



Learning Exercises for Health Training

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Section 3 Selected Exercises

This section contains a selection of exercises that have been found useful for health training. Many of the exercises have been tested during workshops and other training events. The others were written specifically for this Manual as described in the Introduction. All the exercises should be adaptable to a variety of training situations.

The exercises are provided as examples. Use them and adapt them to your needs.

The first several examples are games, a non-verbal activity and perception exercises. These are followed by a decision making exercise and several role play exercises. A variety of case studies and two tools for looking at development complete the selection. We hope that this will motivate you to use learning exercises in your health training.

Information in Sections 1 and 2 of this Manual will assist you in selecting, adapting and using these exercises. You may be able to use some of

the exercises exactly as they appear. You may have to adapt other exercises to suit your local needs.

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Meeting Other Participants

This exercise allows group members to meet every individual in the group and can have a variety of purposes. As shown here it is used to start a training session.

Purpose

An exercise to set expectations for a group learning situation.

Group Size

Essentially unlimited.

Time Required

Roughly fifteen minutes for a group of twenty participants.

Setting

Any setting where the participants can wander around and meet each other.

Materials

A large piece of paper, marking pen and pin for each participant.

Process

- Distribute the materials.
- Ask each participant to print their name in bold letters on the top of the paper.
- Ask each participant to explain, in a maximum of ten words, why they are participating in the training session.
- Have the participants pin the paper to the front of their body (onto their shirt or blouse) so that the message can be clearly seen by someone facing the individual.
- Provide 10 minutes for the individuals to circulate around the group and collect the initials of every other individual on their sheet.

As they circulate they should introduce themselves by name, read and initial the sheets presented by the other participants.

No other comments or discussion should be allowed.

- Follow the exercise with a discussion of the learnings gained from the exercise.
- Place the sheets on the wall and review them at the end of the training session to see if people's expectations were met.

Possible Learnings

- The names and faces of other members of the training group. Note that trainers and organizers should also participate.
- That not everyone has the same purpose in attending the session.

Variations

This is a very useful technique for exchanging information or gathering feedback on a session.

- Place a blank sheet of paper on each individual's back and have the other participants write a short comment on the sheet.

Guidelines for the comments might be:

Write a short description of the most interesting thing that you have learned from this individual.

- Have the individuals write a short biography of themselves on the sheet and allow discussion during the exchange period. This will take more time.
- Divide the group into pairs of individuals. Have the individuals interview each other about their background and reasons for attending the training session.

Then have them introduce each other to the large group. Again, this will take more time. It has the advantage of pairs of individuals getting to know each other.

Assembling a Puzzle: Teaching-Learning

Sometimes very simple materials can be used to illustrate quite complicated ideas. The materials for this exercise can be cut from coloured plastic or cardboard, cardboard or paper which is then coloured, or from coloured cloth.²⁶

Purpose

- To show that teaching is not an easy task.
- To bring out the difficulties faced by learners and the causes of these difficulties.
- To show the communications problems between teacher and learner (trainee).
- To bring out some principles of learning.

Group Size

Five to twenty participants.

Time Required

Forty-five minutes.

Setting

Table with two chairs, plus chairs for the rest of the group (observers) arranged in a circle around the table.

Materials

- Sufficient copies of the illustration of the completed puzzle for one for each participant.
- One set of seven puzzle pieces made according to the Puzzle Pattern.
- Teacher's Card.
- Trainee's Card.

Process

- Explain that we need more than knowledge in order to teach. We also need practical training to understand how to teach. Teaching is not always easy.
- Ask for two volunteers and seat them at the table. One will be the teacher and the other the trainee.

- Read the Trainee's Card aloud. Give the card and an envelope containing the puzzle pieces to one of the volunteers.
- Read the Teacher's Card aloud. Give the card and a copy of the completed puzzle to the other volunteer. Note: the trainee should not be allowed to see the completed puzzle.
- Explain to the remainder of the class that they will be acting as observers and should note anything that happens. Distribute a copy of the completed puzzle to each person. Again note: the trainee should not be allowed to see the completed puzzle.
- Ask the Teacher to begin.
- Stop the exercise when the puzzle is correctly completed or when both participants are frustrated.
- Lead the discussion with the whole group. Ask the teacher and the trainee if they had any difficulties, and why the difficulties happened. Ask the participants what they observed. What actions/reactions did they observe? Were the rules followed? etc.

Possible Learnings

- Learners often need encouragement.
- Both the teacher and the learner should know the goals of the learning activity.
- A demonstration is a good teaching method, especially if followed immediately by supervised practice.
- The teacher must know what she is teaching, and be confident about teaching it.
- Familiar objects and activities are easily understood. Build on "*what the student already knows*".
- Try to understand why a teaching method failed. Be able to change to another method if necessary.
- The learner must feel free to ask questions (two-way communications).
- Observers and a time limit create pressures that make it more difficult to work effectively.
- Much patience and repetition may be needed.

²⁶ Adapted from: Assembling a Puzzle, pages 127-129, **Training and Continuing Education: A Handbook for Health Care Institutions**. Chicago, IL: Hospital Research and Educational Trust, copyright © 1970. Used with permission.

Variations

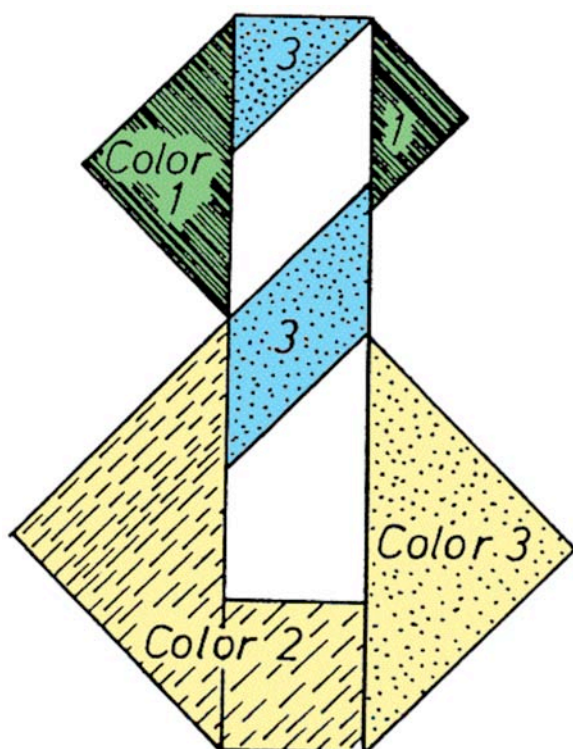
- Sit the teacher so that she cannot see what the trainee is doing.
- Give the trainee two or three extra pieces.
- Impose a time limit and encourage the participants to work faster.
- Sit the teacher and the trainee at two ends of a table. Place a dividing screen between the two so that they cannot see what the other is doing (they might also be placed back to back at separate tables).

Give them each a set of the pattern blocks; ask the teacher to build a model, explaining how he is doing it so that the trainee can copy. The two models can then be compared.

This exercise works well if it is first done as a One-Way Communication Exercise, and then repeated allowing Two-Way Communication.

Puzzle Pattern

- Make enough copies of the completed pattern below for all participants.
- Cut out one set of pattern pieces coloured as below. You can use cardboard that is coloured or you can colour it yourself. You can use stiff plastic, or you could even use cloth of various colours.



Teacher's Card

Prepare a card for the teacher with the following information.

You are the Teacher

Your job is to teach your partner how to construct a completed puzzle. The puzzle must be completed as in the picture that you have been given. You must follow these rules:

You may plan and execute your teaching in any way, except that

Your partner will only do what you instruct him to do, and

You have no feedback channel. Your partner can listen to you, but cannot have a back-and-forth conversation with you.

Trainee's Card

Prepare a card for the trainee with the following information.

You are the Trainee

Your job is to perform a construction task. Your partner will give you instructions to follow. You must follow these rules:

Do nothing unless instructed.

Do not ask questions or converse. This exercise allows only one-way communication from your partner to you.

Improvise, within reason, anything that is not covered by these rules.

Trust Walk

This exercise has been written up in a number of sources and has been a part of the authors' activities for at least 17 years. The exercise requires participants to guide blindfolded colleagues on an extended walk around nearby obstacles. The blindfolded individuals will be totally dependent upon their guide for directions, however talking between the two individuals will not be allowed.

It is a good activity for building team spirit and demonstrating the need for cooperation. It is shown here as a non-verbal exercise, however the use of words and/or sounds of encouragement can also be allowed.

Purpose

To demonstrate the need for cooperation among team members and between individuals. To demonstrate trust development between members of a team.

Group Size

Limited only by the size of the discussion facilities, in teams of two participants.

Time Required

Thirty minutes to an hour.

Setting

An area for group discussion plus a wider, but safe, area for 'wandering'. This exercise has been successfully operated in areas such as a multi-story office building and a public market. The organizers need to warn participants about potential safety hazards, however some difficult walking areas are desirable.

Materials

Scarves or other cloth items to blindfold one member of each pair of participants.

Process

- Divide the group into pairs. The division can be done on an arbitrary basis or it can be done voluntarily. Results may differ depending upon the dividing technique used.²⁷

- Explain the purpose of the exercise to the group. Identify potential safety hazards. Explain that the exercise often involves uncertainty, but that participants should not put each other into situations where there is a real danger of injury.
- Have one member of each team blindfold the other member. Explain that the 'sighted' member of the team will guide the other member of the team on a short walk into the nearby community (or building, etc.). Instruct everyone that there should be absolutely no verbal communication between team members. Team members must devise non-verbal means of communicating with each other.
- Set a time limit of 10 to 15 minutes and send the teams out for their walk.
- Call the teams back at the end of the set time limit. Have the team members exchange the blindfolds. The previously sighted individual will now be blindfolded.
- Set a time limit of 10 to 15 minutes and send the teams out for a second walk.
- Call the teams back at the end of the set time limit. Remove the blindfolds.
- Let the two team members talk with each other about their experiences for 5 to 10 minutes.
- Call the teams together into a large group to discuss the exercise and their experiences.
 - *What problems were encountered?*
 - *What techniques worked best for communicating?*
 - *What situations provided the most challenge to the teams?*
 - *What activities build trust?*
 - *What activities destroy trust?*

Possible Learnings

- Actions are more important than words in building trust.

²⁷ Pairs that are formed voluntarily may include only individuals that already trust each other. This trust level may hinder some of the more basic learnings about why and how we build trust. See the footnotes

on the next page for some examples of the differences.

- Teams work better together when members have some experience working with each other.²⁸
- It is very hard to work with an individual when there is no sense of trust. It is very easy to destroy trust by a careless action.²⁹
- Different individuals inspire trust in different ways.³⁰
- Handicapped individuals have a very difficult time coping with everyday difficulties.

Variations

- Allow participants to talk or use small sounds during the walk. This is not nearly as effective but might be useful for groups with a very low trust level.
- Allow about 5 minutes for the blindfolded individuals to walk (usually stumble) about on their own in a safe environment before sending them out with their teammate's guidance.
- Before blindfolding individuals tell them that their partner will be chosen at random from the second half of the group (normally a small amount of trust is built simply from knowing the identity of the partner).
- Orientation to the problems faced by handicapped individuals can also be

²⁸ This is an exercise that works well when it is repeated in quick succession with different individuals.

The members of a pair will usually accept each other's guidance very quickly during a second trial. They will be somewhat more reluctant to accept the assistance of someone new. They will usually be quite hesitant with a guide who has not been identified before their eyes were covered.

²⁹ A careless action can be as simple as forgetting to warn the blindfolded individual about a small step or dip in the walkway.

³⁰ The authors have found that workers on an existing work team are often surprised that they can 'trust' their supervisors to guide them on a walk like this.

Similarly, supervisors are often surprised that their subordinates do not 'take advantage' of their insecurity. This can have a profound effect upon working relationships.

accomplished by having workers use a wheelchair for a day, by tying up one leg and using a crutch, or by fastening one arm tight to the body. Simple tasks such as using a washroom become almost impossible in many countries without the cooperation of a colleague.³¹

³¹ Two artists recently [1980s] linked themselves together with a short rope that required them to go everywhere and do everything together. They remained attached for a whole year and recorded their experiences.

The lack of privacy was an obvious problem (one was male, the other female), however some of their other major problems stemmed from the need to do everything jointly. Even going through the revolving doors in a public building demanded cooperation (try getting a wheelchair through some building doors!).

This extreme example illustrated some of the problems also faced by a handicapped individual with a regular aide. Both cooperation and the lack of it can cause problems.

Exercises such as the Trust Walk can provide an orientation for health staff that cannot easily be accomplished in any other way.

District Nutrition Game

This exercise is a variation on the traditional Snakes and Ladders Game. It provides a good example of the adaptation of a traditional board game to teaching use.³²

Purpose

- To assist in recognizing the causes of malnutrition in a community.
- To encourage communities to organize action at district and local levels to prevent malnutrition.
- To illustrate the many social practices and economic factors that help and hinder good nutrition.

Group Size

Any number of groups of three to six persons. Each group will need a separate game board.

Time Required

One to one and one-half hours. Larger groups will normally take more time than smaller groups.

Setting

A flat space such as a table, box or floor and seating space for each group.

Materials

- One Nutrition Game Board for each group.
- Dice or a substitute for each group. Good substitutes include six cowrie shells, six imli seeds which have been rubbed on a stone to make one side light and the other dark, or six small flat stones painted or coloured on one side.
- Markers or tokens for each player. These will be used to keep track of the progress of each participant on the game board. These may be stones, seeds, coloured broken glass bangle pieces, or bottle tops. Their size will need to vary depending upon the size of the squares on the game board.
- One set of Helps and Hindrances Cards for each group.

Process

Divide the class into working groups of three to six players each. Distribute game materials to each group.

Introduce the game by explaining that it is an adaptation of the traditional snakes and ladders game. Read the Rules aloud and explain any difficulties. Have each group shuffle the Helps and Hindrances Cards and place them face down near the game board.

- Allow the groups to proceed at their own rates. Answer questions as they arise. Encourage the groups to discuss the reasons for the ups and downs of the game, but do not interfere.
- The game can end when the first player reaches the GOAL, or can continue until all players reach the goal.
- Conclude the activity with a discussion of the nutritional validity of the game.

Rules for Playing

- All players begin at *START: Much Malnutrition in the District*; and move their markers through the 100 numbered squares to the *GOAL: Every Child on the Road to Health*.
- Everyone puts their marker on START.
- The players throw the counters (dice or a substitute), in turn, to decide who is to begin. The person with the highest number begins first, and so on to the lowest number. Any duplicates throw again.
- By turns, the players throw the counters and move their markers ahead the number of steps (squares) shown.
- If the marker lands on a square with an arrow pointing UP to a higher square, the player must read aloud the message written on the path. The player must then try to explain why this will help improve the nutrition of children. A correct explanation will allow the player to move his/her marker to the square at the top of the path.
- If the marker lands on a square with an arrow pointing DOWN to a lower square, the player must read aloud the message written on the

³² This exercise was adapted from **Nutrition for Developing Countries** by M. King, Oxford University Press (ELBS Edition), copyright © 1978. Reproduced with permission.

path. One of the other players must then explain why this is harmful to the nutrition of children. The marker is then moved to the square at the bottom of the path. If no one in the group can explain the harmful effects of the activity the marker does not have to move down.

- Some squares are shaded. If a marker lands on one of the shaded squares the player must draw a card from the pile of Helps and Hindrances Cards. The player must explain the message on the card before moving the marker back or forwards the number of steps on the card.

Possible Learnings

- Players become familiar with the facts on the up and down pathways and on the cards.
- Players become able to explain how the events portrayed in the game affect nutrition.

Variations

- The participants might use the game themselves with school children or with relatives in an OPD (Out Patient Department) after they have played it once or twice in class.
- Play the game without the Helps and Hindrances Cards.
- One variation of the game was produced in a local language on a table mat and used as part of a school feeding program. The students provided their own dice and markers for playing after the meal.

Helps and Hindrances Cards

Prepare a set of 48 cards about 8 cm. by 6 cm. (3" by 2 1/2") for each playing group. Use heavy paper or cardboard.

Print one of the following Helps and Hindrances on each card.

Your local Member of Parliament becomes interested in nutrition.

GO FORWARD FIVE STEPS

School gardens go well in the district.

GO FORWARD THREE STEPS

All shops now sell food by weight.

GO FORWARD SEVEN STEPS

Medical Assistant Training School doubles student numbers.

GO FORWARD FIVE STEPS

Seed factory opened in the country; seed supply improves greatly.

GO FORWARD SIX STEPS

Shops in the district agree to stop selling feeding bottles except on the direction of a medical assistant or doctor.

GO FORWARD SEVEN STEPS

New tools arrive for young farmers club.

GO FORWARD THREE STEPS

New variety of maize is grown by most farmers in the district.

GO FORWARD TEN STEPS

Soil erosion controlled by better farming methods.

GO FORWARD FIVE STEPS

The district is given a special vote of money for nutrition.

GO FORWARD SIX STEPS

The President expresses interest in the nutrition of the people.

GO FORWARD TEN STEPS

More land is irrigated.

GO FORWARD SIX STEPS

Local nutrition groups help in the under-fives clinics.

GO FORWARD SIX STEPS

Marketing co-operatives doubles its number of depots.

GO FORWARD FIVE STEPS

Nutrition rehabilitation units opened at all hospitals and health centres.

GO FORWARD FOUR STEPS

Farmers paid for their crops soon enough for them to buy seed and fertilizer for the next season.

GO FORWARD SEVEN STEPS

Marketing co-operatives under new management and make increased profits.

GO FORWARD THREE STEPS

School feeding scheme started.

GO FORWARD FOUR STEPS

Nutrition clubs started in all schools.

GO FORWARD THREE STEPS

Improved ways of farming become widely used.

GO FORWARD TWELVE STEPS

New primary school curriculum includes nutrition.

GO FORWARD TEN STEPS

People STOP leaving the land to go to town.

GO FORWARD TWENTY STEPS

Most children in the district immunized against measles.

GO FORWARD FOUR STEPS

District Nutrition Committee fails to meet for 18 months.

GO BACK FIVE STEPS

No mechanics or spare parts to mend tractors.

MISS ONE TURN

The rains stop early and crops are bad this year. GO

BACK TWENTY STEPS

Disease called 'pops' attacks groundnuts.

GO BACK FIVE STEPS

Mothers do not buy food by weight.

GO BACK THREE STEPS

No insecticide in the depots of the agricultural co-operative.

GO BACK TEN STEPS

Monkeys steal crops in the fields.

GO BACK ONE STEP

Lack of sanitation and clean water in the district increases diarrhoea.

GO BACK TO SQUARE TEN IF YOU HAVE PASSED IT

Newcastle disease kills half the chickens in the district.

GO BACK FOUR STEPS

The father of the keenest member of the school nutrition club cannot pay for his daughter's transport to school.

GO BACK ONE STEP

Training School for preparing Auxiliary Nurses cut from the development plan.

GO BACK TEN STEPS

Fathers continue to eat the 'lion's share' of the family's food.

ALL MEN PLAYERS MISS ONE TURN

Producer's co-operative loses much money. MISS ONE TURN

Fizzy drink advertising increases.

GO BACK TO SQUARE THREE

Maize moths and weevils eat the stored maize crop.

GO BACK THREE STEPS

People do not grow maize in place of some of their cassava (tapioca).

GO BACK TEN STEPS

Pontoon across the river breaks, so fertilizer and seeds arrive too late for the planting season.

GO BACK THREE STEPS

The population of the district grows faster than the supply of food to feed them.

GO BACK TWENTY STEPS

No improvement in family budgeting.

MISS TWO TURNS

New District Governor appointed who is not interested in nutrition.

MOVE BACKWARDS NEXT TURN

Controlled price regulations for food ignored.

GO BACK SIX STEPS

All the community leaders leave the rural area for the towns.

GO BACK TO THE START

The price of eggs is fixed too high for many people to buy them. Fewer eggs are produced than people can pay for at that price, so 20,000 eggs go bad.

GO BACK THREE STEPS

Farmers do not repay loans for farm development so no further loans can be made.

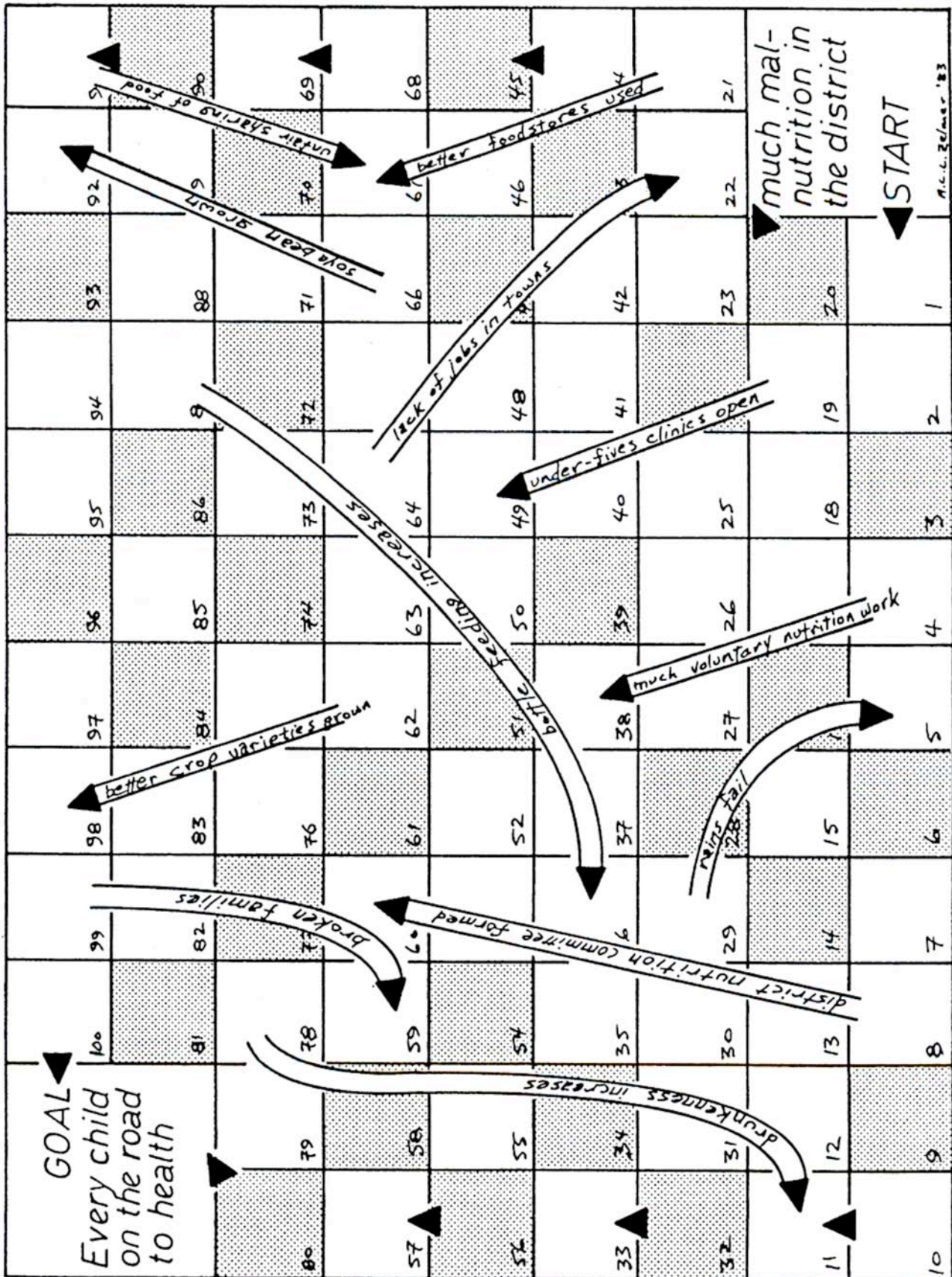
MISS TWO TURNS

Young children given beer instead of milk.

GO BACK FIVE STEPS

Nutrition Game Board

Prepare a large game board from the pattern shown for each group. A board with squares 5 cm. by 5 cm. (2" by 2") makes a good size board for a group of three to six persons. The game board may be made from plywood or veneer, heavy cardboard, felt or heavy cloth.



Family Planning Bingo

Bingo or Loto-Loto is a good base for an exercise that students can run themselves. It provides drill and practice in terminology.³³

Purpose

- To provide students with practice in recognizing and using technical terms correctly.
- To help students overcome their reluctance to use terms with a sexual connotation.
- To reinforce factual information about family planning.

Group Size

Any number of people may participate in groups of four to seven.

Time Required

About one hour.

Setting

Any informal setting where four to seven participants can work together. Desks can be pulled into a circle, participants can sit around a table or in a circle on the floor or ground.

Materials

- One *Bingo Card* per person.
- About twenty counters for each player. Small buttons, seeds, chips, or pieces of straw or paper will be satisfactory.
- One set of *Bingo Questions* per group.

Process

- Designate one person per group to be the Caller. This person should be the only person to see the *Bingo Questions*.
- The other participants are the Players. Distribute one *Bingo Card* to each player. Distribute about 20 counters to each player.
- The caller picks a question card at random and reads the question aloud to the players. The question card is then set aside so that it will not be repeated.

- Each player tries to find the answer to the question on his/her card. The answer, when found, should be marked by covering it with a counter. Note: Not all answers are on each card.
- The play continues until a player has covered five squares in a row (up, down or diagonal). A player with five squares in a row covered should call *Bingo*.
- The play then stops while the player with the Bingo reads the answers that he/she has covered and explains which question each answered. Some players may want to make written notes as the game progresses to help them in this task.
- If all five answers are correct the players clear their boards and begin another round.
- If any answer is incorrect play continues until another player calls a Bingo.
- Each player in the group should have a different card. Players should switch cards between rounds. The winner of a round can be the Caller for the following round.

Possible Learnings

- Help learn the meanings of words used in Family Planning.
- Increases knowledge of reproduction and birth control.

Variations

- The game can be made shorter by preparing cards with only 16 or 20 squares. You will need fewer questions with a smaller card.
- The game can also be made shorter by making the centre square free, perhaps with the family planning symbol on that square.
- The game can be used with people who don't read by using symbols or pictures instead of words. For example, you could use a drawing of an IUD or a sketch of the reproductive organs with specific parts identified by colour or shading.
- The same format can be used for a wide variety of subjects. You will need about 45 questions. Each question should have only

³³ This version was prepared by Amy Zelmer for the *WHO Inter-Country Workshop in Newer Educational Technologies for Nurse Educators*, Sri Lanka, 1976. Used with permission.

one answer. Prepare the cards as explained below for the new subject area.

Bingo Questions

- Prepare 46 cards about 5 cm. by 8 cm. (2 inches by 3 inches).
- Type or letter one question and its answer (shown in square brackets) on each card as in the Master Question List below.

No. 39
 Common name for IUD
 Answer: *The Loop*

Bingo Cards

- Prepare a set of seven playing cards about 15 cm. (6 inches) square as shown in the sample card on page 49.
- The cards contain the answers to the Bingo Questions. Each card should be different:
 - different arrangement,
 - different answers.
- You will need one set of cards for each group of four to seven players. Colour code the different sets so that you can ensure that each player has a different card.

Master Question List

- Rubber sheath used to prevent man's semen from getting into woman.
 [Condom]
- Operation for men, a permanent form of birth control.
 [Vasectomy]
- Operation for women, a permanent form of birth control.
 [Tubectomy]
- Popular name for oral contraceptives.
 [The Pill]
- Contraceptive method requiring no supplies, equipment or medical advice.
 [Withdrawal]
- When the ripe egg is released in the woman's body.
 [Ovulation]
- Name for the male cell which unites with the egg.
 [Sperm]
- A woman with an irregular menstrual cycle cannot use the method of birth control.
 [rhythm]

- Short form for the Intrauterine Contraceptive Device.
 [IUD]
- An ineffective method of birth control used by some women.
 [Douche]
- Something used or done to prevent pregnancy.
 [Contraceptive]
- Common side effect reported by women taking oral contraceptives.
 [Nausea]
- A woman who has must consult a doctor before taking birth control pills.
 [diabetes]
- A woman who has may have more trouble using an IUD.
 [never been pregnant]
- Not able to have children.
 [Sterile]
- Female organ which produces reproductive cells.
 [Ovary]
- Female organ where baby grows during pregnancy.
 [Uterus]
- Birth canal.
 [Vagina]
- Female organ through which egg passes.
 [Fallopian tube]
- Male organ which produces reproductive cells.
 [Testicles]
- Technical term for "egg".
 [Ovum]
- Male organ which deposits semen in vagina.
 [Penis]
- Common side effect reported by women using IUD.
 [Increased menstruation]
- Common side effect reported by women using oral contraceptives.
 [Decreased menstruation]
- If a woman used foam or jelly contraceptive she should not douche for at least hours.
 [six]
- Procedure used to terminate a possible pregnancy shortly after a period is missed.
 [Menstrual regulation]
- Female hormone commonly used in birth control pills.
 [Estrogen]

If a woman forgets to take a birth control pill she should take the next day.

[two]

The best time to insert an IUD is on the day of menstrual cycle.

[fifth]

Prolonged decreases the chance of pregnancy, but is not a safe method of birth control.

[breast feeding]

Following a vasectomy a man should use a condom or other means of birth control for weeks.

[six]

Expulsion of the foetus from the uterus before the 28th week of pregnancy.

[Abortion]

Short form for medical termination of pregnancy.

[MTP]

Term used to indicate an unborn baby.

[Foetus]

Mouth of the womb.

[Cervix]

Term which means menstruation is stopping and woman is not likely to have children.

[Menopause]

A man or woman who can have children is said to be

[Fertile]

After one intercourse, if no method of birth control is used, a woman will have one chance in of becoming pregnant.

[three]

Common name for IUD.

[The loop]

Part of the body which is cut during vasectomy.

[Vas deferens]

Diaphragm, condom and foam are all contraceptives.

[Conventional]

Rubber cap worn over cervix to prevent entry of sperms.

[Diaphragm]

Something which kills sperm.

[Spermicidal]

A girl cannot get pregnant on her first sexual intercourse. True or False.

[False]

Ovulation usually takes place 14 days before the next menstrual period. True or False.

[True]

Family Planning Bingo					Card 1
Condom	Douche	Ovum	MTP	Pill	
Tubectomy	Diabetes	Increased Menstruation	Cervix	Ovulation	
Withdrawal	Sterile	Menstrual Regulation	Fertile	Rhythm	
Sperm	Uterus	2	Loop	Contraceptive	
IUD	Fallopian Tube	6 Weeks	Vasectomy	Nausea	

Young-Old Lady, An Experiment of Perception

Everyone will not have the same perceptions from a shared experience. My feelings, thoughts and perceptions will likely be slightly different from yours on any topic. Our problems arise when the differences in perception are large.³⁴

Purpose

To understand differences in perception; and why one must try to understand the viewpoint and perceptions of others.

Group Size

A group of eight or more participants. Everyone in the group should participate.

Time Required

Twenty to thirty minutes for a small group, more for a larger group.

Setting

Classroom or meeting room with chairs or desks in a circle. Chalkboard and chalk.

Materials

One copy of the *Young-Old Lady Picture*. Pen or pencil and small piece of paper for each participant.

Process

- Show the *Young-Old Lady Picture* to the group for a short time.
- Ask each participant to write their estimate of the lady's age on their paper.
- List the ages given, lowest to highest, on the chalkboard.
- Ask the person giving the youngest age, and the person giving the highest age to try to convince one another that they are right. Notice particularly if the two participants listen to one another's arguments.
- Show the picture again. Ensure that all can see that there are indeed two ladies.

- Discuss learnings. What do the participants think that they learned? Ask questions to bring out other learnings.

Possible Learnings

- Because of differences in viewpoint, background, experience and interest we all perceive differently.
- Sometimes all answers are correct.
- When we are trying to help or teach others, we need to listen to their comments and ask questions before stating our opinions. For example, What did you feel when someone else gave an age very different from your own?
- We all need to listen. We need to keep an 'open mind', to encourage two-way communication. We should avoid criticism or ridicule of others.
- Sometimes those who are stronger force others to accept their ideas. The weaker persons seldom 'believe' what they are forced to accept.

Young-Old Lady Picture

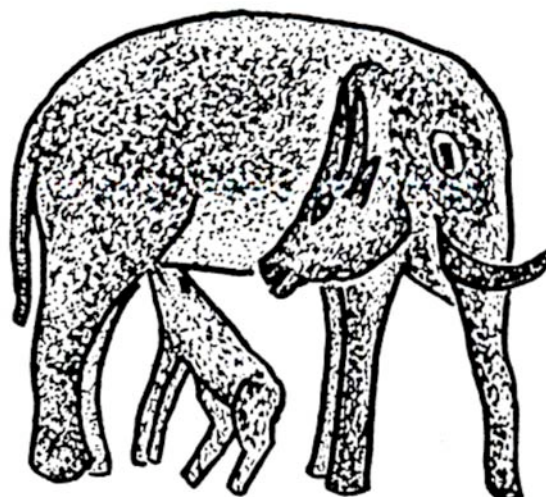


³⁴ Adapted from: J. William Pfeiffer and John E. Jones, Eds., **The 1978 Annual Handbook for Group Facilitators**. San Diego, CA: University Associates, Inc., Copyright © 1978. [Young/Old Woman: A Perception Experiment, pages 40-45.] Used with permission.

Variations

- Visual perception is very dependent upon the visual images in the society of the viewer. Many viewers outside of Europe and North America have difficulty seeing both of the women in this drawing. They are simply not familiar with the visual conventions used by the artist. Redraw the illustration so that it shows a woman with a head covering appropriate for the local area.
- Obtain an illustration of a similar visual concept that is part of your own society. The illustration to the right is taken from an ancient rock carving in South India and can be used in much the same manner as the

woman's picture. Can you see both of the cows in the drawing?



Following Written Instructions

Communications problems occur with written materials as well as when we speak. This exercise can be used to help illustrate the need to read carefully.³⁵

Purpose

To show the need for careful reading of written materials. To show the value of clearly understanding the nature of a task.

Group Size

Any size group can be accommodated. Large groups (more than 20 participants) could be divided into smaller groups for discussion purposes.

Time Required

Thirty minutes, including discussion.

Setting

Any place where the participants can read the exercise materials and can write or draw as required.

Materials

One copy of the *Written Instructions Exercise Sheet* and a pencil for each participant.

Process

- Tell the participants that they are being asked to participate in a short written communications exercise. Explain that the exercise is not a test, but that they are to work as rapidly as possible.
- Explain that you will distribute the exercise, but that no one should begin until they are given the signal from you. Explain that all other directions will be on the exercise sheet.
- Hand out the *Written Instructions Exercise Sheet* face-down. Distribute pencils as required.

- When every participant has a pencil and the exercise sheet, ask them to turn over the sheet and begin.
- Stop the class after it is obvious that all the participants are completed.
- Discuss the learnings from the exercise. Some of the participants will have ignored the first instruction and will have carried out the instructions which follow. The exercise is almost self-explanatory once everyone has read the last item.

Possible Learnings

- Even good readers can miss important directions. Poor readers may not understand written directions.
- Poorly written directions can be dangerous. Failure to follow directions can also be dangerous.
- Different people have different levels of reading skill. Some instructions cannot be done well in writing because the user cannot read well enough to follow the instructions.

³⁵ This exercise has appeared in a number of different forms, but was most likely adapted from the exercise *Test Your Concentration* in **Training and Continuing Education: A Handbook for Health Care Institutions**, pages 139-140, Copyright © 1970. Chicago, IL: Hospital Research and Educational Trust. Reproduced with permission.

Written Instructions Exercise Sheet

1. Read everything before doing anything, but work as rapidly as you can.
2. Put your name in the upper right-hand corner.
3. Did you want to come to this course? . . .
4. Draw a circle around the title of this paper.
5. Put your initials below your name.
6. Are you happy with your work? Underline: Yes or No.
7. Slap your neighbour on the back.
8. Do you like your post? Underline: Yes or No.
9. Are you satisfied with the health system in the country? Circle: Yes or No.
10. Write the name of your superior:
11. Write the name of your occupation:
12. Would you like to have more freedom in your work? Write your answer:
13. Are you happy with your friends? Circle: Yes or No.
14. If you have come this far, speak out loudly your first name.
15. Raise your hands.
16. If you have followed the instructions so far, please go to the black-board and say, I have.
17. Say loudly A, B, C, D, E, F, G.
18. Please do not utter a word until the whole group is finished the exercise.
19. Now that you have read the instructions carefully, do only what sentences 1 and 2 tell you to do. Please do not give away this exercise by way of comment or explanation. Let us see how many persons followed these instructions correctly.

Rumour Chain 1

The most common communication in an organization may be through gossip and rumours. Rumours spread very fast in an organization that does not have a good communication system. Unfortunately, rumours are usually distorted and are often incorrect.

This exercise, and the one which follows, can be used to look at the process and effects of rumours.³⁶

Purpose

To show how a message can be mixed up when sent orally through a chain of people.

Group Size

Unlimited, with a minimum of eight.

Time Required

Thirty minutes.

Setting

A room with chalkboard and chalk and a second room or waiting area. Organize the chairs or desks in a circle in the main room. The second room should be separated well enough that the participants cannot hear what is happening in the main classroom.

Materials

One copy of *The Original Message Sheet*. Five slips of paper or straws of different sizes for deciding who will take each role.

Process

- Ask for five volunteers and take them to the second room. Allow them to draw slips of paper to decide what roles they will take. The roles are Sarpanch, Social Worker, Nurse,

Doctor, and Project Director. Explain that you will be calling the volunteers into the classroom one at a time.

- Return to the main classroom and explain the exercise to the rest of the class. Explain that they will be Observers and should note what happens to the message as it goes from one person to another.
- Call in the first volunteer (the Sarpanch). Read the message aloud to the volunteer. Do not allow the volunteer to make any written notes about the message.
- Call in the second volunteer (the Social Worker). Have the first volunteer repeat the message to the second volunteer. It is important that each volunteer repeat the message in his/her own way, without help, and without notes.
- Call in the third volunteer (the Nurse) and have the second volunteer repeat the message to the third. Repeat for the fourth and fifth volunteers.
- Ask the fifth volunteer (the Project Director) to write the message received on the chalkboard so that everyone can see the final message.
- Compare the message received with the original. Ask the observers to report what they saw and heard. Ask the volunteers to discuss the experience and their feelings.
- Complete the exercise with a discussion of the problems of distorted messages in our work and life situations.

Possible Learnings

- It is impossible to remember and repeat a story with too many unfamiliar facts and names.
- Oral messages must be kept simple.
- A better understanding usually occurs if the listener repeats the message back to the speaker. The speaker can then correct for errors.
- Messages should come directly from the original source.

³⁶ Adapted from: J. William Pfeiffer and John E. Jones, Eds., **A Handbook of Structured Experiences for Human Relations Training, Vol. II Revised**, copyright © 1974. San Diego, CA: University Associates, Inc. [*Rumour Clinic: A Communications Experiment*, pages 12-13.] Used with Permission.

This variation was adapted from *Grapevine or Rumor Chain*, pages 136-138, **Training and Continuing Education: A Handbook for Health Care Institutions**, copyright © 1970. Chicago, IL: Hospital Research and Educational Trust. Used with permission.

- More than one listener at a time can save time and error.
- Main points should be emphasized.
- Write the message. Underline or capitalize the important points.³⁷
- Medical facts are more complicated than a village story. Do not try to reach too many facts in one teaching lesson or the listeners will be confused.
- Improvements in person to person communications in work situations may also be discussed.

The Original Message Sheet

Write the following message on a piece of paper or card for reading to the first volunteer.

My name is Justo Paz.

I am very angry because Jesu Benevido, who is secretary of the Farmer's Club, told me to keep my goats off his land, which he is not using.

Anyway you should know that Jesu has taken at least two bags of wheat which is given for the children's feeding program. His wife, Felicia Benevido Paniagua is supposed to be in charge of the wheat because she is the Village Health Worker in our village of Paraiso.

Besides that, Felicia Paniagua has refused to visit my wife when she was sick.

Variations

Any situation related to health activities can be used in this exercise. The following variation is set in a hospital with a Nursing Superintendent, Departmental Supervisor, Ward Sister, Senior Staff Nurse, and a Staff Nurse.

In the past it was the rule in the Dharamraj Hospital, that the Ward Sister should tell the family when a patient is put on the serious list.

Recently Mr. Biswas, the Hospital Administrator, has decided, with the approval of the Nursing Superintendent, that the Ward Sister should notify the Admissions Office, which would then send word to the patient's family.

Mr. Biswas explained that this change would centralize the responsibility for sending such information.

³⁷ [Capitalisation and underlining still work with hand written notes but not with typed (keyboarded) text. Modern word processing practice sensibly avoids words in upper case (all capitals) or underlined. Use bold or coloured text for emphasis. LZ 2008]

Rumour Chain 2

This exercise looks at how an organization uses information that comes as rumour.

Purpose

To help students solve problems that come to them as rumours.

Group Size

Six to twelve participants.

Time Required

Thirty minutes to one hour.

Setting

Room organized for a staff meeting. Chalkboard and chalk would be useful.³⁸

Materials

One copy of the *Project Director's Instruction Sheet*.

Process

- Ask for a volunteer or select an individual to act as the Project Director. Give this individual five minutes to read the *Project Director's Instruction Sheet*.
- While the Project Director is reading the instruction sheet, explain to the class that they are members of the staff of a Village Health Project. They have been gathered together by the Project Director to discuss a problem.
- Introduce the Project Director to the group and let the participants discuss the problem and its solution for fifteen to thirty minutes.
- Close the discussion when a reasonable solution has been found, when the group requests assistance or when your time limit is up.
- Ask the participants to explain their feelings about what happened. Discuss the difficulties of solving problems that arrive as rumours.

Possible Learnings

- See the notes above for Rumour Chain 1.

- Speaking directly to the source of a complaint is the only way of getting an undistorted message.
- Administrators should find out the real reason for a problem rather than reacting to a rumour.
- Good administrators should develop ways for complaints to be brought to the organization without needing to go through informal gossip channels.

Variations

- The exercise could start with the selection of the five participants: Raju, the President of the Village Health Committee, the Social Worker, the wife of the Project Director, and the Project Director. You could then pass the message through the participants as you did in the Rumour Chain 1 exercise. Ask the Project Director to call a meeting of his staff (the rest of the class) to discuss the problem.
- Role cards could be made for each participant above plus Kusum. Move the selected participants to a separate room where they cannot hear the staff meeting discussion. Explain that they could be called to the staff meeting to explain their knowledge of the facts in the case if requested by the Project Director.

³⁸ [Chalk, and chalkboards, seem to be extinct species. Today we are more likely to either use whiteboards and erasable pens, or large sheets of paper and coloured felt pens. LZ 2008]

Project Director's Instruction Sheet

You are the Director of a Village Health Project. Raju, a villager complained to the President of the Village Health Committee about a sad situation which happened yesterday. The complaint was repeated to the Project's Social Worker, who repeated it to your wife. Your wife repeated the story to you.

You must deal with this serious complaint. However, before you decide what to do, you want to get the opinion of your staff. You have called a meeting of your staff and they are gathered together.

This was Raju's complaint as told to you by your wife:

Yesterday morning was the day when Raju's wife, Sita, should have gone to Kusum, their Village Health Worker, for her pre-natal check-up. But Sita was not well and she sent her daughter, Draupathi, to inform Kusum that she would not be able to go.

Sita also told Draupathi to ask Kusum to come and visit her.

Raju says that Kusum refused to visit his wife. His wife had an argument with Kusum last week about the amount of food given to the children in the feeding program. This is why she refused to come.

Yesterday night his wife became sick and began vomiting. He went himself to Kusum and begged her to come and see his wife. Again she refused. This morning Sita had a premature boy. The baby is so small that it will not live. It is his first boy after having five daughters!

Raju says that Kusum is a bad woman. He says that he has repeatedly told the President of the Village Health Committee that she is a bad woman. But, he says, the President never did anything about it. Now he says "*if anything happens to my baby boy, I will kill Kusum*".

Your staff are waiting for you to begin.

Decision-Making: An Emergency Trip

Time is often used as a resource in exercises. In many situations it is necessary to respond quickly. In this exercise, the limited time is used to simulate the stress of a response to an emergency.

Purpose

- To develop decision-making skills.
- To develop the ability to work well under stress.
- To demonstrate group versus individual decision-making.

Group Size

Small groups of four to ten persons.

Time Required

One to one and one-half hours.

Setting

A circle of chairs or similar setting where the students can work alone for 15 minutes and then participate in a group discussion.

Materials

- One copy of the *Emergency Trip Instructions* and a pencil or pen for each participant.
- Chalkboard and chalk or similar facility for recording group responses.
- One copy of the Emergency Trip Rationale Sheet for the instructor.

Process

- Distribute a copy of the Emergency Trip Instructions to each participant. Read the instructions aloud with the group and begin timing.
- Announce the time left at the end of five, ten and fourteen minutes. Write the list of items on the chalkboard while the group is working.
- Stop the group after fifteen minutes.
- Tell the group that you are giving them an additional fifteen minutes to come to a group consensus. The group should use the list on the chalkboard to record their group's decisions.
- Announce the time left at the end of five, ten and fourteen minutes. Stop the group after fifteen minutes.

- Discuss the problems that arose in the exercise.
 - *How many people changed their lists under group pressure?*
 - *How did that make you feel?*
 - *Why did you change?*
- Discuss each item, examining the nursing reason for ranking each item as high or low priority.

Possible Learnings

- It is often necessary to set priorities.
- Making decisions under stress is difficult, pre-planning would lower the stress.
- Group decisions are not necessarily better than individual decisions. Questions of factual information will usually be improved by a group decision. However, on emotional issues or matters of opinion, the person with the loudest voice or highest status may unduly influence the group.

Variations

- Individual or group rankings could be compared with the ranking established by the instructors or the nursing staff.
- Other lists could be prepared which require a similar decision-making process.
- Concentrate the discussion on the two most popular and the two least popular items.

Emergency Trip Instructions

You are a member of the ambulance team in your small, rural hospital. You have a sudden call from a health worker who says that "a cholera patient was being brought to the hospital in a cart. The cart has had a bad accident about 5 km. (3.1 miles) off the road."

When you ask about the condition of the patient and other injured persons, you are told the following:

- The cholera patient is nearly in shock, and is complaining about a pain in the left arm and chest.
- His wife, who is eight months pregnant, is having labour pains following the accident.
- The cart driver is haemorrhaging from a wound on the scalp, and has a compound fracture of the right arm.

You have very little time to get ready but the items on the list below are in the ambulance. The ambulance will take about 15 minutes to get you as close as possible to the accident. During that time you must decide which of these items will be needed to treat your patients. You will then have to walk the last 5 km. carrying your gear.

Place the number 1 by the most important item. Place the number 2 by the next most important item. Continue through the list with the 3rd most important item, and so on, until the fifteenth (least important).

You have only 15 minutes to do this.

- . . . Cord tie
- . . . Spirits
- . . . Tourniquet
- . . . I.V. Fluids and giving set
- . . . Arm splint
- . . . Sterile dressings
- . . . Delivery forceps
- . . . Bottle of blood
- . . . Jerry can of water
- . . . Penicillin injection
- . . . Nitroglycerin tablets
- . . . Blankets
- . . . Savlon
- . . . Aspirin
- . . . Cholera vaccine

Emergency Trip Rationale Sheet

The items below have been ranked by a health specialist in their order of importance. Individual groups might change the order of items, however there would have to be a very good reason for moving an item near the top to the bottom, or vice versa.³⁹

- 1 **Jerry Can of Water:** For drinking by all patients, cleaning wounds, washing your hands, and sponging the cholera patient to reduce fever. The Jerry Can is heavy to carry, but unless you are sure there is a good supply of safe water near the accident you should take your own.
- 2 **Cord Tie:** It will be needed to tie the cord if the baby is delivered. Also, it is very small and easy to carry.
- 3 **Spirits:** Use as an antiseptic for the end of the cord if the baby is delivered, and as an emergency antiseptic for cleaning around wounds or cleaning your hands if the baby needs to be delivered.
- 4 **Sterile Dressing:** Useful to stop the bleeding from the scalp and to protect the compound fracture site from dirt. May also be used to cover the baby's cord stump.
- 5 **Savlon:** Use as an antiseptic and for cleaning wounds, your hands, etc.
- 6 **Nitroglycerine Tablets:** Maybe useful for treating the chest pain if you know that the person has a history of angina. Likely best not to use them in this case; pain may be due to the injury or fear. However, the nitroglycerine tablets are easy to carry, so you might as well take them.
- 7 **Arm Splint:** A bit bulky to carry, but would be of help in moving the cart driver. You can improvise a sling from cloth if you can't carry the splint.
- 8 **Tourniquet:** Only useful if someone is bleeding heavily from an arm or a leg (no one here); but might be useful in case the injuries were not correctly reported.
- 9 **I.V. Fluids and Giving Set:** May be useful for the cholera patient, but will require constant attention while transporting the patient.
- 10 **Blankets:** Useful for keeping patients in shock warm and for improvising stretchers, but will be bulky and heavy to carry. These may be more important if the weather is cold or it will be a long time before you can get the patient back to the hospital.
- 11 **Delivery Forceps:** Likely not necessary. The mother will either deliver spontaneously, or the labour will stop or she will need expert help from the midwife at the hospital.
- 12 **Penicillin Injection:** Not a first aid measure.
- 13 **Cholera Vaccine:** Not a useful first aid measure. Anyone who requires the vaccine can receive it back at the hospital.
- 14 **Aspirin:** Provides mild pain relief and fever reduction; not a first aid measure. Contraindicated (forbidden) for persons with stomach upset (the cholera patient).
- 15 **Bottle of Blood:** Cannot be safely administered to anyone unless their blood type is known and cross-matching is done in the lab.

³⁹ The terminology may need to be changed for your local area. A large metal water can may not be called a Jerry Can in your area, for example. The type of accident, the items themselves, and their use have been carefully selected to be as universal as possible. Medical doctors [and other health professionals] should please note that the situation requires walking and that the list of items in the ambulance represents a rural service.

In the experience of the author's, even these items would not be readily available in many ambulances. Please note that it is also assumed that the ambulance does have petrol, and that its use has been authorized. We have to make some assumptions when setting up learning exercises.

Two Role Plays: VHWs

The role play exercise⁴⁰ is particularly useful for gaining an understanding of someone else. Through playing the role of the other person we can often begin to understand the feelings (fear, hopes, etc.) and problems of another person.

Purpose

- To find out if the participants have clearly understood the concept of the Village Health Worker.
- To explore techniques for discussing and motivating village people to choose a Village Health Worker.

Group Size

The two role plays described each require five role playing participants. Another two to ten participants could observe the interaction and participate in the discussion. Larger groups should be broken into groups of seven to fifteen participants, with each group performing the same role play simultaneously in their own work area.

Time Required

About one hour for each role play.

Setting

Each group requires an area where the group can perform and be observed. classroom or similar area should have its desks pulled back to the wall, and furniture rearranged to portray the specific setting (office or home). chalkboard, etc. is often useful for the discussion following.

Materials

- Individual cards or sheets of paper with a role description or each person.
- One copy of the general setting instructions for the instructor to read aloud to the participants.

Process

- Explain the purpose of the activity. Explain that the participants will be attempting to

⁴⁰ This unit describes two role play exercises. The objectives and process directions for each role play are the same. The roles described on the role-play materials and the settings are very different. Do not get the role cards and other materials for the two exercises mixed.

portray a specific individual with his/her own needs, problems, fears, etc. The role player should attempt to actually become that person for the purpose of the exercise.

- *What would this person do now?*
- *Why would he/she do that?*
- *What family problems, fears, traditions, etc. would affect this person in a situation such as this?*
- Read the description of the general setting aloud to the whole group.
- Explain the role of the observers. The observers should watch for situations where the role player acted out of character, where the interaction was particularly good, and where the Village Health Worker could have done something else to be more effective.
- Divide the group, assigning and handing out the role cards for the role players and identifying the observers.
- Give the role players five minutes to read and prepare their roles. Have the observers move the room furniture as required and set the scene for the role play.
- Call the role players and the observers to order. Read the description of the general setting aloud again, identify the stage setting ("*This is the health centre*"), and introduce the participants.
- Allow ten to fifteen minutes maximum for the role play itself, stopping the activity when either that specific scene is finished, or when the activity has been distracted away from the purpose of the exercise.
- Ask the observers to make some specific comments from their observations, and introduce the general questions for discussion.
- It is often useful to rerun the role play with the same or different players when one of the players or observers makes the comment "I think that it would have been better if . . .".

Possible Learnings

- The Village Health Worker must listen to the needs of the villages.

- Communication means a two-way exchange of ideas.
- Most people need information before they will act, however some people will adopt new ideas without much thought of the consequences.
- There are many different approaches to the same problem, and in development work they may all be right (or wrong).

Variations

- As mentioned above, rerun the exercise with the same or new participants to try different approaches to the same problem.
- Use a tape recorder to record the conversation. This recording can be played back as part of the discussion to refresh the participants' memories of what they did. The tape can also be replayed for just one or two people who want to improve their own performance or for the whole group.
- Arrange individual discussion sessions between the instructor and a participant, or between an observer and a participant to suggest specific performance improvements.

First Role Play Materials

Prepare one card containing the description of the setting for the instructor, and individual cards describing each of the roles which follow.

Setting: *Two participants are returning to their health centre after a one month course on Village Health Workers. They want to share what they learned and experienced about Village Health Workers with their three other companions at work.*

They will meet in the Meeting Room of the health centre.

First Participant: *You are very enthusiastic about the Village Health Workers and have decided to have some in your project as soon as possible.*

Second Participant: *You were impressed by the work done by the VHWs in the project where the course was held. You think that the people in their area are very different and doubt that it would be possible for you to include VHWs in your project.*

One Nurse: *In-charge of the project. You are skeptical about the VHWs efficiency and do not believe that they can be trained to look after the health of the community.*

Two Other Workers: *[two cards] You are open to the idea, but know nothing about it. You are eager to hear the experience of the two participants. You do not reject, a priori, the idea of having VHWs with you. You feel that VHWs can be trained, and that the people from your area are probably no worse than any other.*

Second Role Play Materials

Prepare one card containing the description of the setting for the instructor, and individual cards describing each of the roles below.

Setting: *Two Health Workers have to meet the Panchayat Committee to motivate them to select a Village Health Worker for their village. The Health Workers have already discussed the idea several times with the Panchayat and the village people. Up to now the Committee and Villages do not seem to have seen the advantage of a Village Health Worker scheme.*

This meeting is at the home of the Panchayat President.

Two Health Workers: *[Make two cards] You are very keen to have a VHW. Without a VHW you know that it will be very difficult to reach the people.*

Panchayat President: *You are not keen to have a VHW now because the elections are due in three months. You fear that if there was a VHW the Health Workers would come to the village less often. You want to use the presence of the Health Workers in the village to support your election campaign. You are a good politician so you won't admit to anyone what your reasons are for opposing the VHWs.*

One Panchayat Member: *You are a Harijan. You understand the good that would come to your family and neighbours if there was a VHW in the village.*

Another Panchayat Member: *You are undecided on the idea of having a VHW in the village.*



Jobhiho Village: A Role Play on Power

The role play does not have a script. The players have a general set of directions, but they react to the situation in a spontaneous manner. They must remember the limits to their role but they play the role according to their own feelings.

This role play is somewhat more complex than the preceding two role play exercises. As described below, this is a large group exercise.⁴¹

Purpose

- To increase the awareness of the social and economic forces which affect the life of the community.
- To experience the feelings of different groups within the power structure of a village.
- To help understand the effect of these forces on health care.

Group Size

This is a large group exercise. A minimum of twelve to fifteen people are required. With care the exercise can accommodate up to forty participants.

Time Required

A minimum of one hour. Larger groups require more time than smaller groups due to the process of the exercise.

Setting

A classroom or other large space. The various power groups can be assigned areas in different corners of the room.

Materials

A chalkboard and chalk or suitable substitute for drawing the community map is the only resource required.

Process

- A map of Jobhiho is included. This map may be modified for any region or country. Ask the participants to name their village.
- Draw the map of the village on the chalkboard. The map is an outline of the land

owned by the people of the village. Jobhiho Village has a river running through it; however other villages might be centred around a well, a market-place, etc.

- Call volunteers one by one to the chalkboard and ask each one to choose which part of the land is his according to the following:
 - 1st landlord owns 40% of the land.
 - 2nd landlord owns 35% of the land. - 3rd landlord owns 15% of the land.
 - 4th landlord owns 7% of the land.
 - 5th landlord owns 3% of the land.
- Ask each landlord to draw the location of his house, well and other buildings that would be typical for a landlord in the area. They should also write how many of various kinds of animals they own, what crops they grow, machinery they own, etc.

Note: The instructor must be prepared with realistic data about the community to help in this process.

- Other participants are then assigned the roles of landless labourers, craftsmen, etc. as appropriate for the local community. Give the various groups five minutes to discuss their role within their groups (landlords, landless labourers, craftsmen, etc.).
- Direct the landless labourers and craftsmen to go to the landlords and ask for work, a place to live, etc. Remind both landlords and the landless to be realistic in their acting, forgetting their own personalities.
- Let the role play continue until divisions between the 'haves' and the 'have-nots' have become obvious and feelings are aroused. Stop the play when feelings are running high.
- Lead a discussion of the experience. Some useful questions might be:
 - *How did the landless feel toward the landlords?* It is our experience that many people have difficulty talking about their feelings. They will try to answer the question "*How did you feel?*" with "*I did . . .*"

⁴¹ Learning exercises can often be combined for better learning. This exercise, for example, could be followed by a case study such as the *Case Study on Vishalnagar*.

Use this exercise to get the participants to examine their feelings instead of the specific activities that they did.

- *Was the treatment the landless received just?*
- *Did the landless try to take any action against the landlords? Were they successful? Is it easy for the poor to get power?*
- *Is the situation in the role play a common one?*
- *Can you give actual examples of injustices?*

The instructor should take care to ensure that this session doesn't become a collection of 'horror stories'.

- *How would such an atmosphere affect the work of the health teacher beginning a project in the village?*
- Summarize by asking the participants to list their important learnings from the exercise.

Possible Learnings

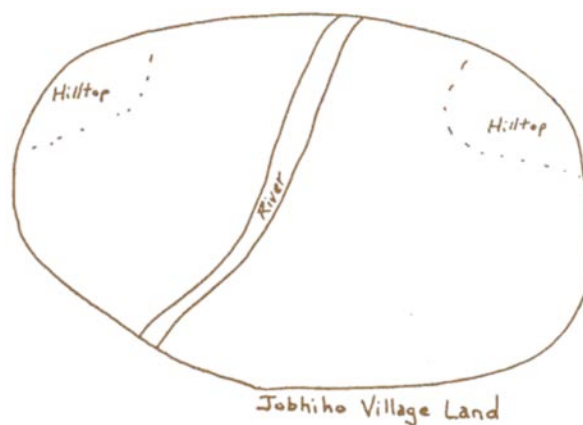
- Power is usually in the hands of the rich who are seldom concerned for the welfare of the poor.
- It is difficult to gain power without wealth or political support.
- The power of the wealthy controls almost any action taken to organize or develop a village unless great care is taken to find ways of involving all members of the community.
- Injustice of rich landlords toward poor and homeless. They have not experience unemployment or hunger; they usually have no sympathy for the unemployed, hungry or landless peasants. The rich often feel threatened by the poor.
- Labourers are desperate, angry and distrustful. They are easily turned against even one who tries to help them because they can't believe that anyone is really concerned about them.
- Smaller landlords are often more sympathetic, but are not very able to help. They are in danger from both sides when they try, and in fact, often feel that they have more to lose from change.

- The usual situation in villages is that the big landlords control the houses, jobs, Sarpanch (the landlords can buy or control voting), groups of goondas, police, etc.
- It is necessary to understand the social, political and economic situation of a village in order to know how to help.

Variations

- Establish other roles aligned with the landlords or the landless:
 - police
 - money lender
 - government official
 - community development or extension agent.
- Put pressure on the landlords and/or the landless through changes in the basic situation:
 - the harvest requires workers immediately or the harvest will rot.
 - one of the families is having a wedding. The landless workers must obtain time-off from work to attend the wedding (one week) and money for the gifts.

The Jobhiho Map



Choosing a Village for a Community Health Program

Group discussions need a strong topic to be effective as learning tools. This discussion could be used with a group of trainees at the end of their training session to apply the course learnings.

Purpose

- To encourage group decision-making activities for health trainees.
- To increase awareness of the forces in a village which affect the success of a village worker program.

Group Size

Small groups of six to ten persons, the maximum size limited by the facilities available.

Time Required

One hour or more depending upon group size.⁴²

Setting

Classroom or similar large space for the large group discussion plus discussion areas for each small discussion group.

Materials

- Chalkboard and chalk or suitable substitute.
- One copy of the Village Information Sheet for each small group participating in the exercise.

Process

- Introduce the exercise to the group, divide the participants into small discussion groups and assign a location for each discussion group.
- Give the groups twenty minutes to select the village that they recommend for a Community Health Program. Tell them that they must be ready with reasons for their choice.
- After the groups have selected their village, reassemble the small groups into one large group. Have one member of each discussion group present their selection to the whole

group. Record the selections and a summary of the reasons on the chalkboard.

- Send the small groups back into their separate locations to reconsider their choices for ten minutes.
- Reassemble the large group, check for changes in the village selection. Conduct a discussion on the selections.

Possible Learnings

- Communication and transportation facilities are important to helping people be involved in development projects.
- The objectives of a Community Health Program will determine which people will be served.
- Tradition is a strong factor in any development project.
- Health development projects are more likely to succeed if the people affected are involved in making the decisions for the projects.

Variations

- Let some of the participants role play the members of each village. They can be 'visited' and 'interviewed' by the members of the groups making the village selection.
- Let the groups establish the objectives for the Community Health Program before introducing them to the four possible villages.
- Provide the groups with a set of objectives and budget constraints before introducing the four villages.

⁴² Note: Keep the timing flexible. Adjust the time allowed for each part of the exercise if groups need more time, or if they finish their discussions earlier than expected.

Village Information Sheet

You are members of a team to choose the location for a Community Health Program. You will have a limited time to make your selection based on the information below.

Once you have selected the location for the Community Health Program you must prepare a list of reasons for your choice. One member of your team will be asked to present your selection to the large group.

Village A:

The village council is in favour of the program. There is a traditional healer in the village. The village priest is doubtful about the program.

Village B:

The leaders of the village are in favour of the program. They have offered a location for the clinic. There is a local midwife in the village.

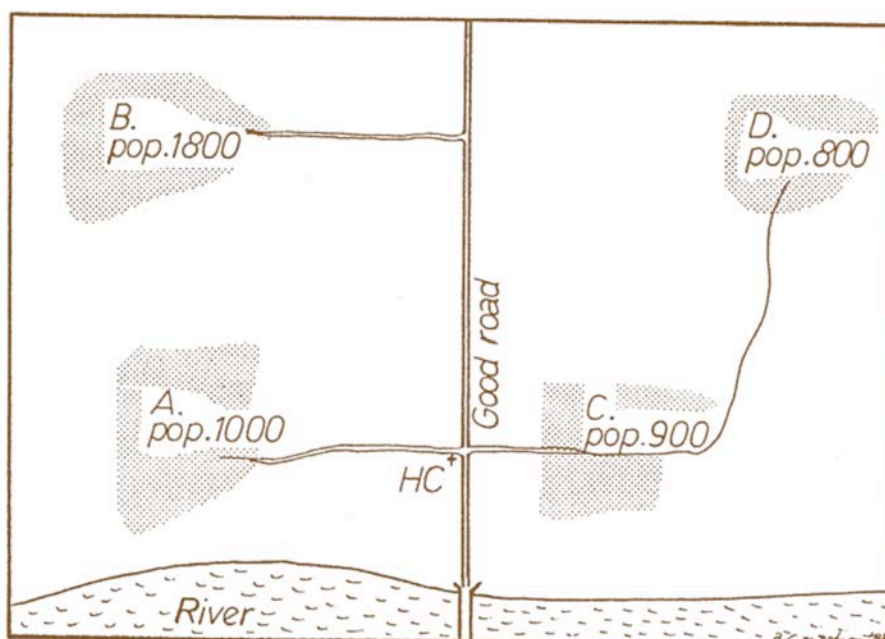
Village C:

A teacher has invited the health team to the village. The village leaders feel that a meeting of the people has to be called to decide the issue, but they themselves are in favour of the program.

Village D:

The people are very traditional and against change. They are uncooperative with strangers and the government program. Their health status is poor. The State Government is in favour of some program being developed in this village by the team. An old lady living in the village is interested in the team's activities.

Map of the Four Villages:



Case Studies

It is often possible to learn from real events. This section presents a selection of short stories or case studies based upon real events. The names and situations have been changed slightly so that it is impossible to identify the real persons who had the problems. As well, the situation has usually been simplified to remove some of the possible distractions to a group of learners.

Purpose

- To present a realistic problem for discussion.⁴³
- To develop skills in decision-making, planning, communication, etc.

Group Size

The number of participants is limited only by the number of people who can participate in a discussion group. An ideal group size might be six to 10 persons.

Time Required

Thirty minutes to two hours for each case; depending upon the complexity of the problem, the number of participants, and the group's discussion skills.

Setting

A classroom or other area where the participants can be arranged in a circle. While a case study can be presented in a conventional classroom, with the desks oriented towards the front of the class (and the instructor), it would be preferable for all of the participants to be able to see each other and face the rest of the class. The discussion circle accomplishes this.⁴⁴

⁴³ The cases which follow represent a variety of countries and subject areas. Some of the exercises have a specific country named in the title. These exercises may be appropriate for use in other localities as well. They must, however, be adapted to these new locations. Simply change the name of individuals, organizations and communities to use the other exercises. Refer to the notes and examples in Section 2 for assistance.

⁴⁴ The case study technique presented here is very informal. The authors are aware that some institutions use the case study technique as a way of presenting an ideal solution (or the instructor's

Materials

One copy of the appropriate case study description for each participant.

The case study discussion does not require that the participants be able to read. The group leader can read the case study aloud for the group. In this situation, only one copy of the case study description is required for the group leader.

The group leader (or instructor) must not use this position to control the group discussion. If every participant has a copy of the case materials it becomes easier to participate in the discussion.

Process

- Introduce the concept of the case study by explaining that you are going to read a description of a community event. The description will be followed by one or more questions and a discussion.
- Distribute copies of the case study description to each participant.
- Read the case study description aloud to the group. Stop when you come to the first question. Often more complicated case studies will be broken into a number of events separated by questions (see the examples of the Active Case Study later in the Manual).
- Ask the participants to not read beyond the question until directed. Present the question and coordinate their discussion responses.
- Add any appropriate questions that you feel would be useful and discuss.

solution) to a problem. Business classes, for example, often look at the historical activities of specific companies as models for success. We prefer to use the technique to generate genuine discussion among the participants.

Please note that the setting and the process presented here encourages all the participants to enter into the discussion. The instructor (group leader) should be encouraged to assist the discussion. In particular, the instructor should encourage all members of the group to participate.

- When the discussion begins to falter, continue on to the next section and its questions. Repeat as necessary.
- Conclude with a discussion of how this particular event fits into the students' curriculum, and its importance.

Possible Learnings⁴⁵

The possible learnings depend upon the specific case being discussed. Typical learnings would include:

- It is important to listen to the needs of villagers.
- The health worker should be very aware of the possible problems in communication that can occur between two people or two groups of people.
- The reasons that people give for a decision or an event are often the reasons that they think you want to hear.
- Events are seldom as simple as they seem at first glance.

Variations

- The participants could be asked to prepare a written response to the questions for discussion at a later time.
- The participants could be asked to prepare a case study based upon a situation in their work (or village) for discussion by the others.
- The case study could be much shorter than the cases presented here, or it could be much longer. A long case study usually involves a history of the situation, statistics about the situation, etc. Note the differences between the various cases presented here.



⁴⁵ [Some of the learnings for the **trainer** include: there are no simple answers, there isn't a single answer to most problems, and some problems have no answer.

A case study is an opportunity for participants to discuss an issue, not to come to a predetermined conclusion. [z 2008]

Case Study: Yeshubad

Fr. Ashok was a nice person. He was always ready to help others and loved people very much. He was concerned about many of the problems that the village people faced and wanted to do something to help them.

There was no primary school within 5 kms of Yeshubad. Therefore the children remained illiterate, and ignorant. Father opened a primary school with facilities up to the second standard. It was a free school, admission being restricted to Yeshubad village people only. He was himself the principal and teacher. Seminarians passing through also helped sometimes.

With food supplies gifted by Excess Relief Supplies Inc.(ERS), of the USA, Father was able to distribute free school lunches to all the school children. This attracted more parents and children. Within the first two months the school had 170 children on its register.

After six months ERS stopped supplying any more food due to unavoidable circumstances. Father had to stop distributing any school lunch. The parents got upset and some of them were very angry. Slowly they started taking out their children one by one till only 10 children were left on the school's roll. The parents said loudly to each other: *"What's the use of learning and reading so many books, anyway. That doesn't help. Nor does it feed empty stomachs. Let the children go to the field, help their elders, learn something practical and useful which fills their stomach."* It was the harvest season.

Later on it was found that out of the 10 remaining students, 6 were the children of employees engaged by the Parish. They kept their children in the school as they thought it would please Father. Father very soon closed the school. He felt let down and demoralized.

Within a few months Father regained his enthusiasm and decided to start a housing scheme as this was another need of the people. Hardly any one had a nice house in Yeshubad except the landlord, the village headman and himself. People lived in cramped, filthy, unhygienic houses with no windows.

With an ERS donation he built 20 houses for a few of the Yeshubad villagers. The houses were nice and spacious with concrete roofs. They

were well ventilated with huge windows. Each flat was an independent unit and had one living room, a kitchen and a toilet. Father regretted that there was no tap water in the houses but money was limited.

Except for the 20 lucky families receiving free houses, others were bitter and angry. They felt Father was partial to the families living in the new houses. Father explained to the people that he had money only to build 20 houses. The people felt that the Father could have got more money.

That summer Father took some guests to see the new houses. The guests, to their surprise, found that the houses were not being used as planned. Most of the families had converted the kitchen room to store grains, household rubbish, etc. and the living room was used as a good cattle shed. All the windows were sealed with stones.

The families lived in the open even with small children. When asked, one family explained: *"We love to live in the open. We are strong and can bear any weather. But the cattle cannot. They are poor dumb animals, precious to us and need such great care. Also our grain is precious. We have sealed the windows to keep it safe from thieves. This is why our cattle and grain are inside while we live happily under the clear open sky."* People also felt that it was a dirty thing to have a toilet right inside the house, and that too without any water!

"But what about the small children?", Father asked. *"Oh, Fatherji, they are farmer's kids. If God wills to take one, He will give another little one."*

Questions:

- *What mistakes did Fr. Ashok make?*
- *How could he have avoided them?*
- *What steps should he take now?*

Case Study: Arcot

Mr. Sunder was a social worker, working in a Community Development Program in Arcot district. He was interested in improving the health status of the people. He understood that the problem of ill health was related to the low economic status of the people. He understood that the best way to solve this was through economic development with people's participation.

The main problem in his barrio⁴⁶ was water for irrigation. Although most of the families had some land the produce was very little and the food was not enough for all in the barrio.

Mr. Sunder visited the President of the barrio junta⁴⁷ and discussed this problem with him. The President was very happy to hear about Mr. Sunder's plan for water development. The President called for a barrio meeting the next day in which Mr. Sunder was allowed to present his plan.

The plan was to build a large tank to help collect the rain water. As the people were very poor, he proposed that the barrio contribute free labour. The building material would be provided by Mr. Sunder's agency.

The site was chosen and the work started. After two weeks, Mr. Sunder noticed that the number of people working at the site was decreasing.

As the days went by, more and more people dropped out. Mr. Sunder was unable to find any reason for this. Finally, only a handful of people were left.

Questions:

- *Why do you think the people dropped out of the program as they did?*
- *Who do you think will benefit if the tank is built?*
- *Comment on Mr. Sunder's way of dealing with the problem*
- *If, in your area, water is the need, what information would you need before taking up any definite program?*

Thakurpur Case Study: Free Gifts?

For the past six months, two health workers have been working in Thakurpur village. During these months they met the village people and tried to identify their main health problems.

After the six months the health workers concluded that the people of Thakurpur were not really concerned about their health. They seemed resistant to any changes suggested to them by the health workers.

For example, malnutrition was a problem in the village children. The health workers gave repeated health talks and advice during home visits. Yet nobody accepted changes in the children's feeding habits or the age of starting weaning food.

Some of the people had expected the health workers to give them something free. The health workers had discussed between themselves the possibility of distributing free food to the children under five years. This might solve the malnutrition problem.

One of the health workers, Chandra, felt that food distribution would certainly save some of the children's lives. But the other workers felt that food distribution would create difficulty in the community and alienate the people. In the end, the evils such distribution would bring, would be greater than the benefits.

Chandra pointed out that the food distribution would be an opportunity to give good health education to the mothers. This should bring the hoped for changes in the feeding habits of the children.

Questions:

- *Why were the mothers reluctant to change their habits?*
- *What are the advantages and disadvantages of free food distribution?*

⁴⁶ Small village.

⁴⁷ Village Council.

Case Study: Awash River Conservation

Our farms, located by the Awash River, are troubled with soil erosion problems. The gullies are bare of trees and grass. They have steep sides where the rain water has washed away the soil. The soil is then carried by the runoff water to a nearby power dam. The dam is rapidly being silted up.

A young government Soil and Water Conservation Officer set up a demonstration project near one cooperative farm five years ago. This project involved all the members of the Peasant's Association.⁴⁸

They agreed to stop using the land in and near the worst erosion areas. These farmers were compensated for the loss of their productive land from a 2000 sack donation of FAO wheat.

The farmers treated the gullies with check dams of straw contributed by the farmers themselves. The fertilizer was supplied from government stocks. They then planted pepper trees and similar fast growing species.

The young trees quickly made a major change on the gullies in the demonstration area. The erosion was checked as native grasses returned and the planted trees grew. Several species of small animals and various birds also returned to the area.

Now several more villages want to begin similar projects.

Questions:

- *How can the project be replicated without any grain to compensate the farmers for the loss of their productive land?*
- *How would you keep the young trees from being cut by an individual for firewood?*
- *What can be done if a farmer wants to take his land back?*
- *What can be done if someone sends his cattle to graze in the conservation areas?*

⁴⁸ All the residents of one or more fairly large cooperatively run farms. For the purposes of the exercise it doesn't matter that the farms are run cooperatively, the Peasant's Association could be any representative community group.

Case study: Chandra (South India)

Chandra is a social worker in a small community in Rajapalayam in South India. She visits the people of the village very often and gives advice to the people about the importance of having a small family. She always advises the families to have no more than two children by saying, "*we are two so we will have two*".

Gopi works in a small textile factory in the village. He earns Rs. 350/ a month and supports his wife and two little girls.

His youngest daughter was 2 years old when Chandra visited them and found Mrs. Gopi pregnant again. Chandra told her to undergo sterilization after the birth of the third child. Mrs. Gopi said her husband always wanted a boy as his first child. He could not get one and hence tried for second and third.

Despite Chandra's advice, Gopi tried again and a fourth girl was also born. Gopi finds very hard to live in the village with his Rs. 400 salary (he got an increment of Rs. 50 after 5 years). He is thinking of leaving his job and moving to a very remote area.

Questions:

- *Many cultures have a preference for male children. How can a worker encourage families to accept the children that they have?*
- *Is the sex composition of a family more important than the size of the family? Why?*
- *What kinds of actions will improve Gopi's financial situation?*
- *What kind of community pressures can be brought to bear on Gopi to get him to change his attitude?*
- *What can Mrs. Gopi do if she wants to stop having more children?*

Case Study: Ranjit (Sri Lanka)

Ranjit was the elected headman at Koodala village. He was very much interested in improving the health status of the villagers. The village had a small elementary school and a government hospital. Most people made their living either by working in the "saw mills" (timber factory) or by farming.

Ranjit found some young men going to toddy⁴⁹ shops after work and spending a good proportion of their earnings on drink. These men were not supporting their families. Their children were not sent to school but wandered around the bus stations. There they helped people by carrying things to their homes and earned 30 to 50 "cents" a day. This money helped replace some of the money that their fathers spent on arrack.

Ranjit talked to one of the young men who had become an alcoholic. He told Ranjit that "*his parents were responsible for his condition*". The man said his parents exploited him when he was a small boy and this had developed an anger in him. Ranjit heard similar stories from other young men.

Questions:

- *What action can the headman take in this situation?*
- *What will happen to the young children of these sometimes alcoholic parents?*
- *What could a volunteer health or social worker do in this situation?*
- *The young men claim to have been exploited by their parents. They appear to be exploiting their own children in the same manner. What can be done to stop this cycle of child abuse? How can you help prevent child labour when the families need the money?*
- *Who is responsible for the young men's drinking problems? How can the health worker make them see that they are responsible for their own behaviour?*

⁴⁹ A locally made liquor. The more refined liquor is called arrack.

Case Study: Yekosso Zaff (Ethiopia)

'Yekosso Zaff' is a tree whose seeds are traditionally used by people suffering from tapeworm. Large quantities of the seeds are ground and soaked in a small amount of water for a day or so before administering. The paste, called Kosso, is then thinned with water to a drinkable consistency or mixed with 'Tella' or 'Tej'⁵⁰ to reduce the bad smell and taste.

The use of Kosso has not been limited to small towns and rural areas. Kosso is much cheaper and more accessible to the poor than are the modern tablets. The major problems of the use of Kosso are that the mixture can be easily contaminated and there is no particular dosage limit. This often results in complications associated with the liver.

On the other hand, urban people suffering from tapeworms are able to obtain unprescribed and expensive tablets from the pharmacies. Their treatment often fails because there is no proper diagnosis to determine the species of tapeworm present.

Questions:

- *How can a health worker prevent abuses of the medical system? For example, what can be done to prevent a pharmacy or clinic selling medications without a prescription?*
- *How would you develop a community program to inform people about the hazards of drug use?*
- *What is the role of the 'modern' worker when traditional health treatments are being used?*
- *How can the traditional health worker be involved in development programs?*
- *Where can the worker (and the public) get correct information on the use/abuse of drugs and herbs (traditional or modern)?*

⁵⁰ Tella is a fermented drink made from grain, Tej is a fermented drink made from honey.

Case Study: Pill Pushers

Residents in a small town have recently been complaining about the large number of drugs being prescribed by government health professionals. One couple had fifteen different drugs prescribed for their newly born child. They are concerned as a child needing fifteen different drugs must be very sick. Moreover, as poor rural folks, they don't have the money to buy all the drugs.

Lower cost traditional remedies and traditional healers are gaining more respect from the rural folks unhappy with this expensive pill-bottle medicine. The rural dwellers believe that the traditional healer at least understands them and supplies value for their payment.

It seems ironic that the government is promoting the concept of low cost health care for rural areas when unscrupulous medical practitioners and "pill-pushers" are increasing the costs. However, low wages and the expectations of their patients often force both traditional and modern practitioners to over-prescribe medications.⁵¹

Questions:

- *Can the village health worker (traditional or modern) be influential in the community without dispensing pills? Is this important?*
- *How does the lowest level health worker (traditional or modern) get 'status' in the community without a kit of 'medicines' to administer?*
- *Who has more influence in your area, the modern health worker or the traditional healer? Why?*
- *Should anyone be able to dispense drugs? Or should drugs only be available through controlled sources? What kind?*
- *How should medical practitioners be paid?*

Case Study: Jose Has No Pills

Jose, a peasant farm labourer, has recently been appointed as a part-time health worker on the farm where he works. The government provides a very small allowance and training in 'preventive health care'. The land owner allows Jose time during the work day to conduct his health activities.

Jose started an information program about nutrition, better child care and preventing tooth decay. His fellow workers seemed quite pleased with the work that Jose was doing.

Last week, a friend who had been badly hurt in an accident in the cane fields came to Jose for treatment. Jose tried to explain that he wasn't trained to treat such problems and sent his friend to the government clinic about 30 km. away.

The friend has now been off work for almost a week and his family has had to travel to the clinic everyday to help look after him. Today, the land owner came to Jose and abused Jose for not treating his friends. *"I let you have time off during the work to be a doctor, but you won't do it. I have cut your pay and won't allow you to loaf on the job any longer."*

Now the preventive health care program seems to be in ruins.

Questions:

- *What is the real problem here?*
- *What can the health worker do to get status without dispensing pills and treating injuries?*
- *What is the difference between preventive health care and medical services?*
- *What responsibility does the land owner have to provide medical care for employees injured on the job?*
- *What would you do if you were Jose in this situation?*
- *Should first aid training be a required part of the training for any health worker? Why or why not?*

⁵¹ Practitioners in this area, as in many other areas, make a commission [sometimes their sole income] on all medications sold in the pharmacy.

Case Study: Santo Domingo

Magdalena is the health promoter in the vereda⁵² of Santo Domingo. She has earned the trust and respect of the families in her first year as a health promoter.

Part of her success is related to the nutrition program which she carried out in cooperation with Bienstar Familiar.⁵³ This has been well received by the 25 families in her vereda.

Recently she was encouraged by the maternal child nurse-consultant in Salud Publica to embark on a program of vaccination for all the children up to age eight. Magdalena met with the mothers of the children to explain the benefits of immunization and to establish the date and time for the vaccinations.

Running the vaccination clinic requires a bus trip into the regional capital to obtain the vaccines stored in dry ice. This takes most of the day prior to the clinic. The day of the first clinic Magdalena felt that she had worked hard to bring this benefit to her vereda. Much to her disappointment, only four families brought their children.

Later, one of her mother's friends in the vereda told Magdalena that there had been talk among the adults that the vaccines would cause sterilization among their children.

Questions:

- *What could Magdalena have done differently when setting up this program?*
- *What could Magdalena have done so that more families would have participated in the program?*
- *What can Magdalena do now?*
- *How can you change public opinion? In this case, the villagers believe that the vaccines will cause sterilization. Describe what you would do to change this belief.*

⁵² A small administrative unit.

⁵³ A community service organization.

Case Study: Women Only

One morning Mrs. Antobam left her two year old son with her husband, Kofi Antobam.⁵⁴

She rarely left her child at home when she went to work in the fields, but this morning the child was still sleeping when she decided to leave. She was responsible for looking after the children, but there was urgent work in the fields as well.

Unfortunately, the boy had developed a cold the previous night and awakened with a sharp and continuous crying.

Not knowing what to do, Kofi started out to fetch his wife from the fields which were about three miles away. Becoming angry he returned to the house without fetching his wife.

As the son lay sick on his sleeping pallet, Kofi continued to curse and abuse his wife and planned the punishment that he would mete out to his wife when she returned.

After various attempts to stop the crying, Kofi took the child to his sister's house. There he learned that the two women had gone to the fields together. "*Damn these women*", he roared.

Questions:

- *Why do you think that Kofi was unable to look after his sick son?*
- *Is there any reason why men should not share in caring for their children, even when it involves cleaning the children or looking after a sick child?*
- *Suggest ways that you might deal with a problem like this if it occurred in your village.*

⁵⁴ The agricultural work in this area is done by the women. Men have traditionally been the warriors and hunters.

Case Study: Aba Senga (Ethiopia)

Ato Euketu Tiruneh is a recently graduated agricultural extension agent assigned to a village 35 km east of Modjo.

Since his arrival in the village he has opened an extension office. He met a few elders and other influential people. He has also visited the surrounding villages. He was able to select seven 'model' farmers on whose lands he would establish demonstration plots. Ato Euketu recognized the importance of joining in community activities and has joined one of the local senbetes.⁵⁵ This organization meets monthly and exchanges views, helps reconcile quarrels, etc.

At one of the senbete meetings he learned that Aba Senga (a fast spreading cattle epidemic) was attacking the cattle in a nearby village. Already it was spreading to nearby villages.

Ato Euketu was angry and puzzled that his office hadn't been informed of the disease. He was also amazed that the people of that village hadn't come to him for free vaccines for their cattle. After some thought he decided that there must be some reason for their failure to act and questioned the members of the senbete further. He later went to the afflicted village to observe the situation.

At the home of Ato Bitchenkew he was told that despite the use of traditional medicines, Ato Bitchenkew had already lost three cattle and had a dying cow as well. Ato Bitchenkew stated that he had been visited by a 'curse' as he was the only villager with affected cows.

Ato Euketu responded that if the villagers had come before the outbreak of the epidemic he could have provided vaccines for all the cattle in the village free of charge. He argued that vaccinated cows did not die from Aba Senga and that he would arrange for a vet-technician to treat the dying cow and the other cows in the village, all free of charge.

Ato Bitchenkew would not agree with this and stated that "*the modern medicines would not work as even the strongest traditional medicines*

had not worked". He insisted that there must be a curse.

After much discussion he informed Ato Eketu that "*We have tried this modern medicine that you are talking about long before you came. We were forced to pay Birr 0.25⁵⁶ per head of cattle! And what were we left with? The cattle died and we had paid our money to kill them! Almost all of the vaccinated cattle died, so we decided that we wouldn't use a vet-technician ever again! Thanks to God it has been a long time since they were here. Now you come and tell us that the vaccines are a good thing!*"

"Please Ato Euketu, you have been good to us so far, and we don't want any trouble. Please leave us alone!"

Later, Ato Euketu heard the same story from his closest friends among the farmers.

Questions:

- *How could this happen?* Ato Euketu knows that the vaccines and vet-technician are provided free of charge.
- *What should Ato Euketu do to save the cattle in the other villages in the area?*
Should he use coercive measures to force the vaccination of all the cattle?

⁵⁵ Community organization, lowest level political organization.

⁵⁶ The Birr is the Ethiopian unit of money.

Case Study: The Vegetable Seeds

Malgini works in an office in Colombo. Every weekend she returns to her home village where her parents and grandfather still live.

Malgini purchased several packets of vegetable seeds from the market which she has planted in the yard near the family home. She has also shown her mother how to prepare these vegetables to supplement the usually meagre diet for the grandfather and smaller children in the family.

Her younger brothers and sisters love taking fresh carrots and peas from the garden and eating them fresh. Her grandfather appreciates the softer cooked vegetables rather than the rough lentil diet that he was having trouble digesting. All members of the family are much healthier.

As well, her grandfather has begun showing off the garden to all of his friends and neighbours and tends the garden during the week. The neighbours are now pressing Malgini to get seeds for them. However Malgini cannot afford enough seeds to satisfy everyone.

Questions:

- *What kinds of development does this project demonstrate?*
- *How would you deliberately try to establish such a garden growing project?*
- *What can Malgini do now?*

Case Study: The Fruit Sellers' Children

A health worker visited the village of Mengabong Besar⁵⁷ with the agricultural extension agent to observe the results of a kitchen garden project. The extension agent has had a project in this village for three years. The women of the village take homemaking courses, including a course on caring for a kitchen garden.

The health worker observes that each household has a beautiful garden with leafy greens such as sayur pahit, sayur puteh and sayur manis. Some of the families even have well-tended papaya trees and buah marquisa (passion fruit) trees.

The whole village is neat, the weeds have all been removed and there is an abundance of vitamin-rich garden produce. One woman boasts of the money that she has made from selling her produce at the Sunday tamu (market).

However, the worker also observes that the village children are pale and look malnourished.

Questions:

- *Why might the children be looking malnourished in an area that has so many fine foods?*
- *How would the health worker find out the real reasons for the problem that he observes?*
- *What factors cause people to raise fruits and vegetables for market rather than using them for their own diets?*
- *What kind of food taboos exist in your home town area?⁵⁸*
- *Why are 'Western' food habits more desired than local foods in some areas?⁵⁹*

⁵⁷ This case specifically describes a village in Malaysia, however the authors have observed the same situation in other countries.

⁵⁸ In the area of this case study the people believe that some kinds of bananas cause dizziness and that boys who eat papaya will become too feminine.

⁵⁹ In this area, apples, oranges and grapes, all very costly, are preferred to local fruits because of television advertising.

Case Study: Vishalnagar (India)

A group of Health Workers were living in a Health Centre one mile away from Vishalnagar.

A landlord of this village requested that the Health Workers open a dispensary. He agreed to donate land for the building. The Health Workers opened the dispensary.

After they had been working there for about six months some people from the village threw stones at them. The Health Workers were at first shocked by this violence. After some days they decided to ask an outside agency to help them find out what had gone wrong.

The outside agency did a survey of the village and found some of the information below:

- **Population:** Vishalnagar has a population of 525. There are 90 households in the village. The average number of people per house is 5.8. The average number of children per house is 2.7.
- **Economic structure:** Most of the village people depend on agriculture for their livelihood. The total acreage under cultivation is about 400 acres.
- **Land holding pattern:** The land of the landlords is cultivated by tenants but there is no document to prove the tenancy. These tenants are small farmers and landless labourers.

At harvest time 50% of the produce goes to the landlord and the remaining 50% (after subtracting the price of seeds, fertilizers, electricity bill) is distributed among the tenants.

- 1 farmer has 250 acres
- 1 farmer has 100 acres
- 1 farmer has 30 acres
- 17 families have some land (less than 2 acres each)
- 66 families are landless labourers
- **Income:** There are 36 cows, 16 bullocks and 19 buffaloes in the village. Except for 10 animals the rest of the livestock belong to the three landlords. The animals are cared for by the Harijans for which the Harijans receive Rs. 3 to Rs. 5 per month as wages. For farm

labour women are paid Rs. 2/- per day and men are paid Rs. 4/- per day.

- **Credit:** The landlords are the main money lenders. There are no cooperatives or banks in the village.

The village people take loans mostly to buy grains when they have no work, for marriages and for funerals. They have to repay the loan during the harvest season and the amount is cut off from their wages. The interest rate is between Rs. 10 - Rs. 100 per month. Normally after the loan has been cut off a labourer gets no more than Rs. 15 - 20.

- **Housing:** The landlords live in good houses. Most of the Harijans live in little huts.

A few years ago the Government donated some land to 30 Harijans to build their houses. As some of the land was outside the Panchayat's limit the Harijans were not able to get finances to build all the houses. Only 15 houses could be completed.

At the time of the survey seven of the 15 houses were in the hands of the landlords (mortgaged). The houses in the possession of the landlords were rented out to the Harijans for Rs. 10 per month.

- **Political structure:** The Panchayat office is situated in the neighbouring village. There are two panchayat members in Vishalnagar. These two members are the puppets of the landlords. After their election to the Panchayat, they have got the Government grant to dig two drinking water wells, electrify the village and build the 15 Harijan houses.
- **Religious groups:** The whole village celebrates the festivals of different religions together.
 - Hindus - 66.2%
 - Christians - 33.5%
 - Muslims - 0.3%
- **Caste Structure:** There are 3 main castes in the village:
 - Reddys - 25.7%
 - Harijans - 37.2%
 - Vaddas - 17.4%

- Others - 19.7%

Of these the Reddys are the dominant caste. Untouchability against the Harijans is still practiced. The Harijans are not allowed to take water from the same well.

- **Health status:** The staple diet is ragi, dhal and green vegetables. The rich landlords have two meals in a day whereas the poor people have only one. There were no serious illnesses in the last year except for two cases of asthma. The mortality rate in children is low. 10% of the Harijan families had limited their family size by the birth control operation.
- **Health services:** There are no private practitioners in the village. The Government hospital is about 2 miles away. The dispensary run by the Health Workers does not get more than one or two patients per day. The Health Workers were giving medicines, grains, milk powder and clothes to the landlord for distribution among the poor but these things never reached the poor.
- **Needs:** When asked what the people needed most, the majority expressed their wish to have a house of their own. Some of them are living in rented houses belonging to the landlords. (If the labourers fail or refuse to work in the fields of the landlord, the landlord would simply lock the houses. The other people are staying in huts.)

Another need the village people expressed was a school. The poor people also asked to be provided with cattle as there was no possibility of them acquiring any land. In spite of the poverty and misery many expressed the desire to build a place of worship.

Needs in order of people's priority:

- Houses
- School
- Cattle
- Temple
- Better wages

Questions:

- *Identify the powerful and the powerless groups in the village Vishalnagar.*
- *Discuss the different ways in which the powerful group dominates the powerless group.*
- *Discuss the reasons why the health workers were stoned.*
- *What could they have done to avoid this reaction?*
- *Which one of the priorities should the health workers take up now and give reasons for your choice.*



60

⁶⁰ [This image has been added for the 2008 electronic edition. As well as being appropriate for the case study, it's an example of a photograph with the background removed. LZ 2008]

Case Study: Chakrapur (India)

Chakrapur is about 20 km from a Community Health project base. It is in a hilly area and is quite cut off from other villages. The people depend on each other for survival. Very few of them are literate. Caste feeling is not very strong in the village.

- 45% of the villagers are Yadavs
- 25% of the villagers are Brahmins
- 20% of the villagers are Harijans⁶¹
- 5% of the villagers are Kumbhars
- 5% of the villagers are Muslims

The people requested the Community Health Project (CHP) to open a health clinic 2 years ago and gave full cooperation. They provided a place for the clinic and repaired the road partly through shramadan⁶², Panchayat's⁶³ cash donation and a Food for Work program started by the CHP.

Later the project director decided to train a Village Health Worker (VHW). He chose Lakshmi, an intelligent, though poor, Kumbhar woman. After the training Lakshmi was very efficient and responsible in her work. The villagers were quite satisfied with her. She was therefore also made responsible for distributing bulgar and milk in a feeding program for the village children.

Some months later a Farmers' Club was formed for the benefit of all in the village. The club committee had a representative from all caste groups. The project's social worker was also a member of this committee. He was supposed to coordinate the different activities of the program in the village, though the project director had the ultimate authority.

Recently the Farmers' Club criticized the VHW's work. They felt she was distributing only half the bulgar and suspected she was cheating. They complained to the social worker. They also told him that the VHW was of "low moral character". The social worker, who respected both the club members and the VHW,

went to investigate. He found the VHW was actually distributing less bulgar and told the project director about this.

After some days the Farmers' Club demanded that the 2 village volunteers helping the VHW be replaced by people chosen by the club. The VHW knew the project director had faith in her. She argued that her helpers were already trained in their work and the children listened to them. She saw no reason to waste time and effort in training new people.

The matter was left as it was. Two months later the VHW asked all the parents of children in the feeding program to pay Rs. 0.25 per month for the food. She also ordered them to bring some salt to be mixed with the bulgar. The Brahmins and Yadavs of the village were adamant that their children should not consume Harijan's salt as that amounted to breaking the 'sacred' caste code. They threatened the VHW with dire consequences if she went ahead with her proposal.

The VHW, secure in her position, ridiculed them as 'High Caste Fools'. She threatened the Brahmins and Yadavs by saying, "*I'll see to it that you get no work in the Food for Work program.*" Of course she had no authority to say this.

A heated discussion followed. One of the members of the Farmers' Club slapped the VHW.

Questions:

- *What are the reasons that led to this situation?*
- *What was the basic problem in the community?*
- *In your opinion who was responsible for allowing the situation to become worse and why?*
- *How could this situation have been avoided?*
- *What should the project director do now? What should the social worker do now? What should the VHW do now?*

⁶¹ Lowest class group, formerly called 'untouchable'.

⁶² Volunteer village labour.

⁶³ Local government unit.

Case Study: Binnur

A group of Health Workers wanted to start a health centre in a small town. This was Binnur, with a population of 4,000 people. They contacted a funding agency to find out if help would be available.

The funding agency was willing to finance the project provided that a good community health program was developed in the nearby villages. They wanted the planned health centre to be a base centre for intensive Community Health activities.

The health workers called a consultant to help them in planning their program. This consultant spent a few days with the health workers. During that time the health facilities of the tehsil⁶⁴ were studied, as well as the reasons why the health workers wanted a centre there.

It was found that there was a government hospital in Binnur itself. This hospital had 30 beds, an O.T. (Operating Theatre) and delivery room facilities. The staffing pattern was quite good with 3 doctors and 6 nurses. There were also two private doctors in Binnur.

However the closest Primary Health Centre was very far away, more than 25 km from Binnur, and there was no sub-centre in and around Binnur.

The health workers had already visited many of the nearby villages. They had discussed the proposed project with the people and were well received by them. The health workers were much interested in developing a good Community Health Program in these villages.

Plans were made accordingly and presented to the funding agency which willingly financed the project. Part of the donation covered the recurring cost of the centre for a 3 year period. After that period the centre was to be fully under the responsibility of the society sponsoring the health workers.

This society had signed an agreement to that effect with the funding agency, but relied fully on the health workers to support themselves.

As time passed, the health workers realized that the health centre's activities would never bring

sufficient income to cover all the expenses of the program.

A private doctor was employed part time. He started admitting his private patients in the health centre. As he was a surgeon, he suggested that one of the health centre's rooms be converted into an operation theatre. This was done. With this, the work load on nursing care increased considerably and the health workers had very little time left for village visits.

After a three year period, the health centre was revisited by the funding agency. They wanted to find out the impact of the Community Health Program in the villages benefiting from it.

To their surprise, they found no Community Health Program! Instead, they found a private nursing home where most of the patients admitted were private patients undergoing elective surgery.

Questions:

- *Which needs did the health workers intend to meet when they planned their project?*
- *Whose needs did they want to meet?*
- *After three years, which and whose needs do they actually meet?*
- *Is the service actually given by the health centre absolutely needed by the people?*
- *What do you think of the role of the sponsoring society in this case?*

⁶⁴ Administrative unit.

The Active Case Study

The cases which follow are more complex than the simple case studies in the previous section. These cases all require the participants to actually produce a plan or a program. They also have more than one stage to their discussion process.

These cases have been selected as a beginning in the use of active case studies. A more complete active case study should have a discussion guide, suggested solutions, etc.

A complete active case study could perhaps be used as an independent study package without the intervention of an instructor. Such a complete case study is beyond the scope of this Manual.

Purpose

- To present a realistic problem requiring a solution.
- To develop skills in decision-making, planning, communication, etc.

Group Size

As with the more usual case study format, the number of participants is limited only by the number of people who can participate in a discussion group. You may prefer to have the participants work cooperatively in small groups of three or four.

Time Required

One to three hours for each of the cases presented here. The time required is dependent upon the complexity of the case presented and the group's discussion skills.

Setting

A classroom or other area similar to the requirements for a case study. Additional work areas may be required for the small work groups.

Materials

- One copy of the appropriate case study description for each participant. You may wish to prepare the case study materials so that the participants cannot read ahead in the presentation.
- Paper and other writing materials for preparing the problem solution materials.

- Chalkboard or alternatives for presenting the various solutions to the large discussion group.

Process

- Explain the activity to your class. The objective of the exercise should be stated clearly.
- Read the first section of the case study. Note that you may want to dramatize the case when several people are represented in the case, or when the case presents problems which involve emotional issues.
- Pose the discussion questions or work problem.⁶⁵
- Allow the participants enough time to prepare a reasonable solution to the problem⁶⁶, however stop them once they have exhausted their own resources for solving the problem.
- Allow the participants to present their solutions to the whole group. Briefly summarize the discussion when the participants are finished, or when you have reached the end of the allocated time. Use this summary to introduce the next step of the case and continue.
- At the end of the case restate the objective of the exercise and summarize the strategies used.

⁶⁵ The active case study encourages the participants to look at different strategies for solving a health care problem.

You should indicate that certain actions are unsafe or unethical if they are proposed by the participants. You should encourage them to explore the logical consequences of each action.

You should NOT suggest that there is only one solution to the problem. Remember that every situation is different, the textbook answer will not always work, and some problems may not have a reasonable solution.

⁶⁶ [This first stage can be done individually or in small groups. LZ 2008]

Active Case Study: Molinyane (Lesotho)

Molinyane is a small village of 300 inhabitants. It is located about 30 minutes by bus from Mohale's Hoek, the capital of one of the 10 Districts of Lesotho sharing a border with the Republic of South Africa. Molinyane is governed by a resident chief and his attendants. Tau is a young man of roughly 30 with a wife and five children. He is a migrant labourer who is currently employed at Western Deep Levels, a coal mine in South Africa. The mine is about 24 hours away by train. Tau generally manages to get home twice a year for one to two weeks at a time.

Mathabo, his wife, was expecting their sixth child when she became very sick. She was also supervising the building of their new home. Tau expected it to be completed by the time that he returned home for Christmas. As is common in their area, Tau had been sending money home for the construction. Mathabo had been hiring workers and helping carry water, bricks, etc.

The doctor at the government hospital in Mohale's Hoek advised Mathabo to slow down. She was afraid that Tau would be angry if the house was incomplete when he returned.

Unfortunately, when Tau returns home the house is finished but Mathabo has had a miscarriage and lost the baby. Tau accuses her of having "fooled around" during his absence and blames her for the loss of their baby.

Stop Here for the First Discussion Questions:

- *Why do the men have to leave the village?*
- *What can be done to provide employment within the community?*
- *What responsibilities must the wife assume when the husband is absent?*
- *What might the community do to help families with non-resident males?⁶⁷*

Continue:

As a result of many such incidents, the Molinyane community has developed a series of educational seminars under the supervision of Sister/Nurse Mokoena, a public health worker based in Mohale's Hoek. The program is designed to teach the men and women of Molinyane the basics of Health Care for expectant mothers and the usefulness of family planning.

Further Questions:

- *Can any program be successful without the husbands as well as the wives? How can a program be organized to reach the husbands?*
- *Who should be responsible for actually doing the "training" involved in the program? With the wives? With the husbands?*
- *Is it possible to make any changes in this situation when the political situation remains unchanged?*
- *What changes would you make in this situation? How would you proceed to make these changes? (Prepare a written proposal)*

⁶⁷ Participants could prepare a written proposal at this stage if you wish.

Active Case Study: Sr. Jose

Sister Jose has just completed a ten months post graduate training in Public Health Nursing. She was told by her superior to join the Convent of Rasi. Rasi is a village of about 2,000 people situated 20 km away from the district town where the Catholic Mission is well established.

The Catholic Mission has a higher elementary school, co-educational, with 500 children out of which 350 are boarders with the Mission. These boarders come from villages situated as far as 50 km away from Rasi.

The Mission also has a Grihini Training School which can have up to 50 boarder girls, and a health centre under the management of one Sister RNRM, Sister Mary. Sister Mary is helped by one lay ANM and two locally trained girls.

Sister Mary has been visiting the nearby villages whenever she could find time. She generally goes to the villages with one of the Sister Catechists. Sister Jose is to take over the program in the villages. She is told by Sister Mary that one of the villages, Serpur, appears to be ready for selecting their Village Health Worker. Sister Mary advises Sister Jose to concentrate her efforts on this village. Sister Jose should see that the people select their VHW as soon as possible.

Stop Here for the First Questions:

- *Before Sister Jose can go ahead with this plan what should she know?*
- *Prepare a plan for Sister Jose showing what she should do in Serpur village.*

Continue:

Sister Jose started regular visits to the villages and gave special care to Serpur. She took time to meet the leaders and the people of the community. She discussed with them the need for change and the important function of the Village Health Worker in their community.

People and leaders listened but did not react as positively as expected by Sister Jose. In fact, they hardly show any interest in the idea at all.

Stop for More Questions:

- *What might some of the reasons be for this disinterest?*

- *What should Sister Jose do now?*

Continue:

Realizing the people's lack of enthusiasm Sister Jose started to ask them questions and to listen to them more carefully. What was their worry? What were their problems? All of them were talking of one problem and one problem only: *"The railway track passes through our village but no train stops here."*

If a train could be made to stop in the morning on its way to the district town and in the evening on its way back this would be a big boost for the development of the village. The milk of the cooperative could easily be taken to town, the children could go to high school, products of the village would find their way to town at a better price.

More Discussion:

- *What should Sister Jose do now?*
- *What will happen if all of the local milk and produce can be sold as a cash crop in the larger town?*

Continue:

Sister Jose went to the district town and discussed this problem with the railway authorities there. She learnt that the railway authorities had already decided to make some of the trains stop nearby and the plan was to be implemented soon. Sister Jose communicated the good news to the village leaders.

After one week, when she visited Serpur, the village leader presented her one woman who had been chosen by the village to be their Village Health Worker.

Final Questions:

- *Why did the village decide suddenly in one week to choose their Village Health Worker?*
- *Comment on Sister Jose's approach.*

Development Wheel

This exercise provides a tool for a community to examine several aspects of development. It asks village people to see development as an exercise concerning all of life.

Too much development talk and action has been about material growth only. This tool brings in two other needed growth areas: personal and social.⁶⁸

The Development Wheel can be used in conjunction with the *Village Quality of Life Index* (VQLI) described in the next exercise. The Development Wheel helps people understand development in a theoretical way. The (VQLI) puts that theory to practical use looking at specific village development activities.

Purpose

- To show that the three areas of growth must come at the same time.
- To allow villagers to score the development progress in their own village.

Group Size

Two equal but mixed groups small enough for a group discussion.

Time Required

A minimum of three hours. The groups will require about one hour for their Development Wheel scoring. They then need to meet together to combine (average) their two scores. Additional time is needed to introduce the exercise and discuss the results.

Setting

A comfortable meeting place within the community being scored.

Materials

- Individual Development Wheel blanks for each participant.
- Large Development Wheel blanks for use during the discussion.
- A copy of the background information (Notes on the Development Wheel) for the group leader.

Process

- Explain the exercise, divide the villagers into two equal but mixed groups and distribute the blank wheel forms.
- Ask each villager to mark from one (1) to ten (10) dots in each spoke of their individual wheels. These marks indicate where each villager thinks he or she stands on each part. One dot indicates 'poor'. Ten dots indicates 'best'.

It is probably useful to explain the meaning of each spoke as the villagers mark that particular segment.

- Mark the collective score for the group on a large Development Wheel by totaling the individual scores and dividing by the number of participants. Mark the resulting scores as dots on each spoke.
- At the end of the scoring, join the end dots together with a line to see how 'round' the village Development Wheel looks (see example).
- When both groups in the village have completed their work, put both scores together on a large Development Wheel. This will give the village a picture-view of the village development.
- The groups can discuss the resulting picture-view at steps four and five. The picture-view gives a better feel for the state of development than many spoken words.

Possible Learnings

- Development includes personal growth, material growth and social growth.
- Illustration of whether an individual community is moving towards development or further away from it.

⁶⁸ This tool was developed in the Solomon Islands and reflects the needs of villagers there to identify ways in which their situation can be improved. Modifications for inclusion in this Manual include simplifying the background information and removing terminology specific to the Solomon Islands.

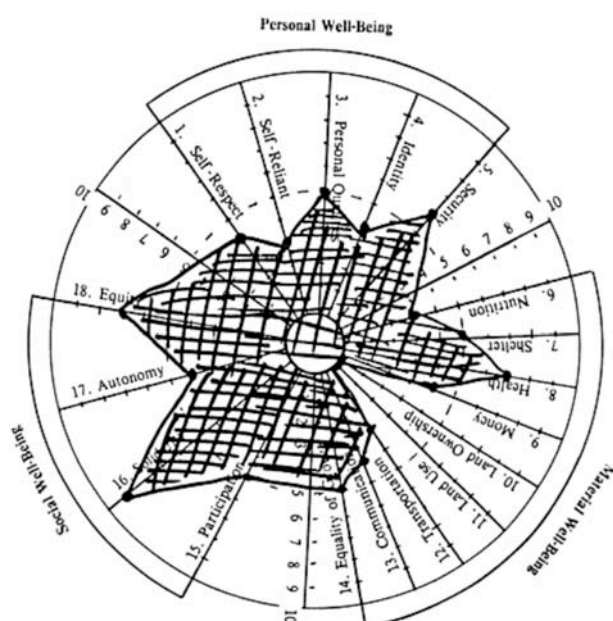
Used with the permission of John Roughan and the Solomon Islands Development Trust.

- Society needs human development (steady satisfaction of the body, mind and spirit) and social development (man-made environment that should go with human development) if the society is going to be strong politically.

If one or more parts are not growing, then the political life of that community is poor.

Development Wheel Pattern

Use the Development Wheel on the following page as is for individual scoring. Enlarge the wheel to poster size for large group use. The Wheel below has been filled in (and then reduced in size) as an example.⁶⁹



Notes on the Development Wheel

A wheel figure is used to show that all three growth areas must come at the same time. A standard development answer for Third World nations is that material growth must come first before a nation (or a village, or a person) can have the other two.

Our answer requires all three. If all three do not grow well together, then there really isn't any

⁶⁹ [The major dip in this example comes from dissatisfaction with land ownership and land use. It is likely that the villager completing this wheel is landless and is unhappy with land use. This correlated with autonomy result, and may be seen as a cause for the low nutrition index.

Question for the group include "What can/should be done to improve this villager's situation and/or perceptions?" LZ 2008]

progress. A Development Wheel which has sharp points reflects a development situation which will not develop very far.

The Development Wheel picture helps village people visualize the meaning of having a high score in one area while having a low score in another area.

At the end of the exercise, when the trainer shows the completed Development Wheel it become clear to village people where they are weak. It shows the necessity of going for all three growths at the same time to have a smoother time. The troughs between the sharp edges show where more work needs to be done.

Personal Growth:

This section of the wheel measures how an individual feels about him/herself. It looks at those special feelings inside a person that enrich a person's life, not the things that he/she owns.

- Self-Respect: confidence in one's own ideas and abilities; having dignity; not afraid of what others say. [Opposite: submissive, fearful]
- Self-Reliant: possibility of following one's ideas and plans without outside help; not relying on others for one's living. [Opposite: dependent upon others for food, housing and living]
- Personal Qualities: resourceful, humane, intelligent, strong character. [Opposite: poor self-picture]
- Identity: person is not only an individual but also relates well to others in society. [Opposite: replaceable; not sure of oneself, distant from others in community]
- Security: the life and affairs of person are at peace; little anxiety, free of fear; life is usually certain, sure and stable; little or no violence in individual's life. [Opposite: fear is usual, patterns of violence]

Material Growth:

This section is about having power; about the things a person needs to be more, not just what a person wants. It goes beyond simply having more money to look at all sections of material growth.

- Nutrition: daily balanced eating (root crops, vegetables and some kind of seafood or meat product). [Opposite: too little food, or just one kind of food, e.g.: potato]
- Shelter: good house built off the ground and comfortable during rain and cool weather. [Opposite: house full of holes, too small]
- Health: free of most serious diseases; village, family and person have a pattern of life with few diseases. [Opposite: much sickness, e.g.: malaria, worms, diarrhea]
- Money: easy to earn money to buy things which are not made in the area. [Opposite: must leave area to work for money]
- Land Ownership: most village persons own land for growing food, planting cash crops and getting housing materials. [Opposite: land owned far from village or by only one person]
- Land Use: garden land and housing material easily available to all in village. [Opposite: land owners make it hard for others to use land for gardens]
- Transportation: quick and inexpensive transportation available when required, e.g.: for hospital trips, to market or to work. [Opposite: very difficult or expensive to travel to necessary places]
- Communication: village persons have reliable information on decisions which affect life; formal or informal education, literacy, reliable mass media. [Opposite: most information by way of rumour]
- Equality of Growth: material growth items come almost equally to all people in the village. [Opposite: only a few in the village are growing materially]

Societal Growth:

This section looks at the growth between persons; those things which help society to grow. The first two parts are about individuals and families, this part is more about the structure of society.

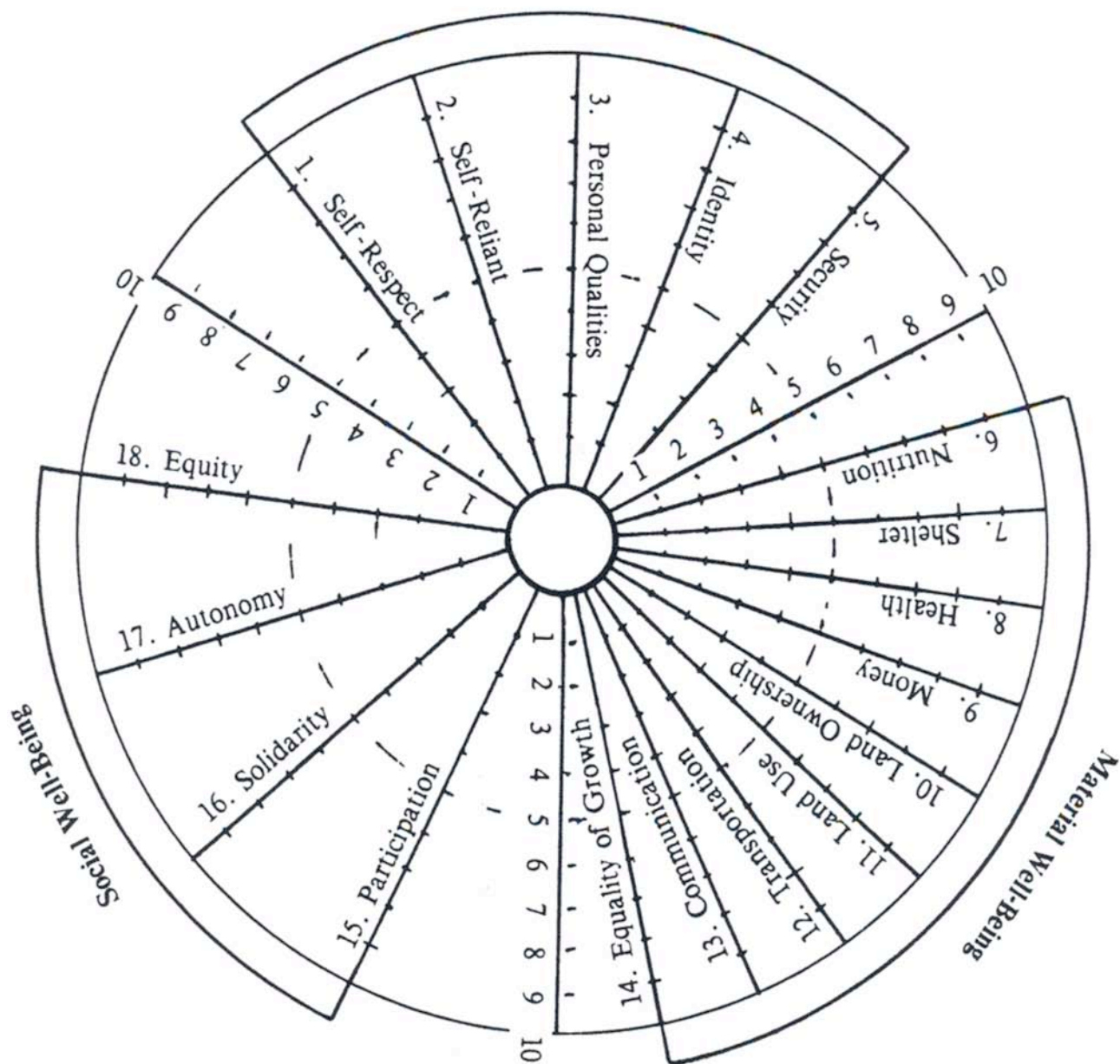
- Participation: most village people cooperate with others on almost equal terms; dialogue (discussion) is normal on most community

issues. [Opposite: leaders do not seek the opinions of others in the community]

- Solidarity: village people share major values of the society, and act from them; more sharing than taking; sharing of food and labour common. [Opposite: money is far more important than human relationships]
- Autonomy: community has strength to withstand power struggles from outside the community; community understands and solves its own problems. [Opposite: outside rules, values and ways more important than community's ways]
- Equity: all parts of the community benefit almost equally from an interaction, e.g.: buyer and seller in a store; with structural equity each part of the community is treated equally, e.g.: woman feeds pigs and gets most of the money for them when they are sold. [Opposite: community members take advantage of others]



Personal Well-Being



Village

Date

No. of Participants

Village Quality of Life Index (VQLI)

The VQLI⁷⁰ is used to help a village move along the road to being and acting like a community.

Typically village people are more concerned with family affairs than with public affairs. They become more like a community when they are also concerned with public affairs.

The existence of a community is evident when public areas of the village are well cared for. These would include the drains, rubbish removal, Health Committees, and public meeting places.

Purpose

The goal of the exercise is to have village people realize that their lives are in their own hands. It leads to an understanding that bettering village conditions depends far more on their own efforts (village organization, communal power and community work) than what others (government at all levels, aid agencies) could do for them.

Its immediate purpose is to help answer the question "*What should we do to begin development*".

Group Size

Divide the members of an individual village into discussion groups with a maximum size of perhaps 20 people. Dividing the participants into two or more smaller groups will aid their discussion. The groups can be combined later in the exercise to look at the overall results.

Time Required

One and one-half hours approximately.

Setting

Physical setting suitable for small group discussions and later combination into a single large group.

⁷⁰ These notes are quite specific to the Solomon Islands and would need to be modified before use in your community. For example, the notes give a high value to a house raised off the ground. This is very important in the Solomon Islands because of the heavy rainfall. Another style of housing would be very much more important in other places.

Used with the permission of John Roughan and the Solomon Islands Development Trust.

Materials

VQLI Recording Form and writing tool for each participant. Chalkboard or other suitable means of displaying the group result.

Process

- Divide the village into small groups and distribute the individual blank VQLI recording forms.
- Explain each part of the VQLI point-by-point and have every individual give a score on each point. The notes which accompany the VQLI recording form explain the meaning of each section.

An individual should give a high score when he/she feels that the item is available when required. For example, a rich villager who has access to a tractor might rank the availability of transportation high. An unemployed labourer who does not have access to any kind of transportation would rank the item low.

- Collect the scores on each item. Add the scores on each item together and divide by the number of participants.
- When all groups are finished, the items scores from each group are put together and divided by the number of groups. This final result is the village score. Once again, the score means nothing by itself. It should be used to help to the village people to understand how they can have a better life.
- Discussion of the items and the results can be done at any step in the process. It should be emphasized however, that the score is a compilation of all the scores given by all the villagers. Every villager should be able to score each item as he/she personally feels about the item. Do not let any member of the village intimidate other members about their scores. If necessary, collect the scores and compile the results without revealing any individual's score.

Possible Learnings

- The VQLI can be seen as a tool for working on development projects. One village might set one priority based on information from

the index. Another village with different problems might set another priority based upon its problems.

- A community is a group of people living and working together as one to achieve some common goal(s).

The VQLI does not prove that one village is better than another. It directs village people to study their village through a new set of glasses (values). It suggests that a clean, well-kept village is not only a sign of a healthy (developed) village, but more importantly it shows that the village is a community.

Variations

The VQLI is merely a beginning. Villagers could take this beginning and add their own sections, ending up with completely different scores.

The VQLI could be used regularly, say every six months, as an evaluation tool to see how well the community is doing.

The score by itself is a useless number. What would be important is the process that the community uses when it conducts a regular evaluation, and the changes resulting from the regular evaluation.

A village that was working well together could use a very simple modification of the process for gathering information. The process above calls for a blank VQLI Recording Form for every individual. These individual forms could be replaced by a group leader who obtains scores from every group member orally.

The VQLI Recording Form Notes

These notes explain the meaning of each section of the VQLI form.

An individual should give a high score when he/she feels that the item is available when required. For example, a rich villager who has access to a tractor might rank the availability of transportation high. An unemployed labourer who does not have access to any kind of transportation would rank the item low.

It should be emphasized that the final VQLI is a pooling of the scores of every member of the village.

Individuals, or groups within the village, might have very different VQLIs.

Adult Well-Being: Village Level

- **Drains:** [Maximum Score = 10]
A system of drains (not just one drain, but a number of drains coming together and serving the whole village) to keep a dry area around village homes. These must be regularly cleaned and repaired.
- **Rubbish Removal:** [Maximum Score = 10]
Piles of rubbish such as food peelings, coconut husks, house dirt and food scraps are places where flies, roaches, rats and other pests live. To cut down on these pests, rubbish must be burned, buried or thrown away far from the village.
- **Sanitation:** [Maximum Score = 15]
Human waste, if not taken care of carefully, is a way of spreading disease. Diseases such as diarrhea and dysentery are all spread in a village by poor sanitation. This waste can be taken care of by burying it in deep pits, by sea latrines, septic tanks and similar solutions. Unplanned and casual use of fields, bushes or water edges is a poor way of getting rid of human waste.
- **Water Supply:** [Maximum Score = 15]
Abundant good quality water is an essential part of staying healthy. Piped water seems to be the best way.
- **Trees and Bush Line:** [Maximum Score = 10]
A village should have a few shade trees. The jungle or bush line (trees and bushes) should

be cleared far enough away from the village to prevent mosquitoes and rats from easily entering the village.

- **Animals:** [Maximum Score = 05]
Certain animals are useful in the village. Cats catch rats and dogs are useful for hunting and guarding the village. The numbers of animals, especially dogs, must be controlled. Other animals such as pigs should be penned up always; chickens and ducks should be penned up during the night and prevented from entering gardens and crops where they would cause damage.

Adult Well-Being: Family Level

- **Housing:** [Maximum Score = 15]
Homes built off the ground and comfortable during rainy and cool weather are necessary to good health. Ground level homes are more difficult to keep clean. Homes big enough for the whole family, strong and in good repair (no leaks or holes) should be scored near 15.
- **Kitchen:** [Maximum Score = 10]
Open fires lose most of their heat. Open fires also hurt the eyes when they smoke. A simple stove with a flue (stove pipe to take away the smoke) should be in every kitchen. Food should be stored away safe from roaches, flies and other bugs. Each kitchen should have three to four different sized cook pots. There should be eating utensils (plates, cups and spoons) for most adults in the family.
- **Personal Goods:** [Maximum Score = 10]
Each adult should have at least the following clothing: 2 sets for garden work, 2 sets for ordinary village work, and 1 set for special times.⁷¹
Each one should have their own sleeping mat, pillow and covering. Soap, a bucket and clothes line should be available for cleaning the clothes. A box or case should be

⁷¹ This section provides a good example of where to make changes to suit your own conditions. Many villages would want to modify this to suit local laundry customs. Standards for older children (not yet adults) might also be desired. Small children are included in the next section.

available to keep clothes clean and free from bugs.

Child Well-Being: Village Level

- **Health Committee/Group:** [Maximum Score = 15]
Some women, organized into a committee, should be responsible for health in a village. Infant sickness are deadly serious for small children. These sicknesses include diarrhoea, malaria and dysentery. They spread very easily within the village. A village health committee could help the families prevent these diseases.
- **Health Education:** [Maximum Score = 15]
The village health committee might hold two to three health courses or classes each year to help train the mothers. Some sicknesses need immediate help. Diarrhoea, for example, makes a child lose much liquid. The mother must help the child quickly to regain the lost liquids. Often the mother does not know what to do. A village health committee could help the families know what to do to treat these sicknesses.
- **Transportation:** [Maximum Score = 15]
The community should have some type of transportation (bicycle, outboards, canoe, truck or tractor) available to use when medical attention is needed immediately.
- **Medical Box:** [Maximum Score = 05]
First aid materials should be available for families that run out of their own. These materials might include oral rehydration (ORT) salts, bandages, antiseptics and aspirin. The health committee could be responsible for these first aid materials.
- **Health Aide:** [Maximum Score = 10]
One person from the village can be given special training in preventive methods. This would include early recognition and treatment of common ailments. The aide would work under the direction of the Health Committee.

Child Well-Being: Family Level

- **Infants:** The first twelve months of a child's life are very difficult. There are many dangers of serious sickness and accidents.

Parents must make an extra effort to guard the infants. They must often also buy new things for the infant.

The following items should be scored individually:

- Mosquito net for infants [Maximum Score = 05]
- First aid box with bandages, antiseptics, ORT salts, etc. [Maximum Score = 05]
- beds off the ground, sheet or other cover [Maximum Score = 05]
- Clothing sufficient for any type of weather [Maximum Score = 05]
- Plate, cup and spoon for each small child [Maximum Score = 05]
- Torch and/or kerosene lantern for use in case of accidents or emergencies at night [Maximum Score = 05]
- Class/Study: [Maximum Score = 05]

Nursing mothers and newly-married women should go to one or two health classes every year. Many of the most serious children's sicknesses, if treated quickly, will go away quickly.

The health classes should teach these women to become aware of the early signs of serious sickness. The classes should teach the ways of curing a child quickly. The health committee could run these health classes.

Political and Economic Well-Being: Village Level

Organization: Starting public works such as building drains and removing rubbish usually requires some kind of group. This group may be called a Village Committee, a council or an organization. This group is needed to start the work and to see that the work is completed. The group can also check to see how well or how poorly the work has been done.

- Meeting Place: [Maximum Score = 15]
A sign that the village is growing towards community is having a special meeting place for all adults in the village. This meeting place is where the Village Committee meets to plan and evaluate its work. Women's groups, youth clubs and the Health

Committee can also meet here for their work. The Meeting Place is often a special building or room constructed by the village.

- Budget: [Maximum Score = 10]
An important sign of a good Village Committee is the availability of MONEY for the Committee to use. For example, a Village Committee should have enough money to pay for the expenses of people who help the Committee.
Village labour is often donated, however a person who comes from outside to teach adult classes might need travel costs paid.
- Education: [Maximum Score = 15]
The Village Committee should help the villagers to understand the world and how it affects their lives. The Committee might organize literacy classes, development conferences and other special courses.
- Tools: [Maximum Score = 10]
Building drains and similar village-level activities often need special tools. These tools may be too expensive for village families to buy. Village Committees often purchase tools such as picks, shovels and digging bars. The village might also build a special house for visitors to use when they come to visit, teach or work with village people.

Political and Economic Well-Being: Family Level

- Personal Tools: [Maximum Score = 15]
The village people should be as self-reliant in food and housing as possible. Each family should have personal garden tools (bush knife, axes), home building tools (hammer, saw, plane, chisel) and fishing and hunting gear.⁷²

⁷² This is another good example of the need to change exercises to fit local conditions. The list here is for a fairly prosperous rural village. The tools required for an urban family would be very different. The tools required in other rural villages would be similar but different. For example, a wheat growing area would have family grinding stones but no fishing or hunting gear.

- Family Garden: [Maximum Score = 20]
A village should be self-reliant in food. Score high if most food comes from one's own garden rather than a market.
- Chickens/Pigs/Ducks: [Maximum Score = 15]
Each family should have a kitchen pig in a pen behind the house. Feed the pig with foods scraps. There should be many chickens and ducks in the village. These chickens and ducks should be used by the villagers for eggs and meat.⁷³



Revising this list would be a good community development activity in itself. Villagers might learn as much from making their own VQLI index as they would in completing the VQLI form. The exercise is never an end in itself. The purpose is to get village people to learn more about their community and to make improvements to community life.

⁷³ This item and the previous one on the family garden should only be scored high if the produce, eggs and meat are used by the village families who own the garden or animals.

Score these two items lower if the family garden and animals are used for earning cash income.

VQLI Recording Form

Village:.....Date:.....

Village Level		ADULT Well-Being Family Level		Total
Drains	(10)...	Housing	(15)...	
Rubbish Removal	(10)...	Off Ground Cleaned Daily No Holes		
Sanitation	(15)...	Kitchen	(10)...	
Water Supply	(15)...	Stove, Food Safe Cook Pots Eating Things		
Bush Line	(10)...	Personal Goods	(10)...	
Animals	(5)...	Clothing, Bed Cleaning Material Box/Case		
Sub-Totals	(65)...	+ >>> >>> >>>	(35)...	=

Village Level		CHILD Well-Being Family Level		Total
Health Committee	(15)...	Mosquito Net	(5)...	
Health Education	(15)...	First Aid Box	(5)...	
Transportation	(15)...	Bedding	(5)...	
Medical Box	(5)...	Clothing	(5)...	
Health Aide	(10)	Plates	(5)...	
		Torch/Lamp Class/Study	(10)...	
Sub-Totals	(60)...	+ >>> >>> >>>	(40)...	=

Village Level		POLITICAL AND ECONOMIC Well-Being Family Level		Total
Meeting Place	(15)...	Personal Tools	(15)...	
Budget	(10)...	For Garden, House Hunting & Fishing Garden	(20)...	
Education	(15)...	Chickens, Pigs or Ducks	(15)...	
Tools	(10)...			
Sub-Totals	(50)...	+ >>> >>> >>>	(50)...	=

Divide total (Maximum = 300) by 3 TOTAL (100)

Write any comments or explanations on the back side of this form.

References

This list of references will direct you to several sources of exercises, the theory of using learning exercises, techniques useful for the making of exercises, and experiences with these exercises.⁷⁴

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⁷⁴ [Please note that this is basically the original 1980s reference list and many of the items may be out-of-print or otherwise no longer available.

On-line book stores can likely supply some of the titles. if more recent materials cannot be found with a simple web search or a visit to your local library. LZ 2008]