

Lessons from the Field

Responding to Reproductive Health Needs: A Participatory Approach for Analysis and Action



This report and training guide documents experiences from two training of trainer workshops that were conducted over a two year period in Nepal. The workshops were designed to help trainers gain the skills to assist communities in identifying and addressing reproductive health needs.

Foreword

This report and training guide documents experiences from two training of trainer workshops that were conducted over a two year period in Nepal to assess reproductive health needs and to help trainers gain the skills to assist communities in addressing these needs. The workshops were conducted by World Neighbors in partnership with a local non-government group, the Baudha Bahunipati Family Welfare Project (a project of the Family Planning Association of Nepal).

The training sessions were designed by Denise Caudill, Assessment Coordinator with the University of Michigan Population Follows Programs (formerly World Neighbors Action Learning for Health Coordinator), and Nicole Haberland, now working with the Population Council (formerly with the Ford Foundation). The training facilitators also included Saraswati Gautam and Gopal Nakarmi of World Neighbours-Nepal (both formerly on staff of the Baudha Bahunipati Family Welfare Project).

This report and training guide was written by Denise Caudill, who also took the photos used in the guide. Picture cards were drawn by Caudill and Haberland and, after fieldtesting, were revised by Nepali artist Surendra Pradan. Linda Temple edited and designed this second edition of *Responding to Reproductive Health Needs*.

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Program Context

Introduction

World Neighbors has partnered with national and local non-government organizations (NGOs) in rural development in Nepal since 1972. In keeping with World Neighbors' philosophy and reflecting the complexity of most rural community needs, programs integrate various livelihood, health, and development activities.

From the beginning, World Neighbors' programs in Nepal have included strong family planning and primary health care components, training in agroforestry and livestock methods, introduction to supplemental income generation methods, and assistance in construction of drinking water systems. Because water is a first priority in many communities, and constructing a system requires high community participation combined with financial contributions (for construction and maintenance), water has proved to be an excellent entry into a community. Likewise, women's savings and credit groups have developed as a key component of program strategy as well as an ideal starting point for the integrated approach.

World Neighbors' strategy in Nepal has long been focused on strengthening local community-based groups to implement and manage these integrated efforts. Small, locally registered NGOs have grown out of the community-based groups and are now World Neighbors' key partners. Generally, these local NGO partners operate small clinics

on a fee-for-service basis to ensure the sustainability of the services. These clinics provide family planning services, treat common illnesses, and offer maternal health and delivery care.

One of World Neighbors' first partnerships in Nepal was with the Baudha Bahunipati Family Welfare Project (BBP), a project of the Family Planning Association of Nepal (FPAN). World Neighbors had supported this program since 1975. During initial contacts with communities, needs such as drinking water, credit, income, and health care were often given importance over family planning. BBP responded with an integrated set of initiatives which addressed fodder seedlings and seeds, improved livestock health, community health, safe drinking water, group formation training, access to primary health care, and family planning services.

Monitoring of the BBP program has indicated that as a result of this integrated approach, marginalized communities with three to four years of association with the BBP program have shown contraceptive prevalence rates approaching double the national average. Moreover, in contrast to national statistics that show a high proportion of male sterilization, spacing methods represent more than 90 percent of contraceptive use in those communities.

In 1991 the government of Nepal eased restrictions on requirements for registration of local non-govern-

ment organizations. This made possible the formation of new, small NGOs by the management committees of the FPAN clinics in the BBP program area. This has been an effective strategy to ensure continuing community involvement and sustainability. These NGOs now manage development services and raise local and external resources, with continued training and program development support from FPAN and World Neighbors.

From the start, a key organizational element of the BBP program process was to encourage the formation of groups and the strengthening of group capacity. A number of different types of groups were formed, for example: drinking water system user groups, farmers' groups, and women's savings and credit groups. Of all these types, the women's savings and credit groups have been the most effective and durable, with the binding factor of the management of their pooled resources.

Evaluation of women's savings and credit groups in the program indicated that some of the groups were making loans for health referral costs – up to 15 percent of loans in some groups – which indicated a greater need for health care, particularly health services not available within the immediate area, than expected. The time seemed right to conduct a comprehensive, in-depth assessment to determine women's health concerns and develop some strategies to address these needs.

Needs Assessment¹

During March and April of 1996 World Neighbours-Nepal, with the cooperation of local program partners FPAN and Tamakoshi Sewa Samiti (TSS), conducted a community-based needs assessment in parts of Ramechhap, Sindhupalchowk and Kavre districts.

Purpose

The purpose of the assessment was to gain a sense of some of the reproductive health and gender issues and concerns of women in the communities. In addition it aimed to determine what was already being done to address these problems, to identify gaps, and to outline opportunities for a broader reproductive health approach to World Neighbors' and its partners' work within an integrated development framework.

The research team was comprised of three women: Nicole Haberland, an outside consultant who is now Program Associate with The Population Council; Saraswati Gautam, at that time public health nurse for BBP/FPAN who has worked in these communities for twenty years; and Indu Aryal, who acted as translator but also had experience in the fields of gender and reproductive health. Ms. Gautam facilitated all workshops and small group discussions, either Ms. Gautam or Ms. Haberland conducted key informant interviews, and sessions with the board and

staff were facilitated by the team. Ms. Haberland took written notes of all meetings and discussions. The local NGO partners to be involved in the study were selected by World Neighbors, FPAN, and TSS staff, and local NGOs assisted in identifying communities within an hour or two walk from their clinics to participate in the process.

Methodology

The assessment was comprised of four components, all qualitative:

- Several meetings, discussions and/or brainstorming sessions with each of five local NGOs' board members and staff. Discussions with board and staff members were usually separate. These involved NGOs in the research and gave significant insight into what the NGOs saw as primary issues in the communities in which they work. They also helped to determine what was already being done by the NGOs in the areas of gender and reproductive health and how, and provided an opportunity for staff and board to voice their priorities for future programming.
- Four participatory workshops with women's savings and credit groups. These included body mapping, role-plays, problem solving discussions, and open-ended conversations following a facilitator's guide. The number of women per workshop

ranged from nine to 14, with the exception of one session in which 30 women participated. Each workshop lasted about five to six hours, including a break for food.

- Key informant interviews with women's rights activists, local traditional birth attendants, and other national, district, and local level actors.
- Small group discussions with local women. These discussions were informally structured, including space for women to share stories about their lives and concerns, and a series of open-ended questions focused on reproductive health and gender. While these questions did not ask people about themselves, rather about their sense of such issues in the community, the majority of the time they led to sharing of specific personal experiences. Fifteen such discussions were held, with a total of 61 women from eight communities participating.

When women – either during or after workshops or small group discus-



Workshop facilitation team members (from left to right): Nicole Haberland, Gopal Nakarmi, Denise Caudill, Saraswati Gautam, and Indu Aryal

¹ Excerpted from Nicole Haberland, *Gender and Reproductive Health: A Needs Assessment of Women's Concerns in Rural Nepal* (World Neighbors, 1996).

Program Context

sions--voiced a personal concern or health problem, the research team addressed the issue. In some instances this entailed referring a woman to the NGO clinic for services. Other times longer, on-the-spot counseling/problem solving was necessary.

Results: Identified Issues

- Women's Roles and Status
- Women's Sense of Entitlement/ Agency
- Girls' Education
- Violence Against Women
- Trafficking
- Multiple Partners
- Labor Migration
- Poverty
- Alcohol
- Neglected/Less Served Communities
- Maternity Care and Delivery
- Abortion
- Infertility
- Prolapse
- Reproductive Tract Infections (RTIs)
- HIV/AIDS
- Urinary Tract Infections (UTIs)
- Breast Problems
- Menstruation and Menopause
- Infant and Under-five Mortality

The findings of the assessment offered a glimpse of the reproductive and sexual health and gender issues prevalent among selected communities in Kavre, Ramechhap, and Sindhupalchowk districts.

Among the service-related reproductive health issues, the following stood out:

- While there was an increased awareness of the benefits of prenatal care and assisted delivery, many women were not accessing these services, nor were they resting adequately before and after giving birth. This increased the likelihood of adverse outcomes, i.e., maternal and infant morbidity and mortality.
- Many women wished to limit family size, as indicated by the demand for family planning and abortion, and women's positive portrayals of smaller families.
- Despite the fact that it is illegal, induced abortion appeared to be common, particularly in Sindhupalchowk and Kavre. It was unclear whether the fewer number of discussions about abortion in

Ramechhap was a reflection of lower demand or greater stigma. Given the unsafe nature of abortion methods available to rural women in this context, women compelled to terminate a pregnancy were faced with serious dangers to their health and lives. Even if a proposed bill to legalize abortion were approved by Parliament, most women in rural areas would still have limited access to safe services.

- Prolapse was a seemingly pervasive health problem in all the communities visited.
- RTIs appeared to be common, possibly highly prevalent. It may be that a proportion of the miscarriages and cases of infertility described were a consequence of RTIs. UTIs were also an issue of concern.
- HIV infection, while not yet perceived as an urgent concern in Ramechhap, was a growing concern in Sindhupalchowk, and possibly Kavre.

As the women themselves noted, these outcomes cannot be addressed without attention to the range of gender, reproductive and sexual health, and rights issues that underlie them. While connections among these issues are briefly outlined below, the following are important issues in their own right and should not merely be viewed as pathways to decreased disease or lower fertility:

- Women had low status and constrained gender roles in the

Glossary

ANM	Auxiliary Nurse Midwife
BBP	Baudha-Bahunipati Family Welfare Project (a network of 10 independent NGOs, each with their own programs and priorities)
FPAN	Family Planning Association of Nepal
NGO	Non-government organization
RTI	Reproductive tract infection
STD	Sexually transmitted disease
TBA	Traditional Birth Attendant
TOT/RH	Training of Trainers in Reproductive Health
TSS	Tamakoshi Sewa Samit (a large NGO which provides services directly and assists other NGOs in providing services)
UTI	Urinary tract infection

family and community. This affected women's ability to participate in household decisions regarding, for instance, use of monetary and other resources, health care, and children's school enrollment and attainment, as well as decisions about family size and use of maternity services and contraceptives. It affected women's participation in development activities and other community and political processes. It limited a woman's ability to have a say about the terms of her relationship and sexual life, e.g., whether there would be co-wives, whether she would be able to protect herself from RTIs, whether she would be able to influence her partner's decisions regarding other sexual relationships and his decisions to protect himself – and thus her – from sexually transmitted infections (STIs). It also influenced the degree to which a woman's own health problems were recognized as serious and worthy of treatment.

- A number of the women, primarily those involved in women's savings and credit groups, seemed to be challenging traditional gender power disparities, to have higher expectations for their daughters, and to have greater control over their lives and input in family decisionmaking. While not a majority view, such indications were promising.
- Girls' school enrollment and attainment were unacceptably low. Education affects women's age of marriage, desired family size,

contraceptive use, her and her family's health, and her ability to participate in development and market activities, as well as in political processes.

- Domestic violence appeared to be fairly common. It is a reflection of the low status of women, decreases women's self-esteem and confidence, affects their participation and contribution to development, and can limit a woman's use of contraception and her ability to suggest condom use, as well as limits her input regarding other aspects of her partner's sexual behavior. By and large, neither women nor NGOs felt that there was anything they could do about domestic violence – this was something that “just happens” and that women were expected to tolerate.
- Trafficking of girls and women was a considerable concern in Sindhupalchowk. Seen as primarily economically driven, it was also a stark reflection of the low value placed on girls and women and a complete disregard of their rights. Women who were trafficked, be it for longer or shorter periods of time, were obviously at high risk for RTIs, unwanted pregnancy, and HIV/AIDS, as well as sexual violence.
- Multiple sexual partners, whether in the form of men going to prostitutes, men having multiple wives, or men and women having other lovers, appeared to be fairly common in the communities visited. While this had

clear implications for RTI and HIV/AIDS transmission, it also was affected by and affected the emotional aspects of relationships and sex, such as desire, love, and trust.

- Poverty was pervasive and women shouldered a heavy workload. Economic factors led to labor migration among both men and women in the communities visited. Labor migration in turn affected family dynamics, a couple's sexual relations, and increased chances of extramarital sexual relations for both partners, with consequent implications for STI and HIV transmission. Heavy workloads and lack of resources (or lack of control over resources) affected such issues as resting before or after delivery, reproductive morbidity, girls' education, trafficking, decisions to seek health care, choice of contraceptive methods, and capacity to follow referral recommendations.
- Adolescents were underserved in all communities visited. This was perceived as a missed opportunity to affect gender roles and norms, encourage education, delay age at marriage, create alternatives to trafficking, increase girls' self-reliance and self-confidence, and equip adolescent girls with the knowledge and skills that are important to achieving safe, healthy, and fulfilling relationships, and in making informed reproductive health choices.

Program Context

Program Strategy

Based on the findings of the needs assessment and program experiences, World Neighbors developed a program strategy to:

- train and support a team of experienced health workers in the use of participatory tools to address reproductive health issues;
- inform NGO trustees, generalist and clinic staff, of the assessment's findings;
- identify and prioritize local issues to be addressed by NGOs and various women's savings and credit groups;
- upgrade service delivery including clinic personnel training and increased privacy;
- ensure the availability of female service providers in each clinic for counseling, referral, and other services; and
- facilitate community discussions through savings and credit groups, prenatal services and camps, and other community programs, and action on these issues.

In order to implement the program strategy, World Neighbors committed to:

- support an advisory team to train NGO and clinic staff, facilitate participatory planning, monitoring and evaluation with NGOs, and provide a linkage between FPAN and the NGOs for provision of contraceptive supplies;
- provide financial support directly to 15 small, independent NGOs; and
- provide training and technical support through the World Neighbors' Action Learning for Health Coordinator and the outside consultant responsible for the needs assessment.

This report and methodology guide documents the two training workshops which were conducted to meet the identified needs.

An initial training of trainers (TOT I) workshop for NGOs was convened in March 1997. This workshop is described in detail on pages 7-37.

After the first workshop, the participants followed work plans prepared during the workshop and conducted awareness raising sessions with board members, staff, and at least one affiliated women's group of 16 NGOs. During this fieldwork, the workshop tools and exercises were used to enable the groups to discuss reproductive health/gender issues and to identify problems on which to focus clinic, outreach, and community efforts.

In March 1998, a follow-up workshop (TOT II) was convened with the key objective of enabling participants to gain knowledge and skill in defining and using indicators to assess progress toward achieving goals and objectives in organizational capacity, reproductive health, and other program priorities. The second training of trainers workshop is described on pages 38-51.

Training of Trainers I

A. Introduction

The first Training of Trainers in Reproductive Health (TOT/RH) workshop, March 20-26, 1997 in Hinguwapati, Nepal, offered NGO participants an opportunity to learn more about reproductive health and gender needs and to acquire new skills and tools for training and support of NGOs and women's groups.

The major geographic/program areas of focus, the Baudha Bahunipati Program (BBP) area and Tamakoshi Sewa Samiti (TSS), have different working and staffing patterns, so the TOT/RH workshop was general enough to cover needs of both areas. TSS is a large NGO that provides services directly as well as assists several local NGOs to provide services. BBP is a network of 10 independent NGOs with their own programs and priorities (eight of which have clinic services).

The first TOT/RH workshop was designed to

- address issues of reproductive health and gender,
- generate ideas among the participants about how to address reproductive health and gender issues in their own areas, and
- provide the basic facilitation skills/tools for participants to initiate activities following the training.

Participants included a mix of experienced trainers and facilitators, field trainers with need for improved training and follow-up management

skills, and key NGO-level community organizers who became the key facilitators in local NGOs.

The workshop was designed, and facilitators were trained, by Denise Caudill, formerly World Neighbors Action Learning for Health Coordinator, and Nicole Haberland, now of the Population Council, formerly with the Ford Foundation and coordinator of the WN Nepal RH needs assessment conducted in 1996.

Facilitators of the workshop were Saraswati Gautam and Gopal Nakarmi. In the week immediately prior to the workshop, the training consultants and facilitators prepared and practiced using the new exercises and materials. During the workshop itself, the training consultants provided back-up support to the facilitators, led daily evaluation and planning sessions, and coordinated the documentation of process and results.

The participatory methodology was created and adapted based on the content of the needs assessment and in keeping with the principles of participatory action learning. All the training exercises were designed to enable the participants to explore new ideas regarding RH and gender, and to serve as tools which they could then use in fieldwork situations with NGOs and women's groups. Therefore, the exercises were repeated numerous times during the workshop, first to introduce the exercise and produce a learning experience about content with the participants, then replicated

and facilitated by the participants to practice the training tool to be used with a women's group or NGO.

B. Training Objectives

1. Participants understand and can discuss reproductive health from a gender perspective (understand the difference in approach between the traditional "family planning/population" paradigm versus a gender-sensitive reproductive health approach).
2. Participants describe and analyze their current activities in terms of a RH/gender approach, and identify possible strategies to better address RH/gender issues in the coming fiscal year using existing resources.
3. Participants gain skills in the use of participatory tools with which to
 - facilitate the exposure session on RH/gender issues with NGO board, staff, and volunteers, and
 - initiate discussion within one women's savings and credit group to help women discuss and prioritize their reproductive health/gender concerns, and explore possible actions.
4. Participants work in teams to develop an action plan that includes specific outcome objectives. The plans should include:
 - With whom? (i.e., which NGO and which women's group will be trained)
 - When?
 - What will be done?
 - Using what tools?

Training of Trainers I

C. Follow-up Objectives

1. From April-June 1997, teams of two TOT participants will develop and conduct a one-day awareness-raising session for the volunteers, board members, and staff of selected NGOs to:

- discuss and explore reproductive health and gender issues;
- begin to identify possible NGO strategies to address the issues, and the means to measure progress; and
- assist the NGO in identifying the NGO resource people/person (staff or volunteers) who will take the lead on these issues at the NGO level.

2. One women's savings & credit group will be identified in each focus area for the TOT team and the NGO resource people/person to:

- hold a one-day awareness-raising workshop to discuss and explore the women's own reproductive health and/or gender concerns and begin to identify possible actions; and
- at the same time provide a hands-on opportunity for the NGO resource people to practice their skills.

Workshop Agenda

Arrival Day

Mapping: participants plot home/project locations on map of Nepal
Introductions: participants pair-up and introduce each other
Timetable: set daily timetable for workshop sessions, meals, breaks

Day One

Ministries - participant volunteers sign-up for "ministries" in the "republic of TOT." Each "ministry" is responsible for coordinating the **logistical issues** of their area, i.e., the Ministry of Health is responsible for maintaining a first aid kit and making sure participants know what to do in case of an emergency; the Ministry of Education is responsible for note-taking and documentation; the Ministry of Entertainment is responsible for monitoring and maintaining group morale and organizing energizing activities; the Ministry of Environment is responsible for maintaining the meeting space and supplies.

Training Objectives - discussion of objectives of TOT workshop

Objectives - follow-up objectives discussed

Exercise 1 - Defining Reproductive Health (pre-test)

Exercise 2 - Hidden Message Posters: RH/Gender Issues

Exercise 3 - Characteristics of Reproductively Healthy Women and Men

End of day evaluation

Day Two

Exercise 4 - Picture Cards - Reproductive Health and Gender Issues

Exercise 5 - Problem Tree: Causes of Reproductive Health Problems

Exercise 6 - Social Context versus Medical/Services Context

Exercise 7 - Analysis of Gender Differences

End of day evaluation

Day Three

Exercise 8: Weighting the Gender Differences

Remembering What and How (reviewing exercises of previous two days)

Imagining NGO Sessions (practicing for awareness-raising sessions)

End of day evaluation

Day Four

Exercise 9 - 'Beanwise' Pairwise Ranking: Prioritizing Problems

Practicing Beanwise Pairwise Ranking

Exercise 10 - NGO Reproductive Health and Gender Action Plan

End of day evaluation

Day Five

Practicing with NGO Reproductive Health and Gender Action Plan

Remembering What and How

Imagining NGO Sessions

Team Work Plans (setting schedules for fieldwork)

End of day evaluation

Day Six

Exercise 1 - Defining Reproductive Health (post-test)

End of Workshop Evaluation

D. Workshop Timetable

The workshop took place over a seven-day period at a rural training center operated by one of the NGO partners. All participants, facilitators, and consultants resided at the center. On the evening of the travel day of arrival, an opening session was held to welcome all the participants and to discuss the plans and

timetable for the workshop. On the following six days the workshop sessions commenced in the morning and continued throughout the day, with breaks for meals and snacks.

In the evenings the facilitators and training consultants reviewed progress and revised plans for the next day accordingly. The series of training exercises used were de-

signed to follow a progressive sequence, while at the same time the training team remained open and flexible to change plans and create new exercises based on the process and experiences each day.

The exercises used during the workshop are listed below in the sequence in which they took place. In the following section the exercises are described in more detail.

E. Exercises and Tools

The 10 exercises used during the first Training of Trainers workshop were designed to help participants examine reproductive health issues in four progressive steps:

Identifying issues and problems

1. Defining Reproductive Health: to begin the group process of defining reproductive health and to assess participants' levels of understanding at the start of the workshop.
2. Hidden Message Posters/ Picture Cards: to introduce the findings from the reproductive health needs assessment in a participatory manner, including a comparison of participants' perceptions and actual results.
3. Characteristics of Reproductively Healthy Women and Men: building on ideas gained through discussion of the RH needs assessment results, to gain a deeper understanding of reproductive health, including aspects unique or shared by women and men.
4. Reproductive Health Problem Picture Cards: to introduce an analytical process for discussion of reproductive health issues using problem posing pictures and situations.

Analyzing causes and consequences of issues and problems.

5. Problem Trees: to identify the causes and consequences of specific reproductive health problems.
6. Social versus Medical Context: to analyze the causes of reproductive health problems in terms of the contexts in which they originate and in which they may best be addressed – medical, social, or a combination of both.
7. Analysis of Gender Differences: to analyze the consequences of reproductive health problems in terms of their different effects on men and women
8. Weighting the Gender Differences: to analyze more deeply how reproductive health problems impact men and women.

Prioritizing key issues

9. Prioritizing Problems with "Beanwise" Pairwise Ranking: to introduce a simple method for prioritizing a number of issues using an adaptation of pairwise ranking technique.

Planning Actions

10. Action Planning to Address Reproductive Health and Gender Issues: to introduce a planning format that includes analysis of present actions to plan future actions.

These exercises are described in the next section. Examples of the actual results gained during the workshop are included as well (noted by a **Results** box).

Training of Trainers I: Identifying Issues

Exercise 1: Defining Reproductive Health

OBJECTIVE

To define reproductive health and to assess the participants' level of understanding of reproductive health issues.

MATERIALS NEEDED

Blank pieces of paper ("talk bubbles") for each participant; poster with a drawing of a man and a woman; a large talk bubble that says, "Reproductive Health is..."; markers; tape.

STEPS

1. Distribute one "talk bubble" card to each participant and ask him/her to write a definition of reproductive health.
2. Have participants post their talk bubbles near the drawing of the man and woman and discuss the results.

DISCUSSION QUESTIONS

- ? Are there ideas that appear more than once? Which ones?
- ? How do the men's and women's definitions compare? What are the differences or similarities?

TIPS

- ◆ This exercise can be used at the start and again at the end of a workshop, as a pre-/post-test tool to help participants measure the change in their understanding of reproductive health.
- ◆ If literacy is an issue, the facilitator may go around the room and ask each participant to state his/her definition of reproductive health. Another person can write the definitions on "talk bubbles".



Reproductive Health is...



Training of Trainers I: Identifying Issues

Exercise 2: Hidden Message Posters, Picture Cards

OBJECTIVE

To introduce the findings of the previously conducted reproductive health needs assessment (pages 3-5) in a participatory manner, including a comparison of participants' perceptions and actual results.

MATERIALS NEEDED

Handwritten posters for each issue with a summary of the findings on that issue from the needs assessment, and a relevant quote from women interviewed. Picture cards can be used instead of handwritten posters (see Picture Card exercise, page 19).

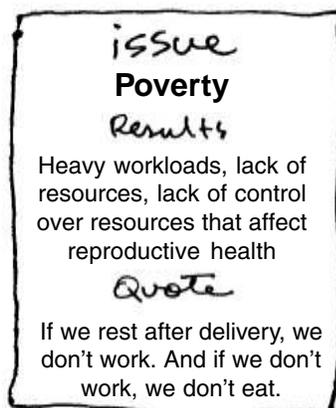
STEPS

1. Describe the reproductive health needs assessment objectives, process, and methods of data collection to the participants.
2. Present the issue posters so that only the issue statement written at the top of the page is visible, or show the picture cards one at a time.
3. Ask the participants, "What do you think the people said about this issue?" and encourage discussion.
4. Unfold the poster to reveal the summary statement and quotes ("What people actually said.") Supplement this information with other details from the needs assessment if appropriate. Discuss the results and their relationship to what the workshop participants expected.

"What do you think people said?"



What people actually said:



DISCUSSION QUESTIONS

- ? What are the similarities and differences between what we thought and what the RH assessment found?
- ? What are the surprises found in the differences?

TIPS

- ◆ Picture cards depicting the reproductive health problems were prepared for use with illiterate groups. The same steps could be followed; that is, first asking what participants think the people said and then revealing highlights from the assessment results.
- ◆ The hidden message posters and/or picture cards are displayed in the meeting room throughout the workshop as reminders of the reproductive health issues being addressed.

Findings from the reproductive health needs assessment were condensed into 16 theme areas in order to simplify the process of providing feedback and facilitating discussion and analysis. Hidden posters and picture cards were prepared on these 16 problem themes.

Contents of the Hidden Message Posters are presented below in the following format:

Reproductive Health Issue
Summary of findings
"Quotes"

Women's Roles and Status
Most women have low status in the family and community. Some members of the women's groups have greater control over their own life.

"If women try to revolt they will get scolded or hit; they cannot do anything."
"Previously my husband would not let me go anywhere and now he does."



Lack of Education for Girls
More girls go to school now than in the past, but still more boys go than girls.

"We give education to the son; for girls, education is not important."



Violence Against Women
Some husbands beat their wives
Trafficking is a problem in Sindhupalchowk, but not in Ramechhap.

"My son does not drink, but he still hits his wife."
"I cannot send my husband to the police because I need him tomorrow."
"Some families send their girls to Bombay or Delhi, otherwise they have no food."



Unsafe Sexual Behavior
Some men and women have more than one partner.
Men go to prostitutes.
Men have multiple wives.
Men and women have other lovers.

"We feel sorrow when our husband takes another wife, but if we try to prevent it, our husband will hit us."



Poverty
Heavy workloads, lack of control over resources affect reproductive health.

"If we rest after delivery, we don't work, and if we don't work, we don't eat."

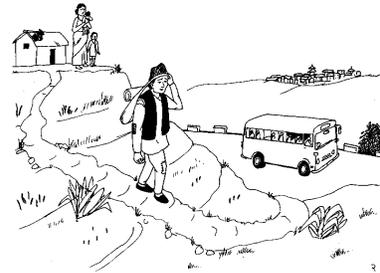


Training of Trainers I: Identifying Issues

Labor Migration

Some men and women travel far from home to seek work. Living apart makes it more likely that the man or woman will have another sexual partner.

"My husband is having an affair with his brother's wife while he is away."



Alcohol Abuse

A few women's groups said alcohol is a problem.

"Men go and drink and women don't eat."



Lack of Maternal Health

Most women said prenatal care is important, but many did not use it. No women changed their workload during pregnancy. Miscarriages (spontaneous abortions) are common. Deliveries are mostly normal but sometimes there are complications.

"My sister died at home from bleeding during pregnancy because her father-in-law would not spend the money or take the time to bring her to the hospital."



Inability to Space or Choose Number of Children

Almost all women said smaller families are good

"In the past families had five or six children, now two or three children is normal in our village."



Lack of Access to Safe Abortion

From every NGO, at least one staff person or board member said they were asked by women to help abort an unwanted pregnancy.

"I used modern medicines and injections and finally aborted at 8 months."



Infertility

All NGOs have a few cases of infertility in the communities they serve.

“My husband took another wife after I could not get pregnant after five years of marriage.”



Prolapse

Many women have genital or uterine prolapse.

“Her prolapse is very bad, it is difficult for her to walk or work outside the house.”



Reproductive Tract Infections (RTIs)

Many women described symptoms of infections, but because some STDs show no signs, there may be many more. Most women try to treat RTIs with home remedies.

“I have heavy white discharge, but am ashamed to tell anyone.”



HIV/AIDS

In Ramechhap people think HIV/AIDS is not a problem, but in Sindhupalchowk people say it is a problem.

“A woman died about two weeks ago, we think it was AIDS.”



Urinary Tract Infections (UTIs)

UTIs are fairly common.

“I want to cry when I pee.”



Infant and Under-Five Mortality

Almost all women felt that infant and child mortality has decreased.

“After my three daughters died, there were almost no more cases like that because of the NGO clinic.”



Training of Trainers I: Identifying Issues

Exercise 3: Reproductively Healthy Women and Men

OBJECTIVE

To gain a more comprehensive understanding of the characteristics of a reproductively healthy person, including those shared by and those unique to men and women.

MATERIALS NEEDED

Poster with a drawing of a woman and a man; cards (two colors); markers; tape.

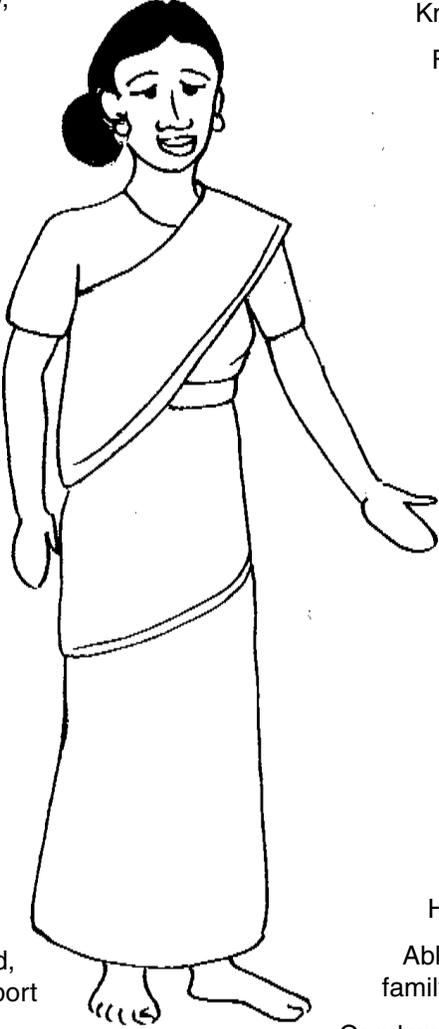
STEPS

1. As a group, brainstorm the characteristics of a reproductively healthy woman, writing one characteristic per card (color A).
2. Ask participants to list the characteristics of a reproductively healthy man, writing one characteristic per card (color B).
3. Collect the cards and place them next to the pictures of a man and woman.
4. As a group, identify any characteristics that appear for both men and women. If space permits, move these cards to the center between the two drawings.

DISCUSSION QUESTIONS

- ? Was it easier to think of characteristics of a reproductively healthy woman? or reproductively healthy man? Why do you think that would be?
- ? Can many of the characteristics apply to both men and women? Why?
- ? Why is it important for men to understand the characteristics of reproductive health?

Characteristics of a Woman Who Has Good Reproductive Health

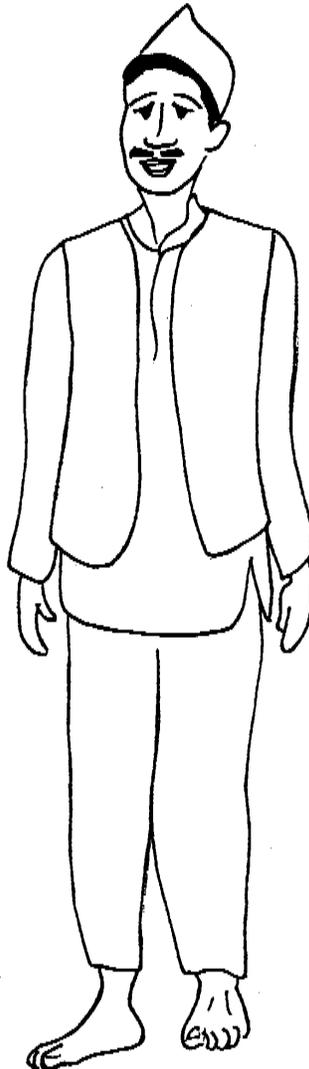


<p>Having only two children</p> <p>Having number of children she can care for (two or three) with appropriate spacing</p> <p>Before pregnancy, during pregnancy, and at time of delivery, check up and medical support</p> <p>Ability to birth healthy child</p> <p>At appropriate time she can take help and information regarding reproductive health</p> <p>Proper age of marriage, at least two years between births</p> <p>Women should get honor in her family to be prepared mentally regarding reproductive health issues</p> <p>Safe sexual contact and appropriate spacing</p> <p>Reduce child marriage, don't give birth early</p> <p>In problem time, she can take health service</p> <p>She should have practical knowledge regarding reproductive health</p> <p>Educated</p> <p>Full knowledge of reproductive health and delivery process</p> <p>She needs education, nutritious food, and clinic support</p> <p>Free from rape</p> <p>Free from reproductive disease</p> <p>Without RTIs</p> <p>Safe sexual contact</p> <p>Free from disease regarding the reproductive process</p> <p>Free from STDs</p> <p>Only have sexual contact with husband</p>	<p>Menstruation at appropriate time</p> <p>Social well-being</p> <p>Physical and mental well-being</p> <p>Knowledgeable and healthy</p> <p>Free from fear</p> <p>Late marriage</p> <p>Healthy and living without discrimination between son and daughter</p> <p>Simple moving and doing light work</p> <p>Self-reliant for economic aspect</p> <p>Having opportunity in social and economic activities</p> <p>Efficiency in every development work</p> <p>She wears clean clothes and keeps her household clean</p> <p>Family health</p> <p>Social health</p> <p>Always happy and smart</p> <p>Good behavior within the family and able to keep good rapport</p> <p>Quick and smart</p> <p>Good moral character</p> <p>Honors others' good behavior</p> <p>Able to maintain good adjustment with family</p> <p>Good rapport with husband</p> <p>Satisfied family</p> <p>Couple makes reproductive health decisions and they can take good steps</p> <p>Should have knowledge about reproductive process, results, and necessary consciousness</p> <p>Cheerful and happy</p>
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Training of Trainers I: Identifying Issues

Characteristics of a Man Who Has Good Reproductive Health

Mentally, socially, physically healthy
 Married after physically and mentally prepared
 Cheerful, having good rapport with family
 Free from STDs
 Free from disease
 Free from reproductive disease
 Living with good health
 Physically, mentally, socially well, plus not having STDs
 Same behavior from providers of treatment
 Tolerant
 Keeping full attention
 Good rapport
 Understanding of women's problems
 Not depriving women of their rights and duties
 Attitude of honoring women



Helpful during pregnancy, delivery and other problems of wife
 Appropriate age at giving birth
 Healthy physical (i.e., sexual) relationship with wife
 Pays attention to spacing so as to give birth at appropriate times
 Knowledge of family planning and its result
 Should have knowledge of reproductive health and should teach to children also
 Educated
 Not having bad habits
 Not making any violence beating wife, or drinking alcohol
 Not using alcohol
 Does not make advances toward adolescent girls for unsafe sexual contact
 Able to make income
 Reproduce like himself

Exercise 4: Problem Posing Picture Cards

OBJECTIVE

To introduce an analytical process for discussion of reproductive health issues using problem posing pictures and situations.

MATERIALS NEEDED

Problem picture cards of reproductive health problems/issues (see NOTE below).

STEPS

Discuss the problem posing approach; that is, using a visual “code” to present a real situation and the use of questions to “de-code” or analyze and understand the problems/issues represented in the picture. The acronym SHOWED is a helpful reminder to prompt discussion and analysis:

S = SEE (What do you see in the picture?)
H = HAPPENING (What is happening in the picture?)
O = OUR (Does this happen in our situation/community/village?)
W = WHY (Why does this happen?)
E = EFFECT (Is the effect on women and men the same or different?)
D = DO (What can we do about it?)

TIPS

- ♦ Problem posing stories can be used instead of pictures, in which case the “S” in SHOWED stands for SAY (What does the story say to us?).

NOTE

A series of drawings were prepared to depict the reproductive health and gender issues for use with women’s groups. Each participant received a set of cards and these were used and tested during the subsequent fieldwork. Following a systematic testing, the picture cards were revised. The “after” versions of the cards are shown in the Hidden Message Poster Exercise, pages 12-15.

Training of Trainers I: Analyzing Issues

Exercise 5: Problem Trees

OBJECTIVE

To analyze the issues by identifying the causes and consequences of specific reproductive health problems.

MATERIALS NEEDED

Several posters with a drawing of a tree on them (showing the roots, trunk, and fruits); cards (two different colors); markers or pens; tape.

STEPS

1. Ask participants to choose one of the reproductive health problems. Write this issue on the trunk of one of the trees.
2. Explain that the roots of the tree represent the causes of the problem; the fruits represent the consequences of the problem.
3. Ask the participants to brainstorm the causes of the designated problem and write these responses on cards (color A). Tape these cards to the roots of the tree diagram.
4. Have the participants identify the consequences of the problem. Write these on cards (color B) and tape them to the tree's branches.
5. Divide into small groups and assign each group a reproductive health problem. Have each group complete a problem tree for their assigned issue.
6. Once the trees have been completed, number each poster and code the cards with their corresponding tree. Then, have the participants take a "walk through the forest," listening to each small group quickly present their problem trees.

DISCUSSION QUESTIONS

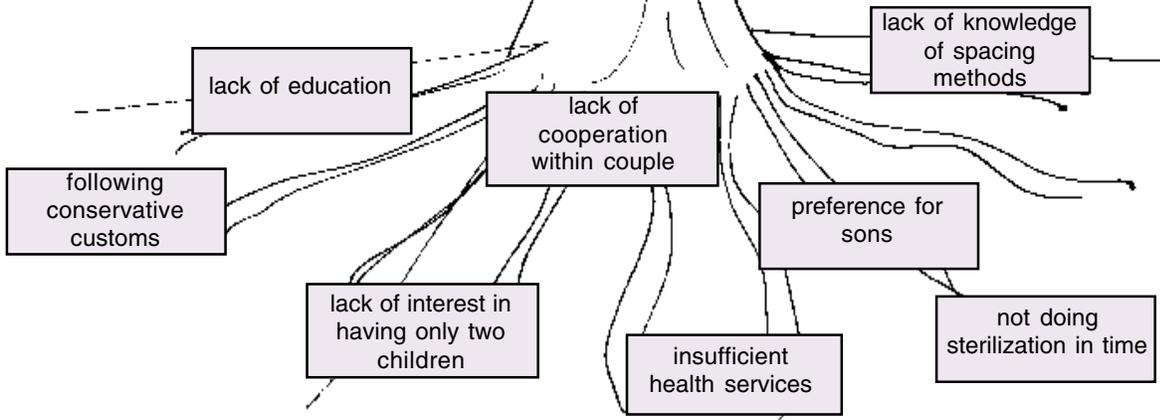
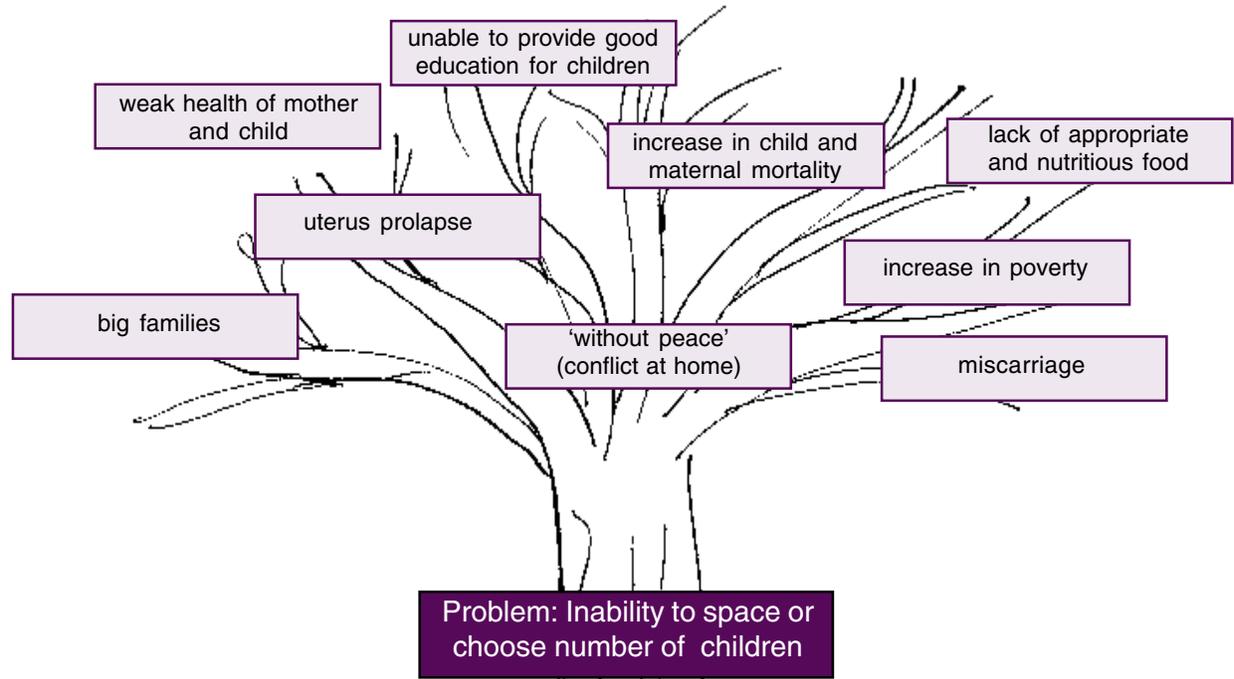
- ? Did some problems have the same root causes? the same consequences?
- ? In some cases would addressing one problem help solve other problems?

TIP

Number each Problem Tree created during this exercise, with the related 'root' (problem cause) cards, and the related 'fruit' (problem consequence) cards numbered, or **coded**, to correspond with its Problem Tree. Many of the future exercises are based on information from the Problem Tree exercise and they will refer to these "**coded**" root or fruit cards.

In some cases, different Problem Trees will have many of the same root/cause cards and fruit/consequence cards. Therefore, many exercises recommend using ALL of the root/cause cards or ALL of the fruit/consequence cards, grouping them to eliminate repetitions. Many problems that have similar or shared causes or consequences can then be addressed simultaneously.

Fruits represent the consequences of the problem



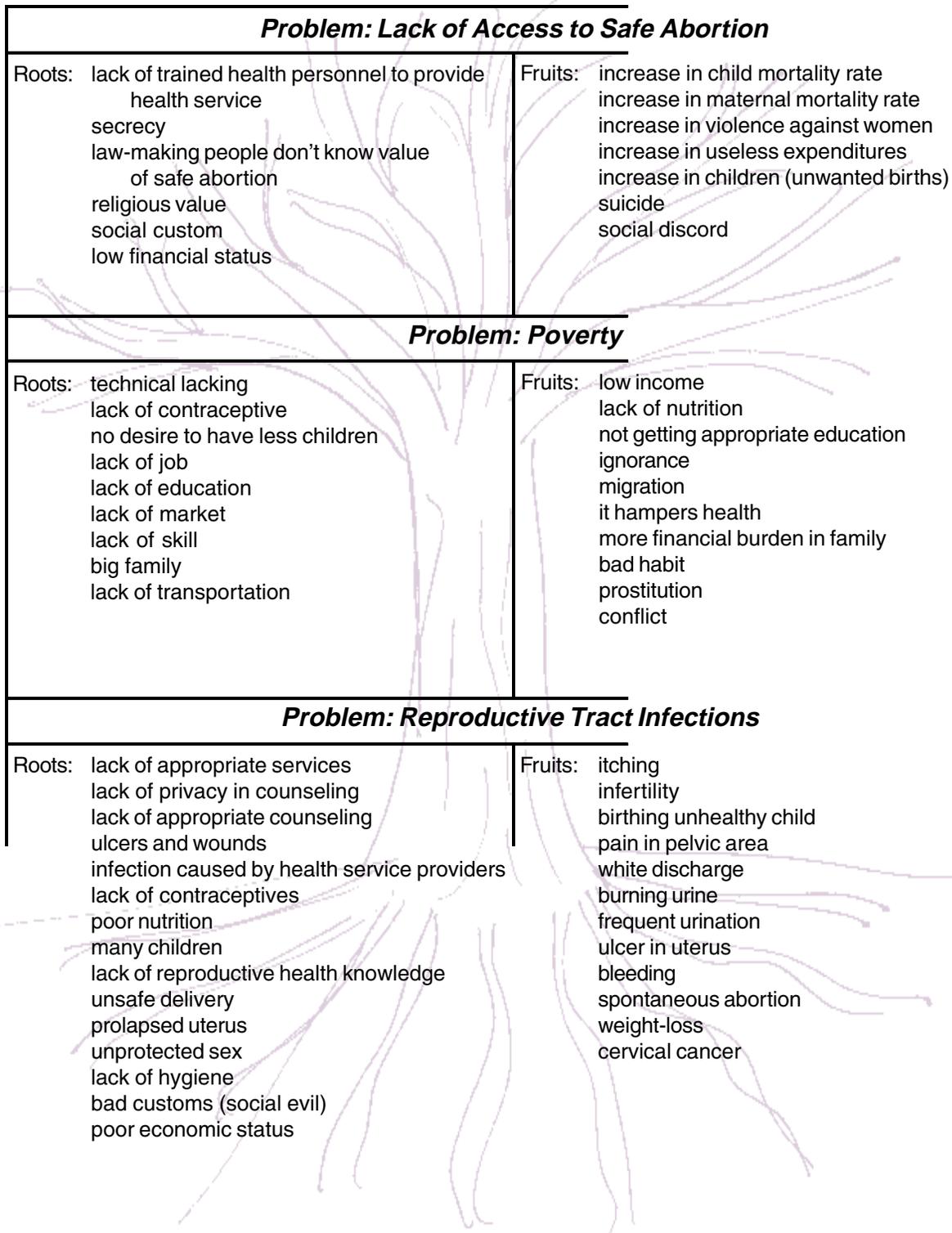
Roots represent the causes of the problem

Training of Trainers I: Analyzing Issues

Problem: Labor Migration	
<p>Roots: couple to go out for work problem of lack of job imitation (social conformity) temptation to go to the city social prestige false promises to girls poor economic status (need to earn)</p>	<p>Fruits: spread of HIV/AIDS in society insecurity in family prostitution importing different STDs increase in illegal/immoral relationships habit of drinking alcohol</p>
Problem: Lack of Maternal Health	
<p>Roots: lack of health services lack of nutrition giving birth to many children adolescent pregnancy lack of health education superstition social evil women's heavy workloads</p>	<p>Fruits: giving birth to unhealthy child low financial situation death before time effect on mother's health abortion increase in superstition</p>
Problem: Unsafe Sexual Behavior	
<p>Roots: lack of family planning devices increase in abortion ignorance lack of education bad relations lack of job having alcohol conflict in family</p>	<p>Fruits: infection in reproductive organ transmission of AIDS increase in STDs sex trade financial burden conflict in family increase in abortion increase in suicide</p>
Problem: Violence Against Women	
<p>Roots: lack of knowledge, access to family planning devices/methods lack of education religious/cultural: a) superstition, b) alcohol gender discrimination; patriarchy weak physical structure (of women) lack of confidence political cause (tokenism) financial (economic empowerment, dowry)</p>	<p>Fruits: social discord suicide women affected by evil of religious custom compelled to live as second class citizen unable to use their rights compelled to unsafe sexual contact compelled to trafficking and beatings continued low status of women because of not being in policy making body</p>
Problem: HIV/AIDS	
<p>Roots: technical weakness mother can transmit AIDS to child unprotected sex labor in and out of community having alcohol frustration</p>	<p>Fruits: vaginal problem (discharge) physically weak increase in number of AIDS AIDS can be transmitted to child decreasing weight if there is any disease, it cannot be cured can die</p>

<i>Problem: Women's Roles and Status</i>	
<p>Roots: lack of family planning devices lack of education have more household responsibilities religious tradition social tradition toward females male domination physical structure (of women)</p>	<p>Fruits: low financial status dependent on others mentally weak lack of awareness unhealthy increase in child mortality increase in maternal mortality</p>
<i>Problem: Lack of Girls' Education</i>	
<p>Roots: not knowing the importance of education less priority to daughter than son social custom poverty superstition not having good school nearby</p>	<p>Fruits: increase in child marriage increased conflict within family lack of self confidence increase in child & maternal mortality increase in diseases increased birth rate increased violence in family financial problem in family</p>
<i>Problem: Alcohol Abuse</i>	
<p>Roots: advertisements not knowing bad effects of alcohol jobless negligence of family social custom conflict between husband and wife bad influences mental anxiety</p>	<p>Fruits: unsafe sexual contact can result in different diseases increase in immoral activities household conflict increase in STD social discord increased suicide unnecessary expenditures</p>
<i>Problem: Infant and Under Five Mortality</i>	
<p>Roots: lack of maternal & child health services lack of immunization lack of family planning knowledge lack of nutrition lack of education health policy lack of transportation lack of male help with women's work superstition gender discrimination poverty</p>	<p>Fruits: increase in population waste of time and money increase in maternal mortality rate increase in poverty low economic status creation of several diseases</p>

Training of Trainers I: Analyzing Issues



Problem Tree Exercises

Problem trees were “grown” from each of the reproductive health issues. Here Gopal Nakarmi attaches additional “fruits” (consequences) on the problem tree. The card on the tree’s “trunk” notes the problem or issue. The cards at the bottom are the “roots” (causes) of the problem or issue. All cards for each issue were coded with a unique letter which allowed the trees to be disassembled for sorting and analysis in subsequent exercises.



Participants worked in small groups to prepare problem trees for some of the reproductive health issues. A forest of trees was displayed for all to observe and comment upon. Tanka Gurung presents the tree prepared by her small group.



Following the Problem Tree exercise practice and presentations, training groups were formed to practice how to prepare such trees with NGO board members. In a three-round rotating session, each group member served as facilitator, participant, then observer.

Training of Trainers I: Analyzing Issues

Exercise 6: Social versus Medical Context

OBJECTIVE

To analyze the causes of reproductive health problems in terms of the context in which they originate and in which they may best be addressed: Medical, Social, or both.

MATERIALS NEEDED

The completed, coded root/causes cards from the problem trees; a three-column chart prepared on the ground, floor, wall or table. Column headings are visual representations of Social Context (a village scene), Medical/ Services Context (a clinic) and, in the middle, a mix of both (a village and clinic in one picture).

STEPS

1. Mix up the root cards from the different problem trees. Invite participants to go through all of the cards and group together the duplicates.
2. Discuss the idea of social context and medical context. Make sure there is a common understanding of the distinction.
3. Demonstrate sorting a few of the root cards into the three columns, according to the context in which they originate: medical, social, or both medical and social.
4. Ask the participants to place each root card in the column where it best fits.

DISCUSSION QUESTIONS

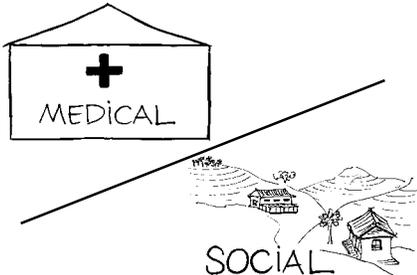
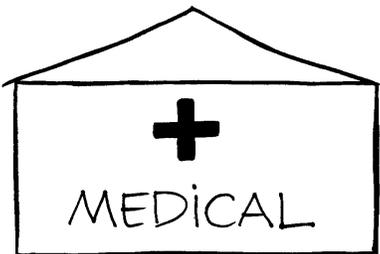
- ? What criteria did you use in deciding where to place the cards?
- ? Which category has the most cards? the least cards? why?
- ? In which context do development programs usually work? is this effective?

TIP

- ◆ Make sure that the root cards are coded to their problem trees before beginning this exercise.

Social Context: Problems that either originate in the community or other influencing group (family members, savings and loan groups, community organizations, religious groups, neighborhood affiliations, etc.), or that could best be addressed in one of these settings are referred as **social context** problems.

Medical Context: Issues that either originate with the medical services that are available (or are not available), or that could be resolved if good, responsive medical services were available, are referred to as problems occurring within the **medical context**.



- Ulcers and Wounds
- Inappropriate and insufficient services
- Lack of privacy
- Lack of contraceptives
- Uterus problems
- Infections caused by providers
- Lack of trained providers
- Whooping cough during delivery

- Poor nutrition
- Too many children
- Adolescent pregnancy
- Distant services and lack of transportation
- Not knowing the ill-effects of alcohol
- Unsafe delivery
- Increase in abortion
- Unprotected sex
- HIV/AIDS
- Lack of education
- Inadequate health policy

- Bad family relations
- Family/couple conflict
- Religious traditions
- Lack of education
- Conservative social customs
- Gender discrimination
- Burden of work on women
- Economic hardship/poverty
- Big families
- Rape
- Women's lack of self-confidence
- Alcohol

Training of Trainers I: Analyzing Issues

Exercise 7: Analysis of Gender Differences

OBJECTIVE

To analyze the consequences of reproductive health problems in terms of their different effects on men and women.

MATERIALS NEEDED

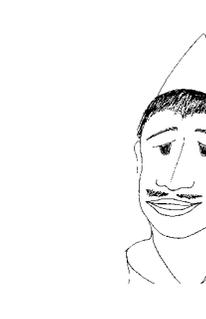
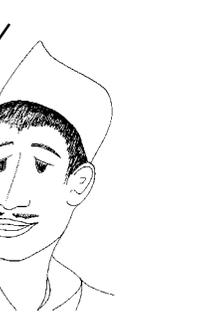
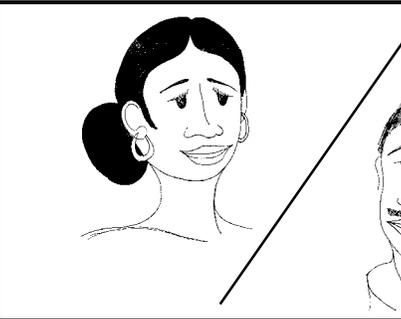
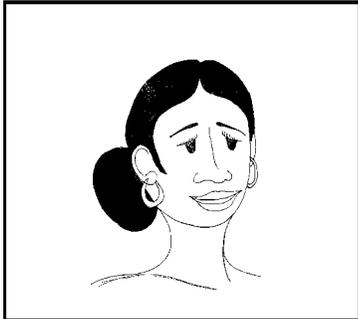
The completed, coded consequence/fruit cards from the Problem Trees exercise; a three-column matrix prepared on the ground, floor, wall, or table. Column headings are visual representations of a woman only, a man only and, in the middle, a man and a woman together.

STEPS

1. Mix all of the consequence cards from the problem trees together and invite participants to group any duplicates.
2. Explain that this exercise will help the group identify whether these reproductive health problems affect men, women, or both.
3. Demonstrate placing a few consequence (fruit) cards into three columns according to those that affect women only, men only, and both men and women. Ensure that participants understand the exercise.
4. Ask participants to work together to place all the consequence cards on the matrix according to gender implications. Code the cards for the category in which they are placed ('**W**' if they affect women only; '**M**' if they affect men only; or '**W/M**' if they affect both women and men).

DISCUSSION QUESTIONS

- ? Who is most affected by reproductive health problems?
- ? If a problem is in the 'affects men and women' column, who might **want** to solve the problem most? Who might be **able** to solve the problem most easily?



Implications for women

Women's roles and status
 -increase in maternal mortality
 -unhealthy
 -need to depend on others

Violence against women
 -forced to have abortion
 -unable to use (legal) rights
 -compelled to live as second class citizen
 -compelled to unsafe sexual contact
 -compelled to "traffik" and to tolerate beating

Infant and under-five mortality
 -low status of maternal health

Inability to space or choose number of children
 -maternal mortality
 -uterus prolapse
 -bad effect on mother's health
 -miscarriage

Unsafe sexual behavior
 -increase in abortion

Lack of maternal health
 -death before time
 -abortion
 -unhealthy mother

RTIs
 -wounds/sores
 -spontaneous abortion
 -mother can die
 -white discharge
 -pain in uterus

Implications for men and women

Inability to space or choose number of children
 -decreasing health of baby and increasing mortality rate
 -problem of big family
 -increase in poverty
 -cannot provide appropriate education to child
 -lack of peace
 -lack of proper nutritious food

Women's roles and status
 -low income
 -mental weakness
 -low level of awareness

HIV/AIDS
 -mental weakness
 -physically weak
 -weight loss
 -incurable disease
 -genital problems
 -transmit AIDS to child
 -social discord
 -can die
 -increasing child mortality

Infant and under-five mortality
 -increase in mortality rate
 -increasing poverty
 -low financial situation
 -waste of time and money
 -increase in population
 -creation of several diseases

Violence against women
 -effect in religious evil
 -social discord
 -suicide
 -increase in STDs

Unsafe sexual behavior
 -conflict (loss of peace) in family
 -social discord
 -increasing suicide
 -hampering work
 -itching
 -infertility
 -AIDS
 -increase in STDs
 -infection in reproductive organ
 -doing sex trade
 -pus

Lack of maternal health
 -low financial situation
 -deliver unhealthy child

Labor migration
 -prostitution (selling body)
 -increase in immoral contact
 -importing several STDs
 -spreading HIV/AIDS in society
 -insecurity within the family
 -having alcohol

RTIs
 -pus
 -frequent urination
 -burning urination
 -suicide
 -ostracism
 -AIDS
 -unhealthy child
 -infertility
 -economic costs
 -itching

Implications for men

Lack of maternal health
 -not having female friend

Training of Trainers I: Analyzing Issues

Exercise 8: Weighting Gender Differences

OBJECTIVE

To more deeply analyze how reproductive health problems impact men and women.

MATERIALS NEEDED

The coded consequence cards and the matrix from the Gender Differences Matrix exercise; markers; beans or small stones.

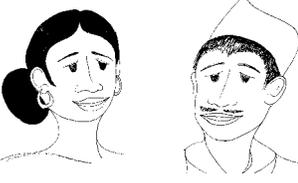
STEPS

1. Review the results of the Gender Differences Matrix (page 28)
Take away the cards from the men-only and women-only columns, leaving the cards in the middle column (issues affecting both women and men).
2. Take the first consequence card and ask what proportion of the impact is experienced by women and by men. Ask the group to distribute ten beans in a way that represents this relative impact (weighting). For example, if the impact is shared equally, put 5 beans or stones under the picture of the man and 5 beans or stones under the picture of the woman.
3. Ask participants to work together to weight the remaining consequences.

DISCUSSION QUESTIONS

Once the participants clearly understand the weighting process, ask them

- ? Which problems affect women more than men? men more than women? Can you identify any patterns?
- ? Which consequences are the most serious? Who is more affected by the more serious consequences?

<i>Impact on Women</i>	<i>Consequence</i>	<i>Impact on Men</i>
		
	<p>Lack of maternal health</p>	
	<p>Increase in abortion</p>	
	<p>Ignorance</p>	
	<p>Alcohol abuse</p>	
	<p>Family/couple conflict</p>	
	<p>Infant and under 5 mortality</p>	
	<p>Increase in STDs and AIDS</p>	

Training of Trainers I: Prioritizing Issues

Exercise 9: “Beanwise” Pairwise Ranking

OBJECTIVE

To introduce a simple method for prioritizing a number of issues using an adaptation of the pairwise ranking technique.

MATERIALS NEEDED

Coded root/causes cards, problem picture cards from the Picture Cards exercise; beans or small stones.

STEPS

1. Use either the root/causes cards or the problem picture cards depending on the purpose of the prioritization task. Place the cards or pictures in a vertical column.
2. Compare each card or picture to the next in the column, asking “Which is the more important concern in our community/program?” A bean or stone marker is placed next to the position of the more important issue. For example, if the participants judge that the second card is more important than the first, they would place a bean next to the second card. Then, if they judge that the first card is more important than the third and fourth cards, they would place two beans next to the first card.
3. Continue by comparing the next card to those below it. If, for example, there are ten cards, participants compare the second card to the eight below it, then the third card to the seven below, and so on.
4. Once every card has been compared, count the number of beans next to each and write this number next to or on a new card. The card with the most beans is the most important.

DISCUSSION QUESTIONS

- ? Which issues have the most beans? Why are these more important?
- ? Which issues have few or no beans? Why are these less important?
- ? Are current development efforts addressing the most important problems?

Step 1: Compare “Reproductive Tract Infections” to each of the other problem cards and place a bean next to the one that is judged more important. In this example, every other card was judged as being more important.

Step 2: Next compare “Lack of Maternal Health” with the four cards below it. In this example, only “Violence Against Women” and “Infant and under-five mortality” were judged to be more important than this problem.

Step 3: Continue by comparing “Violence Against Women” with the three problems below. In this example, only “Infant and under-five mortality” was judged to be more important than “Violence Against Women.”

Step 4: Now compare the problem of “Infant and under-five mortality” with the remaining two cards below. In this example, “Infant and under-five mortality” was judged to be more important than these two problems.

Step 5: Finally, compare “Need for Girls’ Education with the remaining card below. In this example, “Prolapse” was judged to be more important.

Results: “Infant and under-five mortality” was judged to be the most important of all the problems, with “Violence Against Women” the second most serious problem.

	Step 1	Step 2	Step 3	Step 4	Step 5	Total
 <p>Reproductive Tract Infections</p>						0
 <p>Lack of Maternal Health</p>	●	●				3
 <p>Violence Against Women</p>	●	●	●			4
 <p>Infant and under-five mortality</p>	●	●	●	●		5
 <p>Need for Girls' Education</p>	●					1
 <p>Prolapse</p>	●				●	2

Training of Trainers I: Planning Actions

Exercise 10: NGO Action Plan

OBJECTIVE

To introduce a planning format that includes analysis of present actions to plan future actions.

MATERIALS NEEDED

Blank cards of several different colors; five column matrix prepared on the ground, wall, table, or on large sheets of paper; root cards from problem trees; problem picture cards.

STEPS

Post both the problem picture cards and prioritized categories of root causes of problems so group members can refer to them as they do this exercise.

1. Choose one of the root causes or problems and write it at the top of a new matrix. Label the columns on the new matrix with the following headings:
 - What is being done now?
 - To what extent?
 - What could be done?
 - What can be done in the next year with existing resources?
2. As a group answer the four questions for the chosen root cause or problem, writing the response on cards (four different colors if possible).
3. Participants then work as project teams to repeat this process for one of the priority problems.

DISCUSSION QUESTIONS

- ? Are the plans realistic? Will the proposed activities help to address the root causes of the priority reproductive health problems?
- ? Who is going to carry out these activities? Do the same names appear often? If so, is that realistic?

NOTE

The purpose of this exercise is to use it with the NGO to help them decide how to move forward on reproductive health activities. It is not for the participants to do and implement alone. Focus should be on the range of possible actions (i.e., the range of things we COULD do).

ISSUE: Inability to space or choose number of children

What are we doing now?	To what extent?	What could we do?	What will we do in next FY with existing resources?
adult literacy	5 literacy classes	run 38 adult literacy classes	15 adult literacy classes
depo camp	depo camps in 47 locations	run depo camps in 84 locations	run depo camps at 55 locations
distribution of contraceptives	through four clinics and 47 depo camps	give contraceptives through four clinics and 84 depo camps	distribute contraceptives through 55 locations
education about spacing	in 47 depo camps and four women's savings & credit groups	educate about spacing in 84 locations	education about spacing at 55 locations
discussion of girls' education with women's groups	discussing importance of girls education, as well as boys', at the monthly women's group meetings.	discuss women's education in 38 women's groups	discussion to provide education for girls and boys at 17 womens' groups
referral service	sending to district health office	refer low income groups for treatment at our cost	to refer 20 people from low-income group for treatment at our cost
		debate in schools (for adolescents)	five debate competitions in schools
		street drama	two street dramas in schools

establish a good clinic able to provide services that include IUD, Norplant

Training of Trainers I: Results

F. Results

In the months after the workshop, the participants conducted awareness raising sessions with the board members, staff, and at least one affiliated women's group of 16 NGOs. During these sessions, the workshop tools and exercises were used to enable the groups to discuss reproductive health and gender issues and to identify issues on which to focus clinic, outreach, and community efforts.

The reproductive health problems were prioritized with both the NGOs and women's groups. These were the most common results:

<i>NGO Board and Staff</i>	<i>Women's groups</i>
1. girls' education 2. pregnant women's health 3. alcohol abuse 4. poverty 5. prolapse 6. reproductive tract infections	1. prolapse 2. girls' education 3. reproductive tract infections 4. pregnant women's health 5. alcohol abuse 6. infertility 7. status of women 8. lack of child spacing

Action plans were drafted by NGOs to address some of these priority problems.



Analyzing Issues and Problems

Social versus Medical Services Context. For an analysis of the social and medical contexts of root causes of reproductive health problems, participants worked together to first group all the “roots” from all of the problem trees into themes, then to categorize them into a matrix made up of three columns—social, medical, or both. The social category had the most “roots” at the end of the sorting, which led to discussion of the challenges of addressing social needs with only a service delivery approach.

Weighting Gender Differences: To analyze more deeply the gender differences in reproductive health problems, “root” causes which impacted both men and women were listed in the center column of a three-column matrix. Participants then indicated the relative impact on men and women of each of the root causes by distributing 10 beans for each card, dividing them by who was most affected by the issue. For example, if the impact was shared equally, both men and women received five beans; if women were impacted more than men, seven beans would be placed in the women’s column, three in the men’s column.



Prioritizing Issues and Problems

“Beanwise” Pairwise Ranking: Beanwise pairwise ranking was demonstrated and practiced as a simple tool for prioritizing a long list of individual items. By systematically comparing each item in the list with all others, and awarding a bean for each item favored in each pair, a total number of bean “votes” revealed priority ranking of the complete list.

The same process for prioritization was practiced using the reproductive health problem pictures, demonstrating to participants that such a method could also be used with women’s groups, many members of which were not yet able to read.

Training of Trainers II

A. Introduction

Building on the 1997 Reproductive Health Training of Trainers Workshop, a follow-up review and training workshop was held from March 9-12, 1998, in Hinguwapati, Kavre District, Nepal.

The workshop facilitation team from TOT I reconvened to plan and implement the process: Denise Caudill and Nicole Haberland prepared the training plan and designed the exercises in the days before the workshop; Saraswati Gautam and Gopal Nakarmi were the workshop facilitators, and Indu Aryal served as Nepali-English translator. Half of the participants had attended the 1997 workshop; the other half were new.

From February 28 – March 5, 1998, the workshop facilitation team visited two NGOs in Sindhupalchowk District, as well as two women's savings and credit groups. In Mahankaal they visited with members of the board and staff of MSSSS, and the Chhap women's

savings and credit group. In Bahunipati they visited with the board and staff of BSSS and the Aurubote women's savings and credit groups.

The purpose of these project visits was to have first hand interaction with the NGOs and the women's groups to understand their planning and implementation process, particularly in light of how they were addressing reproductive health. Both these NGOs, as well as the associated women's groups, had participated in a reproductive health workshop organized by a team of trainers trained in the 1997 Reproductive Health Training of Trainers. They also sought to clarify, compare, and contrast roles and responsibilities of the NGO *vis a vis* the women's groups, and to test tools for 1) self-assessment of NGO capacity; and 2) indicator development with women's savings and credit groups, including indicators for assessing progress in reproductive health. These experiences helped prepare for the workshop which was held immediately following the site visits.



B. Training Objectives

- Participants will review progress and changes regarding reproductive health services, and actions by the NGOs and women's groups since TOT I in 1997 resulting from the trainers' fieldwork.
- Participants will gain the knowledge, skills, and tools to facilitate a process with NGOs and women's groups to plan, identify, and use indicators to assess progress towards goals and objectives in organizational capacity, reproductive health, and other program priorities.



Using different colored cards, participants created a Table of Progress to document the reproductive health training sessions conducted with NGOs and women's groups since the first Training of Trainers workshop.

C. Workshop Timetable

The second training of trainers workshop (TOTII) was held over four days in March 1998, in Hinguwapati, Kavre District, Nepal. The workshop agenda on the right details the activities in the sequence in which they took place.

D. Exercises and Tools

The five exercises used during the second Training of Trainers workshop were designed to help participants 1) review progress made in helping the NGOs and women's groups examine reproductive health issues and 2) gain more skills in program planning. The exercises are described in more detail in the next section. The exercises were:

1. Participatory Progress Report: an opportunity to share experiences and learning since the last Training of Trainers by building a Table of Progress, listing all the NGOs, who visited each NGO, action plan themes, resource person selected, women's group visited, and themes selected by groups.

2. Holistic Approach to Planning: an analytical process to help participants understand the multiple and holistic aspects of people's lives which are the context for our program activities, using problem tree "roots" from TOTI

3. Indicators' Puzzle: a participatory puzzle to sequence the stages in the life of a program and then match those stages with a related type of indicator.

Workshop Agenda	
Day One	
<u>Introductions</u> : name, organization, role <u>Housekeeping</u> : schedule, meals, logistics, norms <u>Objectives and Expectations</u> : share the objectives with the group and ask if this meets their expectations. <u>Review</u> - review the workshop last year, each one who was there asked to remember and share something we did, assure that all the steps are covered; note comments on flipchart paper. <u>Prep for next morning</u> - advise on the progress report exercise.	
Day Two	
<u>Exercise 1</u> - Progress Report - share experiences and learning since the last Training of Trainers by building a Table of Progress, noting all the NGOs, who visited each NGO for reproductive health, action plan themes, resource person selected, women's group visited, themes selected by groups. <u>Exercise 2</u> - Holistic Approach to Planning End of day evaluation	
Day Three	
<u>Exercise 3</u> - Indicators' Puzzle <u>Exercise 4</u> - Planning Matrix: Elements of Planning (SMART objectives; SMART activities) End of day evaluation	
Day Four	
<u>Exercise 4</u> - Planning Matrix: Elements of Planning, cont'd [identifying indicators; gathering information (Means of Verification)] <u>Exercise 5</u> - Measuring with Manas Next Steps - participants work together to develop an action plan and schedule of activities by program to use the SMART planning process for reproductive health with NGOs. End of Workshop Evaluation	

4. Planning Matrix: introduction to a method of planning using

- SMART objectives
- SMART activities
- Indicators
- Information gathering techniques

5. Measuring with Manas: introduction of a new assessment tool which can be used to measure program status and progress, to plan future action, and to assess group capacities.

Training of Trainers II

Exercise 1: Participatory Progress Report

OBJECTIVE

To share experiences and learning from working with NGOs and women's groups to address reproductive health needs since the last Training of Trainers.

MATERIALS NEEDED

A six column matrix; different colors of cards, one for each column; markers

STEPS

1. Build a Table of Progress, starting with a column of cards with the names of all the NGOs. Explain that the exercise is designed to review what has happened in fulfilling the objectives from last year.

NGO	Who visited? when?	NGO action plan will address	NGO RH resource person	Women's group visited	Women's group action plan

2. Participants complete the table by answering the following questions:
 - a. Who visited each NGO? (write names on cards)
 - b. Was an action plan made by the NGO? If so, describe the plan (write themes on cards). If not, describe what happened.
 - c. Was a resource person selected? who? (write names on cards)
 - d. For each NGO, was a meeting conducted with women's groups? If so, name the women's group(s)
 - e. Were reproductive health action plans developed with the women's groups? If so, describe the plan (write themes on cards)

DISCUSSION QUESTIONS

- ? What has happened since last year at the NGO level? at the women's group level?
- ? Was further assistance requested by the NGO? by a women's group?
- ? Reflection on the process:
 - How did you feel using the picture cards with the NGO? with the women's groups?
 - How did people respond to the issues of reproductive health in the NGO? in the women's groups?
 - What were the difficulties?
 - What worked well/was easy?
 - What are the continuing reproductive health needs at the NGO level? at the women's group level?

NGO	Who visited? when?	Action plan will address	NGO RH resource person	Women's group visited	Women's group action plan
PBSS Manikharka	Shanti & Shanta	Prolapse, Girls' Education	Dev Kumar, Shankar Lama	Bimissowri Women's Group April 29	HIV/AIDS, Violence Against Women
GSS Sukhute	Devi & Tanka April 12, 1997	Alcoholism, Girls' Education	Yeshoda Dahal, ANM	Simle Women's Group, April/May 1997	Girls' Education
IJSS Tipeni	Shanti & Shanta April 11, 1997	Prolapse, Girls' Education	Homlal Jyoti, Gamala Silwal	Chandra Devi Women's Development Group, April 12, 1997	Poverty, Girls' Education
BSSSS Bahunitpati	Saraswati & Tanka May 10, 1997	Poverty, HIV/AIDS	Goma Dhakal, clinic assistant; Sita Kharal, board member	Aurubote Women's Group, Sikapur, May 11, 1997	Girls' Education
TSS Ramechhap	Laxmi, Tanka, Jangabir, April, 1997	Infertility, Alcoholism, Poverty, Prolapse, Unsafe Abortion	Radha Thapa, ANM	Kunauri Women's Group, July 1997	Alcoholism

Overall, the trainers felt that NGOs responded positively to the reproductive health sessions they conducted. A few of the NGOs were less interested in the topic than others, but even one of these NGOs after the training said it was good and very useful. Most of the other NGOs were interested in learning about reproductive health and liked the tools that were used in the training. Among the women's groups there was also an overwhelmingly positive response. For instance, several of the women's groups wanted more time to discuss the issues that surfaced in the training.

In terms of the team approach utilized by the trainers, it was more difficult logistically for staff in the BBP area, as they are based in different villages/NGOs. This made it difficult to coordinate, as well as to write reports. Trainers from the TSS area are based in the same NGO so this was not a difficulty for them.

The review exercise provided the trainers, and the participants who

had not been at last year's TOT, an opportunity to share and hear about the activities that were being undertaken in different NGOs. For instance, in one community, the trainer/auxiliary nurse midwife was astounded by how many women came to the clinic for treatment of prolapse—before, this had never been mentioned. Shortly after their meeting, 10 women had come, saying that there were others coming soon.

As another example, in one NGO, letters were written to the teachers in the area, suggesting a reproductive health education program in the schools. The teachers agreed. Girls' education was another priority issue in several contexts. In TSS, staff raised awareness of the importance of girls' education in women's and men's groups, and motivated teachers to encourage parents to send their girls to school. They also encouraged students in the higher grades to bring their brothers and sisters to school. Among the challenges staff faced was that

parents were primarily interested in educating girls so they would find good husbands. BSSS is creating awareness that girls/women can be more than just wives—they can have jobs, and so on.

Another challenge staff were facing was in working with the women's groups against alcoholism. Selling alcohol generated income, so the desire of some women's groups to curb its sale was not straightforward. Several participants agreed that there needed to be an alternative source of income. In one case an income-generating program supported by another donor was expected to help offset losses. Gambling was also identified by two of the groups as a priority problem in their community. One women's group tore up all the playing cards. While as a group they were "united," when some of the women returned home, they were beaten. Such challenges and the need to consider multiple facets of women's lives were discussed throughout the four-day review/training.

Training of Trainers II

Exercise 2: Holistic Approach to Planning

OBJECTIVE

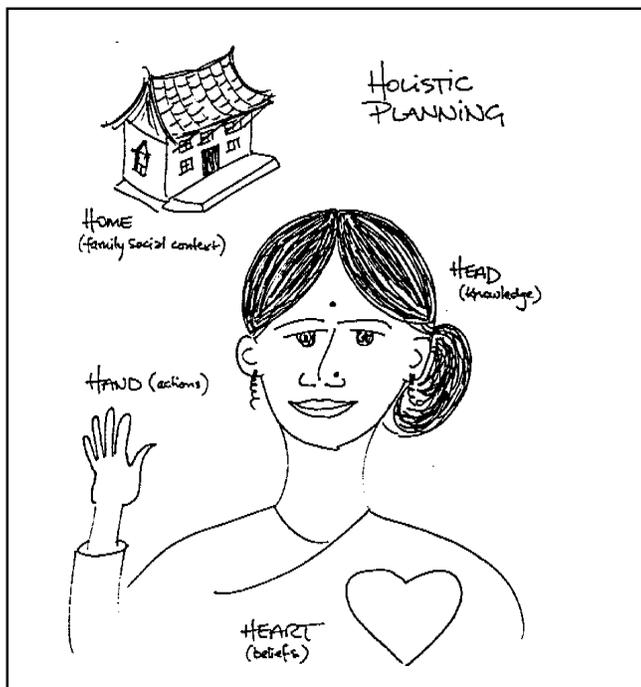
To understand the holistic aspects of people's lives which provide the context for decision making and program activities.

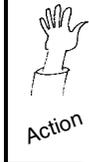
MATERIALS NEEDED

Root cards from problem trees (maternal health, infant mortality, inability to space or choose number of children); holistic planning poster (example below); beans or small stones; markers

STEPS

1. Present the "Holistic and Woman-Centered Approach" poster and discuss the holistic nature of people's lives: for there to be change at the individual and community levels, all the aspects underlying people's actions must be considered and addressed.
2. Look at the root cards as a full group and group any duplicates. Consider the different categories related to Knowledge, Beliefs, Action, Social/Familial. These categories can be represented on the poster by pictures of a person: head = knowledge, heart = beliefs, hand = actions, home = family/social context.
3. Ask participants to categorize the roots of the three problem trees into four categories symbolized by Head, Heart, Hand, Home. Using beans or stones as markers, indicate in which category(ies) each root cause belongs. Causes may fall into more than one category.



Root (Causes)	 Knowledge	 Belief	 Action	 Social/ Familial
Superstition	●	●		●
Lack of nutrition	●			●
Social evil	●			●
Adolescent pregnancy		●		
Giving birth to many children	●	●	●	●
Lack of health education			●	
Lack of health services			●	
Lack of education	●	●		●
Lack of transportation			●	
Poverty		●	●	●
Gender discrimination	●	●		●
Lack of immunization		●	●	
Lack of coordination between couple		●		●
Preference for sons	●	●		●
Lack of maternal and child health services			●	
Women's heavy workload (lack of male cooperation)		●		●
Not doing permanent sterilization in time	●	●		●
Lack of family planning services and lack of knowledge	●		●	●

Note:

In conducting this exercise, discussion included the following:

“In Nepal, so many women have knowledge but can’t use it.”

“Adolescent pregnancy is a social/contextual issue because it is the parents who marry the girl—she does not have a choice.”

“Knowledge, belief, and social context we have to determine—most of the problems are rooted in the society and family.”

Belief and social context are highly interrelated. Women internalize many contextual issues, such as a preference for sons. *“Society and women both want sons.”* There was much discussion about whether women’s heavy workloads and men’s lack of assistance was just social or an internalized value held by women. It was pointed out that women often do not ask for assistance and, if they were to ask, men probably still would not help.

Reflecting on the table, the group discussed the fact that “action” (i.e., service delivery) had the fewest root cards. While staff understand the multiple causes of a problem, the focus is often on services alone. Staff members need to think more about the entire problem.

“If a mother has the belief that she should bring a sick child to the dhama jhankri (traditional healer), but as a health worker we want her to come to the clinic, why don’t we create a situation where the dhama jhankri does his work, but then also refers the mother and child to the clinic?” Another alternative/complementary activity suggested for this was providing *dhama jhankris* with traditional birth attendant (TBA) training. *“The dhama jhankri also has the goal of curing the patient.”*

Training of Trainers II

Exercise 3: Indicators Puzzle

OBJECTIVE

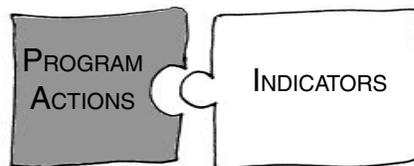
To learn the types of indicators appropriate for various stages in the evolution of a program.

MATERIALS NEEDED

Cards cut into puzzle shapes (two colors) with program actions on one color and indicators written on the other color.

STEPS

1. Present the puzzle pieces to the participants. Describe the task: "Color A puzzle cards show the steps in the life of a program. Color B cards contain the various types of indicators. Your task is to match each of the Color A cards with its corresponding Color B card; that is, to match the program aspect with its indicator. Finally, put the matched pairs in chronological order."

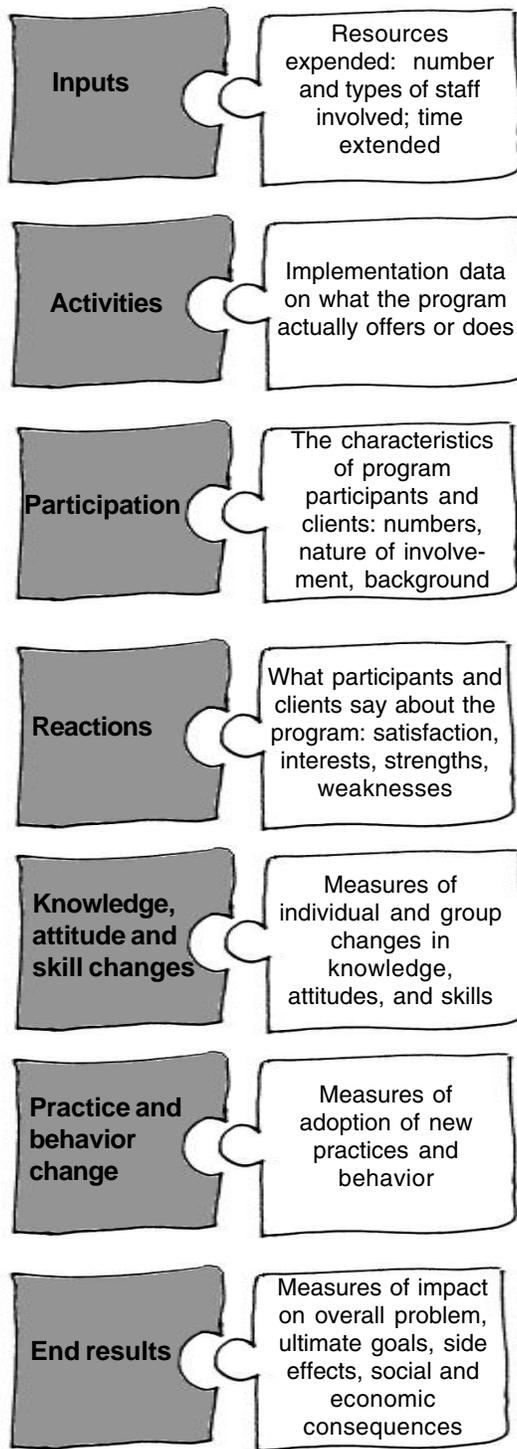


DISCUSSION QUESTIONS

- ? Which type of indicator is easiest to measure? most difficult to measure? most meaningful to measure?
- ? Why do we want to find all these types of indicators?
- ? Which are most important for project people? the community? donors?

Program Actions

Indicators



Training of Trainers II

Exercise 4: Planning Matrix - Elements of Planning

OBJECTIVE

To define and understand the elements of planning.

MATERIALS NEEDED

Cards (four colors); flipchart paper; markers; planning matrix key words

STEPS

1. Introduce the planning matrix: Objective, Activities, Indicators, and Means of Verification.

OBJECTIVE	ACTIVITY	INDICATOR	MEANS OF VERIFICATION

2. Ask participants to define each category in buzz groups. Create a definition for each on newsprint by asking each pair for their definitions. Definitions can include each of these elements:
 - Objectives should state what will be accomplished.
 - Activities need to state what will be done to achieve the objective.
 - Indicators describe progress made toward accomplishing the objective.
 - Means of Verification describe what will be done or used to measure the indicators.
3. Practice using the matrix by facilitating the next four sessions.

A. SMART Objectives

OBJECTIVE

To learn to develop specific, measurable, appropriate, realistic, and time-bound objectives.

STEPS

1. Introduce the idea of SMART objectives, using the English acronym and Nepali translations for each characteristic:

S	=	S pecific
M	=	M easurable
A	=	A ppropriate
R	=	R ealistic
T	=	T ime-bound

2. Each participant writes a SMART reproductive health objective on a card.
3. Collect all the cards and randomly select a few to read and review, analyzing each by the SMART criteria and ask how they could be made SMARTer. Before finishing ask if anyone wishes to have their SMART objective read and analyzed.

B. SMART Activities

OBJECTIVE

To practice preparing action plans with SMART objectives and comprehensive program activities.

STEPS

1. Select one of the SMART reproductive health objectives. Divide the participants into four small groups and assign them the task of writing a SMART activity for each one of the four “H’s” on a card (i.e., one group will write a SMART activity for Head = knowledge; one group will write a SMART activity for Heart = Belief; one group will write a SMART activity for Hand = Action; and one group will write a SMART activity for Home = Social/familial context)
2. Each group presents its activity and after all four groups have reported, the entire group reviews each activity to:
 - a. analyze for SMART criteria
 - b. determine how well it addresses its “H” category
 - c. assess the four activities as a whole, in terms of describing what needs to be done to achieve the objective.
 - d. add or revise activities as determined by the group.

Training of Trainers II

C. Indicators: Reproductive Health and Gender Issues

OBJECTIVE

To practice identifying indicators to measure progress in achieving objectives.

STEPS

1. Three small groups are formed and each group is given three reproductive health/gender issue problems. The task is to prepare an objective, activities, and indicators for each problem.
2. Small groups present their plans on flipchart paper and each is critiqued by the full group in terms of the SMART criteria.
 - a. Assess each indicator individually, in terms of measuring the objective
 - b. Assess all the indicators as a whole, in terms of measuring progress toward achieving the objective
 - c. Revise and add indicators as needed

D. Information Gathering Techniques

OBJECTIVE

To review the various types of information gathering techniques and to practice planning which includes appropriate means of verification.

STEPS

1. Brainstorm with the full group, responding to the question: “How do you gather information to assess program progress? What tools/ techniques do you use?” Make note of ideas on flipchart paper.
2. Continue brainstorming with full group, responding to the question: “What other tools/techniques could be used?” Make note of ideas on flipchart paper.
3. Return to the same small groups and use the planning matrices prepared in the previous exercise to determine appropriate information gathering tools or techniques [Means of Verification (MOV)] to measure each indicator. All the groups report.
4. Full group discussion:
 - a. Assess each MOV individually, in terms of measuring the indicator.
 - b. Assess all the MOVs as a whole, in terms of gathering information on the indicators.
 - c. Revise indicators as needed, as well as the information gathering tools/techniques.

Objectives	Activities	Indicators	Means of Verification
<p>Girls' Education</p> <p>1. Within two years, 25 girls over six years old from the focus area will be sent to school.</p> <p>2. 1500 fodder grass will be planted in the next year by the women.</p>	<p>1a. During the monthly women's group meeting, discussion will be held on the necessity of girls' education.</p> <p>1b. At the beginning, the <i>cheli beti</i> class (the government's non-formal education class for girls) will be conducted for girls who are over six and the parents/guardians will be encouraged to send the girls to school. The participant girls will be encouraged to assert their desire to go to school to their parents/guardians.</p> <p>2. At the beginning of the year, 15 women will be trained regarding the home nursery of fodder grass and be able to have and maintain the nursery.</p>	<p>1. The number of school going girls above six years of age.</p> <p>2a. Number of women with fodder grass. 2b. Number of live fodder grass.</p>	<p>1a. Student attendance records.</p> <p>1b. supervision</p> <p>2a. observation of planted grass; 2b. data</p>
<p><i>NOTE: Fodder grass is introduced as a crop to improve livestock production, increase family income, and reduce the workload of women and girls by decreasing the amount of time spent gathering livestock feed far from home.</i></p>			
<p>Under-Five Mortality</p> <p>1. Within one year, under five mortality in the focus area will decrease by 50% (from six to three).</p>	<p>1. Discussions on maternal and child health and immunization will be held during the monthly women's group meeting.</p> <p>2. Immunization service will be provided every month for the children of the focus area.</p> <p>3. Daily maternal and child health services will be provided by the clinic.</p>	<p>1. Number of children under five years of age who die.</p>	<p>1. Survey</p> <p>2. Question and answer</p>

Unhealthy Pregnancy

<p>1. Within one year, eight pregnant women from the focus area will come for a prenatal exam.</p>	<p>1. Safe motherhood training will be provided for two midwives and two volunteer women May 15-22, 1998.</p> <p>2. Discussions will be held in each of the women's group meetings on the importance of prenatal care and the possible dangers of unhealthy pregnancy.</p> <p>3. In May and June, a three-day introductory seminar will be conducted for five <i>dhami jhankri</i> (traditional healers) on safe pregnancy and motherhood issues.</p>	<p>1. Number of pregnant women who come to the clinic for prenatal care</p>	<p>1. Clinic records, records of traditional birth attendants and CHVs.</p> <p>2. Report</p>
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NOTE: Discussion on this topic included comments that prenatal care need not be provided only in the clinic, "you could also go to the community."

Training of Trainers II

Exercise 5: Measuring With Manas

OBJECTIVE

To enable the group/NGO to conduct a self-assessment, including:

- defining capacities for self-development
- identifying goals for each capacity area
- identifying indicators of each capacity in order to assess progress

MATERIALS NEEDED

Set of locally appropriate measuring units; cards; markers.

STEPS

1. Ask participants to think of and describe a collective activity which the group or community organization has accomplished.
2. Have the participants identify what was needed to accomplish this activity. Follow this discussion by asking the participants to describe other characteristics of effectively functioning groups.
3. Write each of the characteristics of effective groups on cards (color A) and ask the participants to cluster similar cards together. Assign names to each cluster on cards (color B) according to their general themes.
4. Take the theme cards and ask participants to put the cards in chronological order, according to the sequence in which they occur in the implementation of a project. Some of the cards may be necessary throughout the activity. Write the sequence numbers on the cards, using a code such as S-1, S-2, etc.
5. Ask the participants to assign their group or community organization a score, using a locally appropriate measurement tool. In this workshop, a “mana” (a Nepali measuring unit, roughly equivalent to a cup) was used. The symbolic scale of a full mana, $\frac{3}{4}$ mana, $\frac{1}{2}$ mana and $\frac{1}{4}$ mana was displayed in a horizontal row. Ask the participants to discuss and decide the criteria on which they want to assess their capacities. Two examples follow:

Competency in a Capacity:

None	Emerging	Growing
0 manas		

Well Developed



Mature



Importance of the Capacity:

None	Very Little	Some
0 manas		

A Lot



Very High



6. Once the criteria is identified, have the participants place the capacity cluster cards under the corresponding unit of measurement. For example, if a group feels that a capacity is high, they may place the card under the full or $\frac{3}{4}$ mana, while a weaker capacity card would be placed under the $\frac{1}{4}$ or no mana. Once the scoring is complete, write the scores on the cards.

DISCUSSION QUESTIONS

- ? Ask “Why?” and note the answers--these are the indicators of their current status
- ? What would be required to earn a full mana? These would be indicators for the ultimate achievement of the capacity goal.
- ? What would be necessary to assign these capacities higher intermediary scores? These would be indicators for measuring progress along the way.

Repeat the process for all the capacities named.

TIP

- ◆ Further discussion can be facilitated to examine change over time or to set plans for action to improve organizational capacity.

Postscript

Since the two training of trainer workshops, the project staff of all of the NGOs have been implementing integrated programs addressing reproductive health issues, reaching more people and providing more services.

The number of women receiving reproductive health services has increased substantially, both in the clinics and in the communities. NGOs have sponsored numerous 'gyne camps' in villages, to which hundreds of women come for

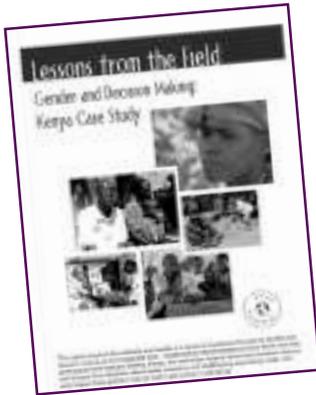
examinations, counseling, treatment, and referrals. Utero-vaginal prolapse is very commonly identified and ameliorated with a ring pessary. Reproductive tract infections are diagnosed and treated. Family planning counseling and methods are provided.

The number of women's groups has grown, and through these groups women's awareness of reproductive health issues is increasing. The groups are taking action on their own, which has led

to an increase in girls' school attendance, women's participation in literacy classes, group action against gambling and drinking of alcohol in the villages, and income generation activities at the family and community levels. Women report that with the new income they are able to access health services for themselves and their children. Relations between men and women are improving. As the women gain confidence in themselves because of their new initiatives, the men regard them with more respect and cooperation.

*Denise Caudill
December 2000*

More Lessons from the Field



Gender and Decision Making: Kenya Case Study (2000)

This report presents the methods and results of a series of workshops focused on gender and decision making at the household level. Conducted by World Neighbors' staff with participants from Makeni District, Kenya, the workshops helped community members discuss and analyze how decisions about family resources and childbearing were being made, and what impact these patterns had on men's and women's well-being. 22 pages, available in English. \$5.00, plus shipping

Reasons for Resiliency: Toward a Sustainable Recovery after Hurricane Mitch (2000)

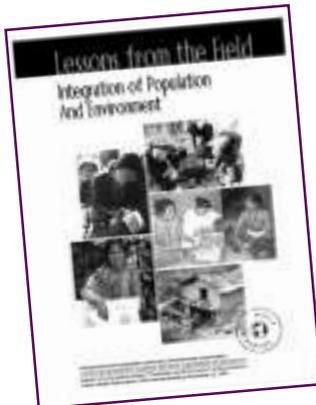
This report presents the methods and findings of an action research effort to measure the impact of Hurricane Mitch on conventionally and agroecologically farmed lands. The project included 2000 farmers, promoters, and local organizations as full partners in the research process from beginning to end, and was designed to stimulate reflection and action based upon the lessons learned. 32 pages, available in English and Spanish. \$5.00, plus shipping



Integration of Population and Environment (1998)

This collection of articles explores the creative ways in which World Neighbors and other organizations are addressing population and environmental issues at the community level. Articles include case studies of integrated programs as well as discussions on organizational needs and funding trends.

These papers were originally presented at the American Public Health Association's 125th Annual Meeting in 1997. The authors represent a range of organizations involved in efforts to link population and environment, including Population Action International, The Summit Foundation, The University of Michigan Population-Environment Dynamics Project, World Neighbors, and World Wildlife Fund. 69 pages, available in English. \$5.00, plus shipping.



Integration of Population and Environment II: Ecuador Case Study (1998)

This publication presents the findings of a three-year Operations Research Project carried out in partnership by World Neighbors and the Ecuadorian family planning organization CEMOPLAF. The results support a compelling argument for implementing an integrated approach which combines reproductive health and agricultural/natural resource management programming to address population and environment issues at the community level. Published by the University of Michigan Population-Environment Fellows Program. 26 pages, available in English. **FREE!**



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World Neighbors is a grassroots development organization working in partnership with the rural poor in hundreds of villages throughout Asia, Africa, and Latin America. World Neighbors brings people together to solve their problems and meet their basic needs. By supporting community self-reliance, leadership, and organization, World Neighbors helps people address the root causes of hunger, poverty and disease.

World Neighbors affirms the determination, ingenuity, and inherent dignity of all people. By strengthening these fundamental resources, people are helped to analyze and solve their own problems. Success is achieved by developing, testing, and extending simple technologies at the community level and by training local leaders to sustain and multiply results.

Program priorities are food production, community-based

health, family planning, water and sanitation, environmental conservation, and small business.

Founded in 1951 and rooted in the Judeo-Christian tradition of neighbor helping neighbor, World Neighbors is a non-sectarian, self-help movement supported by private donations. World Neighbors does not solicit nor accept U.S. government funding.



Baudha Bahunipati Family
Welfare Project
Family Planning Association
of Nepal
PO Box 486
Kathmandu
Nepal



World Neighbours
South Asia Area Office
PO Box 916
Kathmandu
Nepal
world@neighbors.wlink.com.np
(e-mail)

World Neighbors
International Headquarters
4127 NW 122nd Street
Oklahoma City, OK 73120
USA
405/752-9700 (telephone)
405/752-9393 (fax)
info@wn.org (e-mail)

For more information about World Neighbors, visit our web site at www.wn.org