AEI&CS Assessment Pilot Workshop Report

October and November 2014

Pathein Township, Hakha Township, Mindat Township
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This report has been developed with the technical assistance from the Humanitarian Accountability Partnership (HAP), an organization dedicated to ensuring greater accountability to people affected by crises and/or poverty.
# List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>3MDG</td>
<td>Three Millennium Development Goal Fund</td>
</tr>
<tr>
<td>AEI&amp;CS</td>
<td>Accountability, Equity, Inclusion and Conflict Sensitivity</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-based Organisation</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>DNH</td>
<td>Do No Harm</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>FB</td>
<td>3MDG Fund Board</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FMO</td>
<td>3MDG Fund Management Office</td>
</tr>
<tr>
<td>FRM</td>
<td>Feedback and Response Mechanism</td>
</tr>
<tr>
<td>HAP</td>
<td>Humanitarian Accountability Partnership</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non-Governmental Organisation</td>
</tr>
<tr>
<td>IPs</td>
<td>3MDG Implementing Partners</td>
</tr>
<tr>
<td>LNGO</td>
<td>Local Non-Governmental Organisation</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>UNOPS</td>
<td>United Nations Office for Project Services</td>
</tr>
</tbody>
</table>
1. Introduction

In order to achieve the best health outcomes possible for all people in Myanmar, 3MDG considers that health services should be accessible, affordable, participatory, inclusive and responsive to the needs of communities. This is why 3MDG is putting significant efforts into advancing accountability, equity (including gender equity), inclusion and conflict sensitivity approaches in the health sector in the country.

The 3MDG and HAP developed a set of standards to support its Implementing Partners (IPs) in improving their Accountability, Equity, Inclusion and Conflict Sensitivity (AEI&CS) practices. This set of eight AEI&CS standards could be used to plan, implement, assess and improve their performance.

The pilot workshops on AEI&CS were one in a series of trainings delivered by HAP with the aim to support 3MDG's implementing partners in conducting AEI&CS Assessments. These assessment are to be carried out in a yearly basis with on-going technical support from HAP. Because this was the first time IPs were to assess their existing AEI&CS practices in such a way, intensive training was required to start the assessment process. HAP conducted three pilot workshops, one in Ayeyarwaddy Region and two in Chin State, during the months of October and November of 2014. The pilot workshops were organised in coordination with IPs and 3MDG.

All the IPs are required to finish their AEI&CS Assessments by the end of 2014. Based on the findings and analysis of the assessment results, 3MDG's IPs will develop an AEI&CS improvement plan with the support of 3MDG and HAP.

2. Aim and Objectives

The goal of the AEI&CS Pilot Workshop was to provide technical support to 3MDG Implementing Partners (IPs) in conducting their AEI&CS assessments. This involved visiting villages where IPs were implementing 3MDG projects and discussing with communities their experiences and opinions relating to the project. By doing this, IP participants were able to learn by doing and be in a better position to conduct AEI&CS assessments of their own organisations.

The objectives of the workshop were as follows:

- Introduce the concepts of accountability, equity, inclusion and conflict sensitivity (AEI&CS).
- Introduce the 3MDG AEI&CS set of standards.
- Introduce the links between AEI&CS and the project cycle
- Introduce the 3MDG AEI&CS assessment process.
- Build the capacity of participants to conduct discussions with communities as part of the AEI&CS assessment process.

3. Venue and Participants

The pilot workshop venues and locations were selected in consultation with 3MDG Implementing Partners and the 3MDG Fund Management Office. Under recommendation of 3MDG and IPs working in these areas, the pilot workshops were conducted in Pathein Township in the Ayeyarwaddy Region, and Hakha and Mindat Townships in Chin State. A total of 59 participants (39 male and 20 female) participated
in the pilot workshops. The number of participants in Pathein was 23 and there were 18 each in Hakha and Mindat.

The pilot workshops were attended by 18 organisations:

- ASA
- Child Family Group
- Dana Alin
- Danish Red Cross (DRC)
- FBA
- Hakha MCC
- Hnalonethar Kyanmaryay
- Hope Blood Donor
- International Organisation for Migration (IOM)
- International Rescue Committee (IRC)
- KMSS
- Médecins du Monde (MDM)
- Merlin
- Mindat MCC
- Mittar Thway
- Myanmar Red Cross Society (MRCS)
- Relief International (RI)
- Save the Children

These participants actively contributed towards achieving the goal of the workshop through sharing their valuable experiences. See Annex 1 for the participant list.

4. Methodology

The workshop was designed to be highly participatory through a wide variety of methods which included presentations, group discussions, case studies, role plays, participatory exercises and field visits. With the aim of achieving a well-designed and useful workshop, a series of discussions with IPs and 3MDG were conducted during the planning period.

As one objective of the workshop was to build the capacity of participants to conduct discussions with communities as part of the AEI&CS assessment process, it was necessary to identify a host IP for each pilot location in order to host the field visits and discussions with communities. Save the Children hosted in Pathein Township, Merlin in Hakha and DRC/MRCS in Mindat. The hosting IPs provided substantial and essential support to the pilot trainings, organising Focus Group Discussions (FGDs) in selected villages in which they had been working.

The workshop was carried out mainly in Myanmar Language with translation into local languages where needed. The training materials and presentations were also translated into Myanmar language and shared widely with the participants at the end of the workshop.

5. Content and Proceedings

5.1. Day 1: Introduction to Accountability, Equity, Inclusion and Conflict Sensitivity

Session 1: Introductions and Overview of the workshop

The project manager from HAP and senior staff from hosting IPs delivered opening remarks. Participants were then asked to introduce themselves including their name, organisation, position and what they wanted to do when they were a child.
The facilitator presented the overall workshop objectives and shared the topics that will be discussed within the four days. The participant agenda is attached in the Annex 2 for more information.

The participants were asked to write their top 3 expectations which were shared in the plenary discussion. The key expectations from participants in the three pilot workshops were to know more on AEI&CS, to explore how to strengthen AEI&CS activities into project cycle management, to understand the AEI&CS Assessment Process and finally to learn how to conduct discussions with communities.

Session 2: Introduction to Accountability

'Fix my bike’ Exercise
A role play called "Fix my bike" was used to introduce the concept of accountability to participants. In the role play, Aung goes to a mechanic called Thura (the only one in the area where he lives) to have his bike repaired. Thura and Aung agree that Thura will have a look at the bike and call Aung to tell his 'diagnosis' and how much it would cost to repair the bike before repairing it. A few days later Aung passes by the repair shop and learns that his bike has been repaired, but at a much higher price than he was willing to pay for. A discussion ensues. See Annex 3 for the detailed role play.

Participants were asked to watch the role play for five minutes and then reflect on the concept of accountability by using these questions:

- How does Aung (the customer) feel in this situation?
- How does Thura (the mechanic) feel in this situation?
- What do you think accountability means?
- How can we link that story to the work we do?

For the last question, participants also shared their experiences so it contributed to a broader discussion on Accountability. One of the field staff from an organisation said they did not share information about referral processes and support widely with communities and it led to misunderstanding between the organisation and the community. At the end of the discussion, the facilitator explained what 'accountability' means in the context of 3MDG work. The definition on accountability provided is available at Annex 4.

Power Spectrum Exercise
The power spectrum exercise was conducted after introducing the meaning of accountability. The participants were asked to identify the stakeholders who had more power and less power using a power spectrum as below with power declining from left to right.

Diagram 1: Power Spectrum (Pathein)

<table>
<thead>
<tr>
<th>More Power</th>
<th>Less Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myanmar Government</td>
<td>Women</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Elderly</td>
</tr>
<tr>
<td>General Administration Department</td>
<td>Disabled People</td>
</tr>
<tr>
<td>National Health Committee</td>
<td>People who are living in the border areas</td>
</tr>
<tr>
<td>Township Health Department</td>
<td>Local Authorities</td>
</tr>
<tr>
<td>District Health Department</td>
<td>Men</td>
</tr>
<tr>
<td>Basic Health Staff</td>
<td>Religious Leader</td>
</tr>
<tr>
<td>3MDG/UNOPS</td>
<td>NGOs</td>
</tr>
<tr>
<td>NGOs</td>
<td>CBOs</td>
</tr>
<tr>
<td>Religious Leader</td>
<td>Men</td>
</tr>
<tr>
<td>Local Authorities</td>
<td>Women</td>
</tr>
<tr>
<td>Women</td>
<td>Elderly</td>
</tr>
<tr>
<td>Disabled People</td>
<td>People who are living in the border areas</td>
</tr>
<tr>
<td>People who are living in the border areas</td>
<td>Women</td>
</tr>
</tbody>
</table>
Facilitators concluded that the power holder should be more responsible and made sure that for those people who had less power had opportunities to express their needs.
Session 3: Introduction to Equity

'Bring your shoes' Exercise

All the participants were invited to stand in a big circle then asked to place their shoes in the middle. As soon as they finished, the facilitator distributed pair of shoes to everyone. Some participants received a small shoe and a big shoe, some of the male participants received lady's shoes. All participants were then asked to try the shoes that they received. Many participants found that they could not wear the shoes as they were too big and/or too small and did not match with their needs. The facilitator presented the definition of 'Equity', and the differences between equity and equality. Health equity and gender equity were also introduced according to 3MDG context and definitions.

'Gender Equity' Exercise

The participants received a set of question posed to explore 'gender' and gender related issues ' (See Annex 5) and were asked to provide a response to each question. A quick exercise called 'Activities on gender' was also introduced to the participants; they received set of questions and had to provide answers: 'How We See Ourselves' and 'How Other See Us'. Participants had to think of one of their own characteristics or behaviours that is commonly associated with their sex – examples included female participants responding that as 'I am a woman so I love cooking' and 'I am a woman therefore I like to do babysitting', while male participants mentioned as 'I am a man so I love to play football' and 'As a man, I committed to my career'. The participants were also encouraged to think of a characteristic or behaviour that is usually linked with the other sex such as 'I am an outspoken woman', 'I am a man who cries at the movies'. Participants continued by thinking how people around them react when their activities, behaviours or personality do not fit with the gender roles prescribed for your sex. A table with reactions to select from was provided: Very Negative, Somewhat Negative, Neutral, Somewhat Positive, Very Positive. The participants were asked to think of how people reacting negatively to behaviours or characteristics of women and men that are not consistent with being male or female. They came up with responses such as social norms, social pressure, inexperience, education, insecurity, embarrassment and fear.

In addition, some of the participants provided very interesting examples such as the majority of women in rural areas of Myanmar do not have a right to decide whether they will deliver a baby at hospital or at home. The breadwinner decided where his wife should give birth.

Session 4: Introduction to Inclusion

Inclusion means involving all people in decisions that affect their health. In terms of understanding more on the concept of 'inclusion', the 'Characters and Steps' exercise was used.

The facilitator identified characters which represented people in the community such as a 40 year old woman who was very poor and lived very far from the rural health center; a 35 year old man who worked as a head master; a 60 year old religious leader from the community etc.

Participants were asked to take a character from the box and act according to that character throughout the game. Before starting the exercise, all participants stood at the starting line created with masking tape. The facilitator read a statement prepared beforehand – for instance 'I am always invited to participate in the meetings organized by NGOs', 'I can't go to the clinic because I can't afford to pay local transportation cost' etc. Then participants had to take one step if the statement reflected their character's experience. If the statement did not match with their character then the participant needed to take one step back.
At the end of the game, the facilitator asked the participants to reveal their characters starting with those who were standing near the ending point and followed by those who were left behind. It illustrated that certain characters were powerful, able to participate actively and recognized as privileged. Those characters left behind were the vulnerable such as migrant people, people who were living with HIV/AIDS, people with disabilities, women and children.

The facilitator highlighted that it is for these reasons, that when we design and implement projects, it is very important to include everyone in the community. In order to meet the needs of the vulnerable group, meetings and discussions with marginalised groups should be conducted.

**Session 5: Introduction to Conflict Sensitivity**

In this session, the facilitator explained conflict, conflict sensitivity and the relationship between health and conflict using a case study. Participants were divided into groups and discussed the case study and the associated questions. As this was a new area with new concepts for many of the participants, participants actively contributed during the plenary discussion. When asked to identify the causes of conflict or tensions in the case study, participants identified both root and aggravating causes including economic decline, population pressures, unemployment, past violence and weak state institutions.

Participants correctly identified the major stakeholders in the situation and areas of positive and negative impacts on the tensions or conflicts. Participants then went on to discuss and outline a number of suggestions on how the program might be adjusted to improve its impact on conflict. These included better addressing food shortages and unemployment, conducting more consultations with stakeholders and improving information sharing.

The case study is available both in Myanmar and English in Annex 7.

**Session 6: Introduction to 3MDG AEI&CS Set of Standards**

In order to support IPs in improving their AEI&CS practices, 3MDG and HAP created a set of eight AEI&CS standards that can be used to plan, implement, assess and improve their performance. During the presentation, the facilitator explained each standard in detail and in a comprehensive way as follows:

| Standard 1: Leadership on Accountability, Equity and Inclusion | Organisations demonstrate their commitments to program quality, which includes accountability, equity and inclusion. |
| Standard 2: Staff Capacity and Support | Organisations support their staff to improve program quality. |
| Standard 3: Information sharing and Transparency | Organisations publicly communicate their mandates, projects and what stakeholders can expect from them. |
| Standard 4: Participation | Organisations involve beneficiaries and communities in all phases of their projects. |
| Standard 5: Feedback and Response Mechanisms | Organisations put formal feedback and response mechanisms in place to gather and act on feedback. |
Accountability, Equity, Inclusion and Conflict Sensitivity Workshop Report

| **Standard 6:** Monitoring, Evaluation and Learning | Organisations learn from experience to continually improve their performance. |
| **Standard 7:** Conflict Sensitivity | Organisations ensure that their activities do not make conflicts worse and where possible that they improve possibilities for peace. |
| **Standard 8:** Working with Partners and Other Stakeholders | Organisations collaborate with partners and other stakeholders to ensure coordinated and efficient interventions. |

Session 7: AEI&CS and the Project Cycle Management

The facilitator asked participants to identify the phases in the project cycle management, which involved ‘Design, Implementation, Monitoring, Evaluation and Lessons Learned’. The category of ‘At all times’ was included in the centre of the cycle as some of the activities are required to do throughout the project. Then participants were divided into small groups and activities related to AEI&CS which had been pre-written on colour cards were distributed to the groups. These activities included the following:

- Develop/Review Accountability Framework.
- Train staff from headquarters and field office on AEI&CS.
- Consult with communities to identify the most appropriate ways for sharing information.
- Design and distribute community-friendly posters and leaflets.
- Translate community-friendly posters and leaflets into local languages so that all groups can use them.
- Set up community noticeboards where key information will be accessible to all community members.
- Hold meetings with community to discuss project plans and activities.
- Involve community representatives in key meetings.
- Consult with communities to identify the most appropriate way for them to provide feedback.
- Establish and run an effective feedback and response mechanism.
- Raise staff and community awareness about feedback and response mechanisms.
- Conduct a conflict/context analysis.
- Conduct a risk assessment to analyse/reflect on how the programme activities may make a conflict worse or cause harm to communities.
- Monitor the conflict/context and the impact of the organisation's activities on the conflict/context.
- Meet with partners and other stakeholders.

The participants had to match the AEI&CS activities with the various phases of project cycle. The aim of this group work was to help participants look at how AEI&CS could be applied to each phase of the project cycle.

Session 8: Summary of the day

The facilitator asked the participant to share ‘one thing’ which they had learnt from the day’s training. Then, two nominated participants (one was female and another one was male) were invited to share their opinions and provide feedback regarding facilitation and methodologies.
Feedback from participants included providing more time for group discussions including more energizers and games and sharing training materials such as the powerpoint presentation at the end of the workshop.

5.2. Day 2: Understanding AEI&CS Assessment Process & Field-visit Preparation

Session 9: Recap of Day 1

A scarf game was used to highlight key learning points of previous day.

As shown in the picture, the participants were divided into two different teams of equal numbers and each member of the team was designated a number. There was one volunteer holding a scarf in the centre of two groups. Once the facilitator called out a number then the person designated that number would attempt to get the scarf before the member of the other team with the same designated number. The person who got the scarf and could run back to their original place without getting touched by opposing team member was the winner.

The winning team would have a chance to answer a question prepared by the facilitator. If they could answer the question correctly, they got 1 point. If not, the losing team was given the chance to answer the question.

Session 10: Introduction to the 3MDG AEI&CS Assessment Process

The facilitator presented the AEI&CS Assessment process which highlighted that conducting an AEI&CS assessment was the first step for organizations to strengthen their AEI&CS practices. An AEI&CS assessment was the process of assessing an organisation's AEI&CS-related policies, systems and practices against the 3MDG’s set of AEI&CS standards. An AEI&CS Assessment helped organisations to evaluate how well they were doing in terms of AEI&CS, and to identify good practices and areas for improvement.

When conducting the assessment, a score was given to each indicator of each standard, depending on the performance of the organisation on this indicator. In order to properly score the indicators of each standard, it was necessary to discuss and ask the opinions of four groups of people included Senior Management Team (SMT), Field Staff, Communities and Partners.

Participants wanted to know why the four different groups were needed for the assessment process and the facilitator replied that it was necessary to listen to these different groups in order to know what was going on within the organisation in terms of their AEI&CS practices. Some of the participants recommended to include MoH or DoH when conducting an assessment because they were the main stakeholder for the IPs. 3MDG and HAP replied that engagement with MoH was under discussion and it would be useful if MoH could be the part of assessment process.

Session 11: Introduction to 3MDG AEI&CS Assessment Tool

The 3MDG AEI&CS Assessment Tool is a document that includes 3MDG’s eight AEI&CS standards and indicators to help organisations measure how well they are achieving any particular standard.
The ‘Puzzle Game’ was introduced with the aim to familiarise participants with the AEI&CS Standards and associated Indicators. Participants were divided into four groups and each group received two standards. They were then asked to identify the standard definitions and indicators and match the relevant indicators with the standard. The group had 5 minutes to discuss and put given standards and indicators in place. When the facilitator announced ‘Time’s Up’, the group were required to change another table to repeat the same exercise.

At the end of the session, the facilitator asked participants to provide comments about this exercise. Participants said that this exercise helped them to understand the standards and its indicators, and the way the standards were structured. Moreover, participants were able to learn all the standards and clarify with the facilitator if they needed more information during the exercise.

**Session 12: Energizer**

The ‘Human Knot’ game was introduced to the participants who were requested to divide into two groups, each group having an equal number of people.

In order to play, participants gather in a tight circle (shoulder-to-shoulder) and grab the hand of the person standing across the circle. Each person must hold hands with two different people. Groups have to communicate and figure out how to untangle the resulting knot (formed by the circle of people) without letting go of any hands.

**Session 13: Focus Group Discussion Facilitation Techniques**

Before the facilitator presented the good practices focus group discussion (FGD), participants were invited to perform role-plays which represented ‘good’ and ‘bad’ FGDs. One facilitator was assigned to each group to provide guidance and instructions. One group had an unequal number of male and female participants to demonstrate a situation whereby women had less opportunity to participate. Each group had 10 minutes to prepare their role play, which they were then invited to perform to other groups. At the end of each role play, the facilitator asked ‘Is it a good or bad FGD with communities?’ and participants identified what aspects of each role play were good or bad.

The participants highlighted characteristics of a good FGD which included a greetings from the FGD facilitator, formal introductions with communities, explaining the objectives of FGD and how communities member can contribute to the discussion, how an organisation will utilize the outcome of the discussion, permission to take notes and informing of the expected finishing time. In addition, the FGD facilitator should be familiar with the topic that he/she was going to ask to communities, should ensure that communities were comfortable responding to the questions and should encourage all FGD participants to participate in the discussion. Characteristics of a ‘bad’ FGD included not sending an invitation in advance, not explaining the reasons for conducting the discussions, the facilitator not listening well and not making eye-contact with FGD participants.

At the end of the participants’ reflection on good and bad FGDs, the facilitator distributed tools on how to conduct FGDs with particular reference to "The Good Enough Guide: Impact Measurement and Accountability in Emergencies". The roles and responsibilities of facilitators and note takers are outlined in Annex 8.

**Session 14: Field Visit Preparation**

Participants were divided into two or three groups depending on the number of villages visited. Three villages were visited in Pathein and Mindat whereas only two villages were selected in Hakha due to the long hours of travel to some villages.

A facilitator was assigned to each group and then helped each group review the Focus Group Discussions (FGDs) questions for communities. These guiding questions were taken from the 'Accountability, Equity, Inclusion and Conflict Sensitivity (AEI&CS) Assessment Guide'. Participant inputs on the questions relating to Standard 3 (Information Sharing and Transparency), Standard 4 (Participation) and Standard 5 (Feedback and
Response Mechanisms) were specifically sought. In addition, the participants received the information and profile of the villages they planned to visit. The note taker(s), and the lead facilitator(s) for FGDs were nominated within the groups.

At the end of this session, the facilitator provided information related to logistical arrangement for each visit such as departure time, meeting point, car and lunch arrangements.

**Session 15: Summary of the day**

With all participants and facilitators standing in a big circle, a ball was given to a participant who would then express how they felt about the day’s training and share one thing that they remembered from the training. This participant would then handover the ball to another participant. The session concluded when all participants and facilitators had provided responses.

**5.3. Day 3: Field Visit**

The field visit was included in the pilot training with the aim of building the capacity of participants to conduct focus group discussions with communities as part of the AEI&CS assessment process.

The villages where the AEI&CS assessments were conducted are summarized as follows:

<table>
<thead>
<tr>
<th>State/Region</th>
<th>Township</th>
<th>#</th>
<th>Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayeyarwaddy</td>
<td>Ngapudaw</td>
<td>1</td>
<td>Oo Yin Kone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Chan Kwin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Sint O Pho Out</td>
</tr>
<tr>
<td>Chin</td>
<td>Hakha</td>
<td>4</td>
<td>To Zo Kuar B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
<td>Ra Vann</td>
</tr>
<tr>
<td>Chin</td>
<td>Mindat</td>
<td>6</td>
<td>Hlay Kaung</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>Pann Auk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
<td>Htin Chaung</td>
</tr>
</tbody>
</table>

The FGD participants were selected in advance and well-informed about the discussion through the hosting IPs. Separate discussions for males and females were conducted in order to create an environment where everyone would have the chance to participate. During these pilots, more than 160 participants (86 female, 82 male) contributed to the AEI&CS Assessment Process.
5.4. Day 4: Reflection on the Field Visit and Scoring the AEI&CS Assessment Tool

Session 16: Review of field visit – AEI&CS good practices and areas for improvement

The groups were requested to identify AEI&CS good practices and areas for improvement gathered during the FGDs on their field visits. The facilitator provided a format to the groups to gather these findings from the discussions. The groups then presented good practices and areas for improvement for each standard in plenary.

A summary of the presentation from all the pilot areas are illustrated with in the tables below:

**Reflections on the field visit (Pathein) – hosted by Save the Children**

<table>
<thead>
<tr>
<th>Good Practices</th>
<th>Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 3: Information Sharing and Transparency</strong></td>
<td></td>
</tr>
<tr>
<td>• Shared information at project start, implementation, and throughout the project.</td>
<td>• The local volunteers should be trained to communicate with communities regularly.</td>
</tr>
<tr>
<td>• The project was well-known because of referral support.</td>
<td>• The information should be consistent and standardized in all the targeted villages to avoid misunderstanding.</td>
</tr>
<tr>
<td>• Organised meetings and information sharing sessions regularly with communities.</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 4: Participation</strong></td>
<td></td>
</tr>
<tr>
<td>• The communities were invited to participate in the meetings and Health Education (HE) Sessions.</td>
<td>• Representatives from vulnerable groups should participate in Village Health Committee.</td>
</tr>
<tr>
<td>• The villagers mostly participated in the implementation phase.</td>
<td>• Ensure that project activities were well-informed to women and elderly so that they know how and when they could contribute.</td>
</tr>
<tr>
<td>• Women actively participated in the project and worked closely with basic health staff and volunteers.</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 5: Feedback and Response Mechanisms</strong></td>
<td></td>
</tr>
<tr>
<td>• If communities would like to discuss the issues with an organisation, they claimed that they could call the office phone numbers.</td>
<td>• The field staff trained on information sharing practices, should consult with communities on their preferred ways to provide feedback and suggestions.</td>
</tr>
<tr>
<td>• Face-to-face discussion with staff were one of the options if community members would like to raise feedback.</td>
<td>• The purpose of setting up FRM should be explained to the community</td>
</tr>
<tr>
<td>• Some of the field staff received training on how to manage feedback and response mechanisms (FRMs).</td>
<td></td>
</tr>
</tbody>
</table>
### Reflections on the field visit (Hakha) – hosted by Merlin

<table>
<thead>
<tr>
<th>Good Practices</th>
<th>Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 3: Information Sharing and Transparency</strong></td>
<td></td>
</tr>
<tr>
<td>- Information was disseminated by using local language.</td>
<td>- Conduct frequent meetings with communities including men, women, elderly and people with disability.</td>
</tr>
<tr>
<td></td>
<td>- IEC materials should be developed for effective information sharing.</td>
</tr>
<tr>
<td></td>
<td>- The local volunteers should be trained to communicate with communities regularly.</td>
</tr>
<tr>
<td><strong>Standard 4: Participation</strong></td>
<td></td>
</tr>
<tr>
<td>- The volunteer selection process was done with agreement among community members.</td>
<td>- Less women participation was found throughout the project.</td>
</tr>
<tr>
<td></td>
<td>- The organisation was asked to provide HE sessions at school to increase child participation in the project.</td>
</tr>
<tr>
<td>- The villagers mostly participated in the implementation phase (referral support, emergency fund, and common diseases), mosquito net distribution, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 5: Feedback and Response Mechanisms</strong></td>
<td></td>
</tr>
<tr>
<td>- Face-to-face discussions with staff were one of the options if community members would like to raise feedback.</td>
<td>- Field staff should be well-trained to establish feedback and response mechanisms (FRM).</td>
</tr>
<tr>
<td>- To some extent, the communities knew that they have right and opportunities to give feedback.</td>
<td>- The field staff trained on information sharing practices, should consult with communities on their preferred ways to provide feedback and suggestions.</td>
</tr>
<tr>
<td></td>
<td>- The organisation should encourage communities to give feedback.</td>
</tr>
</tbody>
</table>
**Reflections on the field visit (Mindat) – hosted by DRC/MRCS**

<table>
<thead>
<tr>
<th>Good Practices</th>
<th>Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 3: Information Sharing and Transparency</strong></td>
<td><strong>Conduct frequent meetings with communities including men, women, elderly and people with disability.</strong></td>
</tr>
<tr>
<td>• Shared information at project start, at implementation, and throughout the project</td>
<td>• IEC materials should be developed for effective information sharing.</td>
</tr>
<tr>
<td>• Volunteers were trained to share project-related information.</td>
<td>• Ensure that communities are informed and get consensus for the significant changes made by organisation.</td>
</tr>
<tr>
<td>• Information was disseminated using local language.</td>
<td>• The information should be consistent and standardized in all the targeted villages to avoid misunderstanding.</td>
</tr>
</tbody>
</table>

| **Standard 4: Participation** | **Representatives from vulnerable groups should participate in Village Health Committee.** |
| • The volunteer selection process was done with agreement among community members. |
| • The villagers mostly participated in the implementation phase (referral support, emergency fund, and common diseases), mosquito net distribution, etc. |

| **Standard 5: Feedback and Response Mechanisms** | **The FRM should be established in the villages to know more about feedback relating to the projects.** |
| • Face-to-face discussion with staff is one of the options if community members would like to raise feedback. | • The purpose of setting up FRMs should be explained to the community |
| • To some extent, the communities know that they have the right and opportunities to give feedback. | • Only a few people in the village recognized feedback mechanisms (suggestion boxes). |
| • Some of the communities were familiar with the existing feedback mechanisms that were established by other organisation (non 3MDG IP). | • The organisation should consult with communities on their preferred ways of providing feedback. |
| • The community are able to meet and discuss with field staff and BHS any time. |  |
Session 17: Lessons Learnt

The participants were asked to identify the lessons they learned while conducting FGDs with the purpose of avoiding similar situations that might arise when planning or conducting FGDs for their own organisations.

The group presentations on lessons learnt are highlighted as follows:

Before conducting FGDs

- The invitation to FGD participants should be sent out before the discussion and reminder again one or two days in advance with the date and time of the meeting.
- The purpose of the meeting should be clearly communicated to all the invitees.
- It is better to choose a place where communities were comfortable in providing feedback.
- The facilitator should spend some time to familiarize with the questions to be discussed with communities.
- In some cases, the role of the facilitator should be assigned to a person who can speak and understand local language well.
- The FGD should be conducted when communities were available, for instance some of communities take Sabbath on the full-moon days and they did not want to be the part of discussions.

During FGDs

- An introduction session should be included so that the facilitator and FGD participants know each other better.
- Explain the purpose of the discussion and how it will contribute to the organisation which has been working in this community.
- Get agreement for recording the discussion.
- If a male facilitator has to conduct the FGD with women participants, the facilitator should be careful of the body language and tone of voice.
- The presence of responsible field staff, local volunteers, educators, Midwives, Auxiliary Midwives, Community Health Worker in the discussion created an uncomfortable environment for some FGD participants as some of the questions were related to the health service provider.

After FGDs

- Express thanks to the communities for their time after the discussion.
- If FGD participants asked for some detailed information, it should be explained only after the discussion.
Session 18: Energizer

Participants played the 'Egg Drop Challenge' game. Each group received 20 straws, masking tape, a pair of scissors and an egg. In a limited time of 8 minutes, they had to construct a cover, package or container for the egg with the given materials. The facilitator then dropped their container with the egg from a set height. Those groups whose eggs do not crack are declared winners.

Session 19: AEI&CS Assessment: Field Staff and Partners components

The guiding questions for field staff and partners were distributed to the participants. A facilitator was also assigned in each group to answer some of the questions from the participants. This session enabled participants to review the questions for conducting interviews with field staff and partners as part of the AEI&CS assessment process.

Frequently asked questions from participants included those relating to the number of SMT to be interviewed for the assessment. The facilitator replied that it would be great if 2 or 3 SMT members are interviewed as it is likely that one SMT member will not be able to answer all these questions because the SMT interviews covered all eight AEI&CS Standards. For example, interviews could be conducted with the HR Director and the Program Director. Other questions related to IPs implementing in two different townships and whether they needed to conduct assessments in both townships. The response from the facilitator was to organize AEI&CS assessments that covered at least two different townships. By doing so the organisation will be able to learn the differences and good practices between two project areas.

Session 20: Scoring the AEI&CS Assessment Tool

The facilitator explained the scoring process in detail using the AEI&CS Assessment Tool (an excel document). Participants had the chance to ask questions if they needed clarification or more information.

During the session, the facilitator stated that the scoring process should be started when all the interviews and focus group discussions with SMT, Field Staff, Communities and Partners were completed. In order to do so, the AEI&CS Assessment Team Leader must first receive records from all the interviews and focus group discussions and then review them.

Participants asked questions such as if a member of the AEI&CS Coordination Group wanted to give a higher score, how the focal point should explain to them. The facilitator advised that the member of the AEI&CS Coordination Group should identify the reason or similar evidence to give a higher score and if the reasoning was very relevant then the focal point could agree.. Participants also asked that if the findings from two different FGDs were not similar, for example information sharing in one area was good whereas this standard should be improved in another area, which score should be given for this indicator. The facilitator answered that these kind of differences would need more discussion with the coordination group, and their agreement on the scoring.

The deadline for completing the AEI&CS Assessment was informed to all participants at the end of the session and contact details of HAP Focal Points for more technical assistance throughout the assessment process were provided.
Session 21: Evaluation and Wrap Up

The workshop evaluation form was distributed to each participant, so that feedback from the participants might inform future trainings and workshops organised by HAP.

At the end of the workshop, closing remarks were delivered by senior staff from HAP and hosting IPs. Group photos were taken before all the participants left the workshop.

6. Participant Evaluations

An evaluation form was distributed to every participant and they were encouraged to indicate their level of satisfaction with the overall workshop experience, organization of the event, facilitators, content and length of the sessions, materials and handouts, venue, facilities and food.

According to the participant evaluations from three workshops, 73% were satisfied while 27% were very satisfied. The disaggregated data from the three pilot workshops are presented in the pie-charts below.

![Overall experience of the training (Pathein)](image)
In general, the participants were satisfied with the facilitators, length and content of the sessions. Due to the limited choices for the training halls at the location of the pilot areas, some of the training venues needed more space and good lighting. One of the participants reported that some of the training materials were written in English and that he/she would like to receive them all in Myanmar language. This feedback was received in the first pilot workshop and HAP acted on this feedback for subsequent workshops, translating training materials including powerpoint presentations into Myanmar and using bilingual slides for the remaining pilot workshops in Hakha and Mindat.
The detailed analysis of the participants’ evaluations from each pilot workshop is demonstrated in the charts below:

**Participant evaluations (Pathein)**

![Chart showing participant evaluations for Pathein workshop]

**Participant evaluations (Hakha)**

![Chart showing participant evaluations for Hakha workshop]
7. Facilitator Observations and Recommendations

The facilitator observations and recommendations gathered throughout the pilot workshops are as follows:

- Participants actively participated throughout the workshops and shared their experiences which led to the interesting discussions.
- The IPs who hosted the pilot workshops contributed a lot in arranging training venues, communicating with villages for field visit and provided administrative and logistics support as required.
- The main language throughout the training was in Myanmar saving time on interpretation.
- Participant lists might be shared before the workshop so that facilitators are able to prepare the sessions based on the participants’ experience.
- Information about villages where FGDs were conducted should be shared widely with participants in advance of the visits. A separate session on sharing information about the village was recommended to be included in the agenda on Day 2.
- From discussion with communities, some FGD participants did not know much about the organisation as the project was in inception period and had just started two or three months previously.
- If it is possible, the technical team should discuss and share information about the pilot workshops with the staff from the Department of Health.
- An alternative option should be available if there is no electricity to use PowerPoint.
# 8. Annexes

## Annex 1: Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
</tr>
<tr>
<td>9:00am – 10:00am</td>
<td>Session 1: Introductions and Overview of the Workshop</td>
</tr>
<tr>
<td>10:00am – 10:30am</td>
<td>Session 2: Introduction to Accountability</td>
</tr>
<tr>
<td>10:30am – 10:45am</td>
<td>Tea Break</td>
</tr>
<tr>
<td>10:45am – 11:00am</td>
<td>Session 2: Introduction to Accountability - Continued</td>
</tr>
<tr>
<td>11:00am – 12:00pm</td>
<td>Session 3: Introduction to Equity</td>
</tr>
<tr>
<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm – 1:45pm</td>
<td>Session 4: Introduction to Inclusion</td>
</tr>
<tr>
<td>1:45pm – 2:45pm</td>
<td>Session 5: Introduction to Conflict Sensitivity</td>
</tr>
<tr>
<td>2:45pm – 3:15pm</td>
<td>Session 6: Introduction to 3MDG AEI&amp;CS Sets of Standards</td>
</tr>
<tr>
<td>3:15pm – 3:30pm</td>
<td>Tea Break</td>
</tr>
<tr>
<td>3:30pm – 4:30pm</td>
<td>Session 7: AEI&amp;CS and the Project Cycle Management</td>
</tr>
<tr>
<td>4:30pm – 5:00pm</td>
<td>Session 8: Summary of the day</td>
</tr>
<tr>
<td><strong>Day 2</strong></td>
<td></td>
</tr>
<tr>
<td>9:00am – 9:45am</td>
<td>Session 9: Recap of Day 1</td>
</tr>
<tr>
<td>9:45am – 10:30am</td>
<td>Session 10: Introduction to 3MDG AEI&amp;CS Assessment Process</td>
</tr>
<tr>
<td>10:30am – 10:45am</td>
<td>Tea Break</td>
</tr>
<tr>
<td>10:45am – 12:00pm</td>
<td>Session 11: Introduction to 3MDG AEI&amp;CS Assessment Tool</td>
</tr>
<tr>
<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm – 1:30pm</td>
<td>Session 12: Energizer</td>
</tr>
<tr>
<td>1:30pm – 3:00pm</td>
<td>Session 13: Focus Group Discussion Facilitation Techniques</td>
</tr>
<tr>
<td>3:00pm – 3:15pm</td>
<td>Tea Break</td>
</tr>
<tr>
<td>3:15pm – 4:45pm</td>
<td>Session 14: Field Visit Preparation</td>
</tr>
<tr>
<td>4:45pm – 5:00pm</td>
<td>Session 15: Summary of the day</td>
</tr>
<tr>
<td><strong>Day 3</strong></td>
<td></td>
</tr>
<tr>
<td>8:00am – 5:00pm</td>
<td>Field Visit</td>
</tr>
<tr>
<td><strong>Day 4</strong></td>
<td></td>
</tr>
<tr>
<td>9:00am – 10:30am</td>
<td>Session 16: Review of Field Visits – Good Practices and areas for improvement</td>
</tr>
<tr>
<td>10:30am – 10:45am</td>
<td>Tea Break</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
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<tr>
<td>--------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>10:45am – 12:00am</td>
<td>• <strong>Session 17</strong>: Lessons Learned</td>
</tr>
<tr>
<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm – 1:30pm</td>
<td>• <strong>Session 18</strong>: Energizer</td>
</tr>
<tr>
<td>1:30pm – 3:00pm</td>
<td>• <strong>Session 19</strong>: AEI&amp;CS Assessment: Field Staff and Partners Components</td>
</tr>
<tr>
<td>3:00pm – 3:15pm</td>
<td>Tea Break</td>
</tr>
<tr>
<td>3:15pm – 4:45pm</td>
<td>• <strong>Session 20</strong>: Scoring the AEI&amp;CS Assessment Tool</td>
</tr>
<tr>
<td>4:45pm – 5:00pm</td>
<td>• <strong>Session 15</strong>: Wrap Up and Evaluation</td>
</tr>
</tbody>
</table>
Annex 2: Detailed notes for 'Fix my bike' role play

ရည္ရြယ္ခ်က္-ကွင်းဝယ္၀န္ယူမႈ၊တာ၀န္ခံမႈအေတြးအေခၚျပဇာတ္အားမိတ္ဆက္ေပးရန္၊၊သည္သူခံမႈဆိုင္ကယ္အားမီးခီးမ်ားအူထြက္လာသည္ကိုသတိထားမိသည္။

ထို႕ေၾကာင့္အိမ္အျပန္လမ္းမွဆိုင္ကယ္ျပင္ဆိုင္သိ႔သြားေရာက္ျပသရန္ဆံုးျဖတ္လိုက္သည္။

ထိုဆိုင္ကယ္ျပင္ဆိုင္သည္္ကိုသားျဖစ္သည္။

ေနာက္တေန႔အလုပ္မသြားမီဆိုင္ကယ္ျပင္ဆိုင္သို႕ဆက္သြယ္ရာစက္ျပင္ဆင္ျပီးစီးေၾကာင္းၾကားသိရသျဖင့္ဆိုင္ကယ္သြားယူခဲ့ပါသည္။

ဤတစ္ခန္းရပ္ျပဇာတ္အတြက္တင္ဆက္ျပသရန္ေစတနာ့ဝန္ထမ္းႏွစ္ေယာက္လိုအပ္ပါသည္။

ေစတနာ့ဝန္ထမ္းႏွစ္ေယာက္သည္စက္ျပင္ဆရာႏွင့္ေအာင္ေနရာတြင္သရုပ္ေဆာင္ၾကရပါမည္။

ဖန္တီးမႈႏွင့္အႏုပညာဆန္ဆန္သရုပ္ပါေအာင္လုပ္ေဆာင္ပါ။

ေအာင္ေအာင္-ဟးသူရ…

ရိုးရိုးေလးပဲေလဆိုင္ကယ္ခ်ိန္းစေပါ့ကတ္လဲျပီးျပီလား။

စက္ျပင္ဆရာ-ကၽြန္ေတာ္

ျပီးေတာ့အကုန္လုပ္ထားပါတယ္။

အသစ္ျဖစ္သြားျပီဗ်။ခ်ိန္းစေပါ့ကတ္လည္းလဲထားတယ္။

တျခားလိုတာေလးေတြလဲျပင္ထားေပးေသးတယ္။

ဘီးေနာက္ပိုင္းshock absorberလဲထားေသးတယ္။

ကလပ္နဲဲဘရိတ္လည္းအသစ္လဲေပးထားတယ္။

အကုန္လုပ္ထားပါတယ္။

႕ဘက္ထရီအိုးလည္းသိပ္မေကာင္းေတာ့လို

အင္ဂ်င္ဝိုင္လည္းလဲထားေပးတယ္ေနာ္။

ခင္ဗ်ားႀကိဳက္သြားေစရမယ္။

အိမ္မက္ထဲမွာေမာင္းရသလိုေပါ့ဗ်ာ။

ေအာင္ေအာင္-----

ဘာမွမျပင္ခင္ဘာျပင္ဖို႕လဲလိုလဲဆိုတာအေၾကာင္းၾကားဖို႕လိုတာ။

ကၽြန္ေတာ္ဆိုင္ကယ္ကနည္းနည္းေလးဘဲျပင္ဖို႕လိုတာ။

ဆိုင္ကယ္ပိုေကာင္းသြားတာေတာ့မုန္ပါတယ္။

ဒါေပမယ့္ႀကိဳအေၾကာင္းပါလို႕ေပာထားတယ္ေလဗ်ာ။}
Purpose: Introduce the concept of accountability

Story: Aung Aung has been having some problems with his motor bike. A couple of days ago, he noticed some strange noises and smoke coming out of the exhaust when driving it home from work and so took it to the local mechanic straight away. There is only one mechanic in the local area. The next day, before he went to the office, Aung Aung received a message that the mechanic has asked him to the repair shop, so he went there to take his motor bike.

You will need 2 volunteers for this role play.

Volunteers:

- Choose the role of the mechanic or Aung Aung and act out the role play.
- Please be as creative and as dramatic as you like!

Aung Aung: Hi there Thura (Mechanic), how are you doing? Was repairing my motor bike something simple like I predicted, like changing the change sprocket?

Mechanic: I'm glad you're back. I've fixed it! You're going to be so pleased with what I've done. It's almost like new! I've changed the change sprocket, but then I saw a few other things that needed to be done... I also change the rear wheel shock absorber and also put in a new clutch and brake. And also renew the exhaust. And your battery need to be changes and so I changed it. And .... engine oil also changed. I promise you will almost fix it. It drives like a dream now!!

Moe: What?! I asked you to call me to let me know what work needed to be done before doing anything! I thought it was something simple. It does drive better but I asked you to give me a call when you knew what was wrong. I didn't pay much for the car, and if it was going to be too much work then I thought I would get rid of it!!! How much is it going to cost?

Mechanic: I've got the bill. Here it is, close to one Lakh.

Moe: What?! I just can't afford that. I can pay 20,000 kyat only!!! I didn't ask for any of this to change with the new.

Mechanic: Ok...I could take out all the new things, and put the old ones back it... but you'd still have to pay me for the service!!! Time is money! That's 50%!
Annex 3: Definition of Accountability, Equity, Inclusion and Conflict Sensitivity

In the context of 3MDG work, accountability, equity, inclusion and conflict sensitivity (AEI&CS) are defined as follows:

**Accountability** means using power responsibly. It means listening (and responding) to the voices of people, and keeping your commitments to the people who use health services. Accountability also means building empowered and informed communities and health system users.

**Equity** involves recognising that people are different and need different support to ensure their rights are realised. Equity is about being fair and just to people who use the health system.

**Health Equity** means understanding the barriers to health faced by different people and working to address them. Health equity is also about ensuring that all people can access quality health care regardless of their socio-economic position, including age, disability, gender or other circumstances. Finally health equity ensures that health policies and services respond to the specific needs of different groups of people so that everyone can achieve the highest level of health.

**Gender Equity** means being fair to women and men. Men and women should not be discriminated against based on their gender. To ensure fairness, specific actions are often needed to compensate for historical and social disadvantages that prevent women and men from otherwise operating as equals.

**Inclusion** means involving all people in decisions that affect their health. It is about mutual respect, tolerance and making all people feel that their differences are respected. Inclusion is putting communities and patients at the heart of health care services and ensuring that all voices are heard and part of decision-making processes. This requires an understanding of diverse experiences and preferences, and enabling people from many different circumstances (e.g. cultural, linguistic and geographic) to participate in health care planning and delivery.

**Conflict Sensitivity** is the capacity of an organization to understand the context in which it operates; how its activities influence that context and vice-versa; and to act upon that understanding to maximise positive impacts and avoid negative ones (“do no harm”).
Annex 4: Activities on Gender

Activities on Gender

1. Think of one of your own characteristics or behaviours that is commonly associated with your sex. Write it in the box below (please feel free to write in the language of your choice)

2. Now identify a characteristic or behaviour that is usually linked with the other sex.

Activity 2: How Others See Us

1. Think about how people around you react when your activities, behaviours or personality does not fit with the gender roles prescribed for your sex?

<table>
<thead>
<tr>
<th>Very negative</th>
<th>Somewhat negative</th>
<th>Neutral</th>
<th>Somewhat positive</th>
<th>Very positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2. Why do you think people react negatively to behaviours or characteristics of women and men that are not consistent with being male or female?

- [ ] Inexperienced
- [ ] Social norms
- [ ] Education
- [ ] Social pressure
- [ ] Embarrassment
- [ ] Insecurity
- [ ] Fear
- [ ] Other
Annex 5: Characters and Steps Exercise

Statements for the exercise

- I can read the newspaper and I know the updated news.
- I was rarely invited to participate meetings organised by NGOs.
- I am not affordable to eat three meals per day.
- I can access the health information from the poster and pamphlet which were written in local languages.
- I am confident enough to work as a volunteer.
- I have limited education so that I am afraid to speak out during discussions/meetings.
- I can donate as much as I can for the development of the community.

Characters

- 65 years old man, village authority
- 58 years old man who is physically disable
- 53 years old man, a headmaster
- 36 years old man, farmer who is poor
- 13 years old boy who cannot read and write
- 78 years old woman who is poor and lives in peripheral area of the village
- 59 years old woman who is poor and works in the fields to grow paddy
- 45 years old woman who is the local health volunteer
- 37 years old woman, a teacher
- 19 years old pregnant lady
- 12 years old girl who does not understand local language
- 5 years old girl from poor family
Annex 6: Conflict Sensitivity Case Study

Case Study in English (Post-Conflict 'England')

Background

In England, a leadership struggle occurred between communist and anti-communist factions resulting in a bloody civil war from 1991 to 1993. The worst fighting was in York Province, which borders the country of Wales. At village level in York, the politics were blurred so it seemed to be an ethnic conflict between the Bloods, supporting communists, and Crips supporting the anticommunists. Both the Bloods and the Crips shared the same language but not religion. Bloods believed in the religion of Footballism, whilst Crips believed in Banality.

York was settled in the 1930s when tens of thousands of Bloods and Crips were relocated as workers to new cotton state farms. Typically, entire villages were relocated so the region became a patchwork of mono-ethnic villages. Over the years some villages merged and, by the outbreak of the war, 25% of villages were ethnically mixed and there was much inter-marriage. In the decades before war broke out, there was a large increase in population size of the Bloods in Yorkshire, partly because their religion did not allow for contraception. York's main industry was cotton production but in the years before the war drought meant that production had fallen by 75%. This resulted in fewer available jobs and decline in the income of households. For the time leading up to the war, it was perceived that managers at the cotton mills (who tended to be Crips) were giving any jobs that were available to Crips.

In the war, people were attacked and villages looted and burned by both sides. Many men were killed, families fled and over 20,000 homes destroyed. The war ended in 1992, and UN troops remained preventing the conflict recurring again, although armed groups continued to steal relief supplies.

England was a poor country with its economy based on cotton production. This meant it depended heavily on trade and imported basic foodstuffs. The war prevented cotton production, worsening the bad economic situation and the destruction of factories, equipment and irrigation canals needed for cotton production, left the country facing serious food shortages. Cotton farming used to happen in large state farms employing most people. Each farm included villages without regard for their ethnicity. Thus, Bloods and Crips worked side-by-side, men in management and canal maintenance and women planting, cultivation and harvesting. Schools, clinics and all social services were shared.

As the war came to an end, fields lay fallow waiting planting of cotton on which most still depended for survival. The network of irrigation canals was disrupted, undermining any potential cotton crop and water access in villages as well. Government institutions in the province were weak. Each household in York continued to own a small private plot on which they had always grown vegetables for household consumption and local sale.

NGO Response

By 1994, an INGO developed a large program in York having identified four main problems: a shortage of food with associated malnutrition, a lack of safe water and healthcare facilities, and many damaged or destroyed homes. The response was to set up Food for Work village-based brigades to rebuild houses and build health posts for primary health care services. Priority was given to most damaged villages and anyone - men and women could join a brigade. The NGO "contracted" brigades to repair houses, dig wells and help build primary care health posts. Food from one person's work was sufficient for 80% of an average family's caloric requirements.

The initial success encouraged returnees who had fled. In some cases, local people undertook "reconciliation initiatives", for example in one village, when Crip families returned, Blood residents "went to meet them with bread and salt," a traditional welcoming. Many believed "people don't want war, but policy people make it" and noted women's special role. As one said, "Women are different. They can forget and forgive but man is a little bit
animal.” Others noted women could “train their children better not to hate”. NGO staff felt this was an important first step but also wanted to find other ways in and outside of their project to promote reconciliation.

Case Study Questions

1. Conflict analysis:

What do you identify as causes of conflict or tensions among people in the Province of York? Think about root and aggravating causes.

   Root Causes
   – Economic decline: poor country, decline in cotton production
   – Population pressures: increase in population, food shortages
   – High unemployment
   – Distinct, separate ethnic or identity groups (religious, political)
   – Past violence between groups

   Aggravating Factors
   - Ongoing discriminatory policies toward a major identity group
   - Ethnic group-based political parties
   - Weak state institutions

2. Stakeholders:

Identify who are the major Stakeholders in this situation.

   England and Wales governments.
   York Provincial government
   Cotton industry – private sector
   UN
   Bloods and Crips villages and leaders, communities
   Religious leaders
   INGO
   Armed groups

3. Understanding program impacts:

What are some of the potential areas of negative and positive impact of the NGO program on the tensions or conflict in the Province?

Reduce root causes:
   - food shortage (food for work),
   - unemployment (food for work brigades)

Reduce aggravating causes:
   - discriminatory policies (priority went to most damaged villages, anyone could join a brigade)
   - Food, water – valued resources not controlled by one group.
   - Bringing people together to work e.g. work brigades

Negative:
   - Perception of unequal distribution of benefits
   - Don’t address access to water
   - Only 80% of family calorific needs met
3. **Improving program conflict sensitivity:**

What suggestions, if any, do you have for other ways that the NGO could design its program (and additional supplementary activities) to improve its impact on the conflict?

Women
Private plots
Annex 7: Facilitation Techniques

Focus Group Discussion

- Encourage contributions from all members.
- Ensure all participants are heard.
- Facilitate discussions on sensitive issues.
- Promote active participation.
- Address participants' concerns.
- Summarize feedback.

PRA (Facilitator) Responsibilities

- Prepare the agenda.
- Manage the discussion.
- Ensure inclusivity.
- Encourage participation.
- Facilitate the process.
- Summarize the outcomes.
- Address any concerns.
- Ensure confidentiality.
- Facilitate follow-up actions.

Note-taking (note-taker): Record all discussions and decisions.

Additional facilitation techniques include:

- Use visual aids.
- Encourage active listening.
- Promote constructive discussions.
- Address any conflicts.
- Ensure equitable participation.
- Summarize key points.
Accountability, Equity, Inclusion and Conflict Sensitivity Workshop Report

Facilitator Accountability, Equity, Inclusion and Conflict Sensitivity Workshop Report

- Discussion of the workshop's objectives and outcomes.
- Review of the workshop's key takeaways.
- Reflection on the workshop's impact on accountability, equity, inclusion, and conflict sensitivity.
- Summary of the workshop's recommendations for future actions.

Note Taker Accountability, Equity, Inclusion and Conflict Sensitivity Workshop Report

- Details of the workshop's key discussions and exchanges.
- Notes on the workshop's facilitation and management.
- Observations and feedback on the workshop's effectiveness.
- Suggestions for improving the workshop's future iterations.

Team Member Accountability, Equity, Inclusion and Conflict Sensitivity Workshop Report

- Participation and contributions to the workshop.
- Reflection on the workshop's relevance and impact.
- Suggestions for enhancing the workshop's inclusivity and effectiveness.
- Feedback on the workshop's overall dynamics and atmosphere.

Team Leader Accountability, Equity, Inclusion and Conflict Sensitivity Workshop Report

- Leadership and coordination during the workshop.
- Oversight and management of the workshop's sessions.
- Feedback on the workshop's overall success and potential for improvement.
- Suggestions for enhancing the workshop's leadership and management.