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COMMUNITY MANAGEMENT ENHANCEMENT
WORKSHOP

MAY 6-17, 1990

SOHAG, EGYPT

152-9159

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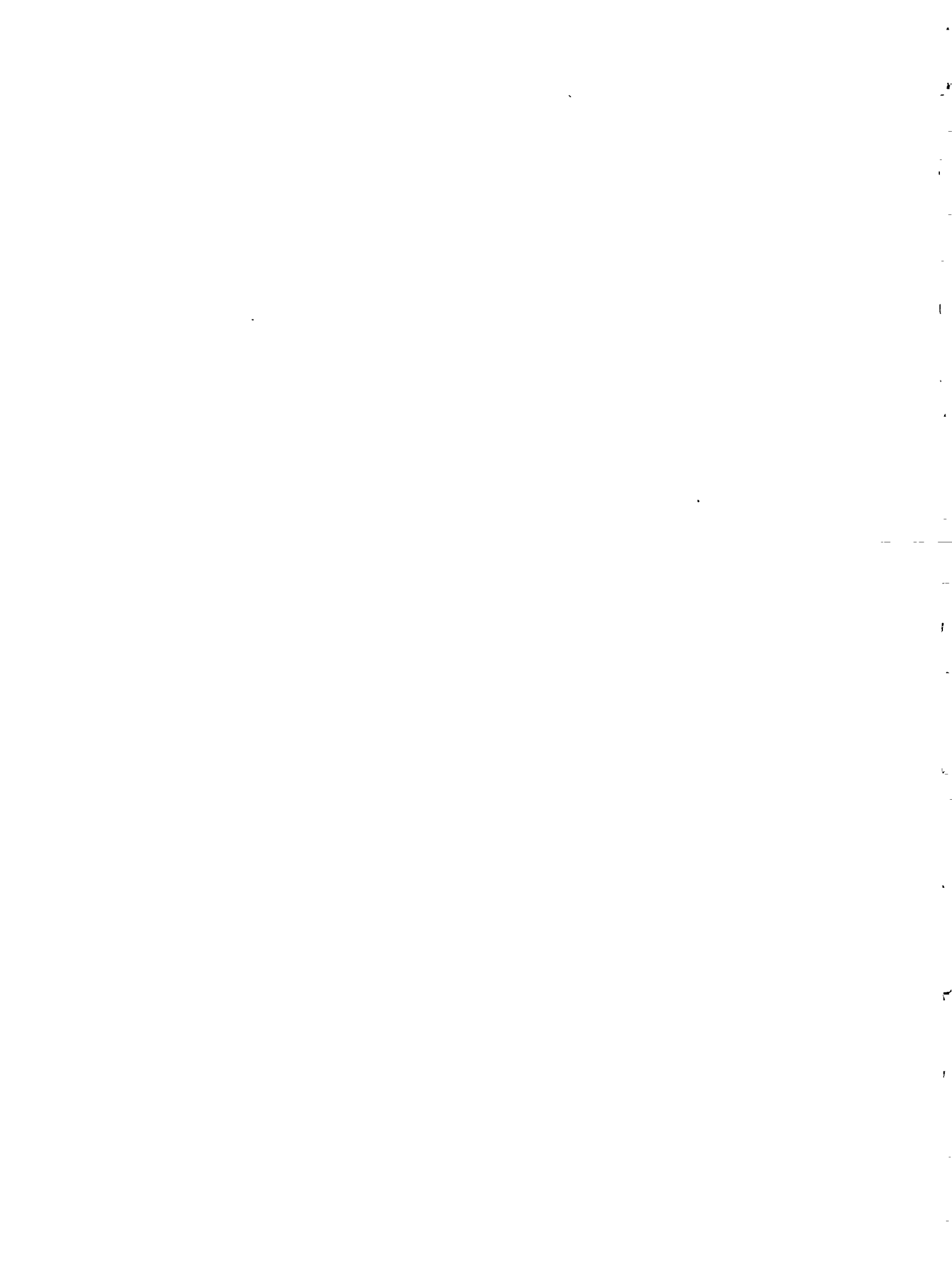
Appendices

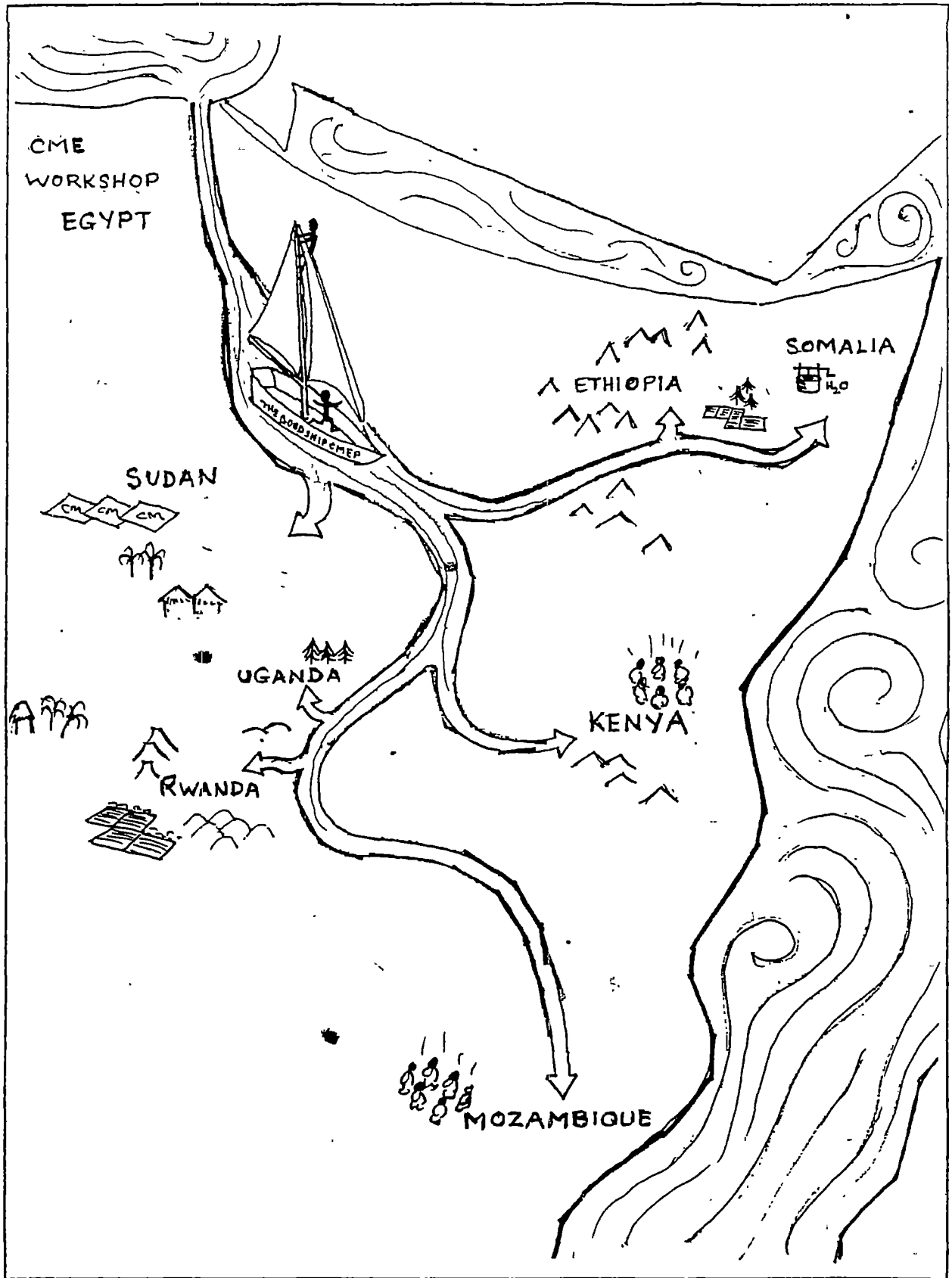
1. List of participants
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4. Observations and highlights from CMEP projects
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The pictures used to separate sections of this report were designed by workshop participants to express the potential impact of community management enhancement on their projects.

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Uganda



INTRODUCTION

Community management takes place, in the ideal, when the community assumes significant control over decision-making, relative to its local resources, and manages them in a productive, equitable, and sustainable manner, to meet their individual and collective needs.

Over the last few years, enhancing community management has been identified as an effective way to sustain development activities and profoundly improve standards of living in the communities where CARE works. CARE staff worldwide, through a survey and in six workshops held in Africa, Latin America and Asia, have expressed this belief and the need for improving CARE's capacity to encourage community management.

The content of the six workshops was as follows:

1. Project management/Water workshop, 1985, Sierra Leone
2. Project management/Water workshop, 1986, Peru.
3. Project management/Participation workshop, 1987, Thailand.
4. Community Managment/Participation workshop, 1987, Limuru, Kenya
4. Regenerative Agriculture workshop, 1987, Kenya
6. Project design workshop, 1988, Guatemala

These events identified a need for generating and documenting good examples of CARE-supported projects based on community management principles.

The importance of experimentation with participatory approaches in current CARE-assisted projects was also emphasized. In relation to this, the Limuru workshop specifically requested that a person be identified to facilitate the process of experimentation and the sharing of lessons learned in the East Africa region. This resulted in the introduction of the Community Management Enhancement Program (CMEP) of East Africa which began in September, 1988.

The final goal of CMEP has been to increase project impact, in the sense of increasing the likelihood that a sustainable continuation of benefits will be generated, by using specific techniques to ensure project compliance with values and priorities of the communities served. This requires program alignment with the traditional systems used by communities to reach consensus and take collective action. Four sample projects in East Africa were selected to work with the newly-appointed Community Management

Advisor. These were selected in missions where staff understood the concept of CM and were ready to put in extra effort to experiment and generate lessons to be shared with others. The following were the four selected projects:

1. Village Self-Reliance (VSR), Egypt
2. Gursum Land Use Planning (GLUP), Ethiopia
3. Regional Finance and Planning Project (RFPP), Sudan
4. North Kordofan Child Health Project (NKCHP), Sudan

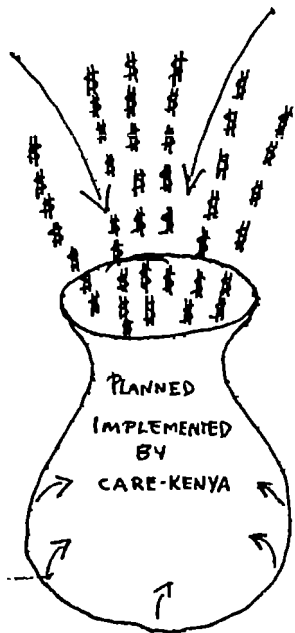
Among his many activities, the CM Advisor was asked to:

1. Set up CM Task Forces in each the three participating CARE country offices.
2. Assist each sample project to identify learning agendas and documentation strategies for lessons learned.
3. Visit each of the four projects for two weeks per trimester to gauge progress in CM enhancement, discuss and test new ideas, analyze results of experiments and extract lessons learned.
4. Experiment on introducing CM into new areas such as procurement and financial management.
5. Produce a series of case studies which identify and document lessons learned from the sample projects.
6. Assist in the preparation of one short workshop/seminar per year by each sample project and invite staff from other sample projects to attend.
7. Facilitate staff cross-visits between sample projects to share ideas and experiences.

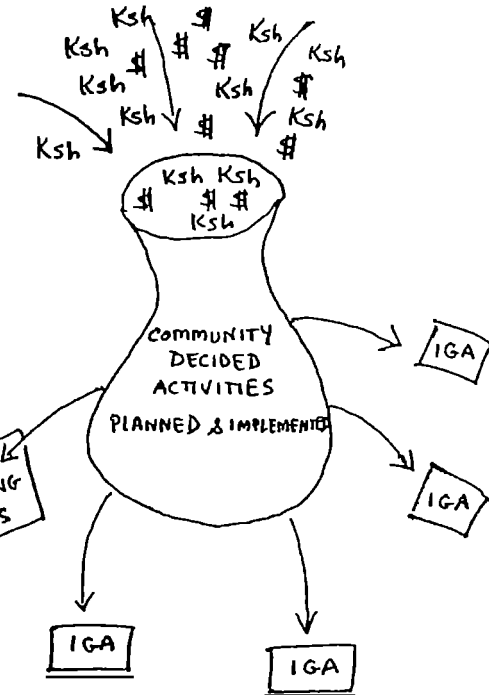
The CM Advisor was also expected to organize annual regional workshops on CM, to share results of experimentation in the four sample projects, and apply lessons learned to other projects in the region. This resulted in the Community Management Enhancement Workshop held in Sohag, Egypt from May 6-17, 1990.

This report attempts to compile the output of the workshop and the CMEP overall. It also provides some guidelines for increasing community management of CARE-assisted projects in any region.

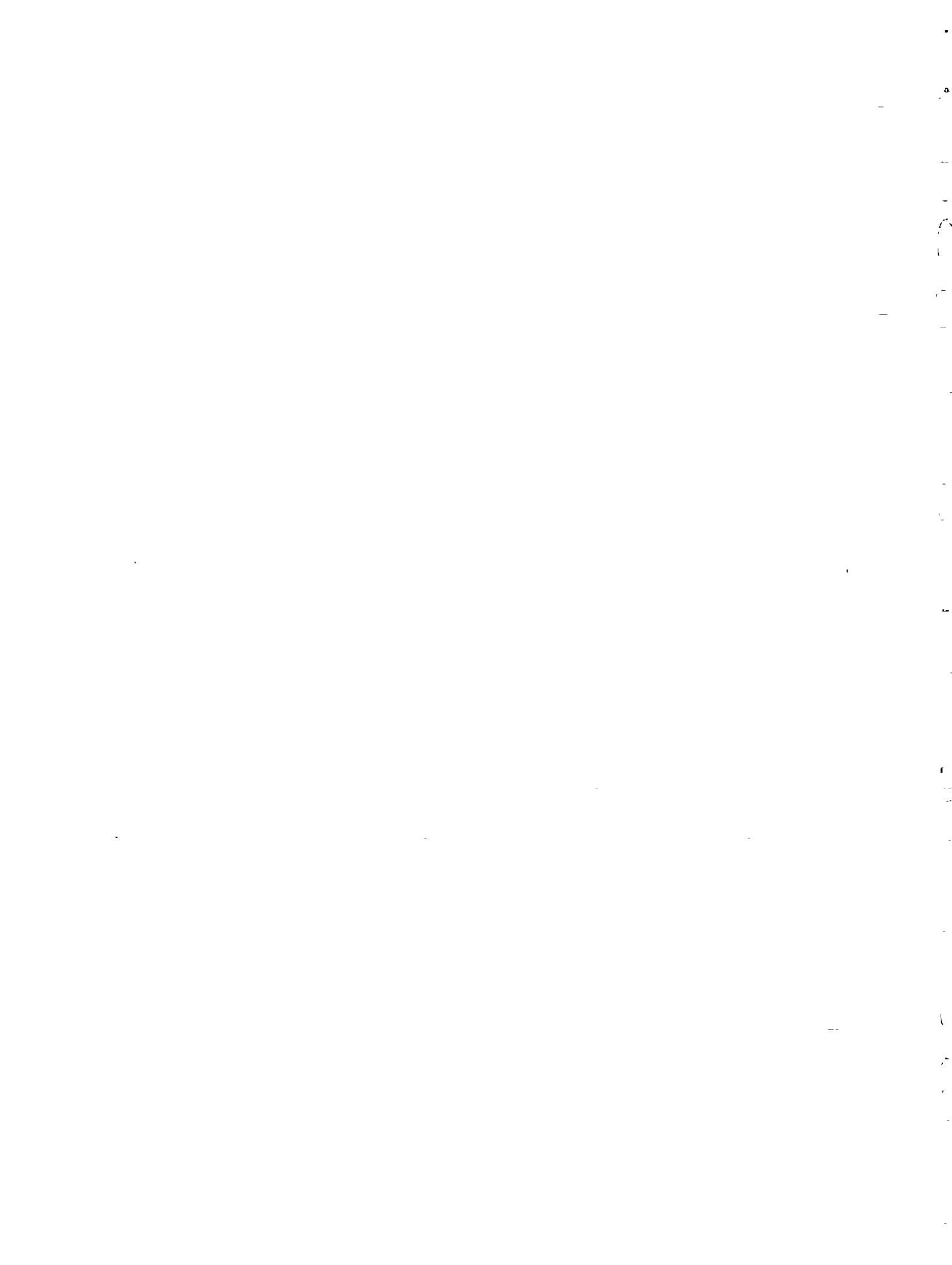
New York
October, 1990



BEFORE SOHAG
CM WORKSHOP



AFTER SOHAG
CM WORKSHOP



I. OBJECTIVES

Several observations made by the CM Advisor over the course of the CMEP were discussed by the workshop planning team as they determined objectives for the workshop. These observations are included more fully as Appendix 4. The CM advisor, based on his experience with the four CMEP projects, concluded that:

1. CM is most effectively enhanced if addressed at the design stage of project development and dealt with in the planning and negotiations with communities, donors, and counterparts. If CARE's goal is to empower a community to identify and prioritize its water needs, for example, to secure resources for a water system, and to implement and maintain the water system, but the donor's or counterpart's goal is simply to get a certain number of wells constructed by the end of the year, the project will be unlikely to succeed. Thus, if Community Management is to become the strategy of a project, there must be awareness of the costs and benefits of CM, and buy-in, among all participants, including donors, counterparts, and community members.
2. Communities can rarely be treated as "blank slates", in terms of their readiness to accept the costs and benefits of Community Managed programming. Often, the communities which CARE assists have had prior project experience with agencies or government ministries that operate according to different programming principles. If the effect of these organizations' work was to create expectations of project "handouts", the benefits of CM will be especially difficult to communicate. CARE will have to spend a significant amount of time gaining community trust and building commitment to local responsibility for development. In addition, donors, counterparts and project managers will be obliged to adjust project implementation plans, allowing for a lengthy orientation of the community to CM.
3. Project staff need to be better trained to introduce and support CM. A person who knows how to survey land and determine where and what type of water system would be most appropriate, may not be able to explain his thinking to the community, much less motivate the its men and women to build and maintain the system themselves. Staff need to become more skilled at communicating, facilitating and negotiating with communities, in order to successfully promote CM.

4. Project staff should be recognized and rewarded for effective facilitation of community managed development, as well as the accomplishment of numerical activity targets. Performance appraisals tend to focus on the latter which is easier to assess. This creates the impression among staff that community responsibility for carrying out and sustaining development activities is less important than the actual number of pumps installed or trees planted. Staff motivation would be greatly increased by appraisals that stressed both output and process.

A discussion of these and other observations led the workshop planning team to establish the following three objectives for the workshop:

1. Participants will identify how the organization and dynamics of a community affect its management of its development process.
2. Participants will identify and analyze constraints to community management and the options for addressing them.
3. Participants will develop guidelines for enhancing community management in CARE's programming.

II. CONTENT AND METHODS

Workshop methods varied in format from session to session to provide maximum opportunity for participation. Panel discussions, small group reports, role plays, and energizers were some of the techniques employed. Plenaries focussed on a particular objective and were used to explain exercises that were completed in small groups. Participants were divided into small groups by different criteria for different sessions, e.g. by project, by country, or by staff level.

The workshop program consisted of seven sessions designed and sequenced to cover the following content areas:

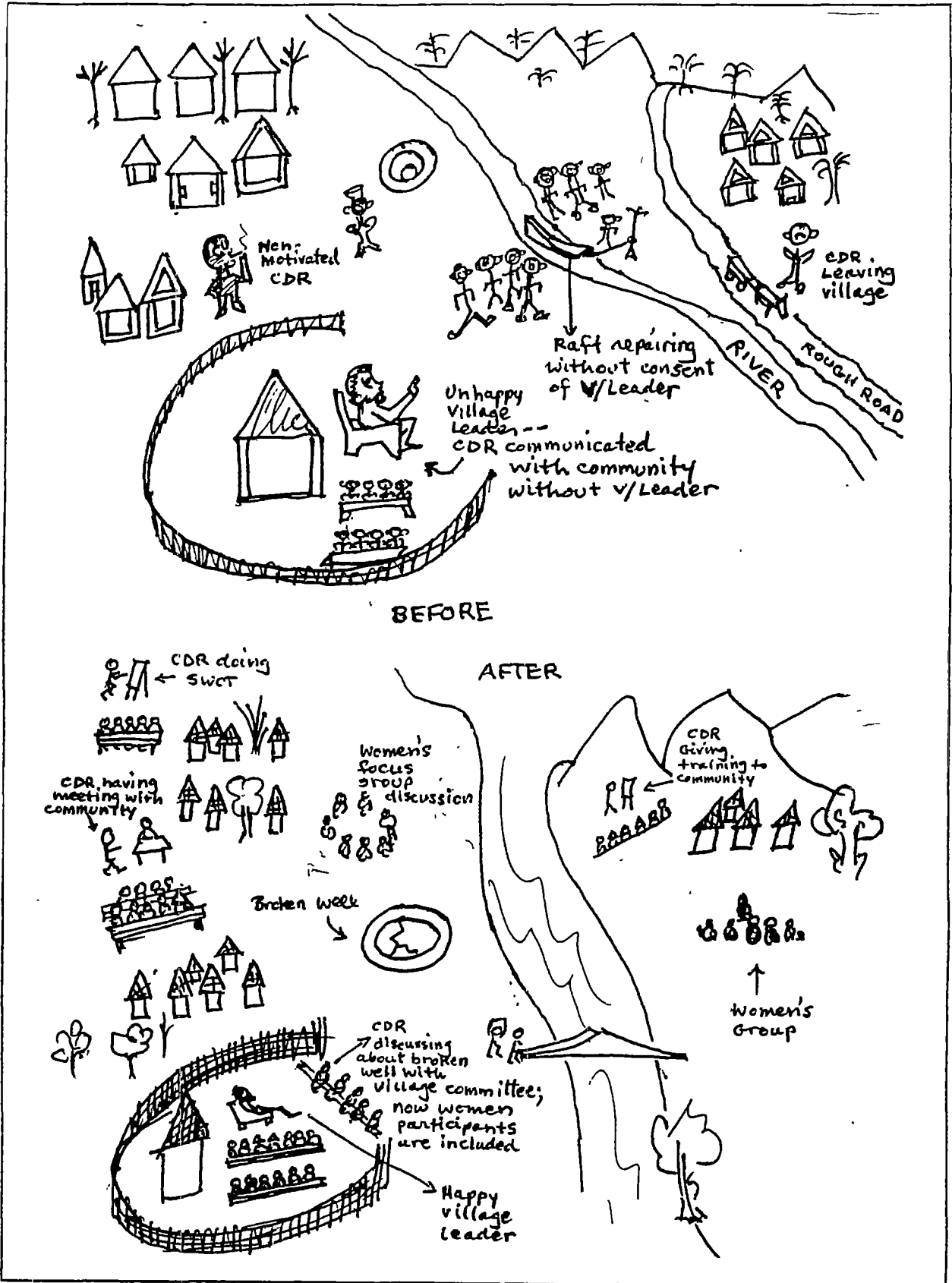
1. Community Organization and Dynamics - The first session of the workshop was conducted by a guest expert in community organization and dynamics, Roger Hardister of the Near East Foundation in Cairo. This session was crucial in setting the tone of the workshop and providing a broader context in which to place CARE's development activities.
2. Community Project Cycle - This two-day session began with an explanation of CARE's MYP process followed by small-group analysis of the steps involved in all phases of the project cycle. The plenary group then generated a list of what decisions needed to be made during the planning and design phase and who should make them: CARE, the community and/or the counterpart. Small groups then continued the process for the remaining phases in the project cycle: start-up, consolidation, and phaseover.
3. Project Goals and Activities in Relation to Community Management - This session began with a role play of a constraint to community management presented by the Ethiopian participants, followed by presentations by the staff of the four CMEP projects on what they had learned over the course of the CMEP about promoting community management. These CMEP participants then acted as resource people, assisting the staff of non-CMEP projects to analyze the strengths, opportunities and weaknesses of their activities relative to CM.
4. CARE Staff Roles and Responsibilities - Small groups, divided according to staff level, identified key skills, knowledge, qualities and attitudes necessary to fulfill their responsibilities in light of increased emphasis on community management. Following this activity, one entire day was given to skill-building mini-workshop sessions. Six different sessions, each focused on a specific skill, were offered three times during the

day, allowing each participant to attend three different sessions. Skill areas covered were:

- a. SWOT analysis (Strengths, Weaknesses, Opportunities, Threats)
 - b. Monitoring and evaluation
 - c. Community-based needs assessment
 - d. Resources management
 - e. Increasing participation of women in development
 - f. Creative problem-solving
-
5. Conducting a Successful Field Trip to a Project Site - Before visiting a number of communities participating in Egypt's Village Self-Reliance Project, a half-day was spent learning how to plan and carry out an effective field trip. The session was designed to assist both VSR and non-VSR participants to use field trips as a mean to enhance CM.

 6. CMEP Goals/Resources and Support Mechanisms for CM Enhancement - A history of the CMEP presented by G.G. Chege was followed by a description of specific CMEP contributions to each of the participating projects by project staff. Results of a headquarters survey on Community Management Enhancement awareness and understanding yielded a discussion of resources needed at all levels to support CME in the field.

 7. Action Planning - Participants determined what key changes in their behavior were necessary to involve the community more actively in the management of their projects. Each project group produced a specific plan of action to implement these changes.





III. COMMUNITY ORGANIZATION AND DYNAMICS

On the first day of the workshop, participants were asked to take off their CARE "hats" for a while and think about the communities in which they work. What are the traditional systems for decision-making? How do these communities organize themselves to meet their own perceived needs? How are communities changing in response to the changes in broader society, or "modernization?" Under the leadership of Roger Hardister of the Near East Foundation, the CME Workshop began to examine these issues.

Roger began by suggesting that communities evolve to solve individual needs, both physical and psychological. As this happens, new, collective needs are created. In the light of this process, he defined Community as,

- o The way we feel about each other.
- o The ways we have come to relate to one another.
- o The mutual obligations established among us.
- o The values we have in common.

The key issue here, relative to CM, is how individuals participate in addressing their individual and collective needs. Roger emphasized that, rarely in this process do all individuals participate fully or equally. This is often because of social inequities rooted in the histories of most societies. Early in the formation of a community, certain members tend to become dominant, often because of their ability to satisfy group needs. Those types of individuals emerge as leaders or elites, and strong traditions build-up around their authority. Because of these power structures, Community Management, as we define it ideally, is quite different from traditional politics at the village level.

For instance, if a community of 5,000 people had only enough food to adequately feed 3,000 people, and no one was willing or able to leave the area, a decision would have to be made on who should be fed, and how. The first option would be for some of the people to have all their food needs met, with the rest having only a portion (or none) of their needs met; the second would be for everyone to reduce his/her intake equally. Experience tells us that, in most traditional settings, the less equitable of these options is usually chosen.

In Africa, it is often the women who suffer most when issues of equity are resolved by traditional power structures. One workshop participant from western Sudan explained that, in his culture, this is because women are seen as having less value than men. Traditional proverbs reinforce this idea: "A woman is like a morning shadow." (Meaning she won't be around long), and "Whenever you want to make a decision,

consult your wife, and then do the opposite." Actual laws take things even further: official mourning time for a male deceased is three days, for a woman, one day. Cash retribution paid by a murderer to the family of a female victim is half that for a male.

Roger concluded his presentation by suggesting that, in the modern world, traditional patterns that marginalize certain groups are on the defensive. Increasing numbers of national and international development organizations now focus on equity, as well as efficiency as an objective. It is this desire to reduce the social inequities that have evolved over long periods of time that draws us towards Community Management as a programming strategy. In this sense, CM is much more than simply turning-over project control to existing power structures. It is the complex and highly political action of bringing a wider cross-section of the community into the process of collective decision-making.

To deal with the issues raised in Roger's presentation, the workshop participants were divided into small groups, according to cultural/geographical criteria. Each group was asked to look at one of the following Ten Basic Concerns:

1. Shelter
2. Nutrition
3. Emotional support
4. Time allocation between labor and leisure
5. Environment or habitat
6. Education
7. Health
8. Religion
9. Gender roles
10. Amenities, e.g. water, energy, etc.

Half of the groups were asked to take a male perspective on the issue, and half took a female perspective. Discussions focused on whether the individual, the community, or some outside party is traditionally responsible for addressing the concern, and how this responsibility shifts as societies change. For example, water may be a need that is traditionally met by the individual who carries water from the river. The introduction of protection for a spring may be provided by the individual or by the community and is a transitional step from traditional to modern methods of water supply. A modern piped system may have to be provided by a source outside the community.

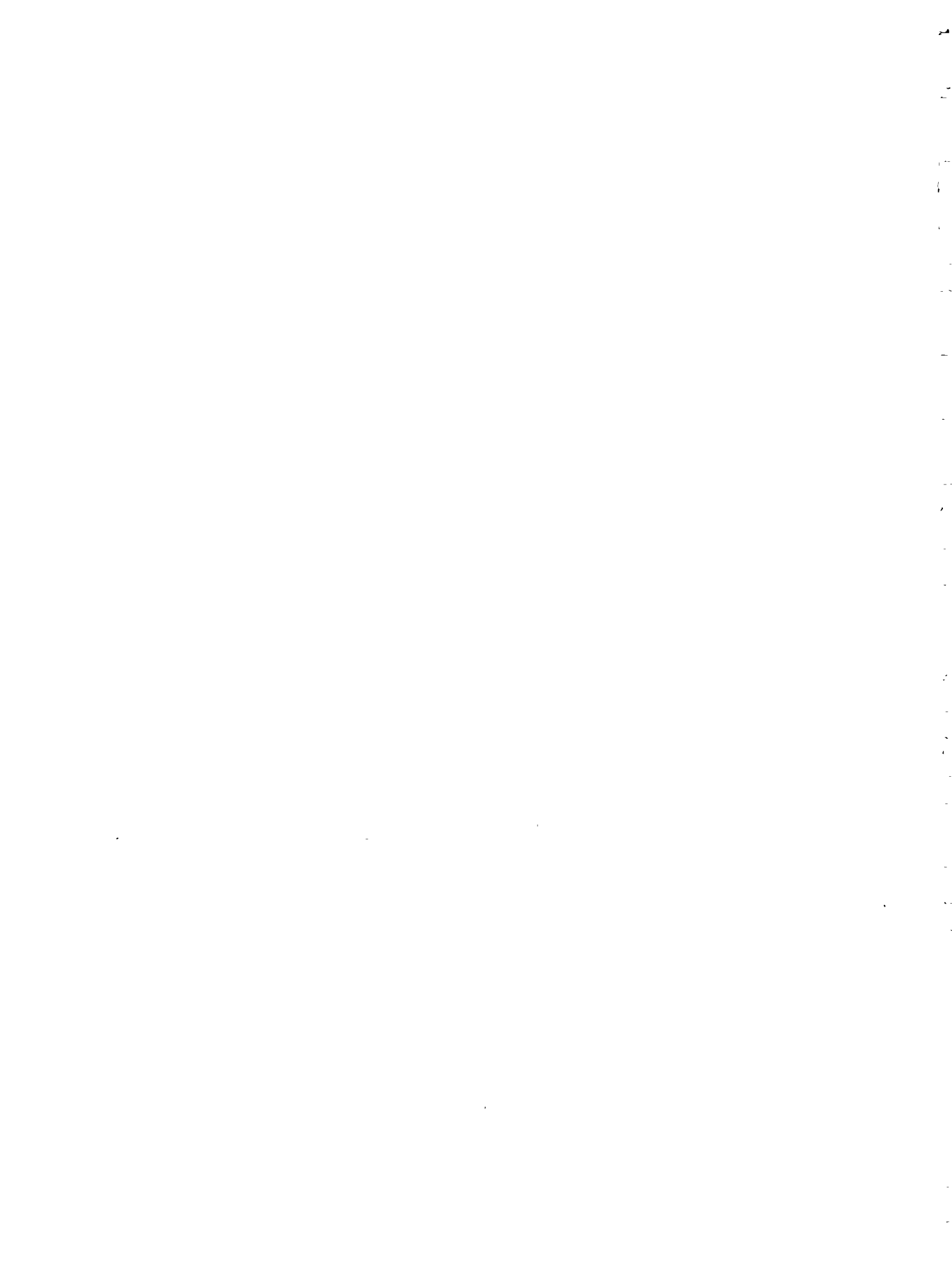
In this exercise, the Ethiopian group dealt with the issue of Nutrition. In their report-back, they suggested that the men in their communities would probably define "nutrition" as "having enough food to eat on a daily basis." Note that the definition is "enough"; these families do not have the luxury of worrying about a balance of nutrients. In

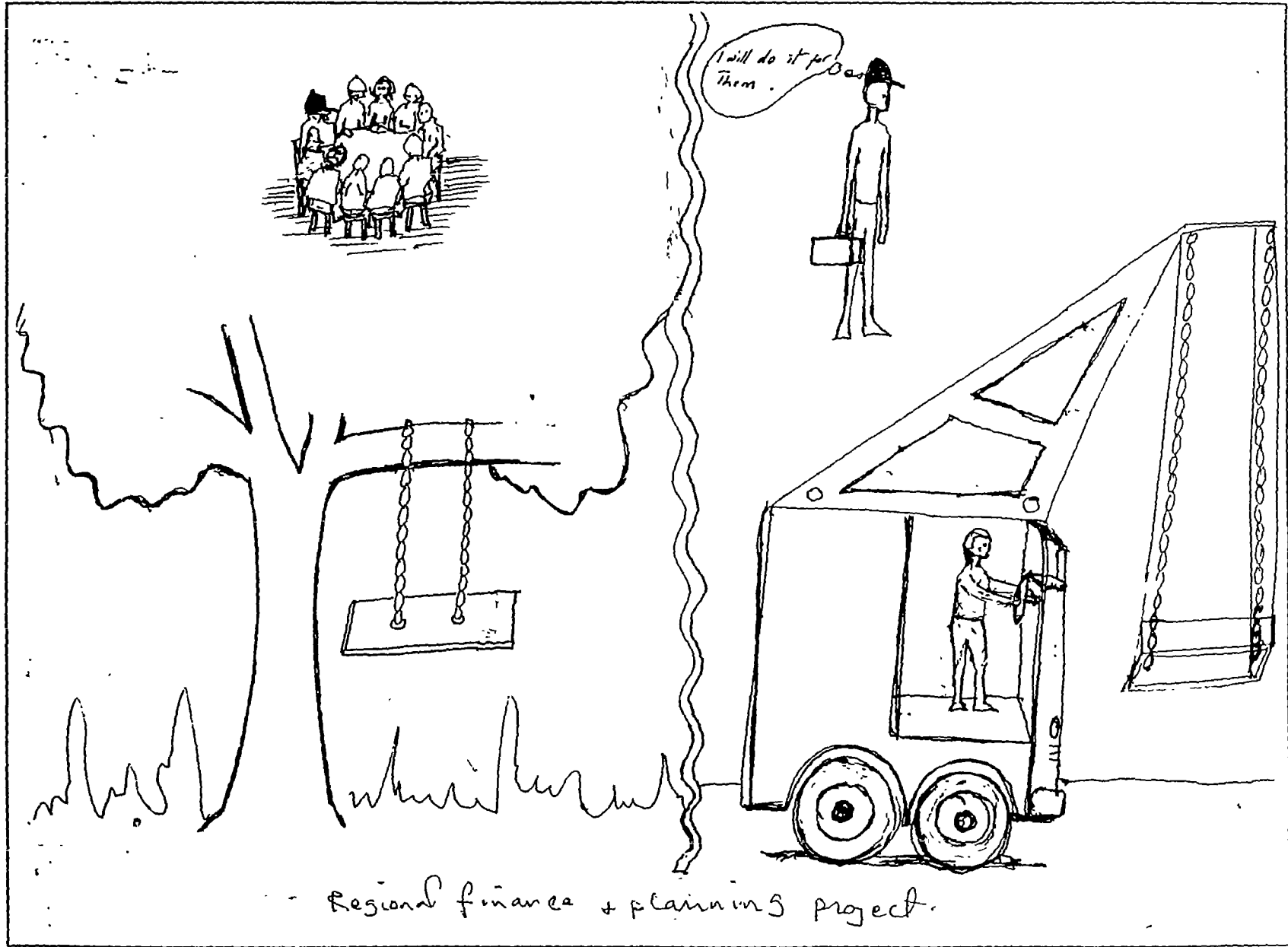
Ethiopian communities, food needs were traditionally met by farm families individually. However, more recently, recurrent drought, population growth, and civil war have reduced per capita food production to the point where many rural families can no longer feed themselves. Thus, nutritional needs are now increasingly met by sharing food with neighbors; using what land there is for cash crops; or leaving the family to find income outside the community.

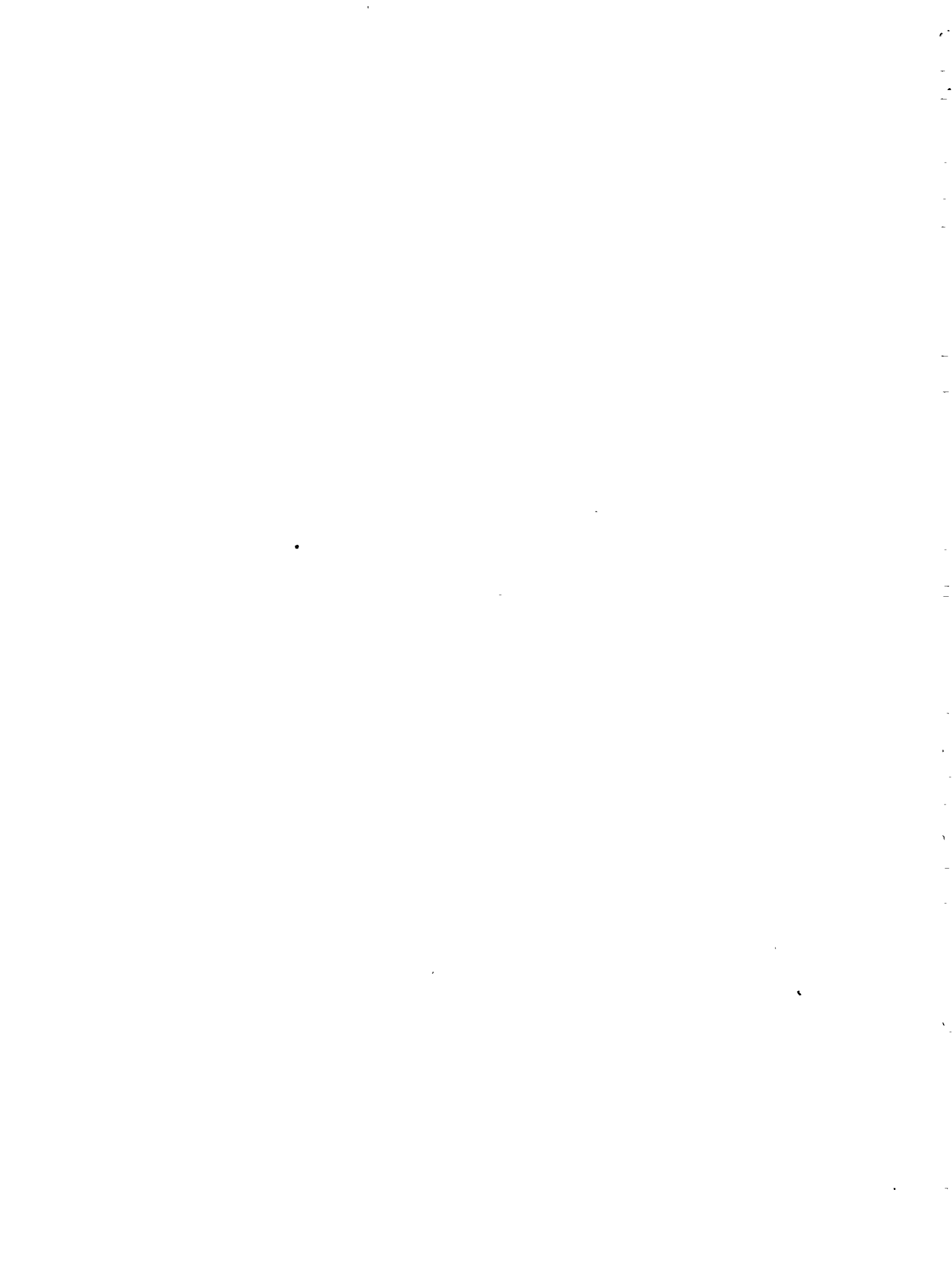
Workshop participants from Rwanda and the Comoros dealt with the concern of Support Networks, from the perspective of women. Their definition was "The defense and advancement of women given by their families and friends to define and maintain their worth, their interests and their happiness in society, and to protect women's rights vis-a-vis men/husbands." The ways a support network is provided in these communities included:

- o Family - a traditional system provided by the community.
- o Friends - traditional in one culture, modern in the other, provided by individuals.
- o Initiation (to adulthood) groups -traditional and provided by the community.
- o Women's associations - traditional and within the community in the Comoros, but quite new and outside the community in Rwanda.

The exercise pointed out that although communities may have basic human needs in common, their methods for meeting those needs change over time, and can be very different from culture to culture. In summary, it was suggested that successful development practitioners, such as ourselves, must become more psychologically attuned to our "target" communities, if only for the limited time we collaborate with them. This will enhance our efforts to understand the centuries-old patterns and systems with which we interact, allowing us to become more able to affect change.

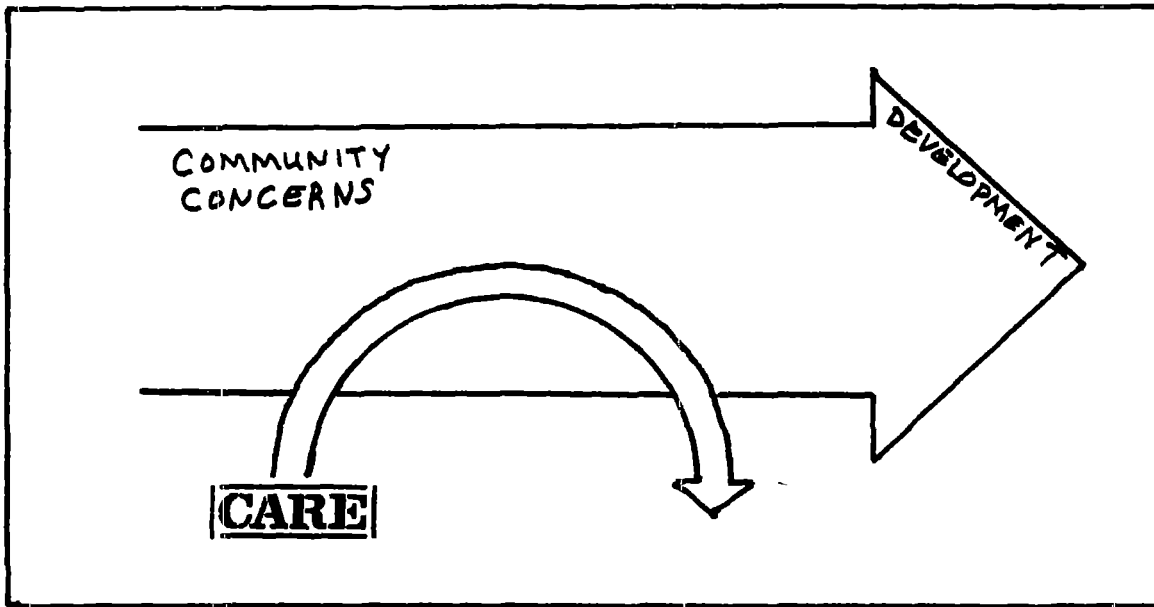






IV. THE COMMUNITY PROJECT CYCLE

Changes will occur in communities with or without assistance from outside. CARE attempts to facilitate positive change through training, education and provision of resources, thus enhancing the development process. CARE's intervention is temporary, but, the consequences should not cease at the point of our withdrawal. We should look at the development process as a continuum which CARE enters for a time, affects and then leaves.

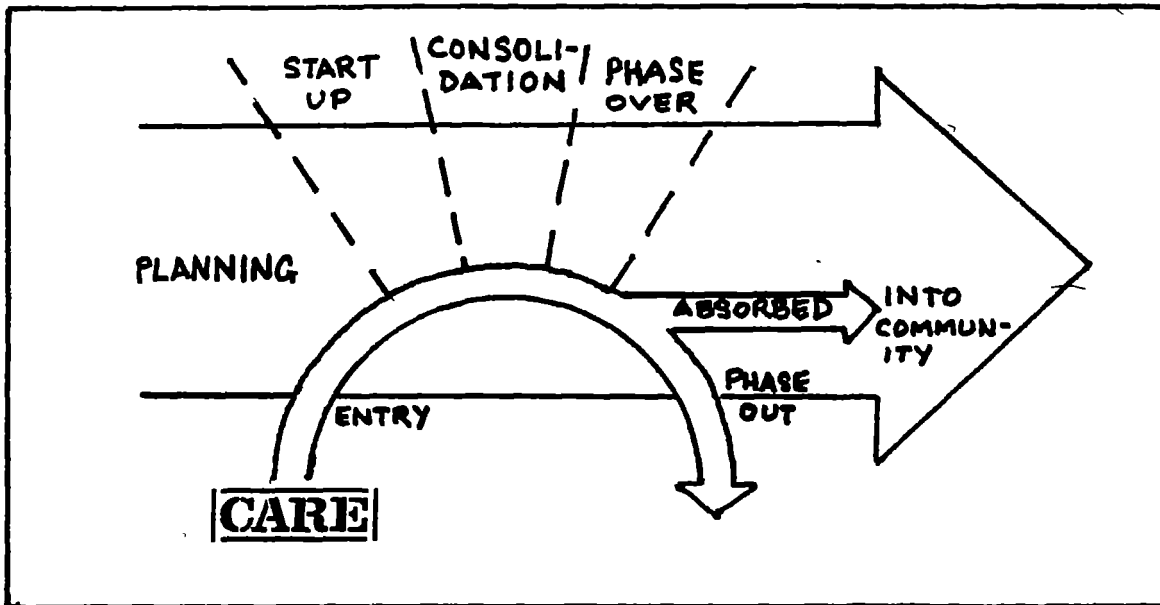


The Multi-Year Plan (MYP) is CARE's tool for reflecting on how it will affect the development process in a particular country. The MYP consists of three parts or stages; the MYP I is a review of the socio-economic environment, MYP II is the strategy for all CARE activities in the country for the next five years, and MYP III is the planning and design of a specific project.

An MYP III is created for each project and consists of a concept paper, a proposal and an implementation plan. All three documents should address the stages in the project cycle:

1. Planning/design
2. Start-up
3. Consolidation
4. Phase-out/phase-over.

If these project phases are laid over our original diagram of community development they would look like this:



The workshop then identified 35 steps within the four phases of the project cycle. Key decisions to be made at each step were identified and who should be involved in making those decisions - CARE, the counterpart, the community?. A distinction was made between who is involved in a decision and who is responsible for the decision. Involvement has many levels:

- o being advised of the result
- o offering input
- o making the decision
- o taking action on the decision

Successful phase over can only occur when the community is responsible for making a majority of the key decisions.

Two days of analysis and discussion resulted in the following list of steps, key decisions and participants in each decision.

STEPS IN THE COMMUNITY PROJECT CYCLE (CPC)

I. PLANNING AND DESIGN

<u>Steps in CPC</u>	<u>Key Decision Needed</u>	<u>Who is Involved</u>		
1.Orientation of community leaders about CARE.	What information is needed?	Com	CARE	CPRT
	What approach and methods?	Com	CARE	CPRT
	Who should be oriented?	Com	CARE	CPRT
2.Orientation of the community about CARE.	Who orients community?	Com	CARE	
	What information and methods should be used?	Com	CARE	
3.Identification/formation and organization of community planning team. and responsibilities	Who should be on planning team?	Com	CARE	
	What are roles of team?	Com	CARE	
	Who selects team?	Com	CARE	
4.Preparation of planning team for their roles, responsibilities and procedures.	When will team be prepared?	Com		
	What is the training curriculum?	Com	CARE	
	How will responsibilities be defined?	Com	CARE	
5.Community needs assessment	Which method will be used?	Com		
	What is the target group whose needs will be assessed?	Com		
	Who will assess the needs?	Com	CARE	

<u>Steps in CPC</u>	<u>Key Decision Needed</u>	<u>Who is Involved</u>		
6. Prioritization of needs.	What criteria will be used?	Com		
	Who will prioritize needs?	Com		
7. Selection of target groups.	What criteria for selection (poor, women, landless)?	Com	CARE	CPRT
	Who will determine number and composition of groups?	Com	CARE	CPRT
8. Identify goals (per target group)	Who will define expectations of target group?	Com		
	Who and how will indicators of success be determined?	Com	CARE	CRPT
9. Identification of options.	Who will identify them?	Com	CARE	
	o Possible solutions o Technical choices	How to identify?	Com	CARE
10. Review and prioritize options based on: How will you get the	What information is needed?	Com	CARE	CPRT
	o feasibility study o local resource availability o community support o replicability o sustainability o counterpart support o experience of others	Com information and how will you approach the decision?	CARE	

<u>Steps in CPC</u>	<u>Key Decision Needed</u>	<u>Who is Involved</u>		
11. Choose intervention based on the best option.	Who will collect information?	Com	CARE	
	What approach will be used?	Com	CARE	
12. Establish selection criteria for project committee.	What values and criteria are required?	Com	CARE	
	How will committee be organized?	Com		
13. Formation of project committee.	When will committee be formed?	Com		
	What are the responsibilities of its members?	Com	CARE	
	Who form the committee?	Com		
14. Develop project proposal stating:	Who will develop proposal?	Com	CARE	CPRT
	What are the proposal contents: * target group * activities * identification of resources?	Com	CARE	CPRT
a. project goals and indicators				
b. activities				
c. time frame				
d. resources needed (community contribution)				
e. implementation plan				

<u>Steps in CPC</u>	<u>Key Decision Needed</u>	<u>Who is Involved</u>		
15. Develop implementation plan.	Who will develop?	Com	CARE	CPRT
	Who will do what?	Com	CARE	CPRT
16. Develop monitoring plan.	Who will develop?	Com	CARE	CPRT
	What methodology will be selected?	Com	CARE	CPRT
17. Develop evaluation plan.	Who will develop?	Com	CARE	CPRT
	Type of evaluation used?	Com	CARE	CPRT
	How will information be used?	Com	CARE	CPRT
18. Develop phase over/phase out schedule.	At what level of success will project be phased over (criteria)?	Com	CARE	CPRT
	Who will prepare plan?	Com	CARE	CPRT
	What responsibilities will be assumed by whom?	Com	CARE	CPRT
	What must be sustained, how?	Com		
19. Identify community project members' roles and responsibilities and how they will be organized.	(19&20) Who are they and what are their roles and responsibilities?	Com	CARE	CPRT
	What mechanisms will be used to identify project members?	Com	CARE	CPRT
20. Identification of CARE/counterpart roles and responsibilities.	How will they be supported and for how long?	Com		

II. START-UP

<u>Step in CPC</u>	<u>Key Decisions</u>	<u>Who is involved?</u>		
1. Secure and sign necessary agreements.	What are agreements and obligations?	Com	CARE	CPRT
	o Funds			
	o Proposal approval	Com	CARE	CPRT
	o Community contact			
	o Outside contractors	Com	CARE	CPRT
2. Develop and share action plan.	Who will develop?	Com	CARE	CPRT
	What will be in plan?	Com	CARE	CPRT
	What is the timeframe?	Com	CARE	CPRT
	What resources required?	Com	CARE	CPRT
	Who will receive copies of plan?	Com		
	Who explains the plan?	Com	CARE	
	When to implement action plan/training?	Com	CARE	CPRT
	Who will conduct training?		CARE	CPRT
3. Identify and hire project personnel	Who will select staff?	Com	CARE	CPRT
	When will staff be selected?	Com	CARE	CPRT
	Who supports and pays personnel?	Com	CARE	CPRT
	Who evaluates personnel?	Com	CARE	CPRT

<u>Steps in CPC</u>	<u>Key Decisions</u>	<u>Who is Involved?</u>		
4. Identify and procure logistical infrastructure and equipment needs.	What needs and numbers?	Com	CARE	
	When needed?	Com	CARE	CPRT
	Who will procure/provide?	Com	CARE	CPRT
	Where to store and safeguard?	Com	CARE	CPRT
	How and when to deliver?	Com	CARE	CPRT
5. Identify and develop project systems, policies and procedures.	What policies, procedures and systems are needed?	Com	CARE	CPRT
	Who will identify them?	Com	CARE	CPRT
	Do policies contradict local customs?	Com		
	Do policies/procedures support project goals?	Com	CARE	CPRT
6. Staff orientation and training.	What kind of training?	Com	CARE	CPRT
	Responsibilities and roles of staff?	Com	CARE	CPRT
	What skills and experience are required?	Com	CARE	CPRT
7. Conduct baseline survey.	Who will carry out?	Com	CARE	CPRT
	How will it be designed?	Com	CARE	CPRT
	What training required?	Com	CARE	CPRT

Steps in CPC

Key Decisions

Who is Involved?

8. Pilot and monitor interventions and technologies.

How will intervention be monitored and evaluated?

Com CARE

Who will take the risk?

Com CARE

9. Evaluate, assess and review.

Who will assess/evaluate the results, and by what standards?

Com CARE

How to incorporate into the overall plan and make revisions?

Com

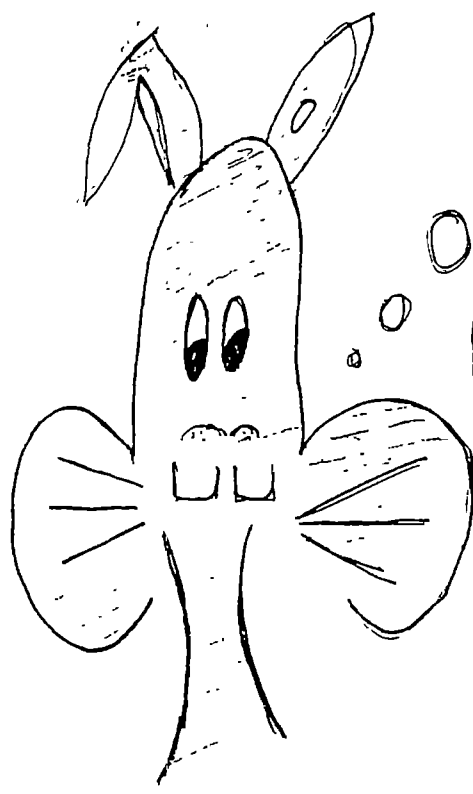
III. CONSOLIDATION

<u>Step in CPC</u>	<u>Key decisions</u>	<u>Who is involved?</u>		
1. Refine and re-orient project plans based on information from ongoing monitoring and evaluation.	Who will identify required changes?	Com	CARE	CPRT
	How to refine the plan?	Com	CARE	
	Determine the required information for decision-making.	Com	CARE	
2. Implement revised plans.	Who will implement?	Com	CARE	
3. Sharing lessons learned.	What lessons should be shared?	Com	CARE	
	With whom?	Com	CARE	
	How?	Com	CARE	

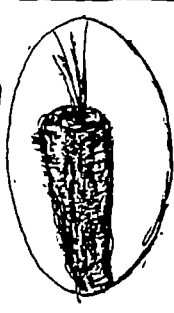
<u>IV. PHASE OVER:</u>	<u>ABSORPTION (FOR COMMUNITY)</u>	<u>PHASE OUT (FOR CARE)</u>
<u>Steps</u>	<u>Key decisions</u>	<u>Who is involved?</u>
1. Review and finalize phase over as per project plan.	Is timing appropriate?	Com CARE CPRT
	Who should be involved in review and to what extent?	Com CARE CPRT
	What adjustments needed?	Com
	What should be timeframe?	Com
2. Community take over of remaining project management and financial responsibilities.	Who will be responsible?	Com
	Who needs additional training?	Com CARE CPRT
	How will responsibilities be transferred?	Com
	When will responsibilities be transferred?	Com
3. Develop and initiate monitoring and evaluation plans for post-CARE-project period.	Who will be in charge?	Com
	How will they be organized?	Com
	What resources needed?	Com
	What information needed?	Com
	Roles of CARE and counterparts?	Com CARE CPRT

After participants broke down the steps within the community project cycle, the workshop agenda shifted to the specific projects represented. First, the entire group focused on the four projects having received the special attention of the CM Advisor over the past two years. The most successful events and activities of these projects were reviewed by the participants representing CMEP projects, in relationship to socio-cultural environment, human resources, organization and approach. Then constraints to enhanced CM were described and options for dealing with these constraint were suggested.

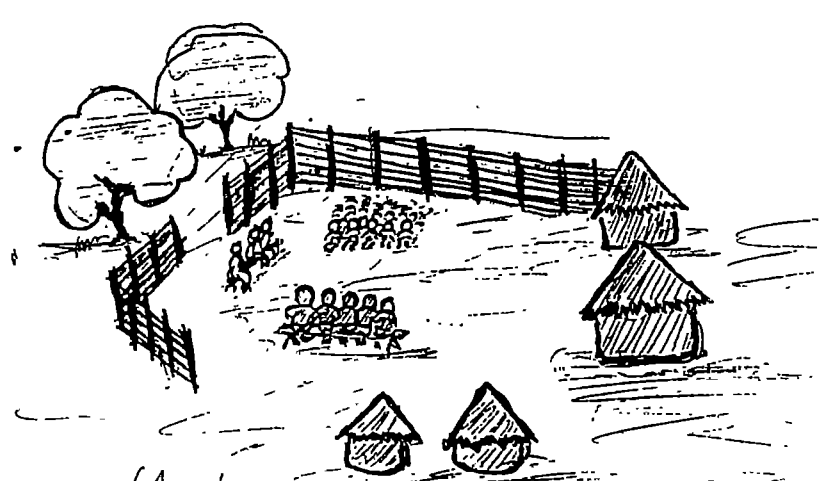
The workshop then focused on the projects represented which had not had the benefit of technical assistance in CM. Participants initially analyzed these projects to determine what level of community participation or management existed, if any. Working in small groups by project, with CMEP project staff as resource people, participants listed constraints to community management in their projects. They also looked for new opportunities for community management and determined at least two new approaches they would like to try when they returned to their missions. These new approaches became the starting points for the action plans that each group of project staff developed during the last day and a half of the workshop.



I must be seeing things, before they, the community I mean, produced things with CARE's resources
Now they are meeting to discuss their problems and resolve them with their own resources and CARE's assistance
They are even setting up a CDA



Will I ever get some carrots back?



Yes!

CM will ensure that the community produce and market carrots with locally managed resources

V. COMMUNITY MANAGEMENT RELATIVE TO RESPONSIBILITIES, ATTITUDES, AND SKILLS

For this session, the workshop divided into groups by staff level, i.e., program coordinators, project managers, and extensionists/field staff. Each group examined the major responsibilities of their positions and what skills, qualities and attitudes are necessary to fulfill those responsibilities, in light of increased emphasis on community management. (Attitudes and qualities are characteristics which shape skills development and influence how skills are practiced.) The outputs of each group were as follows:

Field Staff

Major Responsibilities relative to CM:

1. Orienting new communities
2. Conducting surveys and needs assessments
3. Training project participants
4. Providing technical advice and support
5. Planning, evaluating and monitoring, reporting
6. Maintaining good relations with counterparts
7. Increasing participation of women in the project.
8. Representing CARE programs to the public and other agencies.

Necessary Attitudes and Qualities:

1. Eagerness to share information in a timely and accurate manner.
2. Confidence, creativity, patience, honesty
3. Ability to work with others in groups
4. Sociability
5. Ability to gain trust of community
6. Flexibility

Project Managers

Major Responsibilities relative to CM:

1. Manage the project to meet its goals and objectives
2. Initiate and maintain good working and public relations with concerned parties

3. Develop and use effective systems of day to day management
4. Ensure continuity and sustainability of projects
5. Recruit, orient and train staff

Necessary Attitudes and Qualities:

1. Ability to distance oneself and look objectively at what is going on
2. Ability to accept criticism
3. Ability to empathize with community and staff
4. Willingness and commitment to work in tough areas
5. Efficiency and effectiveness: ability to set objectives and priorities and follow through
6. Sense of humor
7. Willingness to recognize contributions of and give credit to subordinates and others
8. Humility. Belief in other people and belief in the importance of learning from their specialized knowledge
9. Belief in what CARE is doing--sense of institutional loyalty
10. Willingness to take risks and to take responsibility for consequences
11. Appreciation of efforts of previous managers
12. Ability to feel at ease with people.

Program Coordinators

Major Responsibilities relative to CM:

1. Recruit, train and orient project staff
2. Coordinate mission planning
3. Set CM objectives at the mission level
4. Assure that project proposals discuss CM objectives
5. Play advocacy role for CM
6. Identify TA needs for CM, ensure that all consultants address CM issues
7. Secure funds and resources for CM programming

Necessary Qualities and Attitudes:

1. Persistence and patience
2. Ability to envision what does not yet exist
3. Ability to excite and motivate others in CM
4. Commitment to CM and participatory processes

Workshop participants also examined the skills needed to accomplish the major responsibilities outlined above. Certain skills were found to be common to the success of

all three levels: field staff, project managers and program coordinators. These included:

- o Communication skills, written and verbal
- o Ability to conduct community needs assessments
- o Training skills, planning a workshop, designing sessions, use of facilitative tools such as training materials, overhead projectors, flip charts, etc., ability to express content in ways clear and meaningful to trainees, etc.
- o Skills in producing training materials, e.g., manuals, exercises, visual aids, etc.
- o Skills in facilitation of discussion, e.g., focus groups, community development committee meetings, etc.
- o Planning skills, i.e., organizational ability, timeline design, etc.
- o Monitoring and evaluation skills.

MINI-WORKSHOPS

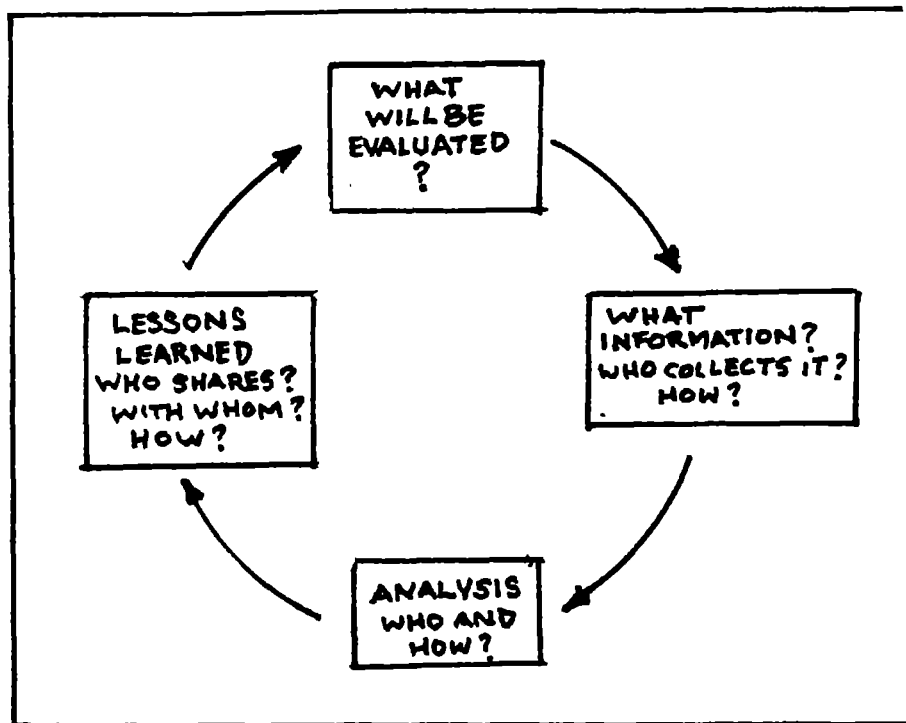
The workshop provided training opportunities in specific skill areas through mini-workshops. One entire day was divided into three sections of time. Six different mini-workshops were offered during each section allowing each participant to attend three workshops. About a dozen potential topics were prioritized by the participants resulting in the decision to offer mini-workshops in:

1. Community-managed monitoring and evaluation
2. Creative problem-solving
3. SWOT analysis
4. Community needs assessment
5. Resources management
6. Increased women's involvement in participatory development.

The following are short summaries of the content of each of those.

1. Community-managed monitoring and evaluation

Steps in the evaluation cycle:



The mini-workshop identified opportunities for CARE/community managed monitoring and evaluation within the project cycle. It was suggested that such activities require a major time investment in identifying the need and purpose for evaluation early in the planning phase.

A distinction was made between monitoring and evaluation. Monitoring is the periodic collection of information; the tracking of project resources. Evaluation is a review of objectives; it determines if the strategy, resources and time are being used in the right combination to achieve the goal.

Both traditional and non-traditional M & E methods, relevant to community-managed projects, were discussed. These included: SWOT analysis, focus groups, cross visits, guided observation, and structured, involvement of community boards. Characteristics of a focus group were discussed, how it can be used and what are its advantages and disadvantages.

2. Creative problem-solving

Eight steps to involving the community in creative problem-solving were outlined followed by specific examples.

STEPS:

- a. Name the problem in 3-5 words
- b. Describe the problem, what is happening (objective data), how are people affected (feelings), what are root causes (interpretation)
- c. Propose action to solve the problem - brainstorm new responses, very concrete actions
- d. Select the most "do-able" actions - select no more than 3, imagine a timeframe of 3-6 months maximum
- e. Discuss the positive and negative aspects of each, the strengths and risks
- f. Prioritize the actions based on time, energy and resources required
- g. Decide the components of the action, details - what it is, who will do it, where, when, how
- h. Describe the victory - how will you know the problem is solved? What knowledge, attitudes or practices will be different?

3. SWOT analysis (Strengths, Weaknesses, Opportunities, Threats):

The mini-workshop described this method of evaluating a program at a formative stage for its strengths, weaknesses, opportunities and threats to its achievement. Guidelines for when and how it can be used were discussed and a SWOT analysis of the technique itself was offered.

For example, a strength of SWOT is that it is a participatory method allowing even the illiterate to be active in the evaluation and redesign of programs.

A weakness is that it provides only subjective feedback.

An opportunity provided by SWOT analysis is that it can be conducted by anybody able to lead a discussion and therefore can be used by all groups of community members without participation of outsiders.

A threat inherent in SWOT is if badly facilitated, the method may be used to propagate the views of the facilitator and may lead to false conclusions.

4. Community needs assessment

The term "Needs Assessment" refers to an activity which can be undertaken to identify, analyze and prioritize the needs of a group of people. The mini-workshop addressed the following questions:

- o What are the different kinds of needs assessment activities?
- o Whose needs do we want to assess?
- o Whose needs are we not concerned with assessing?
- o Why do we want to assess them?
- o What are characteristics of a good needs assessment technique?
- o What are the essential components of a community conference as practiced in the Village Self-Reliance Project?
- o What are strengths of the community conference approach?
- o What are weaknesses and dangers of community conferences?

5. Resources management

Mini-Workshops in this topic were held twice, first with participants from Sudan, Comoros and Somalia, who had all had great difficulty in establishing community management of fund-raising and budgeting. The second workshop's participants, from Egypt, Rwanda and Kenya had all found community fund-raising and budgeting relatively easy. This was probably due to greater access to rural banks and donors, more centralized living patterns and higher literacy.

The mini-workshop focused on:

- o Creating a community resource inventory
- o Community management of cash
- o Community managed budgeting
- o Training for all of the above. What resources are available?

6. Increasing women's involvement in participatory development

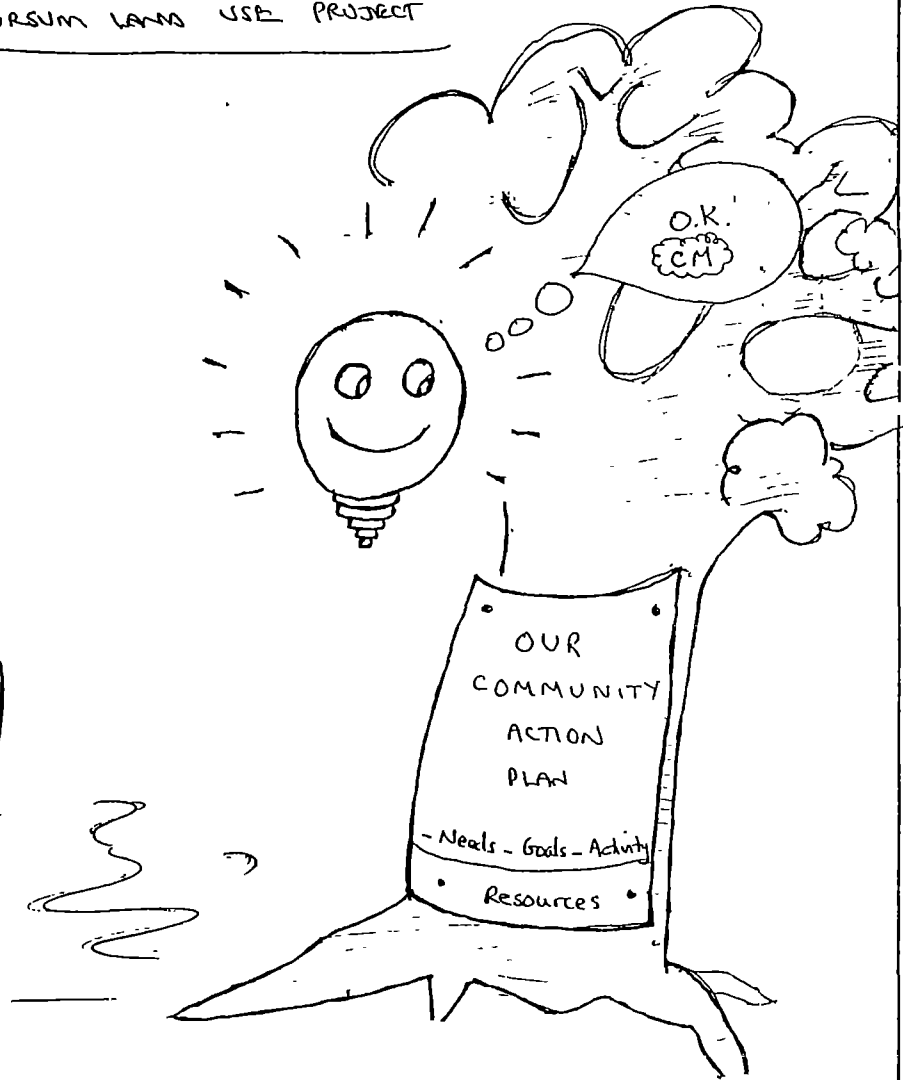
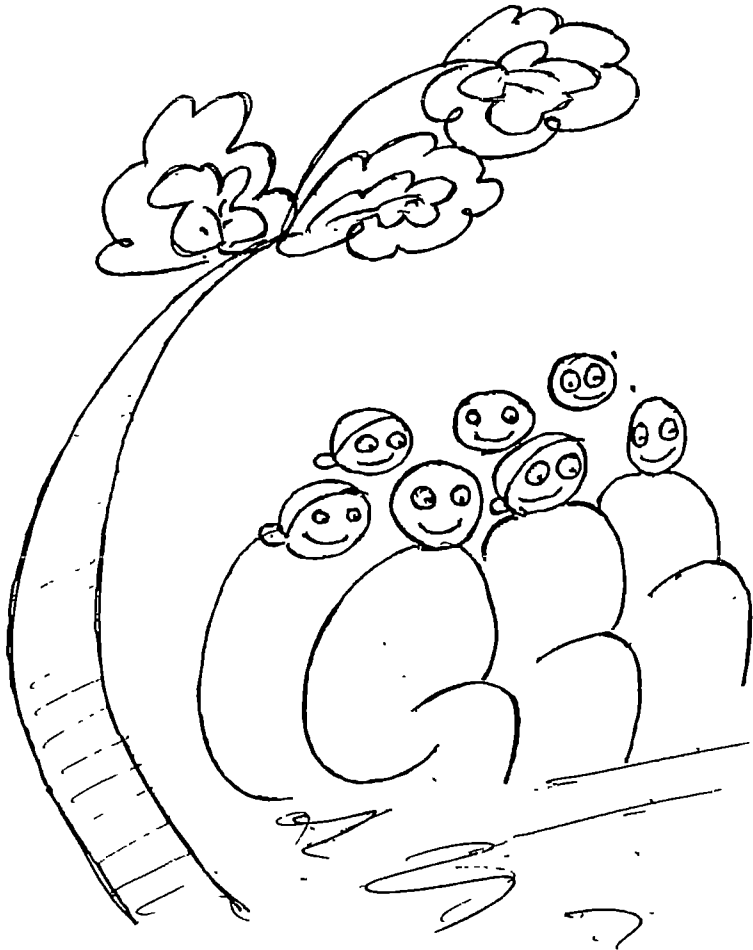
Participants were asked to produce a list of reasons why women should be involved in the development process. The responses were that:

- o Women have a large role in the social life of the community.
- o Since women are responsible for carrying out most of the household and field tasks, they should be involved in the decision-making about those tasks.
- o Life depends on water, land and fire, and women are responsible for providing these.
- o Women are the educators in their countries, beginning with their children.

Participants shared their own experiences working with women, where they had successes and failures. The mini-workshop identified situations in which the development agenda and approach negatively affected women and what could be done to improve strategies and objectives.



GURSUM LAND USE PROJECT



VI. CMEP GOALS AND RESOURCES AND MECHANISMS FOR SUPPORTING CM ENHANCEMENT

The Community Management Advisor presented a history of the CMEP. Staff from each participating project then discussed how the project had benefited from technical assistance in CM.. Benefits and lessons learned included:

Village Self Reliance Project (CARE Egypt):

- o How to improve relations with the community development associations
- o How to improve working relationships with the poor
- o Development of the VSR training manual
- o Involvement of both male and female NVs (neighborhood volunteers)
- o Development of phase over/out criteria and planning
- o How to use SWOT analysis as a monitoring and evaluation technique

Gursum Land Use Project (CARE Ethiopia):

- o Sensitization of CARE staff to needs of participants
- o Community needs assessment planning
- o Sensitization of counterpart, the MOA
- o Establishment of community-based contact groups
- o Development of community-based extension workers
- o Community-based land use planning
- o Beginning of development of a phase-over plan

Regional Finance and Planning Project (CARE Sudan):

- o Identification and negotiation of role for communities in establishment and management of water yards owned by government
- o Organization of project evaluation involving community
- o Realization of the need to look critically at current involvement of women in planning, design and fund-raising activities and reassess the roles they have been assigned.

North Kordofan Maternal/Child Health Project (CARE Sudan):

- o Facilitated the integration of two projects through use of reflective exercises on community management
- o Reoriented project toward a significant role for the community
- o Expanded use of training exercises beyond NKMCHP to other projects in Sudan

The discussion then shifted to other methods of promoting CM within CARE. For instance, giving greater attention to CM will necessarily affect training and hiring practices at CARE. A discussion of training needs suggested that training of trainers (TOT) should be provided to all project managers and field staff in the areas of project design and evaluation. It was also recommended that regional training plans be developed which would include computer training, by and with outside organizations, and cross visits between countries.

In terms of hiring new staff, it was strongly recommended that, wherever possible, prospective staff be "field-tested" before receiving a contract. Better planned and more thorough hiring practices, including following up references given, would ensure that candidates have the required qualities and skills. The country offices could assist by providing more carefully thought-out personnel requests.

Workshop participants felt more emphasis needs to be placed on finding qualified national staff to fill positions previously held by international staff. In line with this, CARE International members need to understand which skills and qualities are critical to involving the community more effectively in decision making. Some training in these issues should also be offered to C.I. Members before they recruit new staff.

In order to maintain a high level of staff quality, certain organizational systems such as MBO, performance appraisals, MYPs and Project Implementation Reports, could include a greater emphasis on community management skills. Creating systems to increase the flow of information between project, countries and regions was continually stressed. The participants found they gained a great deal of knowledge by hearing their colleagues analyze the strengths and weaknesses of their projects in terms of community management. Similar opportunities to learn how staff cope with common problems, challenges and objectives in different environments were widely requested.

Then, in the following session, the results of a survey conducted at CARE New York on awareness and understanding of CMEP and community management were described by Nancy Blum. (see Appendix 6) This led to a discussion of the participants' resource needs in enhancing community management of their projects. Great concern was expressed over the proposed discontinuation of the CMEP and the lack of clarity on the future of the CM Advisor. As a result, a letter of concern was drafted for the Vice President, Program, and signed by all workshop participants. The workshop compiled the following list of needs, proposed support mechanisms and who might provide the assistance.

NEED:

IDENTIFIED
BY:

SUPPORT MECHANISMS:

DEVELOPED/
PROVIDED
BY:

1. Orientation
of staff to CM

Project
coordinators,
project
managers,
extension
staff

CM Orientation
package to be used in
new hire orientations
in NY and in
missions.

EA/RMU, NY
TRAINING
UNIT, CM
Advisor

2. Project
analysis for CM

Project
coordinators,
Project
managers,
Extension
staff

Guidelines and
methodologies from
CMEP,
CMEP project staff
TDYs, RTA visits,
External consultants
with CM background
for evaluation

CM Advisor
and CMEP
projects,
EA/RTAT,
RMU

Proposal review for
CM

Proposal
review
teams

3. Community
Needs
Assessment in
sub-project
planning

Extension
Staff

CNA samples and
models, Training for
extension staff and
group leaders

RMU,
Training
Unit, RTAT

4. Regular
training in CM
for all staff

Extension
staff

Project and mission
level workshops every
6 months, Regional
workshop annually,
relevant curricula,
adaptable materials,
cross visits to other
projects, TDYs, RTA
trainers, external
trainers

RTAT, RMU,
NY
TRAINING
UNIT, CDs

<u>NEED:</u>	<u>IDENTIFIED BY:</u>	<u>SUPPORT MECHANISMS:</u>	<u>DEVELOPED/ PROVIDED BY:</u>
5. Extension materials: Visuals and audio/visuals	Extension staff	CM Program fund	RMU
6. Training in workshop preparation, communication skills, meeting management	Extension staff	First language training workshops, when possible	Mission, NY Training Unit
7. Better understanding of local cultures and decision-making structures	Project coordinators, Project Managers, Extension staff	National staff development, technical assistance from local consultants, RTA for CM	Workshop participants, CM Advisor, mission staff
8. Training for community, development of executive coordination capacity at community level	Project Managers, Extension staff	Training program in start-up, management and community mobilizing, Participation of community leaders in Regional workshops, Cross visits between target groups	RTAT, Training Units Government offices of Planning Project Managers, Extension staff

<u>NEED:</u>	<u>IDENTIFIED BY:</u>	<u>SUPPORT MECHANISMS:</u>	<u>DEVELOPED/ PROVIDED BY:</u>
9. Guidance and Support for CM focus	Project Managers, Extension staff	<p>Include CM responsibilities in job descriptions, MBOs, PIEs, Field trip reports</p> <p>CM included in project planning and design</p>	<p>CDs, ACDs,</p> <p>Mission, RMU</p>
10. Information sharing	Project Coordinators, Project Managers, Extension staff	<p>Cross-project correspondence, cross visits, workshop reports, successful case studies, regional or international newsletter, visual documentation</p> <p>Regional committee/CM task force of mission reps</p>	<p>Workshop participants, Recorders, Extension staff, Project managers, Mission</p> <p>RMU, Missions</p>
11. Draw CDs and other Program staff into CM involvement	Project coordinators	Field trips, "echo workshops," orientation by CME Workshop participants	Project managers, Project coordinators

<u>NEED:</u>	<u>IDENTIFIED BY:</u>	<u>SUPPORT MECHANISMS:</u>	<u>DEVELOPED/ PROVIDED BY:</u>
12. Counterpart support	Project Coordinators, Extension staff	Education/Training, Field visits, Orientation to CM, CM orientation package, "echo" workshops Regular briefings at national and international levels, CM documentation, case studies, PIRs Receptive govt policy statements	CME Workshop participants, Project Managers, CM Advisor, RMU Mission Extension staff, Project managers Key govt officials
13. Money	Project Coordinators	Commitment from NY, Donor education, repackaging mission information for more effective fundraising Project proposals with CM focus	NY, RMU,, Donor & Public Relations Dept. RMU, C.I.
14. Confidence of donors	Project Coordinators	CM success stories, appropriate pilots, consistency and continuity in CM programming	Mission, NY

NEED:

IDENTIFIED
BY:

SUPPORT MECHANISMS:

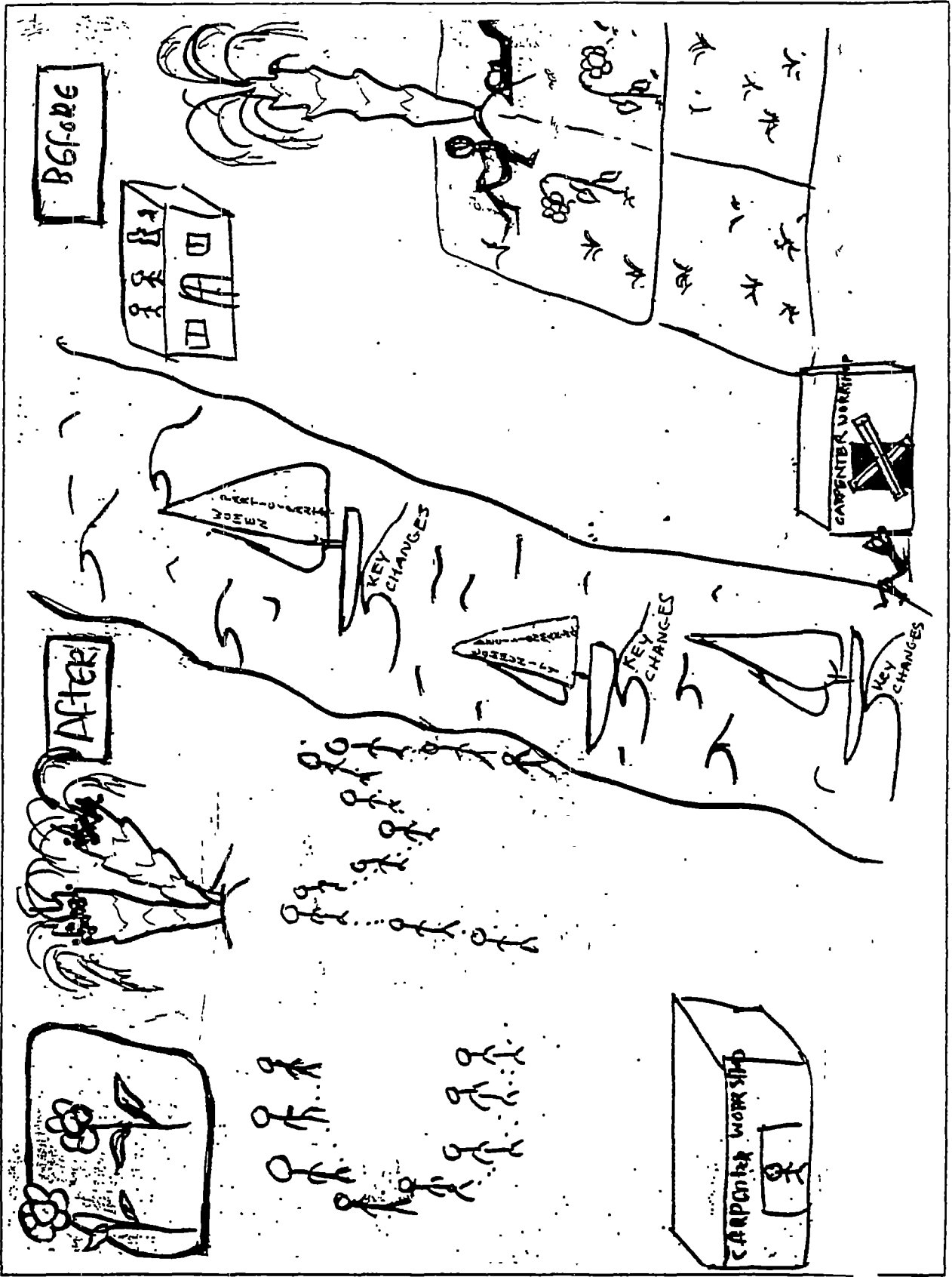
DEVELOPED/
PROVIDED
BY:

15. Time

Project
Coordinators,
Extension
staff

CD commitment, better
designed projects,
Better management of
staff time,
evaluation of process
as well as PATs

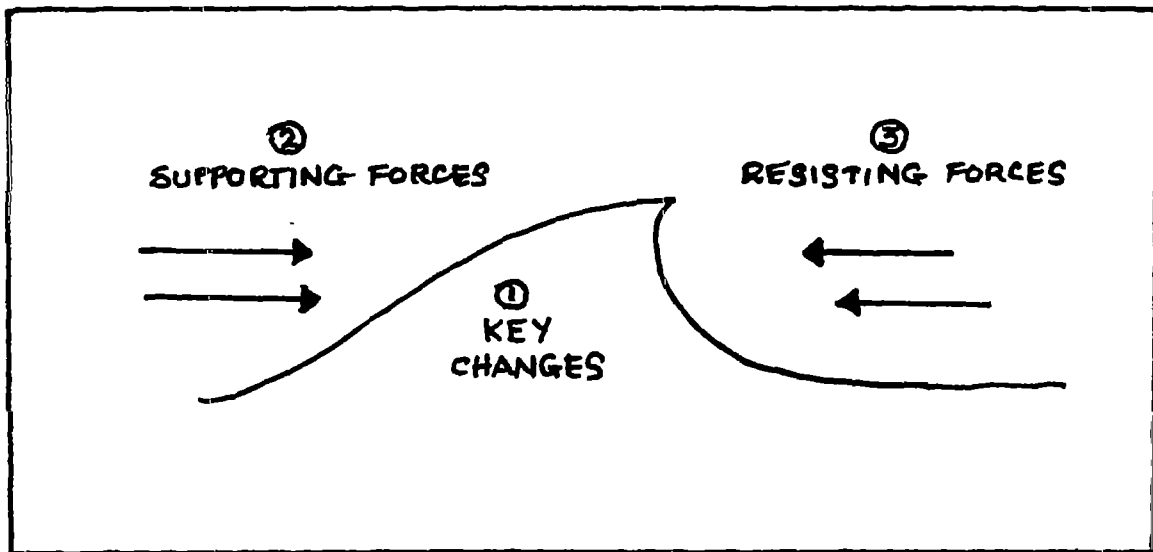
Mission,
NY,
Project
Managers,





VII. ACTION PLANNING

The objective of this session was to be innovative but realistic in formulating a plan to enhance community management at the project or mission level. Using a "wave of change" as an image, the participants listed (1) the changes or improvements that would enhance CM in their projects over the next year. Then they determined (2) what factors or elements exist that would support or facilitate the desired changes. They also were asked to list (3) factors which would block, resist, or constrain the changes.



Participants then came up with concrete, verifiable actions that could take place in the next 3-6 months. Job descriptions and the lists of job responsibilities generated in a previous session were used as a basis for this. Participants were specifically asked not to list actions which someone else would have to do.

After selecting one to three actions which held highest priority for them, participants stated the purpose of the action, e.g., if the action is "a workshop with community leaders", the purpose might be "to train leaders to take over a particular project activity." Sequential steps were laid out for each action and for each step they listed by whom, when, and where it would be done.

The action plans included the specific resource materials, technical assistance, and mission support that would be most relevant and useful. A generic list of these had been produced in a previous session on Resources and Mechanisms for Supporting Community Management. Plans for securing and using each of these resources were specified.

In an effort to increase communication between projects, participants designed strategies for documenting the lessons learned and disseminating this documentation within their mission, region, and outside of their region.

Copies of all action plans were given to the East African RMU who will follow up with participants on their progress in six months time.

The following is the action plan generated by participants from Comoros. It is included here as a good example of how detailed and comprehensive such a plan can be.

ACTION PLANNING WORKSHEET (PAGE 1)

COMOROS

SUPPORTING FORCES:

- 1) -Budget
-Human resources
-Professional awareness of new staff
-Key staff trained in Community Management
-New blood
- 2) -Moral support of some of our counterparts
-Same approach as Anjouan Sustainable Agriculture Project
- 3) -Flexibility on the part of AID and CARE-NY
-Support from RMU and RTA

RESISTING FORCES:

- 1) -Staff inexperienced in CM
-Motivation level of extension staff
-Old approach easier to implement
-Poor knowledge/documentation of local structures
-Present approach focuses on individuals
-Present training plan not addressing Community Management
-Time
- 2) -No political commitment
-No CM success in Comoros
-National Agricultural strategy not conducive
-Other projects
- 3) -Donor requirements: GOC, AID, CNY
- 4) -Bad habits (project provides services)
-Individualistic society

KEY CHANGES:

- o Project staff have a good knowledge of social structure.
- o CM approach in new focus areas.
- o Adjust approach in old focus areas to initiate Community Management.
- o Enhance Community Management approach within project staff.

ACTION PLANNING WORKSHEET (PAGE 2)

~ PROPOSED ACTION ~

<p>WHAT IS TO BE DONE?</p>	<p>Write synopsis about social structure in the project zone.</p>			
<p>WHY ARE WE DOING IT? (Intent) (Benefits)</p>	<p>In order to understand farmers' strategies, inheritance system, and decision making process.</p>			
<p>HOW WILL IT BE DONE? (Very specific sequential implementing steps. Spell out WHO WHEN WHERE for each step.) MUST BE REALISTIC</p>	<p><u>How</u></p> <ul style="list-style-type: none"> o Contact local (documents and people) and external (documents) sources. o Benefit from knowledge of national staff. o Write synopsis. o "Echo" report with staff. 	<p><u>Who</u></p> <p>J. Dom. Didier J. Dom. J.D./Didier</p>	<p><u>When</u></p> <p>June June July August staff retreat (Aug. 6-11)</p>	<p><u>Where</u></p> <p>CNDRS/BOPA France... Anjouan Moroni Moheli</p>

INTRODUCE CM APPROACH IN NEW FOCUS AREAS

ACTION PLANNING WORKSHEET (PAGE 2)

~ PROPOSED ACTION ~

WHAT IS TO BE DONE?

Elaborate and implement new selection process for focus areas.

WHY ARE WE DOING IT? (Intent) (Benefits)

Involve the community in the choice of focus areas and in the project design phase of activities in order to have sustainable and replicable activities.

HOW WILL IT BE DONE?

(Very specific sequential implementing steps. Spell out

How

Who

When

- | <u>How</u> | <u>Who</u> | <u>When</u> |
|---|-------------|-------------|
| -Submit proposal to GOC, CFFADER, USAID, CNY, FAO/FED/CRD | J.D./Cader | 15/6 |
| -Train extension agents and counterparts - prepare meetings | Didier | July |
| -Orientation of community leaders to CARE and general discussion about the village. | PM/EA/Cader | after 25/6 |
| -Orientation of community to CARE (w/leaders) and analysis of village territories (list according to strengths, weaknesses, opportunities and threats. | " | July |
| -Visit village territory w/villagers (transect). | " | July |
| -Orientation visit with community representatives to other sites/regions. | " | July |
| -Final choice of focus area by community and therefore selection of target group | " | July/Aug. |
| -Meeting with target group; definition by community of role of extension agents; planning and design of activities (focus group discussion and use focus group to create group dynamics). | " | Aug./Sept. |

WHO WHEN WHERE

for each step.)

Must BE REALISTIC

ACTION PLANNING WORKSHEET (PAGE 2)

~ PROPOSED ACTION ~

WHAT IS TO BE DONE?

Participatory evaluation with target group of old focus area and decide action to be taken with target groups

WHY ARE WE DOING IT? (Intent) (Benefits)

To put an end to top-down approach and to obtain commitment of community to address their agriculture problems.

HOW WILL IT BE DONE?

(Very specific sequential implementing steps. Spell out

WHO WHEN WHERE

for each step.)

BE REALISTIC

How

Who

When

1. Refine approach (below) with Cader, and obtain support from D.G.CEFADER
2. Train extension agents and counterparts (S.W.O.T.) and prepare meetings.
3. Individual contacts with leaders to know them, their feelings, and assess risks of roundtable.
4. If risks "reasonable" then roundtable (leaders of several villages), then SWOT analysis of project activities and decide about organization of evaluation meeting by target group.
5. Target group evaluation (village-based and not focus area-based)(SWOT) - decide actions.
6. If same focus area: get community commitment, formation of site committee, focus group discussions (role of extension agent, trees preference, etc.), participation analysis of village territory, planning and design of next campaign activities.
7. If they are not interest in present focus area, then village meeting, then implement new focus area selection process (if enough time/resources).

J.D.	15/6
Didier	2nd week
PM EA CADER	July
"	"
"	July/Aug.
"	Aug./Sept.
"	Aug./Sept.

ACTION PLANNING WORKSHEET (PAGE 2)

~ PROPOSED ACTION ~

WHAT IS TO BE DONE?

Elaborate and conduct training plan

WHY ARE WE DOING IT? (Intent) (Benefits)

To have all staff committed and engaged in Community Management issues.

HOW WILL IT BE DONE?

(Very specific sequential implementing steps. Spell out

How

Who

When

1. Review assessments made by senior project staff and E.A. of training needs.
2. Send project documents, outline of training plan and SOW to RTA(Peter).
3. Finalize training plan.
4. Begin implementation
5. Reorientation/revision of training plan as recommended by RTA.
6. Continue implementation of training program.
7. Evaluate training sessions with EA.
8. On-going evaluation of training.

Didier

"

"

"

"

"

"

"

7/6

20/6

30/6

July

20/7

August

Sept.

WHO WHEN WHERE

for each step.)

Must BE REALISTIC

ACTION PLANNING WORKSHEET (PAGE 2)

~ PROPOSED ACTION ~

<p>WHAT IS TO BE DONE?</p>	<p>Elaborate and conduct project retreat</p>		
<p>WHY ARE WE DOING IT? (Intent) (Benefits)</p>	<p>To have all staff fully engaged and committed in Community Management Issues.</p>		
<p>HOW WILL IT BE DONE? (Very specific sequential implementing steps. Spell out WHO WHEN WHERE for each step.) MUST BE REALISTIC</p>	<p><u>How</u></p> <ul style="list-style-type: none"> -Define objectives and content with project staff -Conduct one SWOT with one focus area -Write and send objectives and proposed content to RTA (Sandy). -Refine content and (on-going) feedback from Sandy. -Address logistics issues. -Final preparation with Sandy. -Conduct project retreat with Sandy. 	<p><u>Who</u></p> <ul style="list-style-type: none"> J.D. M&E Unit J.D. " " " 	<p><u>When</u></p> <ul style="list-style-type: none"> 10/6 15/6 30/6 July July 3-5 Aug. 6-11 Aug.

APPENDICES

1. LIST OF PARTICIPANTS
2. WORKSHOP PROGRAM
3. OUTLINE FOR A SUCCESSFUL FIELD TRIP
4. OBSERVATIONS AND HIGHLIGHTS FROM CMEP PROJECTS
5. SELECTED BIBLIOGRAPHY
6. RESULTS OF CMEP SURVEY

APPENDIX 1

Workshop Participants

CARE Sudan

Abdala Hamidan
Osheria Mohamed
Kamal Awad
Hawa Mohamed Salim
Isam Haj El Tahir
Abdul Rahim Ahmed

CARE Egypt

Paul Barker
Samir Sabagh
Mohamed Abdel Latif
Afaf Azaam
Seyyid Kista
Ali Abdel Al
G. Geoffrey Chege

CARE Somalia

Osman A. Tigaad
Mohammed Farah
Mohammed Luqmann

CARE Kenya

G. Kiarie Kimani
Peter Hetz
Sherry Guild
Sandy Powell

CARE Ethiopia

Mersha Alemayehu
Samuel Gizau
Laketch Teshome
Tesfaye Wogayehu
Karen Moore

CARE Uganda

G. Dutki
Carl Howorth

CARE Rwanda

Andre Bihibindi
Cindy Carlson

CARE Comoros

Didier Lafrechoux
Jean Bodard

CARE USA

Nancy Blum
Steve Wallace

CARE Mozambique

Eduardo Telhano
Martin Ede

APPENDIX 2

WORKSHOP SCHEDULE

DATE	DURATION	SESSION NUMBER	SESSION TOPIC	SESSION OBJECTIVES	SESSION FACILITATORS
	1 hour	---	Opening	---	Governor/C.D.
May 7, Monday	6 hours	I	Community organization and dynamics	<ol style="list-style-type: none"> 1. To identify how the organization and dynamics of a community affect its participation in, and management of, the development process. 2. To enhance participants' understanding of the problems faced by women, the poor, and other marginalized groups in securing more substantive involvement in their communities' development. 	Steve Wallace Roger Hardister & Panelists
	1 hour	---	Mini-workshop themes	To select mini-workshop themes.	Sandy Powell
May 8, Tuesday & May 9, Wednesday	16 hours	II	Community Project Cycle	<p>Participants will be able to identify the steps involved in each phase of developing Community Managed Projects. For each step, they will describe:</p> <ul style="list-style-type: none"> o Key decisions. o Who is involved in decision making. o What information is needed to make the decisions. o Sources of information. 	Peter Hetz & G.G. Chege
May 10, Thursday	6 hours	III	Analysis of project goals and activities in terms of CM	<ol style="list-style-type: none"> 1. To understand where existing project designs provide opportunities for CM. 2. To evaluate current intermediate goals to see if they are stated to incorporate CM and to determine if final goals are achievable as project management is phased over to the community. 	Steve Wallace Nancy Blum & Sandy Powell
May 11, Friday to May 12, Sat. am	One-and-a-half days	---	TRIP TO LUXOR	Relaxation and appreciation of Egypt.	
May 12, Sat. pm through May 13, Sunday	12 hours	IV	CARE staff role and responsibilities	<ol style="list-style-type: none"> 1. Identify key skills, knowledge, qualities and attitudes pertinent to CARE personnel's roles and responsibilities in community managed projects. 2. Discuss & acquire several outreach techniques helpful 	Peter Hetz Sandy Powell & Mini-workshop facilitators

May 14, Monday	8 hours	V	Field trip to VSR sites in Sohag	1. Participants will learn more about VSR. 2. Participants will practice the outreach skills enhanced in session IV.	Paul Barker Peter Hetz & Ali Abdel Aiy
May 15, Tuesday	2.5 hrs	---	Reflection on field trip		Peter Hetz & Sandy Powell
	5.5 hrs	VI	CMEP goals, resources & mechanisms for support of CM enhancement efforts.	1. Participants will be informed of the goals of CMEP and its progress so far. 2. Participants will be informed of the various levels of awareness of CM within CARE. 3. Participants will identify mechanisms for supporting CM within and outside of CARE. 4. Participants will share information on resource materials on CM enhancement.	G.G. Chege Reps of CMEP projects & Nancy Blum
May 16, Wednesday & May 17, Thursday	4 hours 8 hours	VII VIII	Preparation for Action Planning Action Planning	Participants will be able to use operations research method to document CM achieved during the lifetime of their projects. Participants will operationalize what they have learned during the workshop.	Sandy Powell & Sherry Guild Steve Wallace

APPENDIX 3

OUTLINE FOR A SUCCESSFUL FIELD TRIP

I. Background Information

- A. Leaders should present background information on the project and community the trip participants will be visiting. This should include history, what activities have been conducted to date, where the community is in the project cycle and what are the strengths, weaknesses and opportunities within the project.
- B. Leaders should explain who the participants will be meeting and what their role is in the project and in the community.

II. Objectives

The group should identify the objective of the field trip. For example, "To learn about the SEAD activities of the Naga Yaqoub community development association (CDA) and to assist them in organizing and formalizing their SEAD methodology and approach."

III. Strategy

The group must determine the strategy which the visiting team will use. For example:

1. Observe community while walking through village.
2. Focus group discussion with CDA board and neighborhood volunteers on the SEAD activities implemented and planned. Identify areas of SEAD loan cycle which need clarification and formalization.
3. Visit specific SEAD activities to verify and clarify points raised in discussions.
4. Wrap up session with CDA board. Discuss observations and conclusions.

IV. Key questions

- A. Identify key questions to be answered during the field trip to achieve the objective.
- B. What observations need to be made.

IV. Roles and responsibilities

- A. Who will make introductions?
- B. Who will explain purpose of visit?
- C. Who will facilitate each activity mentioned in the strategy?
- D. Who will give the community leaders feedback on the visit?

V. Analysis

- A. When will the team analyze the results of the field trip?
- B. How will feedback be used?

APPENDIX 4

OBSERVATIONS FROM THE CMEP EXPERIENCE WITH THE FOUR SELECT PROJECTS IN THE REGION

The four CMEP projects have had experience working on Community Management (CM) enhancement through CM Task Forces for at least one year, have identified opportunities and constraints to their enhancing CM, and are preparing experiments on CM enhancement in their projects. The following are some generalized observations made by G. G. Chege, the CM advisor, based on this experience:

1. Community management enhancement is more effective if addressed at the **project design phase**, and included in the counterpart negotiations and agreements. Otherwise attempts to introduce it later in the project development is likely to be met with resistance from the counterparts, collaborators, donors and some participants, due to difference of opinion on:
 - i) Relative importance of community capability building programs compared to installation and production of concrete features such as pumps, seedlings and health centres. The issue of community processes Versus project product where product is most commonly seen in its limited sense of the concrete tangible goods.
 - ii) The role of CARE, perceived by some as only providing funds, and hence her success gauged on the amount of funds she spends in a given period of time, against the perception that the communities must be ready before funds are spent. Spending plans should not to be based on arbitrary time frames to fit a donor's funding cycle. It is important that the project is set to facilitate a development process that views funds only as a resources and not the goal, and views community resources as more important than outside donor funds.
 - iii) The CARE strategy, on a continuum from charitable relief agency on one hand to a community development agency emphasizing on-sustainability, participation, fundamental change, significant scope, and advocating for the marginalized, who include the poor and women in many of our missions in the region on the other hand. CARE programming principles should be used more actively in the initial stages of our negotiations in any country of our operation, to set the standard

by which every agreement signed should be judged.

- iv) Community participation in, and management of, foreign aided projects take a long time to cultivate. Many of the communities we work in have had other agencies before us who operated under different guiding principles, and in some unfortunate cases let down the communities. We must allow for some time of testing and trying before the communities can fully trust that we mean to allow them to control the project, or to believe that we will not yield to their requests for "hand-outs" like the others have done before us. Donors, counterparts and managers must be willing to adjust project implementation plans to allow for delays related to such trying. This should be stated in the agreements and the implementation plans.
- v) The project documents usually used to select project managers and staff should clearly show the emphasis on CM enhancement so that the hired staff are appropriately chosen and do not view CM enhancement as peripheral to the project goals and activities but as the core of CARE's role in the communities.
- vi) A CM enhancing project should have the flexibility to accommodate a variety of community interests and be willing to experiment on different levels of community control. Such flexibility must be included in the design. The RFPP and the VSR project designs allow for emergency of sub projects prepared by the communities. They have community project cycles within the CARE designed project. Such flexible planning is easier to work with in introducing community priorities and introducing changes based on experience.

2. **Project staff motivation**, which is greatly influenced by personnel performance appraisal, should reward effective facilitation of community development as well as the accomplishment of project numeric targets. It is easier to assess the later and therefore, in many cases the former is under-valued and not recognized and the staff therefore tend to separate CM enhancement from what they perceive as important to their career development, based on the feed back from their appraisers who may not make reference to the staff's role in facilitation of community development in the

appraisal. CM enhancement should be accepted as an integral part of the project staff work.

3. **Project staff need to be trained** on the concept of CM, and to be supported by close follow up during their facilitation of the same at the community level. Many of the staff are hired for their strength in a technical field and therefore need to be trained on how to facilitate, train for, promote and enhance community involvement in and management of their development. It can not be assumed that the staff will do it without a lot of support. To most of the staff involved in the CMEP, the subject has proven to be very interesting, but most definitely new and challenging.

URGENT NEED.

Given the lessons learned from the CMEP projects and especially the importance of the planning phase, the urgent need identified for the workshop was the meaning of "community" in the Community management, importance of planning for CM enhancement, an analysis of who should be involved at different phases of a community project cycle, and the roles of different staff levels in provide training and motivation to project staff and community members for enhance of CM. Participants expected to also learn some skills to use at the community level in promotion of CM.

HIGHLIGHT FROM THE FOUR PROJECTS

VILLAGE SELF RELIANCE (VSR) OF CARE-EGYPT.

1. The VSR project promotes community identification of needs and resources, preparation of proposals, implementation and evaluation through local NGOs known as CDAs. CDAs are promoted as the implementing agents and CARE as their supporters and facilitators.
2. Since the start of the work of CM Task Force, the project has been working on the clarification of who the project target group is, their participation in making decisions of importance to their development, and promotion of the role of women as participants in the management of development.
3. The staff, most of whom are veterinary doctors have acquired better understanding of CM and have started experiments on how to make the CDAs better instruments of development working with the poor who are not adequately represented on the CDA boards.
4. The CDAs working with the projects have improved their capability to raise local funds and to manage community resources and development. While the counterpart acknowledges this, she has criticized the project for not spending materials and equipment portion of the budget faster, reflecting the understanding that CARE represents outside resources that must be spent as quickly as possible. It is important that this is discussed during the negotiation phase.
5. Given that the CDAs are not good representatives of the project target group, (the poor), the project has started experiments on how the poor in the villages could be reached. Creative ideas have emerged from the participants and project field staff. This includes formation of groups of poor women to operate as recruitment forces to attract other poor members of the community to participate in the project loan program.
6. The project has expanded the options for involvement of the communities in income generating activities by availing loans for any viable feasible enterprise, not restricting options to small livestock only as was the case initially.

7. Therefore CM task force work has contributed to the revision of the project, making it possible for the poor and for women to participate in the project, and to increase their income, and has started re-orienting CDAs to serving the whole community in a sustainable way.

GURSUM LAND USE PROJECT OF CARE-ETHIOPIA.

1. CARE went to Gursum Warja of the Harraghe region of Ethiopia to provide food to the dying during the drought of 1984/5. GLUP represented a shift from free distribution of food to Food For Work, which was a big brave step in a region where many agencies are contented with distributing free food. The project has evolved over the time to seriously attempting implementation of sustainable development by the communities themselves.
2. Since the start of CMEP, the staff of the project has developed a better understanding of the concept of CM enhancement, have developed self commitment to the concept and have developed approaches that will transfer the same to the communities.
3. Initially the staff did not have appropriate community contact groups or individuals linking CARE to the community. It proved difficult to organize follow up activities because there was no way of ensuring community consensus after CARE staff had left the village meeting or getting feedback from the rest of the village members who may not have attended the meeting. The project has successfully established contact committees and community supported extension agents to facilitate community needs assessment, project planning implementation and evaluation.
4. While initially the staff advocated for as much free distribution of food and other grants as possible, thinking that such advocacy was the way to help their villages. This attitude has eventually changed and the staff is working on promoting self reliance.
5. Counterpart staff who work closely with the project staff in the CM task force have been shifting their position from one of wanting to control project resources to one of wanting the community to be trained in managing it.

6. Both the counterpart staff and CARE staff have recently accepted phase over as an acceptable phenomena that the project should think about and carefully plan for. Initially, this subject was not considered relevant to the communities in the region because their problems were seen as too much to be solved in the near future. Discussions on phase over was initially threatening to the staff. It has now been accepted as an important concept in planning activities on enhancing community capability in preparation of community management.
7. The communities have increasingly done more development works free of charge (without food) than was initially thought possible. They have individual nurseries, have established water systems through a cost sharing arrangement with CARE and paid for training of their water attendants.
8. The staff have been given chance by the project manager to participate in the management of the project through the CM Task Force and acquired a sense of ownership not experienced before.
9. The staff and counterpart members of the CM Task Force ably explain the project as a development project and can answer questions related to this at the community level.
10. The community members are more involved in the project extension program passing on messages through cross visits and demonstrations on individual land.
11. The current challenge to the project management is the establishment of village development committees and training of their members.
12. The next challenge planned is conducting a community land use planning workshop.

REGIONAL FINANCE AND PLANNING PROJECT OF CARE-SUDAN.

1. The project design was ideal for promotion of community initiative, planning implementation and management of their development programs. The community prepares project proposals and gets funds from a committee in the region for implementation. CARE's role was clearly facilitative and supportive.

2. However, during the design and negotiation phase, the project only hoped that the counterpart would eventually support community management of the project, because at that time, she was not willing to consider the community management of the expensive water pumps and engines used, the only technology feasible in the area. The counterpart has not yet accepted the role of the community in maintaining the pumps.
3. The project has prepared training programs for the participants and through these training programs the community is theoretically prepared to take up as much of the management of the project as CARE and the counterpart agree on.
4. Imported spare parts and complex technology are important constraints to the sustainability of the project in the hands of the community. There does not seem to have been any other alternative technology at the design phase. Other alternatives are currently being explored.
5. The project has been working on strategies to convince the counterpart of the importance of community management. Staff conviction on the idea and their commitment will go a long way toward convincing the counterpart.

BARA MATERNAL CHILD HEALTH PROJECT. (Formerly North Kordofan Child Health Project.)

1. The former project, though funded by the CDD program of the USAID, was designed with a large training component aimed at enhancing community capability in management of their development and largely managed by the community.
2. The implementation is done in close collaboration with regional, district and rural councils's MoH staff through a capability building and training of trainers approach that contributes to sustainability of the project.
3. At the end of the former project, a phase-over plan was put into force but the monitoring system instituted was not able to detect in time the slack in the village in paying for the support of their village health workers transport. A phase-over plan is best designed, implemented and monitored by the community. To do this effectively, the community would need to identify threats to such a phase over plan and closely guard against them.

4. An offer of additional resources to the region from another agency unfortunately led to the undermining of the of the phase over plan. The counterpart accepted that the new agency pay incentives to the health from the temporary outside resources instead of continuing the community resource mobilization to meet this cost. This is of course not sustainable. It is important that the counterpart ministry is sold on the phase over plan and committed to supporting it.
5. In the design of the follow up project, the Bara maternal child health project, CARE has opened new opportunities for the community to take a greater responsibility in the management of their development, based on the lessons learned from the former project.
6. The project is currently facilitating training sessions for community development committees on training of communities and action planning for their own village based activities.

APPENDIX 5

Readings Supplied at the Workshop

Alternative Strategies for Involving Rural Women in the Water Decade; UNDP/PROWWESS.

Asian Linkages; NGO Collaboration in the 1990s; A Five Country Study; PACT, NY, 1989.

Bamberger, Michael, Readings in Community Participation Vol. 2; Papers presented at Economic Development Institute/World Bank international workshop, Sept. 1988.

Building Rural Communities: The Experiences of the Indian Rural Reconstruction Movement; International Institute of Rural Reconstruction.

Burns, Kate, RTA/PHC and Hetz, Peter, RA/EDC, CARE African Water Workshop Final Report Kenya, Aug 12-21, 1988; CARE, 1988. Available from CARE Kenya.

Carney, James and Seidler, Helen, Integrating Community Management and Technology for Development; A Trainer's Manual; (Draft) CARE, NY, 1989.

Chambers, Robert, Rural Development; Putting the Last First; Longman, NY, 1983.

Community Participation and Women's Involvement in Water Supply and Sanitation Projects; International Water and Sanitation Centre, Hague, Netherlands, 1989.

Cookingham, Frank G., Case Study of Community Participation; Larger Scale Intergrated Development in Louga, Senegal; PACT, NY, 1989.

Crone, Catherine D. and Hunter, Carman S.J., From the Field; Tested Participatory Activities for Trainers; World Education, NY, 1980.

Cullity, Lizbeth, Local Resources Development Project; Mid-term Evaluation Report for 7/87-8/89; CARE Haiti, 1990.

Developing News; Vol 3 No. 1, CARE, NY, 1990.

Fuglesang, Andreas and Chandler, Dale, Participation as Process; What We Can Learn from the Grameen Bank, Bangladesh; Grameen Bank, Dhaka 1988.

Hall, Anthony, "Community Participation and Rural Development", in Community Participation, Social Development and the State

Indonesia: Evaluating Community Management; PROWESS/UNDP (Technical Series: "Involving Women in Water and Sanitation; Lessons, Strategies, Tools"), Aug. 1989.

Jain, Devaki, Alliances and Ethics in Retrospect; Paper presented to the Interaction Forum, Philadelphia, May, 1988.

Jain, D., Panuccio, T. and Dichter, T., Assessing Participatory Development; Rhetoric Versus Reality; International Fund for Agricultural Development/Westview Press.

Kavanaugh, Jim, Learning With the People; a Systems Approach to Participatory Development; International Systems Institute/Far West Laboratory San Francisco (no date).

Kiggundu, Moses N., Managing Organizations in Developing Countries; Kumarian Press, Hartford, CT, 1989.

Kindervatter, Suzanne, Women Working Together; OEF International Publications, Washington, DC, 1987.

Korten and Alfonso, Bureaucracy and the Poor; Kumarian Press, 1983.

Korten, David C., ed., Community Management; Asian Experience and Perspectives; Kumarian Press, Hartford, CT, 1987.

List of Publications; International Water and Sanitation Centre, June 1988.

Management and Development Resources; Kumarian Press, Spring 1990.

Pfohl, Jacob, Participatory Evaluation; A Users Guide; PACT, NY, 1986.

Roark, P., Yacoob, M. and Roark P.D., Developing Sustainable Community Water Supply Systems; Key Questions for African Development Foundation Applicants; WASH field report No. 270, ADF Working Paper Series No. 4, 1989.

Svendsen, Dian S. and Wijetilleke, Sujatha, Navamaga; Training Activities for Group building, Health and Income Generation; OEF International Publications, Washington, DC, 1983.

The Tribune (quarterly); International Women's Tribune Center, NYC.

Vella, Jane, Learning to Teach; Training of Trainers for Community Development; Save the Children, Westport, CT, 1989.

Vorhies, Samuel, Case Study of Community Participation; Kenya Maasai Peoples Project; PACT 1989.

APPENDIX 6

CMEP SURVEY

The following survey was conducted in New York by Nancy Blum in preparation for her participation in the CME workshop in Sohag. The survey results were used in the workshop session on Resources and Support Mechanisms for Community Management Enhancement to show the various levels of awareness and understanding of CM and the CMEP in the New York office. The staff surveyed had many excellent suggestions for supporting CME, thus the results also provided a good starting point for the ensuing discussion on needs and support mechanisms.

Nineteen people in New York were interviewed, including four from Donor and Public Relations, four from the Finance Department and eleven from the Program Department. Questions 1-6 were discussed with everyone, questions 7 and 8 were asked only to Program and Finance staff and questions 7a-9a were asked only to Donor and Public Relations staff.

CMEP AWARENESS SURVEY

1. WHAT DOES CM MEAN TO YOU IN TERMS OF CARE'S PROGRAMMING?

(RESPONSES FELL ROUGHLY INTO FOUR ANSWERS:)

COMMUNITY MANAGEMENT IS:

AREAS
RESPONDING,
NUMBER OF
RESPONSES

A. WHEN CARE MANAGES A COMMUNITY PROGRAM.	PROCUREMENT	1
B. WHEN A COMMUNITY IS EMPOWERED TO MANAGE ACTIVITIES DESIGNED BY CARE.	RMUs, RTAs	7
C. MANAGEMENT AND DECISION- MAKING AUTHORITY OVER AVAILABLE RESOURCES.	FINANCE, ISOG	4
D. WHEN CARE ACTS AS A FACILITATOR IN A COMMUNITY TO IMPLEMENT A COMMUNITY-SELECTED PROJECT.	DONOR AND PUBLIC RELATIONS	5
	RTA	2

2. HOW MANY PROJECTS IN YOUR REGION, SECTOR OR THAT YOU ARE FAMILIAR WITH ARE COMMUNITY MANAGED OR INCLUDE ELEMENTS OF CM?

ALL PROJECTS INCLUDE CM	4
MOST PROJECTS INCLUDE CM	4
VERY FEW INCLUDE CM	10
IMPOSSIBLE TO KNOW, THERE HAS BEEN NO POST-CARE EVALUATION	1

3. ARE YOU FAMILIAR WITH THE COMMUNITY MANAGEMENT ENHANCEMENT PROJECT?

NO, NOT REALLY	12
YES	6
IT'S NOT REALLY A PROJECT	1

4. HAVE YOU EVER VISITED ONE OF THE PROJECTS PARTICIPATING IN CMEP?

NO	13
YES	6

5. CAN YOU DESCRIBE A SUCCESSFUL EXAMPLE OF CM?

<u>PROJECTS MENTIONED</u>	<u># OF TIMES MENTIONED</u>
GURSUM LAND USE	2
AGROFORESTRY- HAITI	2
NEGROES SEAD - PHILLIPINES	2
NKMCHP-SUDAN	1
AGRICULTURAL MARKETING -SIERRA LEONE	1
WATER - ECUADOR	1
TICA (HEALTH) - BANGLADESH	1
CHILD TO CHILD HEALTH - HONDURAS	1
WATER - HONDURAS	1
VILLAGE BANKS - GUATEMALA	1
FISH FARMING	1
WOMEN'S DEVELOPMENT, BANGLADESH	1
<u>NO</u>	4

6. CAN YOU DESCRIBE AN EFFORT AT PROMOTING CM THAT WAS NOT SUCCESSFUL AND WHY?

NO 7

YES 12

SUMMARY OF REASONS GIVEN:

COMMUNITY COMMITMENT WAS MISSING, INAPPROPRIATE SELECTION OF TARGET GROUPS

IT WAS CULTURALLY INAPPROPRIATE

COMMUNITY NOT GIVEN ENOUGH INFORMATION TO MAKE DECISIONS ON TECHNOLOGY

COUNTERPARTS WEAK

TOO MANY ACTIVITIES ADDED

TOO MANY COMMUNITIES INVOLVED IN ONE PROJECT, NEED TO CONSOLIDATE INSTEAD OF EXPAND

(ASKED ONLY TO DONOR & PUBLIC RELATIONS STAFF)

- 7A. HAVE YOU EVER MENTIONED CM IN ANY OF YOUR OUTREACH TO CARE DONORS OR THE PUBLIC?

TO THE MEDIA: YES, IT IS AN ESSENTIAL THEME. THE COMMUNITY IMPLEMENTS THE PROJECT, NOT CARE. IT IS GOOD PR TO SHOW THAT WE ARE BUILDING INDEPENDENCE; THAT PEOPLE ARE NOT AN ENDLESS DRAIN ON AMERICAN DOLLARS. THE PUBLIC NEEDS TO HEAR THAT WITH A LITTLE HELP, PEOPLE CAN GO FAR.

TO SMALL SUM DONORS: NO, IT IS TOO NEBULOUS. AS A TERM, CM DOES NOT CLARIFY WHAT IS CARE'S ROLE. IT DOES NOT SOUND PRO-ACTIVE, IT LACKS VITALITY. IF YOU COULD DOCUMENT THE IMPACT OF CM AND QUANTIFY THE SUCCESSES, WE WOULD USE THE TERM.

TO MAJOR DONORS: YES, BUT IT IS NOT THE FOCUS OF DONOR INTEREST. DONORS ARE INTERESTED IN DELIVERY OF SERVICES. IF YOU COULD MAKE EXAMPLES OF CM SUCCESSES MORE CLEAR, MORE ALIVE, WE COULD GET MORE INTEREST.

(ASKED ONLY TO DONOR & PUBLIC RELATIONS STAFF)

- 8A. DO YOU THINK DONORS AND THE MEDIA ARE INTERSTED IN LEARNING ABOUT TRADITIONAL COMMUNITY SYSTEMS FOR COLLECTIVE DECISION-MAKING AND ACTION?

DONORS:

YES, IF IT DIRECTLY AFFECTS CARE'S WORK.

YES, FOR SOPHISTICATED DONORS, IT IS IMPERATIVE TO EXPLAIN THE INHERENT CHALLENGES AND OPPORTUNITIES FOR DEVELOPMENT TO HAPPEN IN THE CONTEXT OF TRADITIONAL SOCIETY.

MEDIA:

YES, IF THE TRADITIONAL SYSTEM PRESENTS AN OPPORTUNITY.
NO, IF IT PRESENTS AN OBSTACLE; IT IS TOO DEPRESSING FOR THE PUBLIC.

- 9A. DO YOU THINK CARE'S DONORS WOULD AGREE WITH AND SUPPORT CM IF THEY UNDERSTOOD IT?

YES, CM IS THE SIGN OF SUCCESS. BUT WE NEED TO FIND A DIFFERENT TERM AND DOCUMENT IMPACT.

(ASKED ONLY TO NON-DPR STAFF)

7. CAN YOU RECOMMEND ANY MECHANISMS FOR SUPPORTING CM THAT YOU ARE AWARE OF WITHIN OR OUTSIDE OF CARE?

SUGGESTIONS FELL INTO FOUR AREAS:

- A. PROMOTION OF CM WITHIN CARE
- B. TRAINING
- C. PROJECT DESIGN
- D. FUNDING

PROMOTION OF CM WITHIN CARE:

- o COMMUNICATE CM SUCCESSES TO OTHER REGIONS.
- o CDs NEED TO DIALOGUE WITH RMUs ABOUT CM.
- o CARE SHOULD HAVE POLICY STATEMENT ABOUT CM.
- o RVB SHOULD SEND AN ALMIS SUPPORTING CM AND ASKING TO HEAR ABOUT CONSTRAINTS TO CM AND WHAT IS WORKING.
- o REQUESTS FOR SUPPORT FOR CM MUST COME FROM THE FIELD.
- o WORKSHOP RESULTS SHOULD BE INCLUDED IN PROGRAM MANUAL.
- o GET RID OF THE "TOUCHY-FEELY" IMAGE OF CM.

TRAINING

- o TRAINING IN CM FOR PROJECT MANAGERS
- o CONCRETE STEPS FOR PROMOTING CM, "HOW TO DO IT"
- o INCREASED USE OF RTAs
- o CROSS VISITS - BUILD ONE CROSS VISIT TO ANOTHER CARE PROJECT INTO THE MBO OF ALL MISSION STAFF
- o CROSS VISITS TO OTHER ORGANIZATIONS THAT ARE DOING CM, E.G., WORLD NEIGHBORS, SAVE THE CHILDREN, MENNONITES, CARITAS
- o USE TRAINING TEAMS FROM OTHER ORGANIZATIONS, E.G. WORLD VISION

PROJECT DESIGN

- DESIGN SMALLER, MORE FLEXIBLE PROJECTS
- INCLUDE RTAs IN THE DESIGN PROCESS
- MAKE CM PART OF THE FINAL GOAL
- INCLUDE COMMUNITY IN THE DESIGN PROCESS
- WORK OUT CM STRATEGIES FOR EACH PROJECT AND THEN TRANSLATE INTO OUTPUTS.
- ADD NEW PHASE TO PROJECT CYCLE WHERE CARE RETURNS PERIODICALLY TO SEE HOW THE COMMUNITY PROJECT IS DOING.

FUNDING

- FIELD MUST MAKE THE CASE THAT SUPPORT FOR CM IS AN APPROPRIATE USE OF UNRESTRICTED FUNDS.
- DOCUMENT IMPACT FOR DONORS
- DESCRIBE SUCCESSES IN VIVID TERMS
- TRY TO COME UP WITH TERMINOLOGY THAT INDICATES THAT CARE HAS A ROLE TO PLAY IN CM PROCESS
- COLLABORATE WITH INGOS; LET THEM GET THE FUNDING AND LET CARE ACT AS FACILITATOR
- WRITE HUMAN INTEREST STORIES THAT DESCRIBE CM SUCCESSES

8. WOULD YOU LIKE TO SEE CARE PUT MORE EMPHASIS ON CM?

YES - 12

NO - 3

