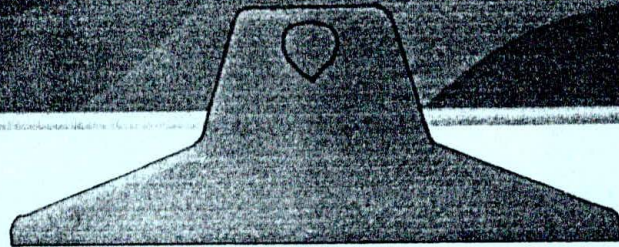


A Follow-up Report of



**Master Trainer's
Training on
Women's Health**

Gujarat & Rajasthan

January-February 2000

May 2000



CHETNA

**A Follow-up Report of Master Trainers' Training on
Women's Health**
Gujarat & Rajasthan

January-February 2000

May 2000



Women's Health and Development Resource Centre



Introduction

It is a well-recognized reality that there is a missing link between women's health and the prevailing development scenario. Prevalent gender biases in society contribute largely to widen these gaps further. Until recently, this existing situation was ignored by the health sector. A major concern in addressing women's health is lack of information and poor access to health care services. Both these concerns are deeply linked to culturally rooted problems and inadequate health budget.

It is a sad reality that a borrowing for health is the second largest cause of indebtedness among the rural poor. In addition, majority of those who borrow money for seeking health care often do so only for men and children in the family. In doing so women's health concerns related to emotional, physical and psychological disabilities, remain unrecognized and largely untreated. Keeping this existing scenario in view, the major task before the country is to address women's health needs in an integrated and comprehensive manner through adopting the life cycle approach to women's health.

In this context, the Ministry of Health and Family Welfare (MOHFW), Government of India pioneered a unique training project to train representatives from Non Government Organizations (NGOs) to disseminate health information among village-based women's groups. This effort was initiated on a pilot basis in 15 states of India.

Several experienced NGOs and subject experts were involved in the planning and development of this project. They shared a critical need to disseminate health information among the disadvantaged and marginal women. Developing standardized, state, district and village level modules for training were the central activities of the programme followed by training at each of these levels. CHETNA coordinated the overall process of developing these training modules.

The finalized State Level manual draft chapters, which were written by different experts became a rich reference material, based on which CHETNA developed training modules to be used by the district and village level trainers. These modules included 23 topics related to comprehensive women's health, which also included training design and description of training methods. These training modules were translated into eight Indian languages.¹ The village level modules had the added feature of roles of various stakeholders at village level to improve the health status of women including the role and responsibility of family, male members, Panchayat members and women's group for the topic included in the manual.

From each state, selected NGOs participated in a Training of Trainers programme. In each state, five districts were covered. CHETNA took the responsibility of training District level trainers from the states of Gujarat and Rajasthan. The trained district level trainers trained the village leaders of their district and through this process, roughly in each district, 144 women leaders representing 72 women's self help groups were oriented to the topics.

Bengali, Oriya, Kannada, Hindi, Gujarati, Telugu, Marathi and Malayalam

Objectives of the Follow-up Visits

- To provide support and guidance to the **master trainers** and enhance their self-confidence as trainers.
- To assess the transfer of learning on women's health from master trainers level to village leaders.
- To observe the trainer's skill of imparting village level training.
- To assess the utility of the training module.

Process of the follow-up

CHETNA team planned to visit each master trainer at least once during the process of the district level training. However, due to paucity of time and human resources it was not possible to remain present for all seven days. To get a feel of the over all process of training, few follow-up visits were made during the initial two days, some during middle two days of the training and a few visits during the last two days. A performa was developed to collect information during the follow up visit and assess the impact of training on Master Trainers and Village Leaders/Trainers. Informal interviews were also conducted at the training venue.

Follow up Experience of Gujarat

Follow up Experience of Gujarat

CHETNA initiated the master trainers training programme on women's health in Gujarat from November 30 to December 10, 1999 in which a total of 28 master trainers from 5 districts namely Ahmedabad, Mehsana, Vadodara, Rajkot and Surendranagar were trained. While SEWA (Self Employed Women's Association) undertook the responsibility of training representatives from Ahmedabad, Surendranagar, Mehsana district, Mahila Samakhya Society (MSS) conducted training in the remaining two districts. Within a span of three months, (January 2000 to March 2000) these trainers organized village level training in each district. As a training institute, CHETNA was interested to know the impact of the masters' training. Earlier, it was decided that MoHFW would engage an outside agency for evaluation of the project. However since this did not materialize, CHETNA took an initiative and organized follow-up visits. The details regarding the follow up visits made by CHETNA team is given in Table 1.

Table 1: Details of Follow-up Visit conducted by CHETNA Team (Jan-Feb 2000)

Date	Organizations	Names of CHETNA Team Members
05-07 January	Mahila Samakhya Society (MSS), Rajkot, at Gondal	Ms. Gayatri & Anjana
10-12 January	SEWA (Self Employed Women's Association), Ahmedabad, at Sanand	Ms. Pallavi Patel Ms. Bhanu Makwana
17-18 January	Mahila Samakhya Society, Vadodara at Sindhrot	Ms. Bhanu Makwana
28-29 January	Mahila Samakhya Society, Vadodara at Jambughoda	Ms. Anjana Dave
14 February	SEWA, Ahmedabad, at Dholka	Ms. Anjana Dave
14-15 February	Mahila Samakhya Society, Rajkot, at Wankaner	Ms. Gayatri Giri
17-18 February	Mahila Samakhya Society at Kadipani	Ms. Gayatri Giri
21 February	Mahila Samakhya Society at Mehsana	Ms. Bhanu Makwana

Profile of the District Level Trainings and Village level Trainers

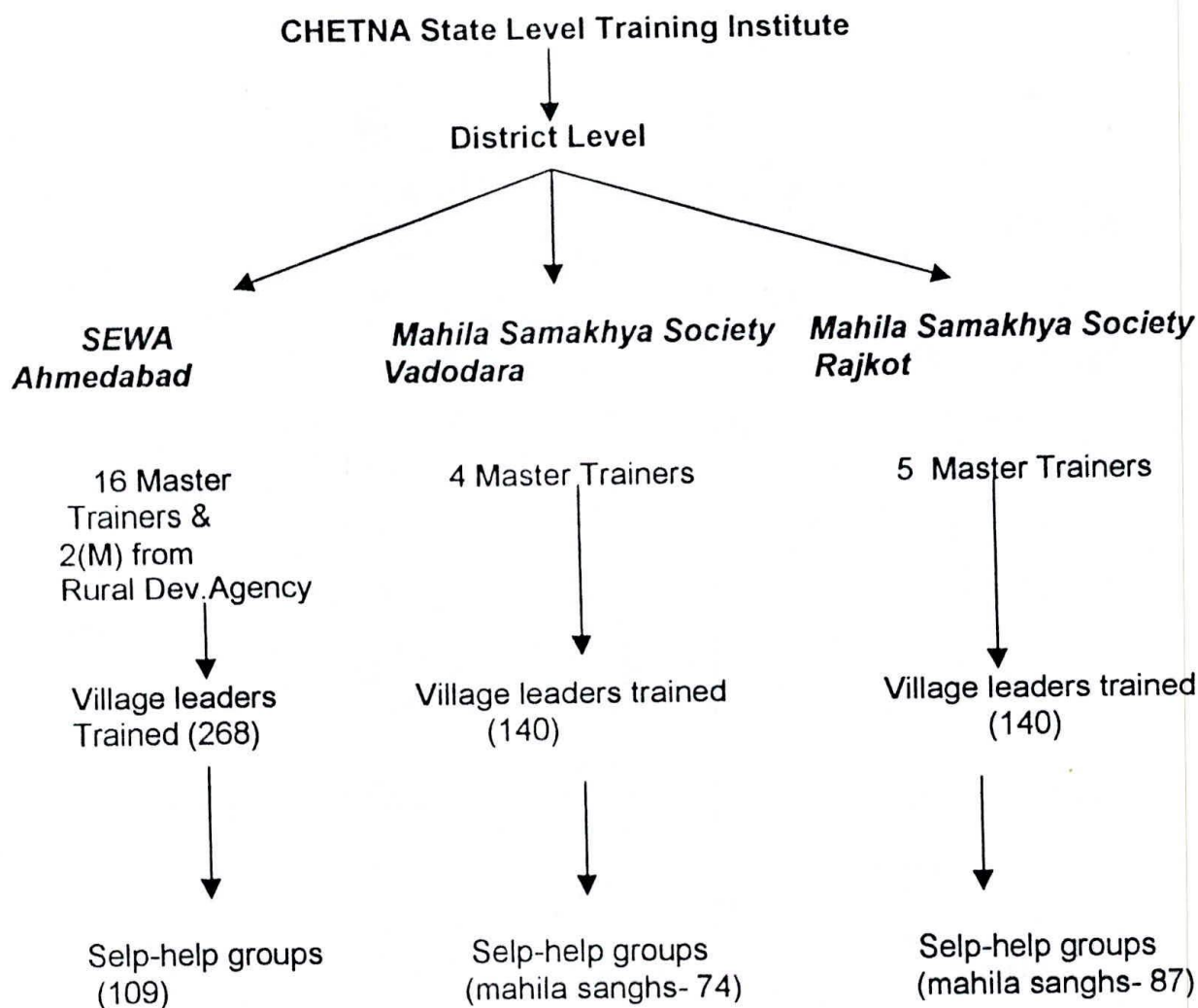
During these visits CHETNA made contact with 15 trainers. The team members also provided them on the spot guidance and support during the district level trainings. Their training skills were observed and necessary feed back was given. The details of the village level trainers/women leaders who participated in the training is given in Table 2

Table 2: Profile of Village level Trainers

Name of Training Organization	Number of Village Leaders /Trainers			Total SHGs covered
	Total	Literate	Illiterate	
Mahila Samakhya Society, Vadodara (4)	140	55	85	74
Mahila Samakhya Society, Rajkot (5)	140	76	64	87
SEWA, Gujarat (16) + (3)	268	177	91	109
Total (28)	548	308	240	270

Numbers in parenthesis indicate the number of district level trainers

Flow Chart of Masters Trainers Training Process on Women's Health



Learning Environment

As we are all aware, in the participatory training it is important that trainers to create an enabling environment for people to learn. During the follow up visit it was observed that all the trainers were able to create an enabling learning environment at the district level training programs. The positive approach of the trainers towards the participants, facilities provided and training methods used during the training played a major role in facilitating an enabling environment for learning.

Creating Rapport

At the beginning of each training, the trainers used various games, which enabled building a rapport among the trainers and the participants.

Commitment to Learn

It was observed that village women were able to concentrate whenever the training was organized away from their villages. Mahila Samakhya Society (MSS) successfully organized residential trainings, in which evening sessions were held during late hours to enable women to interact amongst themselves. During these interactions, they exchanged rich experience of knowledge gained from the training sessions and related them to their life experiences. They also spent considerable time in reading and observing illustrations of training manual themselves.

"We have left our family and home behind. We would like to utilize this time in gaining more knowledge. This will be useful to improve our own health."-Participant

The above expression indicates women's need and curiosity for more knowledge. In the non-residential trainings, which were organized by SEWA, women spent a lot of time in commuting and it also took a lot of effort on part of the trainers to innovate new methods to motivate women and keep the interest of women alive. At the residential training, master trainers and village trainers stayed together, this greatly facilitated the learning process.

Sharing of life experiences

In all the training programs, half the participants were illiterate. The master trainers made special efforts and encouraged them to share their experiences. The literate participants were given the responsibility to assist the illiterate participant as and when the need arose. This enabled a relaxed learning environment and enhanced the participation from all participants.

Each training programme started (as given in the module) with sessions on gender, violence and nutrition. During these sessions women shared their life experiences, feelings and pains.

Use of Familiar Language

The master trainers were part of the community and were in close contact with the village trainers due to which their acceptance in a group was very positive. Furthermore the master trainers used local dialect, which was effective and it ensured active participation of village trainers.

Use of Participatory Training Methods

It was satisfactory to note that master trainers had completely internalized the participatory training approach, which they had learnt during the master's training organized by CHETNA. They followed the important principle of participatory training-

Respect the existing knowledge up and build new knowledge on the existing knowledge.

Before sharing a session, the master trainers collected existing information and knowledge from the participants. They further encouraged the participants to share their experience, through which the trainers gauged the knowledge of the participants. This approach helped to raise village trainers' confidence and ensured their active participation. The participants found the content of the training very real & close to their lives because they could relate it with their own life and surroundings, and hence the training sessions, interested them a great deal.

Role of Participatory Trainers

Pre preparation plays major role in success of any participatory training. The master trainer played this role very effectively. Majority of them meticulously developed the training design prior to training. They followed the district training module. They made efforts to read and prepare themselves on the content, training methods and exercises given in the training module prior to training. There was a great diversity in the group especially in terms of educational level and sometimes it was a challenge for the trainers to cope with the participants. Due to this diversity they also found that the time mentioned in the session to be inadequate.

To make the training more participatory, a steering committee was formed on the first day of the training. This committee provided its feed back to the trainers to make the training more effective. Certain responsibilities like cleanliness of the training room, material supply, report writing and logistic support were allotted by the steering committee.

Use of District and Village Level Training Module

In most of the training programs, the district level training module was used as a reference/guide by the trainers to conduct the various sessions. The village level training modules were given to all participants on the first day. The trainers used the village level modules by asking the participants to read out the stories given in it and then initiate discussion on it. Some trainers also used the illustrations given in the village level module to explain the technical details. Some of the sessions were conducted by reading the topics aloud and the village trainers were asked to follow the same method. During the leisure time, women who were literate, read stories from the village level module to those who were illiterate. The module was also used to clarify their doubts and misconceptions. It was observed that participants were extensively curious to go through the village module given to them and went through them they got the time to do so.

The district level trainers were further asked to give their views on the use of the district level training module. Some of their views are as follows

Training Methods

- The training methods included in the module were appropriate and helpful to take the session.
- Participatory method provided an opportunity to interact with participants to assess their knowledge base and training needs. It helped to sustain their interest in training.

Structured Exercises

- Structured exercises were found to be very effective to explain and reinforce the content.
- Few exercises were familiar.
- They were easy to adopt to suit the local condition.
- It provided scope for interaction amongst trainers and participants.

The village level trainers/ leaders were asked to give their views on the content of the village level module. They were as follows:

- Found it very useful. One participant expressed - "It is like reading a story."
- Language is simple and easy to understand.
- Technical information was adequate. The presentation was effective and easy to grasp and recall.
- Illustrations done in the module are interesting and easy to understand the content. The points related to social aspects and included in the module help the participants to relate the content with their life experiences and understand its effect on their health.
- Some participants were found to be initially inhibited looking at the illustrations of the reproductive system. However after the training they understood its importance and felt comfortable about the same.

Use of other IEC training material

In most of the trainings the master trainers relied on the district and village level training modules. While, few trainers put extra effort to collect and share other educational material during the training programme such as videocassettes, pamphlets, booklets etc. Following materials were used.

Video cassette

- Kali kem mari? (How did Kali die?) Theme: maternal mortality and gender concerns.
- Gam nathi koi panchnu (Village does not belong to any five-person/panchayat member). Theme: Panchayati Raj and women's empowerment.

Printed Educational Material

- TB, Nutrition, Cancer, Pre & Postnatal Care, Contraception & Menstruation Booklets - Akash ganga & Jamku ni Chajli, Pamphlets-diarrhoea.

Observations

Mahila Samakhya Society, Rajkot

Mahila Samakhya Society (MSS) is actively involved in various issues related to women's empowerment. Health awareness is their immediate need. The Rajkot Mahila Samakhya Society took the responsibility of the training as an opportunity to build up the capacity of their Sangha leaders. The 'Sangha' women have also shown keen interest and enthusiasm during the training. The coordinator also provided moral and administrative support for successful implementation of the training.

Mahila Samakhya Society, Vadodara

Women's health is also a priority area of Mahila Samakhya Society at Vadodara. They have already begun the process of building the capacity of their team members in the area of women's health and run a community based health centre as well. They expressed that they have attended various health trainings and have knowledge on women's health, however they found this training to be unique as it has taken care of the socio-cultural aspects and enhanced their skill as a trainer.

At both the places the district level trainers team made efforts to locate an appropriate venue for the training. They managed the most suitable from the available resources at that level. The limitation of the training venue did not hamper the training process as the trainer could create a learning environment.

Self Employed Women's Association (SEWA) - Ahmedabad, Mehsana, Surendranagar

SEWA is working in the area of women's health for more than a decade. They have trained trainers who regularly train their cooperative members in the area of health. The present training provided them an opportunity to broaden their scope of training, learn about some new topics and use other new innovative participatory tools. In majority of trainings organized by SEWA the participants who were illiterate, far outnumbered the literate participants. This became a challenging task for the trainers. Out of 16 master trainers 10 took active part in imparting the trainings. At few trainings the village trainers had newly joined the SHG and hence were not familiar with the group and activities involved. SEWA trainers took extra efforts to explain them the role of SHG's in women's health and empowerment.

Feedback of Trainers

"It was an excellent training experience." Master Trainer.

"Tame je vaue che te lanai jay to saru. (What you have sowed needs to be reaped) Whatever we have learned from state level trainers' training we want to take it up to the village trainers." Master Trainer.

"Moole ropya CHETNA ea ane fanga futya SEWA na" (Seeds are sown by CHETNA and they have sprouted at SEWA.) -Master Trainer

"Ame to andhla hata tame dekhta karya (We were blind, you gave us vision). The pictures given in the module are like an asset for us. We will use it in all our trainings." Village Trainer.

Listening to the Voices of the Master Trainers

Training as a Tool for Empowerment

Ms. Meena Chauhan: One of the master trainers who attended a training on women's health organized by CHETNA is a post graduate and is working as a Sahiyogini with Mahila Samakhya Society, Rajkot. Her maturity is reflected in the way she interacts with the village trainers/women.

"The learning from CHETNA and experience of being together is yet not over. **Je dab dabo che te nikali jase tyarej shant thashe** (We had enjoyed training, we have to share that experience with others, without that the process of learning is not complete). Initially I was worried, whether I would be able to impart the same quality of training that I had received from CHETNA? The training module, which you have provided to us, however was very useful. Due to it, my confidence has a trainer has increased.

After receiving the training, I went for fieldwork. One woman talked to me about her health problem. She had ulcer at her private parts. I told her not to worry, took her to the hospital and spoke to the doctor. I have never spoken to any doctor with such a confidence. My confidence

was due to the training. I could use health terminology. The doctor listened to me with patience. I informed him that I have undergone training from CHETNA. He examined the woman and gave the necessary treatment. My enthusiasm and information on health aspects impressed him. He told me to contact him whenever required without hesitance. His faith and confidence in me was my achievement. It is all due to the training.

I have shown the district level module to my friends. They got interested in the information provided in the module. She completed reading the module at one sitting. My friends appreciated that I now have good knowledge on health. At Mahila Samakhya Society we have various committees on different issues. In the past, I refused to take responsibility of health committee, as I was not confident of imparting the training. I am now ready to take on that responsibility."

As trainers, we also noticed great transformation in Meena's attitude towards her own body. When she came to CHETNA she was hesitant to accept demonstration on use of condom on a banana. She even refused to eat banana, which was served as a part of the meal. To our surprise, during the village level trainers' training while explaining different contraceptives and its use, she conducted the same demonstration without any inhibition. She informed us that her first aim was to teach the village trainers. She decided to keep all her personal inhibitions aside while training. According to her, this attitude of her helped her to be a confident and effective trainer.

In our follow-up visit we observed that, she took her role as a trainer extremely seriously. She was fairly confident while imparting the training. She was also using vernacular language and giving due respect to elderly women participants and their experiences. The village level trainers also appreciated her as a trainer.

Integrating Learning in Day to Day life

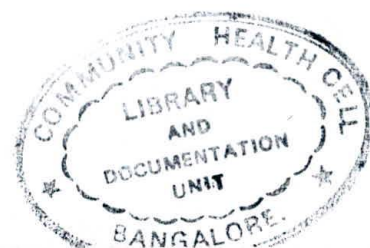
Ms. Saroj Parmar, is Sahiyogini, working with the Mahila Samakhya Society, Vadodara from last five years.

"Three years back I took a training on Self-Help, which was comprehensive and an important learning experience for me. This trainer's training has strengthened my learning as it covered many subjects about which I was not earlier aware of. I can now conduct training on a range of topics on health.

After coming back from the CHETNA's training, at the mealtime I told my children to wash their hands and let it dry naturally. My family members were curious to know about my training as I earlier had never integrated my learning in day to day life of my family. The masters' training has helped me to understand how to use our learning to improve our own health. I will teach others whatever I have learnt in training. The training methods and training style, which I learnt from CHETNA, I will adopt it to our local needs and socio cultural environment. I am confident to do so.

TM-110
05288

Poo



I was waiting for this day to impart the training. In the beginning of the training, I was tense but once I started taking sessions, the fear disappeared. I want all my co-workers to go through this kind of opportunity. The learning process is so rich that I feel that every one needs to go through it, to build their self-confidence as a trainer."

Achieving New Horizons

Ms. Nita Gadge, works as a Government Female Health worker since the last 17 years. At present she is working at Mehsana, Government Health Department in Gujarat state.

" In my service of 17 years I have never attended such a type of training. When I attended the master trainers' training at CHETNA on women's health, I realized that I still have to learn many new things. This training has boosted my confidence. As a part of my work, I used to give health messages to the adolescents in schools. After the training I have modified my messages. Several aspects have been integrated in it. They are more comprehensive. Also I have understood the importance of life cycle approach in women's health.

I share my field learning and concerns with my co-workers. It has now become a regular phenomenon. .

Along with my work I had to fulfill all the household responsibilities. Now I feel that my role as a health worker is important too. If my husband shares the household responsibility it will give me more time and energy to be focused in my work. I talked to my husband and he does help me in our household work.

When I came back from the master's trainers' training I went and talked to my colleagues. They appreciated my learning. I now take a session once a week.

My Learning is My Confidence

Ms. Ratanben Dabhi, is working with SEWA from last 3 years as a group leader. She is a practicing dai (TBA). She has done her schooling till seventh standard.

"I have not attended any training. *Bhanola chatay abaahan jeva hata.* (Even though I was literate I was like an illiterate). I use to feel shy to talk to the elderly folk and also with youngsters on various topics of health. But after I attended training at CHETNA my hesitation to talk to people has disappeared. And now I can speak confidently in public.

After dinner my neighbours come to my house for chitchatting (Part of Indian social life). During that time I share my learnings with them.

My overall self-confidence has increased. Previously whenever I used to go to SEWA my husband accompanied me. But now I can travel on my own.

The training module is very informative, those who are not able to read the text I show them pictures to discuss the topic with them. They easily understand it. When I informed my husband that she is going to train 25 women he was proud of me. He talked about it to the whole village. When I was returning from the state level training, in the bus I showed the training module to fellow women passengers and shared the learning experience with her as I wanted to talk to someone.

I can now talk to Sarpanch and Talatis. Few days back I went to the bank for taking a loan. The bank officer refused and told me that people from my village have taken loan and they are not repaying it so the bank will not provide loan to anybody belonging to that village. I took the names of those people and contacted them personally and convinced them for early and prompt repayment of loan. I also personally ensured that every one repaid the loan. And thus I got loan from the bank. Without this training I would have not thought of doing this. This training has given me wisdom for life."

My Dream

Ms. Meena Sadhu, member of SEWA who had came for the village level trainers training.

"This is the first time in my life I am attending such a training. The training gave me insights that for so many years I have neglected. I was unaware about it. I have now realized that as a woman I have the right to live a full and healthy life. I strongly feel that I will teach this message to many more women.

I have a dream to bring about a change in my family and village. I will teach my son to respect women and understand their health concerns and I am sure he will be a supportive husband in future."

Follow Up Experience of Rajasthan

Follow Up Experience of Rajasthan

CHETNA initiated the masters trainers training on women's health for Gujarat from November 17- 27 1999, in which the total number of 21 trainers from 5 NGOs & from Government of Rajasthan participated. Due to administrative concern at Rajasthan, village leaders training were organized only at three districts namely Udaipur, Chittorgarh and Alwar. URMUL and Rajasthan Voluntary Health Association did not implement the village leader's training.

During January 2000 to March 2000, CHETNA provided follow-up support to Seva Mandir, Udaipur, CUTS- Chittorgarh and IIRD, Alwar. The details of the follow up visits conducted by CHETNA team is given in Table 3

Table 3: The details of the follow up visits conducted by CHETNA Team members

Date	Organization	CHETNA team
January-17-18'2000	Consumer Unit Trust Society, Chittorgarh	Vd. Smita Bajpai
January-18-19'2000	SevaMandir, Udaipur	Vd. Smita Bajpai
February 7-9'2000	IIRD, Alwar	Dr. Veena Dwivedi
February 17-19'2000	Seva Mandir Udaipur	Vd. Smita Bajpai
February'20'2000	CUTS, Chittorgarh	Ms. Jyoti Gade

Seva Mandir

Seva Mandir, Udaipur initiated training programs in four blocks of Udaipur district. They are Kherwada, Girwa, Jhadol, and Badgaon blocks. Five Master trainers from Seva Mandir participated in the TOT. They conducted training for 180 women leaders of Self-Help groups. The master trainers formed training teams and solicited resource support from Seva Mandir, CUTS-Chittorgarh and Dr. Vinaya Pendse of Udaipur.

Self Help Group (SHG'S) leaders were trained in 6 batches. Each master trainer organized the batches based on her field situation. Two trainers conducted training program of 7 days at a stretch, where as the others conducted in two phases. CHETNA participated as a resource in three trainings held at Badgaon, Jhadol and Kherwada blocks.

About the participants

The participants were a mix of active women members of SHGs as well as SHG leaders. They were experienced and articulate. Most were non-literate or neoliterate. Their age ranged from 25-30. For participants in all the four blocks, health was being discussed for the first time. Dais, vad panch and Sarpanch also participated in these trainings.

CHETNA contributed as a resource in three training programs of Girwa, Badgaon and Jhadol blocks on Adolescent health and Development, Local Health and Healing Practices and Reproductive Health. Along with the Master trainers, guidance was provided in session planning and training methodology.

CUTS Chittorgarh

Four master trainers from CUTS participated in the TOT conducted by CHETNA. Training was imparted to 117 women leaders of 72 SHGs of Chittorgarh district. Based on the field situation, of the six batches, one was conducted for seven days at a stretch whereas the rest was conducted in two phases. Resource support was also solicited from CUTS trainers' team, Government Department, medical doctors and CHETNA. CHETNA facilitated the sessions on Local Health and Healing Practices and Reproductive Health.

About the Participants

The participants were a mix of active women members of Self-Help Groups and women leaders, in the age group of 30-50 years. Some of them were Dais and members of the village panchayat. Most of them represented new-formed groups and hence required a lot of input from the trainers. Few participants were literate.

IIRD Alwar

Five Master trainers from IIRD participated in the TOT. They conducted training for 177 women from 72 Self-Help Groups, in 6 batches. One training was conducted for seven days at a stretch whereas others were conducted in two phases.

About the Participants

Women leaders and active members participated in the training. Some of them were members of the Panchayat. All were not literate.

Feedback on the Training

During the follow-up visits, CHETNA team observed the master trainers and interviewed the trainers as well as village leader who were the participants. The feed back obtained can be summarized in three categories. In all the three organizations, all the master trainers facilitated most of the sessions with support from their colleagues and CHETNA team. They were confident and deftly handled the groups. However, they felt the need for guidance in session planning and actual training.

Training Methodology

Participatory training methodology was used to enhance the capacities of the participants. While following the guidelines given in the training module, based on rich experience, the master trainers adapted to their specific situations. These include visuals, games and stories. For example, the CUTs team developed the women's health triangle using local grains and discussed Anemia through local Bhajans (devotional songs). Seva Mandir master trainers team created stories based on their local area. IIRD team made use of case studies to highlight sensitive issues such as violence and infertility.

Learning Environment

In CUTS and IIRD, exhibiting posters and charts created an enabling learning environment. Seva Mandir, created a learning environment through emphasis on practical, use of models and other audio visuals and building a strong rapport with the participants. One of the master

trainers pasted four blank charts on the wall. At the end of each topic, the participants listed various points of action at the family, self, community and Panchayat level. The trainer recorded these and the trainer summarized key action points.

The training venue was away from the city, quiet, conducive and neat and clean in Seva Mandir and IIRD. In CUTs, the training was conducted in the training hall adjoining the work place of CUTS team. It was observed that this arrangement did not provide the necessary privacy essential for discussing certain topics like reproductive tract infection, growth of the fetus, etc.

Content Covered

While the master trainers followed the content outlined in the training module, each trainer made changes based on her/his situation. While the basic issues like gender, violence, Panchayati Raj, local health and healing practices, RTIS/STDs and HIV/AIDS, maternal health etc. were covered in all the three areas, topics such as T.B, Mental health, Malaria, Breast Cancer etc. could not be discussed. While issues like Panchayati Raj, Local Health and Healing practice created a very positive and enabling environment, topics like violence, mental health and gender led to feeling of helplessness and depression to a certain extent.

As a resource person from Seva Mandir says: *In the session on violence, the participants were asked to list down their safe places. They were upset when they discovered that no place was safe for them. The facilitator had to make extensive of efforts in such cases and I discussed this module for two days.*

Time

In all the three organizations, the master trainers found the time to be inadequate to cover all the topics comprehensively. In order to build capacities of the leaders, a one time training input was not enough. Each topic needed to be introduced gradually and after repetitions move on to other topics. The level of the participants was such that lot of time was required to explain, revise and help them internalize the issue. In addition, they had to develop action points, which could be done only when the topic was perfectly clear. In many cases, therefore the facilitator had to initiate and take a lead in identifying action areas.

Also the participants themselves had rich experiences and hence it became inevitable to build on them and cull out the learning points. This requires much time and input.

Use of the Training Module

The module was a guide to all the master trainers and the participants in turn found the module very useful. The topics covered and the illustrative nature was helpful in understanding the topic. The master trainers also used the illustrations provided in the manual as teaching aids. The district level manual served as a reference book and helped them plan their sessions at length.

The participants were overjoyed to receive a copy of the module and shared it at the community level. The response to the module was tremendous. A participant from IIRD narrates:

"When we were given the module, we were afraid that how they would take such a book to their homes. Our family members would say that we have gone out to discuss such dirty things. But when they saw the module, they found it useful and said that they had learnt the correct things."

The module has helped key people come closer to each other. As one of the participant reports:

"The village school teacher did not like to talk to me earlier. When he saw the module, he borrowed it from me. After four days, when he returned the module to me, he talked to me nicely and said that I had brought useful information and advised me to share this information with others."

However, in some place since the literacy levels were low, the leaders had difficulty in using the module viz. identifying the topics, opening the relevant pages and turning the pages.

A participant from IIRD made efforts to overcome this barrier by taking her daughter in law to group meetings. The daughter in law read out the information and the mother in law explained it to the group. The group members found this discussion useful and would like to have a copy of the same as well as participate in such trainings.

Most trainers distributed the manual on the first day and religiously used it as a teaching aid. However, in CUTS, the module was given only on the last day for the fear that they may not come back for the training having received the manual. In this case, the use of module was explained at the end of the training.

Listening to the Voices of the Master Trainers

As discussed earlier, the participants were experienced and active women members and leaders of the Self-Help Groups. Each organization provided training to 72 women's groups, the number of members participating from each group varied from one to two participants.

The participants found the topics covered during the training very useful and relevant in their context. The issues covered helped them relate to their own field situation. As one of the SHG leader expressed in Seva Mandir:

"When we drew the maps of our villages, we realized that lot of work is happening in our villages. We never looked at it so far".

The participants found the content adequate and easy to comprehend. As this was a first exposure on health, they found the discussions relevant and lively. However, it was not easy for them to bring out action points on their own. Where as most of them identified general sharing of every thing they had learnt, the trainers helped them to identify key issues.

Through this training, a process of change has been initiated at the grass roots. Women are discussing health issues in their groups and all the more, beginning from changing themselves. As one of the participants reports:

"After four days training, when I reached home, I began to filter the water and keep it covered. Many village women came and asked me why I was doing so? I told them that I had learnt this in the training and this prevents illness like diarrhea. The women showed eagerness to learn such things. I am happy that other women in my village have started straining the water and keeping it covered."

Conclusion & Recommendations

Conclusion

As part of the trainers' team, the experience of follow up was very enriching. It gave sense of satisfaction that this training has really served its objective of reaching out to the unreached. Women have extended their learning from the self to the family, community and are also thinking of bringing about change in the next generation. The training has proved useful to strengthen their knowledge base and training skills. The integrated approach used in the training and integration of gender component has been appreciated at state level as well as at the district level training programs.

If regular support, guidance and chance are given, community can take over the charge for its own development. This project was in true sense a constructive, positive partnership between the government and NGOs. NGOs are looking forward to cooperating with government to work on the women's health issues.

Recommendations

- Time seem to be an overall constraint, at the state level as well as at the district level trainings. Since it was the first of its kind, the trainers and participants were tempted to include all the topics in the training. We feel that this was natural. However, in the future more days can be devoted especially for the district level training.
- Sessions on gender, violence, emotional health and reproductive health were found to be useful/need based in which extensive personal sharing took place. Trainer should be sensitive in handling such issues. Wherever required extra time should be allotted for this in the leisure hours.
- Similar kind of training should be organized for the male village leaders also.
- Since there was a mix group of literate and non-literate, the trainers have to cope with heterogeneous group. The time for the activities was not enough.
- The illustrations given in village level module were greatly appreciated. There was a suggestion to have them in colour.
- Refresher training course should be organized to provide continuous support to the trainer for their capacity building.
- Opportunity needs to be created wherein all master trainers/village trainers & 'Sangha' women who were trained under this project can meet and share their experiences. During this meeting the GOI representative can remain present to share their experience and develop a long-term strategy to cover more states to scale up this effort.
- The deadline of March 2000 for completion of the district level training was extremely unrealistic. Due to ongoing agriculture work, it was a major constraint of the project. Women have to work in the field to support the family and this clashed with their interest to participate in training.
- In this effort of partnership between GOs and NGOs it was felt that at GOI level systematic efforts were made to strengthen this partnership. However, there was a need to ensure that this percolates at the state level. GOI needs to play a more proactive role to ensure participation of the State level government functionaries in this effort.
- At the time of impact evaluation of this project, CHETNA team member should be involved as one of the members of the monitoring and evaluation process for enriching the training programs in future.
- Government functionaries at State, District and Village level need to be oriented in the Women's Comprehensive approach and encourage to participate in this programme.



CHETNA

Centre for Health Education Training and Nutrition Awareness

Lilavatiben Lalbhai's Bungalow, Civil Camp Road, Shahibaug, Ahmedabad - 380 004, Gujarat, India.

Gram: CHETNESS Ph.: +91 (79) 2868856, 2866695 Fax: +91 (79) 2866513, 6420242

E-mail: chetna@icenet.net Website: www.icenet.net.in/chetna