Facilitating Community Participation in Education:

A Case Study of CanDo, a Japanese NGO in Kenya

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Abstract

Community participation has great potential to promote education as an aspect of international cooperation and development. Education has been increasingly recognised as one of the most crucial factors in successful development assistance or international cooperation. Education for ‘community participation’ has increasingly attracted attention in this regard. In particular, non-governmental organisations (NGOs) are skilful at helping local people and communities who live in areas remote from formal school educational provision, even at the grassroots level. Therefore, this dissertation uses one Kenyan case study to discuss community participation in education.

The main theme of this study is ‘educational facilitation’, a methodological practice in education at the grassroots level. There are two thematic aims to be achieved in this study. One is to examine an educational approach to facilitating community participation. Another aim is to analyse and describe one community case study, describing the challenges, difficulties and limitations which the educational facilitators face.

This research discusses the literature on approaches to educational community participation before describing one organisation’s practice in the field as a single case study. The focus is on one small-scale Japanese NGO working in Kenya, Community Action Development Organisation (CanDo), in terms of its approaches and experiences. This research looks especially at the organisation’s AIDS education project for communities in Kenya. The focus of this research is on how the educational facilitators organise dialogic interactions with local communities. Qualitative methods were adopted for data collection through research in addition to the author’s work experience in that organisation in the year 2007. Data collected from semi-structured interviews with selected organisational staff members and relevant documents including fieldnotes and internal documents which were made by the author through the case study are used for this analysis and discussion.

Contents

Chapter Ⅰ.

Introduction:

It is widely acknowledged that community participation in education has a significant potential for education in international cooperation and development. Education has been increasingly recognised as one of the most important areas in the discipline of development assistance or international cooperation. Education for community participation has increasingly attracted attention in this regard. In particular, non-governmental organisations (NGOs) can demonstrate their capabilities particularly in working in education by cooperating with local communities (Nakamura, 2007). NGOs are skilful at targeting education other than formal schooling. Furthermore, their work on educational dissemination and quality improvements through ways, such as mobilisation of communities (Ehara: 2003, p.46)target those who are socially disadvantaged. Participatory approaches that see local communities as a centre for development have become increasingly common. One of the strengths in the practices of NGOs is their ability to open up access to education to a wide range of local people and communities. Another strength is that NGOs are able to act at the grassroots level.

This study therefore discusses community participation in education using a Kenyan case-study. The main theme in this work is ‘educational facilitation’, a methodological practice in education at the grassroots level. There are two purposes to be achieved in this study. One is to examine an educational approach of facilitation for community participation. Those who practise this educational approach are called ‘educational facilitators’ or ‘education planners’ due to their engagement with community work at the grassroots level. These educational facilitators are mainly concerned with planning, preparing, implementing and following up community participation in education. Another purpose of this study is to analyse and describe the educational practice of community participation, and in particular the challenges, difficulties and limitations which the educational facilitators have faced. Based on the theme above, the facilitation of community participation, and the two purposes

described, the research is driven by two broad research questions.

1. How do educational planners in Kenya attempt to facilitate community participation? ; and
2. What appears to be successful or unsuccessful in facilitating community participation?

With the help of these two questions the research will capture some factors of validity and effectiveness in the educational approach of facilitation for community participation. The reason why the second question includes ‘unsuccessful’ is that educational facilitators do not always achieve their goals and also encounter difficulties, challenges or limitations. It seems to be more important to pay attention to the lessons learnt and to investigate how the education planners tackle difficulties and challenges in order to progress and to improve their practice than to simply describe in the unsuccessful progress in their practice.

In order to explore the educational approach of facilitation in community participation, the research will adopt a single case study approach. The case is a Japanese NGO, which is currently deploying education projects for local communities in the Republic of Kenya and promotes community participation through education. . I was fortunate for me to have done work experience at the NGO while they were engaged in a health project for communities in 2007. In 2008 I was granted access to the organisation to conduct my research and was able to collect data through interviews and document analysis. This is a small-scale case study and targets and observes one particular organisation costing time and efforts in the process of its project implementation. Qualitative methods are used for data collection during fieldwork in addition to my work experience in 2007.

This study is divided into seven chapters in total. Chapter Ⅱ illustrates theoretical perspectives of community participation in education. It especially focuses on its philosophies, approaches and attitudes in practice rather than a methodological, pedagogical and technical description of educational practice. Additionally, the chapter provides an overview of some general approaches to community participation in the context of education and international development.

Chapter Ⅲ outlines the methodological description and research design. After a

brief demonstration of research design, it explores the methodology used for selecting a single case study and describes how the research was conducted and how the data was collected in the field, along with the challenges faced in the process of conducting the research.

Chapter Ⅳ offers background information on Kenya: it describes the political, social and educational circumstances in the Republic of Kenya and Old Mwingi District in the Eastern Province in recent times with particular emphasis on educational dimensions.

Chapter Ⅴ and Ⅵ are the main parts of this dissertation. Chapter Ⅴ describes the organisation's experience of successful implementation of an AIDS education project in Kenya. Chapter Ⅵ explores organisational efforts and solutions for handling some of the challenges and difficulties. It seeks to answer the thematic questions of what appeared to be successful and unsuccessful in facilitating community participation with particular emphasis on what was 'unsuccessful'. The chapter also exemplifies organisational efforts and strategic approaches in order to address challenges and difficulties.

The concluding chapter summarises the educational approach on community participation based on theoretical perspectives and the description of data collected from the case study. Finally, it returns to answer the research questions proposed in this introductory chapter.

Appendix Figures are included to help explain detailed contexts and relevant information after this study. Please refer to the Appendix Figures from page 65 for more information or explanation of the data collected by means of tables of contents, graphs, charts and photographs.

Chapter Ⅱ.

Literature Review:

Community Participation in Education

This chapter is divided into two sections. Firstly, it considers the broad term, ‘community’ as a key potential human resource for development. Then, it explores two foremost theoretical approaches in the practice of community participation, Critical Pedagogy and Participatory Rural Appraisal. It moves on to cover community participation and discusses the different practices of education approaches. The goal is to seek to define community participation in education with reference to various theoretical frameworks and practical views. The second section introduces several practical approaches of community participation, which includes the processes of participation and their limitations. Finally, it summarises the practical approach of community participation in education and the roles of practitioners in that field.

1) Conceptualisation of Community Participation

Community Participation in education has been an issue debated for a long time in the discipline of developmental projects in developing countries (Kumar: 2002). In this regard, theoretical perspectives in education have been advocated by various theorists in academic and practical terms. To begin with, what is a ‘community’? How has the approach of community participation been conceptualised? And, how has it been implemented by education and development workers in the field? It is thus necessary to firstly clarify the broad term ‘community’, which can play key roles in the context of education and development support.

‘Local Community’

In defining what a ‘community’ is, Bray (2003) demonstrates a set of definitions of communities. According to him, local communities are classified by:
Geographic units;

- Ethnic and racial groups;
- Religious groups; and
- Some shared philosophy or principles (Bray: 2003, p.33).

In addition, an earlier study by Christenson et al. summarises the definition of a community as follows:

“A community is defined as people that live within a geographically bounded area who are involved in social interaction and have one or more psychological ties with each other and with the place in which they live.”

(Christenson et al: 1989, p.9)

According to their definitions of the community, there are four basic elements of ‘community’:

- People, ethnic groups and their members;
- Geographical boundary;
- Social interactions; and
- Commonly shared philosophy and principles.

Although the community is classifiable by geographical borderlines, social interactions or shared philosophy, it is still an exceedingly diverse and broad idea. Bray (2003) recognises the ambiguity of the classification of the community. Social interaction is probably one of the most important elements for the community, because it enables its members to initiate collective actions and also to generate active communication with other community members. Organisations or institutions, such as non-governmental organisations (NGOs), civil society organisations (CSOs) and other associations, could further be classified as communities as a result of social interactions.

■ Educational Approach for Communities: Critical Pedagogy

The theoretical foundation of community participation in education is based upon two broad theoretical perspectives. One of the most influential theoretical perspectives is Frere's Critical Pedagogy. Critical Pedagogy was originally generated by 'problem-posing education'. P. Freire (1970) proposes in his original work of *Pedagogy of The Oppressed* that learners in a community can discover their own way of learning as a result of changing or improving their attitudes and behaviour by active participation in learning by themselves. Even if community learners are socially disadvantaged, Freire argues that collective responsibility for both teaching and learning (ibid. p.61) exists. Perhaps Freire means that teaching and learning is interactive; teachers or educational facilitators do not only transmit knowledge or dominant values to learners as students, but they also learn from their learners. In other words, teachers and learners interact with each other in a process of teaching and learning. There are several steps in problem-posing education, which may be applicable to local communities:

- Problematising situations: to identify problems lying in their community ;

(↓)

- Analysis and discussion: to analyse and discuss how to solve problems by community members ; and

(↓)

- Initiation of collective action by local communities themselves.

One of the features in problem-posing education focuses on 'critical consciousness'. Freire (1970) defines this as a process of being in variation. He proclaims the educational practice that promotes critical consciousness in his second work, *Education for Critical Consciousness* (Freire, 1974). According to his second work, critical consciousness lies in the following three situations: a). 'active, dialogical and criticism-stimulating method; b). contents in a program being changeable; and c). use of techniques such as thematic breakdown and codification' (Freire: 1974, p.40).[1]

[1] ' Codification' in this term is explained as the representation of a theme in the form

In the practice of problem-posing education, what Freire indicated as a strategic approach in order to make communication with local communities more active is *dialogue.* Dialogue is an essential instrument in the context of Freire's critical pedagogy. Freire seems to argue that dialogue consists of the interactive communication between learners. Moreover, it can promote a learner's critical thinking, and active participation in the process of learning: problematising, analysing and discussing and initiating collective actions.

Through his first and second works, *Pedagogy for the Oppressed* and *Education for Critical Consciousness,* what Freire argues for is, to some degree, an attitudinal and behavioural change among educational workers. His central argument is supposedly about the role of educational practitioners; it is facilitation of environments and processes of learning so that community learners can actively participate in these processes. Dialogue is the accumulation of interactive efforts with community members as mentioned. These dialogic interactions by education workers can inspire or create the approach of critical pedagogy to encourage communities to actively participate in the process of learning together.

■ Participatory Rural Appraisal (PRA) Approach for Communities

Another theoretical perspective that is rooted in the approach of community participation is Participatory Rural Appraisal (PRA) by Chambers.

In his work, *What Reality Counts? Putting the First Last* (1997), R.Chambers points out that the recent practice of currently existing rural development projects and external supports tend to be oriented to an outsider's point of view. When he researched their project implementation on rural development, he describes those values as 'personal and professional concepts, values, methods and behaviour'(1997, p. 129). The 'outside point of view' could include an external professional's own preconceptions, assumptions and arrogance. In other words, recent development

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of an existential situation in his Notes (Freire:1974, p. 50). It would be appropriate to more simply describe ' codification' in that context as the utilisation of visual and verbal presentation.

projects have often been put in place from their own outside point of view; and moreover, this has inhibited their ability to learn from local communities (*ibid*.). Chambers devised a new practical approach in Development Studies, called as 'Participatory Rural Appraisal' (PRA). PRA is a set of participatory approaches and methods in a process of research methods, achieved by practitioner's own efforts in terms of various practices from planning and implementation to monitoring and evaluation. PRA can enable local people to utilise various resources by means of various materials.[1] PRA is structured by following three key elements shown in **Figure 1** (p. 65):

- Behaviour and attitudes of outsiders who facilitate and do not dominate;
- Methods which shift the normal balance from close to open, from individual to group, from verbal to visual, and from measuring to comparing; and
- 'Sharing and partnership of information, experiences, food, and training between insiders and outsides and organisations_' (Chambers: 1997, p. 104 - 106).

PRA constructs three pillars as its foundation, behaviour and attitudes, methods and sharing. According to the three pillars Chambers proposes the idea of facilitation on the part of an outsider's behavioural and attitudinal change, is 'facilitate not dominate…' There is a concept of '*facilitation'* between the outside professionals and local communities. The concept of 'facilitation' is demonstrated by promotion, encouragement; sharing of information, and verbal and visual communication. These processes are perhaps interactions with local communities aimed at constructing relations of trust with communities. It is probably appropriate to add a supplementary explanation and technical advice in the process of facilitation. [2]

What Chambers would like to argue through the introduction of PRA is for an alteration of the currently-practised approach based upon outside professionals' points of view. In other words, this is seeing the issue from the perspective of local

[1] The statement of 'various resources by means of various materials…' in the text means the use of methods, daily resources and materials. As Chambers (2002,p.7) says, these 'methods' are such as "making diagrams and maps"; while 'materials' include such as "paper, pens, sticks beams seeds and so on…" Some of these are locally obtainable or purchasable.

[2] A practice of 'Facilitation is more explained more in Chapter V when describing the approach of an NGO as a case study.

communities and to considering the situation from their point of view. In his work, *Participatory Workshops – A Sourcebook of 21 Sets of Ideas and Activities* (2002) - Chambers proposes 21 psychological preparations in the practice of PRA in the field, expressed as "21 DOES"(p.8). Of those 21 ideas, 'to abandon preconceptions' could especially be important as well as 'to show respect' (*ibid.* p. 8-9). What local communities have faced or experienced, such as present existing conditions, problems and realities, should have priority over an outsider's preconceptions. This is because unless the facilitators learn those present conditions shared by the communities, it is not possible to adopt a new approach for them to address these problems. Non-possession of the preconceptions and own assumptions, consideration of local community's perspectives, and respect for their people and contexts are supposedly a central argument by Chambers in his development context.

There are similarities between the two theoretical perspectives of Freire and Chambers in several points. Freire advocates facilitating learning environments through his critical pedagogy and dialogue in order that local communities are able to actively participate in the process of learning. That is common to an essential part of PRA, as proposed by Chambers: 'Outsiders do not dominate and lecture; they facilitate, sit down and learn…' (Chambers: 1997, p. 103). Both perspectives place the local communities at the centre, and argue for attitudinal and behavioural alterations of the practitioners or education and development planners in the field. There are five necessary elements for the practice of community participation in terms of education and possibly development:

- Respect for local communities, people and local contexts;
- Attitudes and behaviour to learn from local communities and people;
- Humility: moderate attitudes to learn and act;
- Trust and faith in local communities; and
- Critical thinking.

These elements are probably some of the principles that the practitioners place as their foundation in practice. Community participation in education is thus practised by the above mentioned necessary elements which would possibly

establish interactions with local communities.

2). Community Participation: Means to Facilitation

Community participation is, to some extent, a theoretical and educational approach that enables dialogic interactions with local communities in education and development. How has the educational approach of community participation been put into practice?

In the past, community participation was initiated as a national process. *Community Development and National Development (1963),* a classic work in community participation literature, defines community participation as follows:

> '… [D] envelopments concerns not only man's material needs, but also the improvement of social conditions of his life and his broad aspirations. Development is not just economic growth it is growth plus change.'
>
> (United Nations: 1963, p.3)

At the first glance at the UN's definition, it is likely that local communities were expected to contribute and participate in the process of development at national level. The UN definition introduces social dimensions to the early concept of community participation that were initially regarded just as an economic process, but argues that it is also as a social process. It still gives a bureaucratised impression that the local communities are required to be involved in the government of their local community. However, undoubtedly since the UN's official declaration (1963) about community participation, its importance has been recognised and discussed in the global context.

In recent decades, community participation, particularly its aims, objectives, principles, process and methodology, has been clarified in a more accurate form. Adejummobi (1990) establishes a process of community participation, and describes the next four stages of how community participation occurred. Adejummobi discusses the process of participation as 'common participatory themes', which explain how people in the community participate. First, a process of development is initiated with

local people in the community (ibid, p.226). Any community member can become the main actor who leads or shoulders that process in the first stage. Second, local people share their needs or problems that the community has (*ibid.*). Third, a participatory process could be developed into an interactive discussion among community members at formal or informal places in order to solve these problems. Fourth, involvement and cooperation with other community members take place in the final stage. Participation in the process above is open to all community members (*ibid.*).

P. Rose (2003a) develops concepts and approaches of community participation with particular focus on education. She researches people's participation from the viewpoint of school education and systematises the degrees of participation into a matrix table, shown in **Figure 2** (p. 65). The matrix table enables educational practitioners to examine the practice of school education at each section. Rose (2003a) puts forward an argument that emphasises the improvement of education policies concerning primary school education in Malawi. Her research work generally covers a number of participation types. There are two broadly identifiable types of community participation in education, genuine participation and pseudo-participation. Genuine participation could be demonstrated in a situation where community members manage to exercise their collective responsibility of decision-making, self-governance, and sharing of joint activities. Pseudo-participation can be observed when community members are expected to contribute to a process of development in terms of improving their lives, activities and governance. Pseudo-participation probably indicates a situation where local communities are involved. **Figure 3** (p. 66) shows a model of the structural process of community participation in education. This structural model signifies a process of the educational and development supports; the process of moving from pseudo to genuine participation. That is the practice and approach of community participation in education.

Community participation, especially in its concept of 'participation', has been more clearly structured in recent years. Cornwall and Jewkes (1995) establish four modes of participation: contractual, consultative, collaborative and collegiate participation (see **Figure 4**, p. 67, partly selected). Figure 4 demonstrates the degree of participation, interventions from external support, local community's independence and ownership, external control of evaluation and research. There are obvious improvements in terms

of the degree of participation from low to high, external control for research from frequent to minimal, and ownership of community participation from passive to active. Collegiate participation illustrates that local people entirely control over its process, stating that local people and researchers 'work together as colleagues'(ibid, p.1669). Supposedly, it is ideal that community participation is achieved by people's own efforts voluntarily and spontaneously without external supports (Rose: 2003a, p.47). However, in reality, there are some situations where the communities cannot avoid accepting external support. In these situations, the people often become to some extent passive . In other words, the approach of community participation may be some sort of compromise between the local communities and outsiders in order to achieve and to move onto genuine or collegiate participation.

The approach of community participation however contains some limitations and weaknesses. One of them is related to a culture of 'donor capital or 'donor capitalism'. In his working paper, Le Roux (1998) advocates a number of practical approaches for community workers and education planners to become involved in local communities. According to the donor capital context, there are situations where the community workers are required to satisfy their donors in order to gain sufficient funds from them and to continue the implementation of their ongoing project (*ibid*.). In a culture of donor capitalism community workers may have apprehensions about their donors and in their practice this could raise resentment toward their practice. In addition, undesirable effects arise not only from relations with donor agencies but also from local communities. Cornwall and Jewkes (1995) illustrate that "local people may be highly sceptical as to whether it is worth investing their time and energy in the process of participation" (p.1673). Furthermore, many of those who have practised community participation in education or development belong to CSOs or NGOs whose foundation is often small-scale. The organisations which currently support local communities through facilitation are often too small-scale to fulfil their role of promoting facilitation. Therefore community workers and educational facilitators need to maintain appropriate relations with their donors and the communities while improving the quality of their practical approach in education and development.

Summary

Theoretical and practical foundations in community participation are conceptualised by Freire's problem-posing education and a practical application of PRA, proposed by Chambers. On the one hand, problem-posing education opened up the way for local people to analyse problems in their communities and find solutions in order to improve their lives. On the other hand, Chambers created a concept of facilitation that enables the facilitators to practice promotion, encouragement, the sharing of information and verbal and visual communication in the discipline of education. Those problem-posing and PRA approaches structure the practice of community participation in the educational context. In spite of these slightly conceptual or structural differences, these participatory approaches seem to aim at facilitating local communities to actualise genuine or collegiate participation, an ideal stage of participation.

To sum up, the role of the practitioners, who include community workers, education planners and facilitators, could be an accumulation of dialogic interactions with local communities, as mentioned earlier in this chapter.

The next chapter describes the process of research design and its implementation and how the research was conducted and data collected.

Chapter Ⅲ.

Research Design and Methodology: A Case Study

This chapter describes the design of the research in this study. The chapter has two purposes: 1) to outline the whole process of this research with particular focus on the methodology used, and 2) to discuss some concerns that may have influenced the research. The previous theoretical chapter considered educational approaches that promote participation of communities referring to several ways of promoting facilitation. How have those educational approaches been practised to facilitate community participation in the developing world? It was necessary to identify at least one example of an organisation or groups of people who have worked in education to use it as a single case study. This chapter consists of two sections. The first section describes the whole process of the research from its planning to execution. The second section illustrates how data was collected in the process of the research.

1) Methodology and Planning the Research

This research focuses on the educational approach to community participation in a developing country using a single case study. One organisation engaged in education in Kenya can demonstrate through its example how the facilitation of community participation has been put into practice.

■ Social Science Research

In this research, there are two general research types considered: ‘natural science’ and ‘social science’. On the one hand ‘natural science’ refers to the consistent role of ‘real world data’: it looks at materials, objects, nature, and anything except for human

behaviour (Punch, K, F: 2005, p. 8). Data collected through natural science research is generally more consistent, objective and universal (*ibid*.). On the other hand, the nature of social science research is described as follows:

'Unlike objects in nature, humans are self-aware beings who confer sense and purpose on what they do. We cannot even describe social life accurately unless we first grasp the concepts that people apply in their behaviour'. (May, T: 2001, p. 8)

According to May, the nature of human beings seems to be more complex than that of materials and objects; that complexity is generated by a lack of consistency in human behaviour. Although the context of natural science research targets materials, substances and living organisms, that of social science would put more emphasis on human behaviour. This research in the context of educational practice also directly relates to an observation of human behaviour, the educational practice of the organisation's approach and project implementation. Therefore, the social science approach is employed in this research.

■ A Case Study

The research adopted a single case study. The case is one particular organisation with a currently ongoing project following the organisational approach. This is small-scale case study of one particular organisation and the work of those who are engaged in the organisation. The case study in this research is qualitative. Creswell (2003, p. 181-182) and Denscombe (1998, p. 30-31) summarise the main features of qualitative case studies as follows:

- Focus on one example;
- In-depth analysis;
- Emphasis on relationships and process in social phenomena;
- Natural setting; and
- Availability of multiple sources and methods.

A qualitative approach is used to interpret the complex social phenomena and human behaviour (Taylor and Bogdan: 1998). This research plans to interpret the relationship between the literature review in the second chapter and actual practical approaches with its validity and quality in regards to an educational practice for community participation. In order to find those factors and to answer the research questions, it was necessary to investigate the literature review and investigate actual behavioural practice of those who are engaged in an educational approach and had relevant contextual information. The research is considered as complex and answers to the research questions are not easily found by observing simple facts in natural science research. Denscombe (2003) describes the value of case studies that concentrate more on reasons and processes rather than on a simple description of facts or matters. Therefore, the research intends to focus on the in- depth study of a single case, looking at the natural setting of human behaviour and relevant social contexts, and generating data through multiple sources, such as interviews and documents. A qualitative and small-scale case study is thus suitable for such a complicated social science research.

2). Data Collection

■ Semi-Structured Interviewing

Data was collected by using semi-structured interviews and document analysis in the NGO. One of the main data collection methods was interviewing, which was conducted with selected organisational staff members who have been engaged in the development and educational approaches in Kenya. Interviewing is particularly useful for the collection of detailed data, which is based upon the interviewee's emotions, experiences or some privileged information (Denscombe: 2003, p. 165). There are three different types of interviews: fully structured, semi-structured and unstructured interviews. Robson (2002, p.270) describes these differences as follows:

- Fully structured interview: questions and the wording of conversation are predetermined, at a formal setting;

- Semi-structured interview: similarly with the structured interview, the setting, questions and the wording are prepared in advance, but the conversation and questions can be modified in response to the interviewee's experiences; and
- Unstructured interview: questions and the wording are not prepared in advance, conducted in a fully informal structure and setting.

The researcher decided to adopt the semi-structured interview in order to make full usage of the researcher's own familiarity with the NGO's staff members. In addition, the researcher has worked in that organisation for a short time. Therefore, more advanced and focused conversations, and in-depth discussions were expected with familiar staff members in a still formal but more relaxed setting. An interview schedule was prepared before the interviews **(Figure 5**, p. 68-71**),** but, these questions were often altered and modified depending on the interviewee and the circumstances.

The first step in data collection is negotiating access and gaining informed consent from the organisation. *Informed consent* ensured that research participants approved data collection and were willing to participate in the research. Gaining informed consent is one of the most important ethical issues and a crucial practice in the research project (Burgess: 1989). Since the researcher fortunately had access to that organisation due to his previous work experience, it was easier to gain support for the research from the director of the organisation. A consent form, which included an official request to the research participants, details about the researcher and research project,the purpose of the research and official declarations that include some requirements to the research contributor, was prepared based on the ethical guideline of the British Educational Research Associations. The project was ethically approved by the University of Oxford, Central University Research Ethics Committee (CUREC: 2007). Several copies of consent form were distributed to each potential interview respondent before the interview was administered (See **Figure 6**; the letter for contribution to the research inclusive, p. 72 – 75).

List of Semi-Structured Interview:
Interviewed Staff Members, Schedule, Profiles, Notes

No. Interviewed Staff; Schedule(Date of interview)	**Profile, Notes**
1**. Education Coordinator** 8th June 2008 at Nairobi Head Office	A Japanese national; responsible for projects as a whole
2. Environment Coordinator 9th June 2008 at Mui Division	A Japanese national; responsible for environment projects; concerning also the health and the whole projects
3. Field Coordinator 10th June 2008 at Mui Division	A Kenyan citizen; responsible for projects as a whole in the field;
4. Office Administrator 11th June 2008 at Nguni Division	A Japanese national; responsible for projects as a whole, working at Nairobi Head Office
5. Health Consultant(Facilitator) 12th June 2008 at Nguni Division	A Kenyan citizen; responsible for planning and teaching health matters in the field
6. Field Assistant 14th June 2008 at Nguni Division	A Kenyan citizen; engaging in assisting projects as a whole in the field, making contacts with communities and with the organisation
7. Health Coordinator 15th June 2008 at Nairobi Head Office	A Japanese national; responsible for the health project

The list above shows that there were seven staff members who contributed to the research. They include three project coordinators, a health consultant (who could

become the Facilitator), Field Coordinator, Field Assistant and Office Administrator. Every Kenyan staff speaks fluent English: thus, English language was used for Kenyan staff in the interviews. The researcher used Japanese as his native language to ask Japanese staff members the prepared questions. The conducted interviews lasted between one to two hours per individual, as Taylor and Bogdan (1998) recommended. Each interview was recorded. The researcher asked each respondent for permission both to take notes and to use an audio-recorder in order not to miss important information for analysing data.

■ Document Collection

Another main data source was documents. Internal documents related to the organisational approach and practice and the ongoing health project were collected and analysed. Most of these documents are digitised on the main computer in the Head Office in Nairobi or preserved in hard copy. These internal documents include:

- Reports on weekly meetings;
- Monitoring sheets;
- Project proposals submitted to donor agencies;
- Issued newsletters; and
- Field notes documented by the author.

Particularly important documents are the weekly meeting reports and the documents reported in the field: this is because these documents describe lived experiences in the organisational approach by staff members in their success and failure. These were it is helpful for the researcher to grasp the live progress of the organisations educational approach, related especially to community participation. The researcher made contact with the organisation, and then, was able to acquire these internal documents with their cooperation. Some documents were publically available online.

Summary

This chapter introduced the methodology of the research and discussed how the research was conducted, and how the progress on the research can be affected by socially situated factors. In the fieldwork research, the researcher travelled to the Republic of Kenya in June 2008 and visited the NGO's Head Office in Nairobi. The interviews were conducted between 5th and 15th June 2008. The outcome of this research may dependent on how much the researcher understands the contexts of the case. Those 'contexts' include the case of Kenya, the selected NGO and staff members with whom the researcher was both directly and indirectly involved. Expressing respect for their principles, philosophies, organisational practices and other relevant issues was crucial to the success of the research.

Chapter; Ⅳ

National, Regional, Political, Social and Educational Contexts of Kenya

This chapter explains the background information for the field in which the research was carried out: it describes some political, social and educational circumstances about the Republic of Kenya and Old Mwingi District in Eastern Province in recent times with particular emphasis on the educational dimensions. This background information is necessary before moving on to the main description part of the organisation. It also provides a brief description of Nguni Division where the organisation has targeted for support.

1). National Context: Republic of Kenya

1-1. National Profile and Poverty in Kenya,

The Republic of Kenya is located in Eastern Africa. Kenya's highlands are generally fertile; natural resources and wild animals are officially preserved. English and Kiswahili are the official languages. There is cultural diversity among the many different ethnic groups who live in Kenya. About 40 ethnic groups co-exist in Kenya. Kikuyus have the largest population, followed by Luos, Masais and Kambas. This research will put the emphasis on Kambas in the later sections.

Kenya as 'a developing nation which faces many challenges. These include poverty,

health, HIV/AIDS, and education. In terms of poverty related issues, **Figure 7** (p. 76) shows several situational indicators in Kenya, such as, low rate on Human Development Index (HDI value), [3] adult literacy rate, and Gross Enrolment Rate(GER) in primary education.

Poverty in Kenya is a major issue: 57% of the Kenyan population live below the poverty line, and live on one US dollar or less a day (Shiverenje: 2005, BBC News: 2010). Additionally, an estimated HDI value for Kenya in 2007 was 0.541, ranking the country the 147th out of 182 participating nations (HDR 2009). This means that more than a half of the Kenyan people live in poverty. Life expectancy has worsened from 57 years in 1986 to 47 years in 2000 (IMF: 2005) [4]. The literacy level is low: 26.4% of Kenyan citizens are still not able to read and write (HDR: 2009). A Poverty Reduction Strategy Paper (IMF: 2005) gives more information about poverty in Kenya. For example, unemployment has increased, [5] with more than 2 million people having lost their jobs in 2002, and this includes mainly the working poor, including residents in the slums *(ibid.*, p.8).

1-2. Recent Developments on Health, HIV/AIDS in Kenya

Health is a major concern in Kenya and HIV/AIDS is rampant all over Kenya. It is widely known that the human immunodeficiency virus that causes acquired immune deficiency syndrome (HIV/AIDS) is prevalent in many countries in the world, but in Kenya, it was in 1984 when the first case of HIV/AIDS was officially recognised and reported (KFF: 2005, http://www.kff.org/hivaids/up load/7336.pdf...). After 1986, cases of HIV infection continued to increase at a rapid pace. The Government of Kenya officially declared HIV/AIDS as national disaster in 1999, and made the

[3] Human Development Index (HDI) is used as a measurement of the country as a nation in terms of three social dimensions: I). long and healthy life, measurement by life expectancy; ii). education, as measured by adult literacy and gross enrolment rates; and iii). appropriate standard of living, assessed by 'purchasing power parity', (HDR 2009, Country Fact Sheet-Kenya, online at http://hdrstats.undp.rog/en/countries/country-fact-sheets/cty-fs-KRN.html.

HDI is often useful to examine the degree of wealth and poverty in a country. It is described by a numerical value: for example. 1 indicates the highest situation; conversely, 0 means the lowest.

[4] The situational indicator on life expectancy in Kenya has rose to 53.6 years in 2007.

[5] There has been an increase of unemployment: in 2002, more than two million Kenyan people lost their jobs (IMF:2005, p.8).

prevention of HIV as one of strategic policies (CanDo: facilitation Flow of Community- Based Learning Workshop on HIV/AIDS: 2007). There is recent statistics that illustrate the numerical data in relation to HIV/AIDS (**Figure 8**, p. 76**)**. According to Figure 8, it is remarkable that no less than 1.3 million Kenyans have lived with HIV/AIDS for at least a year. [6] This number is higher than that of 2003 (1.2million). In the demographics of HIV/AIDS, more than half of AIDS patients (740,000) are women. There were 1.1 million orphans with HIV/AIDS estimated in 2005. Thus, the proportion of women and orphans on the whole is quite high. Looking at Kenya's HIV/AIDS patients in comparison with other Sub-Saharan African nations, the population of AIDS patients in Kenya takes the sixth place after South Africa, Nigeria, Mozambique, Zimbabwe and Tanzania, which have considerably more people living with HIV/AIDS than in Kenya (United Nations: 2007; see **Figure 9**, p. 77). Although the prevalence of AIDS is less than in some major African states, it has nevertheless surpassed many other Sub-Saharan African states.

Child mortality is high and presents another major challenge. Statistics from the Human Development Report (HDR 2009, p.201) show the data for the infant mortality rate(children under age of five) between 2000 and 2007. Child mortality ranged from 91, at the lowest to 127 at the highest per 1,000 live births. That is to say, one out of nine children died before reaching the age of five in Kenya. Since the 1990s child mortality rates have continued to increase.

Wamae et al. (2009) report that, according to a 2003 survey, infant mortality is caused mainly by respiratory failure, diarrhoea, measles; and malnutrition. Consequently it is necessary to obtain primary knowledge and information about child care and prevention of HIV infection at the community level in order to address health problems, specifically HIV/AIDS and child mortality.

[6] ' The term of ' people living with HIV/AIDS' can vary in its meaning: in addition to the regular patients of HIV/AIDS, the people who live with HIV may include those who are suspected of being an AIDS patient or those who have held HIV patients or suspected patients in their house holds.

1-2 Education in Kenya: Present Structures and Conditions

The introduction of free primary school education (FPE) in Kenya could be significant in education in the country. Kenya adopts a system of school education at three levels: primary, secondary and higher education, generally called the '8-4-4 systems'.[7] Within this three-tier system of education, there are national examinations; Kenya Certificate of Primary Education (KCPE) and Kenya Certificate of Secondary Education (KCSE). The examination at the end of primary education determines learners' progress to further education or employment.

The Government of Kenya decided to abolish all fees for primary school education and prohibited all state-owned primary schools collecting educational expenses from parents since 2003 (IIG:2009; Sawamura and Sifna: 2008). Perhaps such a move came as the government followed a stream of recent new policies on education to achieve universal primary education by 2015, as part of Education for All. The purpose of the introduction of FPE has been to increase enrolments in primary education. Since 2002, there is a clear and considerable growth of the number of children who were enrolled in primary education (in **Figure 10**, p. 78**)**. From 2003, the GER exceeded 100%, and then, the number of school children enrolled reached the target quota for five years continuously.

However, there is another table showing primary Net Enrolment Rate (NER) between 2003 and 2007(see Figure 10). According to these two tables there is an obvious disparity between the results of GER and NER. In the GER result enrolled primary children have steadily increased and surpassed the quota numbers; conversely, the NER table shows that those children who were enrolled at the proper school age have not reached the quota between 2003 and 2007. There have still been some vacancies for pupils in each year.

In particular, Sawamura and Sifna (2008) identified that there have been supplementary fees and extra expenses, such as uniforms, textbooks and miscellaneous costs, which have continued to parent's burden (p.107). This simply means that

[7] In the three-tear education system, pupils spend eight years in primary education, four years in secondary education, and then learn for another four years in higher education, mainly at university. At the end of the primary and secondary education cycle, there is a system of examinations.

although all school fees were abolished due to the initiation of FPE, parents have shouldered another heavy burden of supplementary and extra costs to purchase extra learning resources and other materials in order to send their children to primary schools. They also found that the existence of the national exam, the KCPE can strongly influence a primary pupil's progression to secondary education. **Figure 11**(p. 79) demonstrates transition rates from primary to secondary education between 2003 and 2007. According to its data, there is a certain increase of transition rates over this five- year period. Nevertheless, these rates remain around 40% and 60%. This indicates that approximately half of primary pupils after their eighth year are able to successfully transfer to secondary education; the other half of them are likely to fail. Nearly half of the pupils, about 48% on average fail the KCPE exam and performance in the KCPE exam is a significant factor in the successful transition to secondary education. The KCPE performances of learners are directly linked to economic strengths and the higher social status of pupil's *(ibid*., p. 114).

Furthermore, there seem to be a significant shortage of teachers in schools. UNESCO (2005; p. 6) reports that the average ratio of teachers to pupils in one classroom was 1:50. On the other hand, Ministry of Education officers and foreign aid agencies appear to be less interested in improving the quality of education than they are in achieving quantitative targets. Sawamura and Sifna (2008, p.110) report that 'they do not try to listen to the voices of teachers and parents since they place greater priority on their governmental or administrative work.'

In summary, the Republic of Kenya has recently faced several difficulties mainly caused by poverty in addition to a political conflict after the general election in 2007; low HDI rates; high unemployment; the prevalence of HIV/AIDS across the country, and high child mortality.

On the one hand, the new government FPE policy brought about a general improvement of pupil's enrolment growth in primary education. However, on the other hand, it seemed that parents and schools bear supplementary and miscellaneous expenses that have become a heavy burden for them.

In addition, there has been a failure of transition from primary to secondary education because that transition rate remains low. Only half of all primary

schoolchildren are successfully promoted to secondary education, resulting in much wastage of critical human resources for Kenya. In addition, many state schools suffer from a shortage of teachers, and many schools have been understaffed. As Sawamura and Sifna (2008) conclude, while Kenya's education generally achieved quantitative development as per the visible increase in enrolment, its qualitative developments on the other hand have not yet been achieved. In many respects, these challenges face the whole of Kenya, but are in many ways most acute in the Mwingi District.

2) A Regional Context: Poverty in Mwingi District

Mwingi District is located in the Eastern Province of Kenya. This district is situated about 200 kilo-metres east of Nairobi with a total population of 326, 506, estimated in 2004 (DCU Mwingi: 2008). The district has a hot and dry climate, consequently the District often experiences frequent droughts. Yearly rainfall is decreasing steadily so the district experiences shortages of water and water sources.

Mwingi District consists of nine smaller administrative units (called 'division'): Tseikuru, Mumoni, Kyuuso, Ngomeni, Nuu, Mui, Migwani, Central (including the city centre of Mwingi Town), and Nguni Division. Nguni is of particular focus in this research (see **Figure 12;** a map of Mwingi District, p. 80). It is worth pointing out that there has been alteration and repartitioning of the district's designations and lands on a large scale in recent years. [8] The main industry is subsistence farming, and most people in the district are engaged in farming. The district has a homogeneous society; almost all of the people are Kambas.

Poverty has become a major challenge in Mwingi District. Information relevant to poverty is shown in some statistical data in **Figure 13** (p. 81 – 82). It is reported that

[8] Mwingi District altered its designations and lands in 2009. Firstly, Old Migwani Division, which was located in the southwest of Mwingi District, was newly designated to Migwani District. Secondly, Nuu, Mui and Nguni, three conventional divisions were officially altered into Nuu, Mui and Nguni Division in Mwingi East District, which was also newly designated in 2009. However, as regards these names of a place in this sense, this case study adopts to use the old names: for example, using Mwingi District, Nguni, Nuu, Mui Division and so on.

60 % of the population suffers from absolute poverty: more accurately, 66.5% of the population are below the poverty line of $1 USD/day or less (Nakamura; 2007). In the industrial sector, there has been continuously growing unemployment, with a total unemployed population of 98,878. It is simply calculated that one third of the total population in the district recently lost their jobs.

Health poses particularly serious problems for those living in the district. According to the official document prevalent diseases in the district currently reported are malaria, respiratory failure, urinary tract, infections (UTI), skin diseases, malnutrition, and HIV/AIDS (District Coordinating Unit (DCU) Mwingi: 2008, p. 7-11).The child mortality rate is quite high at 98 deaths per 1,000 live births, child mortality for those under the age of five is at 122 deaths per 1,000 live births. More than one child dies before the age five in every 100 died due to the above-stated diseases. There are no health and medical facilities in this district. According to the statistics, only one hospital presently functions. Most facilities do not have adequate medical staff and equipment to provide quality services or emergency treatment (Republic of Kenya: 2005). In addition, it is reported that 'the average distance to the nearest health facility is 30km' (*ibid*. p.8), which means that it is too far to reach a health facility when someone in a household needs quick medical attention.

In Mwingi District, several major educational challenges stand out. One is that there has been an exceptionally low transition rate from primary to secondary education. The statistics demonstrate that only 19% of boys and 16.1% of girls were enrolled in secondary schools in 2004 (the average rates were 17 % (DCU Mwingi: 2008). At the same time, primary enrolment rates show that 87.6% of boys and 92% of girls were enrolled in primary schools in the same year (ibid). With this difference between primary and secondary enrolment rates, it is obvious that the system of KCPE, a national examination implemented at the end of primary education, is central to the transition to secondary education. The data indicates that only 17% of pupils successfully advance to secondary education, while, the remaining 83% of primary pupils were unable to do so. In other words, most primary schoolchildren do not go for secondary education. The feature of low transition rates to secondary education in

Mwingi is similar to that of the national trend (see also Figure 11). Given these low rates of secondary transition and their association with the KCPE examination, we can surmise that the findings of Sawamura and Sifna (2008) regarding the performance of KCPE nationally also applies to Mwingi: its performance is directly related to socio-economic wealth and social status of pupils' parents and families.

■ The Administrative Structure in Mwingi District, Eastern Province

Administration Indicator	A**dministrator**
① The Central Government	President
② Province	Provincial Commissioner (PC)
③ District	District Commissioner(_DC)
④ Division	District Officer(DO)
⑤ Location	Chief
⑥ Sub-Location	Assistant Chief
⑦ Village	Village elders
⑧ Communities	Community leaders
⑨ Households	

Source: Adapted from: CanDo General Introduction (2007)

The table above shows the administrative structure of Mwingi District, which is a top-down administrative structure. This local administration system is generally classified into six units: province, district, division, location, sub-location, and village. A district is the largest administrative unit within a province. A division follows a district as a next administrative unit. Within divisions are a small number of locations. A location, in turn, consists of sub-locations. These 'sub-locations' are socially and culturally the most proximate areas to local communities. These sub-locations are formed by a number of villages, which are the smallest administrative units of people's affiliation and livelihood. Communities and households can be identified as the

primary and the smallest component in Kenyan society.

The table of the administrative structure in Mwingi District above also highlights the administrators who are responsible for their respective level of governance. This administrative structure adopts a bureaucratic and top-down system. The most primary and most familiar positions to local people and communities are probably the DO, Chief and Assistant Chief (also called as a sub-chief).[9] It is the assistant chiefs who can be considered as the closest to the local communities. In addition to these official administrators, some elderly people take care of their village and communities as village elders. For the local communities and individuals, there is an official place, called '*baraza'* where an exchange of different opinions regarding important decisions are freely discussed among community members and individuals with attendance by local administrators. The *baraza* is therefore the smallest but most basic and important public forum for people in the community to talk to others in order to change or improve their livelihoods.

3). Nguni Division, a Main Practice Area: Profiles and Present Situations

Before moving onto the description of the organisational approach to community health, this third section illustrates Nguni Division, a main project site where the NGO undertakes the health project for community participation.

Nguni Division is one of the divisions in Old Mwingi District which the NGO recently added as a target area for project implementation. The size of Nguni Division is 1,751 km2 (CanDo Project Proposals: 2004). The division is located in the southeast of Mwingi District (see the map, Figure 6), neighbouring Ngomeni Division in the north and Nuu Division in the south. The division is administratively classified into three locations, eight sub-locations and 104 villages in total (see the Map of Nguni Division, **Figure 14**, p. 83). The administrative unit is generally classified into three

[9] In the administration at the district level, Dos are responsible for the administration of their division; Chiefs being at the location and Assistant Chiefs being at the sub-location level.

parts: District Officer (DO); Chiefs and Assistant Chiefs. They are responsible for governance of each administrative area. According to the indicator figure, the population in Nguni was 20,415 in 1999; while population density was 11.7 people per square kilometre (11.7/ km, CanDo, ibid). The climate is dry and hot; therefore, the division has been directly affected by frequent draughts.

Nguni Division has faced a number of difficulties related to poverty and social issues. Two factors can mainly be identified: one is shortage of water; and another is social disparity created by the tarmac road. CanDo initiated feasibility research in 2007 in order to investigate present conditions of water and water sources in Nguni Division through a fact finding survey and interviews of local residents and neighbours.

In this research, two types of water sources were identified: these were earth dam types and rock catchment types.[10] In part, external organisations including NGOs from Western nations offered food provision to the local communities, then, earth dams and rock catchments were constructed with this foreign support. However, it is reported that many water facilities were abandoned or unused for a long time as a result of poor management of these facilities and as a result of a lack of people's motivation for maintenance.

Another problem is related to the asphalted tarmac road that crosses the centre of Nguni Division. The tarmac road connects Nairobi, the capital and Garissa, a north eastern city through Mwingi District.

On the one hand, the construction of that tarmac road made transportation more frequent and active and it brought more convenient access to the cities in case of emergency needs for hospitalisation or medical treatments. In addition, external organisations also preferred to give support in this division. Reportedly, people and communities came to participate in labour work activities to construct water facilities instead of food provision as rewards and allowances given by external organisations. On the other hand, these external and government supports tend to prioritise to the

[10] Earth dams are one of the water facilities that accumulate water constructed by the local communities in Nguni Division. The dams were used for domestic and collective purposes. A rock catchment is another type of water facility for the accumulation of water. A surface on a large-sized rock is whittled away; and then, water accumulates in its hollowed-out hole.

limited villages near or around the tarmac road. Those who live in the areas and villages distant from the tarmac road tend to be more isolated or less in focus.

Summary

This chapter dealt with the administrative, political, social and educational contexts of the Republic of Kenya and Old Mwingi District.

Both the national and local context in Kenya and Eastern Province, Mwingi District, have shared some similar problems, summarised as: i) absence of health and medical facilities to address HIV-related and other locally prevalent diseases; and ii) educational social stratification was generated by the influence of national exams resulting in inequality between the wealthier households who can afford to support their children and those who cannot. Both, the national and regional contexts have some similarities in the issues of poverty and education. It is local communities and individuals who are especially vulnerable and experience these poverty-related social problems and difficulties with education and health.

Nguni Division, in a more regionally classified context, has faced several difficulties because of its dry and hot climate; shortage of water; and the social disparity generated by accessibility to the asphalted road crossing the centre of the division.

Thus, it is in this administrative and poverty context that NGOs have attempted to ‘fill the gap’ in public services. We now turn to introduce the approach of one such small NGO that has attempted to provide local communities with high-quality development services through educational activities.

Chapter Ⅴ

Data Description Ⅰ

An Organisational Approach to Community Participation in Education: CanDo, a Japanese NGO

The following two chapters constitute the main part of this study, attempting to describe the educational activities of the targeted organisation. This chapter focuses on the specific activities of the health project for local communities in Old Mwingi District. It begins with organisational aims, philosophies and the description of currently ongoing projects in that organisation. It moves onto the practice of the health projects for the local communities including primary health care training and community-based learning workshops. The goal of this chapter is to describe a currently on-going health project for communities and find out how these organisational approaches are connected with educational dimensions. These two chapters are based on the data collected from semi-structured interviews with NGO staff members and from internal documents. Then, it illustrates the process of 'facilitation' roles of educational planners and interaction between the education planners and local communities.

1).The Organisation, Philosophies and Projects

Community Action Development Organisation (CanDo) is a Japanese and Kenyan-based NGO that is involved in developmental activities in the Republic of

Kenya. It is this organization that is the focus of the case study.

CanDo has focused on education and assistance development in education in a very specific area, Mwingi District in Kenya.. The organisation supports groups of people and communities in Mwingi District. Those 'local people and communities' include those who have had to contend with the various poverty-related difficulties in Mwingi District.

According to interviews, when CanDo was established in 1997, the organisation looked for newly prospective areas to be supported within Kenya. In the process of investigation, the organisation found that the residential areas of Kamba ethnic groups showed positive attitudes towards accepting modern education and external assistance. Places with high number of Kambas included Eastern Province and Mwingi District. CanDo then identified that Mwingi District had faced challenges in terms of the environment, society and education. In particular, Nuu and Mui divisions in the district suffered from particularly poor performance in KCPE at the end of primary education. Thus, Nuu and Mui Divisions within Mwingi District were selected by CanDo as the project site. Thanks to successful acknowledgement and cooperation with local administrators in Mwingi District, CanDo initiated its comprehensive projects for community development with the distribution of textbooks to primary schools in Nuu Division in 1999. In 2005 Nguni Division was newly added as a target site for project implementation.[11]

CanDo has deployed aid projects in the following three main fields:

1). Classroom construction: to construct and renovate classrooms in primary schools in cooperation with parents and teachers in the communities;

2). Environment: to encourage environmental activities for primary schools and local communities such as establishing school gardens, growing seedlings, beekeeping, woodworking and tree planning (Nakamura: 2007); and

3). Health (described in the next sections). .

CanDo, a Japanese NGO, employs both Japanese and local Kenyan staff members. Staff members are generally classified into three types: consultants, coordinators and field assistants. Consultants are part-time paid specialists who

possess specific knowledge or experiences from their previous careers. [12] They are often facilitators who direct trainings and workshops and provide community members with new knowledge, skills and some technical advice in their projects. Coordinators do not have such field expertise, but rather, are focused on taking charge of planning, organising, improving and reporting their relevant projects based upon consensus-building within local communities. Each coordinator takes responsibility for their particular project areas. Field ssistants are mainly engaged in assisting the work of coordinators and consultants to facilitate ongoing projects, but most importantly, they function as a communication link in the field between the organisation and local communities.

CanDo operates two offices one in Tokyo and another in Nairobi. The Tokyo Office functions as a venue for public relations: it issues newsletters and official reports, raises awareness in global festivals or other related events particularly those pertaining to African nations, and makes contact with other organisations including donor agencies and governmental institutions. [13]

The other office in Nairobi, carries out actual projects in construction, environment, health and education within both Nairobi and Mwingi District. Project implementation, transportation between project sites and daily affairs are the main work of the office. Weekly meetings are held among field staff members at the Nairobi Office to report on the progress of ongoing projects and activities, to clarify present situations and to discuss points for improvements in the future. The weekly meetings are an important opportunity to plan, determine and review the organisation's present progress in regard to its projects in Mwingi District.

In addition to these regular organisational affairs, CanDo has a system of 'internships', one of the most enthusiastically greeted and successful policies that the organisation has recently introduced. Young Japanese people employed as interns are

[12] Several consultants have recently charged their employment contacts from part time to full time.
[13] The Japan International Cooperation Agency (JICA) and Ministry of Foreign Affairs Japan (MOFA) are the main contributors to CanDo's organisational activities. Frequent contact, project applications, monitoring and inspection projects have been conducted under the attendance of government workers from these institutions.

engaged in assisting coordinators and consultants at least for six months. Later the interns are engaged not only in daily affairs and assistant work but in the actual coordination of projects in the field, such as organising health trainings, workshops and so on. The researcher was also engaged in working as an intern in this organisation from January to July 2007.

■ CanDo Mission: 'Life Skills'

What CanDo tries to achieve through developmental educational approaches in Kenya is a "a kind of support in which local people make good use of what they originally have, and then, they can make their society better by themselves"(interview with Office Administrator on 11th June 2008). This support that is defined as 'life skills', or 'the enhancement of social capability', which helps local people and communities make their society better by their own efforts (Nakamura 2007). The concept of 'life skills (social capabilities) is mainly classified into five primary components: i). the process of decision-making necessary for life; ii) problem-solving; iii) critical thinking; iv) construction of good communication and human relations in a society; and v) self-control. Through developing these five life skills the communities finally become able to deal with the difficulties and challenges raised in their society by their own efforts. This is clearly the primary aim and mission of the organisation. In other words, the organization makes an effort to accomplish comprehensive community development through education-related support.

2) AIDS Introductory Training in Nguni Division

In Nguni Division, CanDo has initiated a new health project that encourages communities to protect their children from HIV/AIDS and cooperate with others to deal with problems related to AIDS and other diseases. The health project is called 'the AIDS Education Project' and supported by the Ministry of Foreign Affairs (MOFA) Japan. This approach to AIDS Education for the Community was programmed to provide an opportunity for a diverse range of local people to get to

know and learn more about HIV/AIDS and ways of its prevention. Then, these local people were to introduce more activities and initiate discussions within the whole communities in order to prevent people and children from getting infected by HIV. This process of construction of 'an opportunity where more local people learn and know about HIV/AIDS' indicates a participatory learning workshop for communities on HIV/AIDS. Carrying out of the learning workshops on HIV/AIDS in many community residential areas was established as the attainment stage. The AIDS Education scheme for the community was programmed from 2007 to 2010.

CanDo coordinators planned the introductory stage of the AIDS education project for communities, called the ***Introductory Training on HIV/AIDS in Nguni Division***. The Introductory Health Training on HIV/AIDS was the initial stage in the scheme of the AIDS Education Project, supported by MOFA Japan. This was followed by 'community-based learning workshops on HIV/AIDS', which represented the next step in the project. This draws particular attention to HIV/AIDS and popularises the practice to involve more local people who would come to learn more about and know how to prevent HIV/AIDS. This was the original aim of HIV/AIDS training in Nguni Division. The Introductory Training on HIV/AIDS was implemented in June 2007. This training had two purposes:

- to offer an opportunity to local community members to learn, know and discuss problems regarding HIV/AIDS; and
- to encourage female participants to work together with others in groups.

The targeted participants in the introductory training were local women who live in various sub location of Nguni Division. They are of child-bearing age and belong to some kind of local community groups. The speeches, attitudes and behaviour, words and deeds of participant women in the training reflected their localities and their present situations in their local communities. Preparation for the training was conducted in cooperation with local administrators and communities. Official invitation letters were sent out to potential participants by local administrators in Nguni Division.[14]

[14] These document letters officially request that the local administrators to acknowledge

Facilitation of the Introductory Training on HIV/AIDS was practised generally based on the Facilitation Note that had been prepared in advance (**Figure 15**, p. 84 -88). In addition, the process of facilitation in that training is shown with some photographs (see **Figure 16**, p. 89 – 91). A teaching module, called the Facilitation Note, was planned and prepared after the internal and office preparatory meetings (see Figure 15). Preparatory meetings were held before the training to discuss internal conformation of the facilitation next day or some points to be amended and improved. In addition, review meetings were organised after the training ended to identify lessons learnt and to improve later trainings or projects.

The AIDS Introductory Training was structured in three broad sections; a Lecture, a Group Discussion and a Plan of Action. The Lecture part consisted of five sections:

① HIV/AIDS, its origin and definitions;
② Transmission of HIV/AIDS: how HIV is developed and transmitted to the human body;
③ Prevention of HIV/AIDS;
④ Delay of HIV/AIDS, Daily Care and Support; and
⑤ All the risks which children face.

(see Figure 16)

The third section of Prevention of HIV/AIDS is the most crucial part. In this training the facilitator emphasised that AIDS is preventable through daily practice, including use of condoms and, in addition, she added more practical ways of preventing HIV transmission on daily life. The public service, Prevention of Mother-to-Child Transmission (PMTCT) was introduced for the first time in 2007.[15]

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health-related trainings and support participant women on the training days. Four copies of the letter are prepared and sent to each administrator, including an assistant chief, chief and the Public Health Officer.

[15] PMTCT is a governmental service provided by the Republic of Kenya. There was a situational background that the Kenyan government has faced the prevalence of HIV/AIDS on a national scale: the government estimated that there have been approximately 270 infections reported in 2007. The government also recognised that the major cause of the prevalence of HIV arises from its transmission from women to their children. In order to cope with this situation, the government started offering a public medical service for Kenyan citizens. That public initiative includes following services: counselling and testing for HIV; obstetric practice/ support; anti-retroviral therapy and; infant support services. (USA Population Council: 2007). For more in formation, see:

The use of public services was particularly positively acknowledged by the participant women. A hands-on learning opportunity was offered by the facilitator, and A condom demonstration was practised at this time. Several women demonstrated how to use a condom in front of the other participants and the participants used a model penis. As a result, all of the participant women experienced how to use a condom in that training (**Figure 17-2**).

The fourth section, Delay of HIV/AIDS, introduced ways of positive living by delaying the HIV infection in daily life, not specialising in the particular prevention of HIV/AIDS. For example, the ways of daily care and support comprised home hygiene within their family, prevention of general diseases, and basic nutrition. The fifth section, on the risks that children may face developing HIV infection, not only listed the risk factors of how children within the community could possibly be infected, but also required the participants women, adults and communities to take collective responsibility to protect their children from the danger of HIV/AIDS.

In the Group Discussion, the second main part of this training on HIV/AIDS, the participant women discussed locally rooted problems together with other participants. After that, they shared and considered their opinions and ideas with one another and with the facilitator to overcome these problems. The facilitator gave more practical supplementary advice that could become solutions to these problems. The Group Discussion considered three general topics related to HIV/AIDS between the participant women and the facilitator. These were: i). the importance of teaching about HIV/AIDS to their children; ii). situations where local adults and communities have involved their children in the transmission of HIV/AIDS; and iii). Discrimination within the community against those who have HIV/AIDS. The facilitators introduced these three topics on HIV/AIDS as questions, and encouraged the participants to share and discuss information on HIV/AIDS that needed to be taught to their children. The second issue covered how the adults and local communities have left children at the risk of HIV infection. The participant women discussed situations in which cultural practices and daily customs in the local communities have put children in danger of

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http//www.popcouncilorg/pdfs/facts sheets/ HIV-Kenya PMTCT-letter.

HIV-infection. **Figure 17** reports some frequently appearing answers and opinions which the participant women had discussed in the group discussion (p. 92- 94).

Considering the issue related to the third topic of discrimination, the facilitator s a gave the case of a sick woman who has a child suffering from neglect at school because the woman has been suspected of being an AIDS-patient. This exercise encouraged the participants to consider and to discuss with the facilitator how to handle the problem associated with discrimination within the community. This fictional case study may occur in the community. Nonetheless, the facilitator found it difficult to derive ideas and answers from the participants. There was a difficulty in continuing the discussion between the participant women too. Because of this, the coordinators and assistants analysed two aspects: the difficulty of the content of the case itself , and the sensitivity of discussing discriminative consciousness in the communities. Although it was proposed to change the whole span of that case study in order to address the difficulty, the facilitator decided to alter how questions were phrased for the participants. For example, 'Why do communities keep a distance from the girl who takes care of her mother?' 'Why don't her friends want to play with her at school?' 'Why is this girl going to leave the school?' 'Do you think this sort of case could happen in your community?' The facilitator asked these questions which made participants to courteously consider discriminative consciousness on HIV/AIDS within the community. As a result, although the participant women seemed to understand the main points of the discussion, the sensitivity around deeply considering the issue of discrimination remained.

The Plan of Action, the third and last part of the Introductory AIDS Training, was for the participant women to share progress of their current group activities and further discuss issues on HIV/AIDS in their community. The facilitator asked the participants to gather and form groups. The participant women formed a new group with their closed friends and neighbours. Five questions were set to answer. The participant women presented the progress they made and the difficulties they faced during group activities. They worked in five or six in a group, and after the group exercise participating women had do a presentation summarising their discussion.. **Figure 17**

describes some of the more frequent answers and ideas mentioned by the participant groups in the Plan of Action(p. 92 – 94).

The first question (Q1) focused on general health issues and asked about the activities that the group currently practised. The participants mentioned general health activities, including setting up rubbish bins, making or digging a latrine, boiling water, house cleaning, setting up a dish rack in a kitchen, and attempting hygiene at home.

With the second question (Q2), participants' answers were focused on a lack of tools and resources to practise health activities. They also mentioned that other family and community members are not interested in encouraging them. The third question (Q3) was intended to encourage people to share ways to tackle the difficulties in the second question. Some groups had attempted to share information within the group and with the communities. Several groups initiated an approach locally called ‘merry-go-round’. They went round visiting and talking with local people in he community to encourage involvement in health activities. Moreover, there were other practical attempts to improve the lifestyle at the group level, such as, the use of water to soften the soil when they dug a latrine. Thus the participants proposed very concrete ideas for problem-solving in terms of sharing information with others. Most importantly, although many participant groups faced problems and difficulties in initiating and continuing their activities, there were other groups who made an effort to overcome these problems and difficulties. In the latter half of the training, when the facilitator suggested these solutions as ‘tactics’, more concrete answers and ideas were raised by the participants. For the fourth question(Q4) on the necessity of further discussions about HIV/AIDS and relevant diseases in their community, all participant groups who attended the training showed positive attitudes toward further discussion. Some active groups added proper and logical reasons, saying ‘Yes, we need it, because, …’ not just giving a simple answer of ‘Yes, we need that.’ The final question(Q5) related to the need for further information, meaning that the participants wanted to know more about HIV/AIDS. The opinions most mentioned were about how they should live with HIV-infected people or HIV patients in their community, and secondly, on the involvement of male community members in group activities.

Through the whole process in the Plan of Action the facilitator dedicated herself to providing more practical ideas, supplementary knowledge and technical advice during the presentations of participants. At the end of each section of the Introductory Training on HIV/AIDS, the health coordinators encouraged the NGO to provide further opportunities for Community Based Learning Workshop on HIV/AIDS for self-motivated health groups (**Figure 17-4**). The announcement of the learning workshop was a simple process, but was probably the most important one in all the facilitation activities. It connected the existing programme with future activities initiated by the community itself. The health coordinators handed the application forms for the next learning workshops to group leaders in each group. Then, the coordinators encouraged the participant women to practice self-initiated activities and further discussions on HIV/AIDS to apply for the learning workshops at the level of the health group. The coordinator's final encouragement brought the introductory training to a close.

The introductory Training on HIV/AIDS was conducted in Nguni Division, and in total 385 women completed the programme successfully. Support from the local administrators was also generally good; some active assistant chiefs frequently visited the venue of the training and made an opening speech to the participant women before or at the end of the training. In most cases, the arrangements of a venue and daily paid workers including chefs, baby sitters and the water and firewood carrier were conducted by the assistant chiefs in advance. One of the assistant chiefs was particularly enthusiastic, he encouraged the participants to share what they learnt from the training at every possible opportunity at the *baraza*. Lunch meals and tea breaks were provided by the NGO as free services on the day of the training.

3). Community-Based Learning Workshop

Community Based Learning Workshops on HIV/AIDS were initiated after the participant women in the AIDS Introductory Training went back to their communities. At the end of the introductory training on HIV/AIDS, the CanDo coordinators

encouraged the organisation of self-motivated learning workshops by community members. The coordinators distributed a request form to representatives in each health group. The request form was a document of application for the learning workshop on HIV/AIDS by individual health groups (see **Figure 18**, p. 95 – 96). [16] In the initial consensus with the participant women, an application for the learning workshops on HIV/AIDS was generally made by health groups. It was proposed that a health group would involve a minimum of 20 participants in the learning workshops. A contact person as a group leader was to fill in the application form (Figure 18) and to submit it to the CanDo field office in Nguni Division. Three groups in Nguni Division applied to run such workshop in the beginning, however, the third learning workshop was postponed because of the circumstances of the health group. [17]

The Community-based Learning Workshop on HIV/AIDS was initially held at two locations in July 2007 in Nguni Division. The Learning Workshop was held at Kiisu Village in Kiisu Primary School Area on the first day and at Ngooni Village in Myuuni Primary School on the second day. More than 20 people participated in the learning workshop. Each workshop lasted for three hours.

On the first day the Learning Workshop on AIDS was conducted at Kiisu Village[19]. Facilitation during the learning workshop happened in two main ways; there was a lecture part, which was followed by a group discussion about HIV/AIDS basic knowledge .. The components in this workshop were brought together on the basis of the contents of the Introductory Training on HIV/AIDS.

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[16] Another attached version of the Request Form (Figure 18) was translated into Kikamba language and distributed to leaders in the newly or secondly formed health groups, simultaneously with the English version.

[17] Implementation of Community Based Learning Workshops on HIV/AIDS was actually dependent upon motivations and eagerness of applicants and communities. Although the Request Form clearly stated that there was the minimal number of more than 20 applicants necessary to participate in the Learning Workshop, (see **Figure 16-4**), in many cases CanDo coordinators finally decided to conduct learning workshops as long as participants gathered the minimum number of attendees or even fewer. The final decision on whether to participate in the learning workshop or not for the applicants was dependent on their motivation and eagerness, i.e. that they wished to attend and discuss issues on HIV/AIDS in their community.

[19] The learning workshop took place on 25 July 2007.

The content and points of the facilitation were generally identical with those in the AIDS Introductory Training. **Figure 19** (p. 97 – 99) demonstrates the process of facilitation in the first Learning Workshop on HIV/AIDS with some photographs. In the lecture part, the facilitator provided the basic concepts and knowledge on HIV/AIDS in the field. During the lecture a plywood board with sheets of pulp paper fastened to it was used for explanation instead of a chalkboard. A demonstration of condom use was also included at the planning stage. All of those who had participated in the workshop practised the use of condoms.[20] Under the facilitator's instructions, all participants practised how to use condoms with the aid of a model penis. Some of those who were hesitant used bananas instead of penis modules, again under the facilitator's guidance.

The learning workshop included a group discussion in the latter half of facilitation. Its main aim was that community members considered and discussed some issues about HIV/AIDS, which frequently occurred in their community, to lead them to some ideas for solutions. The participant women on the AIDS Introductory Training were divided into three groups and discussed the issues. The training participants led the discussion and group members harmonised their ideas and opinions noting them on straw paper. Two questions were planned at the preparatory office meeting for the group discussion: how adults and communities leave their children at risk of being infected by HIV/AIDS; and how to co-exist with sick people in the communities. Afterwards, the discussion group representative made presentations. At the end of the learning workshop, CanDo coordinators encouraged the participants to initiate more progressive community actions and discussions to cope with HIV/AIDS.

On the second day, there was a significant progress in terms of participant's attitude and behaviour from the previous training session (the Introductory HIV/AIDS Training). An application was made by the Ngooni Vitisi Group in Myuuni P.S. Community, Mwalali Sub-Location.[21] Reportedly, the Ngooni Group consisted of

[20] The condoms used in the learning workshop and further health training (such as, the introductory training on HIV/AIDS) had been officially provided by the Kenyan Government since June 2007. These condoms were used as learning resources in the learning workshops on HIV/AIDS and in

several families and close relatives in their village. The Ngooni Group seemed fragile at the first as a group. However, once the workshop started, questions related to HIV/AIDS were raised from men rather than women. One of the participants mentioned that he was inspired by the provision of scientifically-reasoned information; such as, how to use a condom. The Myuuni P.S Community including some women participated in the introductory training were rather conservative in accepting new values or scientific information as they tended to prefer old traditions and customs at previous health trainings. However, these people also showed a positive attitude towards new scientifically reasoned information and how they can progressively put it into practice. For instance, at the beginning one of the male participants was not willing to try to repeat the demonstration with condoms but finally he decided actively to take part in the workshop. Moreover, when the other male participants suggested they were apprehensive about having sexual intercourse using condoms at the group discussion, he explained the risk factors in the case of not using condoms. Furthermore, men from two groups made a presentation. It was a significant progress that male participants actively participated in the group work, analysed situations in their community and proposed ideas for solutions to cope with HIV/AIDS.

The Community-Based Learning Workshop on HIV/AIDS achieved men's participation. Groups and community members discussed the situations caused by AIDS in their community and came up with ideas for solutions to tackle the problems of AIDS and other diseases. The successful first learning workshop on HIV/AIDS generated more and more discussions to cope with HIV/AIDS in other communities as well.

4). Process of Facilitation

The health project organised by CanDo was based on the introductory training and

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further training sessions throughout the whole project of AIDS Education.

21 The learning workshop took place on 26 July 2007.

the initial learning workshop on HIV/AIDS for local community members in Nguni Division, Old Mwingi District. How were these health projects structured by the facilitator and coordinators? How have the organisational planners planned and organised the training and workshops in the field?

The organisational approach used by CanDo in their health activities is internally called as 'facilitation' in this case study. A process of facilitation is organised by the educational facilitators. **Figure 20** (p. 100) demonstrates the Structure of Facilitation in the case of health care trainings (including the introductory training and learning workshop on HIV/AIDS). The health care training is organised by three kinds of people:

- A health consultant as a facilitator;
- Participants (community members); and
- Coordinators (including assistants).

When a facilitator, participants and coordinators participate together in the process of training, this process is called 'Facilitation.' [18] In the organisational activities on health, the ones in which the facilitation was actively implemented were the AIDS Introductory Training and the initial Community Based Learning Workshop in Figure 20. The Facilitator strives to provide scientifically-based information, taking charge of the lecture part in the health training. The Facilitator also gives technical advice and supplementary knowledge to training participants in the communities in order to complement their insufficient understanding or to provide further information. Then the Facilitator encourages self-directed activities and discussions by groups. The CanDo health consultant has served these roles of the facilitator in that case. Participants who came from local communities could become main actors in the process of Facilitation. Participants actively carry out tasks such as learning, observing, listening to the others, forming a group, discussing new plans of action, analysing and considering local situations which occurred in their community, and making a presentation. The participant women at the Introductory Training and the community

[18] As regards assistance of practising the training, the Field Assistant took charge of this role in preparation and logistics: purchasing food, drink and some materials for a service of the lunch meal and organising the training; frequent communication with local administrators in preparation for the trainings; and general assistance on the day of training if necessary.

members participated in the AIDS Learning Workshop are called 'Participants'. Active participation in the process of facilitation are practiced through, for instance, learning, forming a group, and analyzing and considering local situations in their communities. 'Coordinators' are CanDo Health Coordinators and Assistants in this case. The coordinators are not directly concerned with communication between the Facilitator and Participants in the health training and workshop, but they plan, organise and manage the training in the health project. The Coordinators critically observe the process of facilitation and offer feedback to improve it if necessary. In addition, the coordinators are engaged in the logistics, with assisting to organise the trainings and other projects, with providing documentation and report for the project. Building relationships and developing trusts between the facilitator, participants and local communities are integral to their work.

Mutual interactions are developed by active communication between participants and the facilitator. In the introductory training and the learning workshop on HIV/AIDS, the participant women and community members including men discussed and analyzed the situations where local adults and communities expose their children in the risk of the transmission of HIV/AIDS and the solutions where they consider and discuss how they can protect their children from HIV/AIDS in cooperation with other people and communities. Then, they mentioned what they newly learnt and proposed. In the group work participants exchanged different ideas and opinions with others.

An exchange of questions and comments between participants and the facilitator was also vigorously practiced. The facilitator gave a number of supplementary explanations and technical advice in accordance with these questions and comments raised by the participants. A crucial point in the mutual interaction is that Participants have practiced various range of learning activities such as discussing and analysing the situations that are present in their community. These actions were initiated by Participants themselves, and not imposed by the Facilitator. The process of learning is internally motivated or self-motivated by Participants as learners. Coordinators would participate in the process of Facilitation. For instance, there was a case when the coordinators initiated the AIDS Learning Workshop at the end of the introductory

training. Then, the coordinators conducted the first learning workshops in the home of the participant women with the help of the Field Assistant. This whole process of communication between the participants and the coordinators who planned the participatory workshops, could probably constitute a form of mutual interactions generated in facilitation.

Summary

The organisational approach in terms of the community health project is conceivably an attempt of ‘facilitation’, which would to some degree promote the mutual interaction among the facilitators, participants or community members and the coordinators. The mutual interaction is generated by;

- Sharing scientifically based information;
- Frequent communications with each other; and
- Working together in considering and discussing the issues and solutions of problems in their communities.

It may be said that the process of mutual interaction through participant’s experiences and behaviour in facilitation presents the educational dimensions in the organisational approach.

Chapter;Ⅵ

: Data Description –Ⅱ:

Organisational Approach: Challenges, Difficulties and Efforts Related to the Community Health Project

This chapter continues the description of the organisational approaches of the target organisation, CanDo, a Japanese and Kenyan- based NGO. This chapter illustrates the experiences and efforts of the organisation according to the data collected from the interview with the staff members, and document analysis. What appear to be successful or unsuccessful in the practice of educational planners? The chapter attempts to demonstrate challenges and difficulties which were raised from the health project, strategic planning and practice of facilitation. It also describes the organisation's strategic practices and efforts in order to address these problems.

1).Challenges and Difficulties Facing Community Health

■ Unsuccessful Progress on the Learning Workshops

Although CanDo facilitators and coordinators initially managed to facilitate community participation at the first stage in the learning workshop, they were not able to continue their approach in the same manner as they had expected from the latter part of 2007. **Figure 21** shows the community-based learning workshops on HIV/AIDS held so far (p. 101). It shows that the Learning Workshops were practised in Nguni, Nuu and Mui Division between September 2007 and March 2008. There was a total of

17 applications for the learning workshop from health groups and neighbouring residents centring around several participant women at the introductory training on HIV/AIDS. According to Figure 21, three main challenges are identified:

- Not enough participation in the workshops;
- The workshops were frequently cancelled; and
- People were less active and poorly motivated to participate.

At first glance there is a large gap between the number of participants attending the learning workshops and the initial number of applications. In addition, male participation is remarkably low: there were four health projects where no man participated. Overall, although initial applications were actively raised by community members, few people actually participated in the learning workshop on the day (CanDo Newsletter: 2008). There were, however, a few cases where the actual number of participants in the Workshop exceeded that of initial applications. [19] It was reported that there were situations where fewer people participated in the learning workshop than identified in the initial applications. These situations occurred not merely in Nguni Division, but also in Nuu and Mui Division (CanDo Newsletter: 2008).

Based on CanDo staff member's comments, the reasons why the organisational approach faced difficulties could be attributed mainly to four factors:

(a) Influences from external development organisations;
(b) For the communities it was too difficult to attain participation in learning workshops;
(c) Limitation and uniformity of teaching modules in the process of Facilitation, and;
(d) The organisational approach very much depended on initial assumptions or preconceptions of the coordinators.

[19] At that Learning Workshop there were 53 actual attendees as compared with 50 initial applications. It was in Iviani Village, Nuu Division, on 29th October 2007.

First, there were (a) influences from external development organisations. There are some international agencies, which have deployed development aid all over the world offering mostly financial aid supporting the environment, health and education. Western- based organisations, such as, Action Aid, Gesellschaft für Technische Zusamnenarbeit (German Technical Cooperation: GTZ), and School Feeding Programmes directed by the World Bank, have widely deployed materialistic support and technical assistance, especially the providing food through a programme, called 'Food for Work' [20]. 'Food for Work' requires communities to participate in physical work in exchange for the provision of food or material allowances as a reward. In addition to Food for Work-type aid, government-led development projects, called the 'Kenya Educational Section Support Programme (KESSP) initiated constructions of primary schools in Mwingi District. The Food for Work-style approaches and the government–directed school construction projects were implemented on a larger scale to those of CanDo.

In Nguni Division, these organisations have implemented support projects for local communities in exchange for food, materials or material distribution. Moreover, the communities who received the support from the Food for Work-type projects have become accustomed to that kind of support. Therefore, it is likely that some communities have found it difficult to accept and adapt to the CanDo approach, which requires active participation and promotes self-motivated activities and efforts encouraging the enhancement of social capability. Several health training participants complained that CanDo did not provide any food and monetary allowance to them, whereas the Western funded organisations, such as the World Bank, provided some kind of allowances (Weekly Meeting Report on 15th October 2007). The community members were clearly attracted to the kind of support that benefitted them in the short term and which is provided by the Western-funded multi-lateral organisations. For CanDo's style of facilitation, the local communities seemed to find it difficult to accept

[20] School Feeding Programmes are the attempts directed by the World Bank that have provided pupils with meal services. School Feeding Programmes are, to some extent effective in terms of improving pupil's accessibility to school education and enrolment. However the programmes may still hold a problem of inclusion: the pupils with the poorest backgrounds can be excluded. Costs of project implementation, administration and transportation and the quality of food are criticised as another problem in the Programmes (the World Bank URL: http://go. world bank.org/HWGIK7Z200, accessed 21st August 2010).

internally motivated and community-based activities.

(b). For some communities it was difficult to participate in learning workshops. It was observed that although the communities have generated interest in AIDS issues and made the communities recognise the importance of learning about AIDS, the participants still tended to hesitate about actually carrying out the process of applying, organising and participating in Learning Workshops (CanDo Newsletter; 42:2008). It is indeed likely that the tasks, from applying to convincing people to participate in the Learning Workshop are too difficult for the communities.

(c). There are limitations in the uniformity of teaching modules in the process of Facilitation. A Field Assistant commented that the health project uses identical contents every time to improve the teaching methods (interview on 14 June 2008). A tailor made approach to delivering the courses could enhance interest and therefore participation. Teaching modules and learning resources including the flow of facilitation in the health trainings and workshops, particularly the section of HIV/AIDS one, are increasingly limiting facilitation.

(d). The organisational approach has been highly dependent on the initial assumptions of the Coordinators. This is probably the most significant of all the difficulties in spite of concerns of other internal and external factors. The Office Administrator recognised that their practice of training for communities was established by the facilitation side regardless of the actual conditions of local communities (interview on 11 June 2008). The Health Coordinator also observed that the organisational approach was based on their assumptions or initial plans at the facilitation side (interview on 15 June 2008). The organisational approach, practice of Facilitation was strongly based upon the subjective assumptions of the educational facilitators, especially the coordinators. Those assumptions were made when they planned the training programme as preconceptions when the coordinators planned the health training for local women. Their strategy of facilitation reflected to their own assumptions. The education planners did not consider local contexts, such as, actual situations that local people and communities have faced or what happens in the

community. The organisational approach and practice, from its planning and preparation to project implementation, were highly dependent on the planner's point of views. The educational facilitators tended to conclude that such disappointing progress during the learning workshops was the community's lack of knowledge or understanding of the importance of learning about HIV/AIDS and that showed in the community participation.

It was not only external factors that brought those challenges and difficulties in the organisational practice, but also on the approach of the Facilitation side. It is most likely that the education planners depended upon their assumptions or preconceptions which were reflected in their approach and practice. The responsibilities in this case should not be placed on community members. The next section will consider how have the educations planners have attempted to improve their approach in the communities.

2). Organisational Efforts to Resolve Difficulties

There was a series of instances where the planners could not open AIDS Learning Workshops with community members. How did they make efforts to overcome these situations in their practical approach? Two following strategies were adopted:

- Offering follow-up activities, such as visiting villages; and
- Offering Basic Household Health Care (BHHC) Training for Men.

2-1. Follow-up Activities: Visiting Local Communities

The first course of action that the education planners attempted was follow-up activities. The coordinators and the facilitator actually proceeded to the site of the communities, talked to residents, and grasped the local contexts. There were regions where people and communities hardly participated in the Learning Workshops, and additional workshops caused further problems in the relationships within their communities and for training participants. Accordingly, the coordinators, facilitators

and field assistants visited regional areas in Nuu, Mui and particularly in Nguni Division where many community members reside. They visited each village in Nguni Division, talked to residents in the community and collected information about their communities. An integral part of the Follow-up was to encourage community members to participate in AIDS Learning Workshops. Visits to the hometowns of the communities and collecting information about them were the main focus, which clearly had the potential to encourage communities to participate in the learning workshops.

Staff members reflected on the follow-up practice, from its general description to effectiveness and significance. Their comments concerning the importance and effectiveness can be exemplified as follows:

'Follow-up is very important, to let people start taking action. After we conduct trainings, we have to take time and see what is happening in the community and villages at the grassroots… The results of follow-up will lead us to know our next approach: whether we still wait or whether we have to change the plan.'

(Field Coordinator: Interviewed on 10 June 2008)

The Office Administrator and the Health Coordinator both regard follow-up as a response to the organisation's approach:

:

'In the follow-up activities, we would like to know what happened in the communities… Besides that, I suppose it is a reflection of our past approach, we carried out projects without a concern for actual situations in the communities. This is going to be an opportunity to obtain information different from that collected at health trainings. It is also an opportunity to know a community in the field.'

(Office Administrator: Interviewed on 11 June 2008)

'The Follow-up practice may be a response to the approach of CanDo so far. We have indeed conducted trainings and planned the next approach based on what was observed in trainings. However, that information would probably not reflect all facts and realities. We recognise we have planned a project or proceeded it

according to our assumptions. Therefore, we need to talk more to community members and directly listen to their words.'

(Health Coordinator: Interviewed on 15 June 2008)

On the basis of the above comments by staff members, the follow-up practice is characterised by four activities below:

- Fact-finding inquiry from listening to and collecting information in local communities;
- Direct discussion with communities;
- Encouragement and promotion; and
- Provision of technical advice.

The most effective activities are probably the first and third ones: to collect information by visiting communities and find out the reasons why the education planners could not organise Learning Workshops within those communities; and, to encourage community participation through direct interactions with the community members in the Learning Workshops. The third point of 'encouragement and promotion' is another effective way to popularise health projects by staff members. They visited homes, and communities to obtain more accurate information about the communities and to encourage self-motivated activities, rather than to fully trust the community's autonomy (Education Coordinator: Interviewed on 8 June 2008).

That is indeed a logistically tough task which requires time and effort from staff members to carry out Follow-up activities. The coordinators travelled around more than one village to visit communities within one working day. Although the organisation hired a car in order to drive to a village, the coordinators and assistants in charge of that practice were required to walk to the destination. [21] This sort of field trip involved approximately between 10 and 20km walking distance to each the community and primary school areas.[22] Physical strength is thus necessary to carry out the field work in the practice of follow-up.

Nevertheless, it is still worth reinforcing that follow-up functioned to generate interactions with the communities and community members, encourage motivations

[21] Informal conversation with Office Administrator on 12 June 2008.
[22] *Ibid*.

and promote participation. Follow-up contributed to examining local situations and circumstances in order to be apply this the practice of learning workshops.

2-2. Basic Household Health Care Training for Men

Another initiative that the organisation implemented to address the difficulties was the Basic Household Health Care Training for Men (called, BHHC for Men). The training targeted local men in the communities and it offered them an opportunity to share information on health in general terms with other community members. While BHHC training, AIDS Learning Workshops and relevant participatory activities on health were vigorously introduced for communities, it had scarcely been observed that local women shared information about HIV/AIDS and its prevention with men from their communities. The Field Coordinator explains the background to the introduction of BHHC for Men:

> 'BHHC Training for Men will be successful. In the past, health care trainings were focused more on women; and men were left out. They were left out with their children. So we have to take a balance between men and women to improve their health status. We also got advice from administrators, especially, from the Mui DO and Chief, that men were not targeted.'
>
> (Field Coordinator; Interviewed on 10th June 2008)

According to the Field Coordinator, local women in their community were more targeted when BHHC training was initially planned. Conversely, local men tended to be bypassed and put in the background compared with women. Furthermore, requests to include and invite men were raised by local administrators and by those women who participated in the past health activities facilitated by the organisation. In response to these requests new health training that increased local men's roles in helping women in their family, was proposed by the facilitators and coordinators. BHHC Training for Men thus had two primary purposes:

- Men can help their wives' practical activities on home hygiene and primary

health care; and

- Men can share new practical information and knowledge offered by that training with other people in their community.

BHHC Training for Men was implemented in Nguni Division targeting local men in their community between in July and September 2008. **Figure 22** shows its schedule and venues (p. 102). The training was carried out in five locations in Nguni Division. The training generated a successful participation of 157 local men in total over two months. Although the attendance gradually decreased in the latter half of the training, the training still achieved significant participation. What was also important was that participants in the training were mostly village elders who have taken a managerial position in their community setting examples for others. These village elders are well respected in their local communities.

Contents of the BHHC Training for Men were selected from previous resources developed for health trainings or workshops. The following three sections were mainly shared with the participant men grasping on the points in facilitation:

1. Prevention of Diseases, including family planning;
2. HIV/AIDS, process of transmission and its prevention;
3. Safe motherhood: antenatal and postnatal child care.

The learning training happened for two days at each sub- location unit. BHHC for Men facilitated local male participants to help their wives and women in their families with health various matters, such as, primary health care, midwifery, and HIV/AIDS and its prevention, which had already been facilitated for local women.

After the facilitation in BHHC for Men, education planners revealed that the participant men were more enthusiastic and serious in their attitudes to training than were the women. The large number of questions and opinions raised by the male participants showed they were highly motivated to participate in learning and in the discussions. It was also observed that men can more easily utilise public opportunities such as baraza to share information. The BHHC for Men initiative seemed to have achieved its purpose of sharing learning and information with those local men who had

initially been thought difficult to involve. The male participants had an awareness of the problems deeply rooted in their communities and participated in the discussion to improve their life and status. In the training for local men, education facilitators were able to establish the learning process as follows:

Problematising → Analysing problems → Discussion → Finding solutions
This process of active participation in learning by community members was facilitated through the training.

3). Lessons Learnt: Recent Developments

Since the education planners identified potential solutions to cope with challenges and difficulties through a range of practices for the communities, the question arises: how have these practices been utilised? The Learning Workshops ended after 12 sessions in 2008. The outcome of the workshops was unsatisfactory at that time. The education planners could not encourage the communities and inhabitants to participate in the workshop (CanDo Newsletter, 46: 2009). However, the number of Learning Workshops and the number of participants in them dramatically increased in the following year. In 2009, 88 Community-Based Learning Workshops were run in total with a total number of 1,301 people participating in these Learning Workshops. CanDo facilitators developed a system of optional topics so that communities were able to select either a topic of HIV/AIDS or Safe Motherhood (maternal health care). As a result, HIV/AIDS and its Prevention Workshops were organised 48 times, while the topic 'Safe Motherhood' was chosen 40 times by local communities (CanDo Newsletter 50; 2010).

It is also interesting that many learning workshops were organised in Nuu and Mui Division, but not in Nguni where CanDo had initially introduced its projects. There were still some village elders who were hesitant about participating in the learning workshops and about cooperating with other villagers to consider ideas or strategies for community participation (CanDo Newsletter: *ibid.*). Therefore, postponements and cancellations on Learning Workshops continued to occur occasionally. Nevertheless, it

was obvious that there was an increase of active participation in Learning Workshops from the year 2008 to 2009.

Summary

This chapter attempted to describe the organisational approach with a particular focus on educational facilitation, and the challenges, difficulties, and efforts, which the organisation tried to address. It is evident, that the organisational approach was not necessarily accepted by the communities. This was due to some external factors, for instance, several Western organisations attracted the local communities by offering short term benefits, such as material or food. Also, education planners had their own assumptions and preconceptions. Education planners consequently faced difficulties in project implementation and lost opportunities to engage with a wide range of people in the communities.

In order to address these difficulties, the educational facilitators had to change their approach and had to grasp and understand local situations deeply rooted in the communities and to introduce the Follow up practices. This required visiting each community and having conversations with community members. BHHC Training for Men attempted to offer more opportunities for community participation to local men. As a result, a considerable number of learning workshops were conducted, and more than 1,000 people had participated in workshops by the end of 2009 (CanDo Newsletter: 2010). The educational facilitators addressed the challenges and difficulties due to their preconceived assumptions of the local communities by means of the dialogic interactions with community members, and the opening of learning workshops.

The next concluding chapter will discuss how the approach of facilitation can be practiced for community participation in this case study. Simultaneously it attempts to answer two research questions asked in the introductory chapter.

Chapter Ⅶ

Conclusions

This study has attempted to make a contribution to the discussion and analysis of the educational dimensions of community participation. This concluding chapter will draw the entire discussion to a conclusion, by bringing together the theoretical perspectives and empirical data analysis of the previous chapters. The main aim is to answer the primary research questions posed at the very outset of the study. What can we learn from this case study of the organisational approach? How do educational facilitators attempt facilitation of community participation? What appeared to be successful and unsuccessful in facilitating community participation?

Firstly, community participation is, to some degree, facilitated by the education planners by establishing learning environments or opportunities so that learners in their community can actively participate in the process of learning. Community participation in the educational context is implemented by local people themselves and through the community's own efforts. The role of education planners is to facilitate activities for participants in the communities and develop supportive learning environments. As seen in Chapter Ⅴ, mutual interactions are generated between community members as participants and the education planners by working together in considering, analysing and discussing issues lying in their communities in the introductory training and learning workshops on HIV/AIDS.

The practice of facilitation generates mutual interactions with communities, and the

reflection on this practice directly or indirectly improves teaching and learning methods, the contents of the projects (regardless of any project), and trust while working with communities. According to Rose (2003a), the deployment of CanDo projects with educational dimensions in Old Mwingi District, especially in Nguni Division, is still in the framework of pseudo- participation where external workers have been concerned about community participation; four out of seven staff members who contributed to the interview research were Japanese coordinators. It could be stated that their organisational practice of facilitation has supported seeking an ideal situation of genuine or collegiate participation, where the communities are able to apply what the facilitators provided for their livelihood with minimal material supports. Then, their organisational approach of facilitation can support communities step by step in order to embody genuine or collegiate participation as they progress toward a 'quality defined society' where local people and communities can improve their life better on their own efforts.

This study has frequently mentioned 'education planners' in the descriptive parts of the case study. Who were the education planners engaged in the whole process of community participation from its planning to implementation? Those who organised facilitation are the health consultants, facilitators, the coordinators and assistants (including young interns). The health consultants have indeed achieved and shared daily applicable scientifically-based information and knowledge on health matters with local participants. However, it was the coordinators who actually planned and established such learning environments where the participants and the facilitator shared information and interacted with each other. Therefore, it is obvious that the education planners or educational facilitators are the coordinators in this case in terms of planning, organising and establishing those interactive processes of learning between communities and the consultant.

The education planners in the organisation have, however, faced a number of challenges or difficulties as well. One of the major difficulties is that the organisational staff members in the Nairobi Office, especially Japanese coordinators in the field, have presently been increasingly overworked. It seems that they are obliged to devote

themselves to working with few holidays or vacations. The Health Coordinator notes that the amounts and burden of work which an individual staff worker has to cope with is too much (Interviewed on 15th June 2008). The education workers have also struggled to deal with their donor agencies and public officials. In order to obtain donor capital, the staff members often tend to be bound by a sense of obligation that they have to satisfy or welcome their donors in project implementation so as to gain enough funds for their continued existence (Le Roux: 1998). More significantly, much of the progress on the organisational project implementation seemed to be strongly based upon the education planner's own assumptions or preconceptions. It is likely that the coordinators did not carefully consider what happened in the community or did not consider local situations since they still pursued their assumptions from planning to implementation of a project. Those assumptions and preconceptions, which were somewhat different from what actually happened in the communities, made it difficult for the communities and local participants to accept what the health coordinators had envisaged in terms of encouraging community-based learning workshops on HIV/AIDS in Nguni Division. As a result, community members expressed their dissatisfaction with the learning workshops. It is clear that the organisational practice deviated from the principles of PRA, i. e. from the position that the necessary attitude to achieve facilitation is to abolish one's own preconceptions. (Chambers: 2002).

It can be argued that facilitation contributes not only to creating learning environments in problem-posing education, but also to enabling the education planners to address difficulties through the accumulation of a dialogue with local communities; such as listening to local voice, talking to people in their community, and using verbal communication. Such efforts and interactions represented by follow-up activities are further connected with dialogue between communities and the educational facilitators (Freire; 1974). In other words, outsider's close interaction and the construction of trust relations with local communities, as Nakamura (2007) concludes in her work, may indicate the accumulation of dialogic interactions such as occur in follow-up activities.

One of the key findings according to the interview data from the organisational staff

members was that most of those staff valued the nature of local communities. The Education Coordinator emphasises the importance of an approach that takes fully different local contexts into account:

'The challenges that we faced in our practice of Learning Workshops are, I suppose, a result of the nature of communities. It is natural that the nature of the community is different between a group of people and by those communities themselves. Thus, we would adopt a different approach separately to each community.'

(Education Coordinator: Interviewed on 8th June 2008)

That comment emphasises the importance of an approach that responds to local situations. In the part of the organisational challenges and efforts, he does not regard what they faced in the progress of the organisational project on health as challenges; but he does regard it as a nature of local communities and grasps how to cope with these challenges. The organisational approach of 'facilitation', a main practice in this study seems to be generated by long-term efforts by the education planners in the organisation. Respect for the local contexts within which community members live and a strategic interaction with communities in the practice of facilitation are perhaps the key in this description of the organisational approach that encourages community participation.

Community participation is, to some extent, a social, political and cultural process that creates interaction among local people and communities, and cannot simply be understood by technical, pedagogical and methodological explanations. That is the debate that has been opened in this study and which needs further research. Thus, more cautious comparisons and investigations related to the social, political or cultural points of view should be introduced into theoretical perspectives and actual practice of community participation in addition to the educational dimensions.

Successful community participation in education through the organisational efforts based upon theoretical perspectives and mainly upon the case study research could be achieved through:

- The role of facilitation that enables education planners to generate encouragement, technical advice and supplementary explanations;
- Courteous or well-mannered approaches that show complete sincerity and develop trust;
- Long-term interaction with local communities;
- Flexible and community-tailored responses to problems and difficulties; and
- Learning from and concerns about local people and communities.

The educational approach of facilitating community participation in this entire study was demonstrated mainly through participatory workshops. The educational facilitators established a logical, interactive public forum of investigation or discussions, which enabled local people to participate in various actions, such as, rethinking situations, finding solutions, finding new ways of acting and learning by using critical dialogue where people agree, disagree, argue and debate (McIntyre: 2008, p. 31). The act of interaction between local people and the facilitators is a core aspect of participatory action research that constructs critical dialogue.

The organisational approach of interaction through dialogue with local people and communities was seen in the empirical findings of, for example, the AIDS introductory training, Learning workshops and follow-up activities where the local people and the facilitators shared knowledge about HIV/AIDS and its prevention. Educational facilitation is not a panacea for every challenge and difficulty. CanDo coordinators and facilitators cannot address all kind of problems situated in the communities. It should therefore be emphasised that they continue the organisational efforts and interactions stated above with local people and communities while taking local situations and circumstances into account.

This research has shown that in the case of CanDo in Kenya, educational facilitators help organise local people's ideas by creating learning environments and interactions whereby members of the communities can actively participate in the process of learning. However, in reality, there are two problems: 1) the facilitators come into the field with their preconceptions and assumptions which can hinder facilitation; and 2)

the facilitators are frequently too overworked to have time to encourage communities and to learn about the local communities. The educational work of NGOs such as CanDo demonstrates that there is a compromise between the theoretical ideals in facilitation of the interactive process of learning with local communities and the limitations engendered by actual working conditions. The result then is not only some grassroots participation but also some donor imposition. It is not easy for those educational facilitators to manage this compromise. However, the accumulated interaction with local people is part of this dialogue no matter how small-scale their efforts or activities are.

Appendix Figures

Figure 1: Three Pillars of Participatory Rural Appraisal

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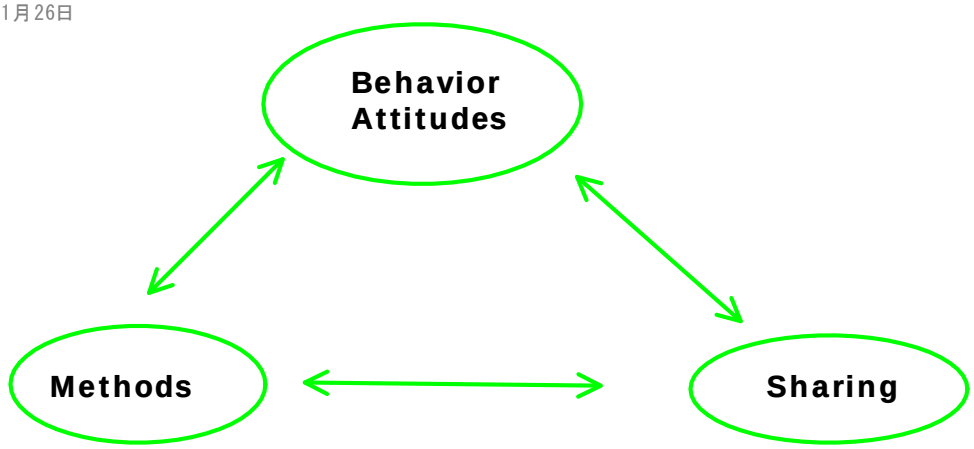


Source: Chambers (1997, p.105)

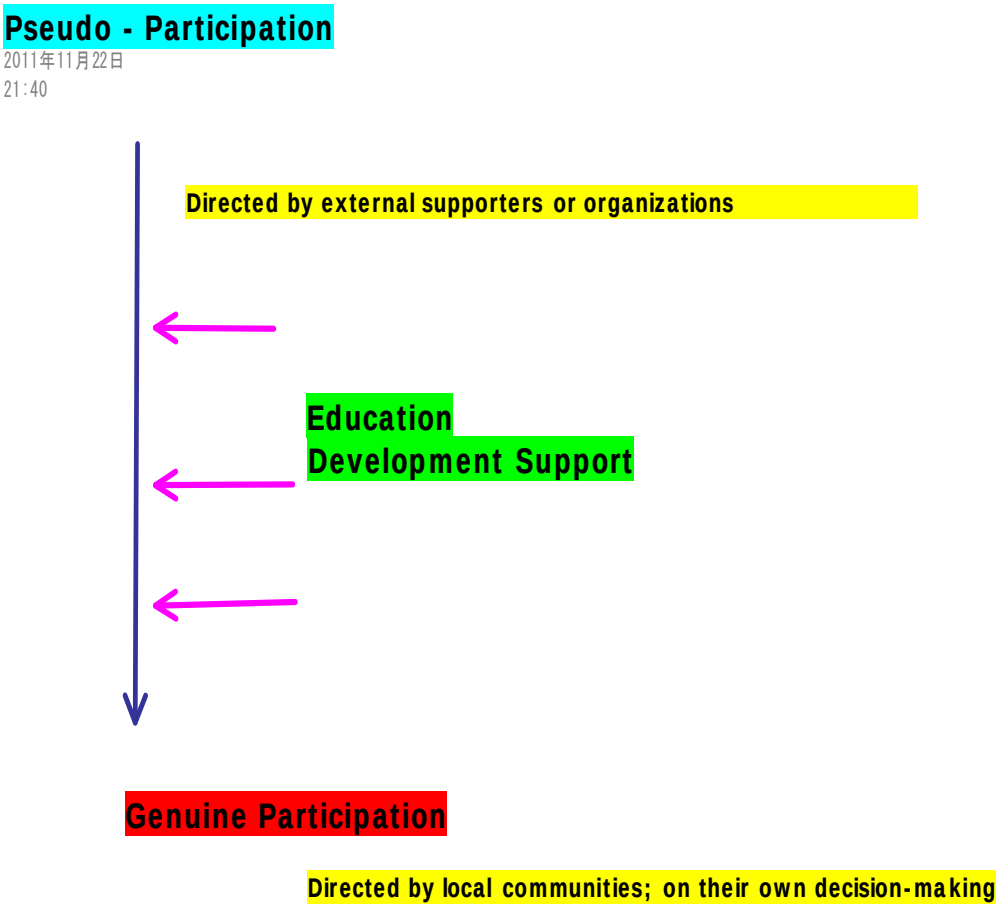
Figure 2: A Matrix Table of Community Participation in Education

Table 1: Matrix of dimensions and degrees of participation in education

Forms of participation / Education functions	*Pseudo-participation*						*Genuine participation*
	Use of service	Contribution of resources	Attendance at meetings	Consultation on issues	Involvement in delivery	Delegated powers and decision-making	'Real' powers and decision-making
Designing policy							
Curriculum development							
Teacher hiring/firing							
Supervision							
Payment of teachers							
Teacher training							
Textbook design							
Textbook distribution							
Certification							
Building and maintenance							
Mobilising resources							

Source: Rose (2003; Table 1, p. 2)

Figure 3: Process of Community Participation in Education



Source: Adapted from Rose (2003)

Figure 4: Model of Participation (Partly Selected)

Modes of Participation	Degree of Participation	Who controls Participation?	Ownership
Contractual	Low: Full direction from researchers	Researchers (or Facilitators)	Little: People are asked to get involved
Consultative	Neutral: People are still involved	Researchers (or Facilitators)	A few: People can GIVE their opinions
Collaborative	High: Working together IN PART	Both (Neutral relationship with people)	Fair: People and Researchers work together IN PART
Collegiate	Very High: People-directed	Local people	Entirely: People and Researchers work together AS Colleagues

Source: Adapted from Cornwall and Jewkes (1995, p. 1669)

Figure 5

Sample of Questions for Staff Interview

<Beginning of interview>

Q. Could you explain the work that you have recently got involved with?

(To know present work that an interviewee is focusing on; to select appropriate questions for each interviewee based on their focuses and professions)

<General Philosophy for organisational approach and interviewee's professions>

Q. Why have you been interested in this present profession?

Q. What makes you excited in your present profession?

(View of community participation and organisational missions)

Q. To what extent do you think education could be an important factor in achieving community development? / To what extent do you think the educational dimension is significant for community development?

(Significance of education to achieve community participation; view of organisational missions)

<The Community Health Project presently ongoing>

Q. What do you ultimately or ideally expect the participants and local people to achieve through the health project?

(Ideal goals of this project)

Q. What do you expect the participants and local people to achieve through the health project?

(Expected, probable, realistic achievements concerning present progress; understanding of present progress of participants and local situations)

Q. Do you think the approaches in this project are effective to achieve community development in terms of planning, preparing and executing the project? If so, how effective are they?

Q. Do you think this project has currently been progressing well?

Q. How have participants been progressing?

Q. Has current progress been as you expected in the beginning?

(Current progress; participants' progress for community development; how practitioners view present progress)

Q. If / when the current progress is different or not satisfactory enough, how would you deal with those gaps?

(Strategic approach in adaptation, modification, adjustment)

Q. In the process of this project, have you ever encountered situations where participants and local people changed something? If so, could you explain those episodes, please?

Q. Do you have any particular impressive episodes in the process of this project wherein people found problems in their communities and moved into action? If you have, could you explain those, please?

Q. Why do you think that they managed to change / find problems and move into action?

(Process and essence of community development; strategic approach)

Q. What factors should you particularly be aware / conscious of when you undertake this project?

(Strategic approach)

Q. Did you find any particular differences in participants, communities, people and the divisional area (Nguni Division) which this health project has targeted, compared with those in the other two divisions (Mui, Nuu Division)? If so, how are those different from Nguni Division?

Q. How would you cope with these differences? Do you have some particular concerns or tactics?

(Understanding differences in terms of locality, community, division, context; strategic approach)

Q. Have you faced any difficulties and obstacles in undertaking this project in terms of

its process, progress and achievement? If so, what are they?

Q. Can you find some limitations or weaknesses in your project considering its present progress?

Q. Have you got any concerns or worries that the project might go wrong or in a different direction?

Q. How would you cope with those difficulties and obstacles? / Do you have any ideas to overcome those difficulties / obstacles?

(Difficulties; obstacles; limitations; weaknesses; strategic approach for how to cope with those situations)

Q. In your project, have you found some similarities and common features with other health projects in terms of approaches, principles or participants' achievements?

Q. Does your project have any different features from their health project in terms of approaches, principles or participants' achievements? If so, how different?

(Asked to those who are not mainly engaged in the health project; comparison with other projects finding similarities and differences)

Q. In this project (and all other projects), is your organisation (principles) aware of the Harambee, a traditional way, method or action for self-help / community development in Kenya?

(Support for local tradition; use of local methods; organisational principles; how practitioners view the local traditional way)

Q. Do you think this health project or other relevant projects and the approaches in your organisation can be replicable for wider contexts (over the divisional level, applying at the provincial or national level)? This means that the health project is implemented in a different provincial area.

Q. If not, how can it be developed to become more adaptable for wider contexts? Is it possible to do so?

(Generalisability; adaptability for different contexts)

<Further questions relevant to community participation>

Q. What do you think are the main benefits of this Japanese organisation in helping Kenyan community development?

Q. How different are the Japanese (external) aid projects from those undertaken by Kenyan (internal / local) organisations?
(View of the effectiveness and meaningfulness of international aid)

Q. Do you think it is important to understand and respect local contexts when you design and conduct the project at that site?

Q. If so, what is it particularly important to be aware of?
(My prospective argument and assumption of community development approach; understanding and respecting local contexts)

Q. Do you think that the essence, principles, approaches and tactics in your organisation are applicable to other regions in Kenya?
(Possibly asked to Japanese staff; Generalisability; adaptability for different contexts)

Note: ( ): Points purposed to be questioned

Source: Referred to Robson, C. (2002) *Real World Research*, Oxford, Blackwell; p. 279

Figure 6: Sample of Letters; Consent Form

■ Letters for the Interviewed Staff

Dear Sir or Madam

I am writing to invite you to participate in a research project focusing on "Community development through non-formal education in developing countries – a case study of a Community Health Project (HIV/AIDS) in Kenya". This study is being undertaken as part of my MSc in Comparative and International Education at the University of Oxford under the supervision of Dr Andrea Laczik.

The study explores how non-formal education supports community development in Kenya. I am particularly interested in the Community Action Development Organisation (CanDo) as a case study. I would like to focus on the community health project in Nguni Division, and talk to you about your engagement and practice in the field. I strongly believe that your work will provide an example of good practice that contributes to community development in the region.

I would like to conduct 5–6 semi-structured interviews with professional staff in your organisation. I also would like to read some of the documentation in relation to the health project. I plan to use the data I gather in order to reflect on the health project's impact on community development. The interview will take approximately one hour, and I would like to record the interviews with the participants' permission.

All information provided by the participants will be handled strictly confidentially and kept securely at the University of Oxford. Only I and my academic supervisor, Dr. Andrea Laczik, will have access to the gathered data. No individuals will be named or identified. The audio recordings of interviews and all data files will be destroyed at the end of the study. The participants may withdraw from the study without consequences at any time by advising any of the project research staff.

This project has been reviewed by and received clearance from the Central University Research Ethics Committee. If you have any questions about the research or would like any additional information please do not hesitate to contact me by email: kentaro.ikeda@seh.ox.ac.uk.

I hope that you will be able to participate in this project, and look forward to hearing from you.

Yours sincerely

Kentaro Ikeda
M.Sc. Comparative & International Education
Department of Education at University of Oxford
St Edmund Hall

Consent Form

By signing this form I consent to participate in this study, "Community development through non-formal education in developing countries – a case study of a Community Health Project (HIV/AIDS) in Kenya", being conducted by Kentaro Ikeda, who is an MSc student in the Department of Education at the University of Oxford. Kentaro can be contacted by email at kentaro.ikeda@seh.ox.ac.uk.

In signing this form I agree with the following:

- I have read and understood the information about this study and have had the opportunity to ask questions. I have considered all the risks involved with this research.

- I understand that I can withdraw from the study without consequence at any time simply by informing the researcher, Kentaro Ikeda, of my decision.

- I understand who will have access to identifying information provided and what will happen to the data at the end of the project.

- I am aware of who to contact should I have questions following my participation in this study.

- I understand that this project has been reviewed by and received ethical clearance through the University of Oxford Central University Research Ethics Committee (CUREC).

Research Participant (Signature)	Researcher (Kentaro Ikeda)
Date	Date

Note. This Consent Form was documented and distributed to the staff members in the NGO to obtain official acknowledgement from them and contribution to the interview research.

Description of Research

Community development is an important notion in the field of international aid. Education that focuses on community development targets people at grassroots level and encourages their own development. This study focuses on community development in developing countries, investigating a Japanese NGO's approach through non-formal education to community development in Kenya, using Community Action Development Organisation (CanDo) as a single case study. This study will also explore how the concept of community development is put into practice in non-formal education projects. The work will seek answers to three questions: (1) How has the concept of community development in non-formal education been developed and approached in developing countries?; (2) With reference to the case study, how do practitioners implement the concept of community development in their health project?; (3)

Referring to the example of the health project, why is community development so difficult to achieve? The research questions will be answered by conducting a literature review and by using the community health project CanDo as the single case study.

CanDo is a registered Japanese NGO that has undertaken educational projects including the health and HIV/AIDS project in a specific regional area, Mwingi District, particularly in Mui, Nuu and Nguni Divisions, for local schools and communities. CanDo's primary objective is comprehensive community development.

Data will be gathered by interviewing 5–6 fieldworkers from the NGO and semi-structured interviewing will be the main data collection tool. The interviews will last one hour. Document analysis will provide further information for my research. The research will be conducted at offices located at Nairobi and Mwingi District in Kenya.

In order to collect data, the researcher intends to visit the Republic of Kenya with the permission of the organisation. The main data collection tool will be semi-structured interviewing and this will be complemented with document analysis. Documents will be collected at the head office in Nairobi. However, I plan to interview 4–5 local staff that are working in the field offices located in Mwingi District, 200 km east from the capital, and are involved in the health project. In order to interview fieldworkers, I plan to visit the District using public transport. A two-week fieldwork trip in June is planned. Exact dates will be negotiated with the NGO and will be planned according to fieldworkers' availability. The interviews will last approximately one hour.

Figure 7: Situations, Poverty Indicators in Kenya (Reported in2007)

Indicator	Value	World rank
HDI value	0.541	147
Life expectancy at birth (years)	53,6	152
Adult literacy rate (%; ages15 and above)	73,6	107
Combined gross enrolment rate (%)	59,6	138

Source: Adapted from *HDR2009 Country Fact Sheets-Kenya*

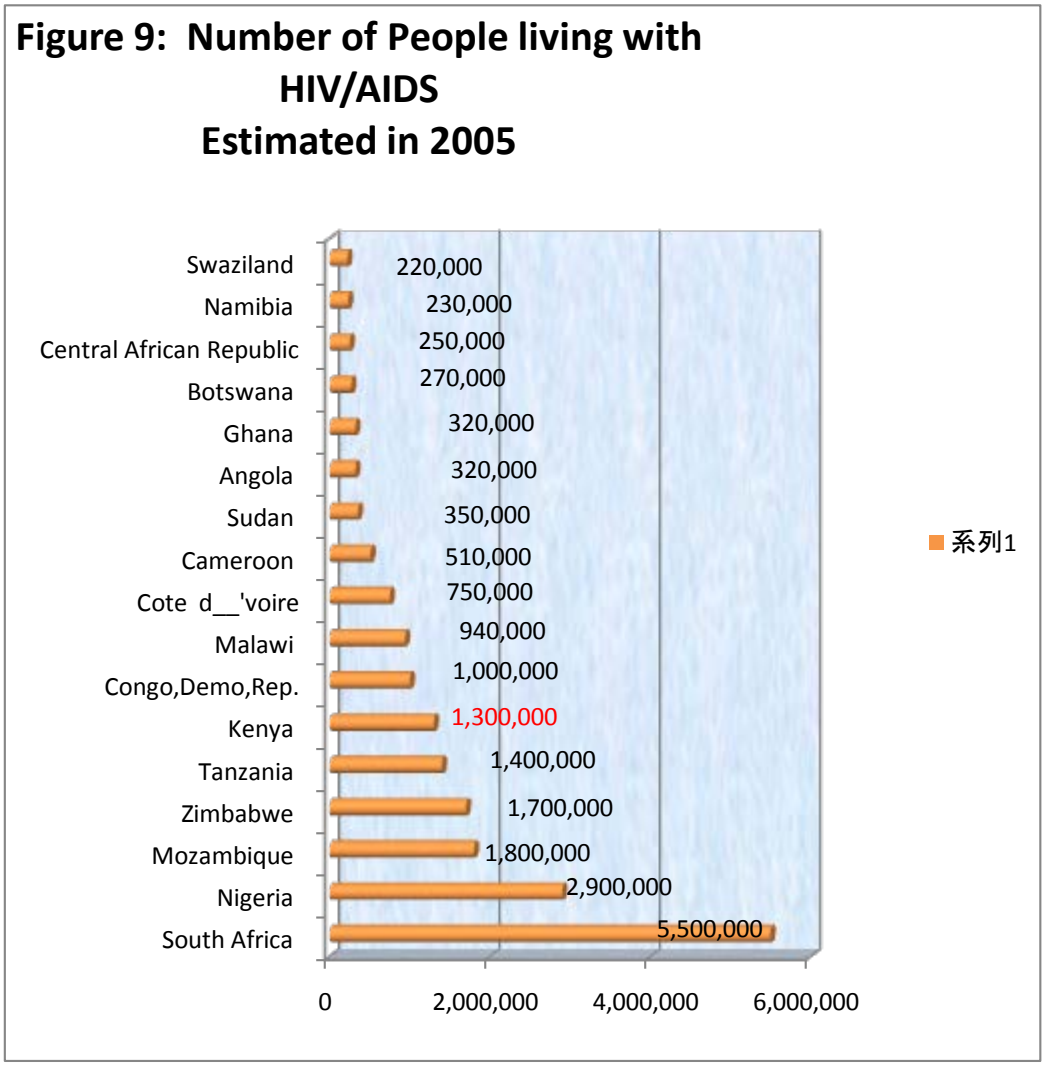
http://hdrstats.undp.org/en/courtries/courtry_fact_sheets/cty_fs_KEN..html

As at 10 November 2009

Figure 8: HIV/AIDS in Kenya (Estimated in 2005)

Indicator	Number
Estimated number of **people *living with HIV/AIDS***	**1,300,000**
Estimated number of ***adult people*** (ages 15 and older) living with HIV/AIDS	**1,200,000**
Estimated number of ***women*** (ages 15 and older) living *with HIV/AIDS*	**740,000**
Estimated number of ***orphans*** living with HIV/AIDS	**1,100,000**
Estimated number of ***people having died due to HIV/AIDS***	**140,000**

Source: United Nations. (2007) *Development Goals Indicators*, p. 98



Source: Figure 2,3: Adapted from United Nations (2007) *Development Goals Indicators*, p. 98

Figure 10: Primary Gross Enrolment and Net Enrolment Rate in Kenya, 2003–2007

Table 3-5 Gross Enrolment Rate by Gender and Province, 2003- 2007

PROVINCE	2003		2004		2005		2006		2007	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Coast	86.9	73.7	97.3	83.7	95.7	84.4	101.3	91.5	100.8	91.3
Central	102.3	100.9	102.2	99.9	106.9	102.7	103.4	100.8	97.4	93.4
Eastern	116.3	114.9	120.6	117.4	126	124.4	127.3	126	129.7	127.8
Nairobi	39.1	43.9	41	45.8	35.9	38.2	38.8	41.6	49.5	51.8
Rift Valley	109.5	102.7	113	104.2	117.8	109.9	115.9	108.9	118.7	109.6
Western	137.4	123.2	143.3	125.9	148.2	134.2	141.3	130.9	151.5	135.6
Nyanza	127.8	122.8	126.2	117.4	127.7	120.8	128.9	126.5	131.6	128.1
North Eastern	32.4	18.8	33.5	18.5	34.1	20.7	33.4	20.5	37.7	30.5
Subtotal	**105**	**100.5**	**108**	**101.6**	**109.9**	**104.4**	**109.3**	**105.5**	**110.7**	**104.4**
GRAND TOTAL		**102.8**		**104.8**		**107.2**		**107.4**		**107.6**

Table 3-6 Primary Net Enrolment Rate by Gender and Province, 2003- 2007

PROVINCE	2003		2004		2005		2006		2007	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Coast	66.90	60.10	72.80	67.70	75.10	73.30	72.30	71.20	84.60	77.00
Central	83.60	84.20	81.40	81.80	87.90	87.00	83.00	83.00	84.40	80.70
Eastern	90.40	90.30	91.40	91.50	94.90	93.80	96.90	95.80	98.70	97.80
Nairobi	35.50	40.30	35.90	41.10	39.20	40.90	31.20	34.70	44.10	45.60
Rift Valley	84.10	82.00	87.80	85.40	87.90	85.30	91.80	89.80	98.30	94.00
Western	97.50	93.20	99.30	97.20	99.10	94.60	99.10	94.60	99.10	98.90
Nyanza	96.20	95.40	96.90	96.20	98.40	97.20	98.40	97.20	98.40	98.20
North Eastern	26.10	16.20	23.60	14.90	26.60	18.80	25.90	18.80	33.10	20.80
TOTAL	**80.80**	**80.00**	**82.20**	**82.00**	**83.80**	**82.60**	**86.50**	**86.50**	**94.10**	**89.00**
GRAND TOTAL		**80.40**		**82.10**		**83.20**		**86.50**		**91.60**

Source: EMIS Unit, MoE

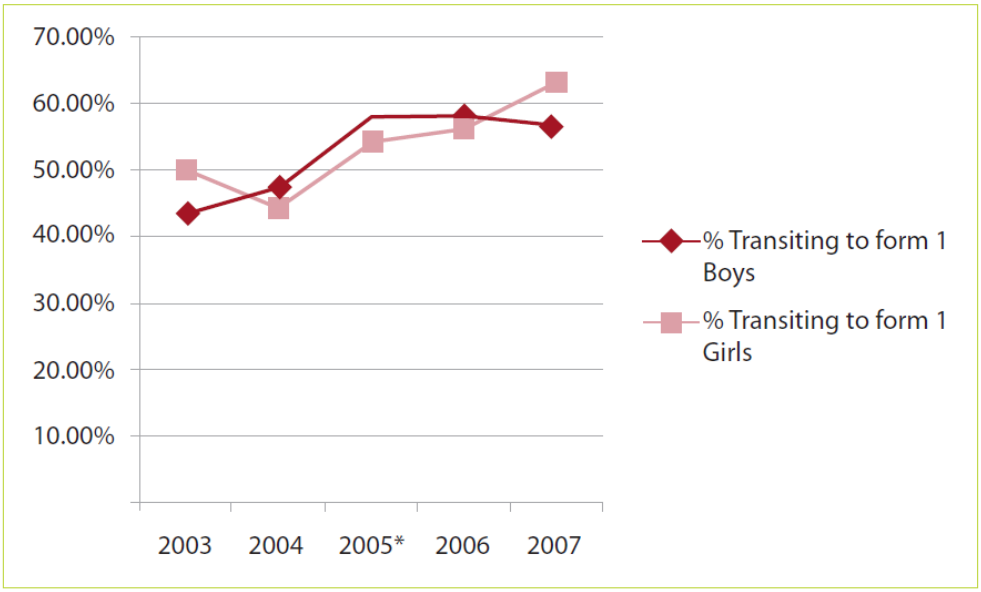
Source: Ministry of Education Kenya, *Education Statistical Booklet 2003–2007*, pp. 12–13

Figure 11: Primary to Secondary Transition Rates in Kenya, 2003–2007

Table 3-11 Primary to Secondary Transition Rates, 2002-2007

Year In Std 8	Year In Form 1	Enrolment In Std 8 ('000)			Enrolment In Form 1 ('000)			% Transiting to Form 1		
		Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2002	2003	296.9	244.5	541.3	129.4	121.7	251.1	43.60%	49.80%	46.40%
2003	2004	280.8	267.5	548.3	132.6	118.6	251.2	47.20%	44.30%	45.80%
2004	2005*	343	314.8	657.7	198	170.6	368.3	57.70%	54.20%	56.00%
2005	2006	335.5	307.9	643.5	195.7	173	368.7	58.30%	56.20%	57.30%
2006	2007	372.3	332.7	704.9	210.3	210.1	420.5	56.50%	63.20%	59.60%

Source: Statistics and EMIS Section, MoE



igure 3-4 Primary to Secondary Transition Rate, 2003-2007

Source: Ministry of Education Kenya (2007) *Education Statistical Booklet 2003–2007*, pp. 16–17

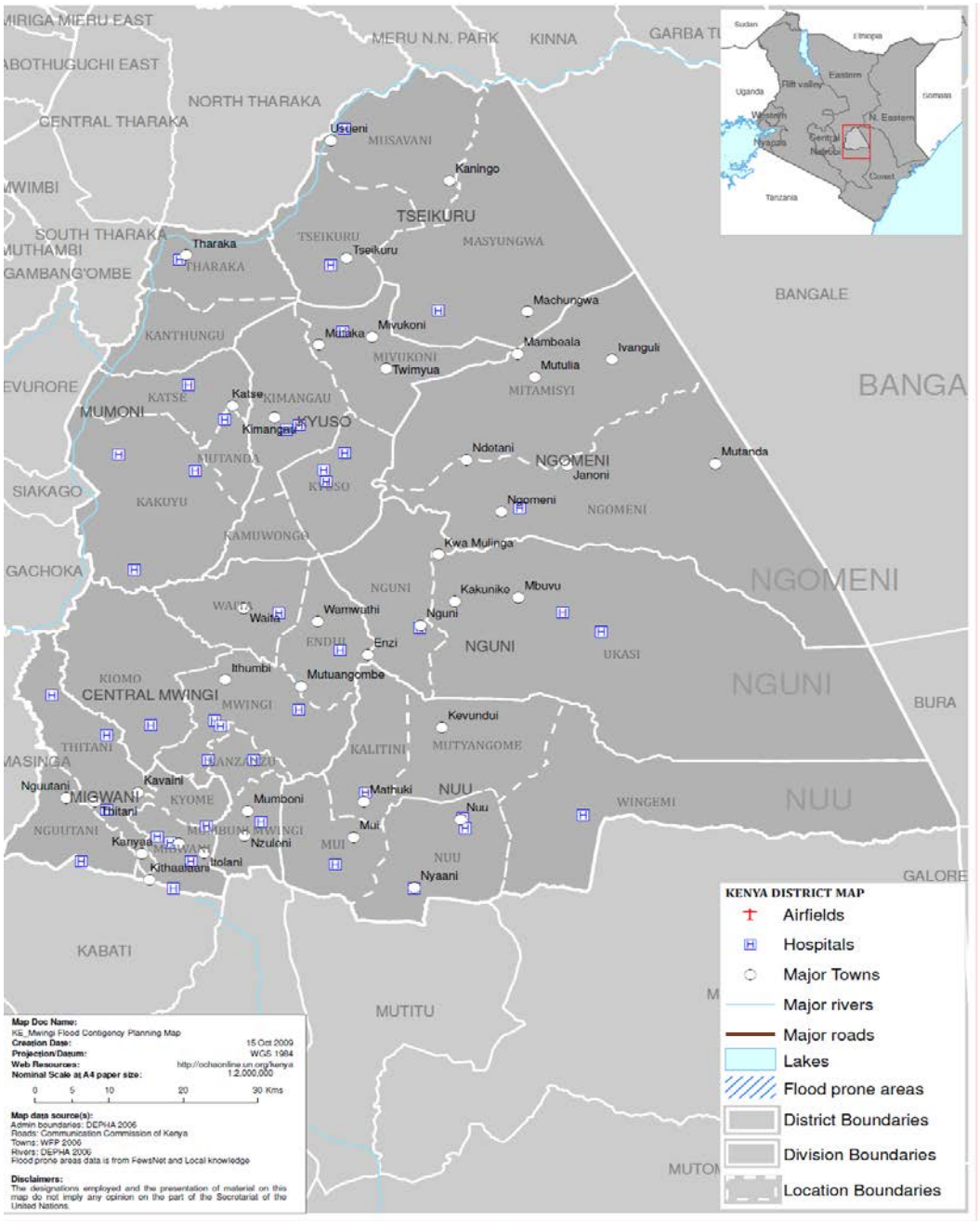


Figure 12: **Map of Old Mwingi District**

Source: OCHA (2009), *Mwingi Flood Contingency Planning Map*

Figure 13: Old Mwingi District: Profile Indicators

Indicator	Degree; Value
Climate	Dry and hot
Population	326,506
Main Industry	Agriculture
Infant Mortality Rate	98 per 1,000
Under 5 Mortality Rate	122 per 1,000
Number of Households	60,099
Absolute Poverty	60%
Number of Unemployed	98,452
Secondary Enrolment Rate	Boys: 19%
	Girls: 16,1%
Illiteracy Level	Male: 37,972
	Female: 53,903
	Total: 91,878
Major Diseases Reported	Malaria Respiratory System Urinary tract Skin diseases Malnutrition HIV/AIDS
Health Facilities	
Hospital	1
Health Centre	8
Dispensaries	28
Health Clinic, Publicly Registered	8
Health Clinic, Privately	6

Registered	
Average Distance to Nearest Health Centre	30km

Source: DCU Mwingi (2008), pp. 7–11

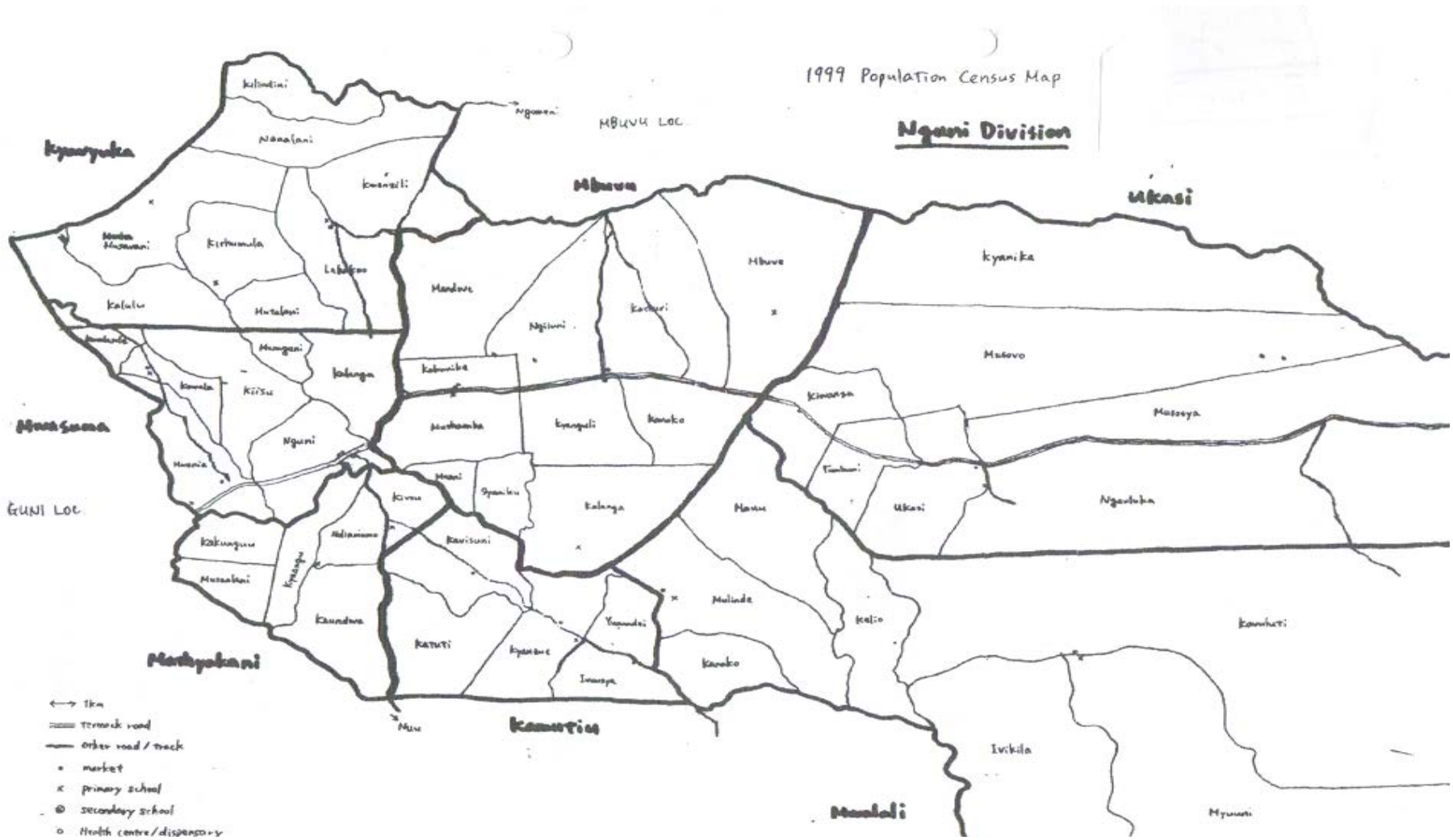


Figure 14: Map of Nguni Division

Source: CanDo (1999) *Population Census Map: Nguni Division*

Figure 15:
Sample of Facilitation Flow and Points for the Introductory Training on HIV/AIDS in Nguni Division (Partly Revised)

Introduction

Brief review of the previous training and connection to HIV/AIDS

1. HIV and AIDS

Definition of HIV and AIDS

H---Human I---Immuno-deficiency V---Virus

A---Acquired I ---Immune D---Deficiency S---Syndrome

Difference between HIV and AIDS

- ✧ HIV is a virus which cause AIDS
- ✧ After HIV enters the body, it will take time to show AIDS (time span depends on individuals and how the person lives / takes care of themself)
- ✧ How HIV behaves when it enters into the body:
  - ● How HIV multiplies in the body.
  - ● HIV attaches to CD4, which control antibodies to fight against disease; therefore, the immune system gets weakened and the body cannot fight against disease.
- ✧

2. Transmission

Clarification of body fluids which contain HIV and which do not

- ✧ Body fluids with HIV----- blood, semen, vaginal fluid, pus, milk
- ✧ Body fluids without HIV------ tears, sweat, urine, saliva (if these fluids come together with blood, there is risk of infection)

Contact with body fluids

- ● Sharing sharp objects like shavers, needles, blades, toothbrushes etc…
- ● Blood transfusion----- in case the blood has not been well screened

- Sexual intercourse----
- Mother-to-child transmission----
  - In the womb in case of detachment of placenta and blood of mother and child are mixed
  - During delivery
  - Through breast feeding

Emphasis: not the activities themselves such as sharing sharps, assisting delivery, etc. that transmit virus but contact with body fluids, e.g. touching blood directly or indirectly with any cut, bruises, sores on your skin.

Clarification

Sexual intercourse / mother-to-child transmission

Why will a foetus be free from virus?

Clarify: what causes infection through sexual intercourse is semen and vaginal fluid but not sperm. Since sperm and ovum do not contain HIV virus, foetus will be free from virus.

3. Prevention

Point

Normalisation of the prevention

E.g. people just assist delivery if they do not find gloves or polythene paper to protect themselves, although they understand importance of protection at the beginning.

E.g. If I use protection such as polythene paper when I assist the mother or the sick, how does she feel?

Nobody complains when a doctor uses gloves, so why not at home?

E.g. If I ask my partner to use condoms, he may say ‘do you suspect I have disease?’

→ if everybody understands and these protective ways become normal for people, people do not need to fear or feel bad even if you use protection in assisting delivery.

Regardless of whether one has HIV or not, you need to protect yourself at all times and with everybody.

4. Delay of AIDS stage / care and support

- Balanced diet
- Hygiene
- Early treatment of the opportunistic infection
- Avoid re-infection (not only through sexual intercourse but need to avoid any re-infection)
- Acceptance and disclosure / the community accept infected people
  - *Unless the community or people around are ready to accept infected people, they cannot disclose their infection to others since they fear discrimination*
  - *Care/support: importance of keeping normal relationship as they did before the infection.*

5. Risks children face

- sharing sharps
- having proactive sexual relationship (with similar aged friend)

- *adults put children at risk (rape, luring, sugar daddy, sugar mammy, etc.)*
  - *failure to teach proper information to children and behaviour of adults*
    - e.g. Parents find their daughters got pregnant but solved the problem with compensation of the money without considering risk of the infection to them.
    - e.g. Even though people know children are lured by adults or are involved in sexual activities, they just ignore it or hesitate to report or discuss it with their parents.

6. Group Discussion

Group 1

- ✓ Let the participants recognise the responsibility of adults to teach children.
- ✓ What is really necessary for children to do to protect themselves from risks of HIV infection?

Group 2

- ✓ Let the participants recognise the responsibility of adults to protect their children in the community.
- ✓ Let the participants start thinking about what they can do as individuals and as community -> start discussion.

Group 3

Input on Question – Use of ***case study***

- Why do people leave a sick mother in the care of a 7-year-old girl?
- Why are other friends not willing to play with the girl?
- Why is the girl withdrawing from school?
- What will be the effect if these situations continue in the society?

Discussion Questions

Q1. Considering the risk to children, what information do you think it is necessary to teach them in relation to HIV/AIDS?

➢

Q2. How do adults put children at risk of getting HIV/AIDS?

➢

➢

➢ **Q3.** 'I am a 35-year-old mother and am very sick. Since I became ill my relatives and friends have deserted me and my daughter who is seven years old takes care of me. Sometimes she cannot go to school and when she does, her friends will not let her play with them, so she is withdrawing from classes.**'**

➢

➢ A) Can this case happen in your community?

➢ B) Why do you think this happens? (Or doesn't happen?)

➢ C) What can you do about this?

7. Plan of Action (Group Work)

Q1. What kind of health activities do you have in your group? How is progress on the activities?

Q2. What kind of difficulties have you faced in your group activity?

Q3. Do you have any solution / action that you have tried or you can think of?

Q4. Do you think it's important to have further discussions on HIV/AIDS and other diseases in your community?

Q5. If yes, which aspect of HIV/AIDS or which information on HIV/AIDS do you think is important for further discussion in the community?

Figure 16:
The Process of Facilitation in the Introductory Training on HIV/AIDS 1

In the lecture session, community-based knowledge that includes transmission and prevention of HIV/AIDS, its daily care and support and so on was provided by the CanDo health consultant in conformity with the context of the participant's habitant area or present situations in their daily life.

Source: Taken by the author at New Apostolic Church Muthuka on 13 June 2007

2.

In the Condom Demonstration session, all participants practised the use of a condom with a model penis and some of them demonstrated on behalf of others.

Source: Taken by the author at IPC Church Kastein on 21 June 2007

3

In the group work, the participants considered and discussed problems related to HIV/AIDS which can possibly occur in their communities and their solutions, and shared knowledge together with other participants. The health consultant offered more practical and supplementary knowledge to these solutions given by the participants.

Source: Taken by the author at AIC Church Nguni on 26 June 2007

4.

At the end of the training, CanDo Coordinators introduced and encouraged the organisation of Community-Based Learning Workshops on HIV/AIDS by autonomous application from health groups.

Source: Taken by the author at New Apostolic Church Ukasi on 25 June 2007

Note. These photos taken by the author were submitted to the Japan International Cooperation Agency (JICA) for the purpose of monitoring in July 2007.

Figure 17: Sample of Participant's Responses at Group Work Sections in the Introductory Health Training on HIV/AIDS, Nguni Division

1).Group Discussion:

- **Q1. Considering the risk to children, what information do you think it is necessary to teach them in relation to HIV/AIDS?**
  - Not to share sharp instruments: Regarding a razor, we need to buy our own and use it.
  - Children have shared sharp instruments in school;
  - How to use a condom, teaching children ways of prevention;
  - Self-control in sexual relations; Not to have sexual relations, waiting until marriage.
  - To teach children basic information on HIV/AIDS.
  - Not to follow strangers; Escape immediately if they are tempted;
  - To teach the right information based on the Bible (in Kyavyuka).
  - Parents become a good model for children to follow

Q2. How do adults put children at risk of getting HIV/AIDS?

- Allurement of children with material things, money gifts etc.;
- Sexual relations with adults;
- Rape, sexual violence;
- Mother-to-child transmission;
- Sharing of sharp instruments with others;
- Infection from bodily fluids;
- Adults provide an inadequate model to children. In their attitudes about life (in Ukasi, Nzouni).

- **Q3. 'I am a 35-year-old mother and am very sick. Since I became ill my relatives and friends have deserted me and my daughter who is seven years old takes care of me. Sometimes she cannot go to school and when she does, her friends will not let her play with them, so she is withdrawing from classes.'**
-
- **A) Can this case happen in your community?**
- Yes, it often occurs in our community.
-

- **B) Why do you think this happens? (Or doesn't happen?)**
- Ignorance from her neighbours and surroundings;
- Fear of living with those infected by HIV/AIDS;
- People and the communities have assumed that the HIV infection is caused only by sexual relations;
- People and the communities are lacking in basic knowledge about HIV/AIDS.
- **C) What can you do about this?**
- Advise and encourage each other;
- Visit that girl, discuss the situation and share ways for its solution;
- To work at home and in their group, or to call on to her school for understanding and cooperation (in Mwasuma Sub-Location);
- To show how to live with those who suffer from diseases in their community.

( ): Given at a particular primary school community or Sub-Location

2) Plan of Action:

Discussion Questions

Q1. What kind of health activities have you practiced in your group? How is progress on the activities?

- Practicing what was *learned From the 1st Phase* on the previous health trainings; setting up rubbish bins; making or digging a latrine; boiling water; cleaning a house; setting up a dishrack in a kitchen; attempting home hygiene; and so on…
- Sharing what they learned at the BHHC training with other communities;
- Engaging in cutting the grass and agricultural work;
- Cooperating with other communities in group activities.

Q2. What kind of difficulties have you faced in your group activity?

- Lack of tools for practicing activities;
- Lack of materials such as cement;
- Ignorance, refusal from family members, friends and neighbours: Friends and neighbours have assumed that a latrine exists for wealthy people (in Myuuni area).

Q3. Do you have any solution / action that you have tried or you can think of?

If yes, what is that?

- *Merry Go Round*; talking to friends and neighbours, encouraging participation or

contributions;

- Sharing importance of health activities with others;
- Having a proper talk with each person and encouraging participation (in Kamutiu Sub-Location, Muthuka area);
- Use of water to soften earth when making a latrine;
- Making roofs and dishracks with use of locally available resources;
- Working in groups to share information with others;
- Leading activities as a model, and actively underlining the importance of health activities;
- Encouraging participation in health activities *with food provision* (in Ukasi Sub-Location).

Q4. Do you think it's important to have further discussion on HIV/AIDS and other diseases in the community where you live?

- Yes, they need to discuss more issues on HIV/AIDS.
- Yes, because people infected by HIV have increased in their village.
- Yes, because many people and communities have assumed that HIV transmission is caused by sexual relations only.
- Yes, because everyone in the community needs to know basic information on HIV/AIDS.

Q5. If yes, which aspect of HIV/AIDS or which information on HIV/AIDS do you think is important for further discussion among themselves?

- How to live with AIDS patients or those who have sickness in their community;
- Involvement of men;
- Ways of prevention, proper use of condoms.

Note. ( ): Answered at a particular area, primary school community or Sub-Location

Figure18: Request Form for Health Groups
HIVAIDS Learning Workshop in Nguni Division 2007

Figure19: Request Form for
Health Groups HIV/AIDS Leaning Workshop in Nguni Division (CanDo) 2007

If you would like to hold the HIV/AIDS learning workshop for your health group, please fill this form and send it to **CanDo Nguni Office**. Before filling the form, please discuss among other group members about the importance of the workshop and agree on having the workshop for your health group, when you plan to organise the workshop please arrange with more than **20** members, either with your group and your families and friends or by organising toghter with your groups. If you request the workshop with other groups, please agree with other groups and write all the name of health groups and the number of people which are going to attend the workshop. Please write a name of those who wish to attend the workshop to the list enclosed.

(A) Name of your health group

_____ Group _____ Group

_____ Group _____ Group

(B) Disussions among your health groups

[What was discussed and how was the discussion in your health group? We welcome any comments or suggestions for the workshop.]

_____

_____

_____

_____

_____

(C) Day of the workshop

[Please indicate below if your health group has any preference on the day and venue of the workshop. We will consider this point as much as possible when arranging the date.]

Day: _____ Venue: _____

This is to confirm that our health group would like to request for HIV/AIDS awareness workshop for our community.

Group Name:
(signiature)
Chairperson
Date:

Group Name:
(signiature)
Chairperson
Date:

Masyitwa ma ala makulitye kisomo kya uwauwa muthelo (HIV/AIDS) 2007

	Name	Sex	Category
1	Name of a Contact Person	Male / Female	group member / other
2		Male / Female	group member / other
3		Male / Female	group member / other
4		Male / Female	group member / other
5		Male / Female	group member / other
6		Male / Female	group member / other
7		Male / Female	group member / other
8		Male / Female	group member / other
9		Male / Female	group member / other
10		Male / Female	group member / other
11		Male / Female	group member / other
12		Male / Female	group member / other
13		Male / Female	group member / other
14		Male / Female	group member / other
15		Male / Female	group member / other
16		Male / Female	group member / other
17		Male / Female	group member / other
18		Male / Female	group member / other
19		Male / Female	group member / other
20		Male / Female	group member / other
21		Male / Female	group member / other
22		Male / Female	group member / other
23		Male / Female	group member / other
24		Male / Female	group member / other
25		Male / Female	group member / other
26		Male / Female	group member / other
27		Male / Female	group member / other
28		Male / Female	group member / other
29		Male / Female	group member / other
30		Male / Female	group member / other
31		Male / Female	group member / other
32		Male / Female	group member / other
33		Male / Female	group member / other

Figure 19: The Process of Facilitation in the Community-Based Learning Workshop in Nguni Division

1.

In the lecture part, the health facilitator provided basic knowledge on HIV/AIDS in the field. The community members EXCEPT FOR the training participants had an opportunity to learn and know scientifically based information.

Source: Taken by the author at Kiisu Village on 25 July 2007

2.

In the section on Condom Use all participants experienced condom practice. Some of those who were hesitant to touch a condom used bananas instead of penis modules under the facilitator's instructions.

Source: Taken by the author at Kiisu Village on 25 July 2007

3.

In the Group Work part, community members discussed issues related to HIV/AIDS in their community and considered some ideas for these solutions, led by the BHHC participant. Source: Taken by the author at Ngooni New Apostolic Church on 26 July 2007

4.

Some participants demonstrated new ideas and solutions to tackle the problems of AIDS in their community in front of other participants. A man in two groups gave a presentation. Taken by the author at Ngooni New Apostolic Church on 26 July 2007

5.

At the end of the Learning Workshop, the CanDo Health Coordinator encouraged more progressive community work and discussions to cope with HIV/AIDS prevalent in their community.

Source: Taken by the author at Ngooni New Apostolic Church on 26 July 2007

Figure 20 Structure of Facilitation in Health Trainings(Set by CanDo)

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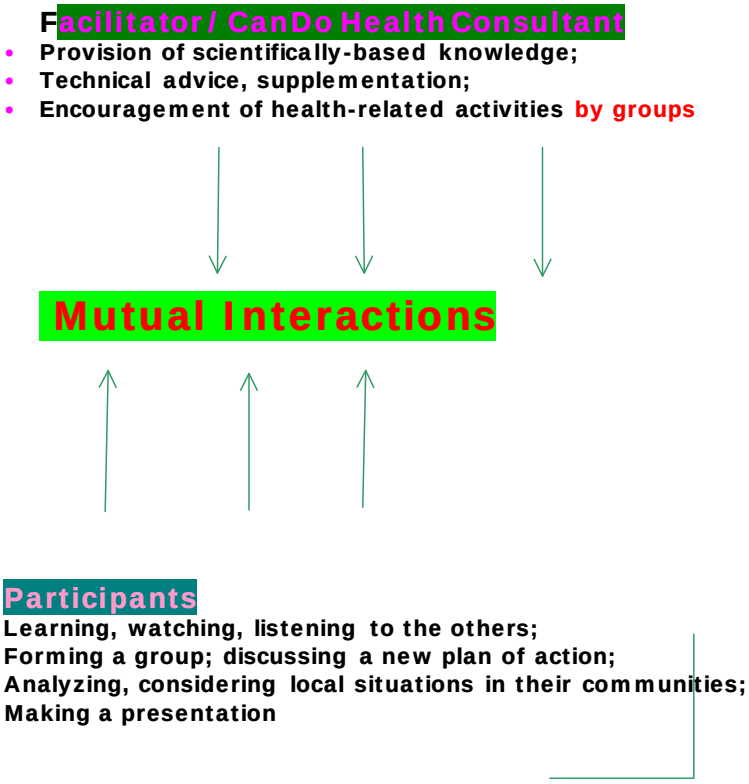

Figure 21: Practice of Community-Based Learning Workshops on HIV/AIDS in Progress 2007–2008

Community Based Learning Workshops on HIV/AIDS				
Date	Attendance Number	Male Attendance	Initial Application	Place(Division、Village)
25th July 2007	24	8	40	Nguni Division, Kiisu Village
26th July 2007	19	5	27	Nguni Division,Ngooni Village
11th September 2007(Canceled)	9	0	32	Nguni Division,Kamuliwa Village
12th September 2007(Canceled)	8	0	25	Nguni Division, Muthamba Village
13th September 2007	16	3	32	Nguni Division, Mwalali Sub-Location
14th September 2007	26	6	33	Nguni Division,Kivou Village
24th September 2007	11	1	42	Mui Division, Kathonzweni Sub-Loc
25th September 2007	9	0	42	Mui Division, Kathonzweni Sub-Loc
1st October 2007	19	5	46	Nuu Division,Iviani Village
2nd October 2007	19	6	46	Nuu Division, Mwalili Village
3rd October 2007	28	7	55	Nuu Division,Kimongo Village
4th October 2007	38	8	60	Nuu Division, Ngangani Village
5th October 2007	6	1	49	Nuu Division, Mwambiu Village
6th October 2007(Canceled)	0	0		Nguni Division, Kaundua Village
29th October 2007	53	5	50	Nuu Division, Iviani Village
5th March 2008	9	4	40	Nuu Division, Nzanzu Village

Figure 22: Basic Household Health Care Training for Men; Nguni Division: Participation

Date	Venue(sub-location)	Attendance Number	Expected Number
9 July 2008	Kamutiu Sub-Location	21	30
10 July 2008	Kamutiu Sub-Location	20	30
7 August 2008	Mwasuma Sub-Location	24	38
8 August 2008	Mwasuma Sub-Location	21	38
12 August 2008	Kyavyuka Sub-Location	14	28
13 August 2008	Kyavyuka Sub-Location	17	28
15 August 2008	Myuuni in Mwalali Sub-Location	13	20
16 August 2008	Myuuni in Mwalali Sub-Location	15	20
11 September 2008	Mulinde in Mwalali Sub-Location	6	20
12 September 2008	Mulinde in Mwalali Sub-Location	6	20

Bibliography

Adejunmobi, A. (1990) Self Help Community Development in Selected Nigerian Rural Communities: Problems and Prospects, *Community Development Journal*, 25:3, pp. 225–235

Alwy, A and Schech, S. (2004) Ethnic Inequalities in Education in Kenya, *International Education Journal*, Vol. 5 No. 2, pp. 266–274

Andre de la Porte, P. (2006) *Kenya Human Development Report 2006 – Human Security and Human Development: A Deliberate Choice*, Nairobi, UNDP Kenya

Bray, M. (2000) *Community Partnerships in Education: Dimensions, Variations and Implications*, World Education Forum, Education for All 2000 Assessment, Dakar: the World Bank

Bray, M. (2003) Community Initiatives in Education: goals, dimensions and linkages with governments, *Compare*, Vol. 33, pp. 31–45

Bryman A. (2004) *Social research methods, second edition*, Oxford, Oxford University Press

Brennan, B. (1997) Reconceptualizing non-formal education, *International Journal of Lifelong Education*, Vol. 16, pp. 185–200

Burgess, R. G. (1989) Ethics and Educational Research: An Introduction, in Burgess, R, G (ed.) (1989) *The Ethics of Educational Research*, East Sussex, The Falmer Press, pp. 1–9

Burgess, R. G. (1989) Grey Areas: Ethical Dilemmas in Educational Ethnography, in Burgess, R. G (ed.) (1989) *The Ethics of Educational Research*, East Sussex, The Falmer Press, pp. 60–75

Busher H & James, N. (2002) Ethics of research in education, in Briggs, A. R. J. & Coleman, M. (eds.) (2007) *Research Methods in Educational Leadership and Management 2nd Edition*, London, SAGE Publication Ltd, pp. 106–122

Community Action Development Organisation (CanDo) (2004) *CanDo Newsletter (No. 1 – No. 25)*, Tokyo, CanDo

CanDo (2004–2010) *CanDo Newsletter (No. 26 – No. 50)*, Tokyo, CanDo

CanDo (2007–2010) *CanDo Weekly Meeting Reports (2007. 01/15 – 2010. 01/31)*, Internal Documents, Nairobi, CanDo

CanDo (2008) *CanDo Progress Report 2008 (2008. 01/01 – 2008. 12/31)*, Online at www.cando.or.jp/repo2008.htm Accessed 02/22/2010

CanDo (2005) *Basic Household Health Care for Prevention of Common Child and Community Diseases: A Module for the Training Course by Community Action Development Organisation (CanDo)*, Nairobi, CanDo

Centre for British Teachers (CfBT) Kenya. (2006) *An Analysis of HIV/AIDS Policy Formulation and Implementation Structures, Mechanisms and Processes in the Education Sector in Kenya*, Nairobi, Overseas Development Institute (ODI)

Chambers, R. (1997) *Whose Reality Counts? – Putting the first last*, Dunsmore, ITDG

Chambers, R. (2002) *Participatory Workshops: A Sourcebook of 21 Sets of Ideas and Activities*, London, Earthscan

Caillods, F & Hallak, J. (2004) Education and PRSPs: A review of experiences, Paris, UNESCO: International Institute for Educational Planning

Christenson, J & Robinson, J. W. (eds.) (1989) *Community Development in Perspective*, Iowa, Iowa State University Press

Colclough, C. (1993) *Educating All the Children: Strategies for Primary Schooling in the South*, Oxford, Clarendon Press

Coombs, P. H & Ahmed, M. (1974) *Attacking Rural Poverty: How Nonformal Education Can Help*, Washington DC, the Johns Hopkins University Press

Cook, B. J. (1997) *Doing Educational Research in a Developing Country: Reflections on Egypt*, Oxford, St Antony's College Paper, University of Oxford

Cornwall, A & Jewkes, R. (1995) What is Participatory Action Research? *Social Science & Medicine,* 41(12), pp. 1667–1776

Creighton, C and Yieke, F. (2006) *Gender Inequalities in Kenya*, Paris: UNESCO

Creswell, J. W. (2003) *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches – Second Edition*, London, Sage Publication Ltd.

Crossley, M and Vulliamy, G. (1997) *Qualitative Educational Research in Developing Countries*, New York, Garland Publishing

District Coordinating Unit Mwingi (DCU Mwingi: 2008) *Arid Lands Resource Management Project Mwingi District: Annual Progress Report 2007–2008*, Mwingi, DCU Mwingi

Denscombe, M. (2003) *The Good Research Guide for small-scale social research projects – second edition*, Maidenhead, Open University Press

Devereux, S. & Hoddinott, J. (eds.) (1993) *Fieldwork in Developing Countries*, Colorado, Lynne Rienner Publishers

Ehara, H. (ed.) (2003) *Endogenous Development and Education: Transforming Society for the People and the Possibilities for Non-Governmental Organizations,* Tokyo, Shinhyoron

Freire, P. (1974) *Education for Critical Consciousness*, New York, Continuum

Freire, P. (1970) *Pedagogy of the Oppressed*, London, Penguin Books

Griffiths, H. (1974) The Aims and Objectives of Community Development, *Community Development Journal*, 9:2, pp. 88–95

Hill, M. J. D. (1991) *The Harambee Movement in Kenya: Self-Help Development and Education among the Kamba of Kitui District*, Oxford, BERG

Institute of Education (2008) *Education for All by 2015 – Will We Make It? A critical reflection on the EFA Global Monitoring Report 2008*, London, The Jeffrey Hall Institute of Education, University of London

International Monetary Fund (IMF) (2005) *Kenya: Poverty Reduction Strategy Paper*, Washington DC: International Monetary Fund

Juma, M. N. (2001) Coping *with HIV/AIDS in Education: Case Studies of Kenya and Tanzania*, London, Commonwealth Secretariat

Kelly, A. (1989) Education or Indoctrination? The Ethics of School Based Action Research, in Burgess, R. G (ed.) (1989) *The Ethics of Educational Research*, East Sussex, The Falmer Press, pp. 100–113

Kenya National Bureau of Statistics (2008) *Kenya, Eastern Province, Mwingi District, Multiple Indicator Cluster Survey 2008*, Nairobi: Kenya National Bureau of Statistics

National Environment Council Kenya (2008) *Republic of Kenya, Education for Sustainable Development: Implementation Strategy*, Nairobi: Kenya National Environment Management Authority

Kumar, S. (2002) *Methods for Community Participation – A Complete Guide for Practitioners*, Rugby, Antony Rowe Ltd

Lankester, T. (2007) *Setting up Community Health Programmes: A Practical Manual for Use in Developing Countries, Third Edition*, Oxford, Macmillan Education

Leach, F. E. and Little, A. W. (eds.) (1999) *Education, Cultures, and Economics: Dilemmas for Development*, London, RouledgeFalmer

Le Roux, B. (1998) *Community Owned Development: Working Papers in Early Childhood Development*, Oxford: Department of Education, University of Oxford

McIntyre, A. (2008) Participatory Action Research, London, SAGE Publications

Ministry of Education Kenya (2007) *Education Statistical Booklet 2003–2007*, Nairobi, Ministry of Education Kenya

Nakamura, Y. (2007) *Supporting Self-Help Efforts: CanDo, Japanese NGO in Kenya*, PhD Thesis: University of Edinburgh

Ohba, A. (2009) *Does free secondary education enable the poor to gain access? A study from rural Kenya, CREATE Pathways To Access Research Monograph, No. 21*, Brighton, Consortium for Research on Education Access, Transitions & Equity (CREATE)

Parkinson, T, Phillips, M. & Gourlay, W. (2006) *Kenya*, London, Lonely Planet

Phillips, D & Schweisfurth, M. (2006) *Comparative and International Education – An introduction to theory, method, and practice*, London, Continuum International Publishing Group

Republic of Kenya. (2005) *Mwingi District: District Strategic Plan 2005–2010*, Nairobi, National Coordinating Agency for Population and Development

Republic of Kenya (2002) *National Development Plan 2002–2008*, Nairobi, Republic of Kenya

Robinson-Pant, A. (2005) *Cross-Cultural Perspectives on Educational Research*, Maidenhead, Open University Press

Robson, C. (2002) *Real World Research*, Oxford, Blackwell

Rose, P. (2003a) Community Participation in School Policy and Practice in Malawi: balancing local knowledge, national policies and international agency priorities, *Compare*, Vol. 33, pp. 47–64

Rose, P. (2003b) *Communities, gender and education: evidence from sub-Saharan Africa, Background paper for 2003 UNESCO Global Monitoring Report*: Centre for International Education, University of Sussex

Shiverenje, H. (2005) What Happened to the PRSP in Kenya? The role of politics, *Participatory Learning and Action 51*, pp. 27–31.

Somerset, A. (2007) *A Preliminary Note on Kenya Primary School Enrolment: Trends over Four Decades, CREATE Pathways To Access, Research Monograph, No. 9*, Brighton, CREATE

Swallow, B. (2005) Potential for Poverty Reduction Strategies to Address Community Priorities: Case Study of Kenya, *World Development* Vol. 33, No. 2, pp. 301–321

Swamura, N and Sifuna, D. (2008) Universalizing Primary Education in Kenya: Is It Beneficial and Sustainable? *Journal of International Cooperation in Education*, Vol. 11, No. 3. pp. 103–118

Taylor, S. J. & Bogdan, R. (1998) *Introduction to Qualitative Research Methods: A Guidebook and Resource, Third Edition*, Canada, John Wiley & Sons, Inc.

The Henry L. Kaiser Family Foundation. (2005) HIV/AIDS Policy Fact Sheet: The HIV/AIDS Epidemic in Kenya, Online at www.kff.org/hivaids/upload/ Accessed 03/09/2010

United Nations (1963) *Community Development And National Development*, New York, United Nations

United Nations (2007) *Development Goals Indicators*, New York, United Nations

United Nations (2009) *Human Development Report 2009: Overcoming barriers, human mobility and development*, New York: United Nations Development Programme (UNDP)

UNDP. (2009) Human Development Report 2009 – Country Fact Sheets – Kenya, online at http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_KEN.html, Accessed 08/07/2010

United Nations Office for the Coordination of Humanitarian Affairs (OCHA). *Mwingi Flood Contingency Planning Map, 14 October 2009*

UNESCO Nairobi Office (2005) *Challenges of Implementing Free Primary Education in Kenya: Assessment Report*, Paris: UNESCO

UNESCO (2006) *Global Monitoring Report 2006: Literacy for Life*, Paris, UNESCO

UNESCO (2008) *Global Monitoring Report 2008: Education for All by 2015, Will we make it?* Paris, UNESCO

Vulliamy, G, Lewin, K and Stephens, D. (1990) *Doing Educational Research in Developing Countries: Qualitative Strategies*, London, The Falmer Press

Walford, G (2005) Research Ethical Guidelines and Anonymity, *International Journal of Research & Method in Education*, 28, 1, pp. 83–93

Wamae, A et al. (2009) *Kenya Working Papers No. 2, Child Health Services in Kenya*, Nairobi: Ministry of Public Health & Sanitation

Wood, E. (1982) *Community Health Worker's Manual*, Nairobi, African Medical and Research Foundation

World Bank (2007) *Africa Development Indicators 2007*, Washington DC, World Bank

Yin, R. K. (2003) *Case Study Research: Design and Methods Third Edition*, California, Sage Publications, Inc.

■ Online Sources

BBC News (2008a) Kenya's Dubious Election, online at http://news.bbc.co.uk/1/hi/world/africa/7175694.stm Accessed 07/03/08

BBC News (2008b) Around Kenya: After the violence, online at http://news.bbc.co.uk/1/hi/world/africa/7239554.stm Accessed 07/03/08

CUREC Website (2007) http://www.admin.ox.ac.uk/curec/guidance/conguide.shtml Accessed 11/03/2008

Ministry of Foreign Affairs (MOFA) Japan. Kaigai Anzen Homepage, Kenya http://www.anzen.mofa.go.jp/info4.asp?id=100 Accessed 11/03/2008

Mynott, A. (2008) Fragile Path of Kenya Peacemaking, *BBC News*, Nairobi online at http://news.bbc.co.uk/1/hi/world/africa/7226676.stm Accessed 07/03/2008

Namunane, B. (2008a) Annan Pleads for Grand Coalition Government, *Daily Nation Kenya*, Nairobi, online at http://www.nationmedia.com/dailynation/nmgcotenentry.asp?category_id=1&news Accessed 07/03/2008

Namunane, B. (2008b) Kibaki, Raila Parties Share House Seats, *Nationmedia. Com Kenya*, Nairobi online at http://politics.nationmedia.com/inner.asp?pcat=&cat=TOP&sid=1611 Accessed 11/03/2008