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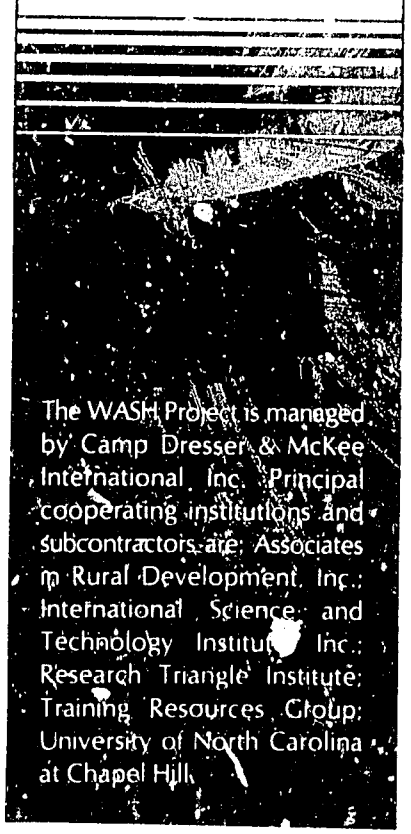

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TRAINING OF TRAINERS IN MALAWI'S HEALTH EDUCATION AND SANITATION PROMOTION PROGRAM (PHASE TWO)

WASH FIELD REPORT NO. 185

JUNE 1986

Prepared for
the USAID Mission to Malawi
WASH Activity No. 209

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TRAINING OF TRAINERS IN MALAWI'S HEALTH EDUCATION AND SANITATION PROMOTION (HESP) PROGRAM (PHASE TWO)

Prepared for the USAID Mission to Malawi
under WASH Activity No. 209

by

Claudia Liebler

June 1986

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LIST OF ACRONYMS

ELC	experiential learning cycle
EPI	Expanded Program for Immunization
HESP	Health Education and Sanitation Program
HSA	health surveillance assistants
MOH	Ministry of Health
RHI	regional health inspector
TPM	team planning meeting
USAID	United States Agency for International Development
WASH	Water and Sanitation for Health Project

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The trainers were a truly remarkable group of individuals who approached their work with high standards of excellence and with a keen desire to make a valuable contribution to the Ministry of Health and the people it serves.

The trainers were:

Southern Regional Training Team

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A.C. Kudzala
V.T.J. Kunkeani
L.N. Chilambula

Central Regional Training Team

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G.A.F. Malema
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Northern Regional Training Team

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E.K. Nyirenda
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EXECUTIVE SUMMARY

At the request of the USAID Mission in Lilongwe and the Ministry of Health (MOH) of the Government of Malawi, the Water and Sanitation for Health (WASH) Project was authorized by USAID's Office of Health to send a consultant to Malawi in March 1986 to assist MOH trainers to design, prepare, conduct, manage, and evaluate two five-day workshops in health education methods for health surveillance assistants (HSAs), the field workers of the MOH. The purpose of the consultancy, which was planned in two phases (the first occurring in January 1986) was to increase the skills of newly selected MOH trainers in planning and conducting experiential job-related training programs for district level personnel within each region. A secondary purpose of this Phase Two consultancy was to equip HSAs with skills in health education methods especially as related to water and sanitation.

The action training approach was used during this consultancy. Action training is a practical and flexible way to meet immediate needs for implementing a project (in this case the project was planning and conducting the scheduled workshops for HSAs) while simultaneously improving the skills of the team responsible for implementation.

The following is a summary of the outcomes, conclusions, and recommendations for the future:

Outcomes

1. The strengthening of training skills of the three regional training teams whose 12 members are now capable of conducting the five-day workshop on their own and, perhaps more importantly, of applying what they learned about planning and conducting training programs to other situations.

2. The successful completion of two five-day workshops on health education skills for a total of 55 HSAs.

3. The identification of general follow-up activities as well as immediate targets of opportunity for planning and delivering future training by each of the three regional training teams.

4. Initial discussion of possible follow-up and supportive actions with key individuals within the MOH and USAID.

5. The development of A Trainer's Guide for Health Education Skills Workshop.

Conclusions

1. Specific problem-centered training for the present is more effective than general preparation for the future. By providing the trainers with an actual training situation to plan, implement and evaluate and by structuring the situation so that ongoing feedback and problem solving occurred, the trainers made remarkable progress in their skill development.

2. Careful attention must be given to maximizing opportunities for success in the design of an action training event.

3. Consideration must be given to future replicability if long-range impact beyond the duration of the consultancy is to occur. This consideration requires an overall approach that pays attention to the goals of replicability and takes into account the realities, constraints, and opportunities within the setting.

Recommendations for the Future

1. Create opportunities to orient senior MOH officials about experiential training methodology.

2. Provide timely support to the regional training teams.

3. Conduct a follow-up evaluation and needs assessment.

4. Focus Health Education and Sanitation Promotion (HESP) activities on building health education skills.

5. Allocate specific funds directly to HESP for training.

Chapter 1

INTRODUCTION

During January 1986, Water and Sanitation for Health (WASH) training consultants Claudia Liebler and John Pettit worked with the Malawi Rural Piped Water Project of the Ministry of Works and Supplies and the Health Education and Sanitation Promotion program (HESP) of the Ministry of Health (MOH) to achieve the following outcomes by conducting a joint workshop for district health inspectors and rural piped water project supervisors:

- Increased skills of district health inspectors and rural piped water project supervisors in planning and conducting training programs for field staff.

- An approach to increased collaboration between the Rural Piped Water Project and the HESP program, resulting in a stronger link at the village level between improved accessibility of clean water and improved health.

The 26 participants (15 from the Ministry of Works and Supplies and 11 from the MOH) rated the overall workshop and achievement of outcomes very high. Highlights of evaluation results are contained in Chapter 6 of the WASH Field Report No. 174 entitled Training of Trainers Workshop and Collaborative Efforts in Malawi's Rural Piped Water Program, which also includes a detailed description of this first phase of the WASH consultancy.

Phase Two of the consultancy, which began approximately one month later, was designed to build on Phase One. During Phase One basic training skills were learned. Phase Two provided an opportunity to apply those skills in a real training situation under the guidance of the consultant. Because of differences in the scheduling of staff development activities of the Ministry of Works and Supplies and the MOH, Phase Two involved the MOH only. During the final week of Phase One, meetings and working sessions were held with MOH officials to further define and clarify the purpose, outcomes, and major activities of Phase Two.

During these sessions the consultant worked with three district health inspectors who were participants at the January 1986 training of trainers workshop at Chilema to plan the broad outlines of a workshop on health education skills for health surveillance assistants, the field workers of the MOH. These workshops were to be conducted in each region as the vehicle for practicing and applying their training skills. Meetings were also held with the three regional health inspectors, the chief public health officer, the principal public health officer, and the principal public health coordinator/HESP. These meetings resulted in an action plan and terms of agreement (see Appendix A).

This final report on the Phase Two WASH consultancy describes the purpose, approach, key events, and outcomes that occurred. It also identifies the conclusions and makes recommendations for the future.

Chapter 2

PURPOSE, OUTCOMES, AND APPROACH TO PHASE TWO

2.1 Purpose and Outcomes

Between the end of Phase One and the start-up of Phase Two, the Ministry of Health (MOH) selected 12 district-level supervisors as trainers--four from each region. Seven of the 12 had been participants at the Chilema training of trainers workshop held in January 1986 during Phase One. These trainers comprised the members of three regional training teams. The teams were to be mobile--that is, after the completion of Phase Two they would be prepared to travel throughout the region conducting the same five-day workshop for other health surveillance assistants (HSAs) and would be able to plan and conduct other training sessions based on the staff development needs of regional personnel.

The major purpose of Phase Two was to:

- Increase the skills of the MOH trainers in planning and conducting training programs for district level personnel within their regions.

A secondary purpose of Phase Two was to:

- Equip HSAs with skills in health education, especially as related to water and sanitation.

At the end of Phase Two, the trainers would:

a. Have developed a five-day curriculum in health education skills for training HSAs, have tested it out, and have revised it in final form.

b. Have conducted, managed, and evaluated a five-day workshop for HSAs.

c. Be able to conduct the five-day workshop on their own for other field workers within the region.

d. Be able to apply the skills learned to other training situations both as individuals at the district level and as teams at the regional level.

The consultants to the trainers were Mr. Yohane Nyasulu, Principal Health Coordinator/HESP (Health Education and Sanitation Promotion) of the Malawi Ministry of Health and Miss Claudia Liebler of the WASH (Water and Sanitation for Health) Project, Washington, D.C. For a list of the trainers of each regional team, see Appendix B.

2.2 Approach to Phase Two

Because the primary purpose of Phase Two was to increase the skills of the MOH trainers in planning and conducting training programs, the approach to this consultancy was designed to maximize opportunities for the trainers to progress in their professional development. Action training best describes this approach. Action training is a practical and flexible way to meet immediate needs for implementing a project (in this case the project was the scheduled workshops for HSAs) while simultaneously improving the skills of the team responsible for implementation. These workshops then, were used as the event around which to build learning and further skill development of the trainers. Because there was an immediate opportunity to apply the skills (the workshops) and a systematic design to provide feedback to the trainers at every step, the learning was particularly relevant and meaningful.

In the design of Phase Two, consideration had to be given to the level of skill development of the trainers in order to create a situation for them that was both challenging and yet manageable. As this was their first major venture as experiential trainers, the experience needed to be a successful one. A workshop of five days seemed most appropriate for a first effort. The workshop was designed in such a way that the trainers conducted sessions in the mornings with the participants and gave them small group tasks to complete on their own during the afternoons. This design left the afternoons free for the two consultants to work with the trainers critiquing the morning session and preparing for the next day.

From the beginning of the staff preparation period through the end of the workshop, the trainers were encouraged to take full responsibility for designing, planning, conducting, managing, and evaluating the workshop. Every major decision that emerged and task to be accomplished became an opportunity for learning.

Chapter 3

MAJOR EVENTS AND OUTCOMES OF PHASE TWO CONSULTANCY

The Phase Two consultancy was divided into six major stages as follows:

Stage One: The Training Staff Preparation Period

Stage Two: Workshop Delivery

Stage Three: Learnings and Evaluation

Stage Four: Action Planning

Stage Five: Preparation of Trainer's Guide

Stage Six: Exit Debriefings and Planning Sessions

The major events and outcomes of each stage are described below:

3.1 The Training Staff Preparation Period

The purpose of this stage was to design the five-day experiential workshop for health surveillance assistants (HSAs), to prepare Ministry of Health (MOH) district level personnel to conduct and manage the workshop on their own, and to orient regional supervisors to the approach and plans for the three workshops. These tasks were accomplished by a series of working sessions to:

a. Update purpose, approach, and plans for the overall consultancy.

b. Reach agreements on the roles and responsibilities of the trainers.

c. Clarify with trainers the purpose, outcomes, and approach for the workshop with HSAs.

d. Design specific session plans.

e. Refresh trainer skills learned at Chilema.

f. Prepare to conduct the sessions.

g. Assure that all logistical and administrative arrangements were in place.

The length of the preparation period was four-and-a-half days. It involved the 12 trainers and the three regional health inspectors who participated in the first two-and-one-half days. Because over half of the trainers had not attended the Phase One training of trainers workshop at Chilema, the preparation period had to be designed to bring these new members "on board" with the rest of the trainers and take into account the role of the regional health inspectors in the current and future efforts of the trainers.

The preparation period was divided into four modules described below. Materials used and produced during the preparation period can be found in Appendix C.

3.1.1 MODULE ONE: Opening and Getting Organized to Work

The purpose of this module was to get the work started in a way that would lead to success. By the end of the module, the trainers would:

a. Be better acquainted with each other.

b. Have shared aspects of the Chilema experience.

c. Have shared what they hope to learn from Phase Two.

d. Have understood the purpose, outcomes, and approach to Phase Two.

e. Have reviewed the schedule of the preparation week.

The activities of this module began with getting re-acquainted, reviewing the purpose and outcomes of Phase Two, sharing expectations about the preparation week and coming to agreement on its outcomes and schedule, completing individual and small group tasks to integrate the new trainers and the regional health inspectors, and identifying what the trainers hoped to learn during Phase Two.

3.1.2 MODULE TWO: The Workshop's Experiential Approach

The purpose of this module was to develop a shared understanding of the purpose, outcomes, and experiential training approaches for the upcoming workshops. By the end of the module, the trainers would:

a. Have reviewed the purpose, outcomes, and approach of the workshop.

b. Have experienced the methodology to be used in the workshop.

c. Have assessed their readiness to prepare and deliver training and have identified areas they need to strengthen.

A major activity of this module was the demonstration of an experiential training session. During the demonstration, the trainers became participants. After the demonstration session, the consultants led the trainers in a step-by-step analysis of what the trainer did and how the trainer used the experiential learning cycle of the experiential training methodology to be used in the upcoming workshops for the HSAs.

The training session itself focused on the impact of three different kinds of leadership behavior (autocratic, democratic, and laissez-faire) on the productivity and satisfaction of a team organized to complete a task. It gave the trainers an opportunity to reflect on team leadership and to produce a list of principles to keep in mind when leading a team. Toward the end of the

session, they met in regional teams to identify things they would do to follow the principles of good team leadership while conducting their workshop.

3.1.3 MODULE THREE: Workshop Design

The purpose of this module was to build skills in workshop design by developing designs for each workshop session. By the end of the module, the trainers would:

a. Have identified specific skills on which the workshop will focus.

b. Have reached a common understanding of the purpose, learning objectives, and length of each session.

c. Have reviewed key steps and skills needed for workshop design.

d. Have developed and shared initial designs for each session.

e. Have developed a shared understanding of the entire workshop design.

The activities of this module included reviewing the workshop purpose, outcomes, and session blocks; identifying the major steps in workshop design and which steps were left to accomplish; developing a list of characteristics of the participant group (the HSAs); reviewing how to write learning objectives; and then forming design teams to develop learning objectives and outline the major steps of the session. Each design team shared its work, received suggestions for improvements from others, and made revisions.

3.1.4 MODULE FOUR: Conducting the Workshop Sessions

The purpose of this module was to strengthen trainer skills by preparing for workshop delivery. By the end of the module, the trainers would:

a. Have developed an initial delivery plan for each session.

b. Have identified and practiced selective delivery skills.

c. Have explored some aspects of team-training and co-facilitation.

d. Have developed a set of agreements for working together in regional teams.

The activities of this module included practicing delivery of various parts of the sessions, identifying the expectations that the consultants had of the trainers and the trainers had of the consultants, reaching agreement on roles and responsibilities during the workshop, and clarifying the next steps to occur following the preparation period.

3.2 Stage Two: Workshop Delivery

3.2.1 Team Planning Meeting

Prior to the start-up of each workshop, a team planning meeting (TPM) was held with the trainers. As the workshop in the south was to begin the week following the preparation period, the Southern Regional Training Team met for half a day at the end of the preparation period.

The purpose of the TPM was to prepare for delivery of the first day's sessions. The agenda included deciding how leadership of the team would be handled and who would be the workshop administrator, reviewing the first day of the workshop design, allocating the delivery tasks, identifying and assigning pre-workshop opening tasks, and agreeing on the approach to the afternoon working sessions.

A three-day TPM was held with the Central and Northern Teams at Dowa prior to the start-up of the second workshop. A goal of Phase Two was to conduct the workshop once and then make appropriate revisions based on the first experience with the design. Therefore, the TPM had to be planned in such a way that the two teams could benefit from the learnings of the first team and that both teams (eight trainers) had adequate time to prepare themselves for the workshop opening.

At the end of the first workshop and before the start-up of the second, the consultant made revisions and additions to the design which gave it clearer shape and definition. Draft trainer guidelines were written and then tested out once more by the trainers during the second workshop.

The start-up of the second TPM at Dowa involved getting re-acquainted, sharing expectations, and reaching agreement on the agenda/schedule for the TPM. Next, the overall workshop design was reviewed and clarified. Time was spent having the trainers practice articulating the workshop purpose and outcomes and explaining the workshop schedule. The trainers needed to have this macro view of the overall design and to be able to explain why certain activities would occur, how each session built on the prior session, and in what ways the workshop related directly to the job functions of the participants.

The next block of time was spent on reviewing the Tuchila experience. The Southern Team produced a document for use by the Central and Northern Teams (see Appendix D). It contained learnings identified by the Southern Team and advice to the two teams about to tackle their own workshops. The two consultants also added their observations and learnings from the first workshop. The list of trainer skills developed during the preparation period was reviewed, and the trainers identified particular skills that they wanted to improve while delivering the workshop.

Since there were two teams of trainers conducting the workshop, decisions had to be made about how to organize the workshop and the participants so that each team had its own group and gained experience in working together as a team. This was particularly important as each team had plans to continue training together in the future. These organization issues as well as others were identified and agreements reached.

The final block of time of the three-day TPM was spent on detailed preparation for Day One of the workshop and on identifying and assigning pre-workshop tasks (registration of participants, organization of materials, set-up of opening ceremony, etc.)

3.2.2 Workshop Overview

During this stage, two five-day workshops on health education skills for HSAs were held--the first, conducted by the Southern Regional Training Team took place at Thuchila Farm Training Center 17 to 21 march for 26 participants. The second took place in the Central Region at Dowa Red Cross Training Center 7 to 11 April. This workshop was conducted by both the Central and Northern Teams. Because the third workshop for the Northern Region was scheduled to occur after the departure of the WASH consultant, the Northern Team had a chance to conduct the workshop once under the guidance of the consultant. During this second workshop, the participant group of 30 was divided in half, giving each training team 15 participants with which to work. Essentially, two separate workshops were conducted simultaneously at the same training site.

The purpose of the workshop was to increase the knowledge and skills of HSAs in planning and conducting health education activities that result in health improvements in the village. By the end of the workshop the participants would:

a. Have reviewed their knowledge of water and sanitation related diseases.

b. Have understood the importance of information gathering in planning health education activities.

c. Have practiced gathering information about a particular village.

d. Have developed ideas for health education activities based on the information gathered.

e. Have practiced planning and conducting health education sessions using the teaching methods of group discussion and demonstration.

The workshop design was based on an analysis of the job that is performed by the HSA and the skills needed to perform that job. An important part of any HSA's job is to plan and conduct health education activities. This analysis began during Phase One at the training of trainers workshop at Chilema and continued during the training staff preparation period that began Phase Two.

The five-day workshop was designed based on the experiential training methods taught at Chilema. Experiential training emphasizes learning by doing and active participation on the part of the learner. It builds on what the learner already knows and promotes the sharing of ideas between learners. It is based on the job setting and functions of the participants and attempts to build skills which will result in improved on-the-job performance.

The workshop design is described in detail in A Trainer's Guide for Health Education Skills Workshop, available through WASH. This guide represents the

final product of the Phase Two consultancy. An overview and schedule of the workshop given to the participants can be found in Appendix E.

3.2.3 Working Sessions with Trainers

As mentioned earlier, because the primary purpose of the Phase Two consultancy was to increase the training skills of the regional trainers, the workshop was designed in such a way that classroom sessions occurred in the mornings only. In the afternoons, participants were given assignments to complete in small groups. The assignments were directly related to the workshop activities and were discussed and used as part of the next day's session. In this way, the afternoons were free for the trainers to participate in structured afternoon (and frequently evening) working sessions. The purpose of these sessions was to critique the performance of the trainers that day and to prepare for conducting the next day's session. This approach kept an ongoing focus on learning while doing and gave the trainers adequate time to understand and prepare for each session. The trainers were not required to have a thorough knowledge of each session before the workshop opening. Rather they were taken through a step-by-step process directing their focus only to what was immediately relevant.

The afternoon working sessions began with each trainer evaluating the morning workshop session. After each trainer marked a scale to rate the session, a discussion was held about the scores to find out each trainer's perception of how things had gone. In this way, the trainers themselves had an opportunity to critique their own performance before hearing from the consultants. Next, the consultants reviewed each step of the session from beginning to end and gave specific feedback to each trainer about his performance. The team's performance was also discussed, and specific feedback was given about how the trainers worked together. The trainers noted things they would try to do differently the next day.

Next, the up-coming session was reviewed in depth beginning with its purpose and then moving to its learning objectives and step-by-step trainer procedures. The trainers and consultants agreed on any modifications that needed to be made in the design based on the experience of the previous session. Each activity was explained and discussed until the trainers were clear on why and how they would do it. The length of time for each activity was decided. The teams assigned specific delivery responsibilities to each trainer insuring that all team members had a significant role to play at some point during the session.

Each trainer was given an opportunity to practice delivering a different part of a session every day so that everyone became skilled at guiding participants through the four stages of the experiential learning cycle (experience, process, generalize, apply). Parts of the session that required active involvement by all of the trainers were discussed, and preparation tasks such as the writing of flipcharts and the organization of the classroom were assigned.

The trainers were given some time to prepare for the session and then a "rehearsal" was held. Each trainer responsible for a part of a session described what he would do, why he was doing it, how long he would take, and

major points or content he would cover. The trainers and the consultants discussed possible reactions of the participants and techniques for handling them.

3.3 Stage Three: Learnings and Evaluation

At the end of each workshop, a half day was spent with the trainers to:

a. Review and analyze the participant evaluation data.

b. Identify what each trainer had learned from the experience.

c. Identify what each team had learned about team training.

d. Recommend changes in the workshop design.

3.3.1 Workshop Evaluation Results

With guidance from the two consultants, the trainers developed their own workshop evaluation instrument and administered it. At the end of the workshop, the trainers compiled and analyzed the data.

The evaluation data was very positive. As was hoped, the evaluation scores for the second workshop were higher than for the first. The Southern Team contributed to the success of the Northern and Central Teams which were able to learn from its experience. Highlights of the data are as follows: (See Appendix F for the complete evaluation results.)

Highlights of Tuchila Workshop Evaluation Results

- How satisfied are you with the workshop? (Participants marked a five point scale with one being not at all satisfied and five being very satisfied.)

  Response: 72% of the participants rated the workshop at four or above.

- How satisfied are you with the teaching?

  Response: 73% of the participants rated the teaching at four or above.

Highlights of the Dowa Workshop Evaluation Results

The workshop participants were divided into two groups with the Central Regional Training Team working with one group and the Northern Regional Training Team working with another. Therefore, the evaluation questionnaire was administered separately to each group.

- How satisfied are you with the workshop? (Participants marked a five point scale with one being not at all satisfied and five being very satisfied.)

Response Group 1: 93% of the participants rated the workshop at four or above.

Response Group 2: 100% of the participants rated the workshop at four or above.

- How satisfied are you with the teaching? (Participants marked a five point scale with one being not at all satisfied and five being very satisfied.)

  Response Group 1: 78% of the participants rated the teaching as four or above.

  Response Group 2: 100% of the participants rated the teaching as four or above.

3.3.2 Identifying What Was Learned

Each of the teams suggested modifications in the workshop design after both the first and second workshops. These modifications were incorporated into the training design which has been documented in A Trainer's Guide for Health Education Skills Workshop.

Each trainer developed a list of things he had learned as a result of designing and conducting the workshop:

As a result of my involvement in the workshop, I learned:

- How to move in stream with the participants and how to be patient with them.
- How to be flexible as a trainer and not be disappointed when things don't work out as you expected.
- How to boost participants' morale and participation.
- How to develop a one-week training program and how to modify it if time does not allow.
- My fear of standing before the group has been cleared up.
- The importance of starting from the known and then moving to the unknown when training participants.
- The importance of asking follow-up questions which are aimed at driving learners to be more specific.
- The importance of linking subjects from the first session to the next.
- Flipchart management and organization.

- What to write on flipchart before the session.
- What to write on flipchart during the session.
- How to write it.
- How to arrange flipcharts.

- How to manage time without pumping too much into the learner in too short a time.
- How to distinguish between process and content.
- How open-ended questions can keep the discussion going.
- The importance of reviewing each day's session so as to make modifications in the up-coming sessions.
- How to connect the subject of a session to the real situation of the participants.
- How to budget time when teaching.
- For good team work, each of the trainers needs to know what is happening at every stage of the session.
- Team planning and reviewing of each session before it is presented help encourage every trainer on the team to follow the sequence of the session, thereby making it possible for appropriate additions and/or rectification of mistakes by other trainers.
- As a trainer it is important to be flexible with the workshop design because at times one is forced to move at the pace and in the direction of the learner.
- The experiential training approach is one of the best training approaches because it creates thinking on the part of the learner.
- As a trainer it is important to show the link between one session and another so that the learner does not see each session presented in isolation.
- If instructions for a session are clearly outlined and explained, the learner finds the exercise easy to tackle.

3.4 Stage Four: Action Planning

An important goal of Phase Two was to identify opportunities for the regional training teams to further develop and use the skills they have learned. To meet this goal, a half-day action planning session was held for all three teams immediately following the workshops at Dowa in the Central Region. The purpose of the session was to develop strategies and plans for applying the skills learned during Phase Two. By the end of the action planning session:

a. Each trainer would have identified how he can apply the skills learned on his own job.

b. Each team would have identified a target for the team's next effort and developed a plan for reaching it.

c. Trainers would have developed recommendations to operationalize the regional training team approach.

A sampling of the ideas that were developed during the action planning session are included below.

3.4.1 Individual Applications

The trainers identified several different ways in which they hoped to use the skills learned during Phase Two. They included:

- By using experiential learning cycle (ELC) when I supervise staff. By asking open-ended questions and helping staff to develop problem-solving skills.
- By using ELC in a water and sanitation workshop scheduled to occur in two weeks time.
- In training farmers at the Agricultural Training Center on the subject of diarrhea.
- In teaching a group of women in treatment of dehydration using oral rehydration solution.
- In teaching HSAs how to chlorinate water.
- In planning of Expanded Program for Immunization (EPI) workshops currently being held in the district.
- I am thinking of planning a workshop for village health committee members.
- In planning and conducting a village headman and local leaders workshop which one of my health assistants is organizing at the community level.

3.4.2 Team Targets

Each regional team was asked to identify an appropriate and realistic target for the team's next effort, to list the important next steps in reaching the target, and to decide who needs to be involved in the effort. The team targets were stated as follows:

Southern Team:

Target: A meeting of the Southern Regional Training Team and the regional health inspector (RHI) to:

- Brief two absent team members and the RHI on the action planning session.
- Identify next steps of the team.
- Request the RHI to act as a patron of the team.

Central Team:

Target: A regional five-day workshop for 20 HSAs on health education skills to occur in September.

Northern Team:

Target: To conduct the same workshop just completed at Dowa for the Northern Region 26 to 30 May 1986 at Chitipa.

3.4.3 Recommendations to Operationalize the Regional Training Team Approach

The trainers were asked to develop recommendations on how the regional training team approach could be operationalized. Their recommendations were:

1. Hold frequent regional meetings with the principal health coordinator/HESP (at least once every three months) to strengthen the teams. Support for transport is needed.
2. Hold a refresher course for the trainers once a year.
3. Find a patron for each team.
4. Hold bi-annual meetings for all three regional teams with the principal health coordinator/HESP to share ideas and plan for the future.

3.5 Stage Five: Preparation of Trainer's Guide

The trainer's guide went through a series of evolutions during the Phase Two consultancy. During the training staff preparation period, the trainers developed the foundation of the training design. Between the first and second workshops, the consultant wrote specific trainer guidelines for each session based on the experience of the first workshop and the recommendations of the Southern Regional Training Team. At the end of the second workshop, the Central and Northern Teams suggested further modification in the workshop design and in the format of the trainer's guide. The final product was developed during the last week of the Phase Two consultancy. It is available through the WASH Project.

3.6 Stage Six: Exit Debriefings and Planning Sessions

During the final week of the consultancy, a series of planning meetings were held to discuss next steps and future strategy for continuing the effort to build a capacity within the MOH to plan and conduct experiential job-related training. Exit debriefings were held with MOH and USAID officials to highlight the accomplishments of Phase Two and make initial recommendations for the future. A list of the meetings held can be found in Appendix G.

3.7 Outcomes

The outcomes of the Phase Two WASH consultancy far exceeded the initial expectations of the consultants, particularly in relation to the level of professional development that the trainers were able to achieve. Each trainer made significant strides toward becoming a very good professional trainer. The outcomes that were achieved are:

a. The strengthening of training skills of the three regional training teams whose 12 members are now capable of conducting the five-day workshop on their own and, perhaps more importantly, of applying what they learned about planning and conducting training programs to other situations.

b. The successful completion of two five-day workshops on health education skills for a total of 55 HSAs.

c. The identification of general follow-up activities as well as immediate targets of opportunity for planning and delivering future training by each of the three regional training teams.

d. Initial discussion of possible follow-up and supportive actions with key individuals within the MOH and USAID.

e. The development of A Trainer's Guide for Health Education Skills Workshop.

Chapter 4

CONCLUSIONS

4.1 Specific Problem-Centered Training for the Present

The first conclusion is that specific problem-centered training for the present is more effective than general preparation for the future. By providing the trainers with an actual training situation to plan, conduct, manage, and evaluate and by structuring the situation so that ongoing feedback and problem solving occurred, the trainers made remarkable progress in their skill development. They learned a broader array of skills at a more meaningful and pragmatic level than can be learned from a general training of trainers course.

Because the Ministry of Health (MOH) trainers were given full responsibility for the conduct of the training program and faced the very real situation of having a group of participants in front of them ready to be trained, they had an immediate need to learn skills and an immediate opportunity to apply them.

4.2 Maximize Opportunities for Success

The second conclusion is that careful attention must be given to maximizing opportunities for success in the design of an action training event. In Malawi, the skill level of the trainers was a primary consideration in the design of Phase Two. The workshop that the trainers planned and delivered was five days long, a realistic length for the trainers to manage. The actual in-classroom training occurred only in the mornings allowing time every day to review the morning's performance and to prepare for the next day.

Only immediately relevant problems and tasks were the focus of the action training. For example, how to handle a "difficult" participant became a topic for problem solving and discussion only when the situation occurred. How to develop an evaluation instrument and conduct an evaluation of a workshop became a focus of the action training toward the end of the workshop when the time for evaluating the workshop was near. This process gave the training an immediate relevancy and avoided overloading the trainers with more than they could handle at any one time. This step-by-step process allowed the trainers to give their full attention to the immediate task at hand. With very specific feedback on a daily basis and with encouragement, the trainers had many opportunities to improve and to experience success.

4.3 Consider Future Replicability

The third conclusion is that consideration must be given to future replicability if long-range impact beyond the duration of the consultancy is to occur. This consideration requires an overall approach to the consultancy that deliberately pays attention to the goals of replicability and capacity building and, therefore, takes into account the realities, constraints, and opportunities within the setting. The current capacity of the MOH to continue to support training events of a similar nature, the amount of time available

to the trainers to plan and conduct training programs while carrying out their normal duties, and the skill level of the trainers were all considered in the approach to this consultancy. The workshop on health education skills as designed is one that can now be easily replicated by the trainers and be supported in terms of logistics, administration, and funding by the MOH. The action planning sessions focused on realistic and appropriate next steps given the current priorities of the Ministry.

Chapter 5

RECOMMENDATIONS FOR THE FUTURE

Five key recommendations are proposed to further build the capacity of the Ministry of Health (MOH) to plan and conduct experiential training programs and to strengthen the Health Education and Sanitation Promotion (HESP) program.

5.1 Create Opportunities to Orient Senior Level MOH Officials about Experiential Training Methodology

There is a need to find ways of orienting senior level officials to the potential that experiential training methodology offers, particularly in respect to improved on-the-job performance. In order for senior level officials to support a new approach to the training of staff, they must first be convinced that the approach will benefit personnel and will ultimately result in achieving ministry priorities.

Orientation can occur in several different ways such as by setting up a formal seminar, by inviting senior level officials to observe experiential training events, by documenting training events and disseminating information about their results, and by ongoing briefing on plans and progress.

5.2 Provide Timely Support to the Three Regional Training Teams

In order to benefit from the investment in time, money, and manpower made by the MOH during the two phases of the WASH consultancy, the regional training teams should be encouraged to use and develop their skills. Support to the teams will be needed in the form of site visits, periodic regional and national level meetings and seminars, technical assistance, transport, materials, and advocacy within the central Ministry. By staying informed of upcoming training events within the Ministry, the principal health coordinator can suggest to the organizers ways to incorporate experiential methodologies and to use the skills of the regional training teams.

Each team identified a target for its next training effort. The teams will need encouragement and support to achieve their targets. The future training efforts that the teams attempt should be realistic and appropriate so that they can experience continued success and begin to build interest in experiential training within their districts and regions. Taking on a project which is too ambitious and requires significant administrative and logistical support may be too big a challenge at this point. A carefully planned and realistic strategy that gradually introduces experiential training into already planned training programs and seminars is the best approach.

5.3 Conduct a Follow-up Evaluation and Needs Assessment

Plan an evaluation of Phase Two to discover how the trainers have been able to apply the skills learned and to identify further skill development needs.

Within six months, the trainers will have had opportunities to apply their skills and will have found out where they need additional technical assistance. Future skill building should use the action training approach. Organizing additional training of trainers around actual projects is more effective than conducting a general course.

Becoming an accomplished experiential trainer takes time. The trainers have made significant strides in their skill development. However, the total amount of training that they have had during Phase One and Two of the WASH consultancy amounts to less than half of what is normally required for an entry level training of trainers course.

5.4 Focus Health Education and Sanitation Promotion (HESP) Activities on Building Health Education Skills

A primary purpose of the HESP program is to provide health education to villages that have set up a rural piped water project. The MOH and the Ministry of Works and Supplies have determined that providing better access to a source of clean water has not resulted in discernible improvements in health unless sanitation and hygiene education take place. For this reason, the two ministries have been collaborating at the field level since the establishment of the HESP program.

The MOH district level personnel involved in HESP activities primarily perform two major functions (in addition to their regular job duties). The first involves data gathering and monitoring through initial village inspections and the regular reporting on the number of latrines built, washing slabs constructed, etc.

The second primary function is health education. Providing effective health education that results in changes in behavior is not an easy task. It requires personnel who have a good understanding of adult education theory and methods.

The HESP program should consider focusing on this second function in the future. The MOH district level personnel need further training in health education methods and techniques. It is the major contribution that they, as MOH personnel, can make. Improved skills in planning and conducting health education at the village level have applications far beyond HESP. Health education is an important part of all aspects of primary health care.

5.5 Allocate Specific Funds Directly to the HESP Program for Training

In order to continue to build a local capacity for conducting experiential training and to develop a plan to train personnel in health education methods and techniques, specific funds should be allocated directly to the MOH's HESP program. Consideration should also be given to sending key individuals from HESP and the Rural Piped Water Project of the Ministry of Works and Supplies to advanced training of trainers courses both locally and abroad.

APPENDIX A

Action Plan

PLAN FOR PHASE TWO

WATER AND SANITATION FOR HEALTH CONSULTANCY:

FOLLOW-UP TRAINING EFFORT

WITH THE MALAWI MINISTRY OF HEALTH

March/April 1986

I. INTRODUCTION

The purpose of this document is to assist in the further planning and follow-up actions required in order to prepare for phase two of the Water and Sanitation for Health Project (WASH) consultancy with the Malawi Ministry of Health. It is hoped that it will encourage further discussion between key MOH personnel whose current and future involvement is key to the success of this effort.

This document was developed through a series of working sessions with the Chief Public Health Officer, the Principal Public Health Officer, the Principal Health Coordinator (HESP), the Regional Health Inspectors, and three District Health Inspectors who were participants at the Chilema Training of Trainers Workshop, January 13 through 24.

II. BACKGROUND

In 1983, 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 USAID-funded Rural Piped Water Project. 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 clean water, and in other sanitation measures. Twelve MOH personnel were trained as trainers to conduct similar workshops in the future.

Phase one of the current consultancy, which occurred during January 1986, brought the Rural Piped Water Project Supervisors of the Ministry of Works and the District Health Inspectors of the Ministry of Health together for a joint two-week workshop that had two major hoped-for outcomes - to improve the capability of supervisors to plan and conduct training programmes for field workers, using experiential methodology, and to design a strategy for closer collaboration at the field level between the Rural Piped Water Project staff (Rural Water Operators) and the HESP staff (Health Surveillance Assistants). These outcomes were very successfully achieved, according to the end-of-workshop evaluation completed by participants. (See report "Recommendations for the Future" and full report on phase one of the WASH consultancy.)

Phase two was designed to build on phase one. It was hoped that the DHIs trained at Chilema would be the key trainers for phase two. This is an opportunity to give these DHIs additional practice in using the experiential training method with a "live" group of participants - the Health Surveillance Assistants. The phase two consultancy is part of a long-term partnership between WASH, HESP (Health Education and Sanitation Promotion, located within the Ministry of Health), and the Rural Piped Water Project.

III. PURPOSE AND MAJOR OUTCOMES OF PHASE TWO

There are two major target groups that we are involved with in phase two - the District Supervisory Personnel and the Health Surveillance Assistants. We hope to strengthen the ability of the first target group - the District Supervisory Personnel - to plan and conduct training programs for field staff workers, using the new experiential training methods learned at Chilema. It is hoped that if the District Supervisory Personnel conduct the training program once,under the supervision and assistance of the consultant, they will be able to replicate the five-day program on their own with other field workers in their districts, as well as within other districts that fall within their region. To help them do this, a Trainer's Guide will be developed with specific instructions on how to conduct each session. We hope to assist the second group - the Health Surveillance Assistants - to improve their skills in teaching others about water and sanitation, particularly village leaders and village health committees.

A. The purpose, then, of phase two is to:

1. Increase the skills of MOH District Supervisory Personnel in planning and conducting training programs for field staff.

2. Assist the MOH in formalizing a training program for field staff by developing a Trainer's Guide.

3. Equip HSAs with skills in health education, especially as related to water and sanitation, resulting in a stronger link at the village level between availability of clean water and improved health.

B. The major outcomes we are aimimg to achieve at the end of this effort have been defined for each target group. At the end of this effort, District Level Supervisory Personnel will:

1. Have developed a one-week curriculum, pilot tested it twice, and revised it in final form.

2. Be able to conduct the one-week training program for field staff on their own.

C. At the end of this effort, Health Surveillance Assistants will:

1. Be able to design and conduct a training session on a health or sanitation topic for a small group of village leaders.

2. Conduct an analysis of village health and sanitation problems with village leaders.

3. Review knowledge of water-related diseases.

4. Define major "messages" related to water and sanitation for villagers.

IV. APPROACH TO PHASE TWO

A. Training Teams

It has been proposed that there be three training teams involved in this effort - one in each of the three regions. These teams would be designated as mobile teams. That is, they would conduct the same five-day training program for other HSAs within their region and would be available to plan and conduct other training workshops for field staff, based on the learning needs of the field staff as identified by the field staff personnel themselves, and by their superiors.

The following district supervisory personnel have been identified as potential members of mobile training teams:

Southern Region:	Kunkeani	(TOT participant at Chilema)
	Kudzala	(TOT participant at Chilema)
	Mandebvu	(TOT participant at Chilema)
	Chilambula	
Central Region:	Malema	(TOT participant at Chilema)
	Tasaukadala	(TOT participant at Chilema)
	Kukasha	(TOT participant at Chilema)
	Chongwe	
Northern Region:	Chipwaila	(TOT participant at Chilema)
	Tembo	(TOT participant at Chilema)
	Nyirenda	
	Meke	

Criteria for the final selection include:

1. Interest in upgrading their experiential training skills and in applying those skills in the training of MOH field workers.

2. Ability to motivate and encourage learners.

3. Ability to actively listen to learners.

4. Ability to encourage participation on the part of the learner.

5. Ability to utilize the experiential learning cycle in a training session.

B. Five-day Workshops for Health Surveillance Assistants

Three five-day workshops are planned to occur, one in each of the three regions. Two of the workshops will be conducted under the supervision of the consultant. However, the trainers for these workshops will be members of the three training teams described above. A total of 25 Health Surveillance Assistants will be invited to each workshop.

1. Purpose of Health Education Workshop for Health Surveillance Assistants:

The purpose of the workshop is to equip HSAs with skills in health education, especially as related to water and sanitation. It has been shown that the availability of clean water at the village level is not enough and has no discernable health impact. It is hoped that, through improved skills in health education, HSAs can assist in making sure that clean water can also result in improved health.

2. Major outcomes:

At the end of the five-day workshop. HSAs will:

a. Be able to design and conduct a training session on a health or sanitation topic for a small group of village leaders.

b. Conduct an analysis of village health and sanitation problems with village leaders.

c. Review knowledge of water-related diseases.

d. Define major "messages" related to water and sanitation for villagers.

3. Proposed Content and Methodology:

The five-day workshop will use the experiential training methods taught at the Chilema Training of Trainers Workshop, January 13-24, 1986. This approach stresses learning by doing, and active participation on the part of the learner. It is designed to build on what the learner already knows, and to promote the sharing of ideas between learners.

Three of the DHIs who were participants at Chilema met with the consultant to plan the broad outlines for the five-day workshop. The ideas suggested to accomplish each of the four major outcomes were:

a. Be able to design and conduct a training session on a health or sanitation topic for a small group of village leaders.

The topics that we should concentrate on include:

- Chlorination of water supply
- Water storage and waste-water disposal
- Disposal of excreta
- Personal hygiene
- Environmental cleanliness
- Spread and prevention of water-related diseases, particularly diarrhea, bilharzia, and cholera

After some sessions on health education methods (how to hold a group discussion, how to conduct a participatory demonstration, etc.) participants will plan a short session that would be appropriate for village leaders, practice the session in front of their fellow participants, and receive suggestions on how to improve it.

b. Conduct an analysis of village health and sanitation problems with village leaders.

Particpants will make a village visit to identify health and sanitation problems. After the visit, participants will return to the workshop site and discuss what they observed. They will be asked to share their ideas about how they would approach working with the village, and particularly how they would involve village leaders in an analysis of village health and sanitation problems.

c. Review knowledge of water-related diseases.

The water-related diseases to be emphasized include diarrhea, bilharzia, and cholera. Participants will form teams, each concentrating on a different disease. The teams will then make presentations to their fellow participants on:

- How to recognize the symptoms of the disease
- How the disease is spread
- How to break down the spreading system
- What can be done at home to prevent and cure the disease

d. Define major "messages" related to water and sanitation for villagers.

Participants will identify how much information should be included in each message, what the appropriate teaching methodology should be, and how they can maximize participation of villagers while delivering the message.

The ideas suggested here will be reviewed by the consutant, who will prepare a specific workshop schedule and daily session plans before returning to Malawi. The training teams will critique and finalize the daily session plans during the preparation week preceeding the first workshop.

C. Major Events of Phase Two Consultancy

The phase two consultancy has been divided into five major stages, as described below:

1. Stage one: Staff training and workshop presentation.

This stage involves MOH officials, Regional Health Inspectors and training team members in planning sessions to:

a. Update purpose, outlines, and plan for the overall consultancy.

b. Refresh trainer skills learned at Chilema.

c. Clarify with training teams the purpose, outcomes and approach for the workshop with HSAs.

d. Review the specific session plans and make appropriate modifications.

e. Make specific assignments with the training team for the delivery of sessions.

f. Prepare to conduct the sessions, including the preparation of materials.

This stage will begin with meetings at the Ministry of Health with key officials (two days). Next, all training team members and Regional Health Inspectors will meet for staff training and preparation (four days).

Because only two workshops for HSAs will be conducted during this consultancy - one in the Southern and one in the Central Region - training team members from the Northern Region will participate as staff. Half of the Northern Region training team will be trainers for the first workshop, and half for

the second workshop, along with the designated teams for those regions.

Before the start-up of each workshop, working sessions with the specific teams will occur (one to two days).

2. Stage two: Workshop delivery

During this stage, two five-day workshops for HSAs will be conducted by the training staff - one in the Southern Region and one in the Central Region (10 days).

3. Stage three: Evaluation of workshop and revisions in workshop design

After each workshop, the training team will meet with the consultant to:

a. Receive feedback on training skills.

b. Evaluate the workshop.

c. Propose modifications in the workshop design.

These sessions will allow the training teams and the consultant to review what worked well in the workshop and what needs to be changed so that a final workshop design can be developed (four days - two after each workshop).

4. Stage four: Preparation of Trainer's Guide

During this stage the consultant will develop a specific session-by-session guide for trainers, based on the experience of the two workshops. The Trainer's Guide will help the training teams to repeat the same workshop in the future with other field staff (five days).

5. Stage five: Follow-up planning with Northern Region and evaluation of overall consultancy.

This stage will include working sessions with the Northern team to help it prepare for the Northern Region HSA workshop which will be conducted after the consultant departs. It also includes final de-briefing sessions with appropriate Ministry of Health and USAID/Lilongwe officials (six days).

D. Timetable

1.	Meetings with MOH officials.	March 6 - 7
2.	Staff training and workshop preparation (all team members).	March 10 - 13
3.	Team no. 1 prepares.	March 14

4.	Workshop no. 1 is conducted.	March 17 - 21
5.	Evaluation and revisions in workshop with team no. 1.	March 24 - 25
6.	Team no. 2 prepares.	April 3 - 4
7.	Workshop no. 2 is conducted.	April 7 - 11
8.	Evaluation and revisions in workshop with team no. 2.	April 14 - 15
9.	Preparation of Trainer's Guide.	April 16 - 20
10.	Planning sessions with Northern Region team.	to be decided
11.	Final de-briefing meeting with MOH and USAID/Lilongwe officials.	to be decided

V. FOLLOW-UP ACTIONS NEEDED

In discussions with Ministry of Health Officials, several issues were identified that require further discussion. These include:

A. Involvement of the Rural Piped Water Project/Ministry of Works in phase two consultancy.

During phase one of the WASH consultancy in January 1986, specific recommendations were developed by the participants at Chilema for closer collaboration between the Rural Piped Water Project of the Ministry of Works, and the Health and Sanitation Promotion (HESP) program of the Ministry of Health.

More joint training ventures were identified as a possible area for future collaboration. If the Rural Piped Water Project is to be involved in phase two, further discussions are needed for the Ministry of Works to:

1. Review the overall plan for phase two.

2. Identify roles of Rural Piped Water Project staff as training team members and/or participants in the five-day workshop.

3. Define criteria for selection of trainers and/or participants.

4. Decide jointly on overall responsibilities of MOH and MOW for follow-up actions.

B. Selection of training teams.

Some thought should be given to the final selection of the training team members. Some selection criteria were suggested on pages three and four ("Approach to Phase Two") of this document. In addition, the idea of a mobile training team for each region needs further discussion with key officials. The mobile teams would enhance the future capability of the Ministry of Health to plan and conduct training programmes for field staff using experiential training methodology. The mobile training team strategy suggests that additional criteria should be established for the selection of training teams, including:

1. Geographical location: Are the proposed team members stationed close enough to each other so that future meetings can occur to plan other training workshops after the completion of phase two?

2. Work load: Can the proposed training team members be available to carry out future training assignments, given their current work load?

C. Selection of HSA participants.

Criteria need to be determined for the selection of the HSA participants in the two workshops to be conducted during phase two. Participants who would benefit most and be able to apply the skills learned in the workshop should be selected.

D. Strategies for the future.

Opportunities for continuing to develop and use the capabilities being developed in training team members need to be explored and identified by ministry officials.

E. Action plan.

		By when
1.	Hold discussions with appropriate MOW officials.	14/2/86
2.	Make final selection of training team members and get appropriate approvals.	21/2/86
3.	Send out phase two plan to Regional Health Inspectors and training team members.	21/2/86
4.	Send a letter to training team members confirming dates, time, location and purpose of staff preparation week.	21/2/86

5.	Send out letters to DHIs and HSAs to inform them about:	
	a. Purpose, outcomes, dates and location of two regional workshops for HSAs.	
	b. Criteria for selecting HSAs to attend.	24/2/86
6.	Send out letters to RHIs inviting them to the staff preparation week and informing them of its purpose.	24/2/86
7.	Send to Charles Gurney of USAID/Lilongwe the following information to be cabled to Washington:	
	a. Copy of agreements reached between MOH and MOW, if MOW is to be involved (see item 1).	21/2/86
	b. Final list of training team members by region, with title and station (see item 2).	24/2/86
	c. Copy of letter sent to training team members (see item 4).	24/2/86
	d. Copy of letter sent to DHIs and HSA participants (see item 5).	24/2/86
	e. Copy of letter sent to RHIs (see item 6)	24/2/86
8.	Set dates for Northern Region workshop for HSAs.	28/2/86
9.	Arrange for use of training facilities at Ngabu and Dowa (food, lodging and classroom space).	4/3/86
10.	Arrange for transport of trainers and participants.	6/3/86
11.	Arrange for secretarial help.	7/3/86
12.	Arrange for opening ceremonies at both workshops.	10/3/86
13.	Locate health education materials related to water and sanitation that are appropriate for village level (posters, teaching aids, films - Rural Piped Water Project).	10/3/86
14.	Locate training supplies, rolls of brown paper.	10/3/86

VI. TERMS OF AGREEMENT

A. MOH will:

1. Send to Charles Gurney, USAID/Lilongwe, the following documents:

	By when
a. Copy of agreements reached between MOH and MOW, if MOW is to be included in this effort.	21/2/86
b. Final list of training team members, by region, with title and station.	24/2/86
c. Copy of letter sent to training team members (see V.E.4).	24/2/86
d. Copy of letter sent to DHIs and HSA participants (see V.E.5).	24/2/86
e. Copy of letter sent to RHIs (see V.E.6).	24/2/86

2. Provide a full-time secretary during the following periods:

   a. Staff preparation week.

   b. First five-day workshop.

   c, Two-day preparation for team no. 2.

   d. Second five-day workshop.

B. WASH consultant will:

1. Finalize and have typed up plans and agreements reached on 31/1 for distribution through Mr. Charles Gurney. 4/2/86

2. Develop a draft plan for each session of the workshop before return to Malaŵi.

3. Locate and bring to Malaŵi appropriate resource materials for training teams.

4. Locate and bring to Malaŵi training supplies needed.

5. Confirm date and time of arrival with USAID/Lilongwe.

C. USAID/Lilongwe will:

1. Distribute typed copies of final plan and agreements reached in 31/1 meeting to appropriate MOH officials.

2. Cable information as requested in terms of agreement to Washington.

3. Inform MOH of date and time of arrival of consultant, and arrange for planning meeting in Lilongwe before departure to Ngabu.

APPENDIX B

List of Trainers

Ministry of Health Trainers

Southern Regional Training Team

R.C. Mandebvu
A.C. Kudzala
V.T.J. Kunkeani
L.N. Chilambula

Central Regional Training Team

C.S. Tasaukadala
G.A.F. Malema
E.R. Chongwe
A. Kukasha

Northern Regional Training Team

G. Chipwaila
B.M.C. Tembo
E.K. Nyirenda
F.F. Meke

The consultants to the trainers were Mr. Yohane Nyasulu, principal health coordinator/HESP (Health Education and Sanitation Program) of the Malawi Ministry of Health, and Miss Claudia Liebler of the Water and Sanitation for Health (WASH) Project, Washington, D.C.

APPENDIX C

Preparation Period Materials

THE TRAINING STAFF PREPARATION PERIOD

PURPOSE: To prepare MOH district level personnel to conduct and manage a five-day experiential workshop for field staff on their own, and to orient regional supervisors to the approach they will use. This will be accomplished by a series of working sessions to:

a. Update purpose, approach, and plans for the overall consultancy.
b. Reach agreements on the roles and responsibilities of the trainers.
c. Clarify with trainers the purpose, outcomes and approach for the workshop with HSAs.
d. Design specific session plans.
e. Refresh trainer skills learned at Chilema.
f. Prepare to conduct the sessions.
g. Assure that all logistical and administrative arrangements are in place.

MODULE ONE: Opening and getting organized to work

Purpose: To get the work started in a way that will lead to success

Outcomes: By the end of this module, trainers will:

a. Be better acquainted with each other
b. Have shared aspects of the Chilema experience
c. Have shared what they hope to learn from Phase II
d. Have understood the purpose, outcomes and approach to Phase II
e. Have reviewed the schedule of the preparation week
f. Have explored the relationship of the workshop to the on-going work at the district level

MODULE TWO: The workshop's experiential approach

Purpose: To develop a shared understanding of the purpose, outcomes and experiential training approach for the upcoming workshops.

Outcomes: By the end of this module, trainers will:

a. Have reviewed the purpose, outcomes and approach of the workshop

b. Have experienced the methodology to be used in the workshop

c. Have assessed their readiness to prepare and deliver training, and have identified areas they need to strengthen.

MODULE THREE: Workshop design

Purpose: To build skills in workshop design by developing designs for each workshop session.

Outcomes: By the end of this module, participants will:

a. Have identified specific skills on which the workshop will focus

b. Have reached a common understanding of the purpose, learning objectives and length of each session

c. Have reviewed key steps and skills needed for workshop design

d. Have developed and shared initial designs for each session

e. Have developed a shared understanding of the entire workshop design

MODULE FOUR: Conducting the workshop sessions

Purpose: To strengthen trainer skills by preparing for workshop delivery.

Outcomes: By the end of this module, participants will:

a. Have developed an initial delivery plan for each session

b. Have identified and practiced selective delivery skills

c. Have explored some aspects of team-training and co-facilitation

d. Have developed a set of agreements for working together in regional teams

Training Staff Preparation Week

SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
a.m.	10 MODULE ONE: Opening and Getting Organized to Work	11 MODULE TWO: The Workshop's Experiential Approach	12	13 MODULE FOUR: Conducting the Workshop Sessions	14 Closure
p.m.		MODULE THREE: Workshop Design			Team One: Preparation for Day One of Workshop

10 March, 1986
Lilongwe

Dear Trainer:

Welcome to the preparation week for District Health Trainers. In order to get ready for our work together this week it is important to review where we have been and where we are heading. Some of you were participants at Chilema. Others of you were not. All of you have had experiences in the past that make you uniquely qualified as trainers for the effort we are about to undertake.

This worksheet will help us review what was learned at Chilema, understand more about the members of our training teams and identify what you would like to learn during phase two.

Take about 20 minutes to write down your answers to each item on the individual workheet. Once every group has finished, form three small groups. Two groups should be made up of Chilema participants. One group should be made up of trainers who were not at Chilema.

Here are the instructions for your groups:

For Chilema trainers:

1. Share your answers to each item on the individual worksheet.
2. Prepare to make a brief (15 minutes) presentation, on the highlights of what you learned at Chilema, to trainers who were not present.

For trainers who were not at Chilema:

1. Share your answers to each item on the individual worksheet.
2. Prepare a list of questions to ask the trainers who attended the Chilema workshop about what when on there.
3. Prepare to share with the other trainers your group's answers to questions number two and three on the individual worksheet.

INDIVIDUAL WORKSHEET: Trainers who did not attend Chilema

1. What does the term "experiential training" mean to you? Describe.

2. Think back on the best training workshop or programme you attended as a participant. What made it best? Describe.

3. What experiences have you had that are related to training others which will help you this week? Describe.

4. In January a two-week Training of Trainers Workshop was held at Chilema. What are you particularly interested in knowing about that workshop? List questions you have for the Chilema participants.

5. What can you do this week to narrow the gap between yourself and the trainers who participated at Chilema?

6. What do you hope to learn during Phase II? List.

INDIVIDUAL WORKSHEET: Trainers who attended Chilema

1. How would you describe experiential training to trainers who were not at Chilema?

2. What do you remember most about designing training sessions?

3. What do you remember most about conducting training sessions?

4. What do you remember most about teamwork when training?

5. What are you interested in learning or improving in Phase II?

6. What can you do to assist training team members who were not at Chilema to catch up?

SESSION DESIGN SHEET

1. Discuss the method you will use in this session. You should use one or a combination of the following methods:

Group discussion
Small group tasks
Role play
Case study
Demonstration
Practice sessions
Field Trips
Lecturette / Presentation

2. Outline the flow of the session by listing the major activities at the beginning, middle and end of the session.

For Example:

-Begginning
- Climate setting
- Goal Clarification

-Middle
- Presentation on _____
- Group Discussion on_____
- Small group task
-Develop a list of _____

and so forth.

3. Decide on the key points to include in the session,

For example:

- People learn Best when they see some value to what they are learning.

- "Demonstratinons that are interactive are more interesting to villagers."

- "The most important person in the health hierarchy is the HSA because he has the most crucial and difficult job changing the habits, values and beliefs of people."

4. Allocate time to each activity

5. Things to check:

A. Are the methods you have chosen appropriate?
B. Will the activities you have outlined lead to the achievement of the learning objectives?

C. Do your activities and methods allow for maximum participtation and build on what the learner already knows?

D. Have you used the steps in the ELO?

E. Have you realistically budgeted your time? Remember things always take longer than you think!

THE JOB OF A TRAINER

Training Design	In this area: I do well	I need improvement
1. Identifying learning needs of participants	_____	_____
2. Understanding what the participant group is like (characteristics)	_____	_____
3. Taking into consideration other factors which impact on the design (time available, training site, etc.)	_____	_____
4. Writing a statement of workshop purpose, outcomes and approach	_____	_____
5. Identifying the sessions	_____	_____
6. Deciding on the purpose of each session	_____	_____
7. Sequencing the sessions	_____	_____
8. Allocating time to each session	_____	_____
9. Writing session learning objectives	_____	_____
10. Listing major activities	_____	_____
11. Identifying the trainer steps for each activity	_____	_____
12. Working as a design team	_____	_____

Before the Workshop		
1. Preparing flip charts ahead of sessions	_____	_____
2. Having all materials ready before beginning session (hand-outs, markers, etc.)	_____	_____
3. Organizing the room before the session	_____	_____
4. Welcoming the participants before the workshop begins and making them feel at ease	_____	_____
4. Sharing preparation tasks with team members	_____	_____

During the Sessions	In this area: I do well	I need improvment
1. Setting the climate	_____	_____
2. Clarifying the objectives	_____	_____
3. Managing the experience	_____	_____
4. Giving clear instructions	_____	_____
5. Doing the processing	_____	_____
6. Doing the generalizing	_____	_____
7. Doing the application	_____	_____
8. Doing the closure	_____	_____
9. Projecting my voice	_____	_____
10. Listening carefully to participants	_____	_____
11. Asking questions	_____	_____
12. Leading a group discussion	_____	_____
13. Managing the flip charts	_____	_____
14. Keeping the room organized	_____	_____
15. Remembering the names of participants	_____	_____
16. Using humor	_____	_____
17. Treating participants as equals	_____	_____
18. Showing patience	_____	_____
19. Encouraging the participants	_____	_____
20. Valuing all contributions from participants	_____	_____
21. Being enthusiastic and energetic	_____	_____
22. Being able to say I made a mistake	_____	_____
23. Showing warmth and concern	_____	_____
24. Being supportive of other training team members	_____	_____
After the Sessions		
1. Being open to feedback on performance	_____	_____
2. Being able to evaluate the session	_____	_____
3. Being able to revise design	_____	_____
4. Cleaning up the room	_____	_____

TEAMWORK

1. As a member of this team, I hope

2. I work best when

3. I would like this team to

4. I feel we should handle leadership on this team by

5. This team can support me by

6. I can support other members by

7. When preparing for sessions, we should

8. When conducting sessions, we should

9. The one thing that concerns me about being a member of this team is

10. The thing I like best about this team is

PRINCIPLES TO KEEP IN MIND WHEN LEADING A TEAM

1. A team leader should feel he is one of the team members.
2. Leader must know the subject matter.
3. Guide, not lead.
4. Team leader should encourage active participation.
5. Team leader should control members who dominate.
6. Team leader should make members feel part of the group.
7. Team leader should be able to listen to members.
8. Team leader should arrange seating.
9. He should use a variety of approaches.
10. He should be recognized as a leader.
11. He should control time allocated.
12. He should be exemplary.
13. He should praise work well done.
14. Team leader should know something about his group.

APPENDIX D

Southern Team's Document

LEARNINGS FROM THE THUCHILA WORKSHOP

Developed March 22, 1986, by Southern Regional Training Team:

Richard Mandevu
Amose Kudzala
Vincent Kunkeani
Chilambula

Learnings:

1. How to move in stream with the participants and how to be patient with them.

2. My fear of standing before the group has been cleared up.

3. Leading group discussions and demonstrations are now strong to me.

4. Time budgeting is important.

5. How to develop a one-week training programme and how to modify it if time does not allow.

6. How to act politely before the group when you see some of the participants are behaving wildly.

7. A trainer needs to have patience and be tactful in delivering the sessions.

8. To stand in front of the participants, the trainer must have prepared himself in order to give good sessions as the group has different levels of understanding.

9. As I am a supervisor, I have acquired experience on how I will conduct similar workshops as part of the field work activities.

10. I learned skills in designing and planning workshops.

11. I learned to be flexible when you are a trainer and not to be dissapointed when things don't work out as you expected.

12. Techniques of handling participants of more than one cadre in a workshop.

13. Climate setting techniques.

14. How to booster participants' morale and participation.

15. How to adjust training programmes or the workshop session.

16. I have learned the most effective ways of giving health education, particularly group discussion and approach. Also time management, which is very important.

ADVICE FROM SOUTHERN TEAM
TO THE NORTHERN AND CENTRAL TEAMS

Developed March 22, 1986, by the Southern Regional Training Team:

Richard Mandevu

Amose Kudzala

Vincent Kunkeani

Chilambula

Personal Advice:

1. Be patient. Don't underestimate or overestimate the workshop design.

2. Prepare to be flexible.

3. Take courage to work under pressure and be prepared to work for a long time (sometimes up to midnight).

4. Forget about your leisure time but stick to what you are there for during the week.

5. Avoid personal, private things that can disturb your efficiency in the workshop.

6. Have ample time for preparations.

7. Try to practice every stage of the ELC (Experiential Learning Cycle) by the end of the one-week workshop.

8. Trainers must each thoroughly know the sessions before presenting.

9. Avoid embarrassing anyone in the workshop.

10. Trainers should not show that they are superiors and that they know everything. Never point at HSAs when they have made a mistake. Never shout at them or criticize them. Be patient and kind.

Advice About Teamwork:

1. Choose a team leader who is flexible and have one leader throughout.

2. Show that you are cooperative and regard yourselves as equals.

3. Plan together and prepare flip charts together so you can help each other politely when a member is going off track.

4. Correct your colleague when he is going astray but in a tactful manner. Don't embarrass him. Please try to support each other gently.

5. Budget time together.

6. Don't intervene all the time. Intervene only when it is important to do so to avoid distraction of your fellow trainers.

7. In each session, try to share responsibilities.

About Working With HSAs:

1. Meet with the Health Assistants before the workshop begins to explain the purpose of the workshop and to gain their cooperation and support.

2. Trainers have to use Chichewa, but English language has to be used at times to back up or clarify points when Chichewa fails to convey a clear meaning.

3. The trainers need to reduce their level a bit.

4. Don't overestimate or underestimate the intelligence of the participants.

5. Trainers should not show they know everything in speaking and in actions. Be patient with the participants.

6. When delivering sessions trainers should be aware of the different levels of understanding of the HAs and the HSAs.

7. Try to bring the minds of the participants to their real job situation.

8. Trainers have to check with participants during afternoon assignments to make sure they have understood what they are to do.

9. Try as much as you can to meet the welfare of the participants.

10. Trainers, if possible, should mix with the HSA's.

11. Remember the elephant and kangaroo game.

APPENDIX E

Workshop Overview and Schedule

MAPHUZILO A ZAUMOYO KWA ALANGIZI A ZAUMOYO

Unduna wa Zamoyo (Malawi)

DOWA (Red Cross Centre) · April 7-11, 1986

MAPHUNZIRO A ZA UMOYO KWA ALANGIZI A ZAUMOYO:-

CHOLINGA:

Kuwaphunzitsa luso la kaphunzitsidwe ka za umoyo maka-maka pofuna kusintha makhalidwe a wanthu ndi kutukula miyoyo yawo.

ZOMWE TIYEMBEKEZA PAKUTHA PA MAPHUNZIRO:

Pakutha masiku asanu ophunzira:

1. Adzakhala atakumbutsidwa za matenda omwe amafala podzera ku madzi.
2. Adzatha kudziwa njira zofufuzira zomwe zimapezeka m'midzi pa nkhani ya za umoyo.
3. Adzatha kukonza mndandanda wa kaphunzitsidwe kazaumoyo kwa anthu m'timagulu pogwiritsa ntchito njira zothandiza kuti aliyense apalekepo maganizo ake.
4. Adzakhoza kutanthauzira ndi kufotokozera uthenga okhudza za madzi ndi ukhondo.

CHOLINGA CHA MAPHUNZIROWA:

a) Kufuna kutsata njira zophunzitsira zosiyana-siyana monga:
   - Kuchita sewero
   - Kukambirana ndi kufunsana
b) Aliyense akhala amasuka panaphunziro ndi zokambirana zonse.
c) Kuphunzitsa pochita manga:
   - Kuchita sewero
   - Kuona zochitika
d) Kuphunzira pochokera pazimene tili kuzidziwa kale.
e) Kukambirana ndi cholinga chofuna kupitsana nzeru.

GAWO 1:

KUTSEKULIRA/ZOMWE TIKUFUNA KUNO:

CHOLINGA:- Kuthandiza kuti ophunzira adziwane, ndiponso adziwe cholinga cha maphunziro ndi momwe maphunziro wa aliyandera.

GAWO 2:

KUKAMBIRANA ZA MATENDA OFALITSIDWA NDI MADZI:

CHOLINGA: Kutsimikiza kuti ophunzira amvetsetsa njira zomwe matenda amaonekera kawiri-kawiri m'midzi.

GAWO 3:

KUKUFUFUZA ZOMWE ZIMAPEZEKA M'MIDZI:

CHOLINGA: Kupitsa mwayi ophunzira kuyang'anza momwe angafufuzire zimene zimapezeka m'midzi ndi kukufufuza m'mudzi wani-wani.

GAWO 4:

NJIRA ZOPHUNZITSIRA MAPHUNZIRO A ZA UMOYO:

CHOLINGA: Kukambirana zomwe ophunzira adzapeza kumudzi ndi kukonza njira zokaphunzitsira kumudzi.

GAWO 5:

NJIRA ZOPHUNZITSIRA POKAMBILANA:

CHOLINGA: Ophunzira **kuti** akhale ndi luso lotsogolera anzawo pazokambirana.

GAWO 6:

NJIRA ZOPHUNZITSIRA MAPHUNZIRO A ZAUMOYO PAKUCHITA CHIONETSERO:

CHOLINGA: Ophunzira kuti akhale ndi luso pakonza ndi kuchita chionetsero.

GAWO 7:

KUONA ZOMWE TAPHUNZIRA NDI KUTSEKEDWA KWA MAPHUNZIRO:

CHOLINGA: Kuthandiza ophunzira kuona zomwe taphunzira sabata ino, kuona ngati maphunziro cyanda bwino ndi kutsekera maphunziro athu.

LOLEMBA	LACHIWIRI	LACHITATU	LACHINAYI	LACHISANU
M'MAWA GAWO 1: Kutsokulira/zomwa tabwororo kuno.	M'MAWA GAWO 3: Kufufuza zomwa zimapezeka m'midzi.	M'MAWA GAWO 4: Njira zophunzitsira maphunziro a za umoyo.	M'MAWA GAWO 5: Njira zophunzitsira a za umoyo pokambirana.	M'MAWA GAWO 6: Njira zophunzitsila maphunziro a za umoyo pochita chionetsero.
GAWO 2: Kukambirana za matenda ofalitsidwa ndi madzi.				GAWO 7: Kuona zomwa taphunzira ndi kutsokadwa kwa maphunziro.
MADZULO Kuona malo ozungulira sukulu ino.	MADZULO Ulendo wa kumudzi kukafufuza zomwa zimapezeka.	MADZULO Kukonzekera njira zophunzitsila za umoyo pokambilana.	MADZULO Kukonzekera chionetsero.	MADZULO Kuona zomwa taphunzira ndikutsokadwa kwa maphunziro.

APPENDIX F

Evaluation Results

Tuchila Workshop Evaluation Results

1. Which sessions were most useful to you?

Session	Number of Responses
Group discussion	22
Demonstrations	17
Problem analysis	14
Ideal village	11
Review of diseases	5

2. Which skills will you apply when you go back to your stations?

Skills	Number of Responses
Group discussion	15
Demonstration	8
Problem analysis	5
All skills	4
Health talks	2

3. What do you think about the workshop?

	Number of Responses
• Just right	18
• Too simple	5
• Too difficult	2

4. How satisfied are you with the workshop? (using a five-point scale with one being not at all satisfied and five being very satisfied)

Scale	Number of Responses
1	
2	2
3	5
4	6
5	11

5. How satisfied are you with the teaching? (using a five-point scale with one being not at all satisfied and five being very satisfied)

Scale	Number of Responses
1	2
2	1
3	4
4	2
5	16

6. What improvements would you suggest in this workshop?

- more handouts and materials
- workshop should be longer
- improve the food
- more allowance

Dowa Evaluation Results

The workshop participants were divided into two groups with the Central Regional Training Team working with one group and the Northern Regional Training Team working with another. Therefore, the workshop evaluation was administered separately to each group.

1. Which sessions were most useful to you?

Sessions	Number of Responses Group #1	Group #2
Ideal village	10	5
Review of water related diseases	12	10
Information gathering	15	13
Role plays	11	10
Village visit	12	14
Group discussions	14	14
Demonstrations	15	14

2. Which sessions were not clear to you?

Sessions	Number of Responses Group #1	Group #2
Ideal village	1	4
Review of water related diseases	2	3
Information gathering	4	1
Role plays	1	1
Village visit	0	2
Group discussions	0	1
Demonstrations	1	0

3. Which skills are you going to apply to improve your health education when you get back to your station?

Responses: Group 1	Number of Responses
Group discussion	13
Demonstration	13
Role plays	1

Responses: Group 2	
Demonstration	11
Group discussion	10
Role plays	6
Information gathering	4
Village visit	1

4. What do you think about the subjects covered in the workshop?

	Number of Responses	
	Group #1	Group #2
Too simple	0	4
Just right	15	10
Too difficult	0	0

5. How satisfied are you with the workshop? (using a five-point scale with one being not at all satisfied and five being very satisfied)

	Number of Responses	
Scale	Group #1	Group #2
1		
2		
3	1	
4	9	6
5	5	9

6. How satisfied are you with the teaching? (using a five-point scale with one being not at all satisfied and five being very satisfied)

	Number of Responses	
Scale	Group #1	Group #2
1		
2		
3	3	
4	8	2
5	3	12

7. What improvements do you suggest in the workshop?

Responses: Group 1

- more handouts
- film show/entertainment needed
- change venue
- more allowance
- period of workshop be extended at least two weeks

Responses: Group 2

- more field visits
- more handouts
- big notebooks should be given
- workshops should be held every year

APPENDIX G

List of Meetings Held

FINAL MEETINGS HELD

Meeting Number One:

Participants: Mr. Yohane Nyasulu, PHC/HESP/MOH
Miss Claudia Liebler, WASH

Meeting Number Two:

Participants: Mr. Chindamba, CPHO/MOH
Mr. Chipungu, PPHO/MOH
Mr. Yohane Nyasulu, PHC/HESP/MOH
Miss Claudia Liebler, WASH

Meeting Number Three:

Participants: Mr. John Hicks, Director, USAID/Lilongwe
Mr. Charles Gurney, Health and Population Officer, USAID/Lilongwe
Mr. Yohane Nyasulu, PHC/HESP/MOH
Miss Claudia Liebler, WASH

Meeting Number Four:

Participants: Dr. Heatherwick Ntaba, CMO/MOH
Mr. Yohane Nyasulu, PHC/HESP/MOH
Miss Claudia Liebler, WASH