

PD-ABW-004

113723

FINAL REPORT

AWARD #: HAD-G-00-01-00028-00

**PUBLIC HEALTH IN COMPLEX EMERGENCIES COURSE
AND TRAINING OF TRAINERS IN INDONESIA**

**BOGOR, WEST JAVA, INDONESIA
AUGUST 7-25, 2001**

Submitted by:

Columbia University Mailman School of Public Health
Heilbrunn Department of Population & Family Health
Program on Forced Migration & Health

March 27, 2002

A

Executive Summary

Columbia University and its partners, World Education and International Rescue Committee, had the unique opportunity to provide technical assistance to Indonesian health personnel working in regions of crisis such as Aceh, Malukkus West Timor, Sulawesi, Kalimantan and other areas experiencing conflict, violence and mass internal displacement of populations. Through the support of USAID and the invitation of its Mission in Jakarta, the Public Health in Complex Emergencies (PHCE) course was offered to medical and health personnel from non-governmental relief organizations and staff from the Government of Indonesia Ministry of Health. Commitment to providing technical assistance to Indonesian relief staff was particularly high due to the extremely volatile and unstable political environment throughout Indonesia in 2000.

The following report describes the detailed activities of the Public Health in Complex Emergencies (PHCE) Course, held at the Novotel Coralia Bogor in Bogor, West Java, Indonesia from August 7-25, 2001.

Background

The creation of the PHCE course was based upon the post-Rwandan genocide experience of the early 1990s where several key institutions and players acknowledged the gross inadequacy of health services and policies. The PHCE course was therefore founded upon the imperative that field performance of humanitarian aid agencies working in complex emergencies must be enhanced vis-à-vis training, evidence-based research and sharing of practices, lessons learned, and case studies. It was believed that efforts to prevent excess mortality and morbidity in refugee/displaced populations could be improved by enhancing the skills of those who respond to those emergencies and equipping staff with adequate public health tools.

Columbia University, World Education and International Rescue Committee implemented the first PHCE course in June 1999. Since then, eight other courses have been provided throughout the world in East Africa, West Africa, Asia, the Balkans, and the United States.

In August 2000, a senior officer of the USAID Mission in Jakarta, Dr. Pamela Wolf, attended the PHCE training course. Based upon her favorable experience, Dr. Wolf lobbied to have a special course, including a Training of Trainers component, held exclusively for the Indonesian Ministry of Health and national staff of health/relief NGOs. Arrangements were finalized in March 2001 for target training dates in August 2001.

Program Objective

The program objective was to provide public health skills, knowledge and material resources to Indonesian nationals providing health services to communities affected by conflict or disaster. The program explicitly aimed to provide these skills through the training of health professionals from both the governmental and non-governmental sectors. Another aim was to strengthen capacity of local, national Training of Trainers (TOT) to facilitate future PHCE training workshops. These objectives contributed to the overall program goal of developing better informed decision-makers of public health policy in complex emergencies, who in turn, may help reduce preventable mortality and morbidity among the affected populations.

Course Development and Implementation

Background research on the specific Indonesian context of complex emergencies, data collection, journal articles and literature reviews were completed prior to the course implementation. A curriculum for the TOT component was developed in the spring and early summer of 2001 by World Education and TOT workshop dates were tentatively selected.

The regular course format was not significantly altered. The two-week course (six days of instruction each) was delivered in the same general sequence, including: Context of Emergencies, Epidemiology, Communicable Diseases, Environmental Health, Nutrition, Reproductive Health, Violence/Trauma, Protection and Security, Psychosocial Issues, and Coordination.

The most distinct difference between the Indonesia course and other PHCE trainings was the emphasis on internally displaced persons (IDPs) rather than on refugees. Also, during the course delivery it appeared that the issue of inter-personal violence among IDP's and host communities and appropriate responses, required more discussion than the schedule allowed. Psychosocial programming for IDPs and refugees appeared to be the newest technical area for several participants and should be expanded for future replications of PHCE training in Indonesia.

Indonesia Training of Trainers (TOT)

The TOT was held from August 7-10, 2001, a few days prior to the PHCE two-week course. Six participants, all representing medical and health NGOs, were selected by the USAID Jakarta Mission to attend the training. The estimated target for TOT participants was 10-15 persons. However, Indonesian Ministry of Health personnel were not able to attend and therefore, only NGO staff participated in the TOT.

During the four days, TOT participants familiarized themselves with the PHCE curriculum, practiced adult learning methodologies, and prepared their roles and responsibilities for the upcoming PHCE course. All TOT trainees remained in "in-service training" during the two-week course as well. Please refer to the more complete report attached, which includes the Managing Facilitators report, curriculum and schedule of the TOT.

Facilitators

The facilitator team consisted of:

Dr. Ronald Waldman, Columbia University (Context, Epidemiology, Comm.Diseases, Protection/Trauma)

Mr. Mark Andrews, Scenario (Environmental Health)

Mr. Andre Renzaho, Centre for Culture, Ethnicity and Health, Aus (Nutrition)

Dr. Wendy Holmes (Reproductive Health)

Dr. Daniel Cresson (Psychosocial Issues)

Ms. Beth Gragg (Coordination)

Ms. Sharon Kim (Coordination)

In addition to her responsibilities at the TOT, Beth Gragg served as the Managing Facilitator and facilitated the concluding module on Coordination. Sharon Kim served as the Course Director and assisted on the Coordination module as well. The six TOT

participants facilitated various sessions of the course with supervision by Ms. Gragg. Lorna Stevens of IRC was instrumental in organizing and facilitating travel and logistics but was not present on site in Indonesia. A biographical sketch of each person mentioned above is attached to this report.

Participants

Twenty-two persons participated in the course: 11 persons representing Indonesian government offices and 11 persons representing non-governmental organizations (NGOs). The gender breakdown was also evenly split between 11 males and 11 females. Ages of participants appeared to range between approximately 24 – 50 years and prior experience in complex emergencies appeared to range from a few months to over 10 years. A few participants were based in the capital city (Jakarta) while others were permanently stationed in remote, provincial offices or field sites, ranging from West Timor to Aceh and all points in between. There was a slight majority of clinical professionals – 13 medical doctors out of 22 persons total. This mix of participants created an interesting dynamic throughout the training period with exceptionally vigorous exchanges on the differing resources, policies and operational strengths and weaknesses of both NGOs and the Indonesian government. A complete list of participants, including organizations, titles, and contact information is attached to this report.

Invited Observers

The Health Crisis Center of the Ministry of Health of the Government of Indonesia was the main institutional participant, sending 11 of their regional and headquarters staff to the training event. The Director of the Center and other senior staff observed parts of the training throughout the two-week period. Senior staff from the USAID Mission in Jakarta also attended, including Dr. Wolf, a representative from the Mission's Office of Foreign Disaster Assistance, and Food for Peace programs.

Recommendations

There were many positive outcomes of the Indonesia course. The most notable outcome was the implementation of the Training of Trainers course, which was the first formalized course of its kind for the PHCE project. Though not yet seasoned trainers, the six participants were highly motivated, eager to learn, and receptive to the training methods introduced to them. Having these trainers in place for the future provides a solid basis for continuing training support in Indonesia in the coming years. A request to USAID Jakarta has been submitted for this purpose.

Another important result of the Indonesia course was the opportunity to train government health crisis personnel side-by-side with NGO personnel. There appeared to be much sharing of perspectives, program approaches, operational and technical policies, constraints and resources. between the two groups. Anecdotal evidence shows that there will be greater cooperation between the MOH and NGOs in some regions as a result of relationships started or built at the PHCE training. Joint-training workshops on topics learned at the PHCE course have been planned, which are enthusiastically supported by Columbia, World Education, and the USAID Mission in Jakarta.

Finally, though it was important to highlight and analyze Indonesia's ongoing complex emergencies, the course was able to provide larger, global context to the participants understanding of public health in emergencies. The course offered new reference materials and resources to participants who were largely unaware of their existence. By creating greater awareness and comprehension of the health and humanitarian field, perhaps the PHCE course will have contributed to the professionalization of these participants as global health policy actors in the future. More details about the Indonesia course are available through World Education.

Conclusion

Columbia University, World Education, and IRC fully support any initiative that would continue to provide technical assistance to local training efforts in public health in complex emergencies in Indonesia. Now, with an existing cadre of trainers skilled in managing the course, some potential local facilitators already identified, linkages and collegial networks established, health priorities identified, etc., there appears to be ample opportunity for more successful training at the regional, provincial and local health service delivery points. A much wider net of skilled and educated health and medical staff to respond to health crises in the country is clearly possible and highly desirable, as stated by course participants and Government of Indonesia representatives. Columbia University and its partners and associates around the globe enthusiastically recommend further PHCE extension training throughout Indonesia in the very near future.

PUBLIC HEALTH IN COMPLEX EMERGENCIES

August 12 - 26, 2001

Bogor, West Java, Indonesia

FACILITATOR PROFILES:

Ronald Waldman, M.D., MPH

rw178@columbia.edu

Dr. Waldman is the Director of the Program on Forced Migration and Health and is a medical epidemiologist and specialist in child health in developing countries. He has worked in complex emergencies in Somalia, Rwanda, Northern Iraq, Bosnia, and Albania. Dr. Waldman is assigned to Columbia University from the U.S. Centers for Disease Control and Prevention, where he has served as an international health expert for the past twenty years. Dr. Waldman is Chairman of the WHO Advisory Group on Research in Emergencies and serves as an advisor to several non-governmental organizations.

Beth Gragg, MA

bgragg@worlded.org

Ms. Gragg is a Senior Program Officer at World Education. Based in Boston, World Education is a not-for-profit engaged in developing adult education and literacy programs in the United States, Asia, Africa and Latin America. Beth has overseen the revision and redesign of the Public Health in Complex Emergencies Course curriculum, methodology and materials. She has worked with Course facilitators and participants and with Columbia University School of Public Health and the International Rescue Committee to develop Facilitator's Guides, Participants Manuals, and a Managing Facilitator Guide for the Course. Beth works with public health practitioners, refugee workers, agricultural specialists and environmental experts to develop training programs appropriate to their needs. She has lived and worked for extensive periods in Latin America, and trained teachers in the Phanat Nikhom Refugee Processing Center in Thailand for two years. In addition, she has worked in Zambia and Bolivia on the Integrated Management of Childhood Illness Complementary Course, and in Yemen on the design of women's literacy programs based on health messages

Mark Andrews, B.Eng (Hons), MSc

mark.scenario@bigpond.com

Mark Andrew is a risk consultant and Chartered Engineer, with engineering experience gained through assignments in Namibia, Canada, Ireland, England and Australia. Prior to establishing Scenario, a risk and emergency management consultancy (www.scenario.fw.nu), he was Senior Consultant, State Manager and then Managing Director for Liberty Mutual's Australian risk group, with responsibility for operations in four states delivering emergency and risk management services. He is registered with RedR (Registered Engineers for Disaster Relief), and conducts training and facilitation activities addressing industrial and humanitarian disaster scenarios.

Andre M. N. Renzaho, B.Nut. & Diet, MPH, Phd (in prog) renzaho@bigpond.com

Mr. Renzaho is a nutritionist who has worked in the field for six years with a number of agencies, including NGOs and UNHCR. He has hands-on and coordination experience with a wide spectrum of nutritional programs appropriate to complex emergency interventions.

Born in the former Zaire (now an Australian citizen), Mr. Renzaho is now a research officer based at the Centre for Culture, Ethnicity and Health in Melbourne, Australia. His field of special interest is in health program evaluation methodology and applications, particularly focusing on migrants and vulnerable groups.

Wendy Holmes, MBBS, Msc (LSHTM)

holmes@burnet.edu.au

Dr. Holmes is a specialist in women and children's health in resource-poor settings at the International Health Unit of the Macfarlane Burnet Centre for medical research, a not-for-profit organization. She has experience in Zimbabwe, Australian indigenous communities, Sri Lanka, India, Tibet, Laos and Vietnam. From 1998 to 2000 she was Project Director for the Australian-Indonesia project "Healthy Mothers, Healthy Babies" in North Maluku and Southeast Sulawesi. She has also been involved in several training courses in Australia for Indonesian participants on HIV infection, and women and children's health. Dr. Holmes recently undertook the preparation of a manual for field workers on incorporating HIV prevention and care strategies in refugee settings for the International Rescue Committee, following consultation with field workers in Tanzania, Uganda, Democratic Republic of Congo, Albania and Macedonia.

Daniel Creson

Daniel.L.Creson@uth.tmc.edu

Dr. Daniel Creson is a Professor in the Department of Psychiatry and Behavioral Sciences and in the School of Public Health at The University of Texas Health Science Center at Houston. He is a psychiatrist and holds a Ph.D. in Anthropology from Rice University. Dan has worked as a consultant to various NGOs in complex emergencies in Bosnia, Kosovo, Sierra Leone, Angola, East Timor and India. He has presented at numerous international meetings on the subject of psychosocial interventions in complex emergencies and has developed manuals and policies on the subject for various international organizations.

COURSE STAFF

Sharon Kim, MPH

ssk19@columbia.edu

Ms. Kim has been the Course Director for the *Public Health in Complex Emergencies* training courses for all eight courses held to date. She has been involved with all aspects of the project - promotion and marketing, admissions, curriculum content, operations and logistics, finances, coordination with partner organizations and donors, etc. since the project inception in December 1998. Before joining the Forced Migration and Health Program at the Columbia's Mailman School of Public Health, she worked with IRC Thailand on the Burma Border and with the Population and Refugee Programs of the Andrew W. Mellon Foundation in New York. She has worked in the area of community health education, health promotion and adolescent sexual and reproductive health for the past ten years, both internationally (Bolivia, Belize, Thailand) and in the United States before joining Columbia.

Lorna Stevens

lorna@intrescom.org

Lorna Stevens is the Director of Health Training at the International Rescue Committee. IRC is collaborating with Columbia University and World Education in organizing the Public Health in Complex Emergencies training course and Lorna is responsible for ensuring NGO involvement in all aspects of this training initiative. Prior to joining IRC she served as Executive Director of a small public health NGO that provided medical and health services to refugees in Thailand

PUBLIC HEALTH IN COMPLEX EMERGENCIES

August 12 - 26, 2001

Bogor, West Java, Indonesia

FACILITATOR PROFILES:

Ronald Waldman, M.D., MPH

rw178@columbia.edu

Dr. Waldman is the Director of the Program on Forced Migration and Health and is a medical epidemiologist and specialist in child health in developing countries. He has worked in complex emergencies in Somalia, Rwanda, Northern Iraq, Bosnia, and Albania. Dr. Waldman is assigned to Columbia University from the U.S. Centers for Disease Control and Prevention, where he has served as an international health expert for the past twenty years. Dr. Waldman is Chairman of the WHO Advisory Group on Research in Emergencies and serves as an advisor to several non-governmental organizations.

Beth Gragg, MA

bgragg@worlded.org

Ms. Gragg is a Senior Program Officer at World Education. Based in Boston, World Education is a not-for-profit engaged in developing adult education and literacy programs in the United States, Asia, Africa and Latin America. Beth has overseen the revision and redesign of the Public Health in Complex Emergencies Course curriculum, methodology and materials. She has worked with Course facilitators and participants and with Columbia University School of Public Health and the International Rescue Committee to develop Facilitator's Guides, Participants Manuals, and a Managing Facilitator Guide for the Course. Beth works with public health practitioners, refugee workers, agricultural specialists and environmental experts to develop training programs appropriate to their needs. She has lived and worked for extensive periods in Latin America, and trained teachers in the Phanat Nikhom Refugee Processing Center in Thailand for two years. In addition, she has worked in Zambia and Bolivia on the Integrated Management of Childhood Illness Complementary Course, and in Yemen on the design of women's literacy programs based on health messages

Mark Andrews, B.Eng (Hons), MSc

mark.scenario@bigpond.com

Mark Andrew is a risk consultant and Chartered Engineer, with engineering experience gained through assignments in Namibia, Canada, Ireland, England and Australia. Prior to establishing Scenario, a risk and emergency management consultancy (www.scenario.fw.nu), he was Senior Consultant, State Manager and then Managing Director for Liberty Mutual's Australian risk group, with responsibility for operations in four states delivering emergency and risk management services. He is registered with RedR (Registered Engineers for Disaster Relief), and conducts training and facilitation activities addressing industrial and humanitarian disaster scenarios.

Andre M. N. Renzaho, B.Nut. & Diet, MPH, Phd (in prog) renzaho@bigpond.com

Mr. Renzaho is a nutritionist who has worked in the field for six years with a number of agencies, including NGOs and UNHCR. He has hands-on and coordination experience with a wide spectrum of nutritional programs appropriate to complex emergency interventions.

Born in the former Zaire (now an Australian citizen), Mr. Renzaho is now a research officer based at the Centre for Culture, Ethnicity and Health in Melbourne, Australia. His field of special interest is in health program evaluation methodology and applications, particularly focusing on migrants and vulnerable groups.

Wendy Holmes, MBBS, Msc (LSHTM)

holmes@burnet.edu.au

Dr. Holmes is a specialist in women and children's health in resource-poor settings at the International Health Unit of the Macfarlane Burnet Centre for medical research, a not-for-profit organization. She has experience in Zimbabwe, Australian indigenous communities, Sri Lanka, India, Tibet, Laos and Vietnam. From 1998 to 2000 she was Project Director for the Australian-Indonesia project "Healthy Mothers, Healthy Babies" in North Maluku and Southeast Sulawesi. She has also been involved in several training courses in Australia for Indonesian participants on HIV infection, and women and children's health. Dr. Holmes recently undertook the preparation of a manual for field workers on incorporating HIV prevention and care strategies in refugee settings for the International Rescue Committee, following consultation with field workers in Tanzania, Uganda, Democratic Republic of Congo, Albania and Macedonia.

Daniel Creson

Daniel.L.Creson@uth.tmc.edu

Dr. Daniel Creson is a Professor in the Department of Psychiatry and Behavioral Sciences and in the School of Public Health at The University of Texas Health Science Center at Houston. He is a psychiatrist and holds a Ph.D. in Anthropology from Rice University. Dan has worked as a consultant to various NGOs in complex emergencies in Bosnia, Kosovo, Sierra Leone, Angola, East Timor and India. He has presented at numerous international meetings on the subject of psychosocial interventions in complex emergencies and has developed manuals and policies on the subject for various international organizations.

COURSE STAFF

Sharon Kim, MPH

ssk19@columbia.edu

Ms. Kim has been the Course Director for the *Public Health in Complex Emergencies* training courses for all eight courses held to date. She has been involved with all aspects of the project - promotion and marketing, admissions, curriculum content, operations and logistics, finances, coordination with partner organizations and donors, etc. since the project inception in December 1998. Before joining the Forced Migration and Health Program at the Columbia's Mailman School of Public Health, she worked with IRC Thailand on the Burma Border and with the Population and Refugee Programs of the Andrew W. Mellon Foundation in New York. She has worked in the area of community health education, health promotion and adolescent sexual and reproductive health for the past ten years, both internationally (Bolivia, Belize, Thailand) and in the United States before joining Columbia.

Lorna Stevens

lorna@intrescom.org

Lorna Stevens is the Director of Health Training at the International Rescue Committee. IRC is collaborating with Columbia University and World Education in organizing the Public Health in Complex Emergencies training course and Lorna is responsible for ensuring NGO involvement in all aspects of this training initiative. Prior to joining IRC she served as Executive Director of a small public health NGO that provided medical and health services to refugees in Thailand

PHCE COURSE, BOGOR, INDONESIA, AUGUST 12-26, 2001

| Name/Family | Name/First | Organization | Job Title | Office Address | Email | Tel | Fax |
|-------------|------------------|---|--|--|--|------------------------------------|---------------|
| Cahyanto | Faisal.N., Dr. | Dinas Kesehatan, Kotawaringin Timur | Chief of PHC | Jl. Sampit, Jenderal Sudirman Km. 6, Sampit, Kotawaringin Timur, Kalimantan Tengah | | (0531) 21033 | (0531) 30739 |
| Elyana | Dewi | IMC [International Medical Corps] | National Program Development Officer | Central Plaza, Jl. Jend. Sudirman, 14th Fl., Jakarta | elyana_2000id@yahoo.com, jimc003@attglobal.net | (021)5711742, 5711763, 08129524650 | (021) 5711769 |
| Fabianus | Lau, Dr. | District Hospital RSU Atambua | Chief of Hospital | Jl. Dr. Soetomo No.2, Atambua Timor, NTT | | (0389) 21016 | (0389) 21013 |
| Kasim | H. Zuhuddin, Dr. | Dinas Kesehatan, Buton, Sulawesi Tenggara | Chief of Health District Office | Jl. Waode Wau 65, Bau-Bau, Sul-Tra | Dinkesbtn@wasantara.net.id | (0401) 21151, (hp) 08124220062 | (0401) 21151 |
| Engkong | Dirk, Dr. | Dinas Kesehatan, Bitung | Chief of Health District Office | Jl. Sam Ratulangi No. 45, Dinas Kesehatan Bitung, Sulawesi Utara | | (0438) 31910 | (0438) 31910 |
| Manuputty | Amelia | Dinas Kesehatan Kota Ambon | Chief of MCH | Jln. Imam Bonjol, Ambon | | (0911) 353152 | (0911) 348215 |
| Juriadi | Rudi, Dr. | ADRA-WEP (Womens Empowerment Project) | Project Director | Jl. Tubagus Angke Gg. Anggur No. 17E/12E, Jakarta 11330 | cenpro@indo.net.id, r_nuriadi@hotmail.com | (62-21) 6660-3383 | Same |
| Okasura | P.N. Sura, Dr. | IMC [International Medical Corps] | Doctor, Programme Coordinator-Madura Project | Jl. Jend. Sudirman, Central Plaza, 14th Fl., Jakarta | okasura@yahoo.com | 021-57411742, 5711763 | 021-5711769 |
| Pambudi | Imran, Dr. | Dinas Kesehatan Sampang | Health Coordinator for IDPs | Jl. Wahid Hasyim 53, Sampang | imranpambudi@hotmail.com | (0323) 322584, 0811370624 | (0323) 324840 |

| | | | | | | | |
|------------|--------------------------|--|---|--|---|--|---------------------------------|
| Rizal | Yus | PPMK (Health Crisis Centre), MOH | Public Health Officer, Chief of Subdivision Monitoring Health Status and Environ. Hlth | Jl. HR Rasuna Said Kav. 4- 9, Jakarta - Selatan | yrizal@satumail.com | (021) 5265043, 08181174320 | (021) 5271111 |
| Sedewo | Heri Widyawati, Dr. | Dinas Kesehatan Kab.Aceh Utara | Chief of Disease Control Subivision | Jl. T.Hamzah Bendahara Lhokseumawe, Aceh Utara | | (0645) 40443/48380 | (0645) 42518 |
| Sihotang | Leonita Katarina, Dr. | World Vision International | Health Officer | Jl. Opak no. 28, Surabaya /Jln. Wahid Hasyim, No.33, Jakarta Pusat | Leonita_Sihotang@wvi.org | (031) 5677485, 08159951054 | (031) 5684460 |
| Suharyanto | Exkuwin | Indonesian Red Cross | Head of Subdivision - Social Welfare Service | Jl. Jend. Gatot Subroto Kav 96, Jakarta | exkuwin@hotmail.com, schservice @palangmerah.org | (021) 7992325, ext. 204, 08129658624 | (021) 7995188 |
| Tjahyadi | Maria Ignatia, Dr. | Church World Service (CWS) | Senior Program Officer, Health and Nutrition, Doctor | Jl. Gunung Batuputih 25A, Makassar | maria@cwsindonesia.or.id, andria_1969@yahoo.com | (0411) 872294 | (0411) 831441 |
| Tresna | Ira Cyndira, Dr. | IMC [International Medical Corps] | Medical Coordinator | Central Plaza 14th floor, Jl. Jend. Sudirman, Jakarta Selatan | dr_iratresna@hotmail.com | (021) 57411763, (0921) 25822,081618057 75 | (021) 57411769, (0921) 25922 |
| Widyastuti | Endang V.R., Dr. | World Vision International | Relief Health Officer, National Office | Jln. Wahid Hasyim, No.33, Jakarta Pusat | endang_widyastuti@wvi.org | (021) 327467, 08128135495 | (021) 2305708 |
| Yulianti | Evie Woro | Mercy Corps | Health & Education Officer | Jl. Ampera Raya 4A Ragunan, South Jakarta | info@mercycorps.net.id, evie_woro@yahoo.com | (021) 7828611 | (021) 7828610 |
| | Rukman | Indonesian Red Cross | Technical Assistant, Disaster Preparedness Division | Jl. Jend. Gatot Subroto Kav 96, Jakarta | disaster@palangmerah.org | (021) 7992325, ext.202, 08128162309 | (021) 7995188 |
| | Saptiko,Dr. | Municipality Health Office of Pontianak City, West Borneo | Head of Communicable Disease Control Section | Jl. A.Yani, Pontianak, Kalimantan, Barat | saptikos@yahoo.com | (0561) 711804 | |

| | | | | | | | |
|--|---------------|---|--|---|---|---|------------------------------|
| | Arshintia | Yakkum Emergency Unit (previously with CD/Bethesda) | Director of Unit | Jl. Slamet Riyadi 546, Surakarta/ Kliitren Lor GK III/374, Yogyakarta | yakkum@bumi.net.id, cdbeth@yogya.wasantara.net.id, arshintia_2000@yahoo.com | (0274) 514100, (0271) 716482 | (0271) 712114, (0274) 514100 |
| | Linawaty | Directorate of Environmental Health DC - CDC & EH, MOH | Chief of Subdivision, Development of Partnership on Emergency Sanitation | Jl. Percetakan Negara 29, Jakarta | | (021) 42882116, 08161138085 | (021) 42882116 |
| | Indah Marwati | Crisis Centre, MOH, Subdivision Mobilization for Government Resources | Chief of Subdivision | Jl. HR Rasuna Said Kav 4-9, Jaksel | ppmk@depkes.go.id | 021-5201590 ext. 6000-7,5265043,08129409333 | 021-5271111 |

**Public Health in Complex Emergencies
Course
&
Training of Trainers**

Managing Facilitator's Report

Bogor, West Java, Indonesia
7 – 25 August 2001

Report Prepared by:
Beth Gragg
Senior Program Officer
World Education

14

Public Health in Complex Emergencies Course And Training of Trainers

Bogor, West Java, Indonesia

Managing Facilitator's Report

In the fall of 2000, the USAID Mission in Jakarta requested that a Public Health in Complex Emergencies Course (PHCE) be conducted in Indonesia. Their request was very specific: the goals of the Course would be 1). To improve the capacity of Indonesian nationals employed by NGOs and the Ministry of Health to respond to the public health needs of the many on-going conflicts in that country, and 2). To train a sub-group of the same participants to carry out the Course in Indonesia in the future. Therefore, Columbia University and World Education designed this particular Course with two unique components. The first was a Training of Trainers immediately prior to the actual PHCE Course, during which a group of NGO staff were trained in the Course methodology and logistics. The second unique feature of the Bogor Course was that, for the first time in its three-year history, the PHCE Course was carried out entirely with nationals from a single country.

From 7 – 10 August 2001, I facilitated a Training of Trainers and from 12 – 25 August I was the Managing Facilitator for the Public Health in Complex Emergencies Course. Both of these were held in Bogor, West Java, Indonesia. Following is my report on those events.

Training of Trainers/Public Health in Complex Emergencies Course

Six people participated in the Training of Trainers (TOT). They represented World Vision, Church World Service, International Medical Corps and Mercy Corps. No Ministry of Health staff had been identified to attend the Training of Trainers. The goal of the TOT was to give participants as many opportunities as possible to practice the adult education techniques employed in the PHCE Course, and to help them become familiar with the Course procedures, materials and logistics. The PHCE Course is intensive, covering ten topic areas over a twelve-day period, and different trainers facilitate the majority of topic areas. Given the depth and breadth of the technical content that is covered, we knew that it would not be possible for all of the TOT participants to be completely prepared to carry out future Courses. Therefore, we decided that the most effective use of TOT time would be to differentiate among the different tasks that need to be carried out in the Course, review the skills that those tasks require, and ask TOT participants to take on increasing responsibility for them during the Course itself. To help them think about preparing for future Indonesia-based Courses, they evaluated their own training abilities and their technical content skills and knowledge. This was done periodically throughout the TOT and the Course. They completed pre- and post-TOT assessments to evaluate their abilities in using adult education techniques, and at the mid- and end-points of the Course they assessed their ability to carry out future Courses. They

also identified areas in which they would need future support in order to implement Indonesia-based Courses.

A full Facilitator's Guide and Participant's Guide for the Training of Trainers is included as an annex to this report. Briefly, the TOT schedule consisted of an overview of the PHCE Course, its goals and objectives, and an overview of the goals and objectives of the Training of Trainers. It was important to take time to make sure that all of the participants understood this, because two of them had arrived at the TOT with only two or three day's notice, and were not really sure why they were there. We then covered the basics of adult education theory, and spent the remainder of the first day with participants learning about and explaining adult education techniques to one another. During the second and third days of the TOT, the participants prepared and demonstrated the most important adult education techniques that are used in the PHCE Course. Those include plenary discussions, lecturattes, case studies, brainstorm, demonstrations, simulations, and videos.

Because the group was small, we were able to cover the major topics in depth. After each "demonstration facilitation" we gave feedback about the demonstration. Participants engaged in good discussion of the relationship between techniques, the role of brainstorming, and the challenges in facilitating group activities. They were open and eager, often stating that they would be able to use this information in their other work, not just in carrying out future PHCE Courses. They also expressed concern about the English level of the participants who were slated to come to the Course, stating that they thought that some of their colleagues might have problems understanding the English level employed in the Course. This was proven to be a valid concern.

On the fourth day of the TOT, participants identified the tasks that they would take on during the Course. Those responsibilities included acting as members of the Host Team for the first week of the Course, orienting the facilitators as they arrived, conducting plenary sessions in the morning and the afternoon and conducting Steering Committee meetings at the end of daily sessions. I used the PHCE Managing Facilitator's Guide to help participants understand what their roles would be. We decided that they did not have to take on major responsibilities until the second week of the Course, when they had time to observe the Course methodology and procedures and had built confidence in taking it on for themselves. This system appeared to work well. By the second week, I was only providing background support to facilitators, as the TOT participants took on more major roles.

Sharon Kim, PHCE Course Director, presented the logistical and administrative aspects of the Course. She reviewed the PHCE Course Director's Guide with participants and answered their administrative and logistical questions. We thought it was important for TOT participants to see how the Course materials were prepared, so they helped collate and compile the PHCE Participant's Guides, handouts and supplementary readings for the following Monday.

By the end of the Training of Trainers, participants had received the following materials to help them prepare for future PHCE Courses in Indonesia:

- PHCE Facilitator's Guides for all Technical Content Areas
- PHCE Participant's Guides for all Technical Content Areas
- Participant's Guide for the PHCE Training of Trainers
- PHCE Course Director's Guide
- PHCE Managing Facilitator's Guide

Participants' evaluations of the TOT indicated that they thought that the methodology, including the Host Team, the Steering Committee, the adult learning cycle and adult education techniques will be helpful in future work even if not related to PHCE. They stated that the facilitation was effective and allowed for people to openly express opinions and discuss ideas. There was general agreement that the TOT helped them look at the Course from a logistical/administrative perspective as well as from the participant's point of view, which they had never done before. Though they felt like they had a better idea of what the PHCE Course would be like, two participants said that they had to wait and see how well the TOT had prepared them to carry out the Course in the future.

PUBLIC HEALTH IN COMPLEX EMERGENCIES COURSE

This Course was held at the Novotel Coralia in Bogor, West Java, Indonesia from 12 August to 25 August 2001. As the Managing Facilitator for the Course, I worked with Sharon Kim, Course Director, to prepare all of the materials for the Course, including the Participant's Manuals, the supplementary materials and all handouts and course materials. We had the help of TOT participants with these tasks.

We were not able to gather information on participants' backgrounds, education or English language levels before the Course began. Therefore, as participants arrived and as I became familiar with them during the first two days of the Course, I sent memos to the Environmental Health, Nutrition, Reproductive Health, Psychosocial Issues facilitators who had not yet arrived on-site.

The facilitators for the Course were:

| | |
|---------------------------------|--------------------------|
| Introduction to the PHCE Course | Beth Gragg |
| Context of Complex Emergencies | Ron Waldman |
| Epidemiology | Ron Waldman |
| Communicable Disease | Ron Waldman |
| Environmental Health | Mark Andrews |
| Nutrition | André Renzaho |
| Reproductive Health | Wendy Holmes |
| Protection and Security | Ron Waldman ¹ |
| Violence Weapons and Trauma | Ron Waldman |

¹ Dr. Waldman agreed to stay on when we were unable to confirm facilitators for the Protection and Security and Violence Weapons and Trauma modules.

Psychosocial Issues
Coordination

Daniel Cresson
Beth Gragg, Sharon Kim and Ira Tresna²

We used the Host Team and Steering Committee mechanisms for gathering feedback from participants and facilitators about each day's sessions and to make adjustments to schedules and methodology. During the second week, Training of Trainers participants oriented facilitators, led the morning and afternoon plenary sessions, conducted steering committee meetings, and generally took on the majority of "up-front" training responsibilities for non-technical sessions. Feedback from Steering Committees and end-of-course evaluations indicate:

There were twenty-two participants in the Course, representing experience in approximately thirteen conflict zones across the archipelago. The all-Indonesian cohort was a mixture of district, regional and central level Ministry of Health personnel, and staff from national and international NGOs.³ Their technical experience ranged from epidemiology to midwifery, accounting to communicable disease control. From informal conversations and from classroom observation, it was clear that the majority of participants had extensive experience in working with internally displaced persons (IDPs).

Some of the issues that arose during this Course were different than those that arise in Courses that deal predominantly with camp-based refugees. As stated above, the majority of participants work with IDPs, and not with refugees. IDPs often move in with family members and friends who harbor them for a period of time, becoming part of a larger community. This makes them difficult to find and identify, and complicates the on-going, longer-term development problems with which the government and NGOs are already grappling.

The English language level of NGO participants was generally higher than that of Ministry participants, although as the Course progressed we saw significant improvement in many people's confidence in using English. In the beginning, Ministry participants did not feel that the Course was "for them," as one GOI participant stated in a Steering Committee meeting. We agreed to emphasize guidelines that could be used by both Ministry and NGOs alike, and to foster discussion of current practices in both the Ministry and NGOs. That appeared to help, as participation from Ministry staff steadily increased over the Course, and several of them took on leadership roles within the group.

This Course proved fruitful on other levels also. Several participants made optional evening presentations, attended by nearly everyone. These presentations were made in Bahasa Indonesia, allowing for free discussion among participants, especially among those who were hesitant to speak in formal classroom settings. It appeared from these conversations that there is a lack of communication among the newly-decentralized Central, Regional and District levels of MoH staff, and that there was confusion about

² Dr. Tresna was a Training of Trainers participant.

³ The complete participant list is found in the annex to this report.

policies and procedures within the Ministry that may have been cleared up a little because of these discussions.

At the outset, relationships between Ministry and NGO staff were stilted, and over the two weeks they relaxed. This seemed to happen as biases about one another came to light and were examined; several people said that the two entities are like two different cultures, and the only way public health can be effectively coordinated in any setting in Indonesia is for the two cultures to have a greater understanding of one another. There was discussion about the need for more deliberate and systematic coordination between the two, especially in the case of INGOs who enter the country and do their work in a “hit and run” manner, not stopping to see how their operations coincide (or not) with Ministry policy.

End-of-course evaluations showed the following:

- The overall objective of the Course is “to train people to become more knowledgeable and constructive participants in discussions and decisions of public health in emergency settings.” When asked how well that had been achieved, a majority of participants circled “8” on a scale of 1 - 10 (with 10 signifying “successfully met.”) This indicates overall high satisfaction with the Course, with some participants commenting that not all of the session objectives could have been met in such a short time.
- When asked what the best part of the training was, participants repeatedly said that the course design was excellent, allowing for good interaction between facilitators and participants and for better understanding of how public health topics relate to one another in a complex emergency.
- Several participants mentioned the course materials as being the best part of the Course, providing in-depth information on many topics.
- The modules that participants found most helpful were Epidemiology, Communicable Disease, Nutrition, and Environmental Health. One participant as the best part of the Course mentioned Psychosocial Issues, though that module was singled out by six others as the “weakest” part of the Course. Most of them said that it was confusing.
- English language comprehension repeatedly appeared as a problem. Accents (“English dialects”), facilitators who talked too fast, or who used incomprehensible vocabulary terms were repeatedly mentioned. Suggestions were made to either have the Course in Bahasa Indonesia in the future, or to provide a translator.

One of the goals of the Training of Trainers and the PHCE Course was to find out if courses similar to this one are necessary in Indonesia. Participants were also asked who should participate in future Courses, and were asked to give specific recommendations for facilitators for such Courses.⁴

Without exception participants answered that there is a need for future PHCE Courses in Indonesia. They cited the “fragility” of their country, the frequent riots and conflicts, the

⁴ Participants’ recommendations for future PHCE facilitators are found as an annex to this report.

need to know how to deliver more effective health care to IDPs and to the community as a whole. Decentralizing the Course as much as possible by “carrying it out with every institution with every district” was the sentiment expressed by most.

They said that participants in future Courses should include INGO, NGO, Ministry of Health from District, Regional and Central levels. One person stated that Army personnel should be invited also, as they play a vital role in conflict situations. Most people agreed that the participants should have field-based experience, preferably with decision-making power. One suggestion was for a shortened version of the Course to be carried out with Central level and other high level decision-makers to orient them to the overall tenets of the Course so that they would be able to develop policies that would support the work of field-based staff.

In addition to general questions about the future of the Course in Indonesia, Training of Trainers participants completed a separate form in which they reflected on what they had learned from the TOT/Course process. Specifically, they were asked to state what type of support they would need in order to implement future Courses. They stated that they would need to “study the modules,” and would need further background information (videos, books, articles) on technical information. They would need to secure funding for the Course, form a Committee that would help them put it together, and they would need to have guidance on selecting and orienting facilitators and on identifying potential participants. They would need to select sites, and prepare materials for the Course, preferably with participants’ materials in Bahasa Indonesia. One person said she would need lead time to prepare, as she understands that this is not something that is put together overnight.

Two people mentioned needing access to statistical data for Indonesia, and if possible, data specific to the “riot areas.” They all stated that a combination of Indonesian and international case studies was a good way of teaching, as comparisons could be made among all of the situations.

Again without exception, they stated that they were ready and willing to help prepare the next Course in whatever way they could.

**Public Health in Complex Emergencies
Course
&
Training of Trainers**

Managing Facilitator's Report

Bogor, West Java, Indonesia
7 – 25 August 2001

Annex

1. Training of Trainers Facilitator's Guide

Time:

4 Days

Learning Objectives:

By the end of the Training of Trainers, participants will be able to:

- review and practice critical segments of the PHCE Course;
- review the characteristics of the participants in the PHCE Course;
- expand their use of the participatory training methods used in PHCE Course;
- practice the activities within the context of the PHCE Course;
- evaluate their own abilities in using those methods to train PHCE content;
- familiarize themselves with the Course materials, procedures, logistics and schedule.
- identify roles that they will carry out during the PHCE Course.

Materials:

Flip charts
Markers
Postcards
Name tags for each participant
Name tents (or cards) for each participant
Overhead projector or LCD projector and laptop
Transparencies
VCR
Video
Facilitator's Guide to PHCE
Participant's Manual: PHCE Training of Trainers
Handouts 1, 2 & 3

Time:

7 hours and 30 minutes, not including breaks and lunch.

Learning Objectives:

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

- introduce themselves to one another and to the facilitators;
- review objectives for PHCE Training of Trainers;
- identify their expectations of the Training of Trainers;
- review PHCE Course structure, including schedule, methodology, materials;
- identify characteristics of participants in a PHCE Course;
- identify facilitation techniques used in PHCE Course;
- assess their skills in facilitating techniques used in the PHCE Course;
- choose segments of PHCE Course to prepare and practice facilitating.

Materials:

Flipchart
Markers
Name tags
Powerpoint Slide Presentation
Introduction to Facilitator's Guides

Prior Preparation:

Write Schedule for Day 1 on flipchart.

Schedule of Activities: Day 1

| Time | Topic | Activity | Page |
|-------------------|---|-------------------------------------|------|
| 1 hr. | Welcome and Introductions | Presentation, introduction in pairs | |
| 30 min. | Setting the Context: Why is there a PHCE Course? | Slide Presentation | |
| 15 min. | <i>Break</i> | | |
| 45 min. | Objectives and Overview of Training of Trainers | Presentation | |
| 45 min. | TOT methodology | Brainstorm Slides of Participants | |
| 30 min. | Pre-Training Self Assessment on Techniques Used in PHCE Course | Individual Assessment | |
| 1 hr. | <i>Lunch</i> | | |
| 15 min. | Energizer | | |
| 3 hrs. 30 min. | Identify Techniques Used in PHCE Course | Jigsaw | |
| 15 min. | Identify Critical Segments/Identify Practice Facilitation Roles | Matrix | |
| 15 min. | Evaluate Day 1 and Preview Day 2 | | |

24

Welcome and Introductions



1 hour
15 min.

Technique: Presentation, individual introductions
Materials: Flip chart and markers; postcards; basket or container; name cards

Welcome participants to the Training of Trainers for the PHCE Course.

Introduce any visitors or dignitaries present, and allow them a few minutes to comment on the program.

Present the goals of the PHCE Course:

- To help participants in the Course become better informed decision makers and managers in complex emergencies by helping them see the overall public health situation in a complex emergency;
- To share experiences of participants and facilitators;
- To be practical, relevant, and helpful for participants.

Explain that they will get an overview of the PHCE Course in the next session. As a way of getting to know one another, conduct an introductory exercise.

Introductions: "Find Your Match"

Postcards should be cut into odd-shaped halves ahead of time.

Put all the postcard halves into a basket and mix them up. Pass the basket around the room. Each participant should take a half postcard out of the basket. Instruct participants to:

- Look for the person whose postcard matches theirs.
- Interview their "match" for no more than 5 minutes to find out the following information about each other:

name
agency/organization
experience in complex emergencies
expectations for the course

Write this list on a flip chart as a reminder.

- Briefly introduce their partner to the rest of the group.

As the participants introduce each other to the whole group, write their stated expectations for the course on a flip chart. When all the introductions are complete, review these expectations and help the group to compare their stated expectations to the goals of the Course.

To complete introductions, ask participants to turn their name tags over (to the blank side) and write their name in BIG LETTERS. Ask them to do the same with the name tents they have in front of them on their tables. This will make it easier for new facilitators to get to know each of the participants.

Setting the Context: Why a Course on Public Health in Complex Emergencies?



30 min

Technique: Presentation and large group discussion

Materials: Slides of a variety of complex emergencies

The objective of this activity is to help participants understand:

- the wide range of situations (or contexts) in which complex emergencies occur;
- that each context has different factors (or issues) that influence how public health programming is carried out
- that the Public Health in Complex Emergencies Course responds to a need for humanitarian aid workers to become as professional in their jobs as possible, so that they can respond to emergencies as effectively as possible.

Note: See pp. 4 - 5 of the *Introduction to the Facilitator's Guides for the PHCE Course* for background on this topic.

This session should help participants see that they must take into consideration a variety of contextual issues in order to carry out their work as public health practitioners in complex emergencies. For example, the situation along the Thai-Burma border is substantially different than the context in which public health programming was carried out in Kosovo. Climate, water supply, political situation, gender issues, and the security situation are but a few of the "contextual issues" that influence how NGOs, ministries and others carry out their public health interventions.

Project PowerPoint slides of different complex emergencies.



In these pictures, what can you say about the climate? About geography? About security?

Write their responses on a flipchart.

Choose a few illustrative contextual issues, and ask:



How would these issues affect your plans for public health interventions?

- One of the goals of the Public Health in Complex Emergencies Course is to help practitioners see the relationships among all of these issues and to help them make good decisions based on sound information about those issues.

Objectives and Overview of Training of Trainers for PHCE Course



30 min.

Technique: Presentation and large group discussion

Materials: Slides of a variety of complex emergencies

Review the Learning Objectives for the PHCE Training of Trainers.

By the end of the Training of Trainers, participants will be able to:

- review and practice critical segments of the PHCE Course;
- review the characteristics of the participants in the PHCE Course;
- expand their use of the participatory training methods used in PHCE Course;
- practice the activities within the context of the PHCE Course;
- evaluate their own abilities in using those methods to train PHCE content;
- familiarize themselves with the Course materials, procedures, logistics and schedule.
- identify roles that they will carry out during the PHCE Course.

PM 2

Refer participants to the PHCE Training of Trainers schedule in their Participants' Manual.

Review it with them, explaining the flow of the days, and how they build on one another.

Then, post the schedule for the first day and review it with them.

Review the Course philosophy with participants.

- The guiding philosophy of the course is *"By the field, of the field, for the field."* The participants and their organizations should have ownership of the content.
- Participants are field-based staff of NGOs or local ministries of health, with some management or coordination responsibility in complex emergency situations. Many are educated in nursing, medicine, or public health. Referring to the participants' introductions, give examples of their experience.

- Facilitators are practitioners with many years experience in the field, as well as solid technical expertise. They will have diverse experiences and styles of facilitating.
- The course has been designed to take advantage of the participants' experience.

Adult Education Cycle

Explain that because the participants in the PHCE are experienced professionals, the methodology used to train them will be an **adult education methodology**.

To illustrate the adult learning cycle, draw on TOT participants' experiences.

Ask:

? *As an adult, what situations have been the best learning experiences for you?*

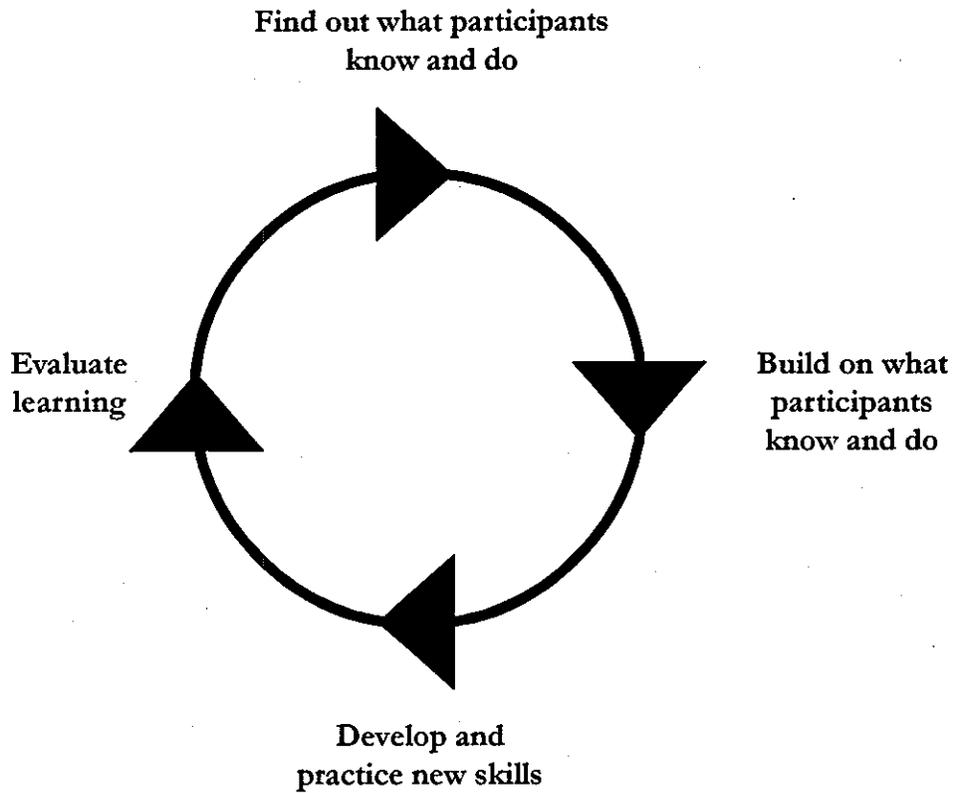
Responses usually include that they were able to share their experiences with others; learn from one another; the topic that they were learning was practical and relevant; the way in which they were taught was practical and hands-on.

Use the following transparency to illustrate the Adult Learning Cycle. Explain the principles of adult learning (participatory methodologies): sharing of experience, learning by doing vs. facilitator/teacher as "expert" or "sage on the stage."

Refer to the participants' responses to the question above, connecting their responses to the Adult Learning Cycle to demonstrate how it fosters effective learning for experienced people. Point out that:

- the Cycle does not dictate one learning style for everyone, but allows for a variety of styles.
- Since different facilitators lead each module, the course will include a variety of facilitation styles.

Adult Learning Cycle



PM3

Methods used in Course:

Explain that the methods used in the Course reflect the adult education methodology.

? *What types of training methods have you found most useful for learning new topics or developing new skills?*

Participants may not be able to name the methods, but may be able to describe them.

Write their responses on a blank flipchart, and relate them to the Adult Learning Cycle:

- *Brainstorm: Helps facilitator find out what participants already know*
- *Large Group Discussions: Helps the facilitator learn more about participants' experiences, and provides opportunity to introduce new information*
- *Small group discussions: Participants can learn new information from one another*
- *Case studies: Provides opportunity for participants to solve problems, using new information. Discussion that follows case studies allows the facilitator an opportunity to see how well participants have learned new information.*
- *Role Plays: Good opportunity to demonstrate a new skill; provides a method for facilitators to find out how well participants understood a concept or learned a new skill; provides a way for other participants to consider how they would improve their own skills.*
- *Simulations: Provides opportunity for participants to solve problems, using new information. Also, requires participants to apply their new skills to a practical situation.*
- *Video: Excellent method for illustrating concepts. Discussion that follows a video presentation clarifies any misunderstandings and helps participants apply what they learned to their own situation.*
- *Lecture: Participants learn from an "expert" in the subject area. Generally combined with questions that elicit participants' experiences.*
- *Reading: This method allows individuals to learn (or reinforce) content at their own pace.*

Emphasize that the Training of Trainers follows the same philosophy and methodology, and that every effort will be made for them to see that philosophy in action and to practice it for themselves.

Refer participants to the **PHCE Course Schedule**. Review it and discuss how the modules are interrelated:

Technical Content Areas

Epidemiology
Communicable Diseases
Environmental Health
Psychosocial Issues
Nutrition
Reproductive Health
Violence, Weapons & Trauma

Cross-Cutting Issues

Context
Coordination
Ethical Issues

- The cross-cutting issues are ones that often determine health program success in the field, even with availability of technically competent staff. This material is more elusive, often situation specific, and less black and white. Efforts will be made to weave in these issues throughout the presentation of more technical material.
- Course approaches complex emergencies in a holistic context: not just as disease prevention and eradication, but as a process involving the community, which stretches from food security issues to psychosocial issues to community participation.
- Course values capacity building and empowerment of communities, respect for others.
- The approach is based on primary health care (PHC).
- The course seeks to foster empathy in the face of many constraints (including insecurity).
- Controversial issues should be presented with fairness.

Methodology During the TOT



45 min

Technique: Discussion

Materials: Flipcharts, markers

The purpose of this session is to illustrate how the PHCE Course design utilizes (at least three) mechanisms for maintaining a productive learning environment. During this session, participants will also begin to identify the roles that they can take on during the PHCE Course.

Explain that, during the Training of Trainers, the participants will:

- practice several of the methods that are used during the Course itself;
- decide what their roles during the Course will be;
- learn how to use the “mechanisms” that help Course facilitators ensure that the Course runs as smoothly as possible, and that the participants gain the most that they can from the Course. These mechanisms are **setting group norms**, establishing **Host Teams** and conducting **Steering Committee** meetings.

Setting Group Norms:

Explain that all participants come from different backgrounds and experiences, and that it is sometimes necessary to set guidelines for interacting during the course. These are called “Group Norms,” and they will be used during the TOT as well as during the Course.

State that you will demonstrate how norms are set during the PHCE Course while participants set their own norms for the TOT.

Ask the participants to brainstorm as whole class to decide on norms and ground rules for the course. One volunteer or a co-facilitator can write the agreed-upon norms on a flipchart. Ask:



During the Training of Trainers, how do we want to relate to one another and be treated by others?

This list of ground rules should remain posted on wall for the duration of course. It can be added to at any time if necessary.

You may want to suggest some of the following rules if the participants do not raise them:

- Speak loudly and slowly so that all can understand clearly.
- Please speak up if you do not hear or understand any other speaker (especially if English is a second language).
- Speak to the entire group, not just to the facilitators.
- Only one person speaks at a time.
- Keep to the point (Group may want to determine how to intervene, if necessary; e.g. “wave a yellow card”).
- Breaks can be flexible, but starting time, lunch time, and ending time should be fixed.
- Participants are free to leave for coffee/bathroom, but should do so quietly.
- Cell phones must be turned off in the classroom.
- Take responsibility for your own learning. If something is not clear, or you need help, ask the facilitator for clarification.

Introduce the idea of the daily **Host Team**. A Host Team is a group of participants that assumes responsibility for helping facilitators with the daily management of the course.

Post a sign-up sheet on the wall with three Host Team slots per day, and ask participants to sign up for at least one day each.

Explain the tasks of the Host Team:

- Get people started at the beginning of the day
- Conduct ice breakers or energizers
- Each morning, the Host Team reviews the previous day’s activities and links them with the current day
- Provides information on current events
- Manages daily schedules and acts as timekeeper
- One or two Host Team members attend the Steering Committee to give feedback on behalf of other participants in the Course.

Emphasize that the Host Team gives participants a voice in the management of the Course.

Introduce the function of the **Steering Committee** and the relationship between the Committee and the Host Teams. *Note:* More information on this is contained in the *Introduction to Facilitator's Guides* or in the *Managing Facilitator's Manual* for the PHCE Course.

Explain that the Steering Committee is the third mechanism that is designed into the PHCE Course to help it function as effectively as possible.

- The Committee meets every afternoon after the daily sessions are complete.
- Members are the day's facilitator, the facilitator for the following day, the Course Director, the Managing Facilitator, and Host Team representatives.
- The purpose of the meeting is to find out what facilitators and participants liked about the day's sessions, and what they would change for upcoming sessions.

Host Team members are important to the Steering Committee because they represent the entire group of participants. They are the "spokespeople" for course participants, and can suggest adjustments to the Course. During the Host Team presentation in the morning plenary session, these representatives let other participants know the decisions that were made in the previous day's Steering Committee.

Roles and Responsibilities During the PHCE Course

Refer participants to the *Introduction to Facilitator's Guides* and to the *Managing Facilitator's Guide* and to the *Course Directors Guide* for further information. Explain the roles of:

- Course Director
- Managing Facilitator
- Content Facilitators
- Observers (*as appropriate*)

TOT Participants' Roles in the PHCE Course

Briefly explain that TOT participants' major responsibility during the PHCE Course will be to learn the content of the Course, and to participate fully as *participants*. In addition, they will be expected to take on some of the responsibilities of the facilitators during the Course. In particular, they will:

Take on some of the roles of the Managing Facilitator by:

- Opening plenary sessions in the morning
- Conducting Steering Committee meetings in the afternoon
- Facilitate optional evening sessions that are conducted by participants.

As the Training of Trainers progresses, participants will be able to identify other opportunities to practice their facilitation skills during the PHCE Course. By the end of the Training of Trainers, participants will have identified the specific roles that they will take on during the Course.

Review Adult Education Techniques

Before breaking for lunch, ask participants to review the adult education techniques that have been used in this morning's session. Ask them to work with the person sitting next to them and to develop a list of the techniques used up to this point in the TOT.

The list should include:

- Lecture, supported by slide show *Setting the Context for the PHCE Course*
- Icebreaker *Welcome and Introductions*
- Working in Pairs *Welcome and Introduction*
- Brainstorm *Overview of the PHCE Course*

Explain that the afternoon's session will begin to explore these, and other techniques, in more depth.

Pre-Training Self-Assessment on Adult Education Techniques



30 mins

Technique: Individual Written Assessment

Materials: *Pre-Training Self-Assessment on Adult Education Techniques*

The purpose of this session is to give participants the opportunity to assess their own skills in facilitating selected adult education techniques. At the end of the Training of Trainers, they will complete the same assessment to chart their progress, and to help them determine the techniques on which they need more assistance.

TOT facilitators will use information from this self-assessment to make decisions about forming teams of co-facilitators for practice facilitation sessions, and to help identify opportunities for participants to improve skills they identify as needing help.

Refer participants to Page 6 of their manuals, *Pre-Training Self-Assessment on Adult Education Techniques*. Explain the purpose of the assessment and how the information from the assessment will be used. The objective of this assessment is to make participants think about their own knowledge on the subject and to set their own goals for the TOT. The information will be used in a post-assessment at the end, which will serve the purpose of showing the participant how much they have learned and how much more they need to learn.

Identifying Adult Education Techniques



3 hrs
30 mins

Technique: Jigsaw
Materials: *Adult Education Techniques*
Flipchart/ markers, as necessary

STEP 1:

Jigsaw Introduction

15 minutes

Facilitator explains that the purpose of this session is to get a brief overview of a wide range of adult education techniques and that they will use the jigsaw technique in order to do this.

Facilitator then hands out cards. Each card should have a number and a letter on it. Facilitator has participants hold up the “number” side of the cards. S/ he asks them to stand up and divide themselves into groups by number.

Facilitator explains that the purpose of this first group is to read through and become “experts” in the techniques they have been assigned. They should keep their jigsaw cards, because they will use them in the second part of the jigsaw, when they will be placed in groups according to letter. In those groups, they will share what they have learned with people from other groups.

STEP 2:

Jigsaw, Part I

90 minutes

Materials: Handouts for each group on training techniques (one for each member, plus enough for them to share with next group)

Participants break into groups based on their numbers. They read over, discuss and react to a set of 5 nonformal techniques. They then prepare how they will present this to other participants.

[Facilitator moves from group to group re-explaining the task and encouraging groups to think of interesting ways to share their techniques with their next group. Facilitator also explains detailed twists of critical incident and problem dramas to groups with case studies and drama.]

STEP 3:**Jigsaw, Part II**

80 minutes

Participants move into groups based on the letter on their cards. Each group member has 10-12 minutes to present their topics to the other participants.

STEP 4:**Large Group Discussion**

25 minutes

Facilitator leads a discussion of the experience and answers any questions participants might have about techniques of their uses. Facilitator also highlights similarities between techniques.

JIGSAW TASK SHEET

The purpose of this activity is to get a brief overview of a wide range of adult education techniques. The jigsaw technique is one example of an adult education technique. It allows people to quickly learn about one topic, and then pass on that information to other members of the group, thus completing the “jigsaw,” or puzzle.

1. Individually, read through your handout [5-10 min]
2. Discuss each technique in your group until everyone clearly understands it (if you have questions, feel free to call on the facilitator for further explanation). [30 min]
3. Decide how each of you will share these techniques with your next group. Choose at least one technique from among those you have discussed and use it to design a mini-presentation for your next group of 4-5 participants. You will have 10-15 minutes to present to the next group. Note: you may not use lecture or reading as your primary technique. Remember, except in a couple of special cases, you will be the only “expert” on these techniques in your second group. [30 min]
4. Prepare any materials you may need for your presentation to the next group. [10 min]
5. Review, discuss and/or practice your mini-presentation session if time allows. [10 min]
6. Make mini-presentation to second group. [15 min. for each presentation]

Identify Practice Facilitation Roles

15 min

Technique: Large Group**Materials:** Matrix with Practice Facilitation Sessions,
posted on wall

Facilitator asks the participants to go to the matrix on the wall. S/he describes each of the activities that have been chosen for practice facilitation sessions.

The activities have been chosen to:

- Allow TOT participants to demonstrate a variety of different adult education techniques
- Demonstrate their knowledge of certain key technical information which they must master in order to carry out a future PHCE training

Facilitator asks the participants to choose an activity that contains either a technique or content with which they are not familiar.

Beginning the next day they will prepare the activity, and then practice facilitating it.

Evaluate the Day



15 min

Technique: Large Group

Materials: Matrix with Practice Facilitation Sessions,
posted on wall

Review Adult Education Techniques

Ask participants to review the adult education techniques that have been used in the afternoon sessions. Ask them to work with the person sitting next to them and to develop a list of the techniques used up to this point in the TOT.

The list should include:

- Jigsaw *Identifying Adult Education Techniques*
- Individual, Written Assessment
- Large Group Discussion *Identifying Adult Education Techniques*

Other responses could include working with the large group to complete the Practice Facilitation matrix.

Ask participants to take a piece of paper and write the answer to the following questions:



What two or three new things did I learn about adult education today?



What questions do I have about the PHCE Course (structure, purpose, etc.)?



Review Objectives for Day 1. How well were the objectives for Day 1 completed? Suggest specific ways to improve.

Thank participants for their hard work, and remind them to give their evaluations to a member of the Host Team for the day.

Remind Host Team members that the Steering Committee meets directly after the session is complete.

Time:

7 hours and 30 minutes, not including breaks and lunch.

Learning Objectives:

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

- identify components of the PHCE Course Facilitators Guides and Participant's Manuals;
- prepare selected activities used in the PHCE Course;
- practice facilitating (or participating in) two selected activities from the PHCE Course;
- give and receive constructive feedback on their facilitation;
- conduct at least two icebreakers or energizers.

Materials:

Schedule of Activities: Day 2

| Time | Topic | Activity | Page |
|------------------|--|------------------------|------|
| 15 min. | Review Previous Day Energizer | Host Team | |
| 20 min. | Identify Materials Used in PHCE Course | Pairs | |
| 30 min. | Giving and Receiving Feedback: Setting Up Fishbowl | Demonstration | |
| 1 hr. | Prepare Practice Facilitation Sessions | Small Groups or Pairs | |
| 1 hr. 30 min. | Practice and Receive Feedback on Activity (I) | Fishbowl | |
| 1 hr. | <i>Lunch</i> | | |
| 15 min. | Energizer | Host Team | |
| 1 hr. 30 min. | Practice and Receive Feedback on Activity (II) | Fishbowl | |
| 1 hr. 15 min. | Conduct Steering Committee as Demonstration | Demonstration/Fishbowl | |
| 15 min. | Evaluate Day 2 | | |

Review Previous Day

20 mins

Technique: Oral Report; Icebreaker**Materials:** As decided by Host Team**Identify Materials Used in PHCE Course**

30 mins

Technique: Work in Pairs**Materials:** Appropriate Facilitator's Guides and Participant Manuals

The purpose of this session is to allow participants to familiarize themselves with the materials that are used in the PHCE Course, specifically those that they will use in their practice facilitation sessions. *(Option would be to distribute the appropriate guides to the participants the previous evening so that they have time to familiarize themselves before this session).*

Ask participants to find the section of the Guide that they will use in their practice facilitation session. Ask them to identify:

- Learning Objectives
- Time necessary for activity
- Materials they will need
- How the guide indicates what is contained in the Participant's Manual
- Technical content they will need to teach
- Process that they will follow to carry out activity
- Other...



What questions do you have about how the Facilitator's Guides and Participant's Manuals are laid out? What other questions do you have before you begin preparing for practice sessions?

Giving and Receiving Feedback



30 mins

Technique: Demonstration**Materials:** Appropriate Facilitator's Guides and Participant Manuals
Observation Checklist (?)

The purpose of this session is to introduce participants to the process that they will follow for practice facilitation and feedback sessions. The technique is called the "Fishbowl" technique.

Introduce the Fishbowl:

Draw a picture of a fishbowl on a flipchart. Explain that the technique is to allow those outside of the bowl to see what is happening on the inside of the bowl, without interfering.

Explain that, in the fishbowl technique, there are three types of participants: facilitators who will practice an activity, participants who will take part in the activity, and observers, who will not actively participate in the activity, but who will observe the activity as it is carried out.

(If possible) To explain the procedure, set up a demonstration fishbowl, and demonstrate the following steps:

- To begin, an observer (usually the lead trainer for the TOT) asks the facilitator:
 - What would you like for us to look for? What part of the activity would you like feedback on?
- Once the facilitator has identified what they want observers to focus their feedback on, they begin the practice facilitation session.
- When the session is complete, the lead trainer asks the facilitator:
 - What did you like about the session? What would you change?

- When the facilitator has completed his/her self-assessment, the lead trainer asks the participants:
 - What did you like about the session? What would you change?

When the participants have completed feedback, the lead trainer asks other observers:

- Focusing on those points that the facilitator wanted us to look for, what did you like about the session? What would you change?

The lead trainer summarizes comments. At the end of the feedback session, s/he asks the facilitator for any last questions or comments that they have about the feedback that they have just heard.

After each session, the lead trainer thanks the facilitators for their work, and meets with them individually to share written comments, if appropriate.

Prepare Practice Facilitation Sessions



1 hr

Technique: Individual Work or Work in Pairs**Materials:** As identified in each practice session

The purpose of this session is to give participants the time and materials that they need to prepare a practice facilitation session.

All materials should be available and ready to use, including (as appropriate) VCR, Powerpoint projector and laptop, preprojection screen, flipcharts, markers, and any other materials that are particular to the activities that the participants will practice.

Explain that each practice session will be allotted 1 1/2 hours, including feedback time.

The first practice facilitation session should begin at approximately 10:45 a.m.

Morning break can be taken at participants' leisure.

Practice and Receive Feedback on Sessions



1 hr

30 min

Technique: Individual Work or Work in Pairs**Materials:** As identified in each practice session

Begin the first practice facilitation session. When complete, conduct feedback session following the fishbowl technique. (*See pp. 25-26 of this Guide*).

Time:

7 hours and 30 minutes, not including breaks and lunch.

Learning Objectives:

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

- conduct plenary sessions in morning and afternoon;
- conduct steering committee meeting;
- practice facilitating (or participating in) three selected activities from the PHCE Course;
- give and receive feedback on their facilitation;
- consider preliminary preparation for Course.

Materials:

Schedule of Activities: Day 3

| Time | Topic | Activity | Page |
|------------------|--|------------|------|
| 15 min. | Review Previous Day Energizer | Host Team | |
| 1 hr. 30 min. | Practice Facilitation and Receive Feedback (IV) | Fishbowl | |
| 45 min. | Taking Stock: What Needs to be Prepared for a PHCE Course? | Brainstorm | |
| 1 hr. | <i>Lunch</i> | | |
| 15 min. | Energizer | Host Team | |
| 1 hr. 30 min. | Practice Facilitation and Receive Feedback (V) | Fishbowl | |
| 1 hr. 30 min. | Practice Facilitation and Receive Feedback (VI) | Fishbowl | |
| 1 hr. 30 min. | Practice Facilitation and Receive Feedback (VII) | Fishbowl | |
| 15 min. | Evaluate Day 3 | | |

Time:

7 hours and 30 minutes, not including breaks and lunch.

Learning Objectives:

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

- continue practice facilitation and feedback;
- assess their skills in facilitation techniques used in the PHCE Courses;
- assisted Course Director and Managing Facilitator in preparing for upcoming Course;
- decided roles for upcoming Course;
- evaluated Training of Trainers.

Materials:

Schedule of Activities: Day 4

| Time | Topic | Activity | Page |
|------------------|--|-----------|------|
| 15 min. | Review Previous Day Energizer | Host Team | |
| 1 hr. 30 min. | Practice Facilitation and Receive Feedback | | |
| 30 min. | Post-Training Self-Assessment on Techniques Used in PHCE Course | | |
| 1 hr. | <i>Lunch</i> | | |
| 15 min. | Energizer | Host Team | |
| 2 hrs. | Prepare for PHCE Course <ul style="list-style-type: none"> ■ registration ■ materials ■ identify roles in PHCE course | | |
| 30 min. | Evaluate and Close Training of Trainers | | |

Pre - Training Self Assessment on Adult Education

| ADULT EDUCATION TECHNIQUES | 1 I HAVE NEVER DONE THIS | 2 I HAVE DONE THIS BUT I WANT TO LEARN MORE ABOUT IT | 3 I AM CONFIDENT DOING THIS | 4 I COULD TEACH THIS TO OTHERS |
|--|-----------------------------|---|--------------------------------|-----------------------------------|
| LEAD A <i>BRAINSTORM</i> SESSION | | | | |
| LEAD A <i>CASE STUDY</i> ACTIVITY AND DISCUSSION | | | | |
| CONDUCT A <i>DEMONSTRATION</i> | | | | |
| FACILITATE AN OBSERVATION AND FEEDBACK SESSION (<i>FISHBOWL</i> TECHNIQUE) | | | | |
| LEAD AN <i>ICEBREAKER/ENERGIZER</i> ACTIVITY | | | | |
| FACILITATE A SMALL GROUP ACTIVITY IN WHICH PARTICIPANTS LEARN AND TEACH EACH OTHER NEW SKILLS (<i>JIGSAW</i> TECHNIQUE) | | | | |
| GIVE A SHORT LECTURE (<i>LECTURETTE</i>) | | | | |
| FACILITATE A <i>PANEL DISCUSSION</i> | | | | |
| FACILITATE A LARGE GROUP DISCUSSION (<i>PLENARY</i>) | | | | |
| FACILITATE A <i>ROLE PLAY</i> | | | | |
| FACILITATE A <i>SIMULATION</i> | | | | |
| FACILITATE A <i>SMALL GROUP</i> ACTIVITY | | | | |
| PRESENT AND DISCUSS A <i>VIDEO</i> | | | | |
| USE <i>VISUAL AIDS</i> (SLIDES, CHARTS AND PHOTOS) | | | | |

ADULT EDUCATION TECHNIQUES

1. Brainstorm - This technique encourages active and imaginative input from participants and taps the knowledge and expertise of the participants. The facilitator's role is to encourage all participants to say the first thing that comes to their minds and to keep ideas flowing quickly. Brainstorming is used to help focus or clarify activities or generate information that can help introduce or direct a topic.

Process - The facilitator asks a question on a topic to be investigated. The participants are asked to draw upon personal experience and opinion and to respond with as many ideas as possible. As participants put forward their ideas, each idea is recorded on the board; none are rejected. Thereafter, the group analyzes the information collected.

Advantages - It promotes creativity in finding solutions to problems. It is particularly effective in opening sessions and can be used to establish goals, objectives and norms for training programs.

2. Case study - This technique encourages participants to analyze situations they might encounter and determine how they would respond. A case study is basically a story written to show a detailed description of an event that is followed by questions for participants to discuss. Stories of people with similar problems in other villages make ideal subjects for case study analysis. The case study should be designed in such away that the story is relevant to participants and they have enough time to read, think and discuss.
3. Critical Incident - A critical incident is a special type of case study, it is shorter, focussed on a specific problem and followed by a single "what would you do?" type of question to the participant. It focusses attention on consideration of alternative solutions and viewpoints when approaching a problem.

Process - The facilitator hands out a case study that describes a relevant situation or problem to be addressed (facilitator writes one or uses one that has already been written). Participants read the case study. Participants are either broken up into small groups to discuss or may stay in the large group to discuss the story. The instructor facilitates

discussion answers to the guiding questions and approaches to alternative solutions.

Advantages - It encourages participants to identify alternative behaviors and solutions to situations and problems they might experience in the community. It can present a great deal of information that participants can refer back to as they discuss and answer questions.

4. Demonstration - This technique is used to allow participants to see how something should be done. A demonstration brings to life some information that could be presented in a lecture, discussion or explanation. For example a discussion of how to apply fertilizer may not be nearly as effective as a direct demonstration of how to do it which participants can both see and try for themselves.

Process - The facilitator should explain the purpose of the demonstration. Facilitator demonstrates the procedures or new behavior. Participants are encouraged to ask questioned and engage in discussion. The participants practice what has been demonstrated.

Advantages - Participant's actual participation in trying what was demonstrated by the facilitator shows if they have correctly understood and makes this information that they cannot easily forget.

5. Fishbowl - This technique allows participants on the 'outside' to see something being done on the 'inside'. Participants may observe a role play or an actual situation such as a discussion or a planning meeting. Used in connection with another technique, a fishbowl offers a physical and organizational structure that focusses attention on particular issues.

Process - Trainer helps break participants into two or more groups. A small group performs some action or activity in the center of a larger group. The outer group of participants is asked to observe and analyze the interactions of the inner group. Observers may be broken into subgroups and/or provided with specific observation tasks, tools or guides.

Advantages - As with a fish placed in a bowl of water, participants can see what is happening and discuss what they see. Note: A fishbowl can change the focus of the technique

it is used in conjunction with. For example, a simple role play may focus on the feelings and reactions of the role playing participants, whereas in a fishbowl/roleplay the focus is on the observation and feedback that provided by the outer group to the information supplied by the inner group.

6. Ice breakers/Energizers - This technique is used to introduce participants to each other or help them to relax, wake up, or recapture their wandering interest. As its name implies, the ice breaker warms the learning environment to the point that the 'ice' keeping participants from interacting with each other is broken up.

Process - This technique is usually short and has no specific form. It is how it is used that makes it an ice breaker. A joke, short game, or physical activity of some sort can all be ice breakers. For example, to begin a class with new participants you might randomly pair off participants. Have participants work in pairs and find out as much about each other in five minutes as possible. Each participant then introduces his/her partner to the rest of the group. Other examples of ice breakers include: having participants draw a picture which describes something about themselves and then explain it to the group; solve a puzzle together; or take a "blind walk" in which one person (whose eyes are closed) is led by a partner's verbal instructions.

Advantages - An ice breaker actively involves all participants. Ice breakers should be fun and when they are, they create an initial bond between facilitator and participants and help to set an active, participatory tone for a training.

7. Jigsaw technique - This technique is used to help participants master pieces of information that, when put together, cover a complete topic. It provides each participant with an opportunity to become an "expert" on a bit of information and to share this with each other. While it takes a great deal of planning and initial facilitation, the responsibility for learning and teaching remains with the participants.

Process - The large group is divided into smaller groups by receiving cards that have two different symbols (a number and a letter; colors/other symbols). The first groups (by number) are each assigned different aspects of the chosen topic to learn. Each group spends time working together until every member

of their group has mastered the topic assigned to the group well enough to teach it to others. One member of each of the original groups now serves as an "expert" for a second group. The second groups are formed by assigning one representative from each of the first study groups to a second group (by letter). The second group stays together until each member has had a chance to teach his or her subject to the group. The entire group meets together briefly to reflect on the process.

Advantages - The jigsaw technique provides an opportunity for people to learn a topic and then immediately afterwards to teach it to others. This technique encourages cooperation rather than competition. It is an effective way to give individuals training experience and to bolster participant confidence in their own knowledge and teaching skills.

8. Lecturettes - Lecturettes are short forms of a lecture which are used to highlight key points of content. They differ from traditional lectures in that they often incorporate participants' interactions and, at times, give the impression of a discussion. They are useful as introductions to topics and to experiential activities. Lecturettes seldom last longer than 15 minutes.

Process - Review or read through the information that you want to present. Write out an outline of the key points that you want to cover. Consider what visual aids could help your presentation and prepare them in advance if possible. Identify points where you can involve participants through questioning, discussion, or other activities. Practice and time your lecturette to make sure that you have not prepared either too little or too much for the time allotted. As you present your lecturette (or any lecture) keep an eye on the participants and make sure that you are holding their attention. If people start to drift off, do something. A lecturette is only effective if you are able to keep participants listening, involved, and aware of the points you are trying to share.

Advantages - Lecturettes can provide detailed and specific information in a short amount of time.

9. Panel Discussions - This technique allows participants to gather information on several new topics at a time from visiting 'experts' or 'authorities' on the topics. It encourages critical and informed questioning from participants and interaction between guest speaker and participants in exploring a given topic.

Process - 'Experts' or 'authorities' are identified and invited in front of the group. The trainer (or pre-designated participant) acts as moderator (facilitator) of the panel discussion by asking initial basic questions of panel members and/or encouraging participants to ask questions of panel members.

Advantages - This can be a good opportunity to invite guest speakers (up to 3 or 4 at one time) into the training setting. It offers participants a different format for information transfer and a change from the trainers as the focus of attention. Also, it can give participants contact references for future work in the field. If you design your sessions in such a way that the participants become the 'resident experts' on a given topic then they can experience a distinct feeling of involvement and accomplishment on the topic.

10. Plenary Discussion - In this technique, all the participants come together for a discussion. It can take place as a stand-alone activity, or as a part of processing another activity.

Process - To prepare, write specific questions for discussion on a flip chart or slide. Think of other prompting questions that can be used to keep the discussion moving. Introduce the discussion by explaining its objectives and posing the focus questions to the group. (You may want to start the discussion with a brief small group discussion around some of the focus questions.) As the discussion progresses, try to ensure that all participants have a chance to speak. Periodically summarize the discussion and relate it explicitly to the objectives of the session. Monitor time carefully to make sure there is enough time to cover all the important points. At the end of the discussion, conclude by summarizing the conclusions reached by the group and relating them to the session objectives.

Advantages - This technique is useful for generating new ideas through the interaction of participants, reaching a consensus in the group, drawing out common conclusions from small group activities, and sharing a variety of experiences of different participants.

11. Role plays - This technique encourages participants to explore solutions to situations or problems under discussion. It is a small, often unrehearsed drama where participants are given roles that they are supposed to act out. Unlike a drama or play, there is no 'script' or particular words that participant-actors must say, but there is a description of the situation, the positions they should take, what they might do or opinions they should express.

Process - Roles may be set up by the facilitator or participants may make up their own roles. The description of a role play can be given orally or by handout. Participants acting in the role play should be given some time to prepare. Participants act out role play as the character that they are portraying. Facilitator facilitates discussion and analysis of what was seen or felt by participants. 'Actors' are given a chance to describe their roles and what they were doing to see if it matches with what participants observed. Participants then discuss how what they saw relates to their own lives and situations they encounter.

Advantages - Discussions following the role play can center around the role, opinions, and actions of characters as presented by the participants and thus avoid criticism of the participants themselves. This technique is entertaining as well as educational, and improves participants' skills of expression and observation.

12. Simulations - This technique is used to involve participants directly in an experience. A simulation is a model of reality created so that participants can see the effect of certain actions on a given situation. This can be done through a carefully prepared board game or an expanded fishbowl/role play activity which involves all participants.

Process - Identify a situation that you wish participants to experience. Consider the main issues that you want them to understand. Think of a number of actions that could be taken to respond to these issues and possible outcomes of such actions. Use these as guidelines to prepare a board game or extended role play activity that will actively involve the participants in the situation you have identified. Try the simulation out to see if participants are truly experiencing the essence of the situation as you had hoped. Adjust your simulation accordingly.

Advantages - By simplifying and simulating real life situations, participants can discover the relationships between various

forces and the effect of different actions on those forces. They can develop a feeling for how to act in certain situations. It can be a very good mechanism for introducing information (about development activities, etc.) and developing problem-solving skills.

13. Small groups - It is often necessary to break a large training group into small groups in order to facilitate discussion, problem-solving, or team activities and tasks.

Process - Participants select or are randomly broken into smaller groups. A specific task is assigned to smaller groups (the task may be the same or may be a different task for each group). The purpose of the task is clearly stated and a time limit imposed. How the group's work is to be presented is clearly defined and shared responsibility for presentation is given to all members of the group. Following these instructions, the task is carried out. The small groups come back together and results are presented to the whole group.

Advantages - The smaller the group, the greater the chance of individual participation. The more small groups you have, the better your chances of coming up with interesting information and more solutions to problems (although the report out time allocated increases with each additional group).

14. Video - Film shows and videos can be used to bring issues to life. The selection of an appropriate video or film for participants to view can offer a low key, entertaining way to share detailed information or issues.

Process - Trainers should select films according to interests of participants and topics under consideration. Participants should be introduced to the film and viewing should generally be followed by a discussion of the film and the information it contained.

Advantages - Film shows are generally quite entertaining and easily capture the interest of participants. If well done, films can capture in a short amount of time, information that might take months to cover. It can capture in moving pictures and words images that make stronger points than an instructor or resource could ever do in a lecture.

15. Visual Aids - Visual aids, such as slides, charts, graphs, pictures or photos, can help explain new ideas, stimulate discussion and enliven a presentation.

Process - Test out the visual aids on location before using them, to make sure that they are visible to the participants. Check equipment such as projectors for slides, overheads and PowerPoint to make sure it is working. When using a visual aid, be sure to integrate it into the presentation. introduce it, make reference to it and explain its significance for the topic at hand. Explain all graphs and charts thoroughly (for example, define what the axes of a graph represent, and state the units of measurement).

Advantages - Complex concepts can often be explained more effectively with visual aids. They also provide an alternative way to present information that reaches participants with different learning styles. Pictures and photos can bring a subject to life, as well as stimulating reactions and ideas among participants.

**ADULT EDUCATION TECHNIQUES
OBSERVATION CHECKLIST****BRAINSTORM****Introduced Brainstorm:**

- Introduced focus question for brainstorm
- Introduced procedure for brainstorm

Facilitated Brainstorm:

- Allowed all participants to give input
- Quickly and accurately wrote down participants' responses, or
- Co-facilitator wrote responses on flipchart, using participants' words
- Did not analyze responses during the flow of ideas
- If necessary, facilitator checked with participant to make sure that her/his ideas were accurately recorded on flipchart

Processed Brainstorm:

Depending on the objectives of the brainstorm:

- Used brainstorm responses in follow-up activities
- Clustered responses
- Made conclusions

Concluded Brainstorm:

- Made connection between brainstorm and next activity

CASE STUDIES & CRITICAL INCIDENTS

Introduced Case Study:

- Explained objectives of the case study
- Gave clear instructions on how to complete case study
- Ensured that all participants had copy of the case study and other appropriate materials

Oral Case Study:

- Read case study clearly and loudly enough for all participants to hear
- Clarified questions, as appropriate

Written Case Study:

- Allowed sufficient time for all participants to complete case study
- Clarified questions, as appropriate

Phased Case Study:

- Made connections between the phases of the case study; reminded participants of the key points of the previous phase
- Made sure that participants worked on the right section of the case study at the right time

Discussion of Case Study:

- Asked groups for their answers to the case study
- Corrected responses as necessary
- Explained calculations or complex analysis clearly
- Attempted to determine why incorrect answers were given
- Made appropriate clarifications
- Connected responses to the main points/goals of the activity
- Checked participants' comprehension by asking questions

Summarized Case Study:

- Reviewed critical points covered

DEMONSTRATIONS**Prepared Demonstration:**

- All appropriate materials were prepared before session
- Demonstration situated so that all participants could clearly see and hear
- Demonstration situated so that facilitators could clearly see and hear participants

Introduced Demonstration:

- Explained the purpose of the demonstration
- Gave clear instructions

Demonstration by Facilitator:

- Accurately followed procedure being demonstrated
- Completely followed procedure being demonstrated
- Checked for understanding on the part of all participants by asking questions
- Asked participants to demonstrate procedure if appropriate

Demonstration by Participants:

- Gave clear instructions for the process to be followed (which participants will do what and when)
- Monitored accuracy of participants' demonstration
- Corrected participants' demonstration, if necessary
- Asked participant to repeat demonstration, if necessary

Processed Demonstration:

- Reviewed critical skills covered by demonstration

FISHBOWL**Prepared Fishbowl:**

- Activities to be carried out in the fishbowl were chosen, and participants were assigned an activity
- All appropriate materials were prepared for each activity
- Facilitator thoroughly familiarized self with objectives and procedure for fishbowl

Introduced Fishbowl:

- Explained the purpose of the fishbowl
- Gave clear instructions about the procedure for giving and receiving feedback
- Reviewed observation criteria with participants

Facilitated Fishbowl:

- Thanked participants as they complete practice facilitation sessions
- Facilitated the process for giving and receiving feedback
- Made sure that facilitators, participants and observers each had adequate opportunity to self-assess and/or to give feedback

ICE BREAKERS & ENERGIZERS**Prepared Icebreaker:**

Chose activity that:

- Helped further the goals of the training
- Actively engaged all participants
- Took no longer than 10 minutes to conduct
- Had all necessary materials prepared beforehand

Introduced and Conducted Icebreaker:

- Explained purpose
- Clearly explained procedure
- Monitored participants to make sure that all were participating

Processed Icebreaker:

- If appropriate, asked participants what happened during the ice-breaker
- Related the icebreaker to the day's work
- Thanked everyone for their participation

JIGSAW**Prepared Jigsaw:**

- Thoroughly familiarized self with procedure and objectives
- Prepared all handouts and cards for participant groups
- Calculated the number of techniques to assign each group
- Determined which techniques to assign each group

Introduced Jigsaw:

- Explained objectives of the jigsaw technique
- Ensured that all participants had copies of handouts, as appropriate
- Ensured that groups were clear about how they were to be divided
- Explained procedure for jigsaw

Facilitated Jigsaw:

- Circulated among participants to answer questions, as necessary
- Periodically announced the time so that participants could pace themselves
- Announced time for groups to change
- Answered questions about new group tasks, as necessary
- Closed the jigsaw on time

Discussed Jigsaw:

- Asked participants for their questions about the techniques
- Asked participants to make connections between techniques they reviewed in the Jigsaw, and the adult education cycle, if appropriate
- If appropriate, made connections between the techniques and those used in the course or workshop in which they are participating
- Thanked everyone for their participation

LECTURETTES

Prepared Lecturette:

- Identified handouts to be used during lecturette
- Identified focus questions for use during lecturette

Introduced Lecturette:

- Explained key topic to be covered in lecturette
- Introduced topic in manageable segments
- Asked participants about their experience with a topic when introducing it

Delivered Lecturette:

- Referred back to participants' experiences while discussing the topic
- Referred to Participant's Manual when appropriate
- Explained charts and graphs thoroughly
- Used "real life" examples from facilitator's experience
- Checked for understanding on the part of all participants by asking questions
- Managed time well
- Periodically invited participants' questions
- Answered questions correctly and respectfully

Concluded Lecturette:

- Made connection between lecturette and any activities relating to the same topic

PANEL DISCUSSIONS**Prepared Panel Discussion:**

Ensured that presenters

- Were clear about the objectives of the presentation
- Were clear about the time allocations for each presentation
- Were aware of the format for the Panel Discussion
- Had necessary materials and/or audio visual aids for their presentations
- Worked out a system for monitoring time

Facilitated Panel Discussion:

- Introduced presenters
- Introduced topic
- Introduced format
- Tactfully helped presenters manage time
- Encouraged participants' questions

Concluded Panel Discussion:

- Referred to ways in which information presented by panelists would be helpful in future sessions
- Thanked presenters and participants

PLENARY (LARGE GROUP) DISCUSSION**Preparation:**

- Prepared focus questions
- Prepared the physical setting for the discussion so that all participants could see and hear

Introduced the Discussion:

- Explained the purpose of the discussion

Facilitated the Discussion:

- To check participant's understanding, asked open-ended rather than closed questions
- Made connections between participants' comments and the topic
- Repeated participants' questions before answering so that everyone could hear them
- Kept discussion going by asking questions when it stalled
- Responded nonjudgmentally to all opinions offered by participants
- Corrected wrong information tactfully
- Encouraged all participants to contribute to the discussion
- Did not allow a few individuals to monopolize the conversation
- Refrained from taking a position or speaking a lot during the discussion
- Kept the discussion on topic
- Managed time
- Emphasized the key points of the discussion outlined in the facilitator's manual

Summarized Discussion:

- Summarized the discussion periodically, when needed
- At end of discussion, summarized critical points covered

ROLE PLAYS**Prepared Role Play:**

- Identified objectives of role play
- Prepared all materials
- Prepared focus questions
- Prepared setting for role play so that all participants could see and hear
- Rehearsed script

Introduced Role Play:

- Explained the objectives of the role play
- "Set the stage" for role play
- Explained actors' roles
- Explained participants' roles
- Gave focus points for participants to consider during role play

Conducted Role Play:

- Carried out role play completely and accurately
- Ensured that all participants could see and hear
- Kept action lively
- Kept role play short (10 minutes in length)

Processed Role Play:

- Using focus points, conducted small group discussion on role play
- Checked participants' understanding of the critical points of the role play
- Made connection between role play and participants' experience
- Made transition between role play and upcoming exercises or activities

SIMULATION

Prepared Simulation:

- Ensured that all task sheets and other materials are correct and available in appropriate quantities
- Reviewed the simulation to be clear on purpose and objectives
- Thoroughly familiarized self with scenario for the simulation, including actors and their roles

Introduced Simulation:

- Introduced objectives of the simulation
- Reviewed all roles and tasks (as appropriate) with participants
- Clarified participants' questions
- Introduced procedure for simulation

Facilitated Simulation:

- Circulated among participants to answer questions, as appropriate
- Observed simulation as it evolved, making notes for discussion after simulation was complete
- Did not actively participate in the simulation
- Periodically announced time to help participants pace themselves

Processed Simulation:

- Brought the simulation to an end by asking participants to change back to their "normal" roles
- Allowed representatives of each group to answer processing questions, in turn
- Moderated discussion by helping participants to draw conclusions
- Used objectives of the simulation to ensure that major points of the simulation were discussed
- Thanked everyone for their participation

SMALL GROUP DISCUSSION**Prepared Small Group Discussion:**

- Prepared focus questions
- Prepared the physical setting for the discussion so that all participants could see and hear
- Prepared the physical setting so that each group could hold a discussion without too much distraction from other groups

Introduced the Small Group Discussion:

- Explained the purpose of the discussion

Facilitated the Discussion:

- Circulated among groups to monitor progress
- Attempted to ensure that the involvement of participants was fairly balanced
- Encouraged participants to help each other with questions and calculations rather than working individually
- Intervened tactfully when participants went off topic
- Allowed sufficient time for discussion, while keeping within time restrictions

Summarized Discussion:

- Summarized the discussion periodically, when needed
- At end of discussion, summarized critical points covered
- Checked for understanding on the part of all participants by asking "checking" questions

VIDEOS

Prepared Video:

- Queued video to correct segment
- Prepared focus questions
- Prepared appropriate handouts
- Prepared setting so that all participants could see and hear

Introduced Video:

- Explained objectives of the video
- "Set the stage" for video
- Gave focus points for consideration during video

Evaluated Video Exercise:

- Followed video exercise with an activity or discussion
- Made connections between video and upcoming activities

VISUAL AIDS**Prepared Visual Aids:**

- Chose visual aids that would support discussion, and not distract attention
- Prepared aids that were visible and legible for all participants
- Prepared aids that were understandable to participants
- Located the visual aids so that they were easy to access and did not create distractions when in use

Introduced Visual Aids:

- Explained objectives of the visual aids
- Checked participants' understanding of the aids ("What is this?")

Used Visual Aids During Presentation:

- During presentation, referred to visual aids
- Used them to support presentation points
- Periodically checked participants' understanding of the visual aids

Post - Training Self Assessment on Adult Education

| ADULT EDUCATION TECHNIQUES | 1 I HAVE NEVER DONE THIS | 2 I HAVE DONE THIS BUT I WANT TO LEARN MORE ABOUT IT | 3 I AM CONFIDENT DOING THIS | 4 I COULD TEACH THIS TO OTHERS |
|--|-----------------------------|---|--------------------------------|-----------------------------------|
| LEAD A <i>BRAINSTORM</i> SESSION | | | | |
| LEAD A <i>CASE STUDY</i> ACTIVITY AND DISCUSSION | | | | |
| CONDUCT A <i>DEMONSTRATION</i> | | | | |
| FACILITATE AN OBSERVATION AND FEEDBACK SESSION (<i>FISHBOWL</i> TECHNIQUE) | | | | |
| LEAD AN <i>ICEBREAKER/ENERGIZER</i> ACTIVITY | | | | |
| FACILITATE A SMALL GROUP ACTIVITY IN WHICH PARTICIPANTS LEARN AND TEACH EACH OTHER NEW SKILLS (<i>JIGSAW</i> TECHNIQUE) | | | | |
| GIVE A SHORT LECTURE (<i>LECTURETTE</i>) | | | | |
| FACILITATE A <i>PANEL DISCUSSION</i> | | | | |
| FACILITATE A LARGE GROUP DISCUSSION (<i>PLENARY</i>) | | | | |
| FACILITATE A <i>ROLE PLAY</i> | | | | |
| FACILITATE A <i>SIMULATION</i> | | | | |
| FACILITATE A <i>SMALL GROUP</i> ACTIVITY | | | | |
| PRESENT AND DISCUSS A <i>VIDEO</i> | | | | |
| USE <i>VISUAL AIDS</i> (SLIDES, CHARTS AND PHOTOS) | | | | |

**Public Health in Complex Emergencies
Course
&
Training of Trainers**

Managing Facilitator's Report

Bogor, West Java, Indonesia
7 – 25 August 2001

Annex

2. Training of Trainers Participant Guide

**PUBLIC HEALTH IN
COMPLEX EMERGENCIES**

TRAINING OF TRAINERS

COLUMBIA UNIVERSITY
JOSEPH L. MAILMAN SCHOOL OF PUBLIC HEALTH
INTERNATIONAL RESCUE COMMITTEE
WORLD EDUCATION

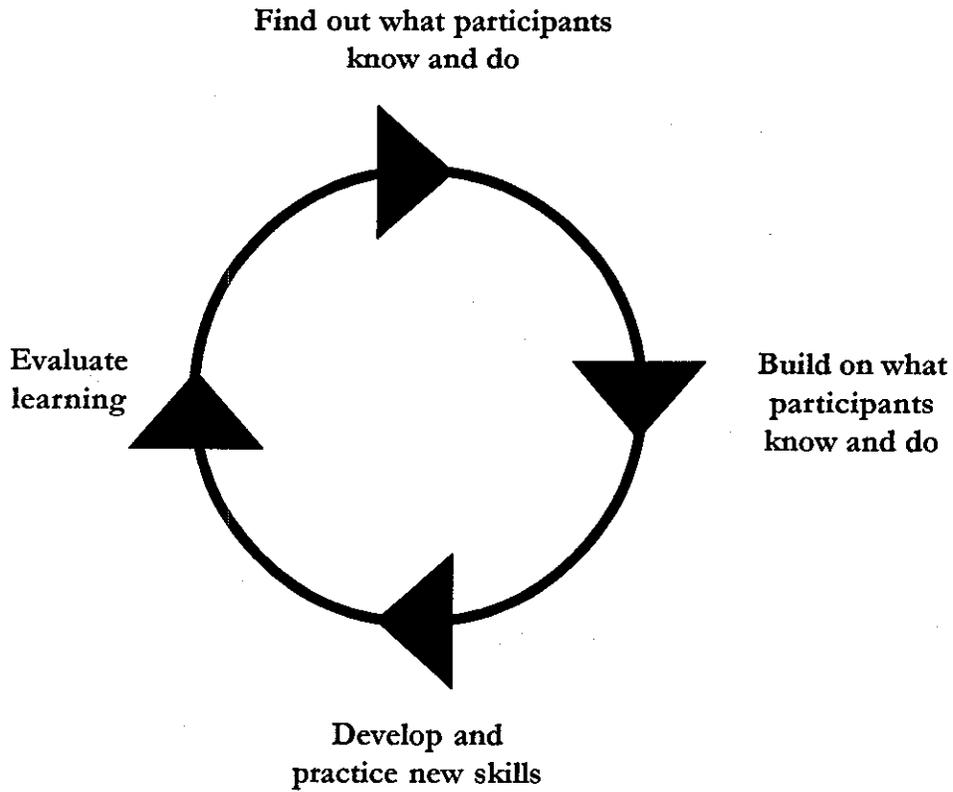
TRAINING OF TRAINERS

Introduction: Learning Objectives

By the end of the Training of Trainers, participants will be able to:

- review and practice critical segments of the PHCE Course;
- review the characteristics of the participants in the PHCE Course;
- expand their use of the participatory training methods used in PHCE Course;
- practice the activities within the context of the PHCE Course;
- evaluate their own abilities in using those methods to train PHCE content;
- familiarize themselves with the Course materials, procedures, logistics and schedule.
- identify roles that they will carry out during the PHCE Course.

Adult Learning Cycle



Host Team

A Host Team is a group of participants that assumes responsibility for helping facilitators with the daily management of the course.

The tasks of the Host Team are:

- Get people started at the beginning of the day
- Conduct ice breakers or energizers
- Each morning, the Host Team reviews the previous day's activities and links them with the current day
- Provides information on current events
- Manages daily schedules and acts as timekeeper
- One or two Host Team members attend the Steering Committee to give feedback on behalf of other participants in the Course.

The Host Team gives participants a voice in the management of the Course.

Steering Committee

- The Committee meets every afternoon after the daily sessions are complete.
- Members are the day's facilitator, the facilitator for the following day, the Course Director, the Managing Facilitator, and Host Team representatives.
- The purpose of the meeting is to find out what facilitators and participants liked about the day's sessions, and what they would change for upcoming sessions.

Pre-Training Self-Assessment on Adult Education Techniques

The objective of this assessment is to think about your facilitation skills and to help you set goals for the TOT. The information will be used in a post-assessment at the end. This will serve the purpose of showing you how much you have learned and how much more you need to learn.

| ADULT EDUCATION TECHNIQUES | 1 I HAVE NEVER DONE THIS | 2 I HAVE DONE THIS BUT I WANT TO LEARN MORE ABOUT IT | 3 I AM CONFIDENT DOING THIS | 4 I COULD TEACH THIS TO OTHERS |
|---|--------------------------------------|--|---|--|
| LEAD A <i>BRAINSTORM</i> SESSION | | | | |
| LEAD A <i>CASE STUDY</i> ACTIVITY AND DISCUSSION | | | | |
| CONDUCT A <i>DEMONSTRATION</i> | | | | |
| FACILITATE AN OBSERVATION AND FEEDBACK SESSION (<i>FISHBOWL</i> TECHNIQUE) | | | | |
| LEAD AN <i>ICEBREAKER/ENERGIZER</i> ACTIVITY | | | | |
| FACILITATE A SMALL GROUP ACTIVITY IN WHICH PARTICIPANTS LEARN AND TEACH EACH OTHER NEW SKILLS (<i>JIGSAW</i> TECHNIQUE) | | | | |
| GIVE A SHORT LECTURE (<i>LECTURETTE</i>) | | | | |
| FACILITATE A <i>PANEL</i> DISCUSSION | | | | |
| FACILITATE A LARGE GROUP DISCUSSION (<i>PLENARY</i>) | | | | |
| FACILITATE A <i>ROLE PLAY</i> | | | | |
| FACILITATE A <i>SIMULATION</i> | | | | |
| FACILITATE A <i>SMALL</i> GROUP ACTIVITY | | | | |
| PRESENT AND DISCUSS A <i>VIDEO</i> | | | | |
| USE <i>VISUAL AIDS</i> (SLIDES, CHARTS AND PHOTOS) | | | | |

JIGSAW TASK SHEET

The purpose of this activity is to get a brief overview of a wide range of adult education techniques. The jigsaw technique is one example of an adult education technique. It allows people to quickly learn about one topic, and then pass on that information to other members of the group, thus completing the “jigsaw,” or puzzle.

1. Individually, read through the activity [5-10 min]
2. Discuss each technique in your group until everyone clearly understands it (if you have questions, feel free to call on the facilitator for further explanation). [30 min]
3. Decide how each of you will share these techniques with your next group. Choose at least one technique from among those you have discussed and use it to design a mini-presentation for your next group of 4-5 participants. You will have 10-15 minutes to present to the next group. Note: you may not use lecture or reading as your primary technique. Remember, except in a couple of special cases, you will be the only “expert” on these techniques in your second group. [30 min]
4. Prepare any materials you may need for your presentation to the next group. [10 min]
5. Review, discuss and/or practice your mini-presentation session if time allows. [10 min]
6. Make mini-presentation to second group. [15 min. for each presentation]

ADULT EDUCATION TECHNIQUES

1. Brainstorm - This technique encourages active and imaginative input from participants and taps the knowledge and expertise of the participants. The facilitator's role is to encourage all participants to say the first thing that comes to their minds and to keep ideas flowing quickly. Brainstorming is used to help focus or clarify activities or generate information that can help introduce or direct a topic.

Process - The facilitator asks a question on a topic to be investigated. The participants are asked to draw upon personal experience and opinion and to respond with as many ideas as possible. As participants put forward their ideas, each idea is recorded on the board; none are rejected. Thereafter, the group analyzes the information collected.

Advantages - It promotes creativity in finding solutions to problems. It is particularly effective in opening sessions and can be used to establish goals, objectives and norms for training programs.

2. Case study - This technique encourages participants to analyze situations they might encounter and determine how they would respond. A case study is basically a story written to show a detailed description of an event that is followed by questions for participants to discuss. Stories of people with similar problems in other villages make ideal subjects for case study analysis. The case study should be designed in such away that the story is relevant to participants and they have enough time to read, think and discuss.
3. Critical Incident - A critical incident is a special type of case study, it is shorter, focussed on a specific problem and followed by a single "what would you do?" type of question to the participant. It focusses attention on consideration of alternative solutions and viewpoints when approaching a problem.

Process - The facilitator hands out a case study that describes a relevant situation or problem to be addressed (facilitator writes one or uses one that has already been written). Participants read the case study. Participants are either broken up into small groups to discuss or may stay in the large group to discuss the story. The instructor facilitates discussion answers to the guiding questions and approaches to alternative solutions.

Advantages - It encourages participants to identify alternative behaviors and solutions to situations and problems they might experience in the community. It can present a great deal of information that participants can refer back to as they discuss and answer questions.

4. Demonstration - This technique is used to allow participants to see how something should be done. A demonstration brings to life some information that could be presented in a lecture, discussion or explanation. For example a discussion of how to apply fertilizer may not be nearly as effective as a direct demonstration of how to do it which participants can both see and try for themselves.

Process - The facilitator should explain the purpose of the demonstration. Facilitator demonstrates the procedures or new behavior. Participants are encouraged to ask questions and engage in discussion. The participants practice what has been demonstrated.

Advantages - Participant's actual participation in trying what was demonstrated by the facilitator shows if they have correctly understood and makes this information that they cannot easily forget.

5. Fishbowl - This technique allows participants on the 'outside' to see something being done on the 'inside'. Participants may observe a role play or an actual situation such as a discussion or a planning meeting. Used in connection with another technique, a fishbowl offers a physical and organizational structure that focusses attention on particular issues.

Process - Trainer helps break participants into two or more groups. A small group performs some action or activity in the center of a larger group. The outer group of participants is asked to observe and analyze the interactions of the inner group. Observers may be broken into subgroups and/or provided with specific observation tasks, tools or guides.

Advantages - As with a fish placed in a bowl of water, participants can see what is happening and discuss what they see. Note: A fishbowl can change the focus of the technique it is used in conjunction with. For example, a simple role play may focus on the feelings and reactions of the role playing participants, whereas in a fishbowl/roleplay the focus is on the observation and feedback that provided by the outer group to the information supplied by the inner group.

6. Ice breakers/Energizers - This technique is used to introduce participants to each other or help them to relax, wake up, or recapture their wandering interest. As its name implies, the ice breaker warms the learning environment to the point that the 'ice' keeping participants from interacting with each other is broken up.

Process - This technique is usually short and has no specific form. It is how it is used that makes it an ice breaker. A joke, short game, or physical activity of some sort can all be ice breakers. For example, to begin a class with new participants you might randomly pair off participants. Have participants work in pairs and find out as much about each other in five minutes as possible. Each participant then introduces his/her partner to the rest of the group. Other examples of ice breakers include: having participants draw a picture which describes something about themselves and then explain it to the group; solve a puzzle together; or take a "blind walk" in which one person (whose eyes are closed) is led by a partner's verbal instructions.

Advantages - An ice breaker actively involves all participants. Ice breakers should be fun and when they are, they create an initial bond between facilitator and participants and help to set an active, participatory tone for a training.

7. Jigsaw technique - This technique is used to help participants master pieces of information that, when put together, cover a complete topic. It provides each participant with an opportunity to become an "expert" on a bit of information and to share this with each other. While it takes a great deal of planning and initial facilitation, the responsibility for learning and teaching remains with the participants.

Process - The large group is divided into smaller groups by receiving cards that have two different symbols (a number and a letter; colors/other symbols). The first groups (by number) are each assigned different aspects of the chosen topic to learn. Each group spends time working together until every member of their group has mastered the topic assigned to the group well enough to teach it to others. One member of each of the original groups now serves as an "expert" for a second group. The second groups are formed by assigning one representative from each of the first study groups to a second group (by letter). The second group stays together until each member has had a chance to teach his or her subject to the group. The entire group meets together briefly to reflect on the process.

Advantages - The jigsaw technique provides an opportunity for people to learn a topic and then immediately afterwards to teach it to others. This techniques encourage cooperation rather than competition. It is an effective way to give individuals training experience and to bolster participant confidence in their own knowledge and teaching skills.

8. Lecturettes - Lecturettes are short forms of a lecture which are used to highlight key points of content. They differ from traditional lectures in that they often incorporate participants interactions and, at times, give the impression of a discussion. They are useful as introductions to topics and to experiential activities. Lecturettes seldom last longer than 15 minutes.

Process - Review or read through the information that you want to present. Write out an outline of the key points that you want to cover. Consider what visual aids could help your presentation and prepare them in advance if possible. Identify points where you can involve participants through questioning, discussion, or other activities. Practice and time your lecturette to make sure that you have not prepared either too little or too much for the time allotted. As you present your lecturette (or any lecture) keep an eye on the participants and make sure that you are holding their attention. If people start to drift off, do something. A lecturette is only effective if you are able to keep participants listening, involved, and aware of the points you are trying to share.

Advantages - Lecturettes can provide detailed and specific information in a short amount of time.

9. Panel Discussions - This technique allows participants to gather information on several new topics at a time from visiting 'experts' or 'authorities' on the topics. It encourages critical and informed questioning from participants and interaction between guest speaker and participants in exploring a given topic.

Process - 'Experts' or 'authorities' are identified and invited in front of the group. The trainer (or predesignated participant) acts as moderator (facilitator) of the panel discussion by asking initial basic questions of panel members and/or encouraging participants to ask questions of panel members.

Advantages - This can be a good opportunity to invite guest speakers (up to 3 or 4 at one time) into the training setting. It offers participants a different format for information transfer and a change from the trainers as the focus of attention. Also, it can give participants contact references for future work in the field. If you design your sessions in such a way that the participants become the 'resident experts' on a given topic then they can experience a distinct feeling of involvement and accomplishment on the topic.

10. Plenary Discussion - In this technique, all the participants come together for a discussion. It can take place as a stand-alone activity, or as a part of processing another activity.

Process - To prepare, write specific questions for discussion on a flip chart or slide. Think of other prompting questions that can be used to keep the discussion moving. Introduce the discussion by explaining its objectives and posing the focus questions to the group. (You may want to start the discussion with a brief small group discussion around some of the focus questions.) As the discussion progresses, try to ensure that all participants have a chance to speak. Periodically summarize the discussion and relate it explicitly to the objectives of the session. Monitor time carefully to make sure there is enough time to cover all the important points. At the end of the discussion, conclude by summarizing the conclusions reached by the group and relating them to the session objectives.

Advantages - This technique is useful for generating new ideas through the interaction of participants, reaching a consensus in the group, drawing out common conclusions from small group activities, and sharing a variety of experiences of different participants.

11. Role plays - This technique encourages participants to explore solutions to situations or problems under discussion. It is a small, often unrehearsed drama where participants are given roles that they are supposed to act out. Unlike a drama or play, there is no 'script' or particular words that participant-actors must say, but there is a description of the situation, the positions they should take, what they might do or opinions they should express.

Process - Roles may be set up by the facilitator or participants may make up their own roles. The description of a role play can be given orally or by handout. Participants acting in the role play should be given some time to prepare. Participants act out role play as the character that they are portraying. Facilitator facilitates discussion and analysis of what was seen or felt by participants. 'Actors' are given a chance to describe their roles and what they were doing to see if it matches with what participants observed. Participants then discuss how what they saw relates to their own lives and situations they encounter.

Advantages - Discussions following the role play can center around the role, opinions, and actions of characters as presented by the participants and thus avoid criticism of the participants themselves. This technique is entertaining as well as educational, and improves participants' skills of expression and observation.

12. Simulations - This technique is used to involve participants directly in an experience. A simulation is a model of reality created so that participants can see the effect of certain actions on a given situation. This can be done through a carefully prepared board game or an expanded fishbowl/role play activity which involves all participants.

Process - Identify a situation that you wish participants to experience. Consider the main issues that you want them to understand. Think of a number of actions that could be taken to respond to these issues and possible outcomes of such actions. Use these as guidelines to prepare a board game or extended role play activity that will actively involve the participants in the situation you have identified. Try the simulation out to see if participants are truly experiencing the essence of the situation as you had hoped. Adjust your simulation accordingly.

Advantages - By simplifying and simulating real life situations, participants can discover the relationships between various forces and the effect of different actions on those forces. They can develop a feeling for how to act in certain situations. It can be a very good mechanism for introducing information (about development activities, etc.) and developing problem-solving skills.

13. Small groups - It is often necessary to break a large training group into small groups in order to facilitate discussion, problem-solving, or team activities and tasks.

Process - Participants select or are randomly broken into smaller groups. A specific task is assigned to smaller groups (the task may be the same or may be a different task for each group). The purpose of the task is clearly stated and a time limit imposed. How the group's work is to be presented is clearly defined and shared responsibility for presentation is given to all members of the group. Following these instructions, the task is carried out. The small groups come back together and results are presented to the whole group.

Advantages - The smaller the group, the greater the chance of individual participation. The more small groups you have, the better your chances of coming up with interesting information and more solutions to problems (although the report out time allocated increases with each additional group).

14. Video - Film shows and videos can be used to bring issues to life. The selection of an appropriate video or film for participants to view can offer a low key, entertaining way to share detailed information or issues.

Process - Trainers should select films according to interests of participants and topics under consideration. Participants should be introduced to the film and viewing should generally be followed by a discussion of the film and the information it contained.

Advantages - Film shows are generally quite entertaining and easily capture the interest of participants. If well done, films can capture in a short amount of time, information that might take months to cover. It can capture in moving pictures and words images that make stronger points than an instructor or resource could ever do in a lecture.

15. Visual Aids - Visual aids, such as slides, charts, graphs, pictures or photos, can help explain new ideas, stimulate discussion and enliven a presentation.

Process - Test out the visual aids on location before using them, to make sure that they are visible to the participants. Check equipment such as projectors for slides, overheads and PowerPoint to make sure it is working. When using a visual aid, be sure to integrate it into the presentation. Introduce it, make reference to it and explain its significance for the topic at hand. Explain all graphs and charts thoroughly (for example, define what the axes of a graph represent, and state the units of measurement).

Advantages - Complex concepts can often be explained more effectively with visual aids. They also provide an alternative way to present information that reaches participants with different learning styles. Pictures and photos can bring a subject to life, as well as stimulating reactions and ideas among participants.

**ADULT EDUCATION TECHNIQUES
OBSERVATION CHECKLIST****BRAINSTORM****Introduced Brainstorm:**

- Introduced focus question for brainstorm
- Introduced procedure for brainstorm

Facilitated Brainstorm:

- Allowed all participants to give input
- Quickly and accurately wrote down participants' responses, or
- Co-facilitator wrote responses on flipchart, using participants' words
- Did not analyze responses during the flow of ideas
- If necessary, facilitator checked with participant to make sure that her/his ideas were accurately recorded on flipchart

Processed Brainstorm:

Depending on the objectives of the brainstorm:

- Used brainstorm responses in follow-up activities
- Clustered responses
- Made conclusions

Concluded Brainstorm:

- Made connection between brainstorm and next activity

CASE STUDIES & CRITICAL INCIDENTS

Introduced Case Study:

- Explained objectives of the case study
- Gave clear instructions on how to complete case study
- Ensured that all participants had copy of the case study and other appropriate materials

Oral Case Study:

- Read case study clearly and loudly enough for all participants to hear
- Clarified questions, as appropriate

Written Case Study:

- Allowed sufficient time for all participants to complete case study
- Clarified questions, as appropriate

Phased Case Study:

- Made connections between the phases of the case study; reminded participants of the key points of the previous phase
- Made sure that participants worked on the right section of the case study at the right time

Discussion of Case Study:

- Asked groups for their answers to the case study
- Corrected responses as necessary
- Explained calculations or complex analysis clearly
- Attempted to determine why incorrect answers were given
- Made appropriate clarifications
- Connected responses to the main points/goals of the activity
- Checked participants' comprehension by asking questions

Summarized Case Study:

- Reviewed critical points covered

DEMONSTRATIONS**Prepared Demonstration:**

- All appropriate materials were prepared before session
- Demonstration situated so that all participants could clearly see and hear
- Demonstration situated so that facilitators could clearly see and hear participants

Introduced Demonstration:

- Explained the purpose of the demonstration
- Gave clear instructions

Demonstration by Facilitator:

- Accurately followed procedure being demonstrated
- Completely followed procedure being demonstrated
- Checked for understanding on the part of all participants by asking questions
- Asked participants to demonstrate procedure if appropriate

Demonstration by Participants:

- Gave clear instructions for the process to be followed (which participants will do what and when)
- Monitored accuracy of participants' demonstration
- Corrected participants' demonstration, if necessary
- Asked participant to repeat demonstration, if necessary

Processed Demonstration:

- Reviewed critical skills covered by demonstration

ICE BREAKERS & ENERGIZERS**Prepared Icebreaker:**

Chose activity that:

- Helped further the goals of the training
- Actively engaged all participants
- Took no longer than 10 minutes to conduct
- Had all necessary materials prepared beforehand

Introduced and Conducted Icebreaker:

- Explained purpose
- Clearly explained procedure
- Monitored participants to make sure that all were participating

Processed Icebreaker:

- If appropriate, asked participants what happened during the icebreaker
- Related the icebreaker to the day's work
- Thanked everyone for their participation

LECTURETTES**Prepared Lecturette:**

- Identified handouts to be used during lecturette
- Identified focus questions for use during lecturette

Introduced Lecturette:

- Explained key topic to be covered in lecturette
- Introduced topic in manageable segments
- Asked participants about their experience with a topic when introducing it

Delivered Lecturette:

- Referred back to participants' experiences while discussing the topic
- Referred to Participant's Manual when appropriate
- Explained charts and graphs thoroughly
- Used "real life" examples from facilitator's experience
- Checked for understanding on the part of all participants by asking questions
- Managed time well
- Periodically invited participants' questions
- Answered questions correctly and respectfully

Concluded Lecturette:

- Made connection between lecturette and any activities relating to the same topic

PANEL DISCUSSIONS**Prepared Panel Discussion:**

Ensured that presenters

- Were clear about the objectives of the presentation
- Were clear about the time allocations for each presentation
- Were aware of the format for the Panel Discussion
- Had necessary materials and/or audio visual aids for their presentations
- Worked out a system for monitoring time

Facilitated Panel Discussion:

- Introduced presenters
- Introduced topic
- Introduced format
- Tactfully helped presenters manage time
- Encouraged participants' questions

Concluded Panel Discussion:

- Referred to ways in which information presented by panelists would be helpful in future sessions
- Thanked presenters and participants

PLENARY (LARGE GROUP) DISCUSSION**Preparation:**

- Prepared focus questions
- Prepared the physical setting for the discussion so that all participants could see and hear

Introduced the Discussion:

- Explained the purpose of the discussion

Facilitated the Discussion:

- To check participant's understanding, asked open-ended rather than closed questions
- Made connections between participants' comments and the topic
- Repeated participants' questions before answering so that everyone could hear them
- Kept discussion going by asking questions when it stalled
- Responded nonjudgmentally to all opinions offered by participants
- Corrected wrong information tactfully
- Encouraged all participants to contribute to the discussion
- Did not allow a few individuals to monopolize the conversation
- Refrained from taking a position or speaking a lot during the discussion
- Kept the discussion on topic
- Managed time
- Emphasized the key points of the discussion outlined in the facilitator's manual

Summarized Discussion:

- Summarized the discussion periodically, when needed
- At end of discussion, summarized critical points covered

ROLE PLAYS**Prepared Role Play:**

- Identified objectives of role play
- Prepared all materials
- Prepared focus questions
- Prepared setting for role play so that all participants could see and hear
- Rehearsed script

Introduced Role Play:

- Explained the objectives of the role play
- "Set the stage" for role play
- Explained actors' roles
- Explained participants' roles
- Gave focus points for participants to consider during role play

Conducted Role Play:

- Carried out role play completely and accurately
- Ensured that all participants could see and hear
- Kept action lively
- Kept role play short (10 minutes in length)

Processed Role Play:

- Using focus points, conducted small group discussion on role play
- Checked participants' understanding of the critical points of the role play
- Made connection between role play and participants' experience
- Made transition between role play and upcoming exercises or activities

SMALL GROUP DISCUSSION**Prepared Small Group Discussion:**

- Prepared focus questions
- Prepared the physical setting for the discussion so that all participants could see and hear
- Prepared the physical setting so that each group could hold a discussion without too much distraction from other groups

Introduced the Small Group Discussion:

- Explained the purpose of the discussion

Facilitated the Discussion:

- Circulated among groups to monitor progress
- Attempted to ensure that the involvement of participants was fairly balanced
- Encouraged participants to help each other with questions and calculations rather than working individually
- Intervened tactfully when participants went off topic
- Allowed sufficient time for discussion, while keeping within time restrictions

Summarized Discussion:

- Summarized the discussion periodically, when needed
- At end of discussion, summarized critical points covered
- Checked for understanding on the part of all participants by asking "checking" questions

VIDEOS

Prepared Video:

- Queued video to correct segment
- Prepared focus questions
- Prepared appropriate handouts
- Prepared setting so that all participants could see and hear

Introduced Video:

- Explained objectives of the video
- "Set the stage" for video
- Gave focus points for consideration during video

Evaluated Video Exercise:

- Followed video exercise with an activity or discussion
- Made connections between video and upcoming activities

Post - Training Self Assessment on Adult Education

| ADULT EDUCATION TECHNIQUES | 1 I HAVE NEVER DONE THIS | 2 I HAVE DONE THIS BUT I WANT TO LEARN MORE ABOUT IT | 3 I AM CONFIDENT DOING THIS | 4 I COULD TEACH THIS TO OTHERS |
|--|-----------------------------|---|--------------------------------|-----------------------------------|
| LEAD A <i>BRAINSTORM</i> SESSION | | | | |
| LEAD A <i>CASE STUDY</i> ACTIVITY AND DISCUSSION | | | | |
| CONDUCT A <i>DEMONSTRATION</i> | | | | |
| FACILITATE AN OBSERVATION AND FEEDBACK SESSION (<i>FISHBOWL</i> TECHNIQUE) | | | | |
| LEAD AN <i>ICEBREAKER/ENERGIZER</i> ACTIVITY | | | | |
| FACILITATE A SMALL GROUP ACTIVITY IN WHICH PARTICIPANTS LEARN AND TEACH EACH OTHER NEW SKILLS (<i>JIGSAW</i> TECHNIQUE) | | | | |
| GIVE A SHORT LECTURE (<i>LECTURETTE</i>) | | | | |
| FACILITATE A <i>PANEL DISCUSSION</i> | | | | |
| FACILITATE A LARGE GROUP DISCUSSION (<i>PLENARY</i>) | | | | |
| FACILITATE A <i>ROLE PLAY</i> | | | | |
| FACILITATE A <i>SIMULATION</i> | | | | |
| FACILITATE A <i>SMALL GROUP</i> ACTIVITY | | | | |
| PRESENT AND DISCUSS A <i>VIDEO</i> | | | | |
| USE <i>VISUAL AIDS</i> (SLIDES, CHARTS AND PHOTOS) | | | | |

| Suggestions of People from this Course (both Facilitators and Participants) | Names of Other People You Could Recommend | Which Topics Would They Train? |
|---|---|---|
| Ron Waldman (5) | | Context Epidemiology Communicable Disease |
| Dr. Maria | | Communicable Disease |
| Dr. Fabianus (3) | | Epidemiology |
| | Dr. Azrul Azwar | Epidemiology |
| | Nyoman Kandun, MD, MPH Indonesia MoH | Communicable Disease Epidemiology |
| Ira | | Epidemiology |
| Imran | | Epidemiology Communicable Disease |
| Ira | | Environmental Health |
| | Haryoto, PhD Faculty of Public Health, Indonesia University | Environmental Health |
| | Dr. Sri Chandra (World Vision Singapore) | Environmental Health |
| André Renzaho (2) | | Nutrition |
| Dr. Endang (4) | | Nutrition |
| | Ann Henderson (World Vision US) | Nutrition |
| | Dr. Slamet Purnomo, SpF Disdokkes Polici | Security and Protection |
| | Dr. Adib S. SKM (Director of Gatot Subroto Hospital) | Violence, Weapons & Trauma |
| Evie (2) | | Psychosocial Issues |
| | Michael Hug (?) (World Vision Vietnam) | Psychosocial Issues |
| | Leonard Lambeth, MD MPH | Psychosocial Issues |
| | | |
| Dr. Maria | | Psychosocial Issues |
| Beth Gragg (3) | | Coordination |
| | Tom Davis (Freedom from Hunger or Food for Hunger) | Information Systems |
| | Dr. Joedo Plowshare Institute USA | Reconciliation |
| Endang, Maria, Dewi | | Managing Facilitator |
| Oka, Dewi, Evie | | Course Director |

| Suggestions of People from this Course (both Facilitators and Participants) | Names of Other People You Could Recommend | Which Topics Would They Train? |
|--|--|---------------------------------------|
| Shinta (2) | | None specified |
| Rudi (2) | | None specified |
| Rukman | | None specified |

Public Health in Complex Emergencies Course

Managing Facilitator's Report

Bogor, West Java, Indonesia
7 – 25 August 2001

Annex

3. Participant List

E COURSE, BOGOR, INDONESIA, AUGUST 12-26, 2001

| Name/Family | Name/First | Organization | Job Title | Office Address | Email | Tel | Fax |
|-------------|-------------------------|---|--|--|--|------------------------------------|---------------|
| 1 Cahyanto | 2/MOH Faisal N., Dr. | Dinas Kesehatan, Kotawaringin Timur | Chief of PHC | Jl. Sampit, Jenderal Sudirman Km. 6, Sampit, Kotawaringin Timur, Kalimantan Tengah | | (0531) 21033 | (0531) 30739 |
| 2 Elyana | 6/NGO Dewi | IMC [International Medical Corps] | National Program Development Officer | Central Plaza, Jl. Jend. Sudirman, 14th Fl., Jakarta | elyana_2000id@yahoo.com, jimc003@attglobal.net | (021)5711742, 5711763, 08129524650 | (021) 5711769 |
| 3 Fabianus | Lau, Dr. | District Hospital RSU Atambua | Chief of Hospital | Jl. Dr. Soetomo No.2, Atambua Timor, NTT | | (0389) 21016 | (0389) 21013 |
| 4 Kasim | H. Zuhuddin, Dr. | Dinas Kesehatan, Buton, Sulawesi Tenggara | Chief of Health District Office | Jl. Waode Wau 65, Bau-Bau, Sul-Tra | Dinkesbtn@wasantara.net.id | (0401) 21151, (hp) 08124220062 | (0401) 21151 |
| 5 Lengkong | Dirk, Dr. | Dinas Kesehatan, Bitung | Chief of Health District Office | Jl. Sam Ratulangi No. 45, Dinas Kesehatan Bitung, Sulawesi Utara | | (0438) 31910 | (0438) 31910 |
| 6 Manuputty | Amelia | Dinas Kesehatan Kota Ambon | Chief of MCH | Jln. Imam Bonjol, Ambon | | (0911) 353152 | (0911) 348215 |
| 7 Nuriadi | Rudi, Dr. | ADRA-WEP (Womens Empowerment Project) | Project Director | Jl. Tubagus Angke Gg. Anggur No. 17E/12E, Jakarta 11330 | cenpro@indo.net.id, r_nuriadi@hotmail.com | (62-21) 6660-3383 | Same |
| 8 Oka | 3/NGO P.N. Sura, Dr. | IMC [International Medical Corps] | Doctor, Programme Coordinator-Madura Project | Jl. Jend. Sudirman, Central Plaza, 14th Fl., Jakarta | okasura@yahoo.com | 021-57411742, 5711763 | 021-5711769 |
| 9 Pambudi | Imran, Dr. | Dinas Kesehatan Sampang | Health Coordinator for IDPs | Jl. Wahid Hasyim 53, Sampang | imranpambudi@hotmail.com | (0323) 322584, 0811370624 | (0323) 324840 |

| | | | | | | | | |
|----|------------|-----------------------------|--|---|--|---|--|---------------------------------|
| 10 | Rizal | Yus | PPMK (Health Crisis Centre), MOH | Public Health Officer, Chief of Subdivision Monitoring Health Status and Environ. Hlth | Jl. HR Rasuna Said Kav. 4- 9, Jakarta - Selatan | yrizal@saturnail.com | (021) 5265043, 08181174320 | (021) 5271111 |
| 11 | Sedewo | Heri Widyawati, Dr. | Dinas Kesehatan Kab. Aceh Utara | Chief of Disease Control Subdivision | Jl. T. Hamzah Bendahara Lhokseumawe, Aceh Utara | | (0645) 40443/48380 | (0645) 42518 |
| 12 | Sihotang | Leonita Katarina, Dr. | World Vision International | Health Officer | Jl. Opak no. 28, Surabaya /Jln. Wahid Hasyim, No.33, Jakarta Pusat | Leonita_Sihotang@wvi.org | (031) 5677485, 08159951054 | (031) 5684460 |
| 13 | Suharyanto | Exkuwin | Indonesian Red Cross | Head of Subdivision - Social Welfare Service | Jl. Jend. Gatot Subroto Kav 96, Jakarta | exkuwin@hotmail.com, schservice @palangmerah.org | (021) 7992325, ext. 204, 08129658624 | (021) 7995188 |
| 14 | Tjahyadi | 4INGO Maria Ignatia, Dr. | Church World Service (CWS) | Senior Program Officer, Health and Nutrition, Doctor | Jl. Gunung Batuputih 25A, Makassar | maria@cwsindonesia.or.id, andria_1989@yahoo.com | (0411) 872294 | (0411) 831441 |
| 15 | Tresna | 5INGO Ira Cyndira, Dr. | IMC [International Medical Corps] | Medical Coordinator | Central Plaza 14th floor, Jl. Jend. Sudirman, Jakarta Selatan | dr_iratresna@hotmail.com | (021) 57411763, (0921) 25822.081618057 75 | (021) 57411769, (0921) 25922 |
| 16 | Widyastuti | 2INGO Endang V.R., Dr. | World Vision International | Relief Health Officer, National Office | Jln. Wahid Hasyim, No.33, Jakarta Pusat | endang_widyastuti@wvi.org | (021) 327467, 08128135495 | (021) 2305708 |
| 17 | Yulianti | 2INGO Evie Woro | Mercy Corps | Health & Education Officer | Jl. Ampera Raya 4A Ragunan, South Jakarta | info@mercy corps.net.id, evie_woro@yahoo.com | (021) 7828611 | (021) 7828610 |
| 18 | | Rukman | Indonesian Red Cross | Technical Assistant, Disaster Preparedness Division | Jl. Jend. Gatot Subroto Kav 96, Jakarta | disaster@palangmerah.org | (021) 7992325, ext.202, 08128162309 | (021) 7995188 |
| 19 | | 11MOH Saptiko, Dr. | Municipality Health Office of Pontianak City, West Borneo | Head of Communicable Disease Control Section | Jl. A. Yani, Pontianak, Kalimantan, Barat | saptikos@yahoo.com | (0561) 711804 | |

| | | | | | | | |
|----|------------------|---|--|--|--|---|---------------------------------|
| 20 | INGO Arshinta | Yakkum Emergency Unit (previously with CD/Bethesda) | Director of Unit | Jl. Slamet Riyadi 546, Surakarta/ Klitren Lor GK III/374, Yogyakarta | yakkum@bumi.net.id, cdbeth@yogya.wasantara.net.id hinta_2000@yahoo.com | (0274) 514100, (0271) 716482 | (0271) 712114, (0274) 514100 |
| 21 | Linawaty | Directorate of Environmental Health DC - CDC & EH, MOH | Chief of Subdivision, Development of Partnership on Emergency Sanitation | Jl. Percetakan Negara 29, Jakarta | | (021) 42882116, 08161138085 | (021) 42882116 |
| 22 | Indah Marwati | Crisis Centre, MOH, Subdivision Mobilization for Government Resources | Chief of Subdivision | Jl. HR Rasuna Said Kav 4-9, Jaksel | ppmk@depkes.go.id | 021-5201590 ext. 6000- 7,5265043,08129 409333 | 021-5271111 |

**Public Health in Complex Emergencies
Course
&
Training of Trainers**

Managing Facilitator's Report

Bogor, West Java, Indonesia
7 – 25 August 2001

Annex

**4. Recommended Trainers for Future
Indonesia-Based PHCE Courses**

| Suggestions of People from this Course (both Facilitators and Participants) | Names of Other People You Could Recommend | Which Topics Would They Train? |
|---|---|---|
| Ron Waldman (5) | | Context Epidemiology Communicable Disease |
| Dr. Maria | | Communicable Disease |
| Dr. Fabianus (3) | | Epidemiology |
| | Dr. Azrul Azwar | Epidemiology |
| | Nyoman Kandun, MD, MPH Indonesia MoH | Communicable Disease Epidemiology |
| Ira | | Epidemiology |
| Imran | | Epidemiology Communicable Disease |
| Ira | | Environmental Health |
| | Haryoto, PhD Faculty of Public Health, Indonesia University | Environmental Health |
| | Dr. Sri Chandra (World Vision Singapore) | Environmental Health |
| André Renzaho (2) | | Nutrition |
| Dr. Endang (4) | | Nutrition |
| | Ann Henderson (World Vision US) | Nutrition |
| | Dr. Slamet Purnomo, SpF Disdokkes Polici | Security and Protection |
| | Dr. Adib S. SKM (Director of Gatot Subroto Hospital) | Violence, Weapons & Trauma |
| Evie (2) | | Psychosocial Issues |
| | Michael Hug (?) (World Vision Vietnam) | Psychosocial Issues |
| | Leonard Lambeth, MD MPH | Psychosocial Issues |
| | | |
| Dr. Maria | | Psychosocial Issues |
| Beth Gragg (3) | | Coordination |
| | Tom Davis (Freedom from Hunger or Food for Hunger) | Information Systems |
| | Dr. Joedo Plowshare Institute USA | Reconciliation |
| Endang, Maria, Dewi | | Managing Facilitator |
| Oka, Dewi, Evie | | Course Director |

| Suggestions of People from this Course (both Facilitators and Participants) | Names of Other People You Could Recommend | Which Topics Would They Train? |
|--|--|---------------------------------------|
| Shinta (2) | | None specified |
| Rudi (2) | | None specified |
| Rukman | | None specified |