

Health Workers for Change

A Manual to Improve Quality of Care



TDR/GEN/95.2
Distr.: General
Lang.: English only

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

The authors alone are responsible for the views expressed in this document.

Foreword

- Health workers want to improve the quality of care they provide.
- Structural issues frequently account for many of the problems they experience and these can be changed.
- Methods to facilitate an approach to solutions have been found to be effective in many different cultural settings.

These are the optimistic messages conveyed in this manual.

How do we know these workshops work? This manual is based on research in five countries in Africa where these workshops have been piloted, tested and modified. We feel confident in saying that the methodology is effective, it is realistic and practical to implement and has a positive impact on how workers see their jobs and their interactions with clients, especially women.

This methodology takes health workers through a process of identifying their problems and the solutions to these problems. Experience, thus far, is that this is a highly acceptable method and is seen by health workers as a contrast to interventions which are defined and imposed by outsiders. This is the first step towards change.

The UWDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) and

Women's Health Project (WHP) are publishing this manual to provide a tool for people who are in a position to facilitate changes in health services.

The long term impact of Health Workers for Change will be further investigated by TDR through research to be initiated in Africa in late 1995.

TDR is also working on a tool for rural women: The Healthy Women Counselling Guide. One of the aims of this guide is to assist women in gaining access to health services and, as such, it complements this manual.

Geneva, June 1995

Tore Godal

Director, TDR.

About the authors

The manual and the workshop series were conceptualized by Sharon Fonn, and developed by Sharon Fonn and Makhosazana Xaba with the staff of Agincourt Health Centre in South Africa.

Sharon Fonn is a medical doctor who has worked in the public health system in South Africa, and has also worked in non-governmental organizations that emphasize participatory and democratic styles of working within a team of equals. She is a community health specialist and has a Ph.D. in Epidemiology. She now works in the Women's Health Project, which is a health policy research, implementation and evaluation unit that incorporates the voice of everyday women and their experiences into its work.

Makhosazana Xaba is a nurse by training and is doing her Masters degree on the changes needed in nursing education in South Africa in the Department of Community Health at the University of the Witwatersrand. She has worked as a midwife in the public health system in South Africa, has trained as a journalist and worked as a journalist in Zambia for the African National Congress. She now works in the Women's Health Project.

Acknowledgements

A training workshop was conducted in Uganda to train selected researchers from Senegal, Zambia, Uganda and Mozambique on how to carry out the methods described in this manual. The workshop series were then tested in the four countries in studies supported by the UNDP/World Bank/WHO Special Programme for Research and Training in

Tropical Diseases, and Canada's International Development Research Centre. The Save the Children Federation (US) funded the study in Mozambique.

Based on the results from these studies, the methods were further refined by Fonn and Xaba in conjunction with:

UGANDA: Grace Bantebya-Kyomuhendo and Florence Asiimwe, who are social science researchers at Makerere University, Kampala. Bantebya-Kyomuhendo is in the Department of Women's studies, and Asiimwe in the Department of Sociology.

SENEGAL: Sarah Davis and Ramata Dia at TOSTAN, in Thies. Dia is a trainer, and Davis is an American volunteer/trainee researcher with TOSTAN. TOSTAN is a local NGO.

ZAMBIA: Anne Mtonga and Hope Nkoloma, work in the Ministry of Health (MOH) in Lusaka. Mtonga is a nurse and works in the Gender and Health Section, and Nkoloma is a community nurse and works in the Health Reforms Implementation Team. They are both nurse trainers.

MOZAMBIQUE: Esther Kazilimani and Leopoldina da Silva are trainers working with the Save the Children Federation.

The support of the United Nations Drug Control Programme (UNDCP) for the testing of this manual is gratefully acknowledged.

The process was assisted by Ane Haaland, a health communication specialist.

Illustrations were done by June Mehra and the editing by Giselle Weiss.

Health Workers for Change

A Manual to Improve Quality of Care



1. Introduction	
What this workshop series is about.....	4
How the workshop series was developed	4
Who the workshops are for	6
Where to start	6
How to get the most from the workshops	6
Planning the workshops	7
Choosing facilitators	7
Scheduling	8
A step-by-step guide through the process	8
For health service managers and researchers	8
For facilitators	9
Impact of this workshop series	9
Adapting these workshops	10
2. Facilitators' Guide	11
Preparing the workshops	12
Introducing the series to participants	12
Workshop Process Chart	13
Writing up the workshop sessions	14
Things to keep in mind	14
Plan adequately	14
Focus on the objective	15
Establish rapport and build trust	15
Maintain good communication	15
Conclude each workshop carefully	16
Know yourself	16
3. The Workshops	
Why I am a health worker	18
How do our clients see us?	23
Women's status in society	31
Unmet needs	40
Overcoming obstacles at work	47
Solutions	52
Addendum	
Ice breakers	58
Team-building games	61



“Each time you arrive with something different! It’s really interesting to see what you’ll bring.”

– Comment to the facilitator from a workshop series participant in Senegal

“Although I am sympathetic and want to help patients, other factors like shortage of drugs and equipment may make it impossible.”

– Quote from a Ugandan workshop participant



“Yes, there are problems here. Some we can do nothing about, but some we can change. It may be good for the people who come to our clinic, but mostly it will make my job feel better.”

– Participant’s comments during workshops in South Africa

“Despite all of the problems women face, health workers are often frustrated when women come at a late point in their illness to the dispensary. When this happens, health workers sometimes see women as negligent and incapable of dealing with their problems, and this causes them to be scornful of the patient.”

— Health worker describing her feelings about patients



“These workshops allowed us to clarify the relationship between us and our superiors. Certain problems can be surmounted with goodwill and effort.”

— Comment from a Senegalese workshop participant

What this workshop series is about

The comments quoted above give you an idea of what this workshop series is about. It is about health workers looking at their jobs and the way they do them. It is about the quality of care that women receive, and it explores some of the reasons for the frequently poor quality of this care.

This workshop series focuses on women. We focus on women because they have special problems and because they use health services more than men, especially for their children. However, we also look at factors that are essential to good health care for everyone – men, women and children. So if you are interested in better health care, this workshop series is for you, even if you are not primarily interested in women's health issues. We have presented the workshops in the form of a manual, so that you can run them in your own health centres and clinics.

Countries and aid agencies spend huge amounts of money on special programmes. Yet basic problems within the health system make it difficult for any programme to succeed. These problems include poor management and referral systems, badly trained and demoralized staff, too little equipment and too few supplies. If donors and governments are serious about improving health care, about achieving health for all, then it is these basic issues that they must address.

Reviews of health services show that the relationship between health care providers and the women who come to them for treatment – their clients – greatly affects how

women feel about the health services that they use. When health worker-client relations are poor, women use services less. Of course, making health services more accessible and acceptable to women depends on other factors as well, for instance, the kinds of services available, the skill of the providers and the information that is given to women. But because providing services in a caring manner is so important, we have chosen it as our starting point.

"The situation can easily change, because nobody really enjoys being indifferent or harsh to patients. Someone just has to listen to our problems."

– WORKSHOP PARTICIPANT, UGANDA

The six workshops described here help health workers to examine the way they relate to women clients and the factors that influence this relationship. The workshops also identify ways and means to improve both health services and job satisfaction for health care providers, which can lead to better health worker-client relations.

How the workshop series was developed

The workshop series was first run in a health centre in a rural part of South Africa.¹ The findings generated great interest, and many other people within the country wanted to run the same series of workshops at their health centres. At the same time, the Gender Task Force of the Special Programme

¹ We would like to thank the staff of the Health Services Development Unit for facilitating our contact with the health centre that made our work possible.

for Research and Training in Tropical Diseases of the World Health Organization (TDR) supported testing the workshop series in four other African countries, where the methods were further refined.

The people who have participated in refining this tool, as well as the people to whom the results of the research have been presented, all agree that the workshops are a good way to begin to address the issue of better health care for women. Because the response to the initial workshops was so positive, we wanted to develop a manual to guide others in running the workshop series.

The workshops draw heavily on previous work, for which we are most grateful.² But what makes this series unique is the way in which the various methods have been combined and how they have been applied to the health care setting. A great strength of the series is that it has been tested in five settings in Africa where health services have different capacities, where social and cultural differences exist and where the series was run by different people: researchers from a university, health service managers and workers from non-governmental organizations (NGOs). Also, in all cases where the workshop series has been used so far, various levels of health personnel have participated, from cleaners and clinic guards to nurse aids and nursing staff to medical officers, the well-educated and people without formal education, literate and illiterate, men and women. The workshops always produced interest, enthusiasm and valuable information.



²Some of the ideas used are taken from *Training for Transformation 1, 2 and 3*, by Anne Hope and Sally Timmel (Mambo Press: Zimbabwe, 1984).

Who the workshops are for

We designed the workshop series primarily as a tool for *managers of health services* who want to deliver better health care at their centres. The workshops can be run with staff at primary care centres as well as at hospitals, and with all categories of personnel. The results of the workshops can assist managers in deciding what needs to be done to make it possible for health care workers to improve quality of care.

A second group who may find the workshops useful are *researchers* who want to gather detailed information about how health workers and clients relate. The findings will help researchers understand how poor health worker-client relationships can create barriers to good health care for women, and what can be done to improve the situation.

Facilitators are the people who actually conduct the workshops, although they usually join the process only after the decision to run the workshops has been made. In some cases, managers and researchers also act as facilitators.

Where to start

For anyone planning to run the workshops or to participate in running them, a good way to start is to read the manual from beginning to end. But depending on your level of involvement, certain sections of the manual will be more important to you than others.

If you are a health service manager, part 1 of the manual is especially aimed at helping you to decide if the workshops are appropriate for your goals. It explains what is involved in planning the workshop series, and talks about the kinds of people who are qualified to lead the workshops and where you can find them.

If you are a facilitator or researcher, parts 2 and 3 are a “how-to” guide that gives detailed instructions for organizing and conducting the workshops, and for keeping a record of the results. You can also use the manual to train others to run the workshops.

How to get the most from the workshops

In addition to examining the needs of women clients, the workshops allow health workers to identify needs of their own. Some of the workers will want better training or information, some improved conditions of service, some provisions for equipment and some improved relationships between staff and management. These are real problems for health workers that affect their ability to provide good health care. We cannot expect health workers to change if the system they work in does not support their efforts. So this workshop series works best in an environment where change within the health system is possible.

In asking health workers to analyse their own problems, the workshops build confidence and encourage problem solving. Health workers feel their problems and concerns are being

taken seriously, and we have found that this trust inspires renewed commitment from them.

“This exercise does not seem like we are being researched but rather a diagnosis of our problems to find a solution.”

“We feel so good, this exercise should be carried out in other health centres.”

— QUOTES FROM WORKSHOP PARTICIPANTS IN UGANDA

Of course, some health systems will be more open to change than others. Not everyone will see the need for change, or have the will or resources to do something about existing problems. In these cases, the workshops can be used to gather information to show the appropriate authorities the benefits of changing.

Planning the workshops

Choosing Facilitators

A good facilitator is essential for the success of the workshops in “Health Workers for Change”. A facilitator is someone who allows people to discover their own knowledge and find their own solutions. Facilitation is a skill that is learnt through training and mostly through experience. Some people have a talent for facilitation, others have not. The attitude of the facilitator is essential, she or he has to have respect for and an interest in people’s opinions and feelings, be a good listener, and be able to get people in a group to interact and express themselves without feeling judged.

Health service managers themselves are not usually the best people to run these workshops. It may be hard for them to be impartial, and health workers may be shy about talking freely if their superiors are present. However, if this is not likely to be a problem in your health service, then health service managers can run these workshops provided they have the necessary skills.

It is not always easy to find good facilitators. As a guide, it helps to find people with an educational background in:

- research (usually social science or qualitative research)
- training, especially trainers in counselling, family planning, health education, management communication

Such people can be found in:

- NGOs
- Universities, teaching colleges, social work institutes, schools of management

Specialist skills can be found in:

- Persons trained by NGOs, for example in community development, gender, participatory research
- Persons trained in Training of Trainers methodology

Often watching someone run a session will give you an idea if they are good or not. Some of the things you should look out for are:

- establishing a good physical environment
- establishing a good atmosphere in the group as an introduction to a session



- encouraging all members to participate by limiting domination by one person and encouraging silent people to contribute
- following up on people's contribution to get to the bottom of an issue
- listening to what people say and checking for understanding
- being aware of non-verbal communication
- having a non-judgmental attitude
- allowing full participation and not interrupting contributions
- using open-ended questions.

We found that doing these workshops with a pair of facilitators worked well, and suggest that you may want to do the same.

Scheduling

The six workshops take about 2 hours each. You should aim to do only one workshop per day. We usually ran one workshop per week and finished in 6 weeks. This was because they were done during working hours in clinics, and 2 hours per week was what the health workers could spare and still do their work. Also, this gives facilitators time between workshops to reflect on the sessions and write up the workshops. It also gives the participants time to think about what they did during the workshops, and what it means for them.

Another alternative is to run one workshop a day for 6 days, or two workshops a day for 3 days. This may be necessary if you have brought many people to a central site who do not normally work together (for instance, if you are training people to be trainers in the use of the manual). In this case, it would be important to tape-record the sessions in order to

make sure that facilitators do not forget what people have said when they write up. There is little time to write up properly when you are doing two workshops a day.

A step-by-step guide through the process

For health service managers and researchers

1. Decide why you want to run this workshop series. What is your goal? What behaviours do you hope to influence? Having done this thoughtfully will assist you in deciding who the participants should be.
2. Choose the health centre, clinic or hospital where you would like to hold the workshops.
3. Obtain permission from the relevant authorities to run the workshop series.
4. Meet with the individual participants. After explaining to them what is involved, let them know that they are free to participate or not, but that you would like to encourage everyone to take part.
5. Select the facilitator(s) using the guidelines spelled out under "Choosing Facilitators" (above). If there is no one readily available, you should find someone you think would do a good job and arrange for that person to get training.
6. Decide with the facilitators how you want the report of the findings prepared and how you will use the results.

For facilitators

7. Read the whole manual thoroughly in order to prepare yourself adequately with the principles and practical aspects of running the workshops.
8. Plan a meeting with the workshop participants. See the section "Introducing the series to participants" (page 12) which guides you on how to run this first meeting.
9. Plan for and run each workshop as described in the manual. Remember to have enough time, at least an hour, before each workshop to go through it.
10. Write up.
11. Present your report to the relevant people: workshop participants, health service managers, researchers. Some or all of these may be appropriate in your country. This will depend on the initial reason for running the workshops.

The amount of time each of these steps takes depends on a number of factors, for instance, how long it takes to find a good facilitator, or how long it takes to get permission to hold the workshops. The workshops themselves, once begun, take no more than six weeks. The entire process, however, from planning to write-up, can take anywhere from 3–9 months.

Impact of this workshop series

When we did the workshops in South Africa we approached the health service managers in one district and asked them if they were interested in these workshops. We then did the

workshops in one clinic and afterwards we presented the findings to a meeting which included some clinic staff and the management of the hospital which was in charge of the clinic. As a result of this workshop series, the clinic staff decided to hold weekly meetings where problems and progress in the clinic were discussed. They decided to have a rotating chair so the person in charge did not always run the meeting, even a cleaner chaired a meeting. They also asked a local NGO to run a conflict resolution workshop with them. The clinic staff set up a system to communicate with the hospital administration and some problems (for example, installing a washing machine) were sorted out. The hospital administration, in response to clinic action, set up a committee which included clinic and hospital representatives to improve communication between the hospital and the clinics.

We also presented the results of this workshop series at a conference and this popularised the idea of quality care for women. After this presentation, people asked if we could come and run these workshops at their centre.

All the countries where these workshops took place are writing reports which they are either presenting to their government or



publishing so that this issue can be addressed. In Zambia the recommendations from the workshops are going to be implemented on a larger scale and a method of evaluating the impact is being discussed. These are all examples of how the findings of this workshop series can be used.

Adapting these workshops

Once you have read this manual you will see that while specific methods are presented, the content, what a role is about, or what story is created, is determined by the facilitator. The idea is that the workshops should be adapted so that they fit the local situation and needs. This means that these workshops can serve a range of purposes. For example, if you are working in a drug rehabilitation centre and want to look at the relationship between providers and clients, you can adapt the methods to reflect the issues that occur in that particular service. The workshop series has already been adapted to investigate primary care services as a whole and also it has been used to look at delivery services in a large obstetric hospital. The content of the various methods focuses the series on the issue that is being addressed.

Facilitators' Guide

“From going through this experience I benefitted a lot, both professionally and personally. I had the chance to apply methodologies that were new to me, and the results were quite amazing. It was beyond my expectation that health workers would be so open.”

– Facilitator's comment at the end of the workshop series

Facilitating is always hard work, and the success of this workshop series depends on the facilitator. In this section we look at how to prepare for the workshops, how you introduce the series to participants, how you link one workshop to the next, and some points on writing up the workshops. We then go onto a section to assist new facilitators by reminding them of some important facilitation skills. There are many books on facilitation skills and people facilitating these workshops might want to look at these. Facilitators running these workshops found *‘Lifeskills: a resource book for facilitators’* by Edna Rooth, published by Macmillan useful. There are many such books, some published by NGOs and international agencies. Reading these can assist you in planning. If you are new to facilitation you could prepare by reading this section before each workshop.

If you are well prepared and comfortable with the methods, your workshop will be better. If these methods are new to you, try them out first with a group of people who are not workshop participants. Do not get discouraged if things do not go as well as planned. Our teams found that the methods always worked better the second time around.

We also found it easier to work as a team of two rather than

alone, and we strongly recommend that you also work as a team. Remember that when two or more run the workshops, you need to plan together and well. Another advantage of working as a team is that you have the opportunity to observe and comment on each other's efforts, and thereby to learn and grow as facilitators during the workshop series.

To help participants to develop realistic expectations of the workshop process, you need to be honest about what you are trying to achieve. If your goal is to facilitate change, say so. Remind everyone that change is slow and requires the efforts of all. But if your goal is simply



to make a case (to lobby) for change, then everyone must understand that change is not guaranteed.

Preparing the workshops

What this workshop series does is present back to people their own experiences. Each workshop has an exercise which helps people reflect on themselves. The facilitator's job is to run these exercises and then to run the discussion after the exercise. The discussion will generate the content of the workshops and will come from the participants themselves. The manual presents each workshop as a separate chapter. Each chapter begins with the title of the workshop, its objective, and a short description of the "Background to this objective". Then we list the materials you need to run the workshop and a timetable. A section called "Methods" provides details about running the workshop.

In some chapters, we have included more details and background about the method itself. We have also included examples of the situations that we used in the various workshops, and have written down examples of some of our findings. Where appropriate, we have included special notes to assist you if you have people in your group who cannot read. You will also find comments about using the methods made by other people who have been facilitators.

In the Addendum to the manual you will find ice breakers and team-building games. You can use these or other ice breakers and team-building games that you think are more appropriate.

You can do the workshops in any order, except for the concluding workshop. It draws together all the preceding workshops, so it must be done last. You should decide which is the best starting point and appropriate order for your circumstances.

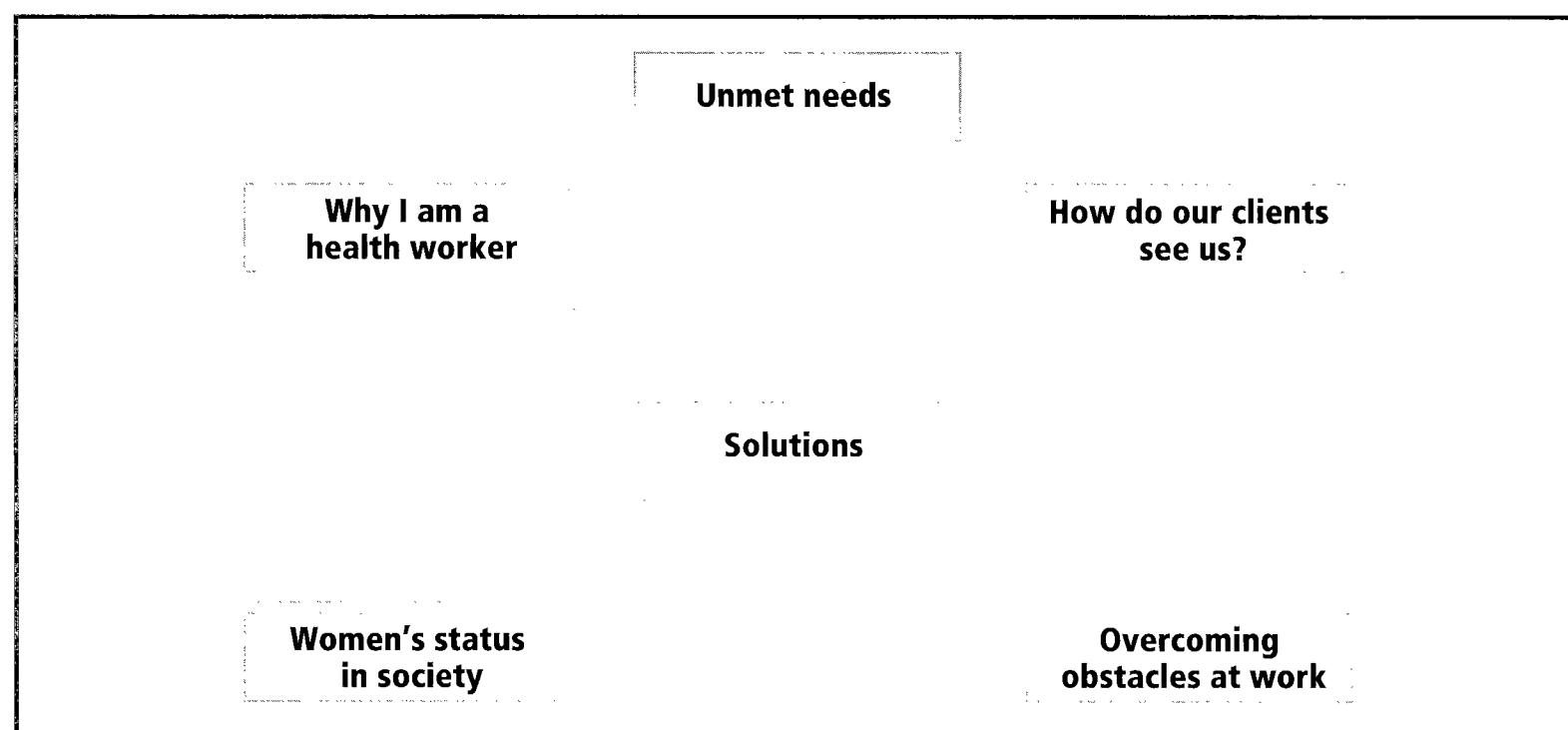
Introducing the series to participants

Introducing the workshop series to participants and getting their voluntary agreement to participate is an important step. But in order for participants to be able to agree, they need to know:

- Who you are and whom you represent
- What they will be doing
- Why they will be doing it
- How much time they must commit to the workshops
- That all information that is collected during the workshop will be anonymous. No comment or opinion will be attributed to an individual.

We found that a good way of going about the introductory process is to tell participants who you are and where you are from, and then to select an exercise the whole group can do to break the ice (see the Addendum for examples of ice breakers). As with other workshop techniques, if the ice breaker you have chosen is new to you, practice it before meeting with the group. Some of the ice breakers include having people introduce themselves as part of the exercise. If you have chosen another one, go around the group after the

Workshop process chart



ice breaker and have people introduce themselves to you, and introduce yourself to them.

Explain why you are running the workshops. If you have been employed by the department of health or a university, for example, say so. Tell the participants a little bit about the history of the workshops. If you have been brought in as a facilitator, you may find that you are introduced by the health service manager who has hired you to do this work.

Before the introductory meeting, you should draw up the diagram above, "Workshop process chart," on a large sheet of paper. Put the paper up on the wall and explain to the

participants that these are the titles of the six workshops, and that all of you together will be looking at these six issues. Explain that the reason you are doing the workshops is that people frequently talk about the health service, but few people ask health workers themselves what they think. In this workshop series you are interested in what health workers think and in their experiences. Then tell the participants that each workshop will take about 2 hours. Explain what the findings will be used for. Ask if there are any questions, and if there are, answer them. If you do not know the answers, say so, and say that you will try to find out the answers by the first session. After this, agree on the dates, times and venue of the six workshops.

To keep people in touch with the process all the way through, bring the large sheet of paper with the diagram on it to each workshop. As you are introducing the workshop, remind participants which sections have already been done, and which one you are doing on that day. The chart will also be a good reminder for participants during the last workshop, which summarizes the work done in all the preceding workshops.

Writing up the workshop sessions

You will see that we have asked you to write down your findings at the end of every workshop session. We want to emphasize this, as you may want to leave it for later. But you should not leave it for later, because the longer you wait, the more likely you will forget important details. You need to record what happened so that each workshop leads smoothly to the next. You will also need the notes from each workshop to prepare for the final workshop. You may want, or be asked, to write a report to present your findings to administrators that you hope to motivate for change. Or you may want, or be asked, to publish your results to lobby for change.

It is best to write up your findings immediately after each workshop. Describe the physical place where you held the workshop and the conditions under which people work. Describe the staff, their skills, their functions, whether they are male or female, and their ages. After this you should write the title of the workshop. In reporting the findings of each workshop try to be as detailed as possible. Remember to represent the range of opinions that came from the discussion, as well what the predominant view was. If people disagreed on a

specific issue include it in your report. The way people express themselves often illustrates a point well, so include this in your report by writing what they said word for word. Remember to maintain confidentiality at all times. Do not assign information to a specific person. The way we have used quotes in this manual is an example of how to do this. Within each chapter a short section on writing up is included to assist you.

Things to keep in mind

Even though each workshop has a different objective and may employ different methods, there are some general considerations that apply to all of them. These are some of the points that you should keep in mind to function as an effective facilitator:

Plan Adequately

- Discuss which issues are likely to arise in the discussion, and how you will respond to them.
- Try out unfamiliar methods with colleagues before the workshop.
- Decide what kind of information you want to collect and in how much detail. Decide when to write down exact wording, and whether you and the group would be comfortable using a tape recorder.
- Define the roles of each facilitator clearly, for example, who will take notes, who will lead a discussion, and who will be the timekeeper and ensure that the workshop stays on schedule.
- If necessary, arrange for an interpreter at the workshop and translation of notes.

- Be aware of possible problems in the group process. For example, you might say, “Some people often talk less than others. So in this group, let’s try to make sure everyone gets an opportunity to talk if they want to.”
- Be prepared for emotional responses during a workshop. If someone cries, say that it is OK to cry and ask what they would like to do. Some people may want to leave the room, let them do so, and ask them to return when they feel ready. Some people may want to stay, let them do so. Go on with your workshop, but do talk to the person alone afterwards about how they are feeling.
- Know when you need to take control and direct the proceedings to maintain the focus and when you can let the discussion flow and let people voice their feelings and frustrations.

Focus on the Objective

Sometimes the discussion can go off track. To avoid this you must always focus on the objective and bring people back to the point at hand.

- Reinforce important points as you go along.
- Draw together common themes.
- Ask a group member to summarize the proceedings as needed. Add your own summary points if necessary, and relate them to the main focus.

Establish rapport and build trust

- Invite health workers to ask questions of you and what you are doing.

- Where appropriate, participate in exercises. Do the workshop with rather than on the group members.
- Break down barriers between the researcher and the researched. For example, if you as the facilitator are a health worker, you can say, “we are all health workers.” If all of you are women, you can say, “we have a common bond as women,” “we are all parents” – or whatever common ground you have.
- Ask each person how he or she would like to be addressed. Make people feel comfortable: use their names, make small talk, use humour where appropriate.
- Give participants privacy where necessary. If they are doing exercises that require them to reveal details about their personal lives, do not intrude. Ask permission to join in a small group discussion.
- Be careful not to find fault or make critical comments when you respond to people.

Maintain good communication

- Arrange seating to enhance communication. For instance, remove physical barriers, and use a circle where possible.
- Listen to what people are saying. Check your understanding by summarizing what you heard and requesting examples to open the discussion.
- Watch for nonverbal messages.
- Make eye contact with all participants, if appropriate.
- Speak slowly, but not like you do to children.
- Check that participants understand what you mean. It is not good to say, “do you understand?” Rather, be

humble and say, "I am not sure if I have made myself clear. Can someone here say it another way?"

- Use open-ended questions. For example, asking "was this session useful?" is a closed question; the group can only answer yes or no. But if you ask, "how have you found this session?" the group is free to discuss anything about it.
- Give examples from your own experience to encourage discussion where appropriate.
- Acknowledge contributions. Reinforce good points either verbally or nonverbally.
- Sit with silence when appropriate – give people time to think.
- Do not interrupt.
- Remember that all workshop participants have a right to their own opinions. If there are disagreements, you can simply note that on this issue people disagree.

Conclude each workshop carefully

- Remind participants of the objective.
- Summarize the main findings.
- Ask participants if you have accurately summarized what was said; ask them to add to the summary if they like.
- Evaluate the workshop with the health workers. Ask them what they learned, and what they liked and didn't like about the workshop.
- Thank participants for their time and contributions.

Up to 80 percent of communication is nonverbal. How can you recognize it?

Positive/encouraging

Making eye contact (*in some cultures*)

Smiling, friendly

Relaxed body position

Actively listening (*nodding, shaking the head, leaning forward, uttering "uhm-hm", "ah", "oh", etc.*)

Touching (*where appropriate, in some cultures*)

Gesturing (*e.g. to invite someone to sit down*)

Negative/discouraging

Keeping attention on papers/writing

Fiddling with something, for example, a pen, a button, something on the desk

Tapping with a pen or fingers on the table

Frowning, making faces

Tense body position (*e.g. crossing arms or feet*)

Looking out the window

Looking at your watch

Yawning, sighing

Not acknowledging what the person has said (*verbally or nonverbally*)

Know yourself

- Be aware of your own feelings and prejudices and try to avoid imposing your views on the group.
- Take time after each session, just before you write it up, to think about how it went. Consider what you might do differently the next time, and what you will try to continue to do. If you work with a co-facilitator, talk about your work, as well as how you felt working with each other. In this way you avoid problems developing between you.

Why I am a health worker

Objective

To examine the reasons why people become health workers, and how these reasons influence their relationship with women clients.

Background

Many forces shape what work we do, influence the way we do our work, how we feel about our work and how we relate to our colleagues and the patients we see. In this workshop, we attempt to get people to think about the factors in their lives that have affected their choices about the work that they do.



Things Needed

- ☐ A large room
- ☐ Tables for drawing, for people who prefer not to draw on the floor
- ☐ Coloured crayons, a few colours for each person
- ☐ 1 large sheet of paper for each person
- ☐ 3 large sheets of paper (newsprint) and felt-tip pens for the facilitator
- ☐ Something to stick sheets of paper to the wall



Timetable

Introduction to the workshop	10 minutes
Explaining the objective	10 minutes
Explaining the exercise	10 minutes
Drawing	20 minutes
Discussing the exercise	60 minutes

Method

Summary

- ◆ Explaining the method to the group
- ◆ Individual drawing
- ◆ Discussing factors in a large group

River of life

1. Start by describing the flow of a river to the participants.

“A river winds slowly and turns, goes quickly over rocks, rushes down a waterfall and reaches a pool where it rests for a while. All these stages of a river have a different feeling. Going down a waterfall can be a turbulent time. Winding through a flat area of land can be a boring time or a quiet, easy time. Going quickly over rocks can be a busy, interesting time or a busy, difficult time. Being in a pool can be a time of recovery or rest or sadness”

- **add whatever details you think will help people to understand the exercise.**

“A person’s life can also be like this. We travel on a river of life. We want you to take some time and think about your life and draw it as a river. The river begins with your birth. As you grow up, various things happen to you. You may move, get married, have children, leave your parents. And you also get the job that you have now. We are all going to draw our rivers of life, and include in them the important things that have happened and that have led us to be health workers in this health service, right now.”

Variation: Path of life

If you live in a place where a river does not have much meaning for the participants, then use a path of life. A path goes from one place to another, up hills, down steep slopes, under the hot sun, through shady areas, where there is water to drink or a place to rest on the way, or where there is no water and it is hot, and so on.

2. Instruct the group to begin their drawings. If the participants are not sure what to do, draw an example to show them what you mean.

Remind the participants that the group will not be looking at the individual pictures. Each person’s picture belongs to that person alone. As the participants draw, go around the room and talk with them each in turn. Do not scrutinize their drawings, but ask if they understand and are managing the exercise. Ask if they want any help. If participants wish to talk privately about their river or path, give them the opportunity to do so.



Sit in a place where all the participants can see you and do your own drawing. This will show the workshop participants that you, too, are doing the drawing, and that you, too, are looking at yourself. You will share information about your decisions in life. This is part of doing the workshops with rather than on the health workers.

3. Bring everyone together for a group discussion.

Stand next to a sheet of large paper fixed to the wall (newsprint), and ask the participants to call out the things that influenced them in the job they are doing. Give an example from your own river of life to get things going, if necessary.

“From the time I spent drawing, I realized that a factor was my parents’ not knowing how to look after us children when we were sick. So I wanted to be a doctor”, or “I knew I could earn money at the same time as studying to be a nurse, so I decided to take up nursing.” You can also explain that they can call out something without telling the whole story. For example, learning something new, being the first in the family to go on to further education after school, or whatever.

Write all the factors on the paper on the wall. You will need to group things together. So if one person says “to look after my sister”, and another says “to bring money into the family”, you can ask if it is all right to put these together under the heading “to support the family”. If the group agrees, then that is what you write on the newsprint.

After you have completed the list, ask if there are any other reasons people think are important that are not on the list.

Then begin a discussion about how these factors may influence the way a person relates to women clients. Reinforce the positive points about what keeps health workers in their jobs so there is a balance between positive and negative.

Remember during the discussion to ask the question, “do you think the interaction would be different if the health worker was male?” or “if the patient was male?” as appropriate.

At the end of the discussion, list the factors that the group identified as ones that made them choose to become health workers. Summarize the various ways that people thought the factors might influence the way health workers relate to clients.

Summarize by going through what you have covered during the workshop, describe to the group the major points that came out of the session and make sure the group agrees with your summary.

Wrap up by linking this workshop to the next by referring to the **Workshop process diagram** and making the connections between the workshops clear.

Variation to step 3:

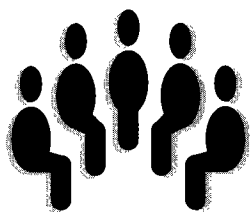
After people have finished their drawings, you can ask them to divide up into small groups of three to four people. In the small group, they can talk about the factors that have influenced their decision to become health workers. You get back together in a big group, and one person from each small group reports on the list of factors for that group. In the large group you can then discuss how these factors may influence health worker-client relations.



Write up

List the issues that people identified and note the ones that were most common.

For each issue identified describe how the group said this could affect health worker-client relations. If they gave a few options, like a motivating factor could be positive in this way or it could be negative for this and this reason, then put both of these into the write up. At the end of the write up describe the main feeling that came out of the workshop. For example you may say something like: The overwhelming feeling of the workshop was that the factors which make people become health workers have a positive effect on health worker-client relations – OR they have a negative effect – OR they have both positive and negative effects and it is about 50/50. Also note whether the group thought the interactions between health worker and client would be different if the health worker were a male or if the client were a man.



Experiences during prior workshops

In Mozambique, this workshop discussion was characterized by a very frank atmosphere, in which participants freely expressed their feelings.

Three patterns were obvious from the discussion. Some people chose to become health care workers on their own. Others were recruited, mainly because of the war. And a third group chose to work in health care because it is a good, stable job with a salary. Someone said,

"There are some of us who do not like this job. So these people are bad health workers. Some are always late and give bad service to the clients."

Someone else said,

"Before, in the times of socialism after liberation, when health workers were respected, they made sure we got our salary. When we were respected, we gave good service to our clients. Now we are not respected, so things have changed."

In Zambia, some of the reasons people gave for becoming health workers were:

"I wanted to do agriculture, but my father refused and forced me into nursing."

"I was encouraged by my sister to do nursing."

"When I went to deliver, I admired the nurses' uniforms, and finally decided to do nursing."

"When I was admitted to hospital, I needed care and was inspired to do nursing because of my experience."

The following discussion focused on how these different motivations may affect how health workers relate to their clients. People who chose to be health workers because of a previous positive caring experience were more likely to be caring health workers themselves.

Those who became health workers because they had no other choice tended to be less positive toward patients. It also became clear that once people have been in a job for a long time, what keeps them in it may be different from why they took it up in the first place. So although some people did not choose to become health workers, now that they had invested a lot in their jobs, they felt committed to their work.

If you were facilitating this session, one way of exploring the difference in the things society expects of men and women would be to ask the woman who wanted to work in agriculture why her father insisted she do nursing. How would it have been different if she were a man? And what do she and the group feel about this? You could ask people what keeps them in their jobs now, and whether these reasons differ from those that made them choose health care as a profession.

Remember, again, to note both the positive and the negative factors that people give.

How do our clients see us?

Objective

To investigate health workers' ideas about how their clients see them, and how this influences their relationship with women clients.

Background

People often do not think about the effect they have on things and situations around them. In this workshop, we want to think about how our clients view us and how this can affect our work. It is often by imagining ourselves in someone else's place that we can reflect on ourselves and our work effectively.



Things Needed

For the Role Play

- ☐ Enough furniture to make it look like a clinic (for example, a chair for each participant).
- ☐ Enough "stage"-acting space. Make sure that the group are all facing the stage, and that the actors can be seen.

For the Interview/Questionnaire

- ☐ A large room to allow for small group work
- ☐ Letter-sized paper and 1 pen per group
- ☐ 2 sheets of newsprint and a thick felt-tip pen for the facilitator
- ☐ Something to stick paper on the walls



Timetable

Introducing the workshop and explaining the objectives **10** minutes

Role Play

Giving players their situations **5** minutes

Preparing the role play **5** minutes

Acting **15** minutes

Discussing the role play **20** minutes

Questionnaire

Explaining the questionnaire **15** minutes

Developing the questionnaire in small groups **20** minutes

Discussing the questionnaires **30** minutes

Method

Summary

Part 1. Role Play

- ◆ Explaining roles/situations privately to people
- ◆ Explaining the role play to the group
- ◆ Doing the role play
- ◆ Discussing the role play

Part 2. Interview/Questionnaire

- ◆ Explaining the interview/questionnaire
- ◆ Working in small groups to draw up the questionnaire
- ◆ Reporting back to the large group and general discussion

In this workshop, we use two different techniques to assist health workers to look at how their clients see them. One technique is called role-playing, and the second is developing an interview or questionnaire. If you find this is too long, you can split it into two separate workshops and have seven workshops in all. We did both methods in one workshop and found them to be so useful that we have included them both and suggest you try and use the two as well.

Role Play: What is it?

In a role play, people act or pretend to be someone other than themselves. The people in the role play are given their characters, and then act out the situation as they want to. Role plays can be for two or more people.

The value of the role play is that by acting in it or watching it we can begin to understand why people behave as they do. Actors get a feeling for how it is to be the person in the role

play and can tell the audience how it feels.

"Acting certain roles evoked some bitter emotions, for example, those who acted like village women noted that they felt bad because of the treatment women get at the health units."

– Uganda facilitator's report

We begin to see how it feels to be someone else. It is usually a fun way of exploring situations we are familiar with but do not often think about.

It is important to emphasize to the participants that this is acting. People are not being themselves but are acting out a role. For instance, when you discuss the role play, if someone from the group uses the person's real name, you should say, "You mean when she/he was acting as nurse so-and-so."

Role Play: How to do it?

1. Explain to each person individually the role he or she is to act. Do it privately, so that only that person knows what the role is. Ask the people participating in the role play to go out and think about their roles by themselves, without talking to each other.
2. While the actors are out of the room preparing, ask the group to pay attention to the content of the story and to nonverbal communication between the actors. The group should take special note of health worker-client interactions, for example, words used, attitude, body language and eye contact.
3. When the actors come back into the room after 5 minutes, set the scene. For example, "We are at a clinic. Mrs "so-and-so" is the clinic nurse, and patients are

arriving.” Actors should be in full view of the group. The role play should take about 10 minutes.

4. Discussing a role play. It is useful to go through the following questions with the group when discussing a role play.

Ask each actor how they felt playing their role.

Ask the people watching what they thought about the way the actors related to each other.

Ask the group if they thought what was acted could happen in real life.

Ask the group why they think it happens in this way.

You can go on to ask if there are things that should be different and, if so, how they should be. Sometimes people disagree and the group can talk about it.

If you have time and the discussion is interesting, you can ask for other volunteers to come up and act the same situation differently to illustrate a point in the discussion. Sometimes someone in the group can be very sure it can be different. But when you get them to act they can see it is not so easy when they are acting that role.

Remember during the discussion to ask the question, “do you think this would be different if the health worker was male?” or “if the patient was male?”, as appropriate.



Interview/Questionnaire

1. A questionnaire is a tool that can be used to obtain information through a set of carefully organized, or “structured”, questions. For this study, the questionnaire will be drawn up by the health workers themselves. Ask the health workers to draw up a questionnaire that they would like their clients to fill in or answer. The reason they are making up this questionnaire is to understand what patients think of the health service they get. The questionnaire is not meant to ask clients about their symptoms or health status, but rather what they think of the quality of the service they receive.
2. Divide the participants into small groups of four or five people, and ask them to discuss the things they would like to know about what the clients think about the services they receive at the health centre. Ask each group to write about ten questions.
3. Bring the groups all back together into one large group, and ask each group to report on the list of questions they have drawn up. If you have time, draw up a common list of questions.

Variation:

The health workers can role-play answering the questionnaire that was developed before moving on to the discussion.

In the large group, go through the questionnaire, and get the health workers to say what they think the answers to the questions may be. This helps to generate the discussion about how the attitudes and behaviour of health workers influence their relationships with women clients.

Remember during the discussion to ask the question, “do you think this would be different if the health worker was male?” or “if the patient was male?”, as appropriate.

Summarize by going through what you have covered during the workshop. Describe to the group the major points that came out of the session and make sure the group agrees with your summary.

Wrap up by linking this workshop to the next by referring to the **Workshop process diagram** and making the connections between the workshops clear.



Write up

List the points that the groups identified. You could include the questionnaires that the groups developed or use them to help you draw up your list. Describe the group’s overall feeling, whether they think, on average, that clients have a positive or negative view of health care providers. If participants discussed this further, saying why they thought this was so, then include this in your report. If participants thought there would be a difference if the health worker were a man or the client were a man then note what they thought these differences would be.



Experiences during prior workshops

Role plays

South Africa

In South Africa we had all categories of health workers participating in the workshops. We asked the cleaners to go out and prepare a role play. We did this a little differently and did not give them a specific situation, but told them it should be something that happens in the clinic.

They came back and did a scene of a woman arriving in labour who was pregnant for the fifth time. The person who acted as the nurse did not get up from writing her monthly statistics. Eventually, she came to the woman, who was now lying on the floor. When she recognized her, she shouted at her saying, "Para fives must go and deliver at the hospital, not at the clinic! Why are you here?" She continued to lecture the woman in labour. Finally, the woman said her baby was coming, and she pushed a towel out from under her dress. When the nurse saw that, she rushed for a delivery pack.

The people watching the role play were all nurses. They laughed because it was presented in a funny way. We then went on to talk about it. They agreed such things happen, and they were critical of the role of the nurse. The person who played the patient said how scared she felt to come to the nurse, and how she was right to be scared. Everyone listening nodded their heads. The nurses then began to talk about how

they know they can be uncaring. This is what makes role plays so useful. They can raise difficult and sensitive issues, yet people can discuss them without feeling threatened.

Example of a role play: South Africa

The patient

Your name is Zodwa. You are 33 years old, and have been married for eight years. You do not have children. You and your husband have been trying to get children for a very long time now without any success. But you have not given up. Your former husband of five years died without you having had any children. Your in-laws and friends are calling you names, and you feel very isolated, different from other women, and unloved. You are very depressed and helpless at the moment, and have come to the clinic to talk to the sister about it.

The nurse

You are Sister Shabangu, 35 years old. You are a senior sister at this clinic who has worked here for many years. You are married with five children. You are working to get extra money because your husband is a businessman who does not have enough money to support the family. You prefer working in the city, but your husband won't move because of his business. Your first choice for your profession was to be a lawyer, but you could not do that. You find it difficult to leave the profession now, because you feel that you have put in a lot of your time. You do spend a lot of time thinking about lost opportunities, but have decided to get on with your life and accept your fate. You think everyone should be like that.

In this scenario, one of the things that came up besides the interpersonal factors was that nurses often do not get enough training in certain areas. The woman who role-played the nurse said she does not know what questions to ask a woman who says she is infertile. So she gets cross with the woman for coming and making her feel inadequate.

Another example: Uganda

The nurse

You are a sister in a busy clinic. Today there are many antenatal patients and the queue is long. You were up last night because a woman came in in labour, so you got to sleep later than usual.

The patient

You are a young girl of 15, and you are pregnant. You did not plan this pregnancy, and do not know very much about labour and delivery. You have not been able to talk to anyone because you have been trying to hide your pregnancy. You are coming to the antenatal clinic because it is clear that your pregnancy is quite far advanced, and you must do something.

"If I am in a bad mood and do not want to be bothered, I use complicated words. It puts the clients in their place."

This is what a health worker said during a discussion after a role play in Uganda. Again, it shows us how useful role plays are. They help people to talk openly about behaviour and about the reasons for it.

Questionnaires

In one workshop in Uganda, this is the list of questions that the health workers generated.

Example: Uganda

1. Why do women avoid visiting the health centre?
2. How do you feel about the treatment given at the health centre?
3. Are you satisfied with the way we sterilise our equipment?
4. How do you feel about cost-sharing at this health centre? Is it beneficial to you?
5. Why do you hide information when talking to health workers?
6. If you do not get treatment at the health centre, what do you do next?
7. Do you do anything to ensure that you get proper treatment at the health centre?

In a workshop in Mozambique, a completely different set of questions was developed (see below). Here the health workers developed questions that they wanted clients to ask them. You can see from these questions the kinds of issues that health workers would like to explain to their clients about factors at work that health workers find difficult. You will see that even though the techniques produced different outcomes, both were useful in exploring health worker-client relationships.

Example: Mozambique

1. What is your time of work at this health post?
2. How do you feel about making patients return home without seeing them because they are late?
3. Can you imagine a situation where a nurse who is sick comes late and is asked by a nurse on duty to go back because she/he is late for consultation?
4. What would your reaction be if a patient vomited on the floor right after you have finished cleaning the floor?
5. What is your reaction toward a patient who is very dirty and is in tattered rags?
6. A patient with resistant malaria comes for a visit for the third time and has forgotten his previous records. How would you deal with such a situation?
7. How would you feel in a situation where a patient needs a laboratory test and you are unable to do the test due to a lack of materials?
8. How would you feel toward a patient who does not have the money to pay for the hospital visit or medication?
9. This time during this reconciliation going on in Mozambique, if you came across a patient who had killed some of your family during the war, how would you feel? Would you attend to this patient?
10. Do your personal problems, loss of family, low pay and other problems affect the quality of your work?

This next example is from a workshop in Zambia. Again, you will see that it was done differently. The health workers made up a list of questions that they thought patients would like to ask them. Then, in the big group, they began to give answers to the questions. While this was a different interpretation of the method, it still provided a valuable prompt that allowed health workers to talk about their relationships with clients.

Example: Zambia

1. What time does the clinic open?
2. Do all staff at the health centre do similar jobs?
3. Should a male health worker attend to a woman in labour?
4. Will I find a clinical officer or a nurse when I go to deliver?
5. Is the nurse on duty kind?
6. Why do health workers become rude when they are on duty?
7. Why do health workers not give enough tablets to those who live far? Why is it that they ration drugs?
8. Why should you keep me waiting so long in line?
9. Why is there no transport at the health centre?
10. Why should we pay for services?
11. Why do you give tablets and not injections?
12. Is it all right for me to bring my child to a health centre when I missed the proper appointment?
13. Will the health worker understand my language?

While discussing the answers to these questions, the team learned a lot. This is what the people doing the workshops in Zambia said about this method.

"Initially the method appears to be difficult and complicated. But with a little more explanation, the health workers pick it up. The method allowed participants to recall some conversations that they had overheard patients discussing when they are not aware of the presence of the health worker. The method stimulated the health workers to think of questions themselves, and this was the most interesting part. It was different from other research projects which ask them to respond to questions prepared by others."

Example of discussions from this workshop

We heard similar discussions in all the countries where we have done the workshops so far. Participants thought that the clients see health workers as rude. That services offered do not meet all of the women's needs. That health workers do not want clients to ask questions. In Uganda, health workers thought clients felt that they were not getting their money's worth. In Senegal, health workers thought that clients perceived them as incompetent. Further probing brought out that health workers are not satisfied with their own level of training.

Women's status in society

Objective

To explore health workers' understanding of the most important factors that influence the degree of control that women have over their day-to-day lives and the decisions that they make about themselves, their families and their homes.

Background

People's ability to do things in their lives, to go to school, to study further, to marry, to have children, to not have children, where they live and with whom, if they travel and so on depends on the rules of that society. In all societies there are rules which govern the way men and women behave. In this workshop we look at this issue. Poets are social commentators. They talk about everyday experiences, but with special feeling and imagination. In this way, they alert society to the importance of things that could otherwise pass unnoticed. Explain that, in this workshop, you are going to use a poem as a way of illustrating some important factors that influence women's position in society.



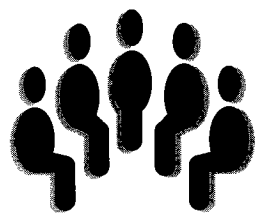
Things Needed

- ☐ A poem or two
- ☐ Newsprint or a flip chart and a felt-tipped pen
- ☐ Enough space for the actors
- ☐ Something to stick the newsprint to the wall



Timetable

General introduction and greeting	5 minutes
Reading the poem (more than once, if necessary)	10 minutes
Checking the meaning of the poem	10 minutes
Discussing the relevance of the poem to women's position in society	30 minutes
Preparing the role play	10 minutes
Doing the role play	15 minutes
Discussing the role play	30 minutes
Wrapping up	5 minutes



Experiences during prior workshops

Poems

In Senegal the TOSTAN group, a local NGO, gave us a book of poems by a male Senegalese poet, Thierno Seydou Sall³ that had been translated into English. We used these poems in South Africa, Zambia and Uganda and people related well to them. One Zambian workshop participant reported, "the health workers were able to identify themselves with the poem. In fact, they even requested to keep the poems because the situation is very true of rural Zambia." You do not have to use these poems. You can find your own local poetry. Finding poems in a local language would be ideal.

In Senegal, factors that influence women's position in society were summarized as

"custom and tradition, which comes from our ancestors and is sacred and indisputable".

Specific examples given were:

- the enormous power parents have over their girl children, keeping their status low by preventing them from bettering their education
- husbands preventing their wives from taking any measures to improve their social and economic situation

³Thierno Seydou Sall, *Ker Dof (The Mad House)*. Translated from Wolof by Molly Melching. BP326, Thies, Senegal.

- the general societal pressure that helps to keep women in submissive roles
- polygamous marriages, which put stress on women

These factors affect the health worker-client relationship in various ways.

"If the provider perceives the woman as formally educated, the chances of her/him giving her all the necessary information on health are great. If she is perceived as 'ignorant' there are two possibilities. The health worker may be frustrated by this and not give her any information nor assist her in any way, or she/he may make a special effort to be welcoming and assist the woman in liberating herself."

These comments are both positive and negative. You need to look at both. To focus on the positive side, you can ask people to give examples from their own experience of ways they have found to deal with some of these problems. Seeing how women and health workers overcome some of these obstacles is another good way of highlighting how women's status in society affects woman clients, their health and the health worker-client relationship. At the end of this chapter we have printed some of Sall's poems.

Role plays

Example: Zambia

Two people were asked to volunteer.

One was told: You are an important woman from the village, and you are coming to the health centre to demand a prescription from the nurse.

The second person was told: You are a nurse from the village. You are not poor, but you are not rich either. You have a family, and your husband works in the local store.

The two actors did not know what the other person's specific role was, only that one was a client and one a health worker.

Everyone watched what scene took place when these two people met at the health centre.

she gets prompt treatment. The second tells us that one health worker does not like to be challenged by patients.

Discussion of this role play

The person who played the nurse said,

"I felt like a tool to be used for prescribing. I felt underrated."

In the discussion, the facilitators asked how the woman being an important person, in other words, her status in society, affects the health worker-client relationship.

Someone in the group said,

"The wife of a chief, businessman, member of parliament or councillor should be served first."

A nurse from the group said,

"If the patients demand to see my boss, I feel underrated, and I would rather leave the patient alone. However, if the boss is not there, I make her feel my weight by not attending to her."

So we see two different kinds of responses. The first says that if a woman has high status



Example: Zambia

Facilitators asked for two volunteers. One was told that she was a very polite person who wanted contraception. The other person was told she was a health worker in a clinic. Again, they did not know who the other person was except that they would meet at the health centre.

Discussion of this role play

In the discussion, people were asked how the women's status affects the health worker-client relationship. In this role, the health worker had said how nice the woman looked. So the participants began to talk about the clothing clients wear and how this reflects their status.

"A modestly dressed woman has all the health workers' attention, even thirty to forty-five minutes. I even escort her to get the medicines from the pharmacy. For other patients, we spend five to ten minutes."

"Female clients who are better dressed are accorded preferential treatment."

The facilitators asked,

"Why do you think this is so?" "Is it fair?"

and so on.

In South Africa, health workers said they did not think preferential treatment for better-dressed patients was fair. But they said that poor people will not understand things, so it is a waste of time explaining when there is a long queue. We discussed this further, and health workers agreed that they do not have enough educational skills.

Example: Senegal

Two people were asked to volunteer. The first person was told: You are a woman who has had abdominal pain for many weeks. You suspect that it is due to a sexually transmitted disease, because your husband has recently returned from a trip to Dakar (the capital city). You did not come for treatment earlier because it is a difficult thing to talk about. Also, if it is true that it is a sexually transmitted disease, it will confirm in your mind that your husband has been with someone else. The second person was told she is the nurse at the clinic and a patient is coming to see her.

Discussion of this role play

Rules in society are different for men and for women. In most societies, women are not allowed to have many sexual partners. One of the points that came up in the discussion was how difficult it often is for women to ask their husbands to come for treatment, because husbands say the wives have been unfaithful even if it is not true. Health workers said, yes, they know this, but they still get angry when wives do not tell their partners to come. This was then discussed further.



Joal

At the first call to prayer
 I climb over my husband
 And go straight to the sea
 Greeting the morning dew and wind.
 Keccax, yeet and tambaje
 Have liberated me,
 Have transformed my world...
 Their putrid odour is now for me
 The smell of life.
 I no longer need to wait for a man
 To give me money.
 I am independent
 And can take care of my family.
 When I finish my work on the beach

I go to this shed
 Which once was used to store dried fish
 And today has become our temple of knowledge,
 Our school
 Symbolizing the rebirth
 Of our national languages.

The children are sucking
 My breasts and my sweat.
 The school waters my mind
 And becomes as a mother
 From whom I suck knowledge
 Until I am drunk.

I am here in my ngemb
 Wrestling with our era
 Which pins me down, yes,
 But which I am sometimes able to pin down too.
 Yet I know for certain that now
 When I meet my husband's gaze
 I will no longer lower my eyes.
 If I have a problem
 I can solve it myself
 And don't need to wait for his judgment.

And so at this first call to prayer
 I go to the sea
 To breathe in my myrrh and my incense...
 Keccax, yeet and tambaje.

Joal is a place in Senegal where women gather to dry and sell different kinds of fish called keccax, yeet and tambaje to make money. Ngemb are the loincloths worn by traditional wrestlers.

Husband, don't lay out your shame

Dear wife, please lay out my noontime lunch,
My dinner, my breakfast.
Let the children eat couscous with leaf sauce.
As for me, chicken, liver and lamb.
At lunch I prefer the fish's head, middle and tail.
The children don't need meat and vegetables.
Sauce and rice are my dear friends.
Don't save food for the children
When they're not on time.
Dear wife if I'm late for lunch, be sure to save me
At least half of the bowl.

Your stomach is huge, while your own child
Looks at you like a bird of prey.
Your child is pregnant with hunger
His stomach swelled out like a calabash.
Yet you are not ashamed,
You have become so fat that you can hardly walk.
Men, if you can't feed your families
Why do you seek three wives
And have twenty children
And tire them so and serve them up hunger?

You grow old and your children feed you, saying:
"Father, I've killed a sheep for you,
But your grandchildren
Must share this food with you!"

Shame should unsettle your white hair,
Regret is born...
But now it's too late!



Get Married with Our Times

The young girl talks with her parents:

You think that marriage
Is my one concern
My one hope, my one future
In this house of life.
I am here in the smoke of the kitchen
With the wood, with the fire.
You have made of me a servant,
You have told me that I am not male,
That I don't need to go to school,
That marriage is my destiny.

My mother, my father,
Our times are restless
And cannot sit in the same spot.
This era has legs and is walking.
You need to be walking with it,
For if you don't,
Regret is the only food
You will be serving to your family.

I am a female
Yet knowledge is neither male nor female.
It only needs to be planted, then watered
To flower and bear fruit.

My mother, my father
The mind has spoken:
I am neither male nor female,
Why do you so discourage us,
Making of me a cow
That you raise in the enclosure of this kitchen?

Tomorrow my heart will be broken
Because of this distinction
That you insist on making
Between the male-female.

KNOWLEDGE IS BISEXUAL!
God gives it to whom he pleases
Be it a man or be it a woman.

You, you do not realize that yesterday has died...
We have placed it in a coffin,
Buried it and sent it to the heavens!

Each era asks for its own meaning.
In our times, men prefer to be with women
Who can contribute to the well-being of the home.
In fact, our times have shown
That everything a man does
A woman can do as well
Or even better.

The mind, our shepherd
Told me I must study,
Look for work, and a project for the future
So that I may interpret tomorrow
And not be at the mercy of a man
Who wants to divorce me
Because the shadow of his ear is itching.

My mother, my father
Good-bye, I am going off to study.
Our times have closed the kitchen door
And thrown the key into the sea

OF OUR GENERATION

Unmet needs

Objective

To explore needs women have related to health that are often ignored, and to identify some possible solutions.

Background

Health systems do provide services that women need, such as antenatal care and delivery services. But a woman's health is determined by many things. One way to understand the range of things that can make women sick is to use something called a social model. In this model, differences in the roles women and men play in society are taken as seriously as the differences in their bodies.

Women are responsible for caring about and caring for others. This includes cooking and cleaning and "emotional" housework – looking after other people's feelings. It often also includes growing food and fetching water and firewood, helping to earn money and so on. There is evidence from all over the world that too much of this work can damage women's health.⁴

Women often delay seeking health care for themselves because they are busy doing all the things needed to maintain their homes and families. And for many women, their own health takes second place to all these other demands on their time. In this workshop, we want to explore some of the social factors that affect women's health.



Things Needed

- ☐ A meeting room
- ☐ Sheets of newsprint
- ☐ Felt-tip pens
- ☐ Something to stick paper on the walls



Timetable

Welcome, introduction and time for health workers to ask questions	5 minutes
Storytelling	15 minutes
Group discussion	1 hour

⁴Lesley Doyal. *What Makes Women Sick*. Macmillan Press Ltd 1995.

Method

Summary

- ◆ Storytelling
- ◆ Group discussion to generate a list of needs
- ◆ Group discussion of ideas for meeting the needs

Storytelling

Storytelling is a feature of many cultures. In cultures where the oral tradition (telling stories aloud rather than writing them down) is strong, storytelling is an especially familiar and powerful tool.

1. Here we tell a story of a woman's life.

The best kind of story is one made up by you that is appropriate to your situation. There are many ways of creating a story: talking to people about their lives and using bits and pieces from each person, getting a group of women to make up the story, making up a story yourself and checking it with some local women to see if they think it is realistic.

As you make up your story, remembering these few rules will help to make sure that the objectives of the workshop are met:

- the story should cover a large part of a woman's life and not only her reproductive years
- the story needs to include information about where the woman lives, what work she does, her home circumstances

- people listening to the story must empathize with the woman, in other words, they need to be able to feel as she would, to put themselves in her place

It is important that the story be told as you would tell a story to friends or to children. In a culture with a strong oral tradition, the story should be told as stories are usually told in that culture. Telling the story aloud also includes people who cannot read, where handing out written copies would exclude them.



2. Once you have told the story aloud, ask people to talk about it and facilitate the discussion. The aim of the discussion is to

- identify things in the story that may be difficult for the woman and why
- find out if any of these things are likely to make her ill in any way and, if so, in what way
- think of things that can be done to deal with these problems in her life

Remember in the discussion to ask the question, “what would a man do in a similar situation?” where appropriate.

3. Develop a list of the things that cause problems for this woman.

Divide the list into things that can be dealt with by the health service and those that require help from outside the health service, like roads and transport. For those that the health service can deal with, discuss which ones would be new services, or new or better ways of providing the same services (i.e. increasing the quality of care). Then ask if these new services can, in fact, be provided. What would be required in order for health services to provide these extra things? Training? More resources?, and so on.

Variation

Identify a common list of health problems that affect this woman’s life. Then determine what needs have to be met to correct these health problems. Ask the group if there are any other needs they can think of from their experience that have not been identified from the story. Draw four columns on a sheet of paper, and put the paper up on the wall. The columns will be labelled, and should look like this:

Needs	Met/Partially met/Unmet	Potential Action	By Whom?

Explain the meaning of the headings. Run a discussion in which the columns are filled in for each of the health needs that have been identified.

Variation

If the group is too large or people are not participating adequately, you can always break into smaller groups. You need to be sure that each group is clear about what it must do. And you should go round and join in with each group for a while in case they need guidance.

Summarize by going through what you have covered during the workshop, describe to the group the major points that came out of the session and make sure the group agrees with your summary.

Wrap up by linking this workshop to the next by referring to the **Workshop process diagram** and making the connections between the workshops clear.



Write up

List all the issues that were identified by the participants. List the services that do exist to meet these needs. List the new interventions that the group identified that are still required to meet women's needs. You will find that if you have used newsprint and generated a table during your workshop, this will form the basis for your report.



Experiences during prior workshops

Here is the story that was used in Mozambique.

Angelina, sole daughter of Chilhamaliso Sitoi and Ntaesse Mathe, was a hard-working and well-educated girl. She was the pride of the Sitoi family, to such an extent that all parents that had a son wanted her to be their future daughter-in-law. Mama Ntaesse did not tire of telling her friends the qualities of her dear Angelina. In the neighbouring village, a fisherman's son called Muphasse Manjate met Angelina. This young boy was also a fisherman by trade. Manjate and Angelina fell in love. It seemed to them they were destined for each other.

After a few months, Angelina's father received a marriage proposal from Madala Cufasse, a man in his fifties with three wives. This man was a great tobacco chewer with the character of a tyrant. But he was also a cattle breeder and owned huge lands. Chilhamaliso, Angelina's father, did not hesitate to say yes to this proposal.

Angelina's parents felt honoured that such a rich man would want their daughter's hand in marriage. Immediately they agreed on the date on which the lobola (bride price) would be presented. When the day came, Mama Ntaesse informed her daughter that lobola was to be paid for her hand

in marriage that day. Everything was prepared, as this would be a very special day for them all, especially her.

Can you imagine the psychological situation of Angelina? She was already planning her future with her Muphasse. She could do nothing, as it was sacrilegious to challenge her father's authority, and Muphasse did not have the resources

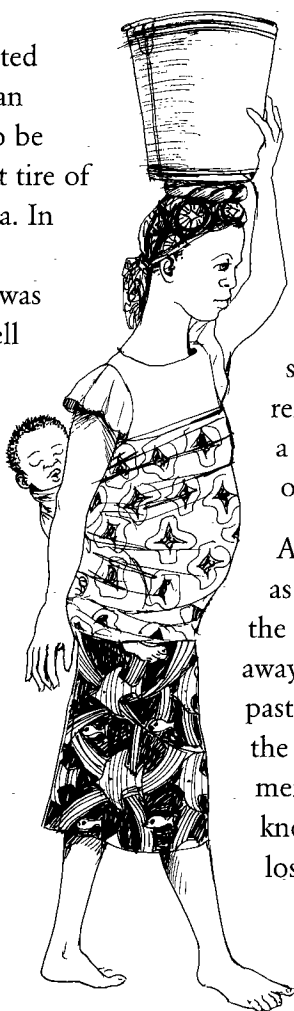
to match the lobola Madala Cufasse could afford to pay. So Angelina had no alternative but to follow her new family to Madala's home.

In Madala's home the tasks began at 4.30 in the morning. This timetable was fixed by the chief of the family, Madala himself. Ah!... If one of the wives forgot to observe this timetable, it was preferable for her not to have been born.

When Angelina arrived at her new home, Madala summoned a meeting with his wives. This was to remind them about the laws of his house, as he thought a woman's mind was like that of a chicken – having no opinion.

After the distribution of the activities, Angelina's duty, as she was the youngest wife, was to get up at 4.00 in the morning to bring water from a river five kilometres away, to prepare the knapsack for the boys going to the pasture to look after the cattle and to prepare lunch for the family. After these tasks, she was to follow the other members of the family to the machamba (fields). Madala knew very well how to compensate for the money he lost on the lobola.

After six years had gone by, Angelina already had five children and was pregnant again. The hut



where she lived was falling apart, as Madala did not take time to rehabilitate it. He was busy chasing after other young girls. Even the latrine was destroyed through neglect, so the family relieved themselves in the woods nearby.

As Angelina was in an advanced stage of pregnancy, it was difficult for her to bring water from the river. Her small children had to bathe in the puddles near her hut. She was also unhappy because her mother was not well, and Angelina could not go to her family home to look after her.

This is an example of how you could use the table to discuss Angelina's story:

Needs	Met/partially met/ unmet	Potential action	By whom?
Choice of marriage partner	Unmet	Challenge attitudes of society Set up support group for new young brides by making a room available and telling all young brides who come to the clinic about it	Women in the society Clinic staff
Relief from physically demanding domestic work	Unmet	Information on health effects of heavy physical work	Health workers
To make informed decisions about number and frequency of pregnancies	Unmet	Information on health effects of frequent pregnancies, on antenatal care, on screening for anaemia, contraceptive methods and so on	Health workers
Toilet	Unmet	Information on the link between environmental issues and the health effect Contact with development officer	Health workers/ Development workers Village committee
Care for aged	Unmet	More information on needs of the aged, and skills to provide services System to visit elderly	Health workers Community members

In Uganda, the facilitator summarized part of her workshop findings as follows:

"The health workers admitted that some of the apparently irrational behaviour shown by women clients, for example, failure to report back and complete treatment courses, refusal to be admitted or fear of health workers, may to a large extent be attributed to women's unique problems in society and the indifference of health workers to such problems."

The discussion in a Zambian workshop showed that the special circumstances women face do affect how patients are treated.

Health workers said:

"The physical condition of the patient is important, for example, a mother bringing a critically ill child or a woman who is critically ill will be seen immediately."

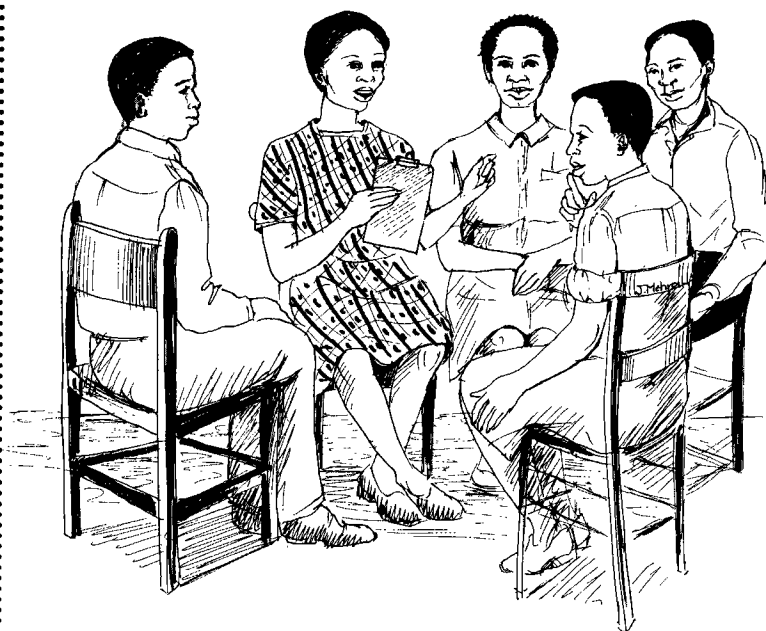
"Expectant mothers attending general clinic will be attended to quickly to avoid staying in a queue for a long time."

"Distance from the clinic, female clients who live very far from the clinic will be attended to quickly and the health worker will spend more time with her."

Also:

"The smartly dressed patient is praised, and the health worker enjoys interacting with her."

"Health workers prefer those with some education, since they understand things better."



Overcoming obstacles at work

Objective

To investigate the factors health workers identify in their work situations that affect their relationships with women clients.

Background

Health workers work within a health system and often have little decision-making power or control over their daily activities. Management in many systems is often slow or poor, and this causes understandable frustrations for health workers. Also, not receiving drugs or salaries are real problems.

In this workshop, we aim to discover, from the point of view of health workers, what problems they have at work and what things at work give them job satisfaction. We also want to define factors that are beyond their control, and those that are within their control to change. If we want health workers to treat patients with respect, then health workers need respect too.

Respect is something you have to get in order to have it for others. That is why we have said that this workshop series is best used in a situation where change is possible within the health service itself.

However, there are things that can be done to make health workers more satisfied with their jobs even when there are no major changes in the health service.



Things Needed

- ☐ Pieces of paper, 10 x 10 cm, 5 per participant and labelled 1 to 5
- ☐ 1 pen per person
- ☐ 5 sheets of newsprint and a felt-tipped pen
- ☐ Something to stick paper on the walls
- ☐ A small box, jar or hat



Timetable

Explaining the exercise	10 minutes
Working in small groups	20 minutes
Totalling up	15 minutes
Discussing the results of the exercise	45 minutes

Method

Summary

- ◆ Introducing the objective
- ◆ Dividing into small groups
- ◆ Getting back into a large group to do group count using "Jinja paper technique"
- ◆ Running a group discussion

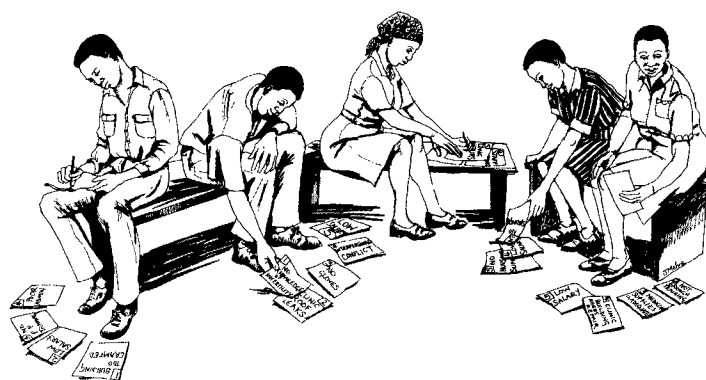
1. Introduce the session by saying;

"We are trying in this session to find out what problems health workers have at work. Often researchers ask patients what problems they have, but very seldom do they ask health workers. We would like to know what problems you have at work, and also how you think these problems affect your interactions with women patients."

2. Divide into small groups.

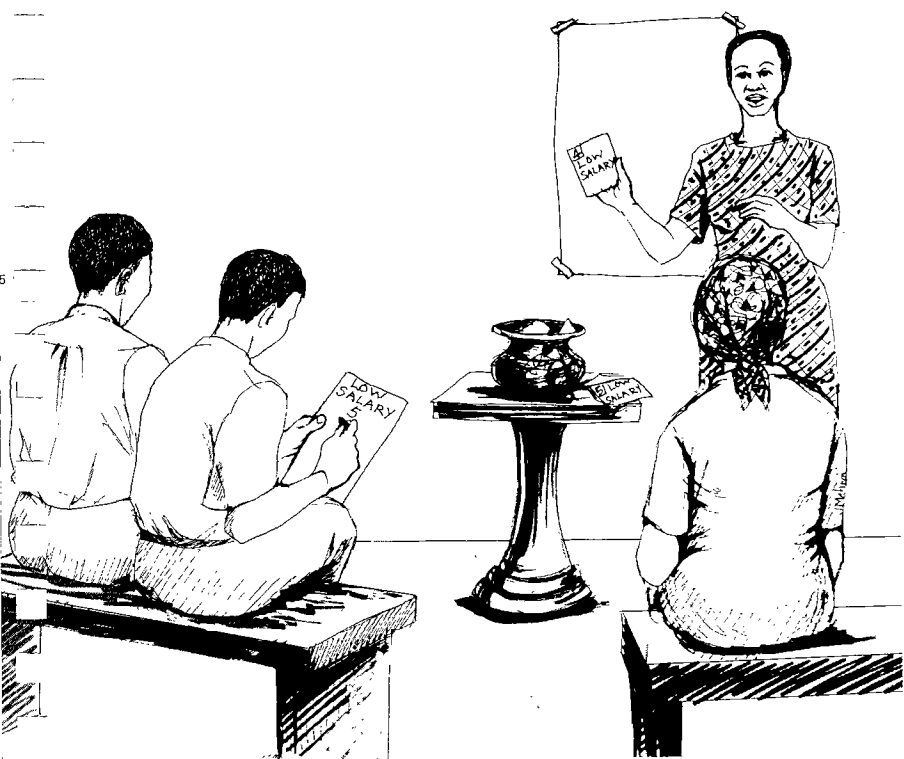
We think it works well to divide into groups by category of health worker, as people in a similar position have similar problems. However, you can also divide the group randomly in groups of three to four people. Ask the groups to discuss the things at work that help or get in the way of their doing a good job. Walk around and assist the groups to generate this list. They do not have to write everything down. The purpose of the small group exercise is simply to get everyone thinking.

3. Get everyone back into a big group. Give each person five pieces of paper. One piece is labelled "1", another "2" and so on up to "5".



Ask everyone to write down five problems, one on each piece of paper. They should write their biggest problem on the paper labelled "5". The second biggest problem goes on the paper labelled "4", and so on. They should write their least important problem on the paper labelled "1". They should not put their names on any of the pieces of paper.





Collect all the pieces. Put them into a jar or a hat or a box, and pull out one at a time. Ask for volunteers to keep the score of each category of problems. One by one, call out each problem and say the number that has been given to the problem. The score keeper writes down the number value of the problem. So if "salaries" is one of the problems, one score keeper is given salaries as their category and writes down "salaries" on the top of the page, and "5" or "3" or whatever value the problem has. The score keeper repeats these steps each time "salaries" is called out. Another score keeper will keep track of the scores for all problems categorised under "equipment", another for "staff relations"

and so on. Try to group problems appropriately. For example, "gloves" and "drugs" and "blankets" would all be grouped under "equipment".

After you have read out all the slips of paper, ask the people keeping score to total up the score for their subject. They should call out the scores to you, and you then write them in order of importance on a piece of newsprint.



Variation

To help those who cannot write, you will need to go to each individual and write the problems they name on the appropriate piece of paper. You need to be sure that the person can speak privately to you, so leave the room with the person if you have to. Remember that as the facilitator you must not show any value judgement in response to what people tell you. Simply show a neutral facial expression and write what they say!

4. Ask the group if they agree generally with the order in which the problems appear.

Again, this is not a detailed discussion but a place to start – the stimulus for a discussion. Going from the most important point to the least important point, ask the group to describe ways in which these problems affect their relationships with the women patients they see.

We developed and tested this idea as a group when we were together in Jinja, Uganda, as we were preparing to run the multicountry study in Africa. So we have called it the “Jinja paper technique”.

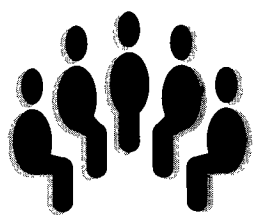
Summarize by going through what you have covered during the workshop, describe to the group the major points that came out of the session and make sure the group agrees with your summary.

Wrap up by linking this workshop to the next by referring to the **Workshop process diagram** and making the connections between the workshops clear.



Write up

Present the list that you developed with the group and give the cumulative scoring for each problem so that the ranking of each problem is clear. If, during the workshop you combined a few issues together under a general heading, then explain in the report what constituted that problem. For example you may have put: shortage of drugs, poor maintenance of equipment, broken scale under a heading ‘inadequate resources’. You need to explain this in your report so that it is clear to a reader what resources are inadequate, otherwise they are unable to know how to respond to rectify the situation.



Experiences during prior workshops

This combination comes from all the countries we worked in:

- low salaries
- inadequate equipment and supplies
- heavy workload
- poor infrastructure
- bad relationship between staff in clinic
- no telephone

In the discussions about how these problems can affect the health worker-client relationship, these are some of the things we learned:

"When I am cross with the in-charge for telling me what to do all the time, then I don't take the patient a bedpan so I can get back at the in-charge."

"If my salary is late, then it is my problem. When I get to work, it becomes the patient's problem. She must give me a little extra to see her. Sometimes I will not give enough drugs. I know she will not die, but she will also not get better properly, and must come again and pay again."

One of the researchers using this method said,

"Somehow, by doing this, people opened up. They told me such amazing things, it is much better than other methods I have used to elicit information."

Solutions

Objective

To draw together what has been learned at the previous workshops, and to conclude by planning things that can be done at this health facility to improve quality of care.

Background

The point of this workshop series is to sensitize health workers to women's health needs, and to find out from health workers how they themselves view their work. If the workshops have been successful, there will be at least some changes, however small, that the health workers will want to make to improve things. The changes may be things health workers want for themselves, which will affect the way they relate to clients, or the changes may affect clients directly.

We want to try and firm up these ideas in this workshop. Of course, some things are beyond the health workers' control, but other things are not. We will address them both. The motivation behind this workshop is to end with the health workers feeling that they have some definite course of action open to them. That given the will, they can change things themselves – that they have the power to do something.



Things Needed

- ☐ Materials for team-building game
- ☐ Prepared summary list for all other workshops (see instructions in "Method" below)
- ☐ Sheets of newsprint
- ☐ Felt-tip pen
- ☐ Something to stick paper on the wall



Timetable

Team-building game	30 minutes
Summarizing findings from previous workshops	10 minutes
Break into groups to discuss solutions	45 minutes
Joint discussion of solutions	15 minutes

Method

Summary

- ◆ Playing a team-building game
- ◆ Going through the list you have prepared
- ◆ Running a group discussion to generate a list of possible things to do

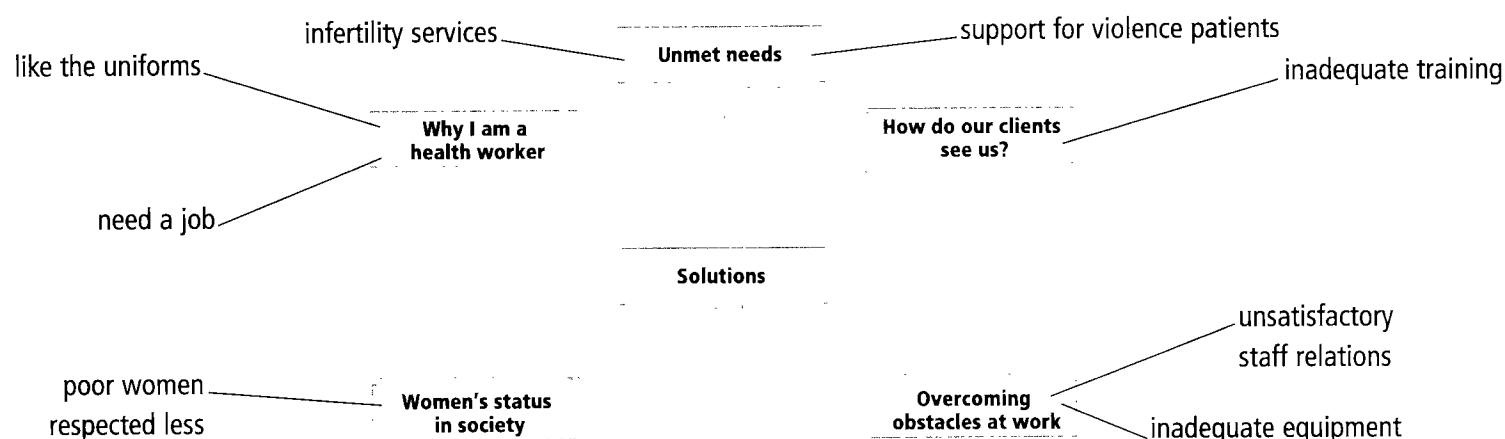
To prepare for this workshop, you need to go through all the previous workshops and write down all the factors from each workshop that the health workers have identified as influencing, in any way, their interactions with clients. So from one workshop you could put "doing this job to support my family", plus all the other things that came up. From another workshop you could put "interpersonal conflict between staff", and so on. You will eventually have a full list of factors that have come up.

1. Begin with a team-building game (see Addendum).
2. Take your prepared list with you, but keep it as a prompt only for yourself. You then remind the group of the topic

of each workshop (use the **Workshop process diagram**) and ask them to generate the list as they remember it. You can add from your prepared list anything that was not remembered by the group. When the group does not remember a point, you can say, "I went through my notes, and other things that came up were... Can I add these to our list?" Once you have compiled the list of factors, group them into common themes. You may put all work-related inefficiencies together and make another group of issues related to communication with clients. This will depend on what has come out of the previous workshops.

Variation

If you are running out of time you can take the list you have prepared and tell the participants "I went through all our previous workshops and have listed the issues that have come up, can I list them and you can add any I have forgotten?" Then list the issues, you can write them onto the workshop's process diagram with lines linking them to the workshops that they came from, as illustrated below.



3. Divide the group into smaller groups and give each group a few of the issues. Ask them to discuss what interventions could be undertaken to rectify these issues. You can give each group some newsprint to write their ideas on. It is useful to have two sheets (see below). One with a heading "things that can be done at our health service level by us" and "things that can be done outside of this health service level." Ask the groups to put time frames to the interventions that they would like to implement.

Summarize by going through what you have covered during the workshop, describe to the group the major points that came out of the session and make sure the group agrees with your summary. Go over the **Workshop process diagram** again and show the links between all the workshops with this last workshop. Discuss with the group how they will take this whole process forward and tell them what you are going to do. For example you may write a report or present your findings to the health service managers.

Thank everyone for their participation.

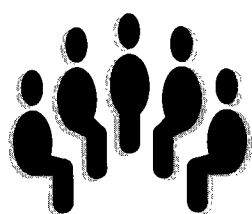
You will have two sheets, and they should look something like this:

Things that can be done in the health service by us	What to do	Time frame
Things that can be done outside of the health service	Who could do this	Time frame



Write up

Here you need to list all the actions that the participants identified. Remember to include who they think it is should take action. Again, if you used the newsprint during the workshop, what is on it will form the basis of your report. In this workshop you have tried to get the participants to make real plans for change, so if they have made a time scale in which to take these actions, include this in your report.



Experiences during prior workshops

“On structural problems like drugs and supplies, accommodation, transport, water, electricity and refresher courses, health workers recommended that the government review the situation with the aim of improving the whole network of the health care system. Without those problems being addressed adequately and collectively, the plight

of patients will worsen, and health workers’ role as care providers will remain ineffective.”

“Health workers expressed that attitudinal change in themselves could happen if steps were taken to address their problems at work and alleviate their plight.”

“In spite of all the problems, health workers pointed out these problems are not devoid of solution. They suggested that, for instance, in their training, the curriculum could be adjusted.”

Things that can be done in the health service	What to do
Staff shortage	Petition for more posts to be created. Help find people to fill the vacancies that do exist.
Poor support from management at hospital level	Develop a method of complaining and how to follow up when complaints are not dealt with. (In Uganda, one suggestion was to discuss the problem with the community clinic committee and get them to take it up.)
Conflict between staff at the clinic	Hold monthly meetings to discuss problems. Ask an NGO to run a conflict resolution workshop with us.
Patients don’t seem to follow our advice	Ask for communication skills workshop.
Infertility, teenage sexuality, violence against women	Do in-service training on counselling skills.

Addendum



Ice Breakers

Sayings (Proverbs)

Write up a list of common sayings from your country, and tear the sayings in half so that half of each is on one piece of paper and half on another. Give each person in the group one piece of paper, and tell them they must find the rest of their saying from another person.

These two then get together and introduce themselves to each other. They talk about how the saying may be applicable to the workshop topic or to their expectations of the workshop series. Adapt this to meet the needs you have.

Examples of sayings:

Hands wash one another
Many hands make light work
Slowly, slowly catch the monkey in the forest
No thief can lick himself on the back

But it is best to use sayings that are well known in your own country.

Variation

If there are people in your group who cannot read, have drawings of animals that you cut in half. Each person is given half of an animal, and then must find the partner who has the animal's other half. Once the participants have found their partners, they can talk with each other about the myths within their cultures (or sometimes family stories) that are associated with that animal. Be careful to choose animals that are fitting for the country you are doing the workshops in. In South Africa, for instance, we could choose a chameleon, snake, lion and so on.

Skills Differences between People

Get people to form into pairs. Each person should choose as a partner the person in the group they know least well. The participants should talk with their partners for a while, find out some information about them and then introduce them to the group. Once everyone has introduced their partners, they should write their partners' names on a piece of newsprint that has been stuck on the wall, and write with the hand they do not usually use. The discussion afterward should focus on how they felt using the wrong hand and why they think you asked them to do it. In the discussion, try to get them to focus on how it may be hard for people to do things that they are not good at in public. Link this to how it might feel for an illiterate patient who gets instructions on how to take drugs, or for people who speak the vernacular instead of the dominant language as their first language.

Life Boat⁵

The participants are told they are on a ship that is sinking. They have to get into life boats, but their capacity is limited. Depending on the size of the group, the facilitator calls out that the life boats are only for two, three or five people, for example. Then, in 5 seconds, participants have to form groups of two, three or five. The facilitator eliminates those who have drowned – groups that are bigger or smaller than the announced numbers. The facilitator then announces new numbers so that regrouping is necessary until there is only one group left. *This exercise is a quick energizer to allow people to move around quickly, interact with each other, make quick decisions and thereby become less inhibited.*

⁵"Life Boat", "The Mail", "The Assassin", "The Bridge", "Streets and Avenues", "Follow the Leader", "Find the Leader" and "Winking" are taken from **VIPP Techniques**, by UNICEF, Bangladesh.

The Mail

Participants and facilitators sit in a circle on the exact number of chairs minus one. One person (perhaps the facilitator to begin with) stands in the middle and announces: "I have a letter for those who...", for example, "are wearing black shoes...", "have a moustache...", "had a shower today...", "work for an NGO...", "live in the countryside...", "don't like garlic", etc. The participants who are wearing black shoes, for example, have to change chairs. The person in the middle uses the movement of people to sit on one of the empty chairs. The one who is left without a chair now stands in the middle and delivers another letter. *This exercise gets people moving around and forces them to observe and discover things about fellow participants.*

The Assassin

One of the participants is secretly told by the facilitator that he or she is an assassin. The participants form circles of up to ten people, the assassin amongst them. The assassin winks with one eye at a person he/she wants to kill, and if that person sees the wink, she falls to the ground in the middle of the circle. The others continue to look and try to identify the murderer. If somebody accuses someone else falsely, he/she is out of the game. *This exercise is fun and adds informality to the proceedings, thereby increasing communication between participants.*

The Bridge

The participants split into two groups and stand on chairs that are in two rows, facing each other. Each group has one more chair than the number of members. The task is to reach a goal line, drawn at some distance, by passing the last chair in the line through the hands of the group until it is placed closest to the goal line. The participants then move one chair closer to the goal and begin moving the last chair forward again. If somebody falls from a chair, he/she is removed and the group must move two chairs at a time. The first group to arrive at the goal line wins. *This game energizes the participants and encourages team work.*

Streets and Avenues

The group splits into four or five groups. Each group builds rows in the form of streets by grasping hands in one direction. When the facilitator says "avenues", the participants make a quarter turn to the left and grasp the hands of the persons who are now beside them. An order for "streets" returns the group to their original position. Two volunteers take on the role of a cat and a mouse. The cat has to catch the mouse. By giving orders for the formation of "streets" and "avenues", the facilitator tries to keep the cat away from the mouse. Neither is allowed to pass through a row. Everyone has to react quickly so that the cat does not catch the mouse. *This exercise energizes group spirit and concentration.*

Follow the Leader

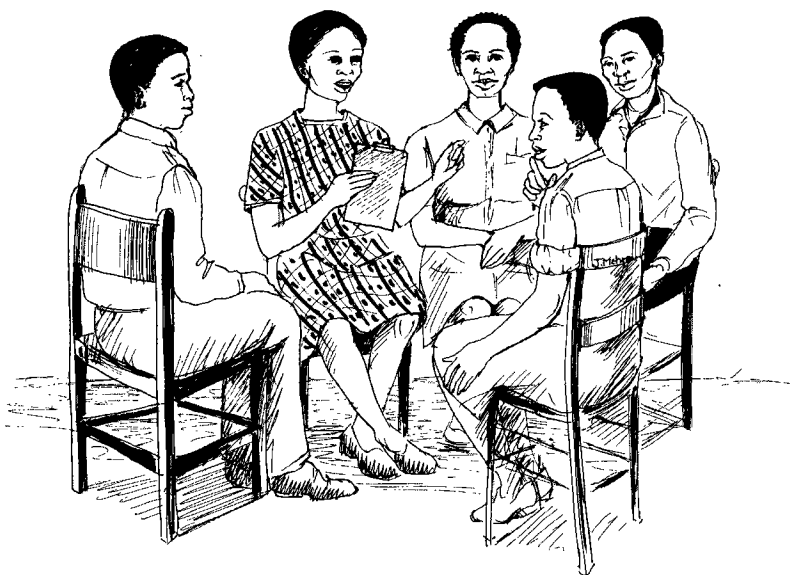
In this exercise the facilitator verbally gives commands to participants to touch their own nose, ears, eyes, etc., while demonstrating the same in actions. But without warning, the physical direction given differs from the verbal direction, such as touching the nose while asking the participants to touch their right ear. Those who follow the physical direction are excluded. *This exercise increases concentration and energizes the group for the next task at hand.*

Find the Leader

Another variation on the theme is when a volunteer goes out of the room. The facilitator asks the remaining participants to stand in a circle facing inward and identifies a leader who will start movements of some part of her body that everyone else has to copy. The movement is changed frequently. The volunteer comes from outside the room into the middle of the circle and has to identify the person who is determining the others' movements. The volunteer is given three guesses in a limited time, say, 3 minutes. *This exercise increases concentration and energizes the group for the next task at hand.*

Winking

The participants are divided into two groups. In one group there is one more person than the other group. The first group is composed of prisoners who sit on chairs in a circle, leaving one chair free. The second group is composed of guardians who stand behind each chair, including the empty one. The person behind the free chair looks around and winks at a prisoner, who has to escape from her guardian and sit on the free chair. If her guardian grabs her before she can move, she will remain where she is. The guardian with the empty chair keeps on winking at more prisoners until one escapes and the guardian with the newly free chair takes over. *This exercise demands concentration but is quick and serves as a good break.*



Team-Building Games

These games may look complicated but they are, in fact, easy to run and work very well.

The following two exercises are taken from Training for Transformation 1, 2 and 3, by Anne Hope and Sally Timmel (Mambo Press: Zimbabwe, 1984).

Cooperative squares exercise

This exercise helps a group to analyze some of the elements of cooperation to look at their own behaviour when working in a group. It is a good exercise for an evening activity. (It is best to use the exercise with people who have a similar formal educational background. This exercise is based on geometry, and some people who have little formal education may find the game too difficult – it could reinforce their feeling of “not being educated”.)

Procedure

1. The facilitator begins by explaining that we want to look at what is essential to successful group cooperation.
2. Ask the participants to form groups of five and to sit around a table. (It is possible to have one extra person to observe each group.)
3. The facilitator then reads the instructions to the whole group.

Instructions

Each of you will have an envelope that has pieces of cardboard for forming squares. When the facilitator gives the signal to begin, the task of your group is to form **five**

squares of equal size. The task will not be completed until each individual has before him or her a perfect square of the same size as those in front of the other group members.

Rules

- a. No member may speak. The task must be done in silence.
 - b. You **may not take** or ask for a piece from any other person, but you **can give** pieces to others.
4. Ask if there are any questions and answer them.
 5. Give each group of five a set of squares in an envelope.
 6. Ask the groups to begin work. The facilitator watches the tables during the exercise to enforce the rules.
 7. When the task is completed, ask each group to discuss the following questions.

Discussion questions

- a. In what way do you think each of you helped or hindered the group in completing its task?
- b. How did members feel when someone holding a key piece did not see the solution?
- c. How did members feel when someone completed a square incorrectly and then sat back without helping the group further?
- d. What feelings did they think that person had?
- e. How did members feel about the person who could not see the solution as quickly as others?
- f. How are the things you learned from this game true of real life and problems you have in your own situation?

After these questions are discussed in small groups, call the whole group together for a discussion on question (f). Add the following final question for the whole group.

g. What have we learned about cooperation?

This question can be discussed in groups of three and then shared, putting up points on newsprint.

Summary

Some points that may arise from the group can be summarized by the facilitator in the following points:

- a. Each person should understand the total problem.*
- b. Each person needs to understand how to contribute toward solving the problem.*
- c. Each person needs to be aware of the potential contributions of other members in a group.*
- d. When working cooperatively in groups, we need to recognize the problems of other people in order to help them to make their maximum contribution.*
- e. Groups that pay attention to helping each other work well are likely to be more effective than groups that ignore each other.*

Variation

If you have observers, or if one group is having real difficulty in finishing the task, the observer or a member from a different group can tap someone in the group having difficulty and take their place. However, that person can refuse.

Time

About 60–90 minutes

Materials

A room with enough tables and chairs. Sets of broken squares made up for the number of participants in the group, newsprint, tape, felt pens.

Directions for making a set of broken squares

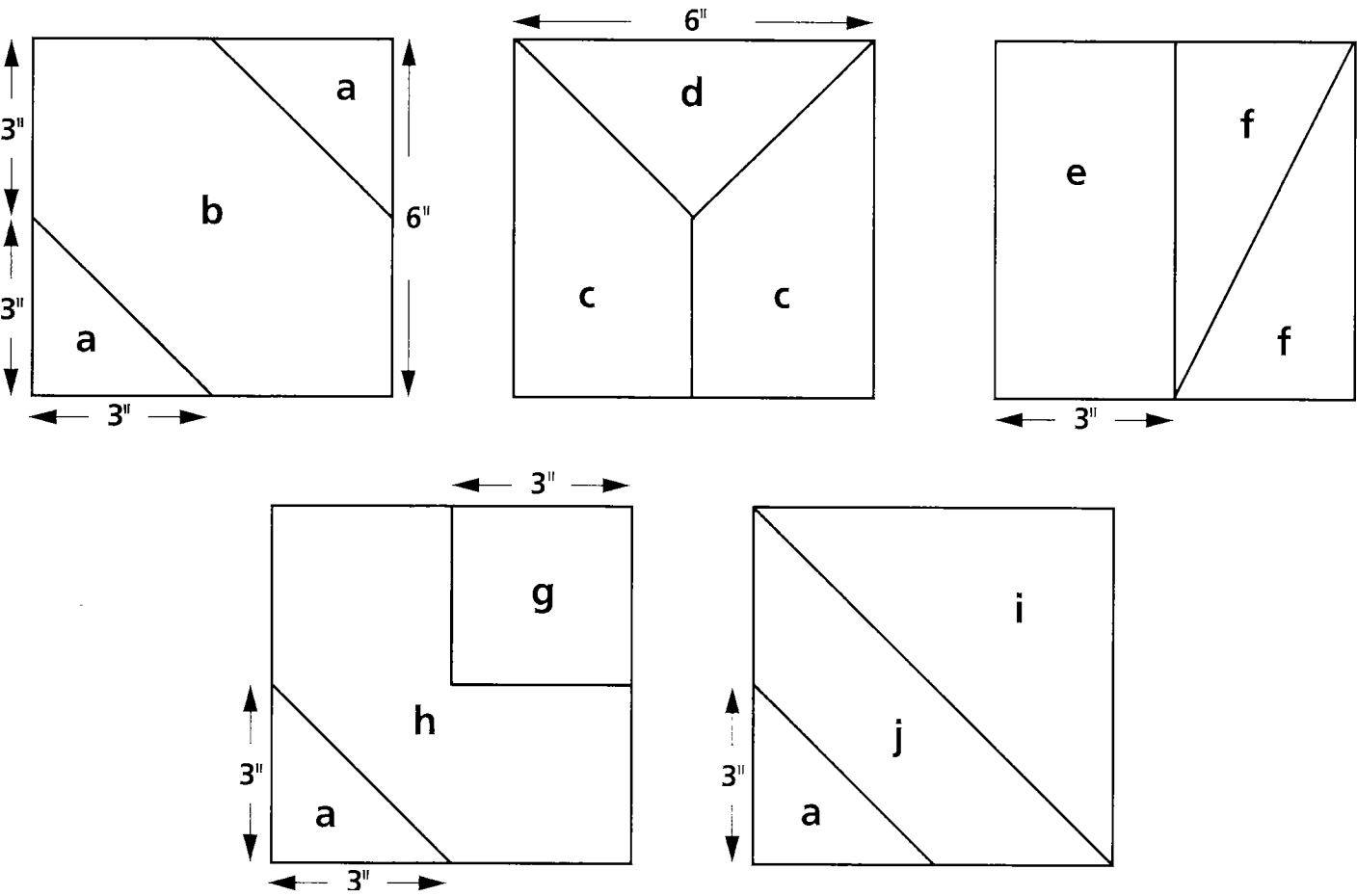
A set consists of five envelopes containing pieces of cardboard cut into different patterns which, when properly arranged, will form five squares of equal size. One set should be provided for each group of five persons.

To prepare a set, cut out five cardboard squares, each exactly 6 inches x 6 inches. Place the squares in a row and mark them as below, pencilling the letters lightly so they can be erased.

The lines should be drawn (see diagrams) so that when cut out, all pieces marked *a* will be of exactly the same size, all pieces marked *c* of the same size, and so on. By using several combinations, two squares can be formed, but only one combination will form all five squares, each 6 inches x 6 inches. After drawing the lines on the squares and labelling the sections with letters, cut each square along the lines into smaller pieces to make the parts of the puzzle.

Mark each of the five envelopes **A**, **B**, **C**, **D**, and **E**. Distribute the cardboard pieces in the five envelopes as follows:

- Envelope **A** has pieces **i**, **h**, **e**
- Envelope **B** has pieces **a**, **a**, **a**, **c**
- Envelope **C** has pieces **a**, **j**
- Envelope **D** has pieces **d**, **f**
- Envelope **E** has pieces **g**, **b**, **f**, **c**



Erase the pencilled letter from each piece and write, instead, the appropriate envelope letter as Envelope **A**, Envelope **B**, etc. This will make it easy to return the pieces to the proper envelope for subsequent use another time.

Competition or Cooperation?

The aims of this exercise are to explore trust between group members, the effects of betrayal of that trust, the effects of competition and the process of developing cooperation.

Procedure

1. Explain to the group that the purpose of the exercise is for each team **to get a positive score**. This must be stressed and written on newsprint for all to see.
2. Two teams are formed and named Red and Blue. The teams are seated apart from each other. They are instructed not to communicate with the other team in any way, verbally or nonverbally, except when told to do so by the facilitator.
3. The Red Team is given a card marked "A" and one marked "B". The Blue Team is given a card marked "X" and one marked "Y".
4. Score Sheets are distributed to all participants. They are given time to study the directions. The facilitator then asks if there are any questions concerning the scoring.
5. Round 1 is begun. The facilitator tells the teams that they will have 3 minutes to make a team decision. She or he instructs them not to write their decisions until given a signal that time is up. This is so that they will not make hasty decisions.
6. The two teams are asked to hold up at the same moment the cards they have chosen. The scoring for that round is agreed upon and is entered on the scorecards and on newsprint.
7. Rounds 2 and 3 are conducted in the same way as Round 1.

8. First negotiation: Round 4 is announced as a special round, for which the payoff points are doubled. Each team is instructed to send one representative to the chairs in the centre of the room. After representatives have conferred for 3 minutes, they return to their teams. Teams then have 3 minutes, as before, in which to make their decisions. When recording their scores, they should be reminded that points indicated by the payoff schedule are doubled for this round only.

9. Second negotiation: Round 9 is announced as a special round, in which the payoff points are "squared" (multiplied by themselves, e.g. a score of 4 would be $4 \times 4 = 16$). A minus sign would be retained, e.g. $-3 \times -3 = -9$.

Team representatives meet for 3 minutes, then the teams meet for 5 minutes. At the animator's signal, the teams write their choices, then the two choices are announced.

10. Round 10 is handled exactly as Round 9 was. Payoff points are squared.

11. The entire group meets and the total for each team is announced.

Discussion questions

1. What did we learn from this game?
2. What increased the competitive spirit and what encouraged cooperation?
3. When did you feel most frustrated or angry and why?
4. How is this related to real life? Give examples.
5. How is it possible to change the win/lose situation in life into a win/win situation?

Score sheet

Instructions

For ten successive rounds, the Red team will choose either an **A** or a **B** and the Blue Team will choose either an **X** or a **Y**. The score each team receives in a round is determined by the pattern made by the choices of both teams, according to the schedule below.

Scoring Schedule

- AX** – Both teams win 3 points
- AY** – Red Team loses 6 points; Blue Team wins 6 points
- BX** – Red Team wins 6 points; Blue Team loses 6 points
- BY** – Both teams lose 3 points

		CHOICE		CUMULATIVE POINTS	
Round	Minutes	Red Team	Blue Team	Red Team	Blue Team
1	3				
2	3				
3					
4*	3 (reps) 3 (teams)				
5	3				
6	3				
7	3				
8	3				
9**	3 (reps) 5 (teams)				
10**	3 (reps) 5 (teams)				

* Payoff points are doubled for this round only.

** Payoff points are squared for these rounds (keep the minus sign).

Design and artwork by P & P