HEALTH AND DEVELOPMENT WORKSHOP

Manual for Participants

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Winnipeg, Manitoba

Developed by
Canadian University Consortium
for Health in Development

with

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DRAFT MANUAL
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Letter to File
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HEALTH AND DEVELOPMENT WORKSHOP

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GENERAL COMMENTS TO THE FACILITATOR:

1. There needs to be emphasis on the subject of women and development throughout the 11 day workshop. This is not addressed specifically in any one session but should be emphasised at points throughout. There are resource materials in the workshop kit that participants should be encouraged to read and refer to.

2. Cultural sensitivity and adaptation is not addressed in any particular session but should be a thread throughout the 11 days. As with women and development the cross-cultural sensitivity reading and reference materials are in the workshop kit. Some of the activities in the evening could address this issue in a participatory fashion.

3. Emphasis on the environment is not the subject of any one session but should be addressed in the evening activities. There are resources and materials in the workshop kit.

4. A participant's manual is provided for each participant. Each session is listed and required readings are included in the manual.

5. The participatory management process should be well utilized to enable participants to further develop their skills in this area. Participatory management evolves as the workshop progresses and is often dependent upon the facilitator's ability to empower others. The facilitator should model throughout the workshop the empowerment of others.

6. Inclusive language should be used, avoid words like manpower - human resource is not associated with any one gender.

7. The workshop kit includes such items as the Bead Game, Tower Construction supplies, all handouts, reference books, videos etc.

8. List of games, resources, videos etc. has been developed for the time in the evenings.Participants are encouraged to take part in these activities for about one hour each evening.

9. Reports back to plenary can be deadly unless there is creativity ie. written reports to read later individually, reports posted and people circulate to read, list major points only by nominal group process, etc. Facilitator can be as creative as necessary.

10. Lecture should be kept to a minimum. We want to model the participatory process in the workshop.

11. Attached in this section are a number of references, activities, and resources on adult education and facilitation skills. Facilitators may have additional material and skill from their own past experience.

12. Each participant has been requested to bring data from their own country or community. This data should be used whenever possible in problem identification, problem solving and planning throughout the workshop. Additional data is furnished in the workshop kit.

OVERALL WORKSHOP OBJECTIVES

At the end of the Health and Development workshop participants will be able to:

- explain a concept of development which is people-centred, participatory and sustainable;
- critically review their understanding of health and development from a people-centred perspective;
- develop a conceptual framework for negotiating change in health and health care;
- develop skills in working in an interdisciplinary team; and
- develop attutides and skills to work with groups of people of different backgrounds, skills, position and status.

HEALTH AND DEVELOPMENT WORKSHOP

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11
9:00 - 10:30	INTRODUCTION	WHAT IS DEVELOPMENT	TOWARD PEOPLE CENTRED DEVELOPMENT	GLOBAL HEALTH CONCERNS	EXAMINING ALMA ATA	OPTIMIZING SCARCE RESOURCES	WALLO	UNDERSTANDING ORGANIZATION	UNDERSTANDING COMMUNITY	PLANNING COMMUNITY CHANGE	EVALUATION
BREAK											
11:00 - 12:30	NEGOTIATING THE WORKSHOP			WHAT'S HAPPENING IN HEALTH			FORCE FIELD ANALYSIS	APPROACHES IN PLANNING CHANGES			EVALUATION INSTRUMENT
BREAK											
1:30 - 3:00	SHARING EXPERIENCES	BEAD GAME	TEAM BUILDING		COMMUNITY BASED VS. COMMUNITY ORIENTED PROGRAMS		FORCE FIELD ANALYSIS	FACILITATING ORGANIZATIONAL CHANGE	WALLO WRITE-UP	WALLO PRESENTATION	WORKSHOP EVALUATION AND CLOSING
BREAK											
3:30 - 5:00	WALLO EXERCISE INTRODUCED	DEVELOPMENT CONTEXT	TOWARDS EMPOWERING	WALLO			MAKING CONNECTIONS				
BREAK											
7:30 - 9:00	VIDEOS,	DEVELOPMENT	GAMES AND	WORK ON	WALLO	VIDEOS,	DEVELOPMENT	GAMES			

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Introduction and Overview (1.1)
DAY	1
TIME:	9:00am - 10:30am (1 hour 30 min.)

BACKGROUND:

The introductory session will set the tone for the workshop. Participants will need some time to become acquainted among themselves as well as with the facilitators. The facilitators should ensure the physical arrangements are conducive to group process. The agenda is a draft for discussion with the participants. Overall objectives of the workshop are discussed. An overview of the 11 day workshop will be provided by the facilitators.

OBJECTIVES:

Participants will begin to develop a learning community.

OUTLINE:

Greeting and Introduction of CUCHID	15 min.
Ice Breaker - Getting to Know You	45 min.
Agreements and Housekeeping	15 min.
Expectations for the Workshop - individual exercise	15 min.

RESOURCES:

Name tags, flip chart, newsprint, markers, hand-out readings 1.1a, 1.1b, 1.1c

READINGS:

Required:

1.1a Bruntland Report "Our Common Future", Oxford 1987. p 1-23

1.1b Sharing Our Future, CIDA 1987, p 23-25

1.1c Participatory Management Process

Recommended:

Rohde,Jon, Assignment Children 1983 When the Other Half Dies, Vol 61 62 p. 35-65

Cornea,A. Adjustment with a Human Face, UNICEF, 1986

Schumaker, EF, Small is Beautiful, London, Sphere Books Ltd. 1979

Detailed Notes for the Facilitator

Greeting and Introduction of CUCHID **15 min.**

Background of the organization and historical perspective of the workshop explained to the participants.Reference material included for the facilitator. Specific objectives of this workshop and draft agenda will be reviewed later.

Ice Breaker - Getting to Know You **45 min.**

Several activities can be used at this point. The purpose of the activity is to begin to get to know the group. Participants can be instructed to choose someone that they do not know and introduce themselves. They are told they will introduce this person to the rest of the group. Keep the introductions brief, only mention the key points, 2-3 minutes per person. The ability to summarize and select material for presentation is also an important skill participants will develop throughout the workshop.

A few suggestions can be made by the facilitator to guide the discussion. ie. name, background, job, and most important aspect of health and development. 10 - 15 minutes can be given for this interaction in pairs. The group is brought back together and each person introduces their partner.

Agreements and Housekeeping **15 min.**

Suggestions are taken from the participants as to the agreements (ground rules) under which they will operate. Some of these agreements may be fixed i.e. meal times if in residence, smoking if in smoke free building, etc. Other items may be negotiated i.e. start and finish time each day, beginning on time even if not all participants are present, length of coffee and lunch breaks etc. These can be written up on a flipchart and referred to throughout the workshop.

Expectations of the Workshop **15 min.**

This is an individual exercise. Each participant is asked to write down their own answers to the following questions:

Why am I attending this workshop?
What do I expect to get from this workshop?
How will I use the workshop learning?

The workshop will be a success if .....
Participants will share this information with others later in the morning in small groups.

Reference for the Facilitator

INFORMATION ON CUCHID

The Canadian University Consortium for Health and Development (CUCHID) has four principal goals:

1. to support collaboration and cooperation rather than competition in the international health in development capacity of Canadian Universities.

2. to focus on priority health problems and themes best carried out by a consortium or network rather than a single University, and to establish a world class academic Canadian Consortium in the field of international health and development.

3. to undertake mutual capacity-building and to increase health in development, as a group as well as by individual effort, through links to developing countries.

4. to provide a demonstration model of a consortium of Universities working together for health and development. The strengths and weaknesses of both the process and output could be critically evaluated and applied to other University consortia.

CUCHID was initially proposed to the Canadian government for support in 1988 through their Centre for Excellence Program.

The merit of the CUCHID concept was recognized by IDRC (International Development Research Centre) who provided a planning grant for two years from February 1990.

Collaboration with the Canadian Public Health Association (CPHA), the Canadian Society for International Health (CSIH) and the Association of Universities and Colleges of Canada (AUCC) resulted in a Secretariat being established with a shared office with CSIH in the CPHA headquarters building. The move to Ottawa will help consolidate and strengthen mutual efforts in international health and development.

The CUCHID meets twice yearly and presents a day long symposium on international health issues at the annual meeting of CPHA.

CUCHID interest and participation at other recent international health in development meetings:

- Canadian Association of African Study (CAAS)
- The Summit for Children (UNICEF)
- The Commission on International Health Research in Development and the resulting program on ENHR (Essential National Health Research)
- The Commonwealth of Learning (COL)
- Southern Africa Development Coordinating Conference (SADCC)
- UGANDA-CANADA Partnership
- Delegations from Thailand and USSR
- New developments at IDRC
- Education for ALL (Thailand March 1990)
- Scientific Forum at annual CPHA meeting in toronto June 1990
- Global Conference on Environmental Issues in Rio de Janerio June 1992 and the subsequent conference on environmental education and information follow-up meeting to be held in Toronto October 1992

The workshop in Health and Development will be piloted in ~~August/September~~ May 1992 with 30 participants (ten will be students from Third World countries presently in Canada, ten will be Canadians interested in Health and Development and ten will be selected Faculty members training as potential facilitators for subsequent courses). It is expected that this CUCHID course will be used across Canada by different Universities ~~in 1992~~ and ready for international use in 1993.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Negotiating the Workshop (1.2)
DAY	1
TIME:	11:00am - 12:30pm (1 hour 30 min.)

BACKGROUND:

A participatory process will be established to set the tone for the workshop. Objectives, agenda etc. are all subject to negotiation with the participants. An ongoing evaluation process will be set up via the daily management/ steering committee. The handout "Participatory Process" from the previous session explains the makeup of this committee. Participants will be involved in the documentation and evaluation of the workshop.

OBJECTIVES:

Participants will negotiate and determine program and process.

Self-governing mechanisms will be established by the participants.

Participatory process will be used for decision making.

OUTLINE:

Small Group Work - look at objectives, relevance of content	30 min.
Plenary Report and Discussion	30 min.
Comparison to Draft Agenda and Objectives and Agreement	15 min.
Establish Management Team	10 min.
Summary Remarks	5 min.

RESOURCES:

Newsprint, felt markers, tape, hand-outs 1.2a, 1.2b, 1.2c

READINGS:

Required:

1.2a Draft agenda

1.2b Draft Objectives

1.2c Bean, Wilf, Characteristics of Adult Learners, Manual on Adult Education, Coady International Institute, Antigonish, 1990

Recommended:

Brookfield S.O. Understanding and Facilitating Adult Learning, San Francisco, Jossey Bass Inc. 1988.

Detailed Notes for the Facilitator

Small Group Work (objectives, content, evaluation) **30 min.**

Randomly formed groups of 5 discuss and answer the following questions:

- What do we expect from the workshop? (objectives)
- We will use the workshop learning as follows: (relevance of content)
- The workshop will be a success if .... (evaluation criteria)

Plenary Report and Discussion **30 min.**

In plenary the group will tabulate the reports, summarize and negotiate workshop objectives. There will be a comparison with the draft objectives. Agreement will be reached on realistic objectives within the given time frame considering overall workshop purpose and resources available.

Comparison to Draft Agenda and Revisions **15 min.**

Discussion on draft agenda as related to revised objectives.

Formation of Management Teams **10 min.**

Establishment of the management and evaluation process through management team and steering committee.

Summary Remarks **5 min.**

Remarks on adult learning theory and process refer to hand-outs provided ie. adults must have input into the design and control of a program in order to have commitment to the learning. The facilitators will provide the materials, and opportunities to learn.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Working Together (1.3)
DAY	1
TIME:	1:30pm - 3:00pm 3:30pm - 5:00pm (3 hours)

BACKGROUND:

This session is conducted in plenary and small group activity. The purpose of the session is to begin the reflection and interaction process of the participants, to develop a baseline on the participants' understanding of health and development, and to begin the participatory learning process.

OBJECTIVES:

Participants list work interests and experience of everyone in the group.

Participants indicate their understanding of health and development.

Participants begin working in groups to problem solve.

OUTLINE:

Overview of Session	5 min.
Pretest	25 min.
Sharing Work Experience	60 min.
Break	30 min.
Report to plenary	15 min.
Health and Development	30 min.
Wallo Exercise	45 min.

RESOURCES:

Newsprint, markers, flip chart, hand-outs 1.3a, 1.3b, 1.3c

READINGS:

Required:

1.3a Pre-test

1.3b Chambers, R. Rural Development: Putting the Last First Longman, London 1983. Chapter 1

1.3c Wallo Handbook

Recommended: Evans, J. Health Care in the Developing World NEJM, Nov.5,1982, Vol 305, No. 19 p. 1117 - 1127

Detailed Notes for the Facilitator

Overview of Session **5 min.**

Purpose of the session is explained to the participants as stated under objectives.

Pretest **25 min.**

Pretest is distributed to each participant for completion individually. When completed they are returned to the facilitator for analysis later and used in planning with the steering committee.

Sharing Work Experience **60 min.**

This exercise will help the participants become aware of the varied experience and interests of the group. Common difficulties may also be identified.

Randomly formed groups of 5 are made. Each participant will share his or her area of work highlighting interests, successes and difficulties. The group will prepare a summary of the information for presentation to the large group.

Report to Plenary **15 min.**

Each group posts their summary sheet and through plenary discussion pull together some of the commonalities.

Health and Development **30 min.**

Using the same groups as before and given the common problems listed, how do we see the connection between health and development? What does health and development mean to us?

After 15 minutes in the discussion groups draw them together for feedback and discussion. Draw attention to some of the problems identified in the discussion on sharing work experience and relate this to the development problems of the country. Also underline some of the value assumptions reflected in the summaries.

Wallo Exercise Introduced **45 min.**

The Wallo exercise is used to demonstrate planning rural health services in the Third World. It is introduced at this point in the workshop and participants work on it throughout in self-directed learning time as well as during the assigned time as noted. Each participant receives a handbook.

Day 4	3:30pm - 5:00pm
Day 9	12:30pm - 5:00pm
Day 10	12:30pm - 5:00pm

The objectives are:

To identify problems facing those who operate health services in the Third World.

To develop a plan and practical approach to the problems identified.

A report is written up by each group. A presentation of 20 minutes for each will be done on Day 10.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	What is Development? (2.1)
DAY	2
TIME:	9:00 - 10:30 11:00 - 12:30 (3 hours total)

BACKGROUND:

In the last session on day 1 the participants began to situate their health work in a broader development context. Our purpose now is to help clarify participants' understanding of development. Specifically; it is more than economic growth. A development problem must be precisely defined, and its causative factors and consequences known before it can be addressed. Desired outcomes must be specified if they are to be measured.

OBJECTIVES:

Participants restate their understanding of development.

Participants describe precisely a development problem and identify critical causative factors.

Participants specify desired development outcomes.

OUTLINE:

Defining development	30 min.
Looking at a development problem. Introduction of a framework	60 min.
Small group work with the framework	30 min.

Review reports	15 min.
Desired development outcomes and indicators	30 min.
Share finding and summarize	15 min.

RESOURCES:

Summary of development definitions for the pretest, overheads and overhead projector newsprint, felt markers, flip chart, hand-outs 2.1a, 2.1b

READINGS:

Required:

2.1a Cornea, M. ed. Putting People First. Oxford, OUP. 1987. Chapter 1

2.1b The Food Path

Recommended: UNDP Human Development Report 1990. Chapter 1.

Detailed Notes for the Facilitator

Defining Development **30 min.**

Place before the group the definitions of development taken from the pretest. Summarize stressing that:

- Development is a recent phenomenon in human history - a post 1945 phenomenon

The content of development has changed over the past 40 years. Roughly in the

- 1950's it was defined as economic growth. The indicator was the Gross National Product (GNP).
- 1960's there was more concern for equal distribution in society. More social indicators were used.
- 1970's an effort was made to combine the two above. i. e. growth with change
- 1980's has seen a regression to the dogma of the 50's. Development = economic growth supported by privatization.
- 1990's Development may be seen wholistically - with an emphasis on human development. Development is seen from a people perspective in all dimensions of human capacity.

The facilitator should stress the concepts of the quality of life and equity etc as a part of development if these concepts are not brought out by the participants.

Looking at a Development Problem **60 min.**
Introduction of a Framework

A problem arises when we are dissatisfied with a situation and see the need to change it to one which will be better. Our programs and projects are concerned with this effort to improve a defined situation. This requires that we can:

a) clearly define the problem
b) explain why it exists.

Participants were requested to bring country or community specific data to use throughout the workshop to define problems and formulate solutions. This material may be referred to at this point.

Defining a problem - requires us to specify what it is - what is the evidence for it - to specify who it effects - in terms of numbers and social dimensions (age, sex, economic and social position, educational levels, and other criteria); when it occurs (year long, seasonal); trends (increasing decreasing or constant); consequences, intervention efforts to address it and the causes.

Ask for an example of a development problem from the group and attempt with the group to first specify the problem providing the data listed above. Lack of information from the group will help to underline the need for collecting baseline data.

Any problem exists because of a historical past and a dynamic present. The problem exists because of deficiencies at personal, collective, structural, cultural and ecological levels. These are interrelated. In different situations and times different factors assume key significance.

To get to the root cause, the key task is to ask the question - why does this exist? and to keep asking until we get to root causes. Examine with the group the causative factors of problems where dimensions were described above. Construct a web diagram of interrelated causes.

To assess root causes the questions to be asked are: What are the key causative factors in the past? today? Assessing root causes eg....

Malnutrition

Participants can specify what is involved in this problem: poor families, seasonal variation, etc.

Obtain from the participants why this exists eg. lack of land for food production Why is this a problem? traditional methods, lack of rain, cash crops, etc.

Use the Food Path hand-out as demonstration.

If there is a circular causation, identify and attack the weakest link or base the program on the organization's strength. (Explain circular causation if necessary)

Facilitator should use a simple example to demonstrate a web diagram as all may not be familiar with this concept.

Small Group Work with the Framework 30 min.

Small buzz groups to use the above framework to:

- Choose a problem
- Define the problem
- Develop a web diagram indicating possible causes. The group then draws a diagram on a flip chart

Review Reports of the Buzz Groups **15 min.**

Be creative.

Desired Development Outcomes and Indicators **30 min.**

Explain outcome, i.e., what is the change we wish to bring about and how do we know we brought about the change.

Obtain a few examples from the participants of desired development outcomes, e.g., higher standard of living and indicators to measure these.

Buzz groups suggest development outcomes relevant to their concept of development and indicators to measure outcomes.

Share Findings and Summarize **15 min.**

Points to be remembered are:

Are the indicators valid, reliable, sensitive, specific, cost effective, timely?

Development is people not things.

Development changes must be sustainable.

Development is both process and goal.

Who decides the pace and direction of change?

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	The Bead Game* (2.2)
DAY	2
TIME:	13:30 - 15:00 (1 hour 30 minutes)

BACKGROUND:

This is a simulation game not a role play, i.e. people are being themselves in a simulated situation. The game simulates a class system with subtle rules which are not defined publicly, a system which isolates the people who work in it and which works against cooperation among the members of the system.

OBJECTIVES:

To experience, through a simulation activity, a class system in which the wealthy control the resources, increasingly dominate trade and the distribution of resources for their own benefit, understand the rules and have the power to manipulate the rules. The poor, meanwhile, have fewer and fewer resources, do not have the tools to understand the rules, and have no power until they discover the power of collective action.

To discover how this affects them.

OUTLINE:

The full details of the game are attached and a kit is required to play the game. The instructions should be read by the facilitator in advance of the session.

Introduction to the Game	10 min
Playing the Game	30 min
Debriefing	30 min

RESOURCES:

Game kit containing beads, string and instructions for playing; newsprint and markers.

FOLLOWUP:

This game could be followed with an audio-visual or readings on the basic structures of poverty and injustice.

* Source: Basics and Tools A Collection of Popular Education Resources and Activities CUSO, Ottawa 1988

READINGS:

Nil

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	The Development Context (2.3)
DAY	2
TIME:	3:30pm - 5:00pm (1 hour 30 min.)

BACKGROUND:

The participants can prepare for this session by:

a) studying the pretest data on national resources and constraints to development; and

b) reviewing the statistical data they have brought with them or data provided in the resource material

The facilitator can prepare by:

a) reading the extract from the World Development Report 1989 "Concluding Themes". This draws attention to some public sector resources and constraints within which the development effort is mounted (one need not agree with all the recommendations or underlying assumptions.)

The overall purpose of the session is to help participants look at the parameters within which national development takes place using the data they have available to them.

The last half hour on country specific data and implications of this data for development is critical in facilitating collective reflection on development.

OBJECTIVES:

Participants list key elements in the development context of their countries and discuss the positive and negative dimensions of each element.

Participants become familiar with the relevant national statistics and consider their implications for development.

OUTLINE:

Introduction	10 min.
Small Group Exercise: List key elements, resources and constraints	30 min.
Synthesis	20 min.
Examining Country Specific Data	30 min.

RESOURCES:

Newsprint, flip chart, country specific data resources in workshop kit, Concluding Themes, World Development Report 1989.

READINGS:

Recommended:

UNICEF, State of the World's Children, 1991

World Development Report, 1989

What Now - 1975 Dag Hammarskjold Report - published by Dag Hammarskjold Foundation Uppsala Sweden 1975

Bryant, E. and White, L.G. Managing Development in the Third World. Boulder, Co.; Westview. 1982 - Chapter 1

Detailed Notes for the Facilitator

Introduce the Topic **10 min.**

The facilitator may illustrate resources and constraints from the pretest completed on Day 1.

Small Group Exercise **30 min.**

Task:

1. Each group lists key elements to be considered on flip chart paper. Under each of the listed key elements the positive (resource) and negative (constraining) dimensions are noted.

Element	Resource Aspect	Constraint Aspect
Demography	people as a resource	rate of population growth/ rate of urbanization
Foreign Exchange	external currency available for national development	debt burden - /cost of servicing loans
Environment	favourable - adequate supplies of water, fuel, etc.	harsh/deteriorating environment drought, deforestation

2. Reports posted on the walls and all participants circulate to read the reports.

Synthesis 20 min.

Facilitator develops a synthesis, drawing from the reports and introducing aspects that may not be mentioned. The following elements are suggested to be included. Draw on suggestions from participants for other elements.

Key Elements	Resource Aspect	Constraint Aspect
Demographic Foreign exchange aid	as in table above	as in table above
Human resources	high rate of literacy Gender - united nation	low rate of literacy Gender - divided nation -ethnic split minority problems
Economic		
Aid	generous aid available on favourable terms	declining aid flow
Foreign exchange earnings	declining	growing
Cultural	strong cultural identity. open to change	weak cultural identity
Institutional	educational, legal health systems well developed	poorly developed mainly the privileged benefit
Government	decentralized efficient committed to grassroots improvement	centralized inefficient
Political	stable	unstable
Development paradigm	favours people, agriculture and rural development	capital intensive industrial urban export orientated
etc.		

Examining Country Specific Data **30 min.**

Participants extract data of their country or community that they have brought to the workshop.

The facilitator may now examine selected data with the group. Raise the following points:

How reliable is the data?
Implications of the data

e.g., Total population - some may question the figures - reliability depends on the accuracy of the census

Data on women, e.g., literacy rates and difference between the sexes. What are the implications on development?

Population as a resource - what does this mean for expenditure on health, education, etc.

Debt servicing - the strain this places on any development exercise. IMF adjustment process has meant cuts in expenditure on social services, etc., which largely affects adversely the poor.

The development model implicit in the statistics is capital intensive, urban/industrial, export-oriented. What are the implications of this? What are the positive and negative aspects?

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Toward People-Centred Development PCD (3.1)
DAY	3
TIME:	9:00am - 10:30am 11:00am - 12:30pm (total 3 hours)

BACKGROUND:

The presentation will be greatly facilitated by the preparation of overheads or flip charts summarizing the main points. Avoid lecturing.

This session will help participants appreciate Primary Health Care (PHC) in a developmental setting. Accordingly, the presentation will introduce participants to three different development perspectives and focus on the evolving PCD perspective. The three supporting references provide ample material for the elaboration of this theme.

Present the four elements - people, participation, self-reliance and sustainability.

People - Who are they? They are the majority population in the third world countries; the poor; the marginalized and the weak. Focus on women as a special group.

Participation - This means participation in decision making not only implementation. People are empowered to effect change.

Self-reliance - Focus on being in control; psychologically, managerially and financially.

Sustainability - Focuses on the future.Changes in culture may be necessary to ensure changes endure. Organizations may need to be developed to provide a forum for involvement in future decision-making affecting the community i.e. planning structural change. Efforts are needed to develop the environment rather than despoil it.

OBJECTIVES:

Participants list and explain:

- the main perspectives of development
- the emerging PCD perspective and its key elements
    - focus the poor and powerless, especially women
    - participation
    - self-reliance
    - sustainability

OUTLINE:

Review Day 2	5 min.
Alternative Approaches	30 min.
Relevant Home Experience	25 min.
Reports and Synthesis	20 min.
Break	30 min.
People-Centred Development	30 min.
What and How	30 min.
Clarifying Concerns	20 min.
Reports and summary	10 min.

RESOURCES:

Flip chart, newsprint, markers, overhead projector, overheads, hand outs 3.1a, 3.1b

READINGS:

Required: 3.1a Participation and Social/Gender Analysis, A Handbook For Social/Gender Analysis, Coady Institute, 1989, p. 16-20.

ANIT. H.R

3.1b Towards Understanding Development, Coady Institute Newsletter, Vol. 6, No. 1, 1986, p 7-10.

Recommended: Seers,D. The Meaning of Development in Lehman,D. ed. Development Theory. London: Frank Cass. 1979.

UNDP - Human Development Report 1990 Oxford. OUP 1990 p. 9-83

Detailed Notes for the Facilitator

Review Day 2 **5 min.**

Review the learning from the previous day - Bead Game.

Alternative Approaches **30 min.**

The three main approaches to development - economic, dependency, and humanistic. See hand out 3.1b.

Relevance to Home Experience **25 min.**

Each group is to review the presentation answering the following questions:

a) In the context of your country or region, to what extent do you agree with the problem diagnosis of each perspective - and with the proposed solutions?

b) How does your country/region's development fit into the three perspectives?

c) Summarize findings on flip charts.

Reports and Synthesis **20 min.**

All groups read reports and commonalities and differences are noted.

Break **30 min.**

What is People-Centred Development? **20 min.**

Key elements:

The population - Who are the People, poor and marginalized should be the focus of development. Note here to underline the gender issue and the position of women.

The participation - What does participation mean? Who participates? On whose terms, for whose benefit? See hand out 5.1.

Self-reliance - focuses on our ability to control our own initiatives. People take primary responsibility to find the resources. Set expectations within resource constraints.

Sustainability - people have a say in decision making. Ensure that development benefits endure.

How of PCD **30 min.**

Helping the people to take charge: animation, organization, action, evaluation,

Education is an ongoing process helping people to understand and act. Leaders must be available accountable and have the ability to move the process forward.

There may be a need for a mediating organization to facilitate the action.

The political climate must favour these activities.

Clarifying Concerns **20 min.**

As time is limited suggest that three groups be formed and each group examine a different question.

Group 1	Why PCD - Is this relevant to Third World needs?
Group 2	Implications of PCD to bureaucracy - Do we agree with its problem diagnosis and prescription?
Group 3	List concerns we have with PCD

Comments are written up for the other groups to view.

Reports and Summary **10 min.**

Points to bring out of reports:

- have there been substantial improvements in the lives of the poor?
- how do we reach the poor?
- how do we motivate and train the poor to become part of the bureaucracy?
- what is our development role facilitator rather than doer?
- listening and helping them to do things for themselves
- list of concerns can be referred to at future points in the workshop.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Team Building (3.2)
DAY	3
TIME:	1:30pm - 3:30pm (1 hour 30 min.)

BACKGROUND:

The group will be given the materials and rules to construct a tower. Specific instructions to the group are on the attached pages. Instructions should be reviewed by the facilitator. Observers need to be briefed by themselves before the exercise.

OBJECTIVES:

Participants begin to internalize the meaning of a participatory approach.

Participants list practical blocks to participation and relate it to work experience

OUTLINE:

Introduce the exercise and Explain rules ~~are explained~~. Groups are divided into equal size, and materials are distributed	15 min.
Tower Building	45 min.
Debriefing - ask for:	45 min.
Observers comments, participants comments and feelings. How did the group work together? What was the planning process?	

Was time budgeted?
Discuss application to work situations.

* Source: Adapted from Pfeiffer and Jones, A Handbook of Structured Exercises for Human Relations Training. La Jolla, California. University Associates. 1974. Vol.II No. 32

RESOURCES:

Tower Building outline for the facilitator, observation sheets, materials for each group as listed.

Detailed notes for the Facilitator

Method **15 min.**

Divide into groups of equal size of about 8 per group. One person in each group is an observer. The observer is selected by the group. The facilitator will brief the observers on their task as outlined in Instructions to the Observer. The purpose of the observer is to observe and report on group dynamics as on the next page (Instructions to Observer). Observer does not take part but makes silent notes. Groups are informed about this process during the briefing. Observer also ensures the rules are observed. Preferably groups would work in separate rooms.

The exercise does not commence until the observer rejoins the group.

Following the tower building all groups meet in one room bringing with them their tower and any remaining materials. Discussion and debriefing will take place.

This is a participatory, fun, learning activity.

Rules

Participants may use only the materials provided.
Participants can do anything with the materials.
Unused materials must be displayed with the finished product.
Work commences only after the observer rejoins the group.
Facilitator will signal the commencement of the work and give warning before time given has elapsed.

Materials

Each group is provided the same materials.

- 1 sheet of bristol board (standard size of flip chart paper
- small piece of twine
- one broad tipped felt marker
- a blade or knife
- 10 paper clips
- a ruler
- paste or glue

(preferably things that can be readily assembled and are available. The whole idea is to get the group to be creative with limited resources.)

Tower Building **45 min.**

Groups work on building their tower according to the rules.

Debriefing **45 min.**

Focus on the following during the debriefing:

1. Examination of resources. The main largest resource was the creative imagination of each participant. Did the process mobilize this? When working with others how do we mobilize imagination to solve community problems which they identify? Was the time seen as a resource? Were the resources themselves used imaginatively?

2. Examine process aspects. How well did they plan? Was anyone in the group excluded? Did anyone exclude themselves? This can lead to:
   - ways of participation - active, passive
   - role of women in the group - did the women conform to traditional roles? Does this happen in reality?
   - how did the leadership move? what caused the changes? - were there changes in behaviour under the pressure of time? What happened when there were only 5 minutes left? Did task accomplishment take over and process get ignored?

3. Reflect back to working in community/groups. Do any of the reactions and problems occur in reality? Why?

TOWER BUILDING EXERCISE

Instructions to Observer:

Please make notes on both the task and the process using the following guidelines.

	TASK ASPECTS		PROCESS ASPECTS
1.	Time taken to examine problem - to assess resources	1.	Was there a pooling of ideas? Was everyone brought in?
2.	Time taken to think about alternative ideas - examine - choose	2.	Did leadership evolve in the group? How?
3.	Did the group have a clear idea of how to proceed when they started work? Was there a plan or did they muddle along?	3.	Were ideas shared? Did everyone know what they were planning to build? What kind of a tower was actually decided on?
4.	Was time seen as a resource? Time budgeted for specific activities e.g. to plan the whole exercise, get ideas, etc.?	4.	Was everyone involved? What was the degree of involvement? What evidence was there of non-involvement? Did marginalization occur? How?
5.	HOW IMAGINATIVELY WERE RESOURCES USED.?	5.	WHERE RELEVANT OBSERVE ROLE DIFFERENTIATION – MEN DECIDE & CONSTRUCT – WOMEN FIT; PASTE; COLOUR.

General Comment:

Was there a good balance maintained between Task Aspects and Group Process needs?

H.R.AMIT. CII. ANTIGONISH. 1991.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Towards Empowering (3.3)
DAY	3
TIME:	3:30pm - 4:15pm (45 min.)

BACKGROUND:

The main difficulty here will be in the first 15 minutes. Will the participants have sufficient experience to share? If not there perhaps move to describe the top down planning style and its weakness. Use handout 3.3a as a lead off on different perceptions of the same problem. Use the table attached 3.3b to lead off discussion on blue print vs. participatory planning approaches.

OBJECTIVES:

Participants can critically review their planning experiences:

- discuss strengths and weaknesses of top-down vs. bottom-up planning; blue print vs. process planning
- establish a rationale for a more participatory approach to planning.

OUTLINE:

Plenary discussion on planning	15 min.
Discussion on top-down vs.bottom-up planning	15 min.
The participatory approach emphasised	15 min.

RESOURCES:

Felt markers, newsprint, tape, hand outs 3.3a, 3.3b, 3.3c

READINGS:

Required:

3.3a Perception picture

3.3b Hedenquist, Popular Participation in Rural Development, Maasa Project in Zimbabwe, University of Stockholm, Department of Anthropology, 1989

3.3c Korten and Carner. Planning Framework for People-centred Development and Korten and Klaus, "People-Centred Development". Conn. Kumarian Press, 1989. p. 201.

Detailed Notes for the Facilitator

Plenary Discussion on Planning **15 min.**

Given the perspectives on development discussed in the morning, the question arises how to bring development about. A powerful tool used in this process is planning.

Discussion on:

- What is planning: obtain participants feedback and underline problem definition, objective, resources, steps, time frame, and inevitably choices.

- Obtain feedback on participants' experience (may be top-down planning for most).

Discussion on Top-down vs. Bottom-up Planning **15 min.**

Use the information in the previous discussion to lead into discussion of top-down vs. bottom-up planning; strengths and weaknesses of each approach. Distinguish between blue print planning and process planning. (Use overhead of 3.3b)

Participatory Approach Emphasised **15 min.**

Summarize and establish the case for a participatory approach as follows:

a) People's perception of problems and priorities may be quite different than our own. Use handout 3.3a to have participants reflect on the different perceptions of the same reality. The question could be What do you see in the picture? After several answers have been discussed (and old lady and young lady) move on to a discussion how different people perceive the same reality (based on values, culture, beliefs, etc.). How a problem is defined will indicate how it will be addressed or solved. Hence the need for people's input into problem definition.

b) Involvement of people from the start will help them identify with the project. It becomes their project. Motivation and commitment will occur to bring about the desired changes that the project or program addresses.

c) Minimally participants will enable us to tap local knowledge and local resources.

d) Our scarce resources include lack of trained human resources. We do not have the resources to expand our bureaucracy to do all the development tasks. These tasks must be shared with the people. This frees the bureaucracy to attend to other tasks. Progressively tasks are handed over to the people so that more and more tasks are managed locally. Why do something at a higher level when it can be done equally well at a local level - with local people trained and helped to do the job without compromising quality.

The role of the development worker shifts to facilitator of learning rather than an implementor of projects. The people define, implement and benefit from the development exercise.

e) Implicit in any planning is the question of choice - and values. The participatory approach ensures that the people have a real say in the process.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Global Health Concerns (4.1)
DAY	4
TIME:	9:00 - 10:30 (1 hour 30 minutes)

BACKGROUND:

The participants will want to read and be familiar with the background material. Examples from their own experience could be used. The multiplicity of factors facing global health in the next decade and century will be mentioned with three or four examples discussed in detail. The possible factors to be considered include: population, nutrition, sustainable development, nuclear energy, military proliferation, new viruses ie AIDS, and corporate behaviour ie drugs, alcohol, bottle milk, tobacco.

The implications for global health of both people and the planet will be discussed.

Several examples of indications that awareness is increasing and concern is having some affect on the situation will be given eg. Brundtland Commission on the Environment and Development, UNICEF speaking out on structural adjustment. The fact that change is happening and when it does it can happen much more quickly than anticipated will be backed up with examples such as the Nestle's boycott, and the ongoing process of the G.E. boycott, polio eradication campaign and the response to AIDS.

OBJECTIVES:

To describe three major threats to global health.

To identify current trends in health related issues.

To list four examples of success in dealing with global threats.

To increase awareness that the old ways of dealing with health issues have not worked and new ways are important.

OUTLINE:

Plenary discussion (based on the hand outs and participants experience)	30 min.
Small Group Discussion:	50 min.
Which of the threats is perceived as a priority in your country?	
How do these problems affect health in the community?	
What can be done within the health sector about such global threats?	
Plenary Reporting: Brief (2 min) report will be made by each group	10 min.

RESOURCES:

Overhead projector, prepared overheads, newsprint and markers, video "Eyes See, Ears Hear", hand outs 4.1a, 4.1b, 4.1c, 4.1d

READINGS:

Required:

4.1a Public Health and the Global Environment, CJPH, vol 81. Jan/Feb 1990

4.1b Nelson, M. A Global Challenge: health promotion for people and the planet, Health Promotion Fall 1989 p. 2-7

4.1c Greiser, M. Yes, but Nothing will Happen Without Regulation, Development Communication Report no.71 p. 16

4.1d Ling, J. Communicating Disease through Words and Images, Development Communication Report no.71

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	What's Happening in Health? (4.2)
DAY	4
TIME:	11:00am - 12:30pm 1:30pm - 3:00pm (3 hours total)

BACKGROUND:

The preparation for this session includes:

a) examination of the answers to the pretest to determine participants' understanding of health systems and to determine groups. Participants will divide themselves into regional or country specific groups.

b) review of available statistical data on health indicators, GNP, etc. Any sources of data may be provided by the participants and the facilitator. Several examples are UNICEF, State of the World's Children, World Development Report etc.

c) familiarization with the questionnaire for Health Assessment (hand out 4.2c).

An initial explanation of the framework provides an overview to participants and prepares them for the group work session.

The concluding synthesis will pull together causative factors of the present health care system.

The process should ensure that participants:

- relate features of the health system as cause and effect;
- become aware of various sources of data for their national health system;
- examine the reasons for differential access to national health systems by rural/urban; rich/poor groups.

OBJECTIVES:

To develop skill in analysis of health care systems. This analysis will assess the adequacy of a national health system to serve the health needs of citizens of various socio-economic classes.

To enable participants to develop and discuss reasons to support their findings.

OUTLINE:

Introduction to the framework for analysis.	20 min.
Group work focusing on various national health systems using health statistics, key informants,etc.	60 min.
Guidelines for report writing. (This intervention can be at any stage during the group work refer to 4.2d)	10 min.
Presentation of work group reports.	60 min.
Synthesis Focusing on the distribution of health care system benefits by socio-economic class within society and the reasons.	30 min.

RESOURCES:

Pretest analysis, newsprint, markers, hand outs 4.2a, 4.2b, 4.2c, 4.2d

READINGS:

Required:

4.2a Health and Development Chapter 1 of Health Research: Essential Link to Equity in Development - Commission on Health Research for Development. New York, OUP. 1990.

4.2b Health Assessment Framework

4.2c Health Assessment Questionnaire

4.2d Guidelines for Report Writing

Detailed Notes for the Facilitator

Some Analytical Questions:

1. List your key concerns in data arising from Section I. Why do these situations exist? Lack of resources, problem not understood, problem given low priority, poor management? What are the underlying causes - root causes of the response to the question?

2. Examine section III part 1 - Health services - Is there a disproportionate use of health resources in urban vs. rural areas? What are the root causes of this situation? Lack of resources, a paradigm that does not recognize the morbidity realities or resource constraints, staff reluctance to serve in rural areas, cultural problems? Who really benefits from the Health budget?

3. Examine Section III part 2 - Health System Decision-Making - What are the reasons for lack of local input into decision making at the local level? Is this lack of input a causative factor in some of the unsatisfactory features of statistics in section I?

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Examining Alma Ata (5.1)	
DAY	5	
TIME:	9:00am - 10:30am 11:00am - 12:30pm	(3 hours total)

BACKGROUND:

During this session participants will review the Declaration of Alma Ata to understand the 10 components including the 8 elements of Primary Health Care (PHC) and discuss how PHC can be applied to achieve Health for All by the year 2000 (HFA 2000).

Aspects to be emphasised are:

- acceptance of PHC by all health workers with integration of health promotion, disease prevention, and treatment;
- implications of applying the principles and elements of PHC at the community, district and national level; and
- development of a PHC approach to health problems including understanding the priority health problem approach and the meaning of essential national health research.

From the analysis of the strengths and weakness of the existing health system, the demands and effects of the adoption of the PHC concept will be appreciated. Consider how the training of health workers must be changed and community participation and a district focus of health services achieved.

OBJECTIVES:

To understand the components and basic elements of the Declaration of Alma Ata and progress made in implementing "Health For All" during the past 12 years.

To list four priority health problems from your country/district or community and outline a PHC approach for each problem.

To describe the concept of essential health research.

OUTLINE:

Presentation in plenary of the 10 statements of the Declaration of Alma Ata (see outline)	30 min
Discussion and questions	15 min.
Small groups using a case study to examine the progress towards Health for All by the year 2000	45 min.
Break	30 min.
Presentation in plenary of prioritizing health problems and initiating essential health research as a means to monitor and support PHC and HFA 2000	30 min.
Small groups work to apply PHC strategies to selected priority health problems	45 min.
Presentation of reports by groups to plenary	15 min.

RESOURCES:

Newsprint, markers, hand outs 5.1a, 5.1b, 5.1c,
Report of WHO-UNICEF Conference Alma-Ata 1978 (Declaration),
Warren, KS, The Alma Ata Declaration Brittanica, 1990 supplement p 21-30,
Global Strategy for HFA 2000 - WHO 1981 Health for All Series # 3,
Ottawa Charter for Health Promotion - WHO/H&W Canada/CPHA 1986.

READINGS:

Required:

5.1a Survey of Primary Health Care

5.1b 10 Components Alma Ata

5.1c Evans, J., Community-based Health Care in Kenya, NEJM, 1990

Recommended:

Bryant, J.H., Commentary, APHA 74: p 714-919, 1984.

Hamburg, D.A., University's Role in HFA - Development Forum, Nov. Dec 1984, p3.

Canadian Task Force on Periodic Health Examination Parts I, II, CMAJ:141, 1989, p 205-207, 209-211.

WHO March 1988, Alma Ata Reaffirmed at Riga, from Alma Ata to the Year 2000, A Midpoint Perspective, 1989.

Cornea, A., Adjustment with a Human Face, UNICEF, 1990

Detailed notes for the Facilitator

Alma Ata Presentation **30 min.**

In presenting Alma Ata to the group the hand out "PHC Survey" may be of help in the discussion of:

- Why a broader definition of health was developed.
- Why it was felt the existing health services were failing and some of the solutions proposed.
- How the proposed PHC differs from primary medical care, first aid, family medicine, community medicine etc.
- Are most of the problems presented in PHC socio-economic?
- Although WHO and UNICEF jointly organized and sponsored Alma Ata consider the major differences in approach ie. WHO-Horizontal program looking at disease origins and working with the Ministry of Health, UNICEF-Vertical programs with cost effective interventions, working regionally and often with the head of state.
- Consider the effects of the IMF's structural adjustment policies.
- Why was such stress placed on the expanded program of immunization?
- Consider some of the specific strategies eg. Bamako Initiative, Essential Drug Program, Child Survival and Development Revolution, and Safe Motherhood.
- Recognize the disastrous impact of the world recession on developing countries, social plans and likewise the added insult of militarism and consider management strategies is Adjustment with a Human Face.
- How could you introduce the 8 elements of PHC at a district or community level?

Hand out 5.1b Ten Components of Alma Ata is referred to.

Discussion and Questions **15 min.**

Small Group Work **45 min.**

From the "Community-Based Health Care in Kenya" case study consider the CBHC initiatives undertaken and the problems encountered. What would you recommend to overcome these problems and how could you monitor progress towards HFA 2000. Some of the possible approaches are indicated on the section title of Toward a Framework for Action - developed at a WHO meeting in Harare in 1987.

The group might start by considering each of the CBHC experiences and discussion action plans.

eg. Sensitization - social mobilization action - Community meetings with identification of leaders and specific plans to fully inform leaders, develop a school program, initiate a small inexpensive community project that will be rapidly completed and show results eg.

Community Nutrition garden, Ventilative Impaired Latrine at the school, Tree Planting etc.

Break **30 min.**

Essential Health Research **30 min.**

Essential National Health Research (ENHR) supports the Alma Ata Declaration.

ENHR is an operational strategy aimed at accelerating action to improve the health of people in developing countries. This strategy was recommended by the Commission on Health Research for Development, a group of 12 experts from around the world who, after a through two year study of the strengths and weaknesses of research on the health problems of developing countries published their report, Health Research - Essential Link to Equity in Development (Oxford University Press 1990).

The establishment of ENHR, a major recommendation of the Commission, requires that the developing country identify the country specific major health problems and design, implement and evaluate action plans to deal with these problems.

Finding and sharing new knowledge, methods and techniques to address global health problems should be a commitment of all investigators.

To establish ENHR, each developing country must make long term commitments to health research in the amount of at least 2% of total national health expenditure and establish financially sound and attractive career paths for their national researchers.

Collaborative international research networks should be promoted to attack the common problems of developing countries and international support systems strengthened to facilitate expansion of research capacity and action.

International efforts should be made to mobilize research funds focused in an integrated fashion on the priority health problems of developing countries. The commission recommends the establishment of an international mechanism or agency to promote the work of countries undertaking ENHR.

The Commission was supported and sponsored by many of the major international donors, WHO, UN agencies, several Governments and Universities.

Already several developing countries have organized and initiated ENHR efforts. National and international workshops have been held in various parts of the world and an international task force and Geneva-based secretariat have ben established.

Concern has been expressed that some of the PHC strategies developed in the past with major international organizations have resulted in too many workshops and task forces and too little action in the developing country.

University faculty and students are key players in ENHR. For both students and faculty it will strengthen the links between medical education and the general health needs of society and could provide the medical teacher-scientist with an academically rewarding and financially attractive career path. Major university commitments would facilitate the rapid implementation and guarantee the sustainability of ENHR.

Small Group Work Applying PHC **45 min.**

Small groups apply PHC strategies to selected priority health problems in their region or country. Report should be summarized for brief presentation.

Reports **15 min.**

Each group presents a brief report of their discussion.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Community-Oriented vs. Community-Based Health Care (5.2)
DAY	5
TIME:	1:30pm - 3:00pm and 3:30pm - 5:00pm (total 3 hours)

BACKGROUND:

This session will examine the differences between community-oriented and community-based health care, using short case studies,a mime and two quotations for discussion. It will build on the principles of Primary Health Care outlined in the previous session.

OBJECTIVES:

Participants will identify differences between community-oriented and community-based health care

Participants will begin to apply principles of primary health care to selected case studies

Participants will outline a personal framework for working with communities

OUTLINE:

"Crossing the River" Starter Mime	20 min.
Review Principles of Primary Health Care	10 min.
Analysis of 2 Case Studies	60 min.

Break	30 min.
Analysis of Video: "Valleys in Transition"	60 min.
Plenary Discussion and Summary	30 min.

RESOURCES:

Newsprint, markers, case studies, quotes on change on flip chart, mime starter, video and equipment, hand outs 5.2a, 5.2b, 5.2c, 5.2d

READINGS:

Required:

5.2a Boyd, D., & Williams, D. (1989, March) Manual on Primary Health Care, Prepared for the World YWCA. Oxford, UK: Nuffield Press Ltd., p. 61-68

5.2b Hilton, D. (1988, Dec.) Community-based or community-oriented: The vital difference, Contact No.106, p. 1-4

5.2c Mburu, F.M., (1989) Whither community-based health care?, Social Science and Medicine. 20(3) p. 1073-1079

5.2d Taylor, C. & Jolly, R., (1988) The straw men of primary health care. Social Science and Medicine, 26(9), p. 971-977

Recommended:

Chandran, John,H. & Chandran, John, P. (1984, Dec.) We learn through our failures: The evolution of a community-based programme in Deenabandu. Contact, No. 82, Christian Medical Commission, World Council of Churches, 150 route de Ferney, 1211 Geneva 20, Switzerland.

Hope, A., & Timmel, S. (1978) Training for transformation (volume 1) Zimbabwe: Mambo Press

Smith, S, Carpio, B, Hillman, E et al (1990) Women and Health: Leadership Training for Health and Development Manual, McMaster University

Stark, R., (1985) Lay workers in primary health care: Victims in the process of social transformation. Social Sciences and Medicine, 20(3), p. 269-275

Werner, D. (1980 August) Health care and human dignity - a subjective look at community-based rural health programmes in Latin America. Contact. No. 57, p. 2-15

Detailed Notes for the Facilitator

"Crossing the River" Starter Mime **20 min.**

Select three participants prior to the session to do the mime. Ask them to practice the mime and then perform it in front of the large group.

A mime is a play with no spoken words. Two lines approximately 5 feet apart are made on the floor using string, chalk or masking tape. Pieces of paper are used to represent stepping stones across the river. Another piece of paper represents an island in the middle of the river. Arrange the rest of the participants so they will be able to see the mime.

Perform the mime.

Questions for discussion:

- What happened in the role play?
- What different approaches were used to help people cross the river?
- Who could these people represent in real life?
- What could each side of the river represent?
- How could the role play be used by health care workers?

Be sure to cover the following points:

1. distinguish between building dependence versus independence
2. identify self-reliance as a PHC principle
3. identify personal definitions of self-reliance (on a personal level, on a community level). Identify what shared meanings exist in the group

Review of Principles of PHC **10 min.**

In the large group, participants recall principles of PHC and list then on flipchart paper. (This is a recall from the morning session and will assist the facilitator in assessing if participants understood the terms used)

The list should include:

- affordable, accessible, appropriate health services and technology
- building of self-reliance
- building of equity
- multisectoral action

- community participation
- health as a fundamental human right and social goal

Analysis of Case Studies **60 min.**

Divide into four groups. All groups will do both case studies, one at a time.

The small group will read the case study within their group. Decide which principles of PHC the case supports. Make a distinction between those principles that are strongly supported and those not supported. Discuss the reasons for the distinctions.

In the large group, report on the group's decisions regarding support for PHC principles.

Read and review the second case study in the same way. Discuss in the large group. Outline the process for decision-making that was used in each case study. Identify a continuum with community-based at one end and community-oriented at the other. Ask participants to give examples of programmes from home and identify where they fall on the continuum. Discuss advantages and disadvantages of different types of programmes.

Break **30 min.**

Analysis of the video "Valleys in Transition" **60 min.**

Watch the video in the large group. Prior to the showing, ask the group to note the following questions "What happened in the video?", "What were the actual steps taken in the development of the programme?", "What was the impact on the community?", "How were women involved?", "Who were the leaders?", "What principles of PHC were supported?".

Following the video, small groups meet to discuss the debriefing questions. As a large group, outline on the flipchart paper the actual "unfolding" of the programme step by step.

Plenary Discussion and Wrapup **30 min.**

Two quotes are posted on flipchart paper and discussed by participants, giving examples from their own situations.

"Health of the people is far more influenced by politics and power groups, by distribution of land and wealth than it is by treatment or prevention of disease" (D. Werner)

"The fatal...error is to throw answers, like stones, at the heads of those who have not yet asked the questions" (P. Tillich)

"Only when people themselves become actively responsible for their own and their community's health, can important changes take place" (D. Werner)

"Community development workers who merely help people to become 'comfortable', who simply do things for people - identifying and analyzing their problems for them, and 'doling out' answers, are part of the problem, not part of the long term answer." (Lik Lik Book, Papua New Guinea quoted in Working Together - A Manual for Developing Cooperative Work Skills in a New Culture, by S. Percival (1983) CUSO, p. 6)

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Optimizing Scarce Resources (6.1)
DAY	6
TIME:	9:00am - 10:30am (1 hour and 30 minutes)

BACKGROUND:

The overall purpose of the session will be to describe the roles and responsibilities of members of the health care team needed to optimize the scarce resourcesand to describe changes in training necessary to meet these new roles and responsibilities.

In order to achieve Health for All (HFA), the training and education of all health workers must become more relevant to community needs. An appreciation of the needs of community-based health is best achieved by early and extended training in the communities to be served.

Aspects to be emphasised are:

- Relevant training for all health workers emphasizing problem-based learning
- The importance of the team approach
- Community-based learning
- Life-long learning
- Acceptance of the role of traditional healers etc.

OBJECTIVES:

Participants will be able to:

- list categories of health workers in their country including the approximate numbers of each and define their roles; this includes herbalists, TBA's, CHW's, traditional healers etc.

- describe existing training for these health workers

- discuss relevancy of this training to the priority health problems of your country/ district/ community

- describe modifications in training which are taking place in order to achieve HFA (see Edinburgh declaration attached)

- describe the health team concept, the District focus and community involvement in participatory health care

- given limited resources for health care, identify at risk population

- describe methods to improve the imbalance of health care workers in relation to areas of greatest need.

OUTLINE:

Introduction: selection, education, utilization and maintenance of competence of providers of health care discussion re changes to present education of health personnel	30 min.
Role play identifying functions and roles of health workers	30 min.
Discussion of role play	15 min.
Summary	15 min.

RESOURCES:

Video: Eyes See, Ears Hear (Memorial U.) C.H.W. (IDRC) and Dominga (CIDA), VCR equipment and monitor, District Health Manager - Case Study - Ethiopia, hand outs 6.1a, 6.1b, 6.1c

READINGS:

Required:

6.1a Evans, J. Health Care in the Developing World:Problems of Scarcity and Choice, NEJM, 1981 vol 305 p. 1117 - 27

6.1b The Edinburgh Declaration Lancet Aug. 20 p. 462 & 464 1988.

6.1c The Risk Approach, WHO Forum, 1981, p. 413-422

Recommended:

Health Personnel for Health for All: progress or stagnation? TAMAS FULOP WHO Chronic;e 40 (5) 194 - 199, 1986.

PHC:HFA and the Role of Doctors, H. Mahler, Tropical Doctor 1983, 13, 146-148.

International Consultation on Health Manpower - WHO ICP/HMD 157, 28 January 90.

King, M.(ed) Medical Care in Developing Countries, OUP 1966.

Berman, PB, 1987, Community-based Health Workers: Head Start of False Start Toward Health for All; Soc.Sci.Med vol 25 pp 413-459

Detailed Notes for the Facilitator

Introduction **30 min.**

With the community served, define the health care tasks and priorities.

Encourage empowerment of individuals to take responsibility for their own health and the health of their families.

Find out from whom community members seek health care: traditional healers, herbalists, relatives, TBA's, CHW's, pharmacists, clinical officers, nurses, private practioners, etc. whoever provides this care, and where it is provided. Who is available to carry out health care - number, skills training, availability, etc.

Could any of the health care providers listed above benefit from further training? What kind of training? By whom?

List the members of the basic health care team at the district level. Define their roles and responsibilities and training needs. Can anyone with less training carry out any of their duties effectively?

Who will evaluate success of health care provided? What indicators will you use to assess this?

Discuss the population "at risk" and the "risk approach" as a means of optimizing scarce resources.

Remind participants that many people can often provide health care with minimal training eg. parents, teachers, senior students, religious leaders, traditional healers, ... and have the participants suggest others.

Identifying Functions and Roles of Health Workers **30 min.**

This could be done through a role play, as attached, looking at who does what best. (Competency based learning)

Discussion of Role Play **15 min.**

As noted on the role play

Summary **15 min.**

Points to remember are:

- Worldwide shortage; in industrialized countries in the north and rural areas; in developing countries everywhere except in urban centres and even there in urban slums.

- Why this maldistribution?
  - selection, motivation
  - training cost and content
  - salaries/incentives

- Recognition of changing role of health personnel to meet community needs

- Development of new cadres: traditional birth attendant (TBA), community health worker (CHW) and District Health Managers and their need for supervision and integration into the health care system

- Need for management skills, training and understanding of the team concept

- Recognition of the community and personal responsibility for health

ROLE PLAY

You are a new nurse (doctor, administrator which ever you prefer) who has just completed your training in the capital city. You have been assigned to work in a busy African district hospital. You have just arrived and the nurse in Charge, who has worked in the hospital for several years, and who comes from the district, tells you she has been waiting for your arrival because there are 58 patients waiting for you in the clinic and a woman in "obstructed labour" in the delivery room. She also says the hospital vehicle has broken down in the health centre 6 km. away where it was sent to pick up a badly burned child.

You meet to discuss management of the immediate situation now.

Later you and the senior nurse meet again with community leaders and health committee members to discuss how the problems described above could be prevented in the future.

Participants should be allowed to role play either situation or develop their own scenario.

INSTRUCTIONS TO PLAYERS:

NURSE: who has been in the hospital a long time resents new people and resists change but knows the community well.

NEW HEALTH PROFESSIONAL: recognises problem and wants to make changes quickly but is unfamiliar with resources in the hospital and community.

COMMUNITY LEADER: accepts the problems of the hospital but does not see them as a priority as s/he has many problems to deal with.

HEALTH COMMITTEE: are concerned but have not been involved in the hospital and are more involved in the health centres.

DIRECTIONS FOR OBSERVERS:

This role play provides an opportunity to analyze the roles and responsibilities of health workers and their ability to work together with the community they serve.

Was there an attempt to create an atmosphere or comradeship?
Could everyone see and hear the players?
Was the subject presented clearly?
Was everyone allowed to give an opinion?
How did the workshop participants react to the presentation?
Did the "new health professional" accept ideas from others?
Did s/he listen?
Was everyone given an opportunity to reply to the ideas of others?

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Force Field Analysis (7.1)
DAY	7
TIME:	11:00am - 12:30pm 1:30pm - 3:00pm (total 3 hours)

BACKGROUND:

Any change effort must be preceded by a careful evaluation of the forces against change; whether they could be overcome and if so, how. The technique of force field analysis will provide participants with a tool to identify these forces.

This session will prepare the participants for the sessions on facilitating change.

It is suggested that the same groups that are formed in this session work together through days 8 and 9.

OBJECTIVES:

Participants will become familiar with the technique of force field analysis.

Participants will identify forces that will restrain or support a thrust towards Alma Ata. These forces are identified at personal, organizational and community levels.

OUTLINE:

Orientation to Force Field Analysis	30 min.
Force Field Analysis	75 min.
Reports to Plenary	45 min.
Summary	30 min.

RESOURCES:

Newsprint, flip charts, felt markers. Hand out 7.1a

READINGS:

Required: 7.1a Force Field Analysis

Recommended: Rifkins. Health Planning and community Participation. London Croom Helm. 1985

Detailed Notes for the Facilitator

Orientation to Force Field Analysis **30 min.**

Explain the basic ideas in force field analysis as below.

i) Present the following proposition to the group -

Proposition - When planning a change program we concentrate mainly on the technicalities of the change, on resources, budget, logistics, etc. and do not pay much attention to how we might overcome opposition by the social forces that amy be opposed to the change. These forces can undermine the change effort, e.g. a food nutrition education program that does not address the cultural taboos; a community health program that ignores possible opposition from traditional health practitioners.

- Do participants agree with this?

- Call for examples from participant's experience and have them explain.

ii) Force Field Analysis is a technique that helps us to identify the supporting and restraining social forces vis a vis a proposed change. An integral part of the change strategy will be how we will neutralize the restraining forces. Can they be neutralized? If they cannot be neutralized and if they are a significant block to change, should we pursue the proposed change? This raises the question of risks. Who decides whether the risk should be taken? The external change agent or the people who have to live with the change?

The focus is on social forces; on the social environment of change. The forces occur at individual, organizational and community levels. This technique does not consider factors like resource constraints, foreign exchange problems, physical environment, etc.

iii) The technique -

- explain procedure as attached
- reinforce understanding by having participants examine a common problem, e.g. forces for and against their efforts to study in Canada
- list the restraining and supporting forces
- assess the main impediments
- examine how the restraining forces were neutralized

Force Field Analysis **75 min.**

Randomly formed groups to identify the forces which will restrain or support and movement to implement Alma Ata.

List forces at personal, organizational and collective levels.

- examine the forces listed and identify three critical restraining and supporting forces.
- assess the reasons for opposition for each of the three critical restraining forces
- indicate how they may be addressed. Indicate the role if any of the three supporting forces in reducing the opposition to change

This activity is done in small groups that will continue to work together during day 8 and 9.

Reports to Plenary Session **45 min.**

Each group to present the three most important restraining and supporting forces.

- indicate why they give these forces priority
- indicate how they propose to address the restraining forces
- indicate in their judgement whether the restraining forces can be successfully overcome

Allow for clarification and discussion. If there is repetition focus clarification and discussion on forces not addressed in earlier reports.

Summary **30 min.**

Examine whether the discussions have sufficiently highlighted opposition from:

- "conventional" medical establishment
- teaching schools
- bureaucracy - accountability to the community
- participants -look at themselves at the personal level, collective level with peers and community level.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Making Connections (7.2)
DAY	7
TIME:	3:30pm - 5:00pm (1 hour 30 min.)

BACKGROUND:

The posters from all the sessions of day 4, 5 and 6 should be collected and displayed on the walls. Some selection may be necessary if there are too many, to ensure that key issues are included. Some process observation, particularly humorous, could be included.

OBJECTIVES:

Participants will be able to:

- describe the connections between global threats to health and health priorities in their own count
- summarize current trends in health and development.

OUTLINE:

Instructions for the session	5 min.
Preparation of a summary	40 min.
Presentations	20 min.
Summary by facilitator	30 min.

RESOURCES:

Posters from the sessions, newsprint, felt markers

READINGS:

Nil

Detailed Notes for the Facilitator

Instructions **5 min.**

Participants are asked to summarize what has been learned during days 4, 5 and 6 to compare it to the objectives. They should prepare a short summary for presentation in plenary.

Preparation of a Summary **40 min.**

Small group work with the facilitator providing direction and assistance when requested.

Presentations **20 min.**

One or two groups are asked to present their summary.

Summary **30 min.**

The facilitator walks through what has been cover in the past three days summarizing the information and the learnings. Learnings are then compared to the objectives. Participants comment on how well the objectives have been met. All groups should hand in their summary to the steering/management committee.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Understanding Organizations (8.1)
DAY	8
TIME:	9:00am - 10:30am (1 hour 30 min.)

BACKGROUND:

The objective is to provide the participants with a conceptual framework for understanding organizations.

Esman's framework of internal organizational variables will be presented. Four approaches to analyze an organization will be presented. These are: the structural approach, the human resource approach, the power or political approach and the symbolic approach (see Bolman and Deal in bibliography). Against this background a few of the participant's organizations will be described and analyzed with data provided by them.

OBJECTIVES:

Participants will be able to describe an organization in terms of structure and linkage.

Participants will be able to analyze an organization from four approaches: structural, human resources, power and symbolism.

OUTLINE:

Overview	15 min.
Esman's Institution Building Model	30 min.
Organizational Analysis	30 min.
Discussion	15 min.

RESOURCES:

Overhead projector, overheads of hand out 8.1a newsprint, felt markers, flip chart, hand outs 8.1a, 8.1b, ~~8.1c.~~

READINGS:

Required:

8.1a The Institution Building Model
MACDONALD. A. A.

8.1b Alternative Conceptual Frameworks for Organizational Analysis - ANTIGONISH. N.S. CA- 1990.

8.1c Bolman & Deal. Modern Approaches to Understanding - Managing Organizations. San Francisco, California. Jossey Bass Inc. 1984

Recommended:

Esman, M.J. Elements of Institute Building in J.W. Eaton (Ed.) Institution Building and Development. Beverley Hills, Sage. 1972. p. 19-40

Detailed Notes for the Facilitator

Overview **15 min.**

An overview of the day will be presented with content area and rationale. Brief discussion on participants' experience on facilitating change with an organization and in the community.

Esman's Institution Building Model **30 min.**

Presentation on Esman's model (see attached).

Stress the internal variables - especially leadership - who are they - their role in determining organizational doctrine (vision, mission, policy and strategy).

Discussion on vision, mission statement, key policies and strategy of participant's organization.

Examine linkage aspects - what are the main linkages of the participant's organization. Implications for programs. Internal, e.g. Ministry of Finance; External, e.g. WHO; World Bank; donors.

Organizational Analysis **30 min.**

Approaches to organizational analysis will be outlined and discussed using the handout as a basis. Four approaches will be outlined: structural, human resources, power and symbolism.

Current Wisdom - Use all approaches as relevant - situationally appropriate.

Discussion **15 min.**

This will be a general discussion about the points in the session.

What do participants feel is the most useful approach to analyze their organizations? Structural - human resources, power and symbolism.

All organizations involved in improving the life in communities have to be judged by how well they facilitate change. The question is whether the organization can effectively bring about the change or is the organization itself a block to change? If so, why?

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Approaches in Planning Change (8.2)
DAY	8
TIME:	11:00am - 12:30pm (1 hour 30 min.)

BACKGROUND:

Participants will be introduced to the steps in planning a change and to the three main approaches to change in an organization - mandated change (top down); participative change (negotiated) and organizational change resulting from the orchestration of external pressure.

OBJECTIVES:

Participants will specify the steps to plan an organizational change and indicate the approach proposed - top-down; participatory; orchestrating external pressure.

OUTLINE:

Steps in Planning Organizational Change	45 min.
Approaches to Planning Change	45 min.

RESOURCES:

Flip chart, newsprint, felt markers, hand out 8.2a, overhead: Hierarchy of Program Objectives in an Organization

READINGS:

ANIT · H.R.

Required: 8.2a , Planning and Implementing Change COADY INT. INST. ANTIGONISH N.S. – 1990.

Recommended: Bennis, W.G. ed. The Planning of Change. New York. Holt Reinhart and Winston. 1976

Hax, A.C. Planning Strategies that Work. (Sloan Management Revised). New York. OUP. 1987.

Detailed Notes for the Facilitator

Steps in Planning Organizational Change **45 min.**

Whatever the change proposed it is suggested that a planned approach to bring about the change will be an effective way to proceed. This plannned approach progresses through the stepss outlined as attached. The change will always be within the framework of organization purpose. See the overhead on the Hierarchy of Program Objectives.

Focus attention on the need to be clear on the problem before we attempt change. Refer back to earlier sessions on perception. The point to emphasize is whether the "target population" have a key role in defining and priorizing the problem.

- Assessing the possibility of success or failure - integrate the social forces exercise.
- Clarity of objectives - stated as an outcome that can be evaluated.
- The need to examine options for action - do not implement the first solution that comes to mind.
- The action plan including monitoring, evaluation and budget - stress monitoring.

Approaches to Planning Change **45 min.**

Outline what each approach is and each step: top-down, participatory, community organization pressure. Discussion on the advantages and disadvantages of each. See notes entitled "Approaches to Planned Change Within an Organization" attached.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Facilitating Organizational Change (8.3)
DAY	8
TIME:	1:30pm - 3:00pm 3:30pm - 5:00pm (total 3 hours)

BACKGROUND:

The small group sessions and general discussions will enable skill development in planning organizational change using the material covered in the morning sessions. The small groups will work on manageable organizational problems which hinder adaptation of participatory programs identified on day 7.

OBJECTIVES:

Participants will develop a greater understanding of how organizational change is planned.

Participants will use a planning framework to map out a change program.

Participants will use specified strategies to facilitate change in an organization.

OUTLINE:

Plenary - select different factors	5 min.
Analysis and Planning	85 min.
Presentation and Discussion	60 min.
Summary Comments	30 min.

RESOURCES:

Newsprint, flip chart, felt markers

READINGS:

Nil

Detailed Notes for the Facilitator

Analysis and Planning **90 min.**

The Same groups as force field analysis will be used.

Each group selects one organizational factor that has to be addressed if it is to move towards promoting Alma Ata - select one from the outputs of day 7 session of force field analysis.

Use the outputs developed in the presentation on organizational change to plan changing the organizational factor selected.Specify the problem clearly; indicate objectives as outcomes you can evaluate and have a well thought out action plan.

Select a relatively simple problem because of the time constraint of the exercise, e.g. staff reorientation to favour Alma Ata. Suggest That group be creative in presenting their reports, e.g., they might role play the problem definition and aspects of solution. They might represent these pictorially or in mime.

Presentation and Discussion **60 min.**

The groups will present their report in the plenary session. Each group will have 15 minutes. Suggest creative ways to present the information eg. role play, mime, discussion, etc.

Summary **30 min.**

Comments and summation will highlight the problems arising in the group report. Pay attention to the following:

- problem definition is not clear - have all relevant factors been taken into consideration?
- change objective not specific and measurable
- monitoring not clear
- overambitious plan - time factor not sufficient; dependence on external resources
- non involvement of those affected in design and monitoring, women not thoroughly involved although they may be affected.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Strategies for Community Change (9.1)
DAY	9
TIME:	9:00am - 10:30am 11:00am - 12:30pm (total 3 hours)

BACKGROUND:

The purpose of this session is to enable participants to develop a better understanding of the community in which they have or will be working.

Some of the internal dynamics and differences within a community which could mitigate against efforts of community change will be examined.

OBJECTIVES:

Participants specify their understanding of community in a given situation.

Participants indicate several differences that may exist in a given community.

Participants discuss the implications these differences have on implemention of a proposed community change.

Participants specify key strategies that may be used to facilitate community change.

OUTLINE:

What Is a Community?	30 min.
Implications of Differences with a Community for a Proposed Change	30 min.

Strategies - Overview	30 min.
Group Exercise	45 min.
Reports and Summation	45 min.

RESOURCES:

Flip chart paper, felt markers, tape, hand out 9.1a

READINGS:

Required: 9.1a McDonald: Strategies for Community Change, extract from Strategies of Planned Change, Antigonish, CII, 1985

Recommended: Chambers: Rural Development: Putting the Last First. Chapters 2,3,6,7 and 8. London. Longmans 1983

Detailed Notes for the Facilitator

What is a Community? **30 min.**

In buzz groups have the participants share their idea of community and follow with discussion. In what sense is a village a community? What is a community in an urban setting? Community may be a geographic/administrative concept or a concept of interrelationships - bonds, culture, etc.

Implications of Differences for Change **30 min.**

In any group of people there are differences of wealth, status, position, education, sex, etc. Differences mean that the interests of all are not identical, e.g., understanding, priority and approach to the same problem may differ based on whether one is male or female.

There is a need for the participants to be clear about who is the target community.

Differences exist within the group and vis-a-vis the larger community within which the target group lives. Generate discussion (buzz groups) on:

- implication of difference for change
- get examples from the participants

Change Strategies - Overview **30 min.**

Proposition - There is no one method to bring about change in a community. Invite the group to share experiences indicating the problems addressed and strategy used. Lead discussion into problems encountered in using the strategy. Move to a discussion of advantage and disadvantage of each strategy. Perhaps summarize in a matrix as follows.

Strategy	Difficulties Experienced	Advantage	Disadvantage
Force/ coercion	popular resentment	quick result	will change endure when pressure is removed
Inducement eg baby bonus		good PR good response	?
Legislating change eg. food standards	resentment, people do not understand; feel imposed on	uniform standards expensive	policing essential

Move discussion to be aware of a range of strategies and choose on or a combination appropriate to the situation. (hand out 9.1a)

Provide a quick overview of the strategies.

Small Group Exercise **45 min.**

Each group will review two assigned strategies. They will assess the relevance to local needs and situations. What will be the difficulties implementing the strategy? Examine the steps to ensure you know how to use the strategy. Summery report on flip chart and posted for others to read.

Reports and Summation **45 min.**

15 minutes is given for the participants to read others reports. Each group will be allowed to clarify their report to the large group.

Facilitator may help the group to determine the strategies they are most likely to use and reasons.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Planning Community Change (10.1)
DAY	10
TIME:	9:00am - 10:30am 11:00am - 12:30pm (total 3 hours)

BACKGROUND:

The purpose of this session is to provide participants with an opportunity to acquire insight and skills in the use of change strategies. The same groups who did the force field analysis to a) identify a common restraining force to the introduction of community health programs; b) to use one or more of the change strategies to deal with the restraining force. Planning must be as realistic as possible within the resources normally available at the community level.

OBJECTIVES:

Participants will plan a program for successfully implementing a proposed change.

OUTLINE:

Planning for Community Change	90 min.
Break	30 min.
Group reports	60 min.
Summary	30 min.

RESOURCES:

Flip chart, newsprint, felt markers

READINGS:

Nil

Detailed Notes for the Facilitator

Study the outputs of the force field analysis of day 7 to identify suitable themes for the group exercise. If no suitable themes are available, prepare a few as suggested below for consideration by the participants.

Planning for Community Change **90 min.**

Small groups will work on planning a community change for a problem identified in the force field analysis. If no suitable case each group may specify a problem from their experience, e.g., planning mass immunization in a village where immunization is new; setting up a village health committee; retraining TBA's; introduction of family planning; addressing the problem of alcohol and drugs.

Suggested time breakdown:

Selection and specification of topic and change objective (20 min.)

Examine the strategy options (15 min)

Elaborate the plan of action (45 min)

Prepare report (10 min)

Note Assume no additional resources are available. You have only those that are normally available.

Break **30 min.**

Group Reports **60 min.**

Groups reports to consider the plans generated.

Consider:
- how realistic are the plans
- how achievable are the plans
- clarity of objectives/measurability
- monitoring plans
- cost effectiveness
- the participatory dimension

Summary 30 min.

Highlight the advantage of the participatory approach for:

- local insights in problem definition
- involvement of local people in setting objectives, providing resources, monitoring
- reducing costs - especially financial and trained human resources
- aspect of continuity
- role of people in decision making

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Evaluation (11.1)
DAY	11
TIME:	9:00am - 10:30am (1 hour 30 min.)

BACKGROUND:

The purpose of the session is to provide an overview of the need for evaluation and basic steps in evaluation.

Material to be covered will be dependent upon the group's familiarity with evaluation and evaluative methodology. Daily evaluation will also help determine what needs to be covered here.

OBJECTIVES:

Participants indicate the need for and the main steps in evaluation.

Participants discuss a variety of methods for evaluation.

OUTLINE:

Review of Daily Evaluations	15 min.
Overview of Evaluation	30 min.
Discuss Main Steps in Evaluation	45 min.

RESOURCES:

Overheads, overhead projector, hand outs 11.1a, 11.1b

READINGS:

Required:

11.1a Evaluation overview

11.1b Evaluation, Continuing the education of Health Workers, A Workshop Manual, Abbatt WHO 1988 p. 80-88, 145-149

Recommended:

Feurestein, Marie, Thene, Partners in Evaluation, London, Macmillan. 1986

Detailed Notes for the Facilitator

Review of Daily Evaluations **15 min.**

Review the daily evaluation experience focusing on objective, method and findings. These are the three main elements in any evaluation.

Overview of Evaluation **15 min.**

Participants in triads develop answers to the following questions:

- what is evaluation?
- why evaluate?
- when to evaluate?
- how to evaluate?
- list the main steps in evaluation

Have prepared answers to these questions to summarize the points.

Steps in Evaluation **60 min.**

Participants post their findings and comparisons are made to the facilitators prepared materials.

Clarify the main steps in evaluation:

- purpose
- objectives
- deciding on data requirements/sources/methodology/ resource constraints
- developing the "instrument" - pretesting
- preparing the community for the exercise
- preparing the data gatherers
- collecting the data
- analyzing the data
- preparing the report
- presenting the report
- the participatory dimension
- clarifying any concerns

Given the time available perhaps focus on the following points:

- clarity of objectives
- method to be used
- monitoring
- presenting findings to the audience concerned in a useful manner

- the participatory dimension focuses on how to involve the community in the process. There is a need to demystify evaluation as something only experts can do.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Evaluation Instrument (11.2)
DAY	11
TIME:	11:00am - 12:30 pm (1 hour 30 minutes)

BACKGROUND:

During this session the group will develop a participatory evaluative method and tool to evaluate the Health and Development workshop.

OBJECTIVES:

Participants develop a plan and method for participatory evaluation of the workshop.

OUTLINE:

Introduction	15 min.
Small group work	45 min.
Final design	30 min.

RESOURCES:

Felt markers, newsprint, paper, copies of pre-test

READINGS:

nil

Detailed Notes for the Facilitator

Introduction **15 min.**

Briefing on the exercise. The evaluation design will be developed in small groups and negotiated and finalized in plenary.

The task is for each group to develop a plan to evaluate the 11 day workshop with regard to:

- workshop objectives
- personal objectives
- methodology
- process

Each group will develop objectives for the evaluation, methodology to be used and instrument to be administered.

Small Group Work **45 min.**

Small groups will work on the above tasks.

Final Design **15 min.**

Each group reports to plenary and the final design is negotiated.
The following dimensions should be included:

- relevance of content
- time devoted to themes
- logic of sessions
- methodology
- resource persons
- readings and handouts
- preparation arrangements
- physical facilities
- facilitators
- improvements suggested
- need for similar workshops

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Evaluation (11.3)
DAY	11
TIME:	1:30pm - 3:00pm (1 hour 30 min.)

BACKGROUND:

The participants will use the agreed upon tool, individually, to evaluate the workshop.

OBJECTIVES:

Participants evaluate the workshop.

OUTLINE:

Small Group Work	45 min.
Presentations to Plenary	30 min.
Post-test	15 min.

RESOURCES:

Evaluation tool, paper, post test

READINGS:

nil

Detailed Notes for the Facilitator

Small Group Work **45 min.**

Workshop will be evaluated by using the agreed upon design. Summary reports will be prepared for presentation in plenary.

Presentations in Plenary **30 min.**

Summary reports will be presented and questions for clarification. Main concerns will be identified and recommendations developed for program improvement.

Post-test **15 min.**

Participants will complete the post-test individually.

HEALTH AND DEVELOPMENT WORKSHOP

SESSION:	Closing (11.4)
DAY	11
TIME:	3:00pm- 3:30pm (30 min.)

BACKGROUND:

The closing will provide an opportunity for the participants and facilitators to formall close the workshop. It is important for all people to know when it is officially over. People will be given an opportunity to speak with each other, say farewell after an intensive 11 days together.

OBJECTIVE:

Participants formally close the workshop.

This activity will be planned by the particpants and the management committee.