle spiral VIP latrine.

35. The pit dimensions are 1.5 m x 0.6 m x 3 m. It is important to ensure that the longitudinal axis of the pit lies north-south, to permit correct orientation of the opening (see paragraph 25). Once the pit has been excavated (and, if necessary, lined 1/), the cover slab is formed. This is done by placing two logs, measuring 2.1 to 2.3 m long and approximately 100 mm in diameter, along the pit 300 mm apart, such that their upper surface is flush with ground level (this necessitates removing soil at both ends of the pit). Logs measuring 1.2 m long and roughly 100 mm in diameter are then placed across the longitudinal logs without gaps and nailed or tied to them; apertures for the vent pipe and squat hole are formed at the appropriate places (see Annex I) by using pairs of shorter logs which come to the inner edge of the longitudinal logs. The wooden logs used should be resistant to termite and fungal attack; in Zimbabwe mopane (Colophospermum mopane) and mususu (Terminalia sericea) are commonly used 2/.

36. Once the logs are in position, the superstructure is then built. Some 30 to 40 timber poles, 1.8 m long and 50 to 80 mm in diameter, are erected in the spiral shape, nailed to the cover slab and tied together using 18 swg (1.219 mm) wire. The lower ends of some of the poles should be roughly cut to a point so that they may be firmly wedged between and nailed to the cover slab logs. The upper sections of the poles are kept in place by fastening rings of green saplings around them. The roof is then made from gum poles about 30 mm in diameter which are pliable and can be easily shaped to the desired circular form. The diameter of the roof base is 2 m and its apex 0.5 m above the plane of the base. The roof is made by weaving and tying 1.2 m long gum poles between five circles of green saplings 225 mm apart. The roof is then thatched with straw or dry grass and placed on and tied to the superstructure. This procedure was adopted as it is the traditional method for making roofs in rural Zimbabwe. The thatching has to be very dense to keep the superstructure sufficiently dark for good fly control.

37. Once the superstructure and roof is complete the application of mud begins; in Zimbabwe traditional practice in the rural areas is not to use soil from the ground but from termite hills as this is found to have better adhesive properties and greater durability. The superstructure is first plastered with mud, both inside and outside. The cover slab is then also plastered with mud such that the floor slopes in all directions to the squat hole. As the mud dries, cracks appear and the surfaces are plastered with mud again to fill these cracks and to provide increased strength. The mud is allowed to dry out and all surfaces are then plastered with a thin coat of

---

1/ Pit lining (see paragraph 14) requires an additional half bag of cement (Z$ 1.7, US$ 2.5).

2/ In rural areas of developing countries local knowledge of suitable timbers and termite protection methods is generally very good, and it is always worth asking the local people what timbers they use and where they use them in buildings (see P.A. Campbell, "Some developments in tropical timber technology", Appropriate Technology, 2 (3), 21-23, 1975). In Zimbabwe less resistant woods such as the indigenous Msasa (Brachystegia spiciformis) or gum wood (Eucalyptus sp.) are commonly protected against termite attack by coating them with liberal quantities of wood ash, used engine oil, coarse salt, carbolinium or dieldrin.

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cement mortar (1 part cement, 6 parts sand). The cover slab is then painted with black bitumastic paint.

38. The vent pipe is constructed from a 2.4 m x 0.9 m (8 ft x 3 ft) mat of local reeds woven with string or wire. The mat is rolled up around four or five 280 mm diameter rings of green saplings to form a vent pipe of approximately 28 cm internal diameter (Figure 12), and the fly screen is wired on to one end. The vent pipe is then plastered around half its circumference with cement mortar; when this has dried it is placed in position and tied to the superstructure, and then the rest of the vent pipe is plastered.

39. Finally, the exposed parts of the cover slab are covered with soil which is placed so as to slope gradually away from the latrine to the surrounding ground level. Grass is then planted to provide protection against the rain.

40. **Thatched Latrine.** This latrine, shown in Figure 13, is very similar to the mud and wattle latrine, the only difference being in the superstructure. The spiral is made from gum poles placed at approximately 150 mm centres and held in position with horizontal saplings, also at 150 mm centres, which are interwoven with and tied to the vertical members. The exterior is densely thatched to exclude light. This version of the VIP latrine is especially suitable in areas where timber is in short supply.

41. **Anthill Latrine.** In areas where grass and poles are very scarce, the superstructure can be made of well-kneaded anthill soil built up in the form of sausages to the spiral shape. The vent pipe is made in a similar fashion, coils of anthill soil being wound in a circle to form the tube.

42. **Low-Cost Brick Latrine.** Locally made burnt bricks are commonly available in rural areas of Zimbabwe and their cost is a quarter of that of factory-made bricks. They can be satisfactorily used to build a spiral superstructure over the rectangular pit; the cover slab and thatch roof are made as described above in paragraphs 35 and 36.

43. **Maintenance.** The rural spiral VIP latrines require regular maintenance to the cover slab and superstructure; this involves repairing any wear and tear to the slab, walls, roof and vent pipe. Since the architectural style of these latrines is essentially the same as that of their houses, the householders have the necessary skills to do regular maintenance work on the latrines; normally this is done once a year after the rainy season. The only maintenance work about which instruction is needed is the periodic inspection and replacement, if necessary, of the fly screen.

Training and Education

44. Several methods are currently being used in Zimbabwe to extend knowledge and public awareness of the VIP latrine. These include the following:

(1) A description is included in the school curriculum (grade 6). Models are built in classrooms. In an ongoing program, schools in the rural areas are being serviced with VIP latrines.

Health Com Formulas

C-12

LOOKING AT COMMUNITY LEADERSHIP

At the end of their training, when health workers return to their communities, they are often instructed:

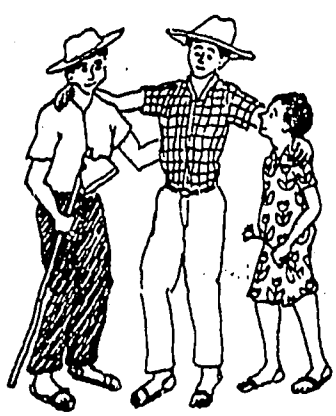
> WORK CLOSELY WITH THE LOCAL LEADERS. TRY TO GET THEIR COOPERATION IN LEADING COMMUNITY PROJECTS AND IN GETTING PEOPLE TO PARTICIPATE.

But which community leaders should health workers try to work with? Villages and neighborhoods usually have many kinds of leaders, including:

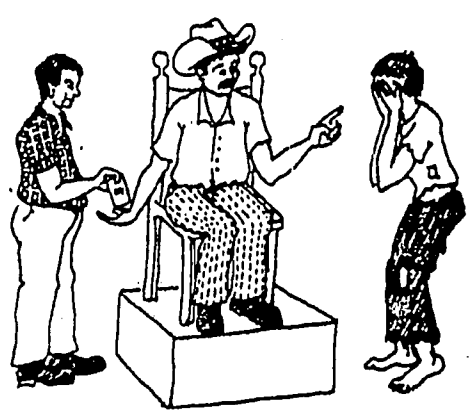
- local authorities (headmen, etc.)
- officials sent or appointed from the outside
- religious leaders
- traditional healers
- school teachers
- extension workers
- club, group, union, or cooperative leaders
- women's leaders
- children's and young people's leaders
- committees (health committee or local school committee)
- those who have powerful influence because of property or wealth
- opinion leaders among the poor
- opinion leaders of the rich

In nearly all communities there are some leaders whose first concern is for the people. But there may be others whose main concern is for themselves and their families and friends—often at the expense of the others in the community.

Some leaders are humble and fair.



Others are conceited and corrupt.



It is essential that health workers learn to identify and work with those leaders who share and defend the interests of the poor.

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COMMUNITY DYNAMICS AND PARTICIPATION

To do their work effectively, health workers need to be aware of many aspects of community life: people's customs, beliefs, health problems, and special abilities. But above all, they need to **understand the community power structure:** the ways in which different persons relate to, help, and harm each other. In the rest of this chapter we explore these aspects of *community dynamics* and what is meant by *community participation.* As we shall see, 'community' and 'participation' mean dangerously different things to different persons. In fact, the way we look at 'community' can strongly affect our approach to 'participation'.

It is essential that instructors and health workers together analyze the conflicting ideas, and draw conclusions based on their own experience.

What is a community?

Many health planners think of a community as "a group of people living in a certain area (such as a village) who have common interests and live in a similar way." In this view, emphasis is placed on what people have in common. Relationships between members of a community are seen as basically agreeable, or harmonious.

But in real life, **persons living in the same village or neighborhood do not always share the same interests or get along well with one another.** Some may lend money or grain on unfair terms. Others may have to borrow or beg. Some children may go to school. Other children may have to work or stay home to watch their younger sisters and brothers while their mothers work. Some persons may eat too much. Others may go hungry. Some may speak loudly in village meetings. Others may fear to open their mouths. Some give orders. Others follow orders. Some have power, influence, and self-confidence. Others have little or none.

In a community, **even those who are poorest and have the least power are often divided among themselves.** Some defend the interests of those in power, in exchange for favors. Others survive by cheating and stealing. Some quietly accept their fate. And some join with others to defend their rights when they are threatened. Some families fight, feud, or refuse to speak to each other—sometimes for years. Others help each other, work together, and share in times of need. Many families do all these things at once.

> Most communities are not *homogeneous* (everybody the same). Often **a community is a small, local reflection of the larger society or country in which it exists.** It will have similar differences between the weak and the strong, similar patterns of justice and injustice, similar problems and power struggles. The idea that people will work well together simply because they live together is a myth!

Elements of harmony and shared interest exist in all communities, but so do elements of conflict. Both have a big effect on people's health and well-being. Both must be faced by the health worker who wishes to help the weak grow stronger.

WHAT HELPS ADULTS TO LEARN?

INTEREST: Adults learn most easily about things they are interested in.

EXPERIENCE: Adults base many of their view and opinions on their own past experience.

SEEING RELATIONSHIP: Adults are more likely to try new practices when they see how they relate to improving their lives.

PROBLEM-SOLVING: Adults have to solve problems every day of their lives. New ideas presented in the form of problems and questions enable people to use and develop these problem-solving skills.

DISCUSSION: Most adults like to discuss things. In discussion of problems, people have the chance to explore ways a problem might be solved and share their ideas with others. When people share information and ideas, new ways to solve problems often are discovered.

ACTION: When people take action and find that new ways of doing things improve their lives, they gain confidence and become interested in learning more new things.

WHAT ENCOURAGES ADULTS TO DISCUSS THINGS AND DISCOVER NEW IDEAS?

FEELING COMFORTABLE

FEELING CONFIDENT

RECOGNIZING THEY HAVE THINGS TO LEARN <u>AND</u> THINGS TO TEACH OTHERS

VHC TRAINING IS COMPLETED WHEN:-

1. You have conducted PROBLEM ANALYSIS.
2. You have covered at least 10 PROBLEMS that the VHC identified in the Problem Analysis.
3. The following problems MUST be covered:-
   - Diarrhoea
   - Malaria
   - Worms
   - Skin problems
   - Eye problems
   - Bilharzia
4. You MUST have discussed IN DETAIL:-
   - Rehydration
   - Hygiene (Bathing, hand washing, clothes washing
   - House-hold cleanliness and house repair.
   - Drinking water storage
   - Latrine construction
   - Bath houses
   - Dish racks
   - Refuse pits.

Please note that this means that you may have to cover more than 10 problems if the problems in No. 3 above are not included in the top 10 priority problems the VHC identifies. However, it may be possible to combine some problems in the same lesson. For example, if the VHC believe that bedbugs and ticks are two important problems, it is easy for you to combine these together into one lesson about infestations.

Except for some complicated lessons (such as diarrhoea and rehydration) it should be possible to cover two training lessons in one day. This means the VHC training can be accomplished in 6-8 days.

Ref. No. WSS/21/24 27th May, 1983.

MINISTRY OF HEALTH WATER SANITATION AND HEALTH EDUCATION
WORKSHOP FOR SOUTHERN REGION

VENUE : Mangochi District : May, 1983.

WATER RELATED DISEASE

CHOLERA

Indentification: Aserious a cute intestinal disease characterized by sudden onset, vomiting, profuse watery stools, rapid dehydration, and collapse, mild cases show only diarrhoea; in others death may occur within a few hours of onset.

Types of Cholera:

(a) Classical (ogawa and onaba)
(b) Eltor

The ELTOR type is the one which happens to occur in Malawi and the classical Vibrio cholerae is endemic in parts of India.

Occurence: Cholera can occur any where and it attacks anyone wheather man or woman, the stage of attack differs from a person who is hungry and has got cholera vibrio in his/her stomach from a person who has a full stomach which is full of enzems which of course may assist to distroy some of the cholera vibrio and severity differs according to how much vibrios one has injested in the body.

Infectious Agent: Vibrio cholerae,

Reservoir and Source of Injection: Reservoir is an infected person source of infection is feaces and vomitus of patients to a lesser extend feaces of persons incubating the disease and of convalescents.

Mode of Transmission: Transmission in the initial wave of an epidemic of cholera is requlary by contaminated water, uncommonly by food. Later cases ordinarily occur by direct contact, by foods contaminated by soiled hands or ultensils, and by flies. In sporadic and endemic cholera carriers are a significant factor especially in spread of infection within families through contaminated food and by contact.

Incubation Period: From a few hours to five days, usually 2-3 days.

Period of Communicability: While cholera vibrios are present in feaces and vomitus, usually persist in feaces for 7-14 days after onset.

Susceptibility and Resistance: Susceptibility is variable and related to nutritional state as discribed above. Recovery from clinical attack affords short term protection and artificial immunity by vaccines is of an known degree and short duration, not more than 6 months.

.....2/

Causes of spread

1. Missed cases, carriers and contacts
2. Shortage of drugs and transport
3. Neglegency (Sometimes reported cases are followed very late or not atall)
4. Misunderstandings of Health Personal at a station, sometimes reported cases are looked down and required fancilities are not given to the staff responsible on the control of the disease hence, causing ~~of~~ the infection resulting into an out break.

Control Measures

1. Report the cases immediately to the District Health Inspector or Government Medical Officer or the nearest Health Centre.
2. Isolation :- Take the case (s) to the Hospital for treatment and take rectal swabs.
3. Current disinfection of feaces and vomitus and articles used by the patient and disinfection of hands each time after handling contaminated articles.
4. Investigation of contacts and source of infection; search for unreported cases, Investigate possibilities of infection from polluted drinking water or from contaminated foods.
5. Chlorination of water supplies used for drinking and water used for washing dishes and food containers and protected from contamination thereafter.
6. Careful supervision of food and drink.
7. Health Education of the public in personal hygience especially washing hands before eating and after defecation.
8. Surveillance of contacts for 5 days from the date of last exposure.

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MANGOCHI.

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MINISTRY OF HEALTH HESP. WORKSHO: MANGOCHI - MAY, 1983

Dysentery

Dysentery is an acute bacterial infection of the intestines characterised in severe cases by stools containing blood mucus and pus.

Types of Dysentery:-

1. Bacillary Dysentery.
2. Amoebic Dysentery.

1. Bacillary Dysentery - Symptoms: Sudden onset fever, stomach pains, diarrhoea often with blood in feaces.

Incubation Period :- 1-7 days.

2. Amoebic Dysentery - Symptoms:- gradual onset diarrhoea and disconfort in the abdomen occuring at enterval, feaces may contain blood.

Incubation Period = Variable.

Amoebic dysentery may continue for a long time if the patient does not get medical treatment.

Occurrence: It occurs in most parts of the world i.e, in the tropics and sub-tropical countries Dysentery is a common and serious infection occuring at all ages and causing many deaths particulary in small children.

Infectious Agent: Various species of shigella e.g. shigella flexneri and shigella dysenteriae e.t.c.

Reserviour and Source of Infection : Reserviour is man and source of infection is feaces from an infected person.

Mode of Transmission : By eating contaminated foods or drinking contaminated water or milk and hand to mouth transfer of contaminated materials by flies by objects soiled with feaces of patients or carriers.

Susceptibility and Reistance : Susceptability is general but the disease is more common in children than in adults and no immunity follows recovary.

Control measures:

1. Patients should go to the Hospital for medical treatment.
2. Rigid observation of sanitary habits i.e. hand washing after defecation and before eating foods.
3. Current disinfection of feaces and of articles soiled therewith.
4. Quarantine - contacts should not be employed as food handlers during the period of contact with patients.

Cont'd.

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5. Investigation of contacts and source of infection.

6. Boiling of water and pesterisation of milk.

7. Sanitary disposal of human feaces i.e., people should have sound latrines and make good use of them.

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SENIOR HEALTH ASSISTANT - MANGOCHI

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CONJUNCTIVITIS

Messages C-17

Conjunctivitis is very contagious and spreads by flies or other contact (fingers, towels, etc) with the pus from an injected child's eyes.

A child with conjunctivitis should have its eyes cleaned three times per day.

The clothes, blankets, etc of a child with conjunctivitis should be washed thoroughly and frequently.

WHAT TO TEACH	HOW TO TEACH
A. Review	Discuss: The spread of colds
B. Introduction of new topic	Discuss:
1. Symptoms	What is conjunctivitis?
a. Pus in eyes b. Swolen, Red eyes c. Avoidance of light.	What are the symptoms?
	How do villagers treat conjunctivitis?
2.	Observation:
a. Germs.	Show PHW's patient with conjunctivitis
3. Spread	
a. Flies b. Direct contact c. Indirect contact with infected clothing, blankets, etc.	Demonstration: How to administer eye ointment
4. Care	
a. Clean eyes 3 times a day. b. Avoid light c. Child should not rub eyes d. Separate from other children.	
5. Medication	
Antibiotic Eye Ointment	
6. Prevention	
a. Avoid contact with persons with conjunctivitis. b. Clear around house to avoid flies	
C. Review	Discuss: How to prevent children with conjunctivitis from infecting other children.
D. Practice	Have HW identify and treat conjunctivitis in OPD or Under-five clinic

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DEHYDRATION

Message

Symptoms of dehydration should be recognized by every mother.

WHAT TO TEACH	HOW TO TEACH
A. Review Observation of diarrhoea	Discuss: Did you see cases of diarrhoea in the under-five clini?
B. Introduction of new topic 1. Diarrhoea and vomiting result in dehydration 2. Symptoms:- a. Infants: Sunken fontanelle b. Sunken eyes c. Skin fold a not elastic d. Dry mouth e. Thirsty	Discuss: How does a child that has diarrhoea look? Have you ever noticed symptoms of dehydration? What is the connection between dehydration and diarrhoea and malnutrition? Observation: Observe dehydrated infants and children
C. Review	- Role Play: educating mothers about symptoms of dehydration
D. Practice	recognizing dehydration in under-five clinic

REHYDRATION

Messages

Dehydration is a serious condition which can be prevented by giving plent of fluids.

An effective rehydration fluid can be made quite easily in the home.

In most cases of dehydration only fluids and proper nutrition are needed.

WHAT TO TEACH	HOW TO TEACH
A Review - Recognition of dehydration	Discuss: What are the signs of dehydration?
B. Introduction of new topic 1. Oral rehydration a. Use of prepared rehydration powder b. Preparation of homemade rehydration fluid. 2. Other types of rehydration a. Intraperitioneal infusion. b. Intravenous	Discuss: What do you do in the village if your child has diarrhoea? Demonstration: Prepare rehydration fluid. Demonstrate how to administer to dehydrated child. Equipment: a. UNICEF Rehydration powder b. Sugar, salt, citrus fruit, water. c. Cup, spoon, bottle (Gourd).
C. Review	Questions: How is rehydration fluid prepared? How is it administered?
D. Practice	Preparing and administering rehydration fluid in hospital and Under-fives clinic

GIVING A DEMONSTRATION

Steps:

1. A demonstration is a very good way to show how to do something because it:-

   - can use all the senses of the learner—seeing, hearing, touching, and perhaps even tasting and smelling. People learn best when all of their senses are used.
   - is usually enjoyed by the audience.
   - makes the lesson easier to understand and to accept.

   There are five steps to follow in preparing an effective demonstration:-

   1. Decide exactly what you want your audience to understand.
   2. Gather and study information about the practice you want to show.
   3. Make step-by-step notes on how you will give the demonstration, and important points you will tell the audience with each step.
   4. Prepare all materials you will need for the demonstration. Use materials that can be found in the village.

POINTS FOR GIVING DEMONSTRATIONS

- Explain to the audience what you are going to do and <u>why</u> before beginning.
- Explain and show each new practice step-by-step.
- Stop to answer questions and <u>ask the group questions</u>.
- Repeat diffioult steps.
- Ask people in the group to help you with the demonstration.
- Be enthusiastic, be yourself.
- Speak loudly and clearly.
- Follow your outline step-by-step.
- When you finish, ask members of the group to do one or more of the steps to check how well the audience understood and to give individuals a chance to practice.
- End the demonstration by asking the audience to tell you what they learned from the demonstration.
- Summarize important points.

LESSON PLANNING

What (Content)	How (Method)	Preparation
Welcome/Introduction of Topic: Refer to Problem Analysis	Say a few sentances	Check Problem Analysis Record
Review what the people already know/their previous experience	Discussion	Think of open questions and write down for reference to get the discussion going.
Main Ideas	Talk, Discussion, Story, Demonstration, Role Plays, Dramas, Posters, Game, Combinations?	Research and outline main points for reference. Choose method and make step-by-step plan
M. Messages	Talk, Discussion, Posters?	Decide most important messages. Decide how to present. Make plan.
Evaluation: to find out what the people learned from the lesson.	Role-play, or ask group to summarize lesson, or ask group to make plan to accomplish the messages, or?	Choose method. Make plans
Summary	Say a few sentences	

TEACHING METHODS

a) Stimulate Interest

Ideas may include:-

- Display or exhibit
- Trips
- Demonstration
- Role play
- Problem drama
- Radio
- Audio-visuals
- Poster
- Flip-chart
- Flash cards

b) Get Discussion Going

Ideas may include:-

- Questions - Open
- Role play
- Problem drama
- Pictures
- Story

c) Share Information

Ideas may include:-

- Poster
- Film
- Radio, TV
- Pamphlet
- Flip-chart
- Newsletter
- Talk
- Self-study
- Home visits

d) Build Skills

Ideas may include:-

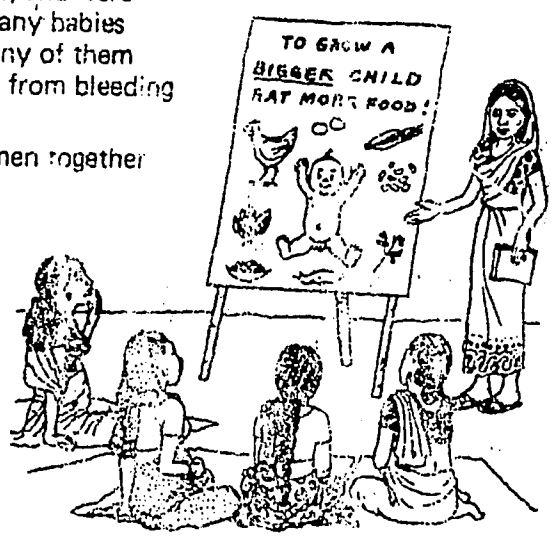
- Demonstration
- Field trip
- Workshop/practice
- Individual instruction

CHAPTER 13

Story Telling

Janaki and Saraswati: a story from India

Once upon a time, not long ago, there was a young health worker named Janaki, who lived in a small village called Mumabundo in northern India. After making a list of the health problems in her village, Janaki realized that one of the biggest problems was that women did not eat well during pregnancy. They ate too little, and were very thin and anemic. As a result, many babies were born small, thin, and weak. Many of them died. Some of the mothers died too, from bleeding or infection following childbirth.



Janaki began to call pregnant women together on Tuesday afternoons to teach them about nutrition. She explained the different food groups and the importance of getting enough to eat. She told the women about vitamins and minerals, and which foods contained iron that would keep them from becoming anemic. To make the meetings more interesting, Janaki used flash cards and a flannel-board, and even had the mothers bring different foods from their gardens and the market.

But as the months went by, nothing changed. Pregnant women continued to come to the Tuesday meetings. And they continued to eat poorly.

One night, one of the mothers who had regularly attended the Tuesday meetings gave birth. She had become more and more anemic during pregnancy, and from the loss of blood following childbirth, she died. Her baby died, too.

Janaki felt partly to blame. She decided to go talk to Saraswati, a wise old woman whom everyone went to for advice. Saraswati also practiced *ayervedic* medicine—the traditional form of healing.

Janaki explained her problem to the old woman.

Saraswati put her wrinkled hand on Janaki's shoulder. "I think your problem is this," she said. "You started with what you were taught in your health training, instead of with what the women in the village already know. You must learn to see things through their eyes."

"How do you mean?" asked Janaki.

*Many of the ideas in this story have been taken from "Education by Appropriate Analogy," a paper by Mark and Mimi Nichter, 2952 Park Street, Honolulu, Hawaii, U.S.A.

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"You have been telling the women that eating more during pregnancy will make their babies weigh more at birth. But mothers here are afraid to have big babies. Sometimes, if a baby is too big for her hips, the mother cannot give birth. So women have learned to eat little during pregnancy, in order to have smaller babies."

"No wonder my teaching failed!" said Janaki. "Why didn't they tell me? I tried to encourage them to express their ideas."

"Maybe you spoke your own new ideas too quickly and too strongly," said Saraswati. "The women do not like to contradict you."

"Then how can I teach them?" asked Janaki.

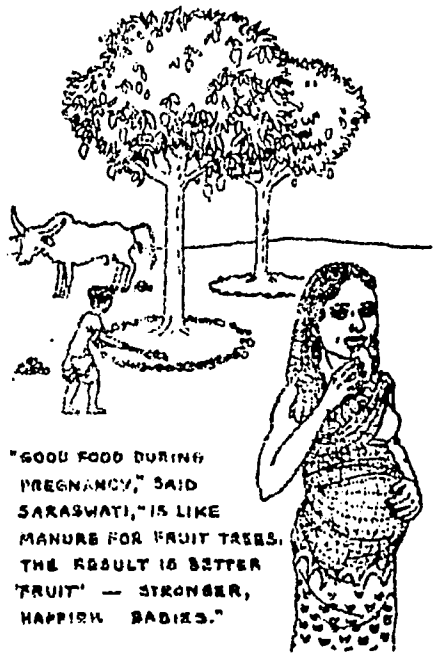
"Begin with what they know and believe. Build on that," answered Saraswati. "For example, talk to them about *dhatu.* According to our tradition, *dhatu* is a substance that brings strength and harmony. It is related to eating certain foods. Pregnant women are not interested in gaining weight or having larger babies. But they are interested in strength and harmony for themselves and their babies, when this comes through *dhatu.*"

Janaki invited Saraswati to come to talk with the women about *dhatu* at the next Tuesday meeting.

When everyone had gathered, Saraswati started by telling a story about a family whose mango crop failed because they did not fertilize their trees in time. She asked, "Near the time of harvest, if the fruit looks weak, is that the time to think of adding manure to the ground?"

"Oh no," said the women. "It is too late!"

"So it is with giving birth," said Saraswati. "A difficult birth is often caused by weakness of the mother and child, because they lack *dhatu.* Since a mother must share her *dhatu* with her child, she needs to eat plenty of *dhatu*-producing foods. But *dhatu* takes time to be made. Foods that make blood and *dhatu* need to be eaten all through pregnancy."



"GOOD FOOD DURING PREGNANCY," SAID SARASWATI, "IS LIKE MANURE FOR FRUIT TREES. THE RESULT IS BETTER 'FRUIT' — STRONGER, HAPPIER BABIES."

The women were excited and began to discuss what they knew about *dhatu*-producing foods. They begged Saraswati to come back and talk to them again.

The following Tuesday Saraswati did not go to the meeting. But before it began, she talked to Janaki about ways that Janaki might interest the mothers in eating foods with iron. Saraswati reminded her that redness of the body and blood is considered a sign of health. In Mumabundo, pregnant women are said to be in danger of 'impurities of the blood', and iron is traditionally used to protect and purify the blood in times of danger. Also, teas made from iron-rich plants like fenugreek and sesame are given to girls when they begin to menstruate and before they marry, to strengthen blood and increase beauty. Saraswati suggested that Janaki build on these traditions, to help the women realize the need for iron-rich foods during pregnancy.

So Janaki discussed these customs during the Tuesday meeting:

"When one of us is 'impure' during menstruation or after childbirth, or when lightning flashes, or someone has fits, we hold a piece of iron in our hand or throw it in front of the house. Why is that?"

"It is to protect us from *sandhi*—the evil spirits."

"When a chicken dies suddenly, we cook it with a piece of iron in the pot. Why?"

"To purify it from *visha*—poison."

"Yes," said Janaki. "We all know iron has *guna*—the power to protect and purify. This is also true inside the body. Iron makes the blood red and strong. We can see by the red color of our tongues and fingernails that our blood is strong. If the blood is weak, these are pale, not red."

The women began to examine each others' tongues and fingernails. Soon they became concerned. "Some of us have very weak blood," they said. "We need *guna* to purify and protect us. Should we hold a piece of iron?"

"Iron will help," explained Janaki, "but only when it is inside us. There are plants that are rich in iron. What plants do we give in tea to girls when they begin to have monthly bleeding, or before marriage, to increase their blood and beauty?"

"Fenugreek and sesame seed!" said the women.

"Yes," said Janaki. "These plants are rich in iron. So we should eat them during pregnancy, to strengthen our blood."

"What other foods are rich in iron?" the mothers asked eagerly. Janaki had already told them many times. But this was the first time they had shown real interest and asked for the information themselves.

As the weeks and months went by, more and more women came to the Tuesday discussions. Each week they examined each others' tongues and fingernails. And changes began to take place. They had discovered that the *gune* in the iron-rich foods strengthened their blood. They also had begun to eat more so that they and their babies, through *dhatu*, would gain more strength and harmony.

Today, eating well during pregnancy has become part of the tradition in Mumabundo. Babies are born healthier. And fewer women die in childbirth.

DISCUSSION FOLLOWING STORIES

A story like this one from India can be useful for helping health workers or instructors think about appropriate ways of teaching.

After telling or reading the story to a group, you can ask, "In terms of health education, what important points or methods are brought out in this story?"

The group might make a list of ideas similar to the one below. (Before you read our list, think of as many points as you can. Then compare your own list with this one. Did we miss some important ideas?)

Important points brought out in the story:

Know local customs. Before teaching about health, it helps to be familiar with local customs and beliefs. Make sure that your teaching does not conflict with them.

Build on traditions. Teaching is more effective if you respect people's traditions and use them as a basis for introducing new ideas.

Avoid imposing outside ideas. The use of teaching aids and a 'dialogue' approach is not enough to gain open participation in group discussions. The health worker needs to be sensitive to the beliefs of the group, and not try to impose her new knowledge on them.

Admit your mistakes. Janaki was honest enough to admit her failure, and humble enough to seek help from someone with little training but much practical experience.

Old people are a valuable resource. Health workers can benefit from the knowledge and wisdom of old people and folk healers.

Set a good example. Saraswati taught Janaki by giving an example of a better way to teach.

A wise adviser stays in the background. Saraswati did not go to the second meeting. She helped strengthen Janaki's leadership rather than taking over.

Use comparisons. Saraswati and Janaki helped the women understand new ideas by comparing these with things that were already familiar to them. (For example, they compared nutritious food for pregnant women with fertilizer for fruit trees.)

Encourage a questioning attitude. The women did not remember Janaki's lessons until they themselves asked for the information. Only when people begin to question, will important changes begin to take place.

Stories can be tools for teaching. The whole story is an example of how stories can be used as teaching tools. They help bring ideas to life.

STORY TELLING AS A TOOL FOR TEACHING

An example from Nigeria

An excellent example of how traditional forms of learning can become the basis for health worker training comes from Lardin Gabas, Nigeria. The Lardin Gabas Rural Health Programme has been described as follows:*

"The unique feature of the training programme is its **extensive use of *parables*,** ** **drama, songs, and riddles,** the traditional methods of learning among people who still depend heavily on the oral traditions. **These techniques are used both in teaching the course and in teaching in the villages.**

"Teaching in the village is often laughed at or simply ignored if it conflicts openly with current beliefs. For this reason, **stories are constructed to include the traditional knowledge or belief and to move, through the means of the story, to an action which will help solve the problem.** Customary ways of telling stories in the village are imitated as much as possible. The instructors must be sensitive to the differences in patterns and customs among the various villages, as those differences are reflected in the form and content of the traditional stories."

There is a saying in Lardin Gabas, *One head can't carry a roof.* It refers to the need to lift heavy thatched roofs onto the walls of the huts. This requires the effort of many villagers lifting together. Local health workers build a story around this saying to help people realize the need for cooperative action in solving health problems.

In Lardin Gabas, even clinical teaching, which has a heavy emphasis on prevention through changing health practices, is based on story telling:

"The diagnostic method taught is based on symptoms. Each set of symptoms suggests a disease about which health workers will teach their fellow villagers through story telling, taking into account the traditional beliefs and taboos.

"Use of simple medicines is taught in practice clinics with real patients. Brief history taking and a physical examination are followed by a story conveying the knowledge of what factors contributed to these symptoms and what actions could be taken to alter the development of this health problem. **Teaching through stories avoids confronting the patient directly with his inadequate knowledge, and allows him to identify with the story character who finds the solution to the same problem.** Finally, the appropriate medication is given."

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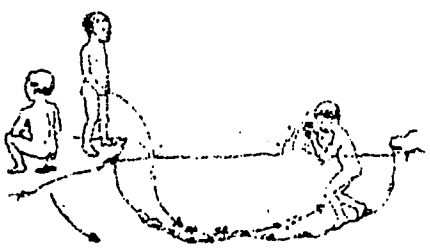
*The complete article—which is excellent—appears in *CONTACT* 41, Oct., 1977. It is available from the Christian Medical Commission, 150 Route de Fernay, 1211 Geneva 20, Switzerland. Also see p. 13-9.

**_Parable:_ A story that teaches a lesson.

TWO STORIES FROM LARDIN GABAS, NIGERIA

Blood worms (schistosomiasis)

Once two brothers' farmland was wearing out, so they decided to move to a new village. After obtaining permission from the chief of a nearby town, they built new houses and started their farming. They found that families did not gather at the river to draw water but rather, each had its own well, which seemed to the newcomers rather unsociable. After finishing work on the farm each day, the brothers bathed in the river before going home. After three months, they both began having belly pains and soon started noticing blood in their urine. They thought that the townspeople were poisoning them, and went to complain.



Upon explaining their troubles, the brothers were told that years before this had been a problem for the rest of the villagers, too. The people had been about to move their village to another site when a health worker had advised them that the disease came from tiny organisms living in pools and streams where people bathed. These baby worms went through the skins of the bathers and traveled through the blood to their bellies. The villagers also learned that the eggs of the worms were passed in people's urine or shit, and would be washed by rain into the pools.

The people said that upon the advice of the health worker, they had built and begun to use latrines to bury their shit. They also had dug wells to draw water for drinking and washing. Once those who were ill had completed treatment at the hospital, this kind of belly pain and bloody urine were no longer a problem in their village.

The two brothers followed the example of the rest of the villagers, and soon became healthy again.

Child spacing

A father and his son were planting corn. The son asked his father why the corn wasn't planted closer together in order to obtain more per hectare. The father explained that if there is space between the plants, they grow stronger and healthier and produce more grain. Can you see the relationship between little corn plants and children?

TOO CROWDED

They do not grow well.

WELL SPACED

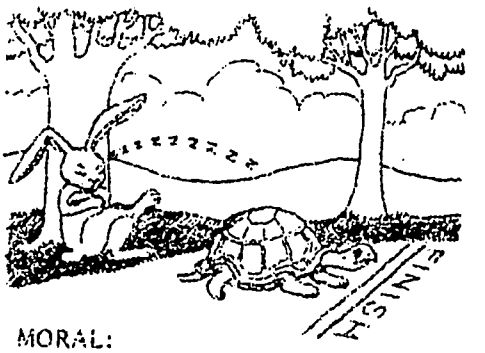
They grow healthy and strong.

In this book we use a lot of stories. (See the list on page 13-14.) Story telling is useful because it lets us put new ideas in a familiar yet adventurous setting. It allows people to see how new and old ideas fit together—or conflict—in a real-life situation. Also, stories are a traditional form of learning that most people have experienced since childhood.

DIFFERENT WAYS TO TEACH WITH STORIES

1. Parables—or stories with a moral

Some stories teach a lesson, or *moral,* which is stated at the end. These can be make-believe stories with animals (fables), imaginary stories about people (tales), or true stories. Examples of parables are on pages 1-26 and 5-7 of this book.



MORAL:
SLOW BUT STEADY WINS THE RACE.

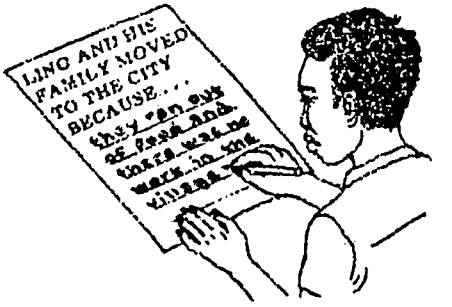
2. Stories that help people think about local problems

Some stories do not give any simple answers or morals, but instead point to existing problems. An example is "The Story of Luis" on page 26-3. This kind of story can help get people thinking about and discussing social issues.

At first, it is often easier for a group to discuss the problems of imaginary people in a story than to talk about the real problems in their own lives and community. But if they begin by looking at the problems faced by the people in a story, this may help them to reflect on their own difficulties.

3. Stories that students help to write

A community literacy program in Mexico has the students learn to read stories about social problems that are related to their own lives. Parts of the stories are left blank, for the students to fill in themselves. This way the students take part in creating the stories and will relate them more to their own situation.



The best teaching stories often are those the students tell or complete themselves—based on their own experience.

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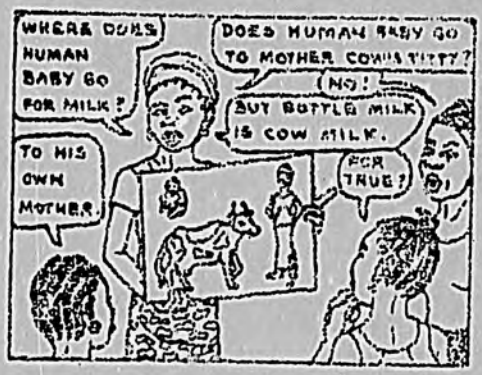
4. Stories told by a group

These are stories that everyone tells together. One person begins telling about a family or community. She gets the characters into a difficult situation and then passes the story on to the next student. He has to tell how the characters resolve their problem, and then creates a new one. The story is then continued by still another student. These group stories are especially useful because they get everyone to think and take part. They are great fun with children.

5. Analogies—or comparisons that help people discover healthy answers

The use of comparisons or *analogies* to place new ideas in a familiar setting has been discussed, with examples, on pages 7-11 and 11-8. The story of Janaki and Saraswati in this chapter also shows how this works.

Some health workers in Liberia, Africa use stories and cut-out pictures of animals to help people realize that breast milk is healthier for a baby than canned or powdered cow's milk:



6. Acting out stories

In Lardin Gabas, Nigeria, stories with health messages are often acted out by those who hear them. First a story is told by the group leader. Then one person repeats it and everyone comments on how well it was retold, what details were forgotten, and how it was changed. (Stories are often added to or improved as learners retell them.) Finally, the whole group acts out the story. Here is an example.*

There was a woman called Pokta who sold cans and bottles. All around her yard were cans and bottles with water in them.

Madam Pokta's young son was always getting fever. One day the boy had a terrible headache and a high fever with chills. Madam Pokta went to the store and bought *Caffenol* (aspirin with caffeine) for the boy, but it did not bring the fever down. So she took him to the native healer, who took a knife and cut the boy's chest and sucked out some blood.

Soon after, the boy died. Madam Pokta was unhappy for a long time. She could not understand why the boy had had so much malaria. She thought perhaps the boy was not meant to live.

One day she heard about a health worker close to her village. She went and told him about her son's death. So the health worker went with Madam Pokta to her house. When they arrived, mosquitoes were buzzing everywhere because it was late afternoon. The health worker saw the cans and bottles lying around with water in them. And he found little 'summersaulters' (baby mosquitoes) in the water.

He showed these to Madam Pokta and told her that mosquitoes biting her son had caused him to get malaria and die. Together they cleaned up her yard. Then he told her she should bring her other children to the clinic every month so they could receive *Garaprim* pills to prevent malaria. They became healthier and all were happier.

After the story has been acted out, people in the group ask each other questions about it and make up songs about the main health messages. With all this repetition through stories, acting, discussion, and songs, people remember well.

7. Analyzing stories for hidden or harmful messages

Sometimes stories used for health teaching carry hidden messages that were not intended. **If story telling is to help people gain confidence in themselves and pride in their own culture, care must be taken not to make local ways or persons look all bad, and outside ways or persons look all good.** If the weakness of a local custom is pointed out, a beneficial custom should also be mentioned. If a story tells of a traditional healer who does something harmful, it is best if another traditional healer (rather than an outsider) finds out and shows people a better way.

In the story about malaria, notice that Madam Pokta first tries ***self-care*** (she buys *Caffenol*). This fails. Next she goes to a ***traditional healer.*** His treatment also fails, and may even have made the child worse. At last she goes to an ***outside health worker,*** whose advice is successful.

The hidden messages in the story are "Self-care is wrong," "Traditional medicine is wrong," and "Outside advice is right." Although the story of Madam Pokta is in many ways excellent, such messages can actually weaken people's confidence in their own experience and ability to find answers for themselves.

Health workers need to analyze the stories they use to make sure that hidden messages are community strengthening. (Compare this story from Lardin Gabas with the story from India at the beginning of this chapter.)

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*Adapted from a booklet called *Health Teaching for West Africa: Stories, Drama, and Song,* edited by David Hilton. Available from MAP International, Box 50, Wheaton, Illinois 60187, U.S.A.

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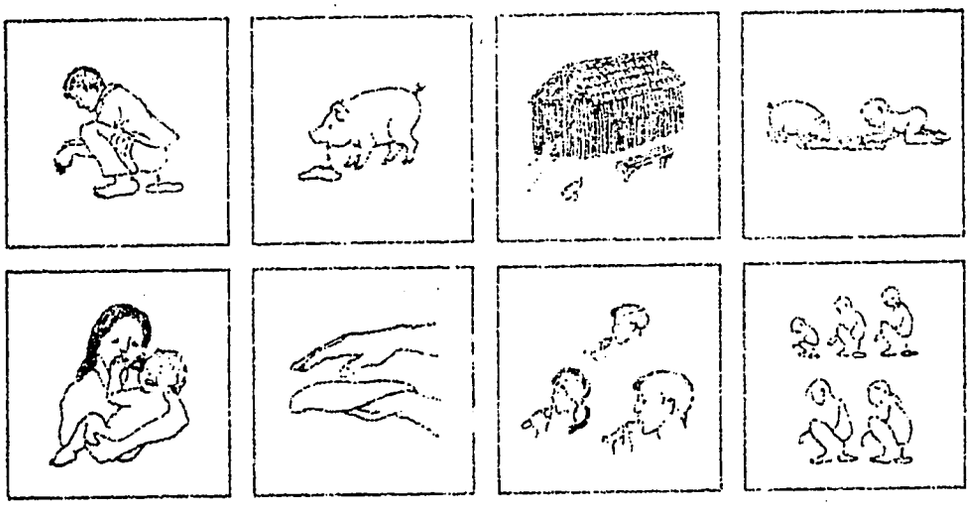
STORIES TOLD WITH PICTURES

Using pictures with story telling helps in several ways:

- Pictures let people 'see' what is happening in the story.
- A series of pictures can serve as a guide for the story teller.
- Pictures can be used to help a group tell a story from their own experience.
- Health workers can use flash cards or flip charts in discussing health problems with groups of villagers, letting the group try to explain what is happening in the pictures. This way **students discover the health messages themselves and tell it to the teacher** (rather than the teacher telling them).

This set of flash cards is based on pictures from page 132 of *Where There Is No Doctor.*



In Chapter 11 we discussed the use of pictures on **flash cards and flip charts.** But pictures can also be used to tell stories in **comic strips, photonovels, color slides** (transparencies), **filmstrips,** or **moving pictures** (movies).

Comics and photonovels

In many countries, especially in Latin America, people read comic books more than any other written materials. As a result, many comic books and ***photonovels**** have been produced on a variety of health topics. A few of them are excellent, but many are a boring mixture of preaching and brainwashing, masked by a silly story.

Instead of using prepared materials, health workers can make their own comic strips on health themes, or organize school children to make them. They can make up stories and draw pictures to go with them, or copy pictures from other comic books. If someone has a camera, the group may even be able to make photonovels using local people as 'stars'.

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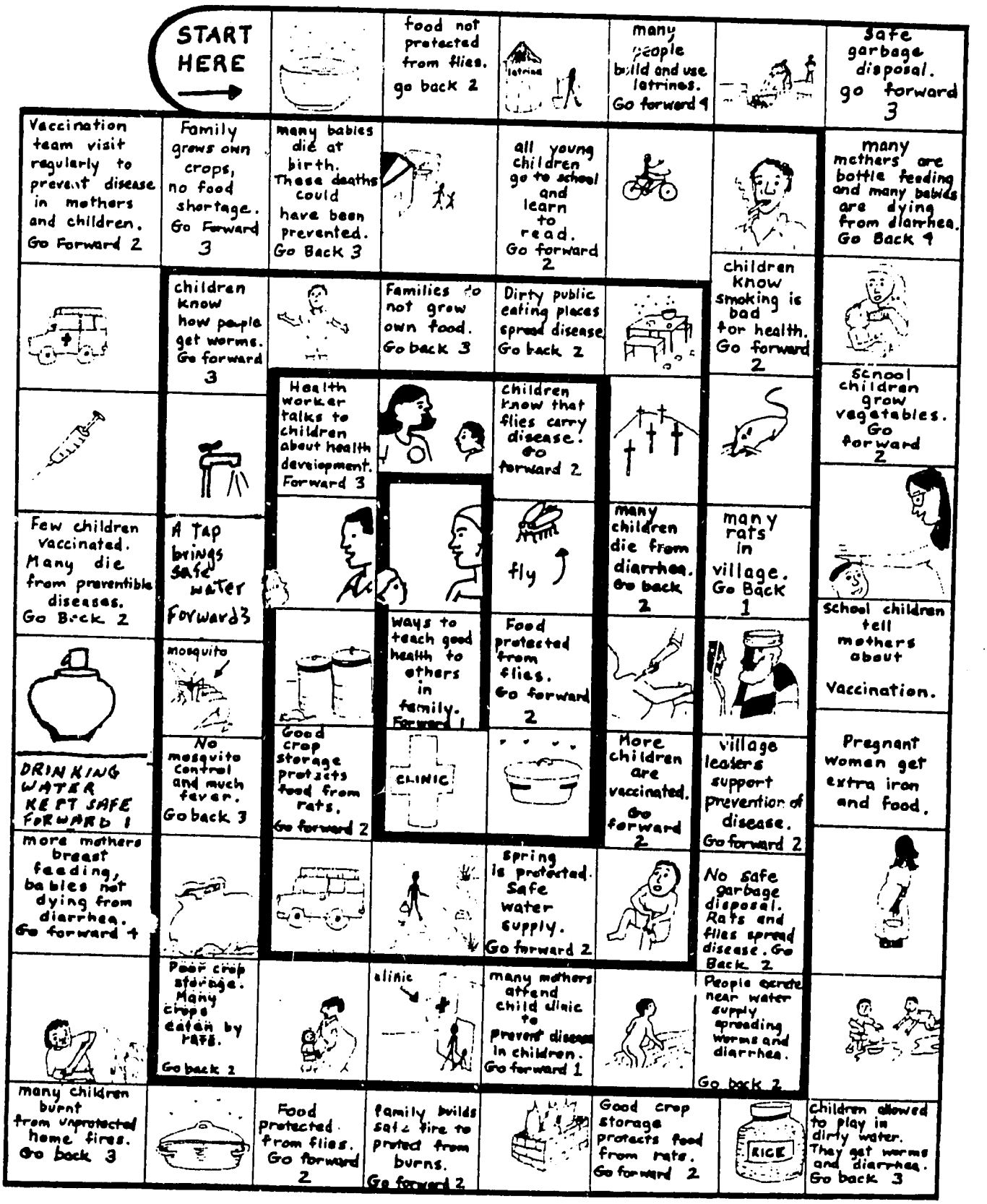
*Photonovels or ***fotonovelas*** are comic books that use photographs instead of drawings.

TASK 15 The Village Health Game

C-23



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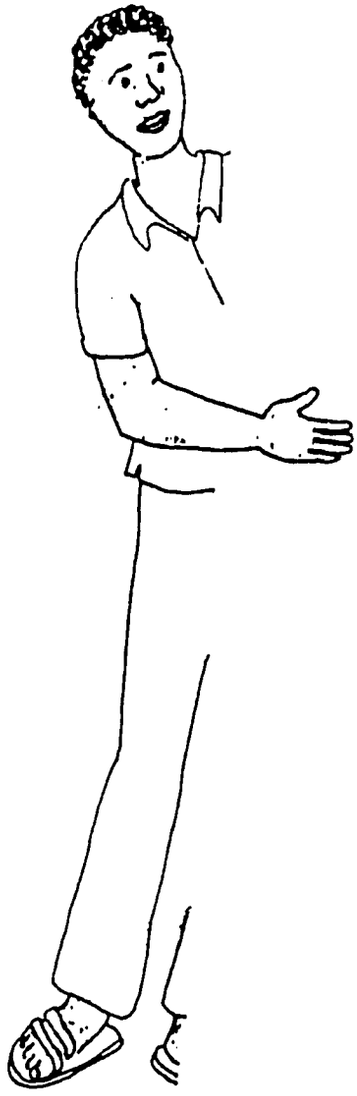
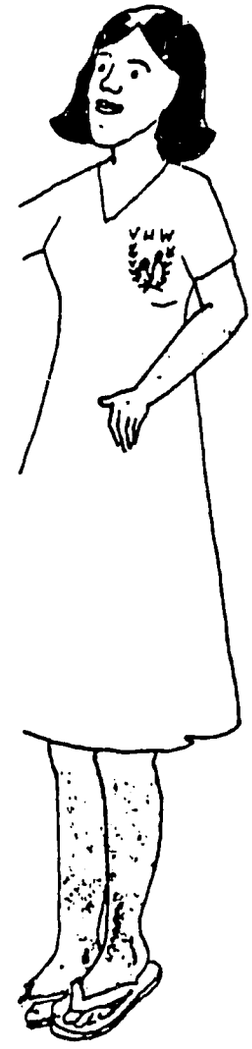
The Power to Create Good Health Rests With the People.

When



Everyone uses a latrine
↓ and
People have safe water
↓ and
All children are vaccinated
↓ and
Villagers grow, store and eat good food
↓ and
Most mothers breast feed for 18 months
↓ and
Malaria is controlled
↓ and
People use family spacing
↓ and
Children are weighed regularly in child health clinic
↓ and
School children are taught how to develop good health
↓ and
Many villagers work together to prevent illnesses
↓ and
Sick people are identified and given good treatment



People Will Have Good Health

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HESP PROJECT OBJECTIVES

By 31st December, 1983, each HSA will have accomplished the following in 10 Target Villages (HAs, 5 Target Villages):-

1. FORMED VHC IN EACH TARGET VILLAGE
2. TWO VILLAGE INSPECTIONS IN EACH TARGET VILLAGE (one Base line Inspection and one Follow-up Inspection).
3. COMPLETED VHC TRAINING IN 8 TARGET VILLAGES (10 Problem Analysis and 80 training lessons). (HAs : 4 Target Villages - 5 Problem Analysis and 40 training lessons).
4. TWO FOLLOW UP VISITS IN EACH TARGET VILLAGE (that has completed VHC Training).
5. VHC. COMPLIANCE IN 6 TARGET VILLAGES (HAs : 3 Target Villages).
6. HEALTH EDUCATION COURSE FOR 4 TARGET VILLAGES (HAs : 2 Target Villages).
7. SUBMIT REPORT EVERY MONTH.
8. ALL RECORDS KEPT UP-TO-DATE.

SUMMARY OF HESP FORMS

FORM NUMBER	COLOUR	FORM NAME	DISTRIBUTION		
			COPY 1	COPY 2	COPY 3
1	Gold	TARGET VILLAGE REGISTER	Kept in Record File	Kept by Project Supervisor	Kept by PHC
2	WHITE	VHC REGISTER	Kept in Record File	NIL	NIL
3.	Pink	TARGET VILLAGE ACTIVITY REGISTER	Kept in Record File	NIL	NIL
4.	Blue	PERMANENT VILLAGE INSPECTION REGISTER	Kept in Record File	NIL	NIL
5.	Blue	VILLAGE INSPECTION TALLY SHEET	Kept in Report File	NIL	NIL
6.	Blue	MONTHLY VILLAGE INSPECTION SUMMARY REPORT	Send to Project Supervisor	Kept in Report File	NIL
7.	Pink	MONTHLY REPORT OF ACTIVITIES IN TARGET VILLAGES	Send to Project Supervisor	Kept in Report File	NIL
8.	Pink	MONTHLY SUMMARY REPORT OF ACTIVITIES IN TARGET VILLAGES	(USED ONLY BY	PROJECT SUPERVISOR)	
9.	Green	PROBLEM ANALYSIS RECORD	Kept in Record File	NIL	NIL
10.	Yellow	VILLAGE DESCRIPTION	Kept in Record File	NIL	NIL
11	White	MONTHLY WORK PLAN	Send to Project Supervisor	Kept in Report File	(Send to DHT)
		MONTHLY WRITTEN REPORT	Send to Project Supervisor	Kept in Report File	NIL

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PERCENTAGE RECKONER

NUMBER OF LATRINES, REFUSE PITS, ETC.

NUMBER OF HOUSEHOLDS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
10	10	20	30	40	50	60	70	80	90	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
11	9	18	27	36	45	55	64	73	82	91	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
12	8	17	25	33	42	50	58	67	75	83	92	100	100	100	100	100	100	100	100	100	100	100	100	100	100
13	8	15	23	31	38	46	54	62	69	77	85	92	100	100	100	100	100	100	100	100	100	100	100	100	100
14	7	14	21	29	36	43	50	57	64	71	79	86	93	100	100	100	100	100	100	100	100	100	100	100	100
15	7	13	20	27	33	40	47	53	60	67	73	80	87	93	100	100	100	100	100	100	100	100	100	100	100
16	6	13	19	25	31	38	44	50	56	63	69	75	81	88	94	100	100	100	100	100	100	100	100	100	100
17	6	12	18	24	29	35	41	47	53	59	65	71	76	82	88	94	100	100	100	100	100	100	100	100	100
18	6	11	17	22	28	33	39	44	50	56	61	67	72	78	83	89	94	100	100	100	100	100	100	100	100
19	5	11	16	21	26	32	37	42	47	53	58	63	68	74	79	84	89	95	100	100	100	100	100	100	100
20	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	100	100	100	100	100
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26	4	8	12	15	19	23	27	31	35	38	42	46	50	54	58	62	65	69	73	77	81	85	88	92	96
27	4	7	11	15	19	22	26	30	33	37	41	44	48	52	56	59	63	67	70	74	78	81	85	89	93
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31	3	6	10	13	16	19	23	26	29	32	35	39	42	45	48	52	55	58	61	65	68	71	74	77	81
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38	3	5	8	11	13	16	18	21	24	26	29	32	34	37	39	42	45	47	50	53	55	58	61	63	66
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41	2	5	7	10	12	15	17	20	22	24	27	29	32	34	37	39	41	44	46	49	51	54	56	59	61
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43	2	5	7	9	12	14	16	19	21	23	26	28	30	33	35	37	40	42	44	47	49	51	53	56	58
44	2	5	7	9	11	14	16	18	20	23	25	27	30	32	34	36	39	41	43	45	48	50	52	55	57
45	2	4	7	9	11	13	16	18	20	22	24	27	29	31	33	36	38	40	42	44	47	49	51	53	56

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

FORM HESP 1

TARGET VILLAGE REGISTER

Water Project _____ Responsible Officer _____ Post _____ Station _____

Village	TA/STA	Tap Number(s)	No. of Taps	Date Targetted	Popu-lation	No. of House-holds	Date VHC Formed	Date Baseline Inspection	Date VHC Trained	Date Compli-ance	Date H.Ed. Course	

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

FORM HESP 2

VILLAGE HEALTH COMMITTEE REGISTER

Village_____ GVH_____ TA/STA_____ Water Project_____

Name	Office	Occupation	Age	Sex	Date Elected	Date Trained	Compliance Dates:-					Date H.Ed. Course	Assignment
							Latrine	Refuse Pit	Bath House	Dish Rack	Water Storage		

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

FORM HESP 3

TARGET VILLAGE ACTIVITY REGISTER

Village_____

Date	Nature of Activity

Date	Nature of Activity

FORM HESP 4

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

PERMANENT VILLAGE INSPECTION REGISTER

Village _____ GVH _____ TA/STA _____ Water Project _____

Date of Inspection	SANITATION						WATER SUPPLY					ENVIRONMENTAL CLEANLINESS					Households	PERCENTAGES				No. of VHC Members Accompanying	Inspected by (Initials & Post)		
	Latrines	Unsatisfactory Latrines	Latrines Under Construction	Bath Houses	Refuse Pits	Dish Racks	Taps	Taps with Satisfactory Drainage	Taps with Laundry Slabs	Drinking Water Pots Inspected	Unsatisfactory Water Pots	Dwelling Houses	Unsatisfactory Dwelling Houses	Infested Dwelling Houses	Satisfactory Vge. Cleanliness	Unsatisfactory Vge. Cleanliness		Households with Latrines	Households with Bath Houses	Households with Refuse Pits	Households with Dish Racks				

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

FORM HESP 5

VILLAGE INSPECTION TALLY SHEET

Village _____ Inspected by _____ Date _____

SANITATION

Latrines
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Unsatisfactory Latrines
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Latrines Under Construction
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Bath Houses
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Refuse Pits
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Dish Racks
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

WATER SUPPLY

No. of Taps

Taps with Satisfactory Drainage

Taps with Laundry Slabs

Drinking Water Pots Inspected
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Unsatisfactory Drinking Water Pots
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Other Protected Water Sources (No. and type):-

ENVIRONMENTAL CLEANLINESS

Dwelling Houses
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Unsatisfactory Dwelling Houses
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Infested Dwelling Houses
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

Types of Infestations:-

General cleanliness of village:-

Satisfactory

Unsatisfactory

HOUSEHOLDS

00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000
00000 00000 00000 00000 00000 00000

PERCENTAGES

Households with Latrines %

Households with Refuse Pits %

Households with Bath Houses %

Households with Dish Racks %

No. of VHC Members accompanying on inspection tour

Diseases reported as special problem in village:-

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

FORM HESP 6

MONTHLY VILLAGE INSPECTION SUMMARY REPORT

Station/District_____ Prepared by_____ Month of_____ 19____ Page____ of____

Village/ Station	SANITATION						WATER SUPPLY					ENVIRONMENTAL CLEANLINESS					Households	PERCENTAGES				No. of VHC Members Accompanying			
	Latrines	Unsatisfactory Latrines	Latrines under Construction	Bath Houses	Refuse Pits	Dish Racks	Taps	Taps with Satisfactory Drainage	Taps with Laundry Slabs	Drinking Water Pots Inspected	Unsatisfactory Water Pots	Dwelling Houses	Unsatisfactory Dwelling Houses	Infested Dwelling Houses	Satisfactory Vge. Cleanliness	Unsatisfactory Vge. Cleanliness		Households with Latrines	Households with Bath Houses	Households with Refuse Pits	Households with Dish Racks				

2.4.2

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

FORM HESP 7

MONTHLY REPORT OF ACTIVITIES IN TARGET VILLAGES

Station _____ Submitted by _____ Post _____ Month of _____ 19 ____ Page ____ of ____

Village	Nature of Activity

Village	Nature of Activity

SUMMARY OF ACTIVITIES IN TARGET VILLAGES:

No. of VHCs Formed		No. of VHC Follow-up Visits		No. of Health Talks	
No. of VHCs Trained		No. of VHC Health Education Courses		Total Attendance at Health Talks	
No. of VHC Refresher Courses		No. of Village Inspections		No. of Health Education Materials Distributed	
No. VHCs Achieving Competence					

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

FORM HESP 8

MONTHLY SUMMARY REPORT OF ACTIVITIES IN TARGET VILLAGES

Submitted by_____ Station_____ Month of_____ 19____ Page____ of____

Station/ Project/ District	No. of VHCs Formed	No. of VHCs Trained	No. of VHC Refresher Courses	No. of VHCs Achieving Compliance	No. of VHC Follow-up Visits	No. of VHC Health Education Courses	No. of Village Inspections	No. of Health Talks	Total Attendance at Health Talks	No. of Health Education Materials Distributed					
TOTALS															

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HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

FORM HESP 9

PROBLEM ANALYSIS RECORD

Village _____ Prepared by _____ Date _____

No.	PROBLEM	How Serious	How Common	How Contagious	How Chronic	Priority Level	Date Covered in Training Course	No.	PROBLEM	How Serious	How Common	How Contagious	How Chronic	Priority Level	Date Covered in Training Course

HEALTH EDUCATION AND SANITATION PROMOTION IN RURAL PIPED WATER PROJECTS

VILLAGE DESCRIPTION

FORM HLSP 10

Village_____ Prepared by_____ Date_____

Nearest Health Unit (name, type)

Distance from village_____

Names of Traditional Birth Attendants:

Names of Herbalists/Traditional Healers:

Schools (name/type/distance):

Churches/Mosques (name/type/distance):

No. of shops in/near village_____

Drugs stocked in shops:

Traditional water sources (type/distance):

Current use of traditional water source:

Usual type of house construction:

Traditional Courts in/near village:

Name/location Branch MCP Chairman:

Nearest market (location/distance):

Major food crops:

Major cash crops:

Usual ndiwo:

Major sources of income:

Health Problems:

Describe recent self-help projects of village (other than piped water project):

Rate level of activity of extension workers from other agencies:

	Active	Not Active	None Available
Homecraft Worker	( )	( )	( )
Farm Home Instr.	( )	( )	( )
Agric. Extensionist	( )	( )	( )
Water Monitoring Assistant	( )	( )	( )
Community Devel. Assistant	( )	( )	( )
Others:			
_____	( )	( )	
_____	( )	( )	
_____	( )	( )	
_____	( )	( )	
_____	( )	( )	

Compared with other villages in the area you have observed, how would you rate this village on the following:-

Quality of housing:

good	typical	poor
( )	( )	( )

No. of children attending school:

good	typical	poor
( )	( )	( )

No. of children attending under-fives clinics:

good	typical	poor
( )	( )	( )

Cooperation with development projects:

good	typical	poor
( )	( )	( )

General comments:

General comments:

MONTHLY WORK PLAN

FORM [illegible] 11

Name_____ Post_____ Station_____ Month of_____, 19____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

HESP WORKSHOP

EVALUATION EXAMINATION

1. Put these steps in the project strategy in the correct order:-

VHC compliance	1_____
Baseline Village Inspection	2_____
VHC Training	3_____
Select target villages	4_____
Hold Village Meeting	5_____
VHC Election	6_____
Meet with local leaders	7_____
VHC follow-up visits	8_____

2. What is the purpose of the base line Village Inspection?

3. What are two important principles to use in teaching adults?

4. Ventilated latrines have two major advantages over unventilated latrines. What are these advantages?

5. During a village inspection you count 60 households and 42 latrines What percentage of the household have latrines?

6. Which of the following diseases do you consider to be water or sanitation related?

( ) Bilharzia	( ) Smallpox
( )) Whooping cough	( ) Tetanus
( ) Malaria	( ) Diarrhoea
( ) Conjunctivitis	( ) Typhoid
( ) Arthritis	( ) Rabies
( ) Tuberculosis	( ) Polio
( ) Skin disease	( ) Anaemia
( ) Worms	( ) Dysentery
( ) Leprosy	( ) Kwashiorkor
( ) Measles	( ) Hepatitis

7. List the desireable characteristics of a VHC member.

8. Write an example of an open question you would use in a discussion during VHC Training.

9. What are 5 things that can be done to keep drinking water from becoming contaminated after collection?

10. What are the important duties of a Village Health Committee?