

824 EGFA93

LIMBURY
INTERNATIONAL DISTANCE CENTRE
FOR THE STUDY AND DEVELOPMENT OF
TELEVISION (IRCI)

FaDWS
FINAL REPORT
PILOT HYGIENE EDUCATION PROGRAMME

September 1993

824-EGFA93-12316

FAYOUM DRINKING WATER
AND SANITATION PROJECT

SOME REMARKS ON THE FINAL REPORT BY CDS CONCERNING THE
PILOT HYGIENE EDUCATION PROJECT

1. Introduction and background

Hygiene education may be defined as all activities aimed to change attitudes and behaviour in order to break the chain of disease transmission associated with inadequate hygiene and sanitation. As such, hygiene education is part of the wider concept of health education.

Because of the relevance for the FADWS programme, a pilot hygiene education programme was executed in two of the FADWS pilot villages, being Abokshah in Markaz Ibshway and Tersa in Markaz Sennoures.

The Centre for Development Services, an Egyptian organisation, with expertise in communication, health and hygiene programmes in rural Egypt has executed the programme in close cooperation with the project.

The programme was executed between January and July 1993. The final report from CDS was submitted in August and is attached herewith. Because of the relevance of the subject for FaDWS-II, some additional considerations are laid down in this note.

The report submitted by CDS to the project consisted of a Main Report and two Volumes of Training Material used during the workshop. Attached are also observant notes from FaDWS staff on information sessions carried out by trainees with their respective target groups in the village. These notes provide valuable additional information about the results of the trainings.

It should be noted that hygiene education does not belong to the present responsibilities of El Azab nor Fayoum Sanitation Department (the two main FaDWS counterparts). For the execution of the pilot project FaDWS therefore had to request the approval from H.E. the Governor, who instructed ORDEV and Health Department to supervise the activities in the two villages.

2. Objectives

The objective of a hygiene education programme is to have a lasting favourable impact on personal and domestic hygiene. This can be reached when all relevant local agencies share this same goal.

A pilot project of 6 month duration can of course not be compared with a full scale programme. The objectives were therefore limited and included:

- familiarising El Azab and FSD with the health aspects of their work and involving their staff in the pilot project;
- gain experience with the participatory training approach and its limitations and requirements;
- developing a training module which could be applied in future training activities;
- establish a group of trainers/extension workers in the two villages of which the members have access to different target groups, and are familiar with the subject of drinking water, sanitation and environmental hygiene;
- lay the basis for the formulation of a comprehensive sanitary improvement project approach at village level for FaDWS-II.

From a six month pilot project no durable health impact can be expected. This has to be pursued in the next project phase.

3. Methodology

The pilot project consisted of three stages:

- a) A training by CDS in the form of 2 workshops for each one of the villages;
- b) Implementation of health sessions by the trainees. Guidance and monitoring by CDS is provided for one session of each group.
- c) Evaluation and reporting.

4. Results and final comments

With respect to the above stated objectives the following results have been achieved:

- both El Azab and FSD have for the first time been dealing with community hygiene aspects in their working field (other than water quality which is considered a technical aspect of their work). Two female engineers have participated as trainers and have learned to prepare training materials, provide training and answer questions of the population about water supply and sanitation. They have command over a part of the pertinent training material and are familiar with the rest of it. They are able to apply this experience in any other location.
- it was learnt from the activities that:
 - a) selection of trainees requires more attention, although especially in the beginning of such a project people are manoeuvred in for "political" reasons, to catch incentives or whatever other reasons. After some time these will be sifted out, but it means that in the initial stages there is some "ballast".

- b) the duration of the activity was obviously too short. After the initial stage, it is required that the trainees are supported and stimulated for a much longer period, and that they develop into a team. Such a team can, besides training and extension work, after some time initiate practical activities and project ideas, which could be supported and followed-up.
- c) the institutional framework, which would be normally required for a longterm programme, was not established for this pilot activity.
- d) there is a great need for practical follow-up activities. It appeared that after one or two sessions people feel that everything has been said, and its not necessary to repeat. The outcome of sessions should be more practical like: "OK, now we understand, but what can we do about it? How can we make a plan to improve the situation?"

It is recommended that the above considerations are taken into account when formulating the methodology for the comprehensive sanitation approach.

**FAYOUM WATER & SANITATION PROJECT
IWACO CONSULTANTS**

**CONSULTANCY TO DESIGN & IMPLEMENT
A TRAINING PROGRAM**

FOR:

**A PARTICIPATORY WORKSHOP OF
TRAINING OF TRAINERS**

IN

**HYGIENE EDUCATION PROGRAM IN
COMMUNITY PARTICIPATION**

Fayoum: Aboza & Tersa Villages

January - June 1993

**Center For Development Services
Community Health Support Services Unit
4 Ahmed Pasha St. 6th Floor
Garden City, Cairo, Egypt.**

Acknowledgement

The Center for Development Services wishes to thank the Fayoum Governor's office and the Consultants for Water for Environment, Rotterdam The Netherlands for the opportunity that allowed us to work with them in the Fayoum Water and Sanitation project. The consultancy required was to implement their pilot project to introduce Hygiene Education in community participation as a parallel activity of the Technical Hardware in drinking water supply and sanitation systems that they will be providing for the province of Fayoum.

Experience over the last decade with NGO community health work in Egypt, both at the grassroots level and at the policy and planning level indicates that the role of community participation is rapidly expanding. To enable this role to be adequately fulfilled three major areas need to be addressed; 1) community health training, 2) health teaching/learning resources and 3) technical project support.

Health education, potable water, waste disposal and other aspects of environmental sanitation, nutrition, training of local community workers and home visitation, school health, reproductive health, maternal and child health, vaccinations, dispensaries, outpatient polyclinics and small hospitals, disability, rational use of drugs, leprosy control and rehabilitation and addiction have all formulated parts of community development programs of many NGOs in Egypt.

The Community Health Support Services unit (CHSS), like all other Units in the Center for Development Services (CDS), acts in support to grassroots development organizations. Support is in the form of training, Health Teaching Learning Materials and Direct Technical Assistance to field projects. By working in partnership with local organizations and individuals the CHSS at CDS has worked with many local disadvantaged communities throughout Egypt and countries in the Middle East.

The community members in the villages that the pilot project was implemented in, are an enthusiastic and committed group of people who wish to improve the living conditions that they live in. It was a pleasure to work with them and see how they developed into a dedicated and productive team of community workers.

Thanks once again for the exciting experience that we shared with all those concerned in helping to provide potable water and hygienic sanitation systems.

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List of Participants

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Samples of Training Sessions Designed by Participants.

List of Acronyms

AMIDEAST	America/Mid East Educational and Training Services.
CDS	Center for Development Services.
CHSS	Community Health Support Services.
IWACO	Consultants for Water for Environment, Rotterdam The Netherlands.
H.U.	Health Unit.
PRA	Participatory Rapid Assessment.
TOT	Training Of Trainers.

1. Background

1.1 Rationale

The Consultants for Water for Environment, Rotterdam The Netherlands (IWACO), approached the Community Health Support Services (CHSS) in the Center for Development Services (CDS) to design and implement a Training of Trainers (TOT) workshop on Hygiene Education in a Community Participatory Rapid Assessment (PRA) survey conducted in August 1992. The consultancy required was to implement their pilot project, to introduce systems that they will be providing for the province of Fayoum. The target group were members of the local village level. There was also a follow-up period of those trained to give support and evaluate the health education sessions that the trained participants planned and implemented to fellow community members.

1.2 Agency Description

The Center for Development Services is a semi-autonomous organization under the sponsorship of the Near East Foundation and AMIDEAST. CDS works in the field of community health, rural development, small enterprise development, management and organization development and training and development communications.

CDS aims to strengthen the development community capacity to foster self-determined, self sustaining change in Egypt and the Region. Assistance focuses on training, project support and learning resources development.

1.3 Project Description

The Fayoum Drinking Water Sanitation Project is a joint cooperation between Egypt and The Netherlands. The project started in 1990 and will continue to 1995. The project assists the El-Azab Water works and the Fayoum Sanitation Department.

The main work of the project is the technical assistance needed to improve the water supply and waste disposal in the provinces. At the end of the life of the project, more people will be able to have house connections for water and better toilet facilities. Public taps will also be improved.

These systems will improve the hygienic conditions outside the houses but to improve the conditions in the homes and to maintain the whole system, people in these communities will have to play an active role. So if, a participatory community activity is incorporated into the El-Azab project, comprehensive Hygienic Water and Sanitation, improvements could be realized.

2. Pre-Training Phase

2.1 Needs Assessment

The first step in the preparation stage was the needs assessment. CDS staff designed a research plan by using the Rapid Assessment Procedure methodology. The methods used to gather the information were direct observation, semi-structured interviews and secondary resources.

Mr. Sannen, IWACO Consultant, provided an overview of the project and survey reports on the two villages that they had picked to be the pilot villages that the Hygiene Education program would be implemented in. Dr. Essam El-Adawy from CDS prepared a check list for the direct observation as well as a list for the key questions to be asked during the interviews with officials from these villages. See report of this consultancy, August 1992.

The interviewees in this process were the officials of the local government agencies in the villages, representatives of community local government agencies in the villages, representative community leaders, members from the Fayoum Drinking Water & Sanitation Project and Trainers from the Governor's office.

In December 1992, a preliminary training needs assessment visit was arranged to define the commitment of the village members and the local officials; to identify a place to hold the training sessions; and to set times that would be acceptable to the trainees' work schedules and iron out any unidentified obstacles that could prevent the training from taking place with the most benefit to all involved.

The following is a presentation of the main findings from the rapid assessment which were reinforced in the needs assessment visit just prior to implementing the training workshops:

2.1.1 Information Obtained Through Personal Communication

2.1.1.1 Opinions from Government Officials in the 2 villages:

These officials saw the need for training in health education, and the health personnel specifically asked for training on how to plan and develop training curricula, new training methods to improve communication skills, the development and use of training in substantive areas of personal hygiene; rational use of water; waste disposal; child nutrition; breast feeding; and family planning.

2.1.1.2 Opinions of the potential trainees:

The target group of this workshop, were highly aware of their inadequate preparation for the role they were expected to perform. Most have received no or little training, and do not have the necessary skills and knowledge to assume the active role of a community worker and trainer. Most of their experience in training is limited to organizing activities where "resource people" are called upon to lecture on a given topic.

The trainees recommended training material including content on communication and interpersonal skills in the training workshop. In addition, some asked to be introduced to planning, design and implementation of training program.

The leaders and members of the community were supportive of the idea of building a team of trainers at the village level that would be resource persons to educate the community members.

2.1.2 Conclusion

In summary, the field assessment indicated the need to concentrate on four major areas:

- 1- How to communicate effectively with different members of the community; mothers, farmers, semi-educated and educated people?
- 2- How to train others using innovative training methods?
- 3- Refresher information on hygiene & Water & Sanitation.
- 4- How to deal with rumors and misinformation?

2.2 Participants' Selection Criteria

In this project CDS initially defined the criteria for participants selection. The agreement of selection was a prolonged negotiation process between the project, the village and Orden who was appointed as supervisor by the Governor. The selection in Aboxa village was completed and the first part of the workshop started, but in the second portion of the workshop in Aboxa, more than half of the original participants had to be changed upon

instruction of the Governor. This created a predicament of whether to continue with the second portion of the workshop or delay, until the question was ironed out. This caused the prolonged delay in implementing the second portion of the workshop to the Aboxa participants, and pushed back the implementing schedule for the second village and the training follow-up as a whole. It was finally agreed that the original participants in the first portion of the Aboxa workshop would continue with an additional five participants from the local elected village Council representatives.

When the final agreement on the criteria of selection of the participants was reached, they were reviewed with the CDS/CHESS staff and the final selection was the responsibility the IWACO coordinating staff with the local representatives.

The Selection Criteria:

- Representation of all sections of the community, government and elected.
- Permanency in their present job.
- Functioning at a job that has exposure to village members to maximize training opportunity and capacity.
- Having the potential and the incentive to learn.

Some of the proposed trainees were met during the needs assessment.

2.3 The Training Curriculum & Content

2.3.1 Workshop Objectives

Based on the results of the needs assessment, the objectives were determined to be as follows:

- * To develop participants' skills in the planning of training sessions, including setting priorities, curriculum development and design of training plans.
- * To increase participants' skills in delivering training sessions using participatory techniques.
- * To increase the participants' interpersonal communication skills.
- * To update participants' knowledge of water & Sanitation and Hygiene.
- * To expose the participants to the methodologies of community participation and why they are important.

Consensus on these objectives was reached among workshop planners and IWACO Consultants. During the first session of the workshop the participants' expectations confirmed with the appropriateness of these objectives.

2.3.2 The Content

The staff of CHSS/CDS in consultation with IWACO consultants developed the content of the training to match the requirements of such training. The content of the workshop focused on the following:

PART I: SKILLS BUILDING

- Day 1: * Orientation; expectations; objectives.
 - * How Adults Learn.
 - * Rumors.
- Day 2: * Communication & counseling skills.
 - * Presentation Skills.
- Day 3: * Working in a Team.
 - * Team Building.
- Day 4: * Leadership.
 - * Decision Making.
 - * Pre-assessment test for Workshop II.
 - * Evaluation & Wrap-up.

PART II: HEALTH EDUCATION

- Day 5: * Review of the last session.
 - * Steps for planning a Session.
- Day 6: * What is Health & Disease?
 - * Community Health Awareness of Disease.
 - * Community Health Practices of Medical Treatment.
- Day 7: * Making community priorities.
 - * Making/ using Low Cost Teaching Aids.
 - * Hygiene: Parasitic Diseases
 - (Bilharzia; Ascaris; Hookworm; Skin Diseases)
- Day 8: * Personal Hygiene ; Diarrhea and Oral Rehydration.
 - * The Methodology and systems for potable water.
 - * The systems for proper sanitation and waste disposal
- Day 9: * Evaluation as a process.
 - * Making a Session Plan.
 - * Evaluation and Follow-up Plan.

Refer to the training file (Appendix C), which was distributed to the participants which included the objectives, the agenda and the handouts. The handouts were distributed to the participants day by day, so by the end of the workshop they had compiled complete training file.

3. The Training Phase

3.1 Specific Objectives

After the nine day training workshop the trainees should be capable of:

- Preparing, delivering and evaluating training sessions.
- Selecting effective and appropriate ways of communication for training sessions.
- Transferring basic knowledge and ideas relevant to Hygiene education and proper usage of potable water and sanitation.

3.2 The Venue

The two portions of the workshops were held separately in the two villages. The first workshop was held in Aboxa at the Health unit, January and April 1993. The second workshop was held in Tersa at the local Community Association, April, May 1993.

The workshop series comprised of two separate portions. The first part, four days, was to provide the trainees with the basic skills needed to work together as a team and learn methods of effective communication and presentation skills needed for adult education methodologies. The second, five days, was to provide the substance subject matter with which they, the participants would use to carry out training sessions of their own.

3.3 The Participants Profile

3.3.1 Number

The total number of the trainees was twenty five in Aboxa, and twenty in Tersa representing all the different active and interested local structures, private and government, in both villages.

3.3.2 Professional Background

Aboxa village: Half of the participants were from the health unit, eight were nurses and had some background in training and communication skills. The other half were officials from the local unit and active leaders in the community. These trainees had little or no exposure to participatory training methodologies or the subject matter they were exposed to.

Tersa village: a third of the participants were from the health unit and had previous experience in transferring information through training sessions. The second third were representatives of the local unit, and the last third were elected leaders from the community. The majority of this group had little experience in what community participation was and how to encourage it. There were three participants representing the local community Development Association, who had experience and commitment in the development field. They still have contact with CARE, an international development agency.

For more information about these participants and their professional affiliations please refer to Appendix A.

3.4 The Trainers:

Three CDS trainers were in charge of the implementation of this workshop:

Dr. Soliman Farah, M.D Trainer, CHSS/CDS

Dr. Farah is a Physician graduated from the faculty of Medicine, Cairo University. His principal interests lie in community based rehabilitation strategies, health education, and health education materials development, and training.

Dr. Alia El-Mohandes, M.D., MPA Acting Coordinator CHSS/CDS

Consultant and Trainer to numerous development projects in Egypt and the region. Physician. Master of Public Administration with a concentration in Public Health. Active as a trainer of trainers and lecturer in Maternal Health, Child Survival and Child Spacing Programs. Member of the Technical Committee of National Programs. Member of the Minia Province, Egypt. Has experience in baseline data surveys and analysis; program management for health projects targeted for women.

Mr. Tarik Zaki Mohamed, CDS Trainer.

Trainer/promoter CDS Small Business Unit. Responsible for project design and management, technical consultation, project preparation and engineering. In-service training in principles of management, training of trainers, basic business skills, precision environmental control steam trap training and Autocad applications. He has a MSc.Mechanical Engineering, North Carolina State University. Assistant Teacher, N.C. State University, Raleigh, N.C., for advanced undergraduates.

Mrs. Nadia Abdel-Wahab, El-Azab project Engineer and **Mrs. Afaf Mohamed Fikri** a seconded engineer from the Fayoum Sanitation department to the El-Azab project. Both were in charge of all logistics during the workshop. They also, attended the workshops at the two villages and were assigned to present on one of the training days to discuss the El-Azab Water project and the problems that face the continuity and proper maintenance of the facilities. This day, put into focus the expected role that the trainees could take to become community workers/trainers. They Mrs. Afaf and Nadia became better acquainted with the participatory approach to training and what is required to effectively monitor and maintain a group of community workers/trainers.

3.5 The Training Process

The methodology used in the training was a participatory one utilizing intensely interactive and experiential techniques.

At the beginning of each training workshop two types of workshop committees were formed. The first committee was for summarizing and presenting the training day's summary in a creative way in the first half hour of the first session of the next day. The second committee was in charge of evaluating the participants' evaluation forms for the previous training day and presenting the aggregate evaluation to the training participants and the trainers after the first committee presentation. Trainers worked alongside these committees extending needed support and guidance. The committees were selected on the base of a mixture of volunteering and a random process to include every single participant.

Participants were divided into six groups in Aboxa and four in Torsa. Each group worked in the second portion of the workshop towards the planning and development of the expected workshop product: a realistic training plan, with a session plan to be presented during the last day of the workshop. One trainer was available per group to assist and guide participants at all times.

Each session was an active transfer of information using multiple channels such as audio-visuals, printed material and discovery. Small group work was integrated into all sessions to ensure the participation of all trainees. Each group had a chance to plan and present a training session which varied in length from 10 minutes to half an hour. All participants experienced the collaboration and the planning associated with the development and working of a training team.

The training techniques which were used could be summarized as follows: brain storming, small group discussions, role plays, work groups, exercises, games, and practical experiential sessions.

The visual aids which were used, included flip charts, white board, overhead transparencies, video films, posters, and handouts.

For more information about the content and the method, please refer to the attached training file and the final document of the workshop. They gave a clear idea about the training curriculum and about how each session was carried out. (Refer to Appendix C and Appendix D).

3.6 The Training Methodology

CDS does all its training programs using Adult Education techniques and problem Posing methods. The training techniques used included small group discussions, brain storming, role plays, work groups, exercises, games, focus group discussions, etc.

4. Evaluation of the Training

4.1 Evaluation Criteria

The indicators of evaluation were the level of participation, interest, carrying out the presentations, preparing and delivering programs (Refer to Appendix E) and the attendance of the sessions. There were daily evaluation forms, some of the participants used them while others preferred to do the evaluation in the form of an open discussion. All of them presented their evaluation to the group as the group as well as a written report.

There was a pre-assessment test for Workshop II at the end of the first portion in each of the workshops per village. This test gave a clear picture of how much the participants knew of basic health information and practices that would be needed to impart to community members when the participants completed the attendance of the two portions of the workshop. There was a similar post-assessment test given, as an indication for qualitative measurement in the difference in the retention, and skills gained.

In the post workshop training the criteria, for evaluating the participants' training sessions to their community members, was the actual training session plans that each of the participant groups submitted to the CDS trainers. Whether each of the groups followed the plans as stated and did all the members participate in the session planning and execution.

4.1.1. Process Evaluation

Each day two participants were in charge of evaluating the content and process of the day's sessions. Participants were encouraged to express their feelings and give feedback on the training, it's content, process, environment, logistics, etc.

The trainers assisted participants to use different evaluation presentations each day to compile information and present it to the whole group.

Participants' reactions to the quality of the training and the degree to which it achieved its objectives was overwhelmingly positive. One participant called the workshop a "superb and wonderful training symphony". All participants were impressed by the quality of the content and process, by the significant amount and quality of relevant materials and handouts distributed during the workshop, and by the level of coordination and team spirit exhibited by the training team. Some said that this training is the highest quality of training that they had ever attended.

4.1.2 Outcome Evaluation

The degree to which the objectives of the workshop were achieved was measured by observing the progress subgroups and individuals demonstrated as the workshop unfolded. As mentioned earlier, each individual had the chance to do stand-up training presentations, in the training and during the post training phase before any started to implement their proposed training sessions. Improvement in the rate and quality of participation and performance was seen in every participant, this also included the IWACO staff engineers that participated.

The two training groups were sub-divided into interest groups that could effectively work together as teams. Aboxa had six sub-groups, and Torsa had four. Most subgroups presented good training plans that demonstrated attention to elements of sound planning, realistic experience, integration of new training methods and training materials. See the appendix to see examples of some of the planned training sessions.

By the end of the workshop, and based on the observation of trainees progress during the workshop, it can be stated that about 20% of participants can be classified as good trainers. About 30% good but need follow-up & support. 40% acquired some skills for informal information delivery. 10% drop-outs.

4.2 Analysis

4.2.1 The Participants

Some of the participants showed the interest and the capabilities to carry out the responsibilities for preparing and delivering training programs of a good quality. They need the support and technical assistance at the beginning, then they can accomplish it alone provided that they have a conscientious resource people to rely upon. This group is 9 participants among the 45, representing 20%. See Appendix A for names.

Some of the participants need to attend other training programs as trainees and also as co-trainers to be in a level close to the first group. This group includes 14 participants among 45 representing 30%. See Appendix A for names.

The rest of the participants, mostly the older, participated in the training effectively, but they did not have the qualities required to become good community extension worker/trainers. Also some did not have neither the time nor the organizational ability to design training programs.

It should be noted that the possibility of cost benefit was a deciding factor for these participants' enthusiasm to continue after the training workshops ended. This could be seen with the participants who had a higher personal cost benefit, in Aboxa, as most of the participants had commitments as traders and professional businesses that would be affected by prolonged activities outside of their direct revenue. This was seen specifically in the final evaluation for the training and post training evaluation activity. Less than a half of all the participants from both villages attended this activity. However, those that participated did mention that the comments and recommendations for future activities with the El-Azab Water project was a true reflection of the absent members, as they had met on occasions when CDS staff were not present.

4.2.2 The Training Program

The preparation process consumed a relatively extensive input in time and effort, due to the nature of the target group and the required outputs for the training workshops. Normally, training program preparation requires an equal number of days to the training program. In this case preparation for the training program consumed more than the number of the days of the training program because adequate training materials for water and sanitation, applicable in Fayoum was not directly available and had to be prepared. El Azab, TSD and the project assisted with the preparation of these materials.

This training methodology and methods were unfamiliar to most of the participants, hence, they showed different degrees of understanding and appreciation of this process. However, it was a very useful introduction to them about participatory training program implementation.

The use of written materials and handouts proved to be a very popular and effective way of building a baseline of knowledge for the participants. Some of the training material was more than was actually discussed in the training workshop sessions. The handouts, specifically on "Leadership" "Group Dynamics", "Community Participation:", and "Evaluation" were given, so that the participants, who were interested, could make use of this material as a future resource on the subjects.

With any group, it is very important to have such materials which could be used by them for future reference. This is because of the nature of the existing situation in rural localities, where most of the participants work, lack such supportive documentation.

The trainers' solid background in community Health and participatory Training was very important. Their educational and professional backgrounds, their experience and qualified training capabilities enabled them to build an excellent rapport with a positive impact on the quality of the training. In addition to these factors, their qualifications played a key role in their ability to express the training content in ways which achieved optimum learning by the participants.

The collaboration of the organizing bodies in this training program was splendid. Though there was an initial miscommunication between the project and Orden, the negotiated agreement showed that all concerned had the same objectives in mind. It is very important not to overlook the importance of developing such an early understanding goals and objectives in any program or activity.

5. Post Training Follow-up

During the training workshop the sub-groups of the trainees were given the responsibility to be potential trainers to prepare and deliver future training sessions.

The trainees that showed the greatest aptitude were selected, according to trainers' observations; for their effective participation during the training workshops, their presentations and capacity to inspire groups to work together productively' to be the sub-group training leaders. It is also worth mentioning that those chosen had original training to be trainers or were information propagators in their own professional jobs.

The six groups in Aboxa were sub-divided to cover the following community members: Mothers with young pre-school children coming to the health unit; Primary school children who are given basic clinical examination and laboratory testing at the health unit; Youth Club; Married men and women through the agricultural and basic commodity subsidy distribution centers in the village (this group dropped out); and lastly the elders in the community, mostly representatives of the Local Village Council.

The four groups in Tersa were sub-divided to cover the following community members; Mothers with young pre-school children; community members that attend prayers in the local mosques (a special training session was prepared for women as a result of the success of this activity from the Local Community Development Association).

The preparation included material selection and preparation, training session planning and delivery methodology. Dr. Alia and Dr. Soliman from the CDS gave two days to each village for the above previously mentioned items.

The CDS trainers and the IWACO Coordinating staff observed the training sessions of the trainees and only assisted the TOT trainers with all necessary advice and recommendations concerning methodology and presentations but only after ending their sessions and made sure not to interfere with the session's flow. CDS trainers also extended their services to the evaluation phase of the program, using open ended questions and a post-test for participants who attended this one single session.

6. RECOMMENDATION

The following are some recommendations and future plans for follow up of this program:

1. The training program laid a foundation for the development of a good quality Community Members' training team on Hygiene, Water & Sanitation in rural Fayoum, it is very important to follow up on this process, if the IWACO Consultants want to expand this experience to the rest of the province.
2. Even though the training program appeared to have changed various attitudes and introduced new skills to the participants, it is very important to understand that advanced training programs are needed for the program to impact promising members of this group.
3. Such advanced training would not only be for training skills but also include other technical skills in community participation techniques so as to build up a team which is knowledgeable in the skills required by this project to perform for maximum benefit to their communities.
4. There needs to be another focus point for training participants on the level of officials above the level of the TOT rural community participants, who have direct control on methodology which the training participants/TOT will operate. It is very important to assure the preparation of the in situational background in order for the skills and knowledge, to really reach those targeted by all this work.
5. In order to complement such training efforts there needs to be a local resource library established for this group and others working in this field. This could a part of a regular on the job training process which would be formulated.
6. Commitment from the El-Azab project needs to be clear and time, material and qualified staff need to be fully understanding of the process of which will make the project as successful as possible.
7. As a pilot project, this training workshop and follow-up showed that the people, in the local villages were interested to participate in a community participation activity that would be provided in the next five years to the province. The ultimate success of such and endeavor would depend on the budget, staff responsible and planning for this venture.

Comments from IWACO Staff, Participants and Intern On The Training Process

In Appendix E, are the attached comments of the first draft of this report and impressions that the IWACO Project Director Consultant, Mr. Ad Sannen; staff members Ms. Elisabetta El-Karimy, AUC student intern, and Mrs, Afaf Mohamed Fikri, Technical Engineer.

Some of the comments requested to be included in the final report are included. However, not all the comments made or issues raised could be addressed. Some points raised by Mr. Sannen, summarizing staff comments, relate more to the project's role in preparing for training as opposed to the training program itself as well as to issues regarding post training follow-up and projected project activities. These comments are not addressed in the report and the reader is referred to the original Memo from Dr. Sannen.

A number of important issues were raised and criticisms made by the AUC Intern Observer along with the Technical Engineer for the project. Although there is a good deal of wisdom in some of the observations and questions raised, from the point of view of the training institution, many of these comments reflect the fact that the Intern was absent from the training itself and therefore failed to adequately understand the limited objectives of the training. Comments regarding the needs assessment may or may not be reflective of the actual situation. In fact, the original need as understood by the provider was one felt more by the project personnel in their efforts to promote sustainability, and within the context of their own previous experience. Within this context, trainee needs were reviewed and the training program was developed. Unfortunately, it is not at all unusual for groups once in training to express or demonstrate needs quite contrary to those expressed at an earlier stage of project development. This often reflects a growing understanding of the real nature of what is being requested of them.

Questions regarding participant selection are indeed critical and were problematic as explained in the report. Comments made as a result of follow-up visits may reflect on the content/method of training but may equally be a reflection of the extent to which any short-term training program targeting individuals with limited previous experience and training may be expected to significantly improve professional skills without intense follow-up training and technical assistance.

Community participation as the issue is raised by some commentators has been the focus of attention in Egypt for more than 40 years. It is unrealistic to expect that the questions raised with regard to the potential impact of a participatory strategy, considering conditions existing in the local community, could be answered within the context of this program or report. There are however indicators that participatory strategies do improve long term impact but require long-term, intense inputs at critical phases in project development and startup. These questions are as much a part of overall project design, as they are of the particular training program in question.

The question of incentives for volunteers is a part of the ongoing discussion and evolution of the concept within the Egyptian cultural context.

Many thanks to the commentators for their suggestions on training content and material development will be actively taken into consideration for future training workshops.

Appendix A
List of Participants

LIST OF PARTICIPANTS

TERSA VILLAGE:

1) Eid Sayed Kamel*	Social Affairs Unit.
2) Hanem Mohamed Hamed	Social Affairs Unit.
3) Yousir Ahmed Taha Ahmed	Social affairs Unit.
4) Hanem Mostafa Mahmoud	Social Affairs Unit.
5) Afaf Mostafa Hassan*	Social Affairs Unit.
6) Dr Magdy Yousef Michael*	H.U. Physician.
7) Fat'heya Ramadan Ali	Nurse, H.U.
8) Sanaa' Ahmed Abdel-Aziz	Nurse, H.U.
9) Sabaah Sayed Khayri	Nurse, H.U.
10) Adel Reyad Faheem+	Sanitation Officer, H.U.
11) Refaat Mahmoud Mohamed+	Teacher, Head Master.
12) Abdel-Tawab Mahmoud	Religious Teacher.
13) Mohamed Ahmed Ali	Youth Representative.
14) Mohy El-Deen Abdel-Hafez	Education Department.
15) Farouk Abdel-Ghany+	L.U. Staff.
16) Mohamed Awad-Alla Abdel-Ghafar	L.U. Representative Member.
17) Saad Soliman Eid	L.U. Representative Member.
18) Kurany Ahmed Mohamed+	L.U. Staff.
19) Sayed Abdel-Tawab+	L.U. Representative Member.
20) Abdel-Tawab Abdel-Ghafar+	L.U. Representative Member.

- * Those training participants who were found to have excellent training capabilities and able to encourage other members to participate in community activities, they, also, had leadership qualities to inspire community participation endeavors, as was the objective of this pilot training workshop.
- + Those training participants who were almost as good as the previously identified but needed more training to gain the self-confidence that would make them distinguished community workers/trainers.

LIST OF PARTICIPANTS

ABOXA VILLAGE:

- | | |
|---|----------------------------------|
| 1) Ahmed Abdel-Kawy Ahmed* | Administrative Director for H.U. |
| 2) Mustafa Mahmoud Abd-Rabu* | Cultural Director in Abshuway. |
| 3) Abdel-Salam Mustafa Abdel-Mageed | Member of Local Gov.Unit (L.U.) |
| 4) Hannaa' Abdel-Badea' Abdel-Aziz+ | Agricultural Specialist. |
| 5) Fatma Abdel-Kad Mohamed Mahmoud+ | H.U. staff member. |
| 6) Safaa' Yousef Sweffy | Nursery School Supervisor. |
| 7) Mahmoud Tulba Abdel-Lateef+ | Development Unit Director, L.U. |
| 8) Abdel-Rahman Amin | Youth Club Director. |
| 9) Abdel-Kareem El-Sayed Ahmed+ | H.U. Staff member. |
| 10) El-Sayed Goda | Member of L.U. |
| 11) Mohamed Hassan | Member of L.U. |
| 12) Dr.Ayman Mohamed Ahmed Muhsen* | H.U. Physician. |
| 13) Bakry Amin Zeedan+ | Administrative Assistant H.U. |
| 14) Wadeya' Sabra Drus* | Sanitation Officer, H.U. |
| 15) Hanan Aywes Mohamed | Family Planning Nurse, H.U. |
| 16) Paten Ali Mahmoud+ | Agricultural School, Nurse. |
| 17) Dr.Umeyma Abdel-Mageed Abdel-Razik* | Physician H.U. |
| 18) Terreza Kamel Shehat+ | H.U. Secretary. |
| 19) Nagjafa Mohamed Tawfik* | Health Extension Worker, H.U. |
| 20) Haybat Shahata Abu-ElKhair+ | Nurse, H.U. |
| 21) Mohamed Hamed | Member of L.U. |
| 22) Mohamed Sakran Abdel-Alla | Technician at the L.U. |
| 23) Mohamed Abdel-Alla Amin | Agricultural Specialist. |
| 24) Mohamed Mahmoud Abdel-Hafiz | Maintenance Unit Director. |
| 25) Hussein Ahmed Mahmoud | L.U. Executive Director. |
- (Did not Attend)

- * Those training participants who were found to have excellent training capabilities and able to encourage other members to participate in community activities, they, also, had leadership qualities to inspire community participation endeavors, as was the objective of this pilot training workshop.
- + Those training participants who were almost as good as the previously identified but needed more training to gain the self-confidence that would make them distinguished community workers/trainers.

The six sub-groups in Aboxa were sub-divided to cover the following community members:

1) Mothers with young pre-school children coming to the Health unit:

Dr. Umeyma Abdel-Mageed Abdel-Razik*	Physician H.U.
Terreza Kamel Shehat+	H.U. Secretary.
Nagjafa Mohamed Tawfik*	Health Extension Worker, H.U.
Haybat Shahata Abu-ElKhair+	Nurse, H.U.

2) Primary school children who are given basic clinical examination and laboratory testing at the Health unit:

Dr. Ayman Mohamed Ahmed Muhsen*	H.U. Physician.
Bakry Amin Zeedan+	Administrative Assistant H.U.
Wadeya' Sabra Drus*	Health Superintendent, H.U.
Hanan Aywes Mohamed	Family Planning Nurse, H.U.
Faten Ali Mahmoud+	Agricultural School, Nurse.

3) Young semi-educated women at the Craft's Center in the Local unit:

Hannaa' Abdel-Badea' Abdel-Aziz+	Agricultural Specialist.
Fatma Abdel-Kad Mohamed Mahmoud+	H.U. staff member.
Safaa' Yousef Sweffy	Nursery School Supervisor.
Mahmoud Tulba Abdel-Lateef+	Development Unit Director, L.U.

4) Youth at the Youth Club:

Ahmed Abdel-Kawy Ahmed*	Administrative Director for H.U.
Mustafa Mahmoud Abd-Rabu*	Cultural Director in Abshuway.
Abdel-Salam Mustafa Abdel-Mageed	Member of Local Gov. Unit (L.U.)

5) The elders in the community, mostly representatives of the Local Village Council:

Abdel-Rahman Amin	Youth Club Director.
Abdel-Kareem El-Sayed Ahmed+	H.U. Staff member.
El-Sayed Goda	Member of L.U.
Mohamed Hassan	Member of L.U.

6) Married men and women through the agricultural and basic commodity subsidy distribution centers in the village (this sub-group dropped out and is not function in either the planning or the implementation stages):

Mohamed Hamed	Member of L.U.
Mohamed Sakran Abdel-Alla	Technician at the L.U.
Mohamed Abdel-Alla Amin	Agricultural Specialist.
Mohamed Mahmoud Abdel-Hafiz	Maintenance Unit Director.

The four groups in Tersa were sub-divided to cover the following community members;

Mothers with young pre-school children at the H.U.:

Dr Magdy Yousef Michael*	H.U. Physician.
Fat'heya Ramadan Ali	Nurse, H.U.
Sanaa' Ahmed Abdel-Aziz	Nurse, H.U.
Sabaah Sayed Khayri	Nurse, H.U.
Adel Reyad Faheem+	Sanitation Officer, H.U.

The clientele that come to receive services at the Local Village unit:

Refaat Mahmoud Mohamed+	Teacher, Head Master.
Abdel-Tawab Mahmoud	Religious Teacher.
Mohamed Ahmed Ali	Youth Representative.
Mohy El-Deen Abdel-Hafez	Education Department.

The community members that attend prayers in the local mosques (a special training session was prepared for women as a result of the success of this activity with the men):

Farouk Abdel-Ghany+	L.U. Staff.
Mohamed Awad-Alla Abdel-Ghafar	L.U. Representative Member.
Saad Soliman Eid	L.U. Representative Member.
Kurany Ahmed Mohamed+	L.U. Representative Staff.
Sayed Abdel-Tawab+	L.U. Representative Member.
Abdel-Tawab Abdel-Ghafar+	L.U. Representative Member.

The public that go to receive services from the Local Community Development Association:

Eid Sayed Kamel*	Social Affairs Unit.
Hanem Mohamed Hamed	Social Affairs Unit.
Yousir Ahmed Taha Ahmed	Social affairs Unit.
Hanem Mostafa Mahmoud	Social Affairs Unit.
Afaf Mostafa Hassan*	Social Affairs Unit.

Appendix B
Workshop Agenda

جدول الجزء الثانى من تدريب

التثقيف الصحى والوقائى

ترسا - الفيوم

٩-١٣ مايو ١٩٩٣

٢...-١٢.٣.	١٢.٣.-١٢.١٥	١٢.١٥-١٠.٤٥	١٠.٤٥-١٠.٣.	١٠.٣.-٩...	٩...-٨.٣.	الوقت اليوم
التخطيط عمل مجموعات	راحة	التخطيط للتدريب	راحة	ملخص الدورة السابقة	عرض	الأحد ٩٣/٥/٩
صحة المجتمع عمل مجموعات		صحة المجتمع		الصحة والمرض	مجموعات	الاثنين ٩٣/٥/١٠
الوسائل البصرية المعينة عمل مجموعات		الوسائل البصرية المعينة		تحديد أولويات المجتمع	التلخيص و	الثلاثاء ٩٣/٥/١١
الماء والمرض		خطوات معالجة مياه الشرب		عرض مشروع مياه الشرب والصرف الصحى بالفيوم	التقييم	الأربعاء ٩٣/٥/١٢
تقييم وختام		التقييم عمل مجموعات		التقييم	اليومى	الخميس ٩٣/٥/١٣

دورة تدريبية عن التثقيف الصحي والوقائي

الفيوم - ترسا

٢٦ - ٢٩ ابريل ١٩٩٣

اليوم	الوقت	٩... - ٨.٣.	١٠.٣٠ - ٩...	١٠.٤٥ - ١٠.٣٠	١٢.١٥ - ١٠.٤٥	١٢.٣٠ - ١٢.١٥	٢... - ١٢.٣٠
الاثنين	عرض مجموعات التقييم والتلخيص اليومي	الإفتتاح والعارف	راحة	التوقعات. الأهداف. عرض البرنامج. تقييم المجموعات.	راحة	الإتصال الشخصي و أنواعه	
الثلاثاء	عرض مجموعات التقييم والتلخيص اليومي	الشائعات أسبابها ومواجهتها	راحة	تعليم الكبار	راحة	مهارات التقديم	
الأربعاء	عرض مجموعات التقييم والتلخيص اليومي	العوامل التي يتوقف عليها فريق عمل	راحة	الشخصيات المكونة لفريق العمل	راحة	خطوات بناء فريق عمل ناجح	
الخميس	عرض مجموعات التقييم والتلخيص اليومي	الأشكال المختلفة للقيادة	راحة	كيف تكون قائدا ناجحا؟	راحة	- التقييم النهائي. - إستبيان حول الدورة القادمة. - ختام.	

FAYOUM DRINKING WATER AND SANITATION PROJECT

HYGIENE EDUCATION PILOT PROJECT

NOTES ON FOLLOW-UP SESSIONS IN ABOKSA AND TERSA VILLAGES

June/July 1993

FOLLOW-UP SESSION 1

Location	ABOKSA
Target Group	VILLAGE MEN
Topic	FLY CONTROL
Instructor	Mohamed Moharam

They gave their first session on May 26th. Neither Dr. Alia nor someone from the project was there but we met the head of this group and he told us about the session and how it went. He told us that they would continue their activity. Dr. Alia said that they would give their sessions every month, but the head of the group said that they would give another session "when necessary". He said that it would be difficult to collect people every month.

NOTE

Aboksa is under the Cleanliness Law. That makes it easy for them to continue their activities, as the work of the members of this group is to supervise and manage the implementation of the Law in the village.

FOLLOW-UP SESSION 2

Location	HEALTH UNIT, ABOKSA
Target Group	WOMEN coming for infant vaccinations
Topics	DIARRHOEA
Instructor	Dr. Omima
Date & Time	May 23rd, 1993; 10-11 a.m.

- * She prefers giving presentations on Sundays because then women come to get vaccination for their children.
- * 25 women were selected, and she started explaining the reasons of diarrhoea by using pictures, after that she told them a story about a child who ate contaminated food and got diarrhoea.

- * She also explained to the women the correct way to give their children the theory. She discussed with the women the food which they give to their children, and how to protect them from diarrhoea.
- * Finally she summed up all she said with the help of nice pictures.

COMMENT:

- + She spoke in a nice and suitable way to the women
- + She used pictures in her presentation
- + Her ideas were in a good order.
- + She gave them clear messages.
- + The other members of the group helped her.

- The place was very crowded.
- There must be more discussion

GENERAL COMMENTS:

The group decided to meet on Sundays but they gave only one session until now. This session was attended by us and Dr. Alia (CDS). It was good. After that, different excuses were given instead of sessions. We met Dr. Omima recently and she said that they would continue giving sessions but the time was not determined. We were not reassured whether they will give any further sessions.

FOLLOW-UP SESSION 3

Location	WOMEN'S CENTER, ABOKSA
Target Group	GIRLS
Topics	SOLID WASTE

Instructors	Mahmoud Tolba, Miss Safa, Miss Fatma
Date & Time	May 23rd, 1993; 11-11.30 a.m.

- * The trainers selected about 20 girls from the women's centre who learn sewing.
- * They started their discussion about solid waste by asking them and showing them some pictures. Then, they gave the girls a chance to make comparison between the wrong and right things.
- * They asked the girls what they do with their solid waste and what other people do. They explained them the consequences.

COMMENT:

- The reason of the session was not evident for the girls.
- They did not arrange place and material well. The pictures they used were not clear enough.
- They did not give the girls clear messages.

Their program was meant to present several sessions. When we went to attend the second, they told us that the program was already finished, as they believed to have said everything about the topic in the first meeting. Also, the group would remain the same for three months and they did not want to repeat themselves. We suggested the following

- The time must be longer, approx one and a half to two hours for one presentation and should include all information about solid waste rather than dividing subject into sub-topics.
- They have to explain their messages slowly and give girls a chance to discuss and understand.
- It is better if they use a blackboard for showing their materials.
- A competition for clean streets could be launched. Girls clean their streets and the cleanest one will be rewarded.

GENERAL COMMENTS:

First this group chose the topic of **flies** for a target group of **children** in a baby garden, but then they found that the children would not come to the baby garden after the start of holidays. We suggested that they changed target group, and they did.

Although their program was planned for 6-8 days, they only gave one session. Dr. Alia (CDS) and ourselves were there and it was not good. They agreed to give a second, comprehensive session, but nothing occurred until now. Every time they had excuses that did not seem to be true. It conveyed the very strong impression that this group would not be active anymore.

FOLLOW-UP SESSION 4

Location	SOCIAL DEVELOPMENT CENTER, TERSA
Target Group	WOMEN
Topics	FAMILY PLANNING
Date & Time	June 7, 1993; 10 a.m.
Instructor	Ustaas Aid, head of the Social Unit in Tersa
Materials	board, poster, pictures/booklets from family planning center, role-play
Place	room with blackboard located in Social Center
Audience	20 women, increasing during the session to 28, from different villages, mostly 17-25 years

APPROACH:

Instructor introduced the presentation by showing a poster featuring two situations:

- a)"unhappy" family, sickness, misery, many children
- b)"happy" family, well-off, healthy appearance, two children

The public was encouraged to state their observations. Women commented mostly on the "happy" situation, the well-being of that family. Key words were health and hygiene ("healthy look, clean clothes").

Booklets were distributed. All pictures showed the "happy" family type. Women were to comment on these situations, observing details and possibly to compare it to their own situations. "Happiness" was linked to a small number of children and the concept of Family Planning was introduced and defined.

Instructor differentiated Family Planning, a considerate adaptation to the present, from sterilisation that he judged irresponsible towards the future.

He denied the view of Family Planning acting against the rules of Islam. Two years of child spacing were recommended necessary for a healthy development of mother and child, according to Islam. That would match the objectives of family planning as well.

He argued to pause for three years between pregnancies (this caused laughter on the women's side). The reason was better mother and child health. The more effective argument, however, seemed to be that if a woman is too stressed and consequently not too healthy, then her husband will leave her for another wife, or marry an additional woman.

An illustrative calculation made up the ultimate argument. If a woman waits for 4 years between pregnancies and she can give birth from about the age of 20 until about the age of 45, then she might have up to 6 children in that time. Then, every child would have more space, time and nutrition, thus better initial living conditions. (This was widely accepted by the women.)

With this example the instructor tried to convey that family planning does not necessarily mean a limitation to two children (as seen in the pictures), but it rather works in favour of health issues for mother and child, and thus an overall healthier environment.

The CENTER OF FAMILY PLANNING, open daily from 8am-11pm, was referred to and the instructor urgently advised women to check with the doctor before using contraceptives. There, on the 25th of each month, every woman can get advise, an examination or a prescription for free. The location and the opening hours of the center were announced and women responded with interest.

When asking for further questions, some women pointed out the conventional wish of their husbands to have a male sibling. The instructor replied that it is up to the women to talk to their men or to visit the doctor together, as the gender of the baby is not the women's 'fault'.

A consequential role-play tried to stress this statement. A woman of the audience was to play the 'wife', while the instructor himself played the 'husband'. The latter blamed his wife for having only girls. Together they went for medical advice (Dr Aleya from CDS happened to be present and was chosen to play the doctor) and were told how the gender of a baby is determined.

The topic of nutrition was briefly linked to the subject of family planning, arguing that in former times when there were less people, everybody had enough to eat. Nowadays, [with overpopulation and increasing birthrate,] food has to be shared among many more. Thus, family planning represents a means of relief for the pressing population. This states an oversimplification of the matter, but it was believed adequate for the target group. Also types of food were talked about, i.e., healthy, nutritive food should be preferred to heavy, stuffy matter.

Family planning was also related to the present educational situation. The overpopulation of classrooms, for instance, could be avoided by thoughtful family planning.

EVALUATION

TARGET GROUP

There were not many questions from the audience. That could be interpreted as a lack of interest in the topic, or a belief in the determined course of events, regarding family planning as an 'unnatural' interference. The women listened to what the trainee had to say, and they enjoyed the pictures even more. However, they did not convey the impression to be convinced of the whole topic. Family planning does not seem to present the ultimate solution to their problems, for it has to deal with marital and social perceptions before addressing its actual goal. From their reactions towards the 'happy family' images, the women's will to 'better life', i.e., less children, better living conditions, could be inferred. However, as in many cases, wishes and realities are far apart. They appeared kind of 'helpless' towards possible steps to take, as most of them are innovative and asking for major changes. Most of the time, change seems to be somehow connected to trouble.

INSTRUCTORS

With repetitions of important points as well as summaries of mentioned matters, the instructor tried to facilitate the concentration of the public, which was not always successful. The women often started talking among themselves, be it about the subject or not, or they were distracted by new intruding women. However, he often searched contact with the audience, addressing some women personally through questions, or comments. This assured him attention, at least for some time.

The instructor appeared to have a leading nature. His style of instruction was conventional (teacher- pupil relation), and he followed his planned course of teaching rather than encouraging group discussions. He was alone on the stage, so to speak, without support from other staff members. Although he succeeded in informing the audience about family planning, its implications and obstacles, additional staff would have created a different atmosphere away from the standard division of the classroom.

GENERAL OBSERVATIONS

The meeting with the women in the social unit, that unites a kindergarten, a library and a sewing class, is monthly and today was the first one. The public is supposed to change every session, as there are about 250 women visiting the center regularly, representing a large potential target basis. Thus, with the changing public the topic will remain more or less the

same, and its presentation may improve with the lessons learned.

Five staff members of the social unit were participants in the adult education program, and all received the same training. However, only two of them were present, of which one, a woman, was reluctant to give the presentation herself. It was observed that even during the training program, women rather stayed in the background letting a man take the lead in discussions and presentations. In the case of family planning issues in front of a female audience this is even more surprising.

Ustaas Aid did not believe that his gender influenced the women's behaviour in any way, or that a female instructor would have more success in inciting participation or understanding. The female project engineers, however, thought that a woman might indeed have a different feedback. Yet, the trainee's skills of presentation were believed more important than gender as such.

Illustrative examples, the role-play and relating to current situations generated an inspiring presentation. The allusion to the Koran and the pointing out of the Family Planning Center gave the whole a tangible frame in terms of belief and practical assistance.

This group chose to give a session every 3rd of a month. They did so on June 3rd, but failed to keep their date the next month.

FOLLOW-UP SESSION 5

Location	YOUTH CENTRE, TERSA
Target Group	YOUTH, male
Topic	WATER USE AND STORAGE
Date & Time	June 8, 1993; 12:30 p.m.
Instructor	four of five trainees present, popular characters; employed in the local social unit
Materials	pictures of different water storage facilities and usages, (copies from the adult education material); Coke and biscuits
Place	spacy room with chairs in the sports centre, big table, blackboard
Audience	about 13 young men, some of them university graduates;

APPROACH:

One of the instructors opened the session by explaining the reason of this gathering. He initiated the topic of cleanliness talking briefly about its role in disease prevention. The audience was asked to come up with a definition of health and diseases, especially those related to water. Some prevalent water-related diseases were mentioned that the audience was mostly familiar with.

Also other concerns, such as waste disposal, were mentioned as elements of general hygiene behaviour. Often, solid waste is inconsiderately discarded into the nearby canal or drain, polluting the water. The instructors established the relation between polluted water, health hazards and sanitation.

Then, another staff member took over the lead and explained some popular ways of water use, always relating it to the issue of sanitation. The examples were elucidated by pictures of water storage facilities, such as the zir, water transport items and PTs. Those pictures feature good and bad conditions of taps and popular ways of transporting and storing water. People were asked to comment on them. It was agreed upon that

- stored water should be covered
- transported, carried water should be covered
- storage and transporting facilities should be clean
- possible pollution of clean water should be avoided by touching it only with clean hands and utensils

The group appeared very interested in the matter of environment and posed further questions. Main concern were possible, perhaps unnoticed pollutants of water. The prevalent distrust even in tap water was stated by the youth. They mentioned the at times brownish colour of tap water and concluded that this source cannot be free of health hazards, either.

The project engineers explained these incidents to the public as a break in the pipeline or a temporary turn-off of water flow from the compact unit. People were advised to leave the taps open until the water flow will have washed out the particles, the water would be potable again and as clean as the water leaving the treatment plant. The staff explained that these were rather occasional events and not the principal dangers of water, in contrast to the hazards that can arise during transport and storage of originally clean water. Thus, tap water was defined 'clean' and the risks were to be investigated as soon as the water leaves the tap. The way from PT to the home and storage facilities were again scrutinized by all participants, and the above mentioned results were underlined.

A change in behaviour of water use was regarded necessary by all attending, and the youth expressed that this could only be done by people themselves. Local administration and other assisting institutions should be responsible for the repair and maintenance of facilities, but usage and attitudes should be tackled 'from below'. This presupposes an understanding of the relation of water usage and health risks.

Rural people were believed to have a natural sense for cleanliness and health hazards, knowing what is 'good' and 'bad' for themselves by tradition and experience, say the youth. However, they also conceded that many contemporary elements of life, and their inherent health hazards are different from past occurrences, and thus in need of being analyzed and approached differently. This was believed to be in the realm of the possible and the youth showed much enthusiasm to work on improving hygiene from both aspects, the social and the technical.

The unsatisfying conditions of water taps were mentioned by the public, being a 'natural' obstacle to thorough cleanliness of the village. They argued that even newly repaired taps

would soon break down again due to lack of maintenance and inadequate renovations. One of the instructors being an employee of the Local Unit, and responsible for the repair of PTs promised to teach the youth how to repair broken taps on their own. This could improve the situation effectively without being dependent on the technicians of the Local Unit who are already overloaded with work.

The male youth expressed their understanding, however, they also said that mostly women are concerned with water collection and storage. Thus, they thought it essential to teach the woman these matters first. They believed themselves incapable to interfere with their mothers' or sisters' tasks, even less to criticize water usage practices of unrelated women. The project mentioned that there exist special sessions with women and that men, too, had to take an active role in the matter.

EVALUATION

TARGET GROUP

The young men decided to start with their own families and talk with them about issues of water usage, cleanliness and solid waste. They are going to copy the available pictures of different water usages from the instructors, in order to facilitate discussion. (Some of them raised the demand for a loan to finance further actions and/or improving of sanitary conditions. However, after clarification of the small-scale, grass-roots approach that first of all requires creating awareness and spreading knowledge, before implementing costly programs improving the situation lastingly, they dropped the demand.)

Due to the fact that the youth meets in a regular fashion in the club, there are no difficulties in allocating the audience for the sessions. However, they maintained that if the session would have been announced, many more would have come. They foresaw a larger audience for the next meeting and expressed the prevalent interest among them in the improvement of sanitary conditions.

INSTRUCTORS

The instructors seem to be available for the youth at any time, for questions, problems and support. All of them seemed to be very popular among the young people in the club and they displayed a personal involvement in the matter. The good relation between audience and trainee could be derived from the latter's employment in the social unit. People involved in local administration tend to be well known by the public, especially in smaller districts, such as Tersa.

The instructors chose to appear and lead the session as a team, which had a positive effect on the overall amount of information given and the form of presentation in general. Four of the five trainees were present and actively involved in the presentation. One supplemented the other, and due to their different personalities and functions, they also acted as different ports of call for the youth. A single orator may have the undivided attention of people, but he is not able to fall back on others, or invigorate the session with different styles of presentation. Also the fact that they were male, as well as their target group, might have helped to an unrestricted communication.

PRESENTATION

Introducing the session by explaining the reason of the gathering exemplifies a sensible approach to this form of formal education. The session was given a certain gravity, that was reciprocated by the youth with attentiveness and participation.

Their presentation was nonetheless unorganized, in the sense that they often interfered in each others' speeches, trying to give further explanation but rather creating turmoil. They should determine for themselves who speaks when and says what.

Furthermore, the interested youth should have been given more time to raise questions and explain their opinions. The topic being so large, the instructors had a lot to say and explain, rarely giving the public a chance to think by themselves. This could easily be improved in future gatherings.

GENERAL COMMENTS

Youth seems to be the most hopeful group for any kind of improvements. They own the enthusiasm and the endurance of their age to enable projects to be realized. Along with the moral and technical support of the trainees, featuring the older generation, they shape an optimal foundation for possible and sustainable improvement. The staff considered it important to increase their activities in the repairing of PTs. Their efforts could be measured by a declining number of complaints reaching the Local Unit in future, this was described as their future goal. The youth took it up to themselves to inform other people about health hazards and cleanliness, banking on the will to change of people, and more important, the need to improve certain conditions.

For future sessions, the trainees decided to put up an advertisement in the youth centre featuring place, time and subject of the next meeting. This should gather more interested youth. The sessions will be held weekly, in the morning time.

All parties involved seemed very active and interested in the matter, so that actual results could be expected from that group.

This group met on June 8th for the first time, and determined their next session to be on the 17th¹. The meeting was held with a different audience and a different topic.

¹ see notes on this session

FOLLOW-UP SESSION 6

Location	HEALTH CENTRE, TERSA
Target Group	WOMEN, MOTHERS
Topic	NUTRITION
Date & Time	June 8, 1993; 11 a.m.
Instructor	Adly, Health Supervisor; Dr Magdi, Medical Doctor of Health Centre
Material	coloured pictures of vegetables, fruits and other nutrients (UNICEF)
Audience	way over 20 women with their children, aged approx. between 15-35
Place	session took place under a roof in front of the clinic; afterwards a room was found but it was hot and not large enough to house 15-20 women comfortably.

APPROACH:

Dr Magdy opened up the session by explaining the reason and topic of meeting. He urged the audience's undivided attention for the whole duration of the presentation and wanted them to keep comments and questions for the discussion at the end.

Adly, the health supervisor took over the lead and introduced the topic of nutrition with an illustrative example. He compared nutrition, i.e., feeding the body, to building a house. Both activities require three basic components, he explained. Cement, brick and sand for the one and three elements with different functions for the other. These are 1) "increasing length", 2) "increasing weight", and 3) "increasing mobility" of the developing body. He took care that everybody agreed with the three elements before continuing with further specifications. Here, coloured drawings of all kinds of available food were employed to underline the categories. He explained the women that every food item has a function for the body, be it for length, weight or physical mobility. Each category was dealt with at a time and the pictures were arranged according to their function. All the food presented was familiar to the women and was commented on by them with remarks, such as "I buy this all the time" or "That is very expensive nowadays".

To relate the talk to more practical issues, Adly asked three women with children in different age groups to step forward and tell the group what they feed their children. The food was recognized in the pictures shown before and the functions were once again alluded to. The contrast between the children was obvious (different height, weight) and relatable to the food they have been eating.

As a conclusion, the trainee wanted the women to take the pictures and to each choose three of them and create a whole meal or balanced nourishment in general. At the back of the cards the three symbols indicating "length", "weight" and "mobility" could be found. This exercise was to render a summary of the session as well as the women's understanding of the topic.

EVALUATION

TARGET GROUP

In the final exercise, the women preferred to look at the front pictures, assembling 'their' meal according to other than nutritive concerns. Therefore, the set they chose was rarely or never in agreement with the lecture's lesson of well thought-of composition of food. The experiment underlined the women's decision-making according to traditional belief, "knowledge", and experience. It showed that the duration of one session is not enough to change people's attitudes effectively. At least this session was not able to, perhaps also due to factors, such as crowding, noise level and inadequate placing.

INSTRUCTORS

Adly was essentially leading the session, with Dr Magdy passing by from time to time and appealing for order and attention. The other trainees, nurses working in the health centre must have been busy as well. They did not participate in the presentation at all, and it is not presumable that they will ever take over a session.

Dr Magdy was obviously the local authority, as he was the only one the women would listen to and temporarily hush. Adly was not too successful in this task, but the unfavourable placing of the presentation had a great effect on the overall disorder. His figure was not unusual to the women, thus not subject to curious looks and discussion. This is important to bridge initial uneasiness. He chose to focus on a few women only who seemed attentive, keeping eye-contact with them. This backed him a certain attention, but it also failed to incorporate other women as they felt actively excluded from the audience.

MATERIAL

The material presented was appealing to the public. More children than women were eager to comment on the pictures, calling the name of the food as soon as they recognized it. The familiar items created a common base of discussion as most of the food was regularly consumed by them. Also the fact that they were allowed to take the cards and look at them closely was helpful in establishing a 'common knowledge'. The advantage of these pictures are size, design and application; only in some cases the design was not a mirror of the form of available food in that specific rural place. For instance, women did not recognize the shown "baguettes" as a symbol for their type of bread. A brief explanation settled the matter and to be fair, only very few pictures were questionable. However, it would be advisable to compare the UNICEF design with actual consumer goods at the very spot first, in order to prevent moments of alienation.

PRESENTATION

Overall, the presentation was delivered in a clear, understandable fashion. The material employed was appealing to the public and served its function. The instructor used a couple of out-of-life examples to animate the theoretical explanations of balanced nutrition. Coming from the same village, he knows about the daily situations in the homes and this is replied to with appreciation by the female public. Also the use of the public in order to demonstrate reality and effects represents a successful form of presentation.

GENERAL COMMENTS

The timing of the presentation was unfortunate since it coincided with the vaccination day, and renovation of the facilities of the health centre. There was no appropriate room available at first, and the number of people at the health centre exceeded the usual. Along with many mothers there were their children of different age groups. The noise level was therefore very high and it did not change after the start of the session. The session was first held at the open, under a roof in front of the clinic, therefore the influx of curious women could hardly be controlled. People moved unrestricted among the few listeners, joining them for some time, and often commenting loudly. The lack of a proper room conveyed the impression of a market place, where the trainee took the role of a desperate vendor trying to convince a more or less interested public of his merchandise. The big number of people creating disorder gave the presentator a hard time to make himself heard, let alone understood. Later, a room was found but it was not large enough to accommodate 15-20 women comfortably. It was warm and stuffy, thus, not creating a stimulating environment for concentration and learning.

The trainee essentially talked about nutrition for children aged 1 or 2 years, yet most of the attending women had younger children. This caused some confusion as they did not know whether the food dealt with is suitable for their children as well. Therefore, women were asked to talk about their feeding practices in order to solve the matter.

The lack of team work proved disadvantageous for both the presentator and the public. Adly often seemed desperate, and it is very possible that he would have stopped the session (or not even started it) if people from the project and CDS would not have been present. A collective form of presenting the topic would have been less tiresome for the staff as a whole, and more variable and interesting for the public. Furthermore, if a second idea would have been introduced the session might have been more effective and more interesting for the women.

The trainees first met on June 1st, they then set the date for the following session for June 22nd. This date could not be held due to vaccination, and July 6th was determined to be the next possible time. He promised to call AW when the date would be definite. As there was no phonecall, it is more than likely that the session was not realised. When meeting the trainee on the evaluation day, June 30th, he maintained to have also given a presentation last Tuesday.

In some cases it was obvious that the trainees lied to AW concerning the occurrence of their sessions. They declared more than they have held, in order to please the project. It is assumed that they believe to be under the control of AW. The sessions and other activities are often held when employees of the project are present, i.e., rarely are there deliberate sessions, just for the sake of the people.

FOLLOW-UP SESSION 7

Location SPORTS CENTER, TERSA
Target Group YOUTH, male
Topics PUBLIC TAPS, MAINTENANCE

Date & Time June 17, 1993; 12 a.m.
Instructor staff of Local Unit
Materials different taps (operational parts), pieces of tubes
Place room in sportscenter, table, chairs
Audience about 20 boys

APPROACH

The session was initiated by a trainee who is part of the maintenance center for PTs. On the desk in front of the public different faucets were displayed. The boys were asked to introduce themselves with their name and present occupation. Then the topic was presented as being the repair of PTs.

It was argued that PTs are a basic water source for villages and that Tersa has a large number of them. Yet, their conditions are most of the time despicable. Care is required in order to enjoy the facilities as long as possible. As basic elements of a PT a concrete platform was mentioned, furthermore, a spot to place the receptacle.

Two different forms of faucets and their functioning were demonstrated, and the methods to repair them were indicated. The standard faucet (a), requires only minimal cost (LE 1) and no specialised knowledge to be fixed. The "pressurized" or "automatic" tap (b) is more difficult to repair but it can as well be done by the maintenance centre. The latter are not available in the shops in case they are needed for replacement.

The target group stated the question of "what exactly is expected from them". The answer was "cooperation". The youth should inform the Local Unit about necessary repairs at the PTs, while the latter will be responsible for their 'maintenance'. If possible, youth should also mend minor defects, such as the changing of rings within the standard tap, now that they know how to do it.

The issue of wasting drinking water by sprinkling it on the ground was briefly adressed. As the villages suffer from the omnipresence of dust, they are used to moisten the ground in front of their houses, public places and playgrounds with water. It was advised to use waste water of dishes or laundry or the water of the canal instead of water coming out of HCs and PTs. The youth objected to the distance to the canal and the possibility that used water might not be sufficient to wet the ground.

Finally, the trainees urged the public to watch out for PTs which were 'left open' and to close them, in order not to waste precious water. They argued that while here water is wasted, it might effect a lack of it in other parts of the governorate. Both forms of faucets are determinants of wasting water if (a) left open, broken or (b) handle kept down by force (rope), broken.

EVALUATION

TARGET GROUP

The target group this time was not as motivated as last time. In fact, only one of the former audience was present. The youth appeared younger, most of them still visiting secondary school. It seems that they were not informed about the session or the topic of discussion beforehand, as no form of preparation was discerned. Although they were very interested in the technical aspects concerning the repair of taps, they wondered why the session was held for them. Furthermore, they did not come up with any plans of their own, or an agreement about future meetings.

INSTUCTORS

Four of the five trainees were present and three of them were actively involved in the presentation. This time it took more the form of a lecture with the table being between the trainees and the boys. Their chairs were organized in parallel rows, imitating the conventional classroom. It was argued that these technical explanations require this lecture style. One of the trainees, who is employed by the maintenance center of the Local Unit, featured as the expert, since maintenance of PTs falls into his realm.

PRESENTATION

The overall impression derived from the session is that it pictured a mere presentation of information about technical aspects of taps. The stream of speech was rather onesided, as the feedback from the public was meager. The use of actual spareparts made the presentation nevertheless worthwhile.

GENERAL COMMENTS

Many of the attending youth seemed to be blessed by a HC, thus they were not too concerned about the issue of PTs. Still, the improved faucet was mostly welcomed by them and they wanted it to replace all the weak standard faucets. Less problems with the repair of PTs could then be expected, so they said, as the "automatic" faucet has a longer life (and its repair is in the responsibility of AW, i.e., not the local community). Also the assumption that water is abundant could be derived from their behaviour, i.e., their astonishment when talking about not using drinking water for wetting the ground. In fact, waste water may not be sufficient. The lack of alternatives, such as a public "sprinkler car", leads them to misuse of drinking water. On the other hand, PT users, who are more aware of the value of drinking water due to the inherent difficulties of getting it, prove to be more conscious in its use.

After this meeting no further date was set by the trainees, and no phone calls reached us until nowadays.

FOLLOW-UP SESSION 8

Location	TERSA
Target Group	MEN
Topics	NUTRITION
Date & Time	June 14th, 1993
Instructor	(Sheick) Sayid
Materials	colored cards (same as Adly, Health Center)
Place	in local mosque

This group was supposed to have a meeting on June 20th, but they decided to do it on the 14th without informing the project. So, the session was not visited, and up to now no other meetings were arranged by the trainee. It was agreed that in the event of a meeting, the trainee would inform the project so that the outcomes of the program could be evaluated.

ADULT EDUCATIONAL PROGRAM - some points of comment on the final evaluation

On the 29th and the 30th of June, 1993, the final evaluation of the adult educational program was scheduled and executed by CDS. The two test villages, Tersa and Abouksa, were visited by Dr Aleya of CDS accompanied by two project staff. The aim of this final meeting was to determine changes in knowledge and behaviour of the trainees and eventual effects on the wider public, thus, the success of the program as such.

A questionnaire was handed out partly testing the trainees' awareness on health and cleanliness issues regarding water transport, storage and usage. Some questions were a repetition of those asked at the beginning of the program, checking an eventual improvement of knowledge concerning water related health issues, and adult education. The other half of the questionnaire required the trainees' critique on a described educational session with all kinds of deficiencies. Moreover, the trainees were asked to state their opinion about the program as such, its strong and weak points, and possible changes for the future.

First, Aboksa was visited. 10 of the 25 trainees attended the meeting and exchanged their ideas about the program. The overall emphasis laid on financial support needed to carry on with these sessions on a regular basis. This money was meant to be a personal compensation for the trainees reducing their perceived high opportunity cost.

In Tersa, 10 of 19 trainees appeared and had to deal with the same questionnaire. The money issue was addressed as well, yet it did rather take a secondary place. Some trainees were willing and ready to give further sessions, only claiming that a fund for drinks or snacks would be helpful, also in terms of creating a bigger appreciation of the audience.

Most of the trainees stated that they benefitted from the program educationally. These trainees were chosen through the local administration, trying to include key figures of the villages. People from the Local Units, the Social Units and the Health Units were preferred, as they were believed to be the most influential and popular persons in the villages. Their crucial position in the social structure, and the inherent leadership role, such as the heads of the different units, were the basis of this choice. However, it turned out that not all people working in the local administration were suitable for this program, neither were they too interested. It was not possible to foresee how they would perform during and after the program. Selecting trainees for future trainers still poses a problem.

An aptitude test inquiring certain features of potential trainees, such as his/hers desire to community development or the ability to teach, may form a more coherent group. The list is not exhaustive, but the mentioned criteria would definitively make a difference.

During the sessions the different characters revealed itself, but everybody seemed to make some progress. The trainees were asked to give some presentations, to join certain group-games used to diminish the initial uneasiness, and to comment on the given presentations. Thus, participation was stressed, and with the time also the amount of participation per person increased. Individually, the trainees definitively benefitted from the program. Yet, once the educational phase was over and they had to apply their knowledge to real subjects,

the problems became apparent.

Most of them were uncomfortable when asked to give a session. They were not used to stand in front of other people or to lecture to a group, except for the sessions they received which amounted to (only) 9 days. Many did not know what exactly to talk about, or they gave one presentation declaring that everything was said. It is less a problem of the availability of proper rooms and facilities, neither is the time needed a major obstacle. The people themselves were obstacles to a spreading of knowledge in the community as they were lacking this understanding themselves. This could not be changed in the short period of meetings.

Furthermore, incentives were paid to the people (in order to facilitate their attendance to the meetings?), but afterwards when they had to get active these compensations were stopped. The general perception was more work for them with no material remuneration. This incongruity of the organization has effected the program more than a continuation of paying into the third phase, or an avoidance of the matter from the very start. The last option would have revealed a more irregular pattern of attendance.

Another point to mention is the continuity of sessions. These should be given regularly to changing audiences and/or with changing topics of interest. Most trainees were not able to specify and hold a time for regular meetings. When the target group was large enough to form a different audience of 15-20 people each time, the trainee was proved to be more enduring. Where the target group remained the same the trainee was the first one to withdraw after the first session.

Furthermore, the sessions they were supposed to give, mostly were in the style of lectures or informational sessions rather than informal gatherings, or an exchange of ideas and facts. Community involvement should be the core of these meetings as a lasting improvement of the situation is wanted. The audience should come up with concerns of their own and through the exchange of views, hopefully find a fitting solution. Thus, the target group should be motivated to improve the situation according to their possibilities.

Topics were the prevalent problems in the community concerning water usage and health, thus they were more or less predetermined but also broad enough to extract some more limited subtopics from them. Typically, family planning, e.g., was discussed with women, and waste disposal with men. The gender roles were enforced, instead of trying to create a common, cross-gender approach to the matters that involve the whole community, anyway. It is suggested to neglect existing social inhibitions in future projects and to talk to men about family planning, for a change.