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WASH PROJECT
FOR HEALTH PROJECT

COMMUNITY PARTICIPATION WORKSHOP
MBABANE, SWAZILAND
JANUARY 20 THRU 31, 1986

Operated by
CDM and Associates

Sponsored by the U.S. Agency
for International Development

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WASH FIELD REPORT NO. 176

JULY 1986

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Prepared for
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WASH Activity No. 216

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under WASH Activity No. 216

by

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and
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July 1986

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Table of Contents

Chapter	Page
ACKNOWLEDGEMENTS.....	iii
EXECUTIVE SUMMARY.....	v
1. INTRODUCTION.....	1
1.1 Project Initiation.....	1
1.2 Initial Request for the Workshop.....	1
1.3 Scope of Work.....	1
2. PLANNING.....	3
2.1 Initial Planning.....	3
2.2 Materials Preparation.....	3
2.3 WASH Trainer Preparation.....	4
2.4 Staff Training.....	4
2.5 Workshop Site.....	4
2.6 Community Selection and Preparation.....	4
2.7 In-country Preparations and Issues.....	5
3. WORKSHOP IMPLEMENTATION.....	7
3.1 Workshop Goals.....	7
3.2 Participants.....	7
3.3 Training Staff.....	8
3.4 Logistics.....	8
3.5 Workshop Content and Schedule.....	9
3.6 Workshop Methodology.....	11
3.7 Workshop Products.....	11
4. WORKSHOP ASSESSMENT.....	13
4.1 Participant Evaluation.....	13
4.1.1 Goal Attainment.....	13
4.1.2 Workshop Organization.....	14
4.1.3 Training in the Workshop Setting.....	14
4.1.4 Community Experience.....	14
4.1.5 Program Support.....	14
4.2 Trainer Assessment.....	15
4.2.1 Workshop Goals.....	15
4.2.2 Planning and Site Preparation.....	15
4.2.3 Support.....	15
4.2.4 Schedule.....	16
4.2.5 Staff.....	16
4.2.6 Participants.....	16
5. RECOMMENDATIONS.....	17
5.1 For USAID/Swaziland.....	17
5.2 Future Workshops on Community Participation.....	17

APPENDICES

Page

A. Scope of Work.....	19
B. Memorandum Regarding Planning Agreements.....	25
C. List of Participants.....	33
D. Evaluation Forms and Results.....	37

FIGURES

1. Workshop Schedule.....	10
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EXECUTIVE SUMMARY

A workshop on community participation in environmental health projects was held in Mbabane, Swaziland, January 20 to 31, 1986 for 20 participants, including 5 community development officers from the Rural Water Supply Board, 5 public health inspectors, 8 public health assistants, 1 development officer for the Swaziland Red Cross, and a church pastor representing the Swaziland Council of Churches. All participants, with the exception of the Representative of the Council of Churches, have direct responsibility for working with rural communities on environmental health projects, including water, sanitation, health, and user education programs. Participants for the workshop were drawn from every region of Swaziland. The workshop was conducted by a two-person team, one person skilled in building community participation through extension work and the other in workshop design and delivery.

The workshop goals represented a balance between the technical aspects of the environmental health extension workers' jobs and the skills needed to transfer those skills to community residents in ways that stimulate self-sustaining community participation in development projects. The training methodology was experiential and highly participatory. The emphasis was on the practical application of the skills being taught, with ample opportunity to practice skills in the classroom and in the community of Motshane located 17 kilometers from the training center. Practice sessions included meeting community leaders, holding community meetings, identifying problems, analyzing problems, facilitating community problem-solving, selecting a project approach, and developing work plans. Other sessions included pre-entry and entry tasks, promotion of structures for community participation, work with existing community structures, community analysis, and health and user education.

The participants felt that they had achieved the learning objectives of the workshop. They cited the following as the most important aspects of the workshop:

- ✓ ● Learning how to help members of a community work through the problem identification, analysis, and project process themselves, rather than doing it for them
- The experiential methodology of the workshop, which heightened their learning and demonstrated ways in which they might work with community residents
- The opportunity to practice what they were learning in the classroom sessions.

Both consultants and participants felt that the workshop contained too much material to be digested in two weeks.

Regarding the workshop, the WASH team recommended the following:

1. The Rural Water Supply Board, the Health Education Center, and Public Health Inspectorate should coordinate closely future efforts in community participation.



2. Future work on increasing community participation skills in environmental health workers in Swaziland should be under the coordination of the community development officers in the Rural Water Supply Board and not the Health Education Center (Ministry of Health) because of its current greater capability in community development.
3. Follow-up activities should be organized for the workshop participants to review progress in using the skills learned in the workshop and to explore ways to increase their effectiveness in stimulating community participation.

Chapter 1

INTRODUCTION

1.1 Project Initiation

On September 17, 1985, the WASH Project was requested to conduct a workshop for 15 to 20 participants on stimulating community participation in environmental health projects. The participants were to include community development officers from the Rural Water Supply Board (RWSB), public health inspectors, health assistants, and extension officers from the Ministry of Health, the Ministry of Agriculture, the Swaziland Red Cross Society, and the Swaziland Council of Churches.

1.2 Initial Request for the Workshop

This workshop took place as a result of the coordinating role, in the area of community environmental health promotion, taken by the Rural Water-Borne Disease Control Project. This project, jointly funded by USAID and the Government of Swaziland (GOS), has been in operation since 1981 and is scheduled for completion in 1986. Although the project comes under the Ministry of Health, it has worked closely with the Rural Water Supply Board within the Ministry of Natural Resources.

In early 1985, the Ministry of Health, in conjunction with the local USAID Mission, asked for WASH assistance in several areas. One of these requests was for the training of public health inspectorate and RWSB field personnel in skills for promoting community participation in environmental health projects. In August 1985, USAID/Swaziland finalized its request for a workshop on community participation. The basis for the workshop was to be a training guide on community participation recently developed by WASH.

In September of 1985, Craig Hafner of WASH, who was traveling to Swaziland on another activity, took advantage of his trip to discuss the community participation workshop in detail.

1.3 Scope of Work

The scope of work for this assignment was essentially to plan and conduct a workshop that would achieve the following objectives:

- Develop the skills of field workers in relating to communities, in meeting with leaders and community members, and in motivating communities.
- Develop skills in identifying those communities that are likely to participate in development in the sector and continue to use, operate, and maintain facilities.
- Enable trainees to understand community organization, knowledge, attitudes, and practices and thereby provide more effective health education and community development.

The detailed scope of work is included as Appendix A.

Chapter 2

PLANNING

2.1 Initial Planning

During Craig Hafner's visit in September of 1985, a work plan for the workshop was discussed and agreed upon. These agreements were summarized in a memorandum from Mr. Hafner to Dr. Hoadley, Chief of Party for the RWBDC Project; P. Mthembu, Director of the Health Education Center (HEC); and A. Lerutle, Deputy Senior Health Inspector. The memorandum was dated September 17, 1985 (see Appendix B).

The memorandum contains agreements on in-country costs of travel, co-trainers, participants workshop dates, daily schedule, observers, practicals in the field, location for the workshop, and training materials to be provided by WASH, RWSB, and the MOH.

The memorandum also included a list of follow-up actions stating the action, who was responsible for completing it, and its completion date. These actions included:

- USAID approval letter for the workshop
- Recruitment of WASH trainers
- Adaptation of the WASH training guide for community participation
- Determination of location of the community practicals
- Daily schedule
- Confirmation letter to the Swaziland Institute of Management and Public Administration (SIMPA), the institution whose campus was to be used as the site for the workshop
- Invitations sent to governmental departments
- Selection of the participants
- The design of local staff training for participation in the delivery of the workshop
- Transportation and other logistics matters.

Calls were made by WASH to Swaziland during this three-month planning period to verify the progress of preworkshop activities.

The number of participants was to be limited to a maximum of 25. Of the 25 persons invited, 20 chose to participate in the workshop.

2.2 Materials Preparation

The WASH Training Guide on Community Participation served as the starting point for the workshop materials. The core training guide contains an introduction and instructions for carrying out 26 sessions. Each set of session instructions originates with clearly stated learning objectives. A session is broken down into steps involving the use of various training techniques. The instructions give much of the content and examples to the trainers as well as instructions for all flipcharts and questions to be asked. Copies of all the handouts for the participants are included in the trainer's

manual. These materials were substantially revised to meet the needs of the Swazi participants.

2.3 WASH Trainer Preparation

The two WASH trainers, Michael J. Lythcott and Jacques M. Faigenblum, were brought to the offices of WASH for two and a half days. During this time, the consultants developed a work plan, discussed the format of the final report, made further revisions to the workshop schedule in view of information recently cabled from Swaziland, and began to build their working relationship as co-trainers. The consultants were briefed on the background of the workshop and its location in Swaziland. During this time, the trainers also developed a design for in-country staff training and assembled the necessary training materials.

2.4 Staff Training

The intention was to involve the staff of the Health Education Center, MOH, Mbabane, in implementing the workshop so that they would become familiar with the workshop content and its manner of delivery. The HEC staff consists of the director and two staff members responsible for all health education activities in the country's four regions.

The week prior to the workshop was designated for working out the level of actual involvement by the HEC staff in conducting the course.

2.5 Workshop Site

The site of the workshop was to be the campus of SIMPA, which is located approximately two miles from the center of Mbabane and is easily accessible by public transport. SIMPA is used extensively for residential workshops and seminars and had all of the facilities needed for this workshop. Most of the participants were expected to live on campus for the duration of the workshop, except for weekends when most would return home.

A large classroom that could comfortably accommodate 25 people was available as well as a large room that could be used as a staff room for meetings and the safe storage of supplies and materials. A room was also available for showing films. Three meals a day were available at SIMPA as well as refreshments for morning and afternoon breaks. Participants staying overnight were lodged comfortably, two to a room.

SIMPA management was cooperative and helpful, and there were no problems with site conditions and necessities. The SIMPA site was an excellent choice.

2.6. Community Selection and Preparation

According to the Terms of Reference memorandum (Appendix B), the community for the practical sessions was to be identified and selected by MOH and RWSB staff by November 1, 1985. The criteria were that the community was to be no more

than a 45-minute drive from the SIMPA training site and that there was to be some expression of interest by the community in having a water supply.

By the time of arrival of the WASH trainers in Swaziland on January 12, 1986, a final designation of a community had not been made and, therefore, no community preparation had taken place. On the evening that the WASH team arrived, a meeting was held and the community of Motshane was selected as the most suitable site. A community development officer working for the RWSB, G. Mamba, was asked to give full priority to obtaining permission from community leaders and for preparing the community.

Motshane is a community of some 150 homesteads scattered over several square miles. The lack of a centralized clustering of homes is the standard settlement pattern in rural Swaziland. There was a community clinic compound that could act as a locational focus for the community practice sessions. Motshane was located exactly ten minutes from SIMPA, which made it ideal regarding travel time to and from the community. The community was already organized and under the strong progressive leadership of Chief Sipho Shongwe, Minister of Public Works.

During the week prior to the workshop, a meeting was held with Chief Shongwe to ask his permission to gain access to the community. The chief agreed and authorized his uncle, Mr. Shongwe, to assume responsibility for further arrangements. Two meetings were held with Mr. Shongwe to explain in detail the nature of the workshop, the practical sessions (practicals), and participants. Arrangements were made for the first practical session -- meeting the leaders -- for the second day of the workshop.

Information about the community was assembled from statistics furnished by the MOH and from an interview carried out with the nurse in charge of the Motshane community clinic.

It soon became apparent that there might be problems with attendance at the practicals by community members. First, it was weeding time. Many of the male leaders were expected to be absent, carrying out traditional duties of weeding the royal lands as members of the King's Regiments. Other members of the community would also be busy weeding their own lands. Second, it was a short time for the community to be advised of any meetings. Unfortunately, the regular community meeting the Saturday before the start of the workshop was canceled because of the funeral of a community dignitary. Third, there was some confusion over the most appropriate time to schedule the meetings. The WASH trainers received differing advice; some people recommended early morning, and others late morning. The decision was made to go with the early morning arrangements and meetings in the community were scheduled to start at 8:00 a.m. at the community clinic. Fourth, there was insufficient time after obtaining permission to enter the community for there to be any personal canvassing of community leaders to get their commitment for the meetings.

2.7 In-country Preparation and Issues

One week had been assigned to the consultants for in-country preparations and protocols. During this week, the consultants had protocol meetings with Dr. Thuku, Chief Medical Officer, MOH, and Mary Pat Salveccio and Mr. Alan Foos,

USAID health program coordinators. The initial work plan called for most of the week to be spent working with the three staff members of the HEC, preparing them for responsibilities in the workshop.

Upon arrival in country, it became apparent that the initial work plan needed to be amended to account for several factors. The first priority was to secure permission from Chief Shongwe to work with the community of Motshane during the practicals and then to adequately brief the appropriate community leaders. This process required a high degree of flexibility in terms of time on the part of the consultants, in order to meet with the chief and community members when they were available. Once the community preparation process was under way, it was noted that the HEC staff was unable to commit as much time to the project as had been anticipated. Their time conflicts would affect not only the staff preparation week but also the two weeks of the workshop. As a result of time conflicts and intermittent attendance, it was decided that their role as co-trainers be changed to that of resource persons.

During the week of staff preparation, it was also noted that Mr. Alex Lerutle, Deputy Chief, Public Health Inspectorate, who had been given the responsibility for inviting and confirming the attendance of workshop participants as well as arranging for needed transportation, had been unavoidably detained in South Africa. The HEC staff were also unable to work with the consultants on solving the resulting logistical problems.

Approximately 60 percent of the intended staff training agenda was completed with the consultants and HEC staff. During this time, Dr. Hoadley and his staff managed the preparation problems resulting from Mr. Lerutle's absence. Mr. Lerutle was able to return to Swaziland the day before the workshop commenced. He played a significant role in subsequent activities and demonstrated much personal interest in the workshop.

Chapter 3

WORKSHOP IMPLEMENTATION

3.1 Workshop Goals

The overall workshop goals were for the participants, by the end of the workshop, to be able to:

1. Assist the community members in working together to solve the community's problems.
2. Work with organizations within the community to promote and organize such cooperation.
3. Identify skills needed by the community to work together and to develop training plans to increase those skills.
4. Describe what field workers need to plan and do before entering a community for the first time.
5. Identify what they need to know about a community and how to gather, verify and analyze that information.
6. Assist the community in identifying specific environmental health problems.
7. Assist the community in analyzing those problems.
8. Assist the community in choosing a plan of action to solve a problem.
9. Assist the community in developing work plans.
10. Prepare for the successful implementation of such plans.
11. Plan for the maintenance of improvements by the community.
12. Evaluate their own work and assist the community in evaluating its progress.

The workshop goals represented a balance between two sets of skills. The first are those needed to enter a community and stimulate the identification and solving of environmental health problems. The second set of skills are those needed to transfer the required organizational, analytical, problem-solving, and project implementation skills to community residents in order to stimulate their self-sustaining participation in future development activities.

3.2 Participants

Twenty participants registered for the workshop. Five were community development officers; five were health inspectors; eight were health

assistants; one was a Red Cross extension officer; and one was a minister from the Swaziland Council of Churches. A list of the participants' names, their project affiliations, and length of service is included as Appendix C.

The participants represented a diversity of experience and education. Experience as extension workers ranged from 14 years to 4 months. General education ranged from 0 level to standard 3 (approximately tenth grade to third grade level in the United States). In addition, each participant had completed the technical education required for certification in his stated job category. The health inspectors are trained for their positions for three years. Health assistants receive one year of training; community development officers receive no formal training, but are supervised on the job. The design of the workshop capitalized on this diversity by having participants serve as resources to one another throughout the classroom and practical activities.

3.3 Training Staff

The workshop was conducted by two lead trainers (WASH consultants): one experienced in promoting community participation in environmental health projects (technical trainer) and the other skilled in workshop design and delivery (training specialist). Both trainers had the advantage of having worked previously in Swaziland. The technical trainer assumed lead responsibility for the sessions and parts of sessions that focused on the technical roles of extension workers. The training specialist took lead responsibility for sessions and parts of sessions that focused on training, learning, and facilitating the transfer of skills from the extension workers to community residents. The training specialist also provided overall coordination for the workshop.

In addition to the lead trainers, the training staff included three members of the HEC of the MOH. These persons served as resource persons to the workshop and as facilitators for some small-group activities.

3.4 Logistics

As indicated earlier, the main training site was SIMPA, which is located on the outskirts of Mbabane, approximately a ten-minute drive from the center of town. All of the classroom sessions were conducted at this facility. SIMPA also provided lunch, morning and afternoon break refreshments for all participants and breakfast and supper for those participants who were housed in the SIMPA guest rooms. Practical sessions were conducted in the community of Motshane, located approximately ten kilometers from SIMPA. The Motshane community clinic provided meeting space for the practical activities. Participants were transported to Motshane in mini-buses provided by the health inspectorate. The vehicles were driven by two participants with permits to drive government vehicles.

Classroom logistics were complicated in that some of the participants were not residing at SIMPA during the workshop. This situation necessitated delaying the start time in the mornings and losing some participants before the workshop ended each day in order to accommodate their travel to and from the training site by public transportation. Friday sessions of Week One had to be

canceled completely and the subsequent schedule revised in order to allow participants to return to their homes to collect their monthly pay and make arrangements for registering their children for the new school term.

In addition to school preparation activities, the community practical logistics were complicated by the fact that the community was not identified and approached until five days prior to the first practical session. In addition, the workshop was scheduled for the same period of time that is the traditional time for rural residents to weed their fields and send weed labor to the Royal Kraal to take part in the weeding of the royal fields. These factors affected the number of community residents participating in the sessions (20 in the first and 12 in the second) and caused 60- to 90-minute delays in starting the sessions. Ninety minutes after the scheduled start of the third practical session, with ten community residents in attendance and in consultation with the chief's counselor, Mr. Shongwe, the session and subsequent practical sessions were canceled. The third, fourth, and fifth practical were conducted in the classroom. The sessions were redesigned by the trainers to substitute role plays for the community portion of those sessions.

3.5 Workshop Content and Schedule

The workshop schedule is presented in Figure 1 on the following page. (Note: The sessions in the schedule are not numbered sequentially.) The workshop was originally designed to be conducted over 11 days, with practical sessions in the afternoon. The deletion of some sessions and the resequencing of others was required in order to complete the workshop in nine days and to have practical sessions in the morning.) Figure 1 represents what actually occurred. Sessions were held all day starting at 8:00 a.m., with a 10- to 15-minute break in the morning and afternoon and a 45-minute lunch break. Most sessions ended between 5:30 p.m. and 6:00 p.m. Two films were used during the workshop. "Water for Villages" was used in Session 9 to stimulate a discussion on community participation. "Prescription for Health" was used in Session 17 to practice the identification of behaviors that should be discouraged or encouraged through health education and user education activities.

One of the sessions deleted for this workshop was the midpoint evaluation of the course by participants. On Monday afternoon of week two, several issues surfaced from the participants about their level of comfort with the workshop methodology. The trainers took 60 minutes at that time to lead a group evaluation of Week One and to determine ways of conducting Week Two sessions to increase the comfort of participants. This session appears as Session 20 in the schedule.

The major issues that surfaced were the long training days and the fact that a frequent mode of teaching was for the trainers to ask questions of the participants. The time problem was discussed in detail and participants were offered the choice of either continuing with the schedule or deleting more sessions from the workshop. The choice to continue with the existing schedule was unanimous.

In discussing the teaching methods, the participants shared that they were reticent to answer questions for fear of giving the wrong answers and of being ridiculed by their colleagues. The trainers reiterated the purpose of the

WEEK ONE

	Monday 1/20	Tuesday 1/21	Wednesday 1/22	Thursday 1/23	Friday 1/24
8:00 AM	1. Introduction and Official Opening	4. Meeting with Community Leaders <u>Practical</u>	7. Community Analysis	9. Community Meeting <u>Practical</u>	
	2. Promoting	5. PRE-ENTRY			
1:00 PM	L	U	N	C	H
1:45 PM	Community Participation	TASKS	8. Community Meetings & Structures for Promoting Community Participation	11. Problem Identification	
5:30-6:00 PM	3. Planning the Initial Meeting	6. Entering a Community			

WEEK TWO

	Monday 1/27	Tuesday 1/28	Wednesday 1/29	Thursday 1/30	Friday 1/31
8:00 AM	11. Problem Identification <u>Practical</u> (Role Play)	12. (Continued) 13. Problem Analysis	15. Facilitating Community Problem Solving	17. Selecting a Project Approach	21. Promoting Self-Sustaining Participation
				18. <u>Practical</u> (Role Play)	22. Applications of
1:00 PM	L	U	N	C	H
1:45 PM	xx. Mid-Point Evaluation	14. Problem Analysis <u>Practical</u> (Role Play)	16. Health and User Education & Film: "Prescription For Health"	19. Developing a Workplan	Workshop Learnings
5:30-6:00 PM	12. Working with Community Organizations & Film: "Water For Villages"			20. Case Study Only (Homework)	23. Workshop Evaluation 24. Closing Ceremony

Figure 1. WORKSHOP SCHEDULE

experiential teaching mode and the fact that there were no right and wrong answers per se. It was made clear that the questioning method of teaching was designed to build self-reliance in learners and not to find out who had the "right" answers. It was also pointed out that there were few "right" answers to building community participation and that our purpose was together to use our past experiences to identify effective approaches to building community participation.

The opening and closing sessions of the workshop were designed to conform with local protocol. In the opening session, the participants were welcomed and charged with their responsibilities by Mr. C.D. Nxumalo, Chief Health Inspector, Manzini Town Council, and Mr. Alex Lerutle, Deputy Chief, Health Inspectorate, MOH. The closing ceremony included remarks by Dr. Quing Quing Dlamini, Deputy Director of Medical Services, MOH.

3.6 Workshop Methodology

The training was experiential and participatory in nature. It was conducted by the trainers in a manner that served to model the methods and approaches that participants would be expected to employ when working with community residents on their jobs.

The workshop was conducted by the trainers in English. Participants were encouraged to conduct small group discussions and practice sessions in Siswati whenever they felt that it would facilitate the communication of concepts and ideas or enhance the learning value of practice sessions. All activities in the community were conducted by necessity in Siswati, and participants chose to conduct approximately 80 percent of their small group discussions and classroom practice sessions in Siswati. The analysis and evaluation of these sessions were conducted in English, to take advantage of trainer input and feedback.

3.7 Workshop Products

The workshop design required the participants to keep personal journals during the two weeks of sessions. Each evening, participants made entries in those journals in response to the following questions:

1. What did I learn today that was new and different?
2. What opportunities do I have to use this new knowledge?
3. What will I do differently in the field based on what I learned?

During Session 24, participants reviewed their journal notes and wrote personal plans for implementing their newly learned skills and approaches.

Chapter 4

WORKSHOP ASSESSMENT

4.1 Participant Evaluation

The last session to be held with the participants was an evaluation of the workshop from their points of view. In addition to open discussions about how they were going to apply what they had learned to the actual work in their communities, they were requested to complete an evaluation form prepared as part of the manual. Of the 20 participants who had been in regular attendance, by the final session there were 16 present to complete the evaluations.

The first part of the evaluation form asked the participants to rate, on a scale of 1 to 5, how well the workshop had enabled them to achieve the stated workshop learning objectives, that is:

1. To facilitate the participation of a community in solving its problems
2. To organize the structures a community needs to promote and manage such participation
3. To identify what a community needs to learn in order to participate and develop training approaches to meet those needs
4. To describe what field workers need to do before they enter a community
5. To identify what they need to know about a community and how to gather, validate, and analyze that information
6. To identify specific environmental health problems
7. To analyze these problems
8. To choose a plan of action for solving a problem
9. To develop work plans
10. To implement such plans successfully
11. To maintain community environmental health improvements as well as the capacity of the community to continue solving its problems
12. To evaluate their own work and that of the community.

4.1.1 Goal Attainment

The actual frequencies of response are reported in Appendix D, Evaluation Forms and Results. The average response score was 4 and above for all but two

objectives, numbers 7 and 11, relating to the ability to analyze problems and maintain the capacity of the community to continue solving its problems. Some of the participants reported finding the problem analysis methodology too complex.

Because of lack of time, sessions on project supervision and maintaining the finished system had to be left out, which may account for the feelings of uncertainty for those objectives.

4.1.2 Workshop Organization

The only criticisms expressed about the organization of the workshop were that:

- ! 1. There was too much material to be digested in two weeks -- at least twice that time was needed.
- ! 2. The hours of attendance 8:00 a.m. to 6:00 p.m. were too long -- the lunch break, 45 minutes, too short.

4.1.3 Training in the Workshop Setting

It is clear that the participants were enthusiastic about the way they were encouraged to participate and to work in groups. The role playing was much appreciated, as was the opportunity to practice giving presentations in a non-threatening environment. Further, they were impressed by the fact that this was an experiential workshop in which direct lecturing was kept to a minimum.

4.1.4 Community Experience

Several people criticized the apparent lack of success of the community practicals. No comments were made about the benefits of the two practicals that were actually carried out, except to say that the community members involved were bored and wanted to know what concrete action was going to take place as a result of all this talking.

4.1.5 Program Support

As a part of the action planning process, the participants were asked to identify additional support that they felt they would need from their respective programs in order to be more effective in their jobs. The following list was generated in a brainstorming activity and then priority was assigned in order of importance to the participants:

1. Better access to transportation
2. Timely delivery of materials needed to carry out development projects
3. More coordination between programs that have extension agents in order to share material resources, human resources, ideas for integrating activities, and relevant history of community involvement in previous development activities

4. Formal introductions of extension workers to community leaders
5. Follow-up training in promoting community participation
6. Access to training equipment, when needed
7. Deployment of more manpower at grassroots level
8. More availability of program administrators in the field when needed
9. Time to gather relevant community data before entering the community
10. Preassessment of success factors in the community before entry
11. Provision of tools needed for demonstration programs
12. Provision of questionnaires to be used for community analysis.

4.2 Trainer Assessment

4.2.1 Workshop Goals

The workshop goals detailed in Section 3.1 proved, for the most part, to address participant needs. Further, they seem to convey the dual purpose of the workshop: to teach skills and to teach the transferring of those skills.

4.2.2 Planning and Site Preparation

Planning for the workshop was hampered by several factors. Holiday leave schedules in December and early January made it difficult to confirm the availability of materials, supplies, and logistical support needed to have a successful workshop. This same reason, coupled with a lack of specific requirements to be used for identifying and preparing a community, contributed to the fact that a site for the practicals was not secured until a few days before the workshop began. A considerable amount of time and energy was spent by the trainers, during what was to have been staff training week, locating materials, arranging transportation, and meeting with and preparing the residents of Motshane.

4.2.3 Support

Once the trainers arrived in Swaziland, they received support in locating needed resources for the workshop. Dr. A.W. Hoadley of the RWSB and his staff were instrumental in acquiring flipchart stands and pads, notebooks, tablets, pens, markers, and folders. In addition to securing materials, they made all of the necessary arrangements with SIMPA. Dr. Hoadley also secured the release of an experienced community development officer to work with the consultants in preparing the community of Motshane for the workshop practicals. Additional support was also given by members of the HEC who provided input for the planning of the opening ceremony. When their schedules permitted, they also provided facilitation for the small-group work during the workshop. Transportation for the participants to and from the practicals was secured by Mr. Alex Lerutle of the Health Inspectorate.

Upon reflection, a tremendous amount of work was done in the week prior to the workshop. The major drawback, however, was that the consultants had less time to prepare for delivering the sessions and less time to train and build a team with the resource persons on the training staff.

4.2.4 Schedule

The schedule was an ambitious one and represented a challenge for both the trainers and the participants. A ten-hour training day, with eight hours of instruction, approaches the outer limit of what could be called useful classroom time. Several steps were removed when the practical sessions were redesigned to be role plays. This removal freed up some session time, thereby providing participants more time to prepare their presentations.

4.2.5 Staff

All of the sessions were directed by the WASH trainers. Local staff were present at some sessions as observers and also periodically helped to facilitate group discussions. The WASH trainers had a good working relationship, which resulted in a smoothly operating workshop, even when on-the-spot decisions about session timing or restructuring had to be made.

4.2.6 Participants

There was a mix of experience among the participants -- ranging from three months of field experience to 17 years. All but two of the participants were drawn from the Public Health Inspectorate and from the Community Development Office, Ministry of Agriculture. The community development officers attending, however, had all been assigned to the RWSB of the Ministry of Natural Resources.

Motivation and interest among the participants varied as expected. Some had been looking forward to the workshop; others had been told to report to it the Friday before it began. Some of the participants were selected because they were having problems working with their communities.

✓ The ability to read and speak English varied widely among the participants and the trainers suspect that much of the material went over the heads of several of the participants for linguistic reasons. Until we permitted them to use Siswati, the lack of fluency in English acted as a deterrent to participation for at least 50 percent of the participants. Approximately 20 percent of them were actually comfortable speaking in English.

In the trainers' assessment the communication, group facilitation, and presentation skills of some participants were at quite a low level. These skills appear not to be a standard part of their respective training and certification programs. Supervisors do not appear to have a much higher level of these skills, and there seems to be a general lack of awareness that these skills need to be taught and practiced. In the present milieu, poor performance in the field tends to be viewed as evidence of a poor attitude on the part of community residents, rather than due to a lack of necessary skills on the part of the ministry extension workers.

Chapter 5

RECOMMENDATIONS

5.1 For USAID/Swaziland

1. This workshop suffered to some degree from a lack of close coordination between the Rural Water Supply Board, the Health Education Center, and the Public Health Inspectorate. Nonetheless, USAID should continue to encourage collaborative efforts among agencies involved in rural development. In future collaborative efforts, it is recommended that the involved agencies be encouraged to discuss their respective needs for cooperation, communication, and protocol in the subsequent planning and implementation of community participation efforts.
2. Because community participation is key to the success of most rural development projects, it is recommended that the community development officers of the Rural Water Supply Board (Ministry of Natural Resources) and not the Health Education Center (MOH) coordinate future efforts to increase the community participation skills of environmental health workers. The community development officers of the RWSB have more direct experience in working with communities than HEC personnel. The HEC is unable at this point to take on this coordinating role. The demands on them are too great and they are not adequately staffed. Perhaps in the future, as they gain more experience and grow in staff, they may be able to take over this function.
3. The community development officers of the RWSB, drawing on the resources of the Public Health Inspectorate and the Health Education Center should take the lead in organizing follow-up sessions for participants who attended the workshop. These sessions should provide opportunities for participants to:
 - share post-workshop work experience
 - review their progress in applying workshop learning
 - explore ways of increasing their effectiveness in stimulating community participation.

Follow-up sessions should occur monthly or bi-monthly, possibly at the monthly Health Inspectorate meetings, for a period of up to six months. These sessions should be based on the action plans that participants made during the workshop and involve the supervisors of the health assistants.

5.2 Future Workshops on Community Participation in Swaziland

1. Future workshops should be extended to three weeks. The additional time should be used to:
 - reduce the length of the training day
 - give more time to individual sessions
 - add new sessions on adult learning and group facilitation.

2. Materials should be developed to facilitate the process of selecting and preparing the community that takes part in the practical sessions. These materials should include:
 - a checklist that identifies both minimal and optimal community specifications and attributes
 - a list of the sequential activities required to adequately prepare the community
 - a set of prototype briefing materials for use in the preparation process.
3. Training staff should, whenever possible, include Swazi staff who directly supervise workshop participants. Their inclusion would provide ongoing reinforcement for participants applying workshop learning in the field and facilitate the planning and conduct of follow-up sessions. This ongoing contact between supervisors and participants should also have a gradual impact on the project and on the performance expectations of all extension workers.
4. Future workshops should be based on the revised edition of the WASH Training Guide on Community Participation in order to provide continuity in the approach to working with communities. Some technical assistance may be required for the delivery of the workshops.

APPENDIX A
Scope of Work

TERMS OF REFERENCE
WORKSHOP ON COMMUNITY PARTICIPATION

BACKGROUND AND PURPOSE

The Government of Swaziland is involved in a considerable effort in constructing and improving water supplies and sanitation in urban and rural areas.

Sectoral development is carried out by the Ministry of Health, Rural Water Supply Board, and the Ministry of Agriculture and Cooperatives as well as a variety of non-governmental organizations. An essential element in the provision of facilities is community involvement in the form of participation in planning, contribution of labour, and/or contribution of funds. The extent to which the community contributes varies from one agency to another.

Effective motivation to achieve active participation at all stages from planning, through construction, and especially into utilization operation and maintenance is seen as a constraint by management and field staff alike. Several studies have been undertaken to discover aspects of community organization and knowledge, attitudes, and practices which could provide a basis for more effective community participation in its broadest sense. Limited training has been provided for Health Assistants who have close contact with communities, Community Development Workers with the Rural Water Supply Board, and others, and coordination of activities particularly between the Health Inspectorate and the Rural Water Supply Board has been strengthened to increase the effective contact with communities. Still, community development skills, effective identification of communities with high development potential and use of background information from earlier studies need strengthening.

It is therefore requested that WASH collaborate with the Health Education Centre, Ministry of Health, to plan and present a workshop to meet the specific needs of field workers in the water and sanitation sector in Swaziland in community participation.

SPECIFIC OBJECTIVES

- To develop skills of field workers in relating to communities, meeting with leaders and community members, and motivating communities.
- To develop skills in identifying communities which are likely to participate in development in the sector and continue to use, operate, and maintain facilities.
- To understand community organization, knowledge, attitudes, and practices and to use this understanding in the provision of more effective health education and community development.

METHODOLOGY

The workshop will include classroom discussions, role playing, and approximately five field exercises.

CONTENT

The content of the workshop will include the following:

- Community entry;
- Running community meetings;
- Organizing community structures (i.e. committees);
- Identifying and analyzing problems;
- Helping the community solve its problems;
- Training issues;

- Health and user education;
- Selecting a project approach;
- Monitoring and supervising;
- Maintaining the water system;
- Maintaining the community's capacity to continue to maintain the system.

WORKSHOP MATERIALS

The workshop will be based on guidelines developed by WASH and revised as required for use in Swaziland following discussion between the Health Education Unit, Health Inspectorate, and WASH.

Background materials on relevant surveys and previous training will be provided to WASH and to participants as required.

IN-COUNTRY COSTS

Costs of facilities, meals, and limited materials will be provided under the Rural Water Borne Disease Control Project.

Costs of travel for participants and local transportation costs of resource persons will be borne by the Ministry of Health and parent organizations.

ORGANIZATION

WASH will work in close cooperation with the Health Education Unit and the Health Inspectorate in the planning and presentation of the workshop.

WASH will provide a two person training team, one member of which will be a trainer with expertise in the design and delivery of workshops and the other an expert in community participation with training skills. Both should have experience in Africa. The Health Education Centre will

assign two experienced health educators to serve as co-trainers at the workshop. Staff of the Health Education Centre and Health Inspectorate will make arrangements with communities willing to host participants during field practice.

The WASH trainers should spend four weeks in Swaziland. Approximately one and one-half weeks should be allowed for planning and preparation with the co-trainers from the Health Education Centre prior to the workshop and about one-half week for follow-up after the workshop.

PARTICIPANTS

Participants will be selected from among the following field officers:

Health Assistants, Ministry of Health	(13)
Community Dev. Officers, Rural Water Supply Board	(3)
Community Dev. Officers Min. of Agriculture	(2)
Health Assistants, Red Cross	(1)
Health Assistant, Swaziland Council of Churches	(1)

DATES

The workshop will be held over a two week period from 13 through 24 January, 1986.

APPENDIX B

Memorandum Regarding Planning Agreements

Fred.

MEMORANDUM

September 17, 1985

TO: A.W. Hoadley, P. Mthembu, A. Lerutle

FROM: Craig Hafner *Craig Hafner*
WASH Consultant

C.C. D.C. DeRose, USAID/Swaco/AmL

SUBJECT: Community Participation Workshop

The following summarizes my understanding of our discussions this morning. Please review, comment, modify anything that is incomplete, inaccurate or unclear.

The attached "Terms of Reference Workshop on Community Participation" were reviewed and agreed upon with the following changes:

1. In-country costs for travel - will be clarified as to whether the Rural Water Borne Disease Control Project will pay for it or the Ministry of Health;
2. Co-trainers - will be at least two but probably three - including:
Pitnera Mthembu, Patricia Simelane,
Mehlaphi Mdziniso;
3. Participants - Ministry of Health will send five Health Inspectors in addition to 13 Health Assistants, bringing the total number of participants to the workshop to 25.
4. Dates - Workshop - Jan. 20 through Jan.31, 1985
 - WASH consultants arrived on or about Jan. 8 or 9th.
 - Final preparation, staff training
 - Jan. 13-17, 1985.
 - Participants arrive at training site
 - Jan. 19 in the evening.

5. Daily Schedule* except Monday Jan. 20 - when
1st session will begin at 9:00AM
- 8:00 - 10:00 - 1st Session
 - 10:00 - 10:30 - Coffee/Tea Break
 - 10:30 - 1:00 - 2nd Session
 - 1:00 - 2:00 - LUNCH
 - 2:00 - 4:45 - 3rd Session-with 15 mins.
coffee/tea break
 - 4:45 - 7:30 - DINNER, Free Time
 - 7:30 - - Optional sessions,
preparation time, films

6. Observers - Ministry of Health will send three clinic supervisorys to the Jan. 15-17 session of the staff training to become familiar with the training design and the method. They are registered staff nurses who supervise all health services and carry out a great deal of training.

7. Practicals - Field Visits

Locations - to be determined by Nov. 1 by MOH and RWSB staff criteria - no more than 45 mins. drive away from training site - some expression of interest in having a water system by community.

Number of locations - five to accommodate five participants each. ^

Number of Practicals, Specific Purpose - to be reviewed following condensation of the design from 12 to 10 days. WASH to send details by Nov. 1.

Preparation and Contact with Communities - to be arranged by MOH/RWSB staff in Dec. '85 and Jan. '86.

Timing - field visits should take place in the morning rather than the afternoon or evening.

8. Background of the Participants

Health Assistants and Community Development Officers - most have achieved JC level with some having O'level courses.

- all but one are men, with an average age of 32-35.

- post-training - one year course by WHO over 10 years ago, with very little in-service training since that time.

Health Inspectors - generally younger and more educated (O'levels) than the Health Assistants, all men.

Locations:

9. Swaziland Institute of Management and Public Administration (SIMPA)

10. Training Materials

a. WASH to provide

- 30 sets of participants handouts
- 4 training guides
- 3 films - UNICEF, IDRC, Malawi

b. MOH/RWSB to provide

- flip chart paper
- flip chart stand (i)
- tape, magic markers

11. <u>Follow-up Actions</u>		<u>Completion</u>
<u>Action</u>	<u>Who</u>	<u>Date</u>
a) <u>AID sends approval letter to government and agreement cable to S&T/H/WASH</u>	AID	Oct 1, 1985
b) <u>Begin recruiting for trainers</u>	WASH	Nov. 1, 1985
c) <u>WASH</u> revise and condense <u>the design</u> from 12 days down to 10 dys. MOH proposes condensing day 1 & 2 with the practical in the morning of the second day and condensing day 6 and 7.	WASH	Nov. 1, 1985
d) Detail goals, objectives, activities, number and time of <u>practicals</u> to be reviewed, revised following revision of course to 10 days.	WASH/MOH	Nov. 1, 1985
e) <u>Locations for the practicals</u> (field visits) to be determined	MOH/RWSB	Nov. 1
f) <u>Daily schedule</u> - including times and subjects to be covered prepared and sent to participants.	MOH/WASH	Jan. 1, 1986
g) <u>Confirmation letter</u> sent to SIMPA confirming dates, number of participants, costs, type and size of room.	RWSB/MOH	Oct. 1
h) <u>Invitations</u> to government depts. and selection of participants.	MOH/RWSB	Dec. 15
i) <u>Design of staff training</u> and preparation week of Jan. 13-17	WASH/MOH	Dec. 15

<u>Action</u>	<u>Who</u>	<u>Completion Date</u>
j) <u>Transportation</u> - of participants to and from workshop and during workshop - to be arranged, costs determined and responsibilities for vehicles, petrol, drivers, insurance.	MOH/RWSB	Nov. 1
k) Arrangements for training materials, including participants and trainers guide, flip chart paper, stands, markers.	WASH/MOH	Jan.1, 1986
l) Certificates to be prepared	MOH/RWSB	Jan.15, 1986

APPENDIX C
List of Participants

LIST OF PARTICIPANTS

NAME	TITLE	AFFILIATION	LENGTH OF SERVICE
Ephraim Cindzi	Health Assistant	Health Inspectorate	8 years
Zodwa Dlamini	Public Health Inspector	" "	3 years
Emmah Dube	" "	" "	4 months
N.P.M. Ginindza	Senior Com. Dev. Officer	Rural Water S. Board	14 years
Simeon Ginindza	Health Assistant	Health Inspectorate	10 years
Manene Hlanze	Public Health Inspector	" "	3 months
German Mamba	Com. Development Officer	Rural Water S. Board	5 years
Themba Makhanya	Public Health Inspector	Health Inspectorate	3 months
Amos Matsebula	Health Assistant	" "	7 months
Joseph Matsenjwa	Public Health Inspector	" "	3 months
Henry Mavuso	Health Assistant	" "	10 years
Samuel X. Mavuso*	" "	" "	11 years
Themba Mbambo*	Pastor	Council of Churches	-----
Joseph Mbonambi	Field Officer	Red Cross Society	3 years
Ishmael Mhlanga**	Health Assistant	Health Inspectorate	10 years
Dance Mngomezulu	Com. Development Officer	Rural Water S. Board	2 1/2 years
Wilson Nkambule	Health Assistant	Health Inspectorate	10 years
Petros Ntsini	" "	" "	8 years
Elijah Sikhondze	Assist. Com. Dev. Officer	Rural Water S. Board	1 year
Henry Zikalala*	Com. Development Officer	" " " "	1 year

*Did not complete the workshop

**Did not complete the evaluation

APPENDIX D
Evaluation Forms and Results

EVALUATION FORM AND SUMMARY RESULTS

Evaluation Form**Part 1: Goal Attainment** [N.B. (#) = Number of responses in each rating]

Please circle the appropriate number to indicate to what degree the workshop has succeeded in improving your ability to do the following:

To facilitate the participation of a community in solving its problems.

(0)	(1)	(1)	(7)	(7)
1	2	3	4	5
Low	Not very much	Somewhat	Quite a bit	High

To organize the structures a community needs to promote and manage such participation.

(0)	(1)	(1)	(5)	(9)
1	2	3	4	5
Low				High

To identify what a community needs to learn in order to participate and develop training approaches to meet those needs.

(0)	(1)	(1)	(6)	(8)
1	2	3	4	5
Low				High

To describe what field workers need to do before they enter a community.

(0)	(0)	(0)	(2)	(14)
1	2	3	4	5
Low				High

To identify what they need to know about a community and how to gather, validate and analyze that information.

(0)	(0)	(1)	(4)	(11)
1	2	3	4	5
Low				High

Evaluation Form

To identify specific environmental health problems.

(0)	(0)	(2)	(5)	(9)
1	2	3	4	5
Low				High

To analyze these problems.

(0)	(1)	(2)	(6)	2xnon-replies (5)
1	2	3	4	5
Low				High

To choose a plan of action to solve a problem.

(0)	(0)	(3)	(7)	(6)
1	2	3	4	5
Low				High

To develop work plans.

(0)	(0)	(3)	(7)	(6)
1	2	3	4	5
Low				High

To successfully implement such plans.

(0)	(0)	(6)	(3)	(7)
1	2	3	4	5
Low				High

To maintain community environmental health improvements as well as the capacity of the community to continue solving its problems.

(0)	(1)	(3)	(5)	1xnon-reply (6)
1	2	3	4	5
Low				High

To evaluate your own work and the work of the community.

(0)	(1)	(1)	(5)	1xnon-reply (8)
1	2	3	4	5
Low				High

Evaluation FormAnalysis of Preceding Participant Evaluation Numerical Ratings
Handout 25-1

Page 1	Average	Median	Mode
Q1	4.3	4	4, 5
Q2	4.4	5	5
Q3	4.3	4	5
Q4	4.9	5	5
Q5	4.6	5	5
Page 2			
Q1	4.4	5	5
Q2	3.6	4	4
Q3	4.2	4	4
Q4	4.2	4	4
Q5	4.1	4	5
Q6	3.8	4	5
Q7	4.1	5	5

Part 2: Questionnaire and responses.

1. Which workshop goals most closely met your learning needs?

Participant Responses:

- 1) Identify what field workers need to know about a community before going into it. To train the community for self-reliance and project evaluation.
- 2) Working with community organizations.
- 3) Helping adults learn how to learn; preparation of a workplan; problem identification; health and user education; pre-entry strategy.
- 4) Problem identification; problem analysis; facilitating community problem solving; developing a workplan; promoting self-sustaining participation.
- 5) Defining and analyzing a problem.
- 6) Community analysis, problem identification, problem analysis and ranking of problems.
- 7) The ways we should work with the elders or the community.
- 8) Developing a workplan - now I know that I should prepare all the needs of a project before I start.
- 9) Developing a workplan; choosing a plan of action; helping the communities to solve their problems; problem identification.
- 10) Forming a community health committee and training its members.
- 11) The entry strategy.
- 12) Analyzing the problems of a community and ranking them.
- 13) Assisting the community to work together; keeping them evaluating their work; helping them realize that the project is theirs; helping them know that they must be self-reliant; how to form committees; how to get information about a community; how to analyze my work for success; how to act as a promoter - that is to know my job description in detail.
- 14) Choosing a plan of action; developing a workplan; success analysis for both promoter and community; problem identification.
- 15) Pre-entry to a community; developing a workplan and identifying their health problems; organizing the community; a workplan; assisting the community to analyze its problems; making the community evaluate its own work; developing a plan for maintenance; choosing a plan of action.

2. What did you find most helpful about the way in which the workshop was structured? Why?

Participant Responses:

- 1) Friendly atmosphere. No lectures. Practicals.
- 2) That we were actually participating and involved in most or all the practicals and discussions in the entire workshop instead of the instructors doing the job for us.

- 3) Before the workshop started we were given workshop norms and for a shy person like myself they made me feel comfortable. The manner the desks were grouped made one feel that one belonged to the group. The role plays really helped a lot.
- 4) The role plays and the case study about Issa. Plus the group discussions. In the case of Issa, he was facing some of the problems which could be faced by any officer whether new or old on the job.
- 5) The instructors did not mock anyone and they worked cooperatively together.
- 6) That the participants were given time to talk.
- 7) The role playing, because we had more chance of doing the practicals and displaying our knowledge.
- 8) Working together in groups was most helpful - it allowed us all to participate and practice.
- 9) The most helpful thing was when people discussed the session in a group because if one did not understand the lecture, one was sure to pick it up in the group discussions because there were many opinions and we spoke our own language.
- 10) The fact it was divided into two parts 1) classes where we were taught what to do and 2) practicals where we had to practice what we learned.
- 11) It allowed everybody to participate. The ideas of the trainers and the other field workers were a great help to me.
- 12) We the participants were actively taking part and given a chance to voice our ideas. There were more discussions than lectures.
- 13) It was good the way it developed my know-how, making me well-armed for coming to terms with future problems in the field.

3. What did the trainers do that was most helpful for you during the workshop?

Participant Responses:

- 1) Asked questions. Encouraged us to ask questions. Told us not to be shy before others as we have to address meetings.
- 2) I was shy about standing and facing the participants. The instructors assisted and encouraged me to do it.
- 3) When someone answered a question, the trainers would not say directly you were wrong but they would ask you questions which would help you realize that you were not right.
- 4) They let us be free to discuss. Everyday had new discoveries for them and for us too.
- 5) They gave us a chance to practice. They were prepared to listen and help when requested. They would not leave any participants' problem unresolved.
- 6) They gave me time to talk. They also explained what we didn't understand by giving examples.
- 7) The trainers were so free that we also felt very free. That had more effect on our learning.
- 8) The trainers gave chances to ask questions; lectured on each handout and taught us to write about the new things we learn each day.

- 9) They showed us some films on health education in other countries. Teaching and at the same time listening to what we said and finding answers in us.
 - 10) When they warned us not to do everything for the communities.
 - 11) They did not just give lectures but wanted our knowledge and asked us questions - this made it easier for us to understand.
 - 12) The trainers didn't lecture but saw to it that everyone took part practicing. I got accustomed to acting in front of people and imparting to them the skills, knowledge and attitudes I had learned.
 - 13) The trainers made it a point that we understood all that was said and done. They asked questions, we were encouraged to say anything. We also did success analysis after practicals.
4. What problems arose that were overcome well in your opinion?
How were they overcome?

Participant Responses:

- 1) Shyness and self-restraint. Motivated to overcome by resource people and colleagues.
- 2) The poor attendance at Motshane. This was overcome by doing role plays among ourselves. So, instead of losing interest the work that was supposed to be done in Motshane was done amongst us.
- 3) Participants at one time were very shy to say what they thought. Both Mike and Jack encouraged everyone. That we learn by mistakes and after those encouraging words we all actively participated.
- 4) There were problems when to end the sessions in the evenings. There was a day when we needed to be absent. These problems were discussed and agreements reached. Some of us managed to overcome some of our shyness and join in the discussions and presentations.
- 5) Had problems over the community's not turning up for the practicals, pay day and school opening. Problems easily solved without friction. We apologized to the community and thanked them for the time spent with them. For pay day and school opening we got a day off.
- 6) We had personal problems about school opening for our children. This was simply solved by having Friday as an off-day.
- 7) At times we could not understand what they were teaching us. But, by giving themselves more explaining time, we ended up understanding.
- 8) At first, some of us were afraid of talking in front of our colleagues because they were full of doubts that we may be giving the wrong answers or making wrong suggestions. To overcome that the trainers said that those were no wrong answers or suggestions and that they were not here to find faults with our work but to help us improve it.
- 9) Some of the participants did not want to say anything in fear that they were wrong. We were all told that there was no right or wrong, we are all here to learn from each other. It then became better and we got used to each other.
- 10) There was not enough time to spend on difficult handout material.

5. Which workshop goals did not meet your learning needs? Which learning needs were not met by the workshop?

Participant Responses:

- 1) Health problem identification because I always know the problem a community has before I go into it. In fact the community applies for help for that problem.
- 2) Almost all workshop goals met my needs, except one that partially met my needs - problem analysis.
- 3) The learning needs left out were for self-motivation.
- 4) To be able to supervise a project during its implementatin stage.
- 5) The workshop goals did not teach me how to protect a spring using cement blocks.
- 6) The problem analysis needed more time and exercises to be understood thoroughly.

6. What part of the workshop structure was least helpful to you? Why? How could it be improved?

Participant Responses:

- 1) Health problem identification good for other departments.
- 2) The use of a 4-step model. The figures are confusing and I am not clear whether to start with a severe or minor problem. Could be improved by using another form.
- 3) The Resource and Cost Assessment sheet. It needs time to teach the community to understand it. More time should be given to train someone to fill the sheet.
- 4) The Resource and Cost Assessment part will not be helpful to me since it is difficult to explain to the illiterate people I am working with.
- 5) How to select the health problem.
- 6) In the group, you would find that one person was active and the rest just there. This would be helped by changing groups more often to prevent people taking for granted that so- and- so would do the work for them.

7. What did the trainers do that was least helpful for you? Why? How could it be improved?

Participant Responses:

- 1) The trainers should not smoke during session time.
- 2) Not applicable.
- 3) Wasting time by asking us to discuss things in groups that I don't think were important.

8. What other suggestions would you care to make to improve this workshop?

Participant Responses:

- 1) More preparations beforehand to avoid the Motshane school opening incident.
- 2) Extend the number of days of the workshop. There was too much pressure and no time was given for relaxing.
- 3) Next time we must include the promoter in the process of learning, as the fact that he is working in the program does not mean that he is motivated or even self-reliant himself.
- 4) The workshop should be at least a month.
- 5) I would suggest that the time per day be shorter - six hours per day excluding breaks.
- 6) We needed more time.
- 7) The time was too short, our time to study was too fast.
- 8) To lengthen the time; to extend the lunch time to one hour; to get out at 4 PM not at 6 PM.
- 9) Choose a better month. In summer, people are working on their crops.
- 10) It is OK at this level.
- 11) The workshop should have been 4 to 6 weeks in length. We worked too long per day.
- 12) There was too much to learn in too short a time - it left some of us exhausted and tired. There were afternoon sessions that required thinking and doing that should have been scheduled for the morning.
- 13) The workshop should be designed so that tiring tasks be done in the morning and role plays in the afternoon.
- 14) I honestly gained a lot from this workshop and I hope that we get a workshop on community participation every year. Thank you.

9. Other comments

Participant Responses:

- 1) A very successful and helpful workshop that needs to be attended by all field officers working with rural communities.
- 2) The workshop has been helpful to me.
- 3) Thanks for the time and patience devoted for this workshop even though at times it was a bit tough on some of us.
- 4) Such workshops should be conducted now and then because problems are prevailing in the communities and the departments dealing with the communities should be invited.
- 5) There shouldn't be too much practicals. The practicals should be planned properly. I mean, the community should not be called for meetings three times in two weeks. The community members should also not be asked the same questions every practical. The Motshane people got bored and tired.
- 6) Workshops of this nature are very important because Government must be proud of us in the field that we will do the work. More skills will mean more progress in whatever work you are doing. Participants' allowances should be at least E5.00 per day.
- 7) I would like to attend another workshop like this.
- 8) The consultants should have been in Swaziland at least two months earlier to study the attitudes and behaviors of Swazi communities towards projects that are finished, under construction or being planned, that way I could have learned 60% of what they taught.

