

APPENDICIES

Appendix1: Research questionnaire for community involvement in water projects

Factors causing low compliance in the formation of community water funds

Questionnaire ID _____

Village name _____

Group name _____

No.	Questions	Coding categories	Codes	Skip to
Q001	<p>What are the benefits of water for life?</p> <p>CIRCLE ALL THAT APPLY</p> <p>CIRCLE 1 FOR ALL MENTIONED</p> <p>CIRCLE 2 FOR ALL NOT MENTIONED</p> <p>MORE THAN ONE ANSWER IS POSSIBLE</p>	<p>Drinking</p> <p>Cooking</p> <p>Washing</p> <p>Irrigation</p> <p>Showering</p> <p>Other</p>	<p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
Q002	Where do you get your water for benefits mentioned above?	<p>Traditional well</p> <p>Improved well with pump</p>	<p>1</p> <p>2</p>	

Q003	Who did the construction of your improved well?	AMREF	1	
		Community, AMREF & District	2	
		Community	3	
		Individual	4	
Q004	Who owns your well?	Community	1	
		AMREF	2	
		Village government & water committee	3	
Q005	How many hours/day did you spend retrieving water before installation of the improved wells?	0-1	1	
		1-4	2	
		4-6	3	
		6-12	4	
Q006	How many hours/day do you spend now retrieving water?	0-½	1	
		½-1	2	
Q007	If you spend fewer hours, how do you spend your extra time/	Care for children	1	
		Fetch firewood	2	
		Farming	3	
		Petty business	4	
		Other		
Q008	If you spend your new free time in economic pursuits, what are these pursuits?	Farming	1	
		Petty business	2	

Q009	Do you have any knowledge on the water and sanitation project in the village? CIRCLE ONE	Yes No	1 2	If no skip to 016
Q010	If yes, what are the roles and responsibilities of: Village government?	Community security Project development Community mobilization Project monitoring & evaluation Other	1 2 3 4	
Q011	Water committee?	Management of water fund /bank account Community mobilization Support village govt on water projects Monitoring & Evaluation of water projects Other	1 2 3 4	

Q012	Health committee	Community mobilization on health issues	1	
		Support village govt in planning health projects	2	
		Regular inspection of ESH	3	
		Data collection for HMIS	4	
		Other		
Q013	CORPS and TOTs	Community motivators	1	
		Community Mobilization	2	
		Health education	3	
		Advising communities	4	
		Data collection for HMIS	5	
Q014	Village community members?	Other		
		Participate in project cycle		
Q015	What is the role of AMREF in the project?	Participate in project cycle	1	
		Other		
		Capacity building	2	
		Financial support	3	
		Technical support	4	
		Management of projects		

Q016	Is there any broken well/pump or stolen pump in this village?	Yes No	1 2	If no skip to Q018
	CIRCLE ONE			
Q017	If yes, what measures were taken?	None Repaired Reported	1 2 3	
Q018	Who is in charge of well maintenance?	Community Village government Water committee Pump attendants	1 2 3 4	
Q019	Do you assist in maintenance of the well?	Yes No	1 2	If no skip to Q021
	CIRCLE ONE			
Q020	If yes what kinds of assistance do you give?	Spare part contribution Supervision of maintenance Mobilize community for funds	1 2 3	
Q021	Do you pay for the maintenance of the well?	Yes No	1 2	If no skip to Q023
	CIRCLE ONE			

Q022	If yes how much do you pay?	100-500	1	
		500-1000	2	
		Other		
Q023	Does the village have a water fund with a bank account?	Yes	1	If no skip to Q034
		No	2	
	CIRCLE ONE			
Q024	If yes how was it established?	Community contribution	1	
		Village govt assisted	2	
		Other		
Q025	When was it established?	2000	1	
		2001	2	
		2002	3	
		2003	4	
Q026	How much was it raised?	0-10,000	1	
		10,000-20,000	2	
		20,000-40,000	3	
		40,000 and above	4	
Q027	<i>How much money was banked for the last three months?</i>	0-10,000	1	
		10,000-20,000	2	
		20,000-40,000	3	
		40,000 and above	4	
		None	5	

Q028	Why are you bank account dormant?	No funds from community	1	
		Poverty	2	
		Funds misused	3	
		Other		
Q029	What are the benefits of the water fund?	Well maintenance	1	
		Initiate construction of new well	2	
		Other		
Q030	Does the community members participate in raising village water fund?	Yes	1	If no skip to Q033
		No	2	
	CIRCLE ONE			
Q031	If yes how?	Community contribution	1	
		Water charges	2	
		Other		
Q032	If not why?	Lack of community commitment	1	
		Inadequate follow from village leaders	2	
		Mistrust	3	
		Poverty	4	
		Other		

Q033	What should be done to establish a water fund account in your village?	Education to community members	1	
			2	
		Mobilization	3	
		Commitment	4	
		Reinforcement of water committees		
		Other		
Q034	Does the village have a water committee?	Yes	1	If no skip to Q037
		No	2	
	CIRCLE ONE			
Q035	<i>If yes is it active?</i>	Yes	1	
		No	2	
Q036	If no why?	Misappropriation of funds	1	
			2	
		Few members	3	
		Do not understand their responsibility	4	
		Mistrust		
		Other		
Q037	Are there any individuals who sell water in the village?	Yes	1	If no skip to Q039
		No	2	
	CIRCLE ONE			
Q038	If yes, how much per 20 liters can/bucket?	0-50	1	
		50-100	2	
		100-150	3	

Q039	What is the average daily water consumption per household?	4-6	1	
		7-10	2	
		Other		
Q040	What is your average monthly income?	5,000-10,000	1	
		10,000-20,000	2	
		20,000 and above	3	
Q041	What is the community perception towards water fund contribution?	Strong	1	If strong skip to Q043
		Weak	2	
	CIRCLE ONE			
Q042	What are the community strategies to sustain the village water fund?	Strengthen water committees	1	
		Equal contribution	2	
		Strengthen relationship	3	
		Strengthen collection of water charges	4	
		Other		

Appendix 2: Work plan

The proposed work plan is as follows

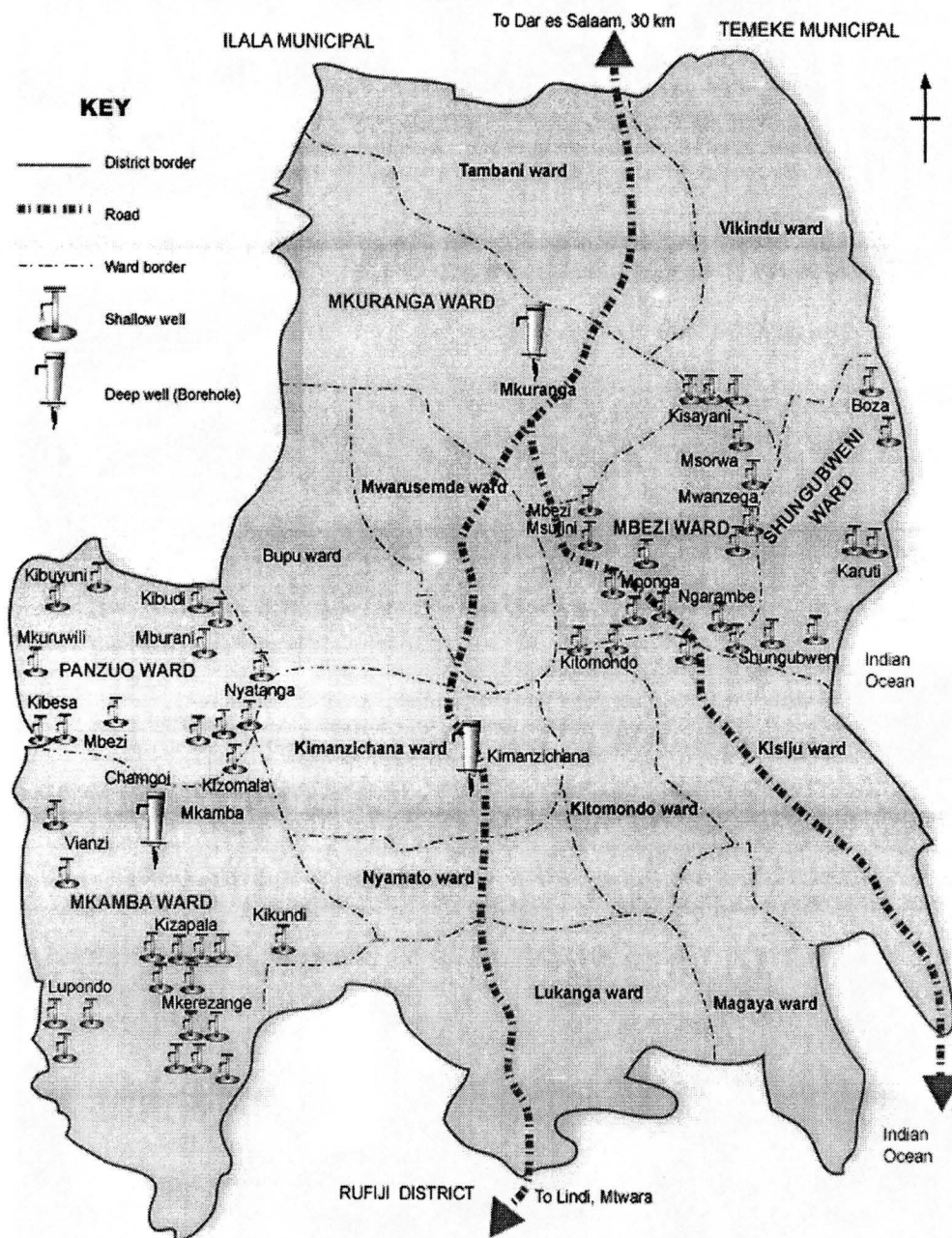
Tasks to be performed	Dates	Person days required
Briefing to the district officials the importance of the research (District commissioner and district Executive Director)	3 rd week of January 04	One day planned (Researcher)
Briefing a planning meeting with district partner staff and Kimanzichana theatre group Training of community theatre for development.	3 rd week of January 04	Two days (Mkuranga/Kimanzichana) Researcher
Development of questionnaires (each staff to think and develop 10 questions subject for joint discussions) Developing Play for performance in villages.	3 rd week January 04	Five days Research assistants
Meeting to discuss the relevance of questionnaires developed	4 th week of January 04	Two days. Research assistants/Theatre group.
Training theatre group members as research assistants	1 st week of February 04	Three days (Facilitator/Researcher)
Preparations for field work: Mobilizations of all resources required in the field:	2 nd week of February 04	One week (Researcher/Facilitator project manager)
Field work/community theatre performances in the selected villages (20 villages)	3 rd and 4 th week of February 04	15 days (all)
Data Analysis and Sorting	1 st week of March 04	5 days (all)
Report writing	1 st – 3 rd week of April 04	Two weeks (Researcher)
Dissemination of results and utilization	(4 th week of April 04)	Researcher
Dissemination of results to all stakeholders in SNHU Mkuranga district and AMREF Tanzania	September 04	Researcher.
Utilizations of the results into the project activities	November 04	Researcher.

Appendix 3: Activity photos and maps

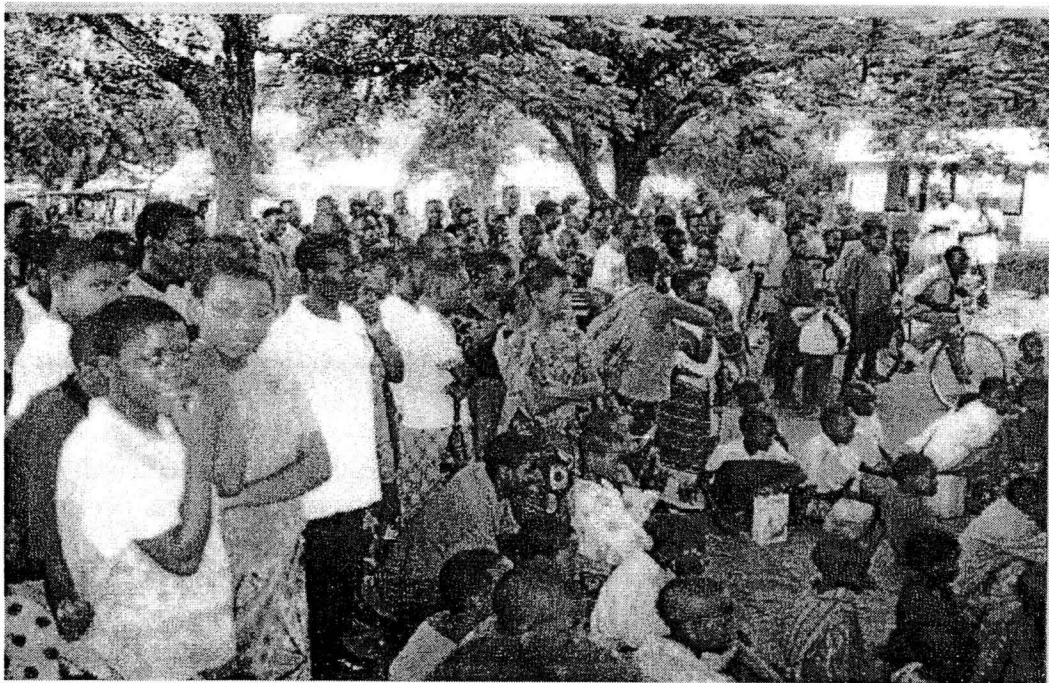


Traditional local wells in Mkuranga.

WELLS LOCATION IN MKURANGA DISTRICT



Improved well in Mkuranga



Community participation during theatre performances

Appendix 4: Kimanzichana vijana troupe profiles

1.0 Background

Kimanzichana Vijana Troupe (KVT) is the community-based organization with its office at Kimanzichana Ward in Mkuranga district, Coast region, P.O. Box 10, Mkuranga. Kimanzichana vijana troupe is the youth Development Group specialized in theatre. Initially, it was established in 28th Feb 1997, for the purpose of assisting youth around kimanzichana ward area .By that time KVT had 25 members covering six villages. These are Kikundi, Mkelezange, kimanzichana, kizapala, Mkuluwili, Mburani. Kimanzichana Vijana Troupe was introduced in 1997 and got registered in 2002 under The National arts Council of Tanzania. KVT also opened the bank account at the same time. The Kimanzichana Vijana Troupe expecting to raise the economic status (improve the quality of life of both women and men of rural communities) through cultural activities. But before that they did not have any knowledge of theatre/community theatre involvement, they just having traditional dances.

KVT vision is to eradicate poverty in the family and society at large.

KVT aims at:

- Boosting the income of group members
- Assisting youth to be self-employment
- Empowering and capacitating women and youth so that they can be independent through loan and education.

1.2 Membership

For an individual to be a member of Kimanzichana Vijana Troupe, a person needs to be Young man from the age of 12-35 years.

1.2.1 Mission statement

To promote theatre and performance arts education with the aim of integrating the growth of life skills, vocational training and cultural awareness through the creation of a group in a multi lingual approach to the full spectrum of performance disciplines.

1.2.2 Objectives

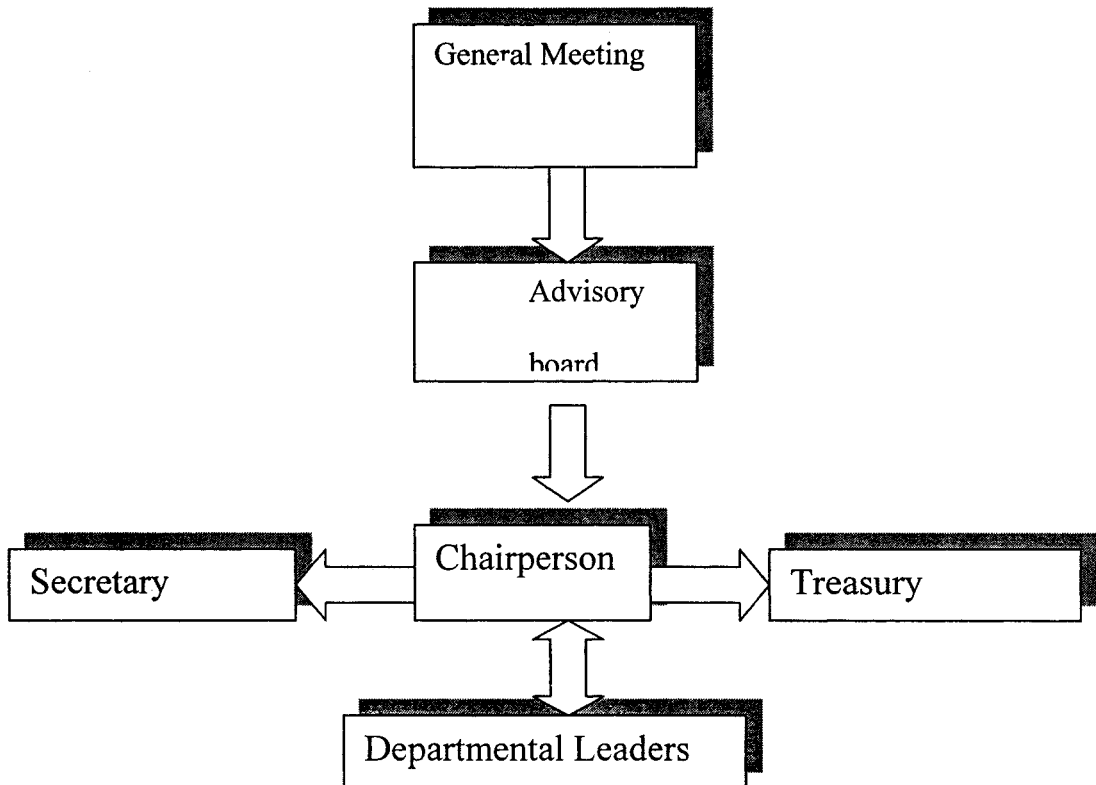
- ◆ To save the community by using the medium of drama in order to develop and enrich the lives of ordinary people
- ◆ To act as conduit between different communities and build bridges to enhance the process of transformation and reconciliation.
- ◆ To integrate performing arts with development activities
- ◆ To identify youth with art talents and trains them to become good performing artist.
- ◆ To rehabilitate homeless youth, youth at risk drug addicts, the handicapped by using the performing arts.
- ◆ To provide quality entertainment using traditional performing arts forms from the various ethnic language groups and cultures in Tanzania.
- ◆ To campaign about HIV/AIDS and environmental issues by using theatre.
- ◆ To introduce small enterprises for the youth of Kimanzichana.

3.0The overview of community based organization

3.1 General Information

- Name of organization: Kimanzichana Vijana Troupe.
- Physical Address: Kimanzichana youth center
- Postal Address: P.O. box 10 Mkuranga; Tanzania
- Contact Person: Mr Makonywa D. Ahmad (Secretary general)
- Type of organization: Community based organization, under the
Umbrella of National Arts Council of Tanzania.

3.2 Leadership



3.3 Roles and tasks of KVT in community development

As a concept theatre for development implies, the use of theatre, as a medium for development communication. It is a process through which members of a community identify, analyze, discuss and find the solutions to their development problems through theatre. It is a method of continuously participatory research involving the people of the area being studied as researchers, who take part in investigations and not serve as passive objects of the study. "This method of investigation which involves study a criticism of the study by the people, is at the

same time a learning process. Through this process the level of critical thinking is raised among all involved". (Paulo Freire Pedagogy of the oppressed.)

3.4 Activities

KVT activities:

- KV, they deposit and give soft loan with fair and little conditions/restrictions.
- Advocating the society through arts/training, songs and verses on HIV/ AIDS, environment, Human rights, health and balanced diet/nutrition.
- Making traditional musical instruments.
- In and out of school youth program
- Supply mosquito nets advocating Malaria eradication
- Lobbying on Government Policies which do not favor community / people.
- Capacity building on crafts and batik
- Theatre hall as training center/ advocating and an entrepreneurship center.

4.0 Capacity Building On Community Theater For Development Approach (COTDA)

4.1 Problem Statement

Theatre for development is increasingly considered to be one of the most effective media for development communication among many rural communities in Africa. It's effectiveness is measured by participation of the community in producing and consuming development information, as well as, in the use of communication to influence changes in attitude, knowledge and practice.

However, most theatre for development initiatives in Tanzania does not make a certain those ideas and voices of different groups are heard and heeded. “The most disadvantaged groups are women and children, who, according to an outdated cultural tradition in many countries in Africa, are to be seen not to be heard” (Jumai Ewu and Tunde Lakoju, 1993).

Therefore this evaluation study/training will take into consideration the efficiency, effectiveness and outcome of the community theatre for development in participatory way with various stakeholders: village health workers, CORPS, Mkuranga District Council.

Steps Towards behaviour change

Community Theatre for Development Applications

(COTDA)



Community Facilitators Guide

SOUTHERN NEW HAMPSHIRE UNIVERSITY

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2005.

ABBREVIATIONS:

CBO	Community BASED organization
CF	Community Facilitators
COTDA	Community Theatre For Development Approach
FGM	Female genital Mutilation
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Informational Educational and Communication
M&E	Monitoring and Evaluation
MC	Master of Ceremony
MTCT	Mother to child Transmission
NGOs	Non Governmental Organization
PLHA	People Living With HIV/AIDS
SHAC	School Health Action committee
SMARTS	Specific, Measurable, Achievable, Returnable, time, Sustainable
STI's	Sexual Transmitted Infections
VCT	Voluntary Counseling and Testing
VHC	Village Health Committee
VHP	Village Health Planning
VSSC	Village Social Services Committee
WF	Ward Facilitators

DEDICATION

**TO MY BELOVED MOTHER AND FATHER WITH MY FAMILY WHO HAVE ALWAYS
BEEN SUPPORTIVE, ENTHUSIASTIC, AND INSPIRATIONAL.**

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With pleasure and gratitude, I would like to give special thanks to all International and Local organizations Tanzania for supporting my research in Tanzania for almost now ten years in exploring how Tanzania can use this type of methodology which is very useful in local community communication, and making it possible. I am indebted to extend my sincere thanks to Southern New Hampshire University Tanzania who allowed me to pursue this important and interesting study on masters of Science in International Economic development program.

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Many thanks to all fellow participants of CED 2005; I would like to show my appreciation for your cooperation and professional help and contribution physically, socially and mentally during the course. I enjoyed living and working with you as a team. Always full of jovial moods, especially my bloody brother Harrison Chinyuka of giving me full encouragement of doing this guide.

PREFACE

This is an operational guide to be used by Community Facilitators (CF) to facilitate the COTDA process in the village to the point where a village Health Plan is produced. Community workers, theatre practitioners, social workers, community leaders, development practitioners, adult educators, and other personnel engaged in improving the conditions of communities, specifically the conditions of the disenfranchised groups, find community development both challenging and an exciting task. However, quite often they face many frustrating situations. An enthusiastic worker or volunteer who undertakes the process with the intention of helping communities to help themselves, frequently ends up developing projects for the community rather than with the community, pushing the people to be silent beneficiary at the receiving end of trickle-down process.

This Community facilitators Guide proposes a powerful and effective strategy for community development workers, practitioners, and community leaders who seek solutions to challenging process of project through this technique of Community theatre for development. The underlying theme in this Guide is “STEPS TOWARDS BEHAVIOUR CHANGE” through Community theatre for development approach which geared towards empowering community members to make changes on behaviours an be critical partners in a trickle-up process, utilizing their development potential.

This guide has been organized primary as a tool for training community development and theatre practitioners, social workers, theatre groups who are working with people-centered development projects, and other similar groups to carry out their responsibilities effectively. The focus to enable them to identify, plan, implement, and evaluate small-scale theatre development projects for the community. However many others can use this guide in a number of ways in communication purposes. In essence, the intended audiences for this guide are all those people who are searching for an effective methodology and systematic process to make a progressive change in the community life.

SECTION I

I. INTRODUCTION

1.1 Training Methodology

This manual is based on the following adult learning principles:

- The learning is self-directed.
- It fills an immediate need and is highly participatory.
- Learning is experiential (i.e., participants and the trainer learn from one another).
- Time is allowed for reflection and corrective feedback.
- A mutually respectful environment is created between trainer and participants.
- A safe atmosphere and comfortable environment are provided.

Training techniques used in this manual include the following:

Presentations - activities conducted by the facilitator or a resource specialist to convey information, theories, or principles;

Case Study Scenarios - written descriptions of real-life situations used for analysis and discussion;

Role-Plays - two or more individuals enacting parts in scenarios as related to a training topic;

Simulations - enactments of real-life situations; and

Small Group Discussions - participants sharing experiences and ideas or solving a problem together.

1.2 Role of the Facilitator

It is the responsibility of the facilitator to present each unit's background material and activities as clearly as possible. Skills used to enhance communication include the following:

1.3 Nonverbal Communication

Maintain eye contact with everyone in the group when speaking. Try not to favor certain participants.

Move around the room without distracting the group. Avoid pacing or addressing the group from a place where you cannot be easily seen.

- React to what people say by nodding, smiling, or engaging in other actions that show you are listening.
- Stand in front of the group, particularly at the beginning of the session. It is important to appear relaxed and at the same time be direct and confident.

1.4 Verbal Communication

- Ask open-ended questions that encourage responses. If a participant responds with a simple yes or no, ask “Why do you say that?”
- Ask other participants if they agree with a statement someone makes.
- Be aware of your tone of voice. Speak slowly and clearly.
- Avoid using slang or other “special” language.
- Be sure that participants talk more than you do.
- Let participants answer each others’ questions. Say “Does anyone have an answer to that question?”
- Encourage participants to speak and provide them with positive reinforcement.
- Paraphrase statements in your own words. You can check your understanding of what participants are saying and reinforce statements.
- Keep the discussion moving forward and in the direction you want. Watch for disagreements and draw conclusions.
- Reinforce statements by sharing a relevant personal experience. You might say “That reminds me of something that happened last year...”
- Summarize the discussion. Be sure that everyone understands the main points.

Effective facilitation includes the following:

1.5 Setting the Learning Climate

- Read each unit and review all materials and activities before each training session so that you are fully comfortable with the content and process.
- Start on time and clearly establish yourself as the facilitator by calling the group together.
- Organize all the materials you need for the session and place them close at hand, stay within the suggested time frames.
- Gain participants’ attention and interest by creating comfort between yourself and them.
- Anticipate questions.
- Prepare responses and examples to help move the discussion forward.

1.6 Presenting the Objectives

- Provide a link between previous units and the current one.
- Use the background notes that begin each unit to introduce the topic under consideration.
- Inform participants of what they will do during the session to achieve the unit’s objectives.

1.7 Initiating the Learning Experience

- Introduce, as appropriate, an activity in which participants experience a situation relevant to the objectives of the unit.
- Let participants use the experience as a basis for discussion during the next step.

- If you begin a unit with a presentation, follow it with a participatorier activity.

1.8 Reflecting on the Experience

- Guide discussion of the experience.
- Encourage participants to share their reactions to the experience.
- Engage participants in problem-solving discussions.
- See that participants receive feedback on their work from each other and From you.

1.9 Discussing Lessons Learned

- Ask participants to identify key points that emerged from the experience and the discussion.
- Help participants draw general conclusions from the experience. Allow time for reflection.

1.10 Applying Lessons Learned to Real-life Situations

- Encourage participants to discuss how the information learned in the activity will be helpful in their own work.
- Discuss problems participants might experience in applying or adapting what they have learned to their own or different situations.
- Discuss what participants might do to help overcome difficulties they encounter when applying their new learning.

1.11 Providing Closure

- Briefly summarize the activities at the end of each unit.
- Refer to the objective(s) and discuss whether and how they were achieved.
- Discuss what else is needed for better retention or further learning in the subject area.
- Provide linkages between the unit and the rest of the workshop.
- Help participants leave with positive feelings about what they have learned.

1.12 Covering All the Details

- Prepare all training materials (resources for research, reference materials, handouts, visual aids, and supplies) and deal with logistics (venue, tea breaks, and audio-visual equipment) in advance.
- Clarify everyone's roles and areas of responsibility if other facilitators are helping to conduct the training. Meet with the co-facilitators daily to monitor the progress of the workshop and to provide each other with feedback.
- Ask participants to evaluate the training both daily and at the end of the workshop.
- Plan follow-up activities and determine additional training needs.

I. INTRODUCTION TO BEHAVIOR CHANGE.

Philosophically- the knowing comes first before the understanding- Frame- Work in the model of W. Gordon and M. Schutz on the Teaching and learning process- (Knowing- Understanding- Doing).

- **Knowing:** To know and to see is different; you internalize, store and memorize, perseverance. But sometimes the association does not work. E.g. you as a person you know but not knowing the name so knowing is memorizing. There several types of Memory but the basic are: -
 1. Visual type of Memory (seeing)
 2. Accoustic type of memory (hearing)
 3. Motoric type of Memory (co-ordination)
 4. Alfactory type of Memory (Remember by something)
- **Understanding:** You can know without understanding, it is interpreting or predicting the income, normally it is a logical science deals with epistemology. It is essential association of the word and object. But understanding is not sufficient because how can we know that there are two concepts in a word. So we need
 1. Functions of speech
 2. Expression of self.
 3. Address of the other message.

Understanding individual change.

The community facilitators Guide uses the stages of change Theory of individual behavior change and sales up this process to the community level. Many individuals pass through typical stages as they make changes in they think or act. To further illustrate the stages of behavior change, take an example of beating a child.

Stage 1: Pre- contemplation

The individual is unaware that beating her/his child is the problem. When a child makes a mistake or behaves inappropriately, the individual hits, slaps, or pinches the child.

Stage 2: Contemplation

The individual begins to question if beating the child is the best method of discipline. This thinking could emerge:

- Seeing the child badly injured after a beating.
- Hearing neighbors talking about other ways of disciplining children.
- Hearing from the Doctor that her/his child has been injured from beating.
- Reading a newspaper article or hearing a radio program that discusses the negative impact of beating children.
- Being confronted by family member when beating children.
- Recognizing that the child is becoming frightened and withdrawn.

Stage 3: Preparations for Action.

The individual may begin to talk with her/his neighbors /health care providers/religious leaders/family/friends about beating. She/he may also begin to watch how other parents/grandparents/teachers relate to and discipline children. She/he may begin to think of other ways to discipline the child. The individual decides that she/he will use other methods of discipline with her/his child.

Stage 4: Actions.

After a child has misbehaved, the individual does not beat the child but instead talks to the child about the behavior and assigns extra chores as punishment.

Stage 5: Maintenance.

The individual recognizes the benefit of not beating the child. She/he could feel an increase in self esteem, notice that the child is happier and less frightened, begins enjoying a better relationship with the child, experiences positive recognition from neighbors or friends, etc.

It is important to remember that an individual will not be able to make the change completely and immediately on the first attempt and then never beat the child. Behavior change is the process, and, as such, takes time. There will be times when the individual lapse in anger or frustration. This does not mean that the individual has failed at making the behavior change. Reverting to the old behavior is natural. Learning something new, whether it is skill or change in behavior, take time, perseverance, practice, and support from others to successful.

We have to keep in mind that human behavior can be manipulated through behavior technology, by giving rewards or punishment as real forcement for certain way of acting. By using community theatre for development approach we believe that community will change behaviors in the use of artist method in psychology- that has advantage of avoiding the difficulties and uncertainties, which arise through depending on introspective reports.

II. Strategic communication

Strategic communication is communication with a vision. It is based on a clearly defined strategy and designed to achieve specific goals established in advance. (Prochasca et al 1992)

The debate about the most effective way of communication development messages has not yet been resolved to a degree where any method or medium of communication can be said to hold this way (Mda, 1993). One of the inherent problems in this debate is what Felsteinhausen (1973) refers to as a dilemma of development workers not being trained in development. Early communication models had emphasized sender receiver approaches (shramm 1961,Klapper 1960, Mda 1973), and the community theatre methodology described above was a break from this tradition in that there is no outside source of information bringing it in, rather the community itself was the source and receiver

at the same time. The community creates a word they can identify with, define its problems and propose solutions they are comfortable with.

What is the Pweza process?

The Pweza (Octopus) is a fish living in the sea and has got eight legs for its movement, when moving uses its legs simultaneously without leaving other, I have taken its movement as comparison in strategic communication and call it Pweza Process. So Pweza process is a framework that tells you step by step how to develop a strategic health communication program. It is a road map to guide you from the first rough notion that you might want to promote a specific health practice-like family planning, HIV/AIDS prevention, breastfeeding, child immunization, or stopping drug abuse- to a completed program with a demonstrated impact.

1. Analysis I

- Understanding the problem.
- Know your audience-segment and profile.
- Review existing programs and policies.
- Identify leading organizations.
- Assess communication capacity.

Analysis is the first step to effective communication, just as it is the first step in any effective action. Changing health knowledge, attitude, behavior, and advocacy through communication starts with accurate information and in-depth understanding of the problem, the people, existing policies and program, active organization, and communication channel. Qualitative as well as quantitative information is needed.

2. Strategic Design

- Develop SMARTS objectives, this means Specific, Measurable, Achievable, Returnable, time, Sustainable.
- Position your program to present a clear benefit.
- Follow a proven behavior change model.
- Select media and actives.
Prepare a strategic design paper
- Draw up an implementation plan and budget
- Plan for evaluation

Every communication program or project needs a strategic design. At this stage decision are made on the seven key elements described below. Thus the strategic design translates a sound analysis into a direction and a road map to reach the agreed-upon objectives.

3. Message, pre-testing, and production

- Develop message concepts.
- Work with professionals on the issues concerned.
- Follow the seven C's of effective communication.
- Pretest and retest with intended audiences especially IEC materials.
- Revise to satisfy audience and gatekeepers.
- Produce efficiently and promptly

Message development combines science and art, message must not only be guided by expert analysis and strategic design conducted in the first two stages, but also they must have the emotional power and artistry to influence people who are neither expert nor actively involved in the program –a dual challenge.

Produce efficiently and promptly. Produce high –quality materials in large volume, since in large volume, since this is cost-effective, and promptly so that products are available as soon as needed. High quality materials are most likely to hold their value, to be reused many times, and to generate revenue.

The 7 Cs of effective communication.

1. COMMAND ATTENTION.
2. CATER TO THE HEART AND HEAD.
3. CLARIFY THE MESSAGE.
4. COMMUNICATION.
5. COMMUNICATE A BENEFIT AND CREATE TRUST.
6. CONVEY A CONSISTENT MESSAGE.
7. CALL FOR ACTION.

4. Management, Implementation, and Monitoring.

- Manage for results.
- Train individuals and built institution capacity.
- Built a positive organization climate.
- Establish a coordination group.
- Focus on dissemination.
- Monitor outputs and activities.
- Respond rapidly to feedback.

Good management follows the strategy and implementation plan, assigning clear responsibility and setting up coordination mechanisms. Implementation emphasizes maximum participation, flexibility, and on- the- job training. Monitoring track outputs to be sure that all activities take place as planned or, if problem arise, that they are promptly addressed.

5.Implementation evaluation.

- Design evaluation early.
- Build on a proven behavior change model.
- Use different evaluation methodologies.
- Measure cost –effectiveness.
- Share results in appropriate formats

Impact evaluation shows whether a program met its objectives, changing knowledge, attitudes or behavior of the intended audiences, or influencing policy –making. Programs that are not evaluated waste time and money because they have little impact on future development. By identifying the effects of different activities on different audiences, sound program evaluation can support program advocacy, stimulate program improvements, and guide cost –effective funding allocations in the future.

6. Planning for continuity.

- Build on evaluation findings.
- Adapt to changes in conditions.
- Scale up successful programs.
- Identify resources early.
- Integrate promotion – related services.
- Strengthen coalitions for advocacy.

Like other communication intervention is an ongoing process. Planning for continuity means a long-term goal, keeping functional conditions together and keeping data and arguments.

Communication is an ongoing process, not on –time effort or product. Significant sustained changes in attitudes, behavior, and community norms require time and repeated effort. Therefore the Pweza Process is continuous and cyclical. It builds systematically on experience and adjusts to changing needs. (Adopted from JHU center for communication programs).

- Evaluate results situation
- If desired policy changes occur, monitor implementations
- If desired policy changes do not occur, review previous strategy and action, revise repeat advocacy process or identify other actions to be taken.
- Develop plans to sustain/reinforce change.

III. Steps to behavior change models.

To evaluate the impact of communication programs. You can measure how much the intended audience:

Knowledge:

- Recalls specific message.
- Understands what messages means.
- Can name products. Methods, or other practices and /or sources of services/ supplies.

Approval:

- Responds favorably to message.
- Discusses messages or issues with members of personal networks (family, friends)
- Thinks family, friends, and community approve of practice.
- Approve of practice.

Intention:

- Recognizes that specified health practices can meet a personal need.
- Intended to consult provider.
- Intends to practice at some time.

Practice:

- Goes to a provider of information / supplies / services.
- Chooses a method or practice and begins use.
- Continues use.

Advocacy:

- Experiences and acknowledges the benefits of practice.
- Advocates the practice to others.
- Supports program in the community.

IV. Basic principles.

At every stage of the Pweza Steps, these are basic principles for strategic communication program.

Strategic thinking.

Identify communication not as posters and brochures or even television sports and radio dramas, but as a continua, direct, and major influence on behavior and policy, mobilizing and deploy the power of communication at all levels to support good health practices.

Leadership support.

Built support among national and local leaders continuously, from the initial assessment to the sharing of evaluation results, enable political, religious, and community leaders to share credit for program accomplishments.

Audience participation

Encourage your audience to be actively involved at every stage –assessing their needs, planning the strategic, carrying out local activities, assisting in monitoring and evaluation, and engaging in advocacy. Develop key messages around the needs of the audience and the benefits for the audience.

Interdisciplinary Approach.

Work with people from different disciplines and back grounds, including nurses, marketing professionals, social scientists, auxiliary health personnel, physicians, pharmacists, epidemiologists, anthropologists, and communication specialists throughout the life of the program to secure the diverse skills and technical expertise needed.

Coordination with service providers.

Design communication programs to identify and reinforce service facilities; and to promote access and quality. Encourage and train health care providers to use or refer to appropriate materials and messages in dealing with clients. Encourage communication experts to highlight the role of good providers.

Public- private partnerships.

Build partnerships among government agencies, nongovernmental organization, and the commercial sector to reinforce communication programs and to share materials, messages, training, and other resources. Learn from one another.

Multiple channels.

Establish a lead agency and a lead to carry the message and reinforce it with other appropriate mass community, and interpersonal media that reach the intended audiences best to achieve the most cost-effective program.

Edutainment approaches

Never underestimate the power of entertainment to reach persuade audiences, especially young people and those who are not health professionals. Develop and adapt entertaining materials for mass media and community distribution.

Training and capacity – building

At every step, train individuals and build institutional capabilities to carry out effective programs. Use educational sessions and on the job –training to create a critical mass of communication expert.

Monitoring and evaluation

Plan for evaluation from the start to measure changes in the intended audiences and to know whether objectives are achieved. Monitor project output regularly and makes necessary adjustments. Share findings widely to improve future programs.

Continuity and sustainability

Plan for continuity from the start with activities that can became sustainable over time. Expand programs, services activities, and coalitions as appropriate to build a large base for advocacy and community support.

SECTION II

I. Background of Community Theatre For Development Approach (COTDA)

Community theatre for development implies the use of theatre as a medium for development communication. It is process through which theatre is going to be used by members of the community to research, analyse, discuss and find solutions to their problems. It is method of continuous participatory research involving the people of the area being studied as researchers, who should take part in the investigations and not serve as passive object of study. The method of investigation, which “involves study- a criticism of study by the people, is at the same a learning process. Through this process the level of critical thinking is raised among those involved”. (Paulo Freire 1972).

Community theatre for development emerged in 1970's and was directed towards changing community to make development in their communities. In this method people are being involved in the processes of theatre creation, performances and post performances discussion. Normally organizers are going to the villages, do research, come back and create an unfinished play based on the analysis done on the findings. The play would be taken back to the village and performed in such away that it constantly stopped for contribution; ideas and suggestion from the audience, and in this way develop to end. The play changes as the understanding of the participant deepens. Emphasis is placed is placed more on the process rather than the product.

Community theatre for development can be classified as a small communication medium “ structurally when compared to forms such as broadcasting and satellites, but is powerfully medium which pervades local communities in may countries in Africa” (Eberhard Chambulikazi.1995).

The medium is increasingly being used as both a tool for communication and a forum for conscientisation of the rural masses on issues central to their development Approach. COTDA so far has been addressing itself to those issues which impede social and economic advancement, for example; high rate of illiteracy, infectious diseases, poverty, malnutrition, even population growth, bad leadership and infant rate” (Ndube, Eylh. 1986).

Why Community Theatre For Development

Development refers to theatre approaches known as Theatre for Development, participatory theatre, popular theatre, community theatre, legislative theatre, theatre in (health) education, educational theatre, and edutainment

Theatre as an educational tool

Theatre is frequently used as a tool for communicating information across a range of sectors, particularly health, to bring about attitudinal and behavioral change, and changes in life style. Subjects that are dealt with include family planning, safe motherhood, safe drinking water, environmental degradation, child abuse, violence against women, rape, and HIV/AIDS education. In

this kind of theatre, a group of actors or puppets perform a play containing a particular message, often with little or no audience participation or discussion. (Abah s. Oga, 1987)

Theatre as a learning process

Theatre is also used to analyze, discuss and identify problems and to seek solutions with the participation of the community affected by the specific problems. Both local workshops and public performances represent a process of learning. Through dialogue, it raises the level of awareness and contributes to the empowerment of all involved. It may also mobilize people to take action and support them in processes of social and political change. This type of performance may be devised through community workshops and participatory research. Community Theatre for Development Approach (COTDA) activities of this kind may be performed by community members or by a group of actors/facilitators. The audience may participate by acting on stage or even in writing, and in discussion.

Not a new concept to developing countries

The use of theatre as a tool for development is easily accepted in developing countries. It builds upon the culture and traditions such as the traveling theatre, story telling, puppet shows, sociodramas, mimes, songs, dance and riddles. For generations, rural populations have relied on the spoken word and traditional forms of communication to share knowledge and exchange information on social, health and agricultural themes, and to provide entertainment. (Nyoni F. 2002).

Advantages and disadvantages

The potential to entertain gives theatre an advantage over some other information and communication methods. Advantages of the use of theatre for development, identified in the literature, include:

- It can be culturally appropriate and context sensitive
- It can be a means to listen to the voice of the silent sectors of the community and allow expression of issues by peer groups rather than by agents of the development organizations
- It is a public, non-intrusive vehicle to communicate information
- It can foster ownership by the partner community, of strategies that have been developed together
- It can serve as a social lubricant for those changes
- It is portable and thus can be presented in many places
- It is record able and thus useful for broader dissemination
- It is cost-effective in terms of one performance reaching
- Many people its methods can be used by field-workers to facilitate dialogue and ensure ownership of cultural action and change
- Performances may be adaptable to local contexts, especially when accompanied by workshops
- It can be used with other media to reinforce its message (e.g. pamphlets, radio)
- It does not require a literate or otherwise specially educated public

It does have some disadvantages:

- The cost of development and implementation, by outside performers, can be high if scriptwriting and actor fees are costly
- The time required for development and implementation means that messages requiring immediate dissemination may be slow to be released the effectiveness of the drama may be dependent on the abilities of the producers and actors. This is not true at local community level, where the presence of peers in the drama has its own contextual impact.

Need for support

Despite the potential of theatre to involve and reach audiences, it is perhaps misleading to expect too much from the performance alone. If people have become aware of the disadvantages of certain behavior and are willing to change, or if people are empowered to act but their actions are blocked or given little support, then the performance without support and follow-up will only serve to generate frustration. Theatre is perhaps best used as part of broader projects or programmes, which can provide opportunities and the incentives to change.

Participatory performance practices (PPP).

The community Theatre for Development (COTDA) practitioner must take on a cycle of activities starting with participatory research with the community leading through to performances inside the community and beyond - and then back again.

The process of COTDA is a strategic tool, which should be at the heart of any community development initiative that envisages social or behavior change. Participatory performance practices may be both process and product. Community artists can tell their own story, highlight their own concerns and develop their own strategies amongst themselves and with their neighbors. These public peer-to-peer statements are empowering in themselves. And the performances can then be addressed to a broader public or to those policy makers in the wider world who have power over their lives.

There is nothing new in these aims, but COTDA has not been getting any closer to realizing them. There is a growing misconception of COTDA as a 'bolt-on accessory, a message service. Using participatory performance practices, COTDA explores a full and participatory engagement with local culture, cultural action.



Community facilitators with community doing some research.

II. COMMUNITY THEATRE FOR DEVELOPMENT APPLICATIONS (COTDA).

Community Theatre includes a range of theatre-based activities in which the main focus is to facilitate community involvement and dialogue around issues relevant at community level. Community Theatre usually needs sponsorship, in contrast to Commercial Theatre where the interest is in achieving independence through ticket sales. Community Theatre should also not be confused with 'big media drama' that tends to be top down and is not orientated towards audience participation. It is important to integrate the objectives of a community theatre project with other strategies. For example, if one of the objectives of developing and presenting a play is to promote increased condom usage, or correct and more consistent use, then condoms should be readily available.

Community Theatre promotes available resources such as counseling services, the help line, clinics and other outlets where condoms are available. Theatre advertises ideas at the same time as entertaining and educating. Receivers of messages are not passive recipients. We can't pour meanings into people's heads. Instead, meaning is individually constructed, depending on the interpretation of words and images that are being communicated.

In the case of HIV/AIDS issues, community theatre provides for a number of opportunities:

- **Promoting information in locally appropriate languages**
- **Breaking down barriers around sex and sexuality, HIV/AIDS and death.**

Theatre as a form combines entertainment with education and allows for an emotional and intellectual response from the audience around different topics.

- **Challenging myths and stereotypes**

Various characters in a play can adopt different points of view that are then juxtaposed against each other. This is a more Subtle approach than health workers putting across the 'right' message are. Plays arouse emotions and challenge people to think and ask questions.

- **Challenging attitudes**

Attitudes can be directly challenged, and viewpoints from the audience can be integrated into the drama. As we see in the case study of the CHAT shows, players can directly and publicly confront an audience's attitudes by drawing them into the action. Character that the audience identifies with is in a strong position to challenge attitudes and ways of behaving that are inappropriate or detrimental to good health. In some cases there may be spontaneous response from the audience that can change people's attitudes.

- **Demonstrating other ways of responding and behaving.**

The characters in plays provide a future vision. They can demonstrate new and more positive ways of thinking and behaving that an audience can relate to. There are literally hundreds of HIV/AIDS community theatre projects in Tanzania. The main thrust of these projects is a focus on providing

information and suggestions about ways in which to prevent the spread of infection. They often also deal with creating positive attitudes towards PLHAs.

Live theatre, especially when performed in the street, in market places or at cultural events is able to attract the attention of large audiences whilst still allowing for some interaction between players and audience. Players are also a very useful way of reaching large audiences in schools. The message in theatre can be complex and allow for a multifaceted response from the audience. Theatre can help break down resistance to new ideas. When people's feelings are aroused through identifying with characters in a play or in puppet theatre they are also more challenged and more likely to reconsider entrenched ways of thinking.

This shows capture attention and provide a focal point around which the many issues relating to HIV/AIDS might be debated or discussed. The term 'edutainment' has been coined to capture the powerful combination of education and entertainment that can be offered by TV, radio and live theatre. There are however some limitations. The combination of fact and fiction that is inherent in these media can work against their educational potential by allowing people to shrug their shoulders and say to themselves 'well that was a good story – nothing to do with my real life.'

Like radio talk shows, these community shows also often provide a one –off experience with little follow-up. Their long-term effectiveness depends on them being part of an integrated approach.

EVALUATING THE IMPACT OF COMMUNITY THEATRE

There are number of indicators that are useful when evaluating the effectiveness of community theatre. These evaluations are made against objectives such as increased awareness, grasp of information, attitude change, taboos and myths challenged, and empowerment through new ways of seeing.

Quantitative evaluation can include measuring attendance at events, number of performances held Audiences responses can be evaluated using a questionnaire. Qualitative research can include observation of the event and a descriptive report by a trained researcher, informal interviews with members of the audiences immediately after the play, focus- group discussions with members of the audience to find out responses to the experience, and analysis of written reports –for example, reports written by school children.

Evaluations are made against objectives such as increased awareness, grasp of information, attitudes change, taboos and myths challenged, and empowering through new ways of seeing. Various characters in a play can adopt different points of view that are then juxtaposed against each other. This is more subtle approach than health workers putting across the right message.

Community theatre for development is participatory planning tool, which enables community members to analyze their village situation in relation to health related matters and develop relevant interventions in order to intensify the response to it. In order to ensure that the process represents all major groups in the village, 6groups of animators are chosen by their peers in the first village

assembly, women, men, Young women, schoolgirls, schoolboys and me. Each of these groups then goes through the COTDA process, which consists of three major elements:

- Mapping in which each group draws village maps in order to identify areas and behaviors, which put them at risk of getting infections with various diseases. They also identify areas where has most impacted their communities and the available opportunities that can be used by them as inputs to for intensification of response to health issues.
- Data analysis in which the groups analyze the reasons for risk areas and behaviors and the nature of the impact before prioritizing the most important issues to be tackled.
- Community theatre in which each group prepares a performance to present to the village assembly to provoke in-depth community discussion on the issues they think are key to intensifying the response.

On the basis of the maps, analysis and performances by the groups, a village health plan is developed by a village health committee selected from among the groups who participated in COTDA together with a few more key people in the village.

I. RESEARCHING THE PROBLEM

The essence of research in any field is too obvious to expound. In theatre however many practitioners either take it totally for granted, ignore it completely, or rush through a few brainstorming sessions and all that research. Part of the reason for this attitude probably lies in the scientific perception of research both conceptually and methodologically, as opposed to theatre whose activities whose activists want to think artistically and socially. Any effective COTDA facilitator must first and foremost abandon this casual attitude about research for it is the foundation participation and collaboration with all the stakeholders in the program. The weaker foundation, the less effective will the participation be; and with poor participation no meaningful education can be experienced however aesthetic the actual performance are.

II. STEPS AND METHODOLOGY IN RESEARCH.

a. What are the natures of the social problem?

- The COTDA team holds in house discussion among themselves.
- The discussion must be as participatory as possible.
- The problem is analyses form every point of view-economic, social, political, biological, climatic etc.
- Tasks are shared out in the group with different task forces researching further on the specific aspects of the problem.
- Any task force depending on the nature of the task can use library research.
- Personal interviews with various people very informally to get their views on the problem.
- The various task forces report back to the group.
- Reports are discussed, analyzed and specific attitudes isolated and establishedfor further criticism,
- The group may invite a known expert in the field to give them a talk.

SECTION III

BASIC STEPS OF COTDA IN PROCESS:

STEP 1. Initial preparations:

Communities need to be prepared for COTDA in order to ensure that they understand why it is important for them to participate and ensure broad based participation by all community groups. Therefore, in order to prepare for COTDA, CF should organize the following activities.

First village consultative meeting
Village chairperson, VEO and sub-village chairs.

Agenda

- Explanation of COTDA and its purpose (see above)
- Exchange of views on COTDA
- Participants needed for the next meeting and people responsible for informing them (see below)
- Date for next meeting.

Second village consultative meeting

Participants

- All members of the village government
- 4 influential villagers (2 men, 2 women)
- Leaders of out of school youth from every sub-village (1 boy, 1 girl)
- Religious leaders
- Leaders of NGOs and prominent CBOs
- Representative of women group
- Head Teacher.

This is to ensure that a broad spectrum of people, including the vulnerable and the marginalized, know about and participate in COTDA from the beginning.

STEP 2. Data Collection and Community Mapping

At the time agreed upon by the animator chosen in the village assembly (or immediately after the village assembly if they agree) the process begins. The animators are divided by their age /gender groups and then go through the following process:

- Ask each group to select a chairperson and secretary.
- Facilitate the asking of the key probing questions given below and any further questions arising out of the answer given. The secretary should record the answers on the flip chart.
- On the basis of the information given, ask them to start drawing the map by showing where they are in the village. Say that, in order for the map to be clear, they should use different colors pencils or symbols.

- a) Black pencils for showing boundaries & roads
- b) Red pencils for showing risky/unsafe places
- c) Green pencils for places where people can get services.
- d) Yellow pencils for the families with orphans, widows and orphans with caretakers.
- e) Brown pencils for the places where there are people who are chronically sick.

NB: If one area is both a risk and an opportunity both colors should be used.

Stress the important thing is the identification of different places not the accuracy of the boundaries of the village. In order to demonstrate this, draw a big circle on the board and say that even this could be the basic boundaries, although if they know can be more accurate in drawing the shape of the village, so much the better. Ask one person in each group to act as the secretary who will record the answers to the questions and draw the map in line with suggestions from the others. Probing questions should be used in data collection.

STEP 3. PROBLEM IDENTIFICATION AND ANALYSIS.

The process called W-SABA (7 Ws) evolved out as exercises that were introduced to the theatre groups to help them structure their research in the community and gain deeper insights. The drama research exercise is most useful after group has analyzed the information/problem they have gathered. In order to help improvising drama/play, groups need to use this method of W- SABA or 7Ws to explore characters according to problems:

- WHO is this? (Name, gender, economic status, where do they live, is they married, education etc.)
- WHAT have they done? (Find key moments of action, turning point of in their life, in this case related to a decision to participate in community works and keep them healthier)
- WHY have they made this decision?
- WHAT are the consequences of the action to be taken? (Go forward in time)
- WHAT caused this (go back in time to find influences how things could have been different)
- WHAT will happen? (in future)

They used plays “STILL PICTURES” (Sanaa ya Mgando) to improvise dialogue and moved backwards/forwards in time. Sometimes replaying moments when a different action or decision could have changed the outcome for that character. Having this technique in the workshops, participants could form their own plays and perform in the community. Hence participants were trained on how to facilitate the community members and raise some discussions that relates to the play/drama.

In the play examples that were demonstrated to the public, some of the key issues that were raised included among others are lack of clean and safe water, behaviors towards latrine use, lack of village water funds, poverty, traditional beliefs, malaria disease, diarrhea, malnutrition, laziness, alcoholism, HIV/AIDS and ignorance.

The actors/participants needed to develop facilitation skills in order to open up discussion between audience members in such a way that problems are aired and solutions found within the community themselves. The W-SABA exercise provided an opportunity for the performers to practice these skills, and be able to analyze the contents of “Still pictures and improvising” together with the community members. Understanding how to pursue an enquiry with the audience in such a way that an opportunity for collective learning is created takes time, and hence for a better performance and achievements, regular practice to all groups is required.

Another method is, once they have drawn their maps, the next stage is to analyze the reasons for the risk areas/ behaviors and the nature and the extent of the impact of Health matters on the community. Thus the key steps are:

- Answering the probing questions given below and any follow up questions arising out the answers. Secretary writes their answers on a flip chart.
- Filling in the analysis matrix
- Filling on the prioritization matrix
- Discussion of resources available
- Filling in the summary matrix, including solutions.

Analytical questions for the groups

Causes;

Let's look again at the risk areas and behavioral on the maps

- Why do the people take these risks?
- If you remove the risks areas do you the problems will be solved? Why?
- What are the deep reasons for the people having such behaviors?
- Why do young people tend to be more promiscuous than older people?
- Are there any traditions, which encourage unsafe behavior? (You can refer back to some of the earlier answers) e.g. widow inheritance, night dances etc. how do they work?
- What advice do parents give to their daughters? Sons? When they reach the age of puberty? Are any parents who encourage their daughters to look for sexual partners to get their own/ family needs?
- What are the traditions/ practices governing inheritance or access lead to resources? Who gets access? When? Why? Does lack of access lead to any unsafe behaviors?
- What opportunities are there for young people to build their own lives? Young men? Young women?
- At what age do girls get married? Boy? How long do these marriages last? What happens if marriage breaks up?
- Are there any traditions that might be dangerous (e.g. Heavy child malaria, FGM, widow inheritance)? Are they still continuing or have they changed?
- Why do people get drunk so much? (Or use drugs)
- Why people are lazy

Effect:

The effects of HIV/AIDS to the community)

- How has HIV/ AIDS affected the community?
 - To what extent has the life and economy of the community been affected?
 - Are there some groups (age, gender, economic status, occupation etc)
- a) What do people think about those ‘affected’ by HIV/AIDS?
- i. What do people think about AIDS in general? (Curse from heaven, product of immorality etc)
 - ii. Are there any people who ‘have gone public’ about their HIV/ status? What do the people think of them?
 - iii. How do they interact with them? How does their own family treat them?
 - iv. Are there people who villagers think have HIV/AIDS? How are they treated?
 - v. Are any groups, which are treated better or worse? (e.g. girls through to be prostitutes but widows regarded as victims)
 - vi. How are orphans treated? What kind of support are they given? Are they treated equally with biological children of the guardians?

Opportunities and solutions:

Let’s look again at the opportunities

- vii. Which opportunities do you think is most relevant for which issue? How?
- viii. Are there any other opportunities you can think of?

What solutions can you suggest?

- How can we prevent the spread of HIV/ AIDS in our community
- What are the best ways of looking after those ‘affected’?
- Are there any of your solutions that might create other problems?
- What do you think you need in order to implement your solutions?
- Where can you get resources for this?
- From looking at the final matrix, are there any issues you can merge together into one?

Analysis matrix;

The purpose of the analysis matrix is to enable the facilitator to carry out an in depth analysis of issues and identified during the needs assessment process, in order to be able to propose solutions on what needs to be done. In order to do this, groups:

1. Answer the questions relating to areas and behaviors or risk.
2. Fill in the first column of the matrix, list one by one the problems areas/behavior, how it is related to the HIV/AIDS and the causes for it. Stress should be on looking for the root causes, which why there is space for as many as causes as are identified.
3. Answer the question on effect and fill in the second half of the first column.
4. Answer the question related to opportunities and fill in the second column of matrix linking the opportunity to the specific problems or cause.

5. Use the matrix to discuss possible solutions and resources required, again linking them to the level at which they are aimed. They should also discuss the effects their solution might have on the community (including adverse effects)
- a) After agreeing in all the other columns, they should fill in the column of person (s) responsible for implementing the solution.

Issues	Opportunities	Solutions	Responsible	Resources
Problems: Risk area/ behavior 1 How does it affect the spread HIV/AIDS?				
Causes 1. But why? 2. but why 3. but why Etc.				
Risk/ area behavior 2 How does it affect the spread of HIV/AIDS Causes 1. But why? 2. But why (For each of the 5 risk areas/behavioral identified)				
Problems Impact/ effect 1 How does it affect the person/ How does it affect the village?				
Impact/effect 2 etc for each of the 3-5 effects identified.				

Terms used in the matrix

Problem

Either an issue contributing to the risk behaviors and practices that lead to increased HIV/AIDS and STIs transmission in the community or issue affecting the community as a result of HIV/AIDS.

Opportunity

Either a person/ institution (school, church, mosque, NGO, village government etc) providing a service (such as medical services, support to home based care, condom distribution, information on HIV/AIDS etc) or a person/ institution that could provide a service. Opportunity could also refer to specific resources or existing plans that could be mobilize to address HIV/AIDS as well.

Effects

The adverse outcomes or impact resulting from HIV/AIDS as whole, or a particular problem relating to HIV/AIDS.

Solutions

The action (s) that need to be taken to address the problem.

Responsible actor

The person responsible (and will be held accountable) for facilitating action



Training class in Prioritization.

1. Prioritization

After completing analysis, each group should look at their analysis matrix and decide on the 8 main cause/ effects of HIV/AIDS in their village. These causes /effects can come from any level (ie it might be a problem behavior /risk or one of the underlying or basic causes of the behavior/ risk. It might be general effect (eg increase in the number of orphans) or a specific aspect of that effect (eg orphans' education). From the matrix they might also see that several problem area/behavioral and effects are all related to one underlying cause, which if is dealt with, solve several problems at once. Once they have decided at the 8 main causes/ effects, they should prioritize which of these are the most serious. Each member of the group should write the 8 issues in order of priority then the secretary should develop the prioritization matrix from their answers.

ANOTHER NEEDS PRIOTIZATION METHOD.

Assessment of the relative Importance of Different Problems or needs.

1 Problem Statement/Need	2 How Common	3 How Serious	4 How Important	5 Relative Priority

Legend X Not very common (or serious or Import)
 XX Common (or serious or important)
 XXX Extremely common (or serious or important)

(Source: David Werner and bill Bower, Helping Health Workers to learn California; The Heaperian Foundation 1984.)

An Example;

Problem statement/Need	How Common	How Serious	How Important	Relative Priority
Lack of Latrine	XXX	X	XX	6

Prioritization matrix

Issue/participant	1	2	3	4	5	6	7	8	9	10	11	Total

For example the 8 issues chosen are:

1.condoms 2.widows 3.video parlors 4.opps for young people 5. Drunkenness
6. Inheritance 7.rape 8. Orphans

The Matrix is filled as follows by each individual:

Prioritization matrix

Issue/participant	1	2	3	4	5	6	7	8	9	10	11	Total
Widows	6	7	2									
Drunkenness	5	8	4									
Rape	3	6	3									
Orphans	2	2	1									
Initiation	1	5	5									
Opps for young	8	1	6									
Video parlors	4	4	7									
Condoms	7	3	8									

This carried out for all participants and the numbers for each issue is added up. The issue with the smallest number is the biggest priority. For example, from the voting of three participants, the most important issue is orphans (5 points) followed by initiation (11) and rape (12). The lowest priority goes to condoms (18).

Once they have prioritized the causes/effect of HIV/AIDS in this way, they look at their priorities from the point of view of what is required to deal with each priority. This is important because it makes sure that the choices are realistic in terms of resources available. This does not mean that they change the priorities according to the resources (there may be some very serious problems which require a lot of resources but they are so serious that they can not be left out) but just make sure that they balance the seriousness of the problem with the possibility of acquiring resources.

Therefore they should go back to the column of opportunities in the analysis matrix and ask themselves:

- What do we need to deal with these priorities (resources, equipment, human resources etc)?
- Where are these resources available?

On the basis of this, they can reorganize their priorities if necessary in order of priority of implementation and fill in the summary matrix according to this priority.

1. Summary matrix

The purpose of priority is to list problems in order of priority and provide a matrix which sums up all the previous discussions.

Problems	Source/Root Cause	Solutions	Resources/Budget	Responsible actor
Alcoholism	Ignorance Poverty Laziness	Introduce bylaws To educate them To sensitize	Transport	VEO Theatre groups Peer health Educators

Problem analysis



STEP 4. Participatory Community Theatre Creation

- vii. Assisting the village animators to transform, analyze data into community theatre form.
- viii. Rehearsal by animators
- ix. Selection of the JOKER and recruitment.
- x. Selection of village health committee members.

Community theatre:

Community theatre is a participatory theatre intended to stimulate critical thinking for positive change by developing a performance in and with community members and provoking discussion on the performance as an integral part of that performance. Therefore, this technique differs from the

conventional theatre of audience performer separation, in which people ‘receive’ the performance and the messages with no chance to participate in a discussion. As an educational methodology, it bridges the gap between artists and audience because the two parties enter into a dialogue, identify problems together and find out our best solutions. In community theatre, there is a joker who facilitates a dialogue and a discussion between the audience and performer.

It is a product of working closely with a community and aim is to provoke discussion among community members rather than present solutions and messages. Say that this has been used very successfully with young people in some districts and that it is particularly relevant to the development of village action plans to respond to community health programs.

Community theatre uses the principles and techniques of theatre to create theatre. The next step is for each group to transform their analysis into an artist performance in order to provoke further discussions by the community on issues identified. It is important that every group makes its own performance in order to be able to present their different view points on issues facing the community.

Use theatre in COTDA;

In creating theatre as a part of Steps of community change communication, the following steps should be followed:

- Read the list of analyzed and prioritized problems and discuss the how they could be transformed into performing theatre
- Select the appropriate theatre form(s). It might be a dance, dance drama, play, puppet; song, story telling etc Depending on a theatre forms existing and popular in that community.
- Create and build a story through the development of conflicts and complications (e.g. several complications arising from one problem) reflecting on the root causes and effects of the problems identified during data analysis and synthesis. Ensure that the performance reflects the priority issues of the group.
- Start by improvising the performance and then improving it through a process a process of self –critique and showing to others for further critique. In this way, the character will also become accustomed to their parts.
- Make sure the performance raises issues more than providing answers since the aim of performance is to provoke further discussion.
- Choose one of the group members to act as ‘joker’ (Manju) whose task will be to stop the performance is at critical moments and provoke discussion. At the end of performance the joker should provoke a final discussion.

The probing question the joker should asking are as follows:

- a. What did you see and hear in the performance?
- b. Do these problems existing in the community? Why do you say that?
- c. How do these problems affect our lives? Why?
- d. What are the causes of these problems? Why do you say so? Can you give an example?

- e. Who will be responsible for implementing the resolution?

Note that, these are just starter questions and the joker should be skilled enough to ask as many question as possible based on original questions from the audience. This is because the audience can just provide a series of one word clinched answers like drunkenness, 'adultery' etc.

Theater Techniques;

In discussing the performances, it is important to encourage artist to improve their performing techniques to ensure that it creates interest and discussion when presented. The following are some of the technique. The following are some of the techniques that need to be looked at:

(I) Action

Development of the action;

- Make sure that the play is full of actions, not just words. For example, showing a meeting in a play often leads to loss of interest because there is no action.
- The play should be based on conflict
- If possible make sure that there is some suspense. If everyone can guess at the beginning, what is going to happen at the end, there is loss of interest also.
- Remember that there is supposed to provoke not to preach. Therefore there is no need to have simple solutions at the end.

(ii) Interaction

Characterization

- Build up credible characters (not characters who exaggerated that they are not realistic).
- The person acting the character should involve himself or herself in the part.
- Interact. Respond with feeling to the words or actions of the actors. Don't just stand and wait till it is your turn to speak/act.

The performing technique

- Use whole space when performing, these performances will probably be performed at an open air arena and it is important to get close to the audience.
- Face the audience when speaking or reacting.
- Avoid long speeches –be direct and to the point.
- Make sure that the only one conversation is continuing at the same time – even if there are two scenes going on simultaneously. One way of doing this is by 'freezing' in which the characters in one of the scenes 'freeze'
- Speak clearly and with feeling

Roles of Joker

- S/he has the responsibility of provoking discussion at key points (climax) during the performance.
- S/he has the responsibility of moderating the discussion by using the probing questions in the previous page.

- N.B: When joker freezes the performance, performers (artists) should freeze while discussion takes place unless they asked to continue performing.
- If a performance deals with an issues already dealt with in previous performance, their joker should concentrate on the different aspects. (e.g. drunkenness as a way of seducing young girls, drunkenness and rape)

Qualities of a joker

- S/he should have good communication skills.
- S/he should be able to ask probing questions.
- S/he should be able to solicit relevant answers.
- S/he should be capable to understand questions and issues raised by the audience (community)
- S/he should be able to avoid domination of discussion by few people.
- S/he should be able to articulate issues rose by the audience (community).

STEP 5 Theatre performance and discussion.

- Issues to note;
- Preparation for the village assembly.
- How to conduct the village assembly.
- Theatre performance and village discussions.
- The working relation between the MC (ward facilitator) and jokers.



Community participation in the performance and discussion

Step in preparation for an extraordinary village assembly

Invitations

- Local artist to participate in mobilizing the community, for the assembly the day before. They will participate in procession to the assembly group immediately before the event and entertaining the community before the assembly is officially opened.
- Guest of honor (would could be ward councilor or any village leader). This invitation might include some speaking points

Formulation of timetable for village assembly.

- Procession to the assembly area
- Entertainment by local art groups.
- Speech from MC (a facilitator) to explain the programme of DRI briefly and the aim of the gathering. In this speech, the assembly is notified about the discussion during and after performance and the need for their participation

- Speech from guest of honor.
- Order in which groups will perform
- Selection of VHC
- Closing speech by Guest of honor.

Arrangement of performing area;

If possible, the assembly should take place in air, where the audience can stand or sit in a circle leaving space for the performers in the middle. There is no need for a high table and other political protocols, which often segregate the leaders from the people. The assembly should also be in a strategic place that can attract even other villagers who had not decided originally to attend.

Qualities of good community theatre performance;

(I) Performance

- The performance should reflect different ideas and viewpoints in order to provoke discussion
- It is good to have a mixture of arts from e.g. song/dance and drama
- The performance should provoke not preach.

(ii) Discussion

- The jokers should freeze the performance and provoke discussion.
- The joker should use the probing questions.
- The MC should allow the jokers to stake the lead in provoking discussion but add further follow up questions where necessary.

NB: 2 volunteers should be assigned from the animators groups and WF to write down the highlights of the discussion and proposed solution to the issue raised in each performance for incorporation into the matrices.

Issue for masters of ceremony [MC]

- Coordinate the assembly and ensure that the programme is followed
- Ensure that the assembly is not turned into a political meeting but has a festival air.
- Support the jokers if necessary with further follow up questions
- Summarize the list of priorities from each of the 6 groups and point out the major priority that was transformed into theatre in each performance.
- Support the selection of the village health committee
- Hand over to the village chair the maps and matrices from all group, together with the list of VHC members. Remind the chair that it is the responsibility of the village government to select the other VHC members

- Thank the community, and village leadership and Guest of honor for their active participation and contribution during the assembly.
- Ask the Guest of honor to close the assembly.

STEP 6. Selection of village Health committee;

Village Health Committee

The village Health Committee is a group of selected by the village community to plan, implement, supervise and monitor the activities derived from the participatory planning process to respond to environmental and health issues. The relationship between VHC, School Health Action Committee (SHAC) and the Village Social Services Committee (VSSC) is that:

- The SHAC is concerned only with the school but shares its activities with the VHC
- The VSSC is a broader committee of the village government. It deals with water, education and health issues in general.

The formation of VHC is in line with the National Policy and Strategy on intensification of Response to Health issues in the implementation of MTP III through a multisectoral approach.

Roles and functions of VHC;

Roles refer to the overall responsibility a person is obliged to fulfill, while functions refer to the activities that need to be carried out. One role can have several functions.

Roles

- Formulate the village Health plan for approval and implementation.
- Supervise and monitor implementation of village Health and environmental plans.
- Oversee the implementation of by-laws instituted for the purpose of alleviating the risks associated with critical health issues eg. HIV/AIDS transmission and ensuring care and support for those affected and infected by HIV/AIDS.
- Prepare and conduct campaigns to intensify and sustain efforts against different hazards.
- Oversee the management of funds and other resources of VHC

STEP 7. Formulation of village health Plan;

It is the task of the WF to assist the VHP to develop a village plan from all the maps and matrices developed by the different groups.

Linkages between maps/matrices and VHP

The maps and matrices developed by the 6 groups of animators during the COTDA process, complemented by the additional information given by the community during the second village assembly form the raw material for the development of the VHP. However, they express different viewpoints.

Thus, the first task of the VHC will be to look at the similarities and differences between the different maps and matrices and agree on the overall priorities of the village, based on these similarities and differences. Once agreement has been reached, it will be possible to move to the preparation of the planning matrix.

Planning matrix

The VHP matrix comprises problems, objectives, activities, inputs/resources, budget, time frame, indicators, responsible actor and remarks. These are known as variables of the matrix.

Problems (first column)

Issues identified by community members who are either determinants of HIV infection or the results of HIV/AIDS impact e.g. wife inheritance polygamy, orphaned children etc.

Objectives (second column)

Intended outcomes to be achieved when undertaking or implementing activities in order to solve a problem. The objectives are derived from problems, root causes, opportunities and effects identified during data analysis and synthesis. During formulation of objective, the statements should be SMART (specific, measurable attainable/achievable, realistic with timeframe).

Activities:(third column)

Acts or tasks to be undertaken or implemented in order to achieve the envisaged or desired objectives. This means that the formulations of activities are based on objectives. The activities also need to be specific and when formulating them, they answer the following question.

1. WHAT do you want to do?
2. WHY do you want to do it?
3. HOW do you want to do it?
4. WHEN do you want to do it?

Resources or inputs:(fourth column)

These are requirements needed to implement the identified or formulated activities. It is advised that all inputs need to be considered they form the basis of formulating the budget. The inputs are written in the fourth column.

Budget:(fifth column)

The inputs form the basis for the preparation of the budget. The inputs are budgeted and used to cover the expenses of each activity. The budgeted are used to cover the expenses of activities.

Time frame:(sixth column)

This is the period allocated to implement each activity. Calendar year (January to December) is usually time frame used for implement activities and is divided according to 4 quarters (3 months each quarter).

Indicators: (seventh column)

These are parameters, which are used to measure progress in the implementation of activities. Indicators normally show the achievement of activities and indicators are obtained by assessing how the activities have been implemented.

Responsible Actor (s): (eighth column)

These are persons or institutions responsible for implementation of activities, which have been planned. One activity can have more than one responsible actor who collaborates together to implement it. For each activity, responsible actor(s) are identified and it is advised to avoid lumping responsibilities to one actor.

Remarks: (ninth column)

These are opinions of the responsible actor(s) on how the activities how been implemented. Remarks are written on the last column. Normally this column is filled at the end when the activity has been implemented.

Figure 1: Example of Village Health Plan (VHP) planning matrix

Overall problem: High prevalence of HIV/AIDS in.. Village.

General objective: To intensify community response to HIV/AIDS in order to reduce
Its prevalence and mitigate impact in the society.

Problem	Objectives	Activity	Resource	Budget	Timefra me Impleme ntation	Indicat or	Responsibl e/Actor	Remarks

WF steps in the formulation of the VHP

- Ensure that all the material such as the maps and matrices of all groups and the additional comments from the second village assembly are in place.
- Explain that all these materials contain important information and are the basic for the formation of the action plan
- Analyze the maps and matrices of the 6-animator groups and agree on a consolidated list of priorities.
- Ensure that maps participants understand the variable in the planning matrix.

- Draw or display the Action plan matrix and use an example from the village matrix to fill in one line of the matrix variable by variable
- Facilitate the VHC to complete filling in the matrix variable by variable for each priority identified (you may wish to divide the VHC into groups so that each group fill in the variable for one priority-but the first priority should be filled in together to ensure that all understand the process)
- Finally convene the groups present their, work review according in order to finalize the action.
- The action plan formation should be presented to the village government for approval and integrate it with the village development plan for submission to the WDC for compilation and finally to the full council for endorsement.

Example

1. Fill in the selected problem derived from the prioritized summary analysis matrix. Write this in column one as taught.
2. Formulate the objective of the problem based on its roots cause, identified opportunities and effects. Make sure that the formulated objective has to be SMART taught. White it in column two.

Example of objective

To introduce the percentage of young men practicing unsafe sex through multiple partners by 25 before or by year 2005.

- Based on the objective formulated, then develop activities which when implemented should solve the stated problem. It should be noted here that one objective could in fact have more than one activity. Write the activities in column three.
- In each activity identify inputs or resources needed to implement it and write in column four.
- Calculate the costs of each input and add the costs of all inputs of each activity and put the in the budget column alongside the activity. Then add the total cost of all activities less than one objective and write it is as a column under budget.
- Select the time, when the activity will be implemented and insert in column six.
- Formulate the indicators to assess how the activities will be implemented. Write the in column seven.
- Discuss with participants and assign the responsible actor(s).
- The remarks column will remain empty at this time but will be filled in after activities have been implemented.

STEP 8: SUPERVISION, MONITORING AND EVALUATION

Meaning of monitoring, supervision and Evaluation:

Evaluation generally implies measurements, appraisal, or making judgements. Frequently, it is a process designed to assess the degree to which the intended objectives have been archived. In project situation, evaluation implies a systematic examination of the project to determine its Relevance, effectiveness, impact, or benefits to the target population.

An example: one of the village in a certain ward in 1996 started that their goals were as follows: each member to have a good house, balanced diet, be able to pay school fees and increase maize production from production from 10 to 30 bags per acre by 2003.

We do not know if members in this village reached their goals, because their work was never monitored. But if the village had monitored their activities, may be themselves would have been able to see that not all of them were able to build a new house and send their children to school, and that they were in fact only able to grow 15 bags of maize per acre.

Thus, monitoring is about knowing what goes on in the village. It means to observe the activities carried out in order to reach the set goals. When monitoring we seek to document how things have changed/ are changing because of our efforts. When monitoring activities are progressing in the village, we want to document (write down, share with others) how things are changing. By sharing that information we are able to take decisions together and make better plans for future.

Example: through monitoring we can document that farmer Mpho has improved his yield from 10 to 20 bags of maize. This may be known by asking Mr. Mpho about his yield and this is one type of monitoring. Another type of monitoring asks about the changes that has happened to Mpho and his family. Do they eat better food? Are they better dressed? Are the children in school? Do they go to town often? Is the wife of Mpho being involved about the decisions taken in the family? This can be known by asking the wife and the children of Mpho about how their lives have changed.

When measuring Mpho's improved yield, we are asking about the activities that he carries out. When looking at what food his family eats, how they dress and if the children go to school, we ask about changes that have happened because of his increased yield. Both things are monitoring and both things are important when talking about development in the village.

What is monitoring?

Monitoring means to keep an eye on, to observe what is working and not working and why.

Why monitor?

The purpose of monitoring is not to act as some kind of negative inspector but to facilitate a process, which enables all stakeholders to:

- Know what is going on in the village
- Knows about changes taking place
- Share and use the new information to make better plans for reaching the set goals.

Process of monitoring:

- The monitoring process involves the following:
- Planning the monitoring process
- Activities to be monitored and indicators
- Monitoring process; checklist and schedules
- Feedback to stakeholder
- Decision making on revised planning
- Revised activities to be monitored and indicators.

Evaluation;

Evaluation will only happen a few times in life of project or partnership. It can be external (experts from Outside village) or internal (communities) and makes an in-depth analysis of what has happened in trying to fulfill the goals. It is sometimes used when making a decision about when to continue or stop the project.

Monitoring and Evaluating the village Action plans:

In the context of the DRI, participation monitoring is being advocated to further empower the community to assess their own progress. Evaluation is also the opportunity for other partners contributing to HIV/AIDS interventions to participate in the evaluation process.

What should we monitor?

In order to facilitate effective monitoring and supervising of activities plus their impacts, there is need to develop a monitoring tool which should focus on the following issues.

- Implementation of activities as planned in the village action plans.
- Whether the timeframe is being adhered to
- Whether the indicators are being achieved
- Whether the fund and other resources are being disbursed as planned
- Whether the centrally supported activities and service provision such as VCT, condom provision, Home based care (HBC), STI's treatment, orphan care (within the community), and blood safety etc are being provided as required by the village plans.
- Exchange and dissemination information at all levels is being encouraged and promoted.

In order for monitoring to be effective, it is important to know what you are monitoring. The 'what you are monitoring' are the indicators.

There are several kinds of indicator as follows.

a) Output indicators

WFs trained
VHCs trained
Village Action plans prepared
Plans submitted to funding agencies
Plans funded
Bank accounts opened
Money used and accounted for in accordance with the plan
Technical support system established
Monitoring procedure established
Quarterly reports prepared and submitted
Functioning and youth friendly system of condom distribution
No of village meeting held over a year
No of sub-contracts and consultancies

b) Outcome indicators

VHPs relevant and cost effective

- Adequate funding provided (which shows the plan are well written)
- Active VHCs
- Improved care and support for infected and affected
- Improved care and treatment of STI's
- Higher number of people accessing VCT
- By laws to control dangerous behavior
- Young people (especially girls) accessing income generation activities
- Reduction of prejudice against PLHAs

c) Impact indicators

- Increased condom use: (no of condom boxes sold over a certain period, no of Shops/kiosk etc selling condoms, on of local clubs shops, guest houses, bars providing Condoms or selling them
- Higher number of people accessing VCT
- Reduction in unwanted pregnancies, sexual abuse and rape
- Reduction in behaviors in to child transmission of HIV (MTCT)
- Reduce risk behavior among all groups.
- Reduce in STI's transmission
- Reduce in HIV infection rate.

Who should monitor?

Monitoring is an internal responsibility done by those who runs or carries out the project. It is a management tool that will help stakeholders make better plans for future activities. Those with the primary responsibility for monitoring are the VHC themselves who should develop their own indicators and monitor the progress of their own plan. They should support by the village government and also individual groups interested in ensuring there in own issues are being dealt with such as young men and women, orphans, local CBOs and NGOs etc.

At the next level, it is the role of the ward facilitator to work closely with the different VHC's in their ward in their ward to enable them to monitor successfully. Experts in specific issues such as VCT and STIs and NGOs will also support them locally or from district level.

Monitoring and supervision as an activity needs to be planned, scheduled for effective implementation.

SECTION IV

I. WORKSHOP INTRODUCTION.

CLIMATE SETTING AND LEVELING OF EXPECTATIONS.

At the end of the session, the participants will be able to;

1. To identify the skills and experience they bring to the workshop situation.
2. Understand the broad goals, objectives, and agenda of the workshop.
3. Familiarize themselves with the project model used in the workshop, its major phases, and steps.

PROCEDURES:

- Welcome the trainees to the workshop. Let them know that the intended social climate during the entire workshop will be informal and relaxed. Therefore, request them to make themselves comfortable and participate in productive way they wish during the workshop session.
- Present the workshop goals and objectives. Give the over view of the agenda.
- Present the project model to be followed in the workshop. Briefly describe each phase and step in the model. (It is necessary for the trainer to read the introductions to each step in the manual, as a preparation for this step).
- Inform the participants that, at this point, to get to know each other better and clarify their expectations form the workshop. Ask them to form pairs by selecting someone not known to him/her earlier as a partner. Instruct them to get ready to introduce their partners to the group, emphasizing personal information eg name, affiliated organization, family information, special skills and experience each one has as a community worker, practitioner, or leader. Allow enough time to get information from each partner.
- Reassemble the larger group. Let each member introduce their partner to the group, sharing the information they have obtained.
- Ask participants to go through the suggested agenda of workshop and individually write down his/her answers to the following question. **IS THERE ANYTHING I WOULD LIKE TO LEARN FROM THIS WORKSHOP??**
- Instruct them to get into groups of four, share the individual lists, and come up with a group list of the most important items regarding what else they would like to learn in

the workshop, decided through consensus. Ask them group to select to select a spokesperson to present the list to the major group.

- Let the spokesperson of the four groups present their lists and elaborate on them.
- Develop a master list of the group expectations by combining and synthesizing all the ideas presented.
- Match the master list with the suggested agenda, review whether the ideas presented are appropriate, and assure them that where necessary, and whenever possible, these expectations will be incorporated into the workshops.

N.B

There are different types of introduction of participants, it will depend very much with the facilitator's experience, so you can choose which way are you going to make introduction of participants.

II. FACILITATION SKILLS.

- It is considered that learner know something, what is needed is guidance.
- I assume that everybody has something to contribute.
- The learners learn from their experience.
- The main differences between facilitation and teaching are, in teaching we consider the learner knows nothing therefore he/she is a receiver from the teacher who knows everything. But the facilitation assumes that the learner knows something and he/she can share with the facilitator for guidance.

The facilitation skills are: -

- Listening actively
- Asking open-ended questions.
- Responding to non-verbal behaviors.
- Showing concern
- Paraphrasing
- Clarifying
- Use of encounters, Smiling, Nodding the head, Saying ehee, mmhh aha, Picking up the last words, Eye contact.
- Summarizing.

The facilitation techniques includes, Warm up/Ice breaker/Energizer, Brainstorming, Buzzing, Small group discussion, Large group discussion, Case studies, Role plays, Drama, Songs, Continuum, Video, Story telling, Picture codes, Debate, Poetry, Lecture discussion, devil's advocate. Other techniques are very common but Continuums is something new to some of facilitators, it is an exciting way of spreading and reinforcing people on the key messages. It can be used in different settings. It is a technique used to work on people's feelings about an **issue, values** and **attitudes**.

Steps to follow

1. Prepare a sentences explaining different practices or behavior in relation to the risk (topic) to be discussed.
2. Place the written cards along the line i.e Agree, Disagree, Not sure.
3. Read the sentence, give time to internalize (at least 1 – 2 minutes), clarify if necessary.
4. Invite participants to place themselves at the point where they are in terms of their understanding or belief about the statement.
5. Ask to share what made them reach decision to place them at that point.
6. Avoid judging or concluding, just clarify the wrong information.
7. Continue reading the last statement, and go back to step 5 and 6.
8. Summarize the major points and let them go back to their seats.

Grand Rules.

- Listen to value statements
- Go to the chosen position. (Agree, **Disagree**, **Not sure**)
- Three people from each group to explain reasons for choosing that position.
- Listen to speaker, don't discuss or debate.
- If you change your mind, move position.

Example of statements:

1. All women and girls are wearing miniskirts are asking for trouble.
2. Boys who make girls pregnancy should be expelled from schools.
3. If a woman falls in love with a man she has the right to approach a man.
4. Having sex with condom is like eating a banana with skin.

NEXT:

As a Facilitator ask participants.

-What happened?

-How did you feel?

-Did anyone influence you to change your mind?

After getting different opinions then give them grand rule.

It's ok to disagree but you can't Judge others, due to their cultures, education, gender, age wise, tribe etc.

Never judge somebody because of something when it comes to the solution.

II. EXERCISE AND ENERGIZER FOR PARTICIPANTS.

I: COMMUNICATION EXERCISE:

House, Dog, and tree.

Without talking each other.

1. Choose a partner,
2. Take marker pen and piece of paper,
3. Don't talk
4. Draw **house, Dog and tree.**
5. Last draw famous artist you like most.

You have to ask Participants, **What happened?** They will give you different opinions then you have to write them. Later ask again, **what have learnt from the exercise?** Then you just conclude the importance of communication especially through community theatre for development.

II; HOT SEATING:

This exercise can be useful either before or after improvisation. The role player sits in front of everyone and the participants him or her questions. The role player must

This exercise can be useful either before or after a role-play exercise answer must answer the questions as character. If he or she doesn't know the answer, they make it up. This helps them to build up an idea of the character's personality and history.

Example questions:

- a). How old are you?
- b). What makes you happy?
- c). Do you lose your temper easily
- d). Where do you live?
- e). Do you live with your parents?
- f). What do you do in your spare time?
- g). What are your ambitions for the future?

III: COOL DOWNS:

HUMAN MUSICAL MACHINE.

Everyone stands in a circle. One person begins by making noise, e.g. Clicking fingers, clapping a basic rhythm, making a sound with their voice. They then repeat the noise rhythmically but not too fast. This first person is very important as they provide noise from which everyone else works from. They must not stop making the noise until the exercise is finished. The next person in the circle must join them creating another rhythmical sound that complements the first one. The next people in circle create a sound different from the first two and also repeat it. The exercise continues until everyone in the circle had created a noise and is repeating it. The result should sound like a complex rhythm of sounds. The facilitator can then instruct everyone to slow down or increase must increase the pace, but everyone must concentrate, work together and remain in time with each other.

V: TOUCH WOOD:

SPECIFIC OBJECTIVES:

To warm up the group, to get participants energized or re-energized, to rearrange seating arrangements, to participants in touch with each other and their immediate environments, to have fun...

Process:

1. Tell the participants when you say “Touch wood” they should find and touch wood.
2. Tell them to listen for verb and noun in every instruction.
3. Look around the room and come up with easy, fun and difficult assignments: for example- touch blue, touch toes, raise hands, bend back, stroke nose, lose shoes, massage feet, find shoes... whatever.
4. After participation return to their seats and settle down, ask someone to say who uses the expression “touch wood” and why. Ask what are possible connections between touching wood with activity you have planned to do with participants.

NOTE TO FACILITATOR.

Touchwood is often said by person to remind himself or herself that despite their intentions or plans, the unplanned or unexpected can happen. It is a little like the expression God willing or If God spare Life...

VI: MATUNDA. (FRUIT BASKET)

PROCESS.

1. Have participants sit in the circle or semi-circle.
2. Go around the group labeling persons: Ndizi, embe, Chungwa, Apple, Guava. Have participants repeat their names after you, so that they can remember.
3. Take chairs so that there is one less than the number of the group.
4. Tell the group when you call out, say “**Ndizi**...out the basket” all Ndizi must leave their seats and come to the center. When you say Ndizi out in the pot” all the Ndizi must try and find a different seat in the circle.
5. The left over Ndizi (who couldn't find place in the pot) then calls apples or guava. Or he/she can say “**matunda**.... In the pot!). Everyone must leave their seats and wait for the call, Matunda out the pot!” and try and find new seat.etc.

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