The present document is undergoing revision, following the feedback received in other training initiatives.

Your <u>comments and suggestions</u> are welcomed.

Health as a Bridge for Peace

ACTIVE LEARNING PACKAGE

Guidelines

FIRST DRAFT

LIST OF CONTENTS

PREFACE

This is the first draft of the Health as a Bridge for Peace Active Learning Package. The Active Learning Package has been prepared by the International Training Programme for Conflict Management of the Scuola Superiore S. Anna, Pisa, Italy.

This document is the result of the experience developed during the preparation and the conducting of the first Workshop on Health as a Bridge for Peace, which has been held in Colombo, Sri Lanka, 8 – 12 March 1999. This first draft will be tested in one or more workshops, which will be held according to WHO indications. The Active Learning Package will be finalised in accordance with:

- The assessment of the employment of this first draft in further training exercises;

- The feedback from relevant institutions, agencies, and resource persons.

The scope and the structure of the Active Learning Package has been extensively discussed on several occasions, particularly in a meeting in Colombo during the first Workshop of Health as a Bridge for Peace. Lecturers and resource persons of the Workshop and WHO representatives participated in the meeting and contributed to the elaboration of this first draft.

The Active Learning Package has been built and defined according to the model of the first Workshop in Colombo. The model proposed develops the curriculum of the training topic by topic from the most general and introductory subjects, *e.g.* conflict analysis, to the most specific ones, *e.g.* international humanitarian law. In Colombo there was a general agreement that the benefits of this approach are to have a fairly simple model that is easy to apply and has already been tested in a Workshop. A potential flaw was identified in the difficulties for the trainers to give the perception of the interdependency among different topics, *e.g.* between human rights law and international humanitarian law.

The International Training Programme for Conflict Management is willing to reconsider this approach according to feedback and the results of further training exercises.

The meeting suggested also that the use of the CD - ROM format could be the most appropriate for the Active Learning Package. The CD – ROM format would be a very manageable tool, web friendly and would guarantee flexibility and cross-reference.

PART A. TRAINING FOR HEALTH AS BRIDGE FOR PEACE

A.1. INTRODUCTION

The Active Learning Package (hereafter ALP) is designed to provide methodology, substantive support and practical instruction for the training of health personnel in Health as Bridge for Peace (hereafter HBP) issues. The ALP is tailored to be used by any organisation which is called to sponsor or conduct training in HBP (hereafter Promoting Institution), *e,g.* international agencies, national governments, academic institutions, NGOs…).

The World Health Organization within its Programme Health as a Bridge for Peace (HBP) identified training of health personnel as one of the key activities for its success. The first Consultative Meeting, held in Annecy in October 1997, emphasised the need for specific training to enable health professional to face the problems of implementing health programmes in a conflict environment.

Several case studies prepared on the HBP confirm the importance of training in its implementation. To perform their professional mandate and to identify opportunities to implement HBP strategies requires the assimilation by health professionals of knowledge and skills that go beyond their specific technical background. Such factors as political instability, multiplication of centres of authority, discrimination against specific groups, political relevance of humanitarian assistance and the risk of fuelling conflict must be considered when health programmes are planned and implemented. Health personnel working in conflict need specific training to adapt their professional strategies to the environment in which they work.

The Health as a Bridge for Peace Active Learning Package responds to this need. The ALP is a flexible tool easily adaptable to every situation where specific training on health as a Bridge for Peace issues is deemed necessary.

A.2. OBJECTIVES OF THE ACTIVE LEARNING PACKAGE

The objectives of the Active Learning Package are:

- To provide guidelines for preparing and conducting HBP training;

- To suggest methodology in HBP training;

- To gather and make available the experiences developed in HBP training;

- To sensitise on HBP concepts and strategies by providing substantive information and reference materials on HBP issues.

A.3. HOW TO USE THE ACTIVE LEARNING PACKAGE

The ALP is divided into two parts:

a) The Guidelines and their Annexes;

b) The Background Material.

The ALP must be used according to the following steps:

Step 1: If you are not familiar with HBP concepts, read the documents listed in the pre-package for lecturers and resource persons (see D.3.3 and Annex I.A) and the HBP case studies (see Background Material).

Step 2: Read the Guidelines.

Step 3: Review the Background Material.

Step 4: Start the process of organising the training according to sequence which is suggested in the Guidelines.

The Background Material, which is organised by topic, is suggested for use as a documentation tool for participants, lecturers and resource persons. The documentation for participants, lecturers and resource persons (see D.3.1 – D.3.3 and Annex I) has not been pre-assembled, although the list of the documents can be helpful.

This choice allows flexibility both in the amount and the type of material to provide. The selection should be made according to:

- Time availability for the training;
- Participants degree of knowledge of the topics;
- Specific learning needs;
- Resources available.

The Promoting Institution is free to add any material in order to make the training more context specific.

The Promoting Institution will take care of reviewing and updating the documentation of the Background Material.

The ALP is an adaptable tool for the different situations where HBP training is recommended. Therefore the indications given in this document must be taken with flexibility according to the particular circumstances that the Promoting Institution is facing. Nevertheless it is important to note that the learning objectives and the methodology here presented have been tested in real workshops. The recommendations and suggestions are the results of the lessons learnt from successful initiatives and mistakes.

PART B. PRELIMINARY ACTIVITIES

B.1. IDENTIFYING TARGET GROUPS AND GOALS

The identification of the target groups and the definition of the goals constitutes a conceptual loop which must be addressed as early as possible in the set up of any HBP training.

The HBP Programme believes that health personnel working in conflict must be exposed to specific training on HBP issues.

The Promoting Institution must identify within health personnel the target group to which the training is directed. The target group and the level of responsibility of its components will be chosen according to the defined goals of the training. The target group will differ whether the purpose is to train trainers, to train field staff, to sensitise key personnel with decision-making capacities, to create focal points in crucial areas.

For each training specific goals must be defined. They must be tuned on the features and needs of the target group.

B.2. DECISION MAKING

Once the target group has been identified and the goals defined, the decision to start the training initiative will be made and the work planning will begin. Work planning, which includes conceptual framing and preparatory activities, heavily affects the quality of the training initiative.

Once the decision has been made to start the preparation of the training, the Promoting Institution must make the following strategic choices on:

    a)   Identifying partner organisations, if necessary;

    b)   Deciding where and when the training will be held;

    c)   Ensuring the appropriate financial resources.

a)   Training on HBP is necessarily multidisciplinary and requires a wide range of substantive knowledge and didactic skills. Partnership in the organisation and implementation of the training is advised. Potential partners can be chosen among international organisations, academic institutions, private training centres and consulting.

The Promoting Institution must ensure that a clear division of labour and allocation of responsibilities is agreed upon by the partners.

b)   Enough time must be planned for the conceptual framing and the preparatory activities of the training. A minimum of 90 days is recommended.

The choice of the venue of the training is relevant. The following minimum logistical facilities and support services must be present:

- A reasonably safe environment;
- Secretarial services;
- Computer facilities;
- Full board facilities for participants and faculty;
- Appropriate classrooms.

c)   Once the appropriate financial resources have been ensured, the budget of the training must be drafted. All the organisational activities, including preparatory meetings, must be planned in accordance with the financial resources. All the expenses must be carefully planned and allocated in a single budget. For example, financial resources could be allocated according to the following budget lines:

- Consultancy fees;
- Faculty:
    - Travel expenses;
    - Full Board;

- Honoraria;
- Participants:
  - Travel expenses;
  - Full Board;
  - Per diem;
- Support services (secretaries, tutors…);
- Administrative expenses (mail, phone…);
- Training facilities (classroom rent, computers…).

PART C. CONCEPTUAL FRAMING

Prior to any preparatory activity, the Promoting Institution will co-ordinate the partner organisations in:

- Defining the general scope of the training;
- Adapting the HBP training concepts to the specific situation;
- Defining the participant profile and elaborating criteria for their selection;
- Allocating responsibilities among the partners.

A brainstorming meeting, gathering all the partners, is the most appropriate tool to tackle these issues. Such a meeting allows a thorough analysis and discussion and facilitates a joint decision-making process. If, at this stage, participants or part of them are already identified, it would be well advised to invite some of them to the meeting. Their presence would help to guarantee a consistency between the learning needs and the training provided.

When various partners are present, the Promoting Institution must ensure that the scientific and didactic responsibilities are allocated within a single institution. It would guarantee co-ordination, effectiveness and quality of the training.

PART D. PREPARATORY ACTIVITIES

D.1. THE FIRST STEPS

After the conceptual framing has been outlined, the preparatory activities for the organisation of the training will begin. They imply:

1) Selection of participants;

2) Identification of the faculty;

3) Allocation of organisational responsibilities.

D.1.1 The selection of participants

The selection of participants will be made within the target group to which the training is directed. Selection criteria can be, *inter alia*, based on:

- Previous professional experience;
- Experience in conflict situation;
- Geographical area of working;
- Personal attitudes;
- Personal motivations;
- Future deployment on the field.

Gender consideration must be taken into account in the selection of participants.
The selection must be made with political sensitivity, keeping in mind that minority, religious, and political issues can affect the composition of the group and the effectiveness of the training.

Participants should not exceed the number of 30.

D.1.2 Identification of the faculty

Lecturers and resource persons will compose the faculty.
Lecturers must combine substantive knowledge with proved training skills and an interactive methodology. Lecturers will be chosen, among academics, professionals, consultants, and NGOs activists, by taking into account the learning objectives and the participant profile.
The resource persons are experts who, for their personal and professional experience, have a first hand knowledge of conflict situations and of HBP strategies. Their presence in the training aims at:

- Providing first hand experience to the participants;
- Stimulating discussion;
- Facilitating the interactive part of the training.

Given the sensitivity of these issues, lecturers must have a flexible approach and a political sensibility. It is advisable that lecturers come from the region or have an adequate understanding of the scenario where the training is held.

D.1.3 Allocation of organisational responsibilities

The organisational responsibilities include:

a) Scientific responsibility;

b) Logistical responsibility;

c) Administrative responsibility.

a) Scientific responsibility implies:

- Overview of the training;

- Preparation of didactic material;

- Co-ordination of the lecturers and of the resource persons;

- Management of the agenda;
- Quality control and evaluation.

b) Logistical responsibility implies:

- Organisation of the board;
- Transport services;
- Security arrangements, if needed;
- Local activities.

c) Administrative responsibility implies:

- Budget management;
- Organisation of the secretarial support.

These responsibilities must be clearly allocated among the partners. Responsibilities must also be clearly assigned within a single organisation among the different human resources.

Please notice: Duties must be clearly understood by all partners.

No matter how the responsibilities are shared, a single office must deal with the scientific and didactic tasks. This office will be the focal point for:

- Receiving, selecting, organising and distributing material;
- Managing and revising the agenda of the training;
- Relations with the lecturers and the resource persons.

This office will have the following duties:

- Ensuring the learning objectives are correctly understood by the lecturers and resource persons;
- Acting as the focal point for the information flow among key persons/institutions.

D.2. PREPARATORY MEETING

It is strongly recommended that the Promoting Institution call a preparatory meeting well in advance of the running of the training. Institutions in charge of the scientific, logistical, and administrative responsibilities will participate in the preparatory meeting. The presence of the main lecturers and resource persons must be ensured.

At this stage participants should already have been identified and some should be invited to the meeting. They can provide excellent feedback on their needs and expectations.

The objectives of the meeting will be:

1) To get lecturers and resource persons acquainted in order to:

   - Clarify objectives;

   - Clarify and divide tasks;

   - Define and standardise training methodologies.

2) To discuss case studies' format and methodology for the different sessions of the training;

3) To discuss and define the material to be sent and/or distributed to participants before the training and at the beginning and/or during the training;

4) To take administrative and logistical decisions and to fix deadlines.

D.3. REFERENCE MATERIAL

Participants, lectures and resource persons will receive reference material on HBP and on the issues that will be dealt within the training. They will also receive information on practical matters.

This material will serve the following purposes:

- To support the training activities;
- To provide further reading on issues tackled in the training;
- To constitute a reference library on HBP.

In the selection of the material, a balance must be kept between documents, scholarly contributions and case studies. Material must be clearly divided into sections according to the topics. Sources must be mentioned. Care must be taken to the format in which the material is presented.

The reference material is divided into:

1) A pre - package for the participants;
2) A package for participants;
3) A pre - package for the lecturers and resource persons.

D.3.1. Pre-package for participants

A pre-package of material must be delivered to the participants at least three weeks before the training (see Annex I.a). This pre - package will serve the following purposes:

- To present the scope and the objectives of the training;
- To expose and sensitise the participants beforehand on HBP concepts and terminology, by giving a first introduction on these issues;
- To provide the participants with the agenda of the training.
- To brief the participants on the area where the training is held;
- To provide the participants with logistic and practical information on the training;

D.3.2. Package for participants

The package will be handed out to the participants at the beginning of the training (see Annex I.b). It will be divided into the three following sections:

1) The outlines of the lectures and the curricula of lecturers and resource persons;

2) The reference material;

3) The specific material that lecturers provide for their class, e.g. case studies, specific notes etc.

D.3.3. Pre-package for lecturers and resource persons

The package for lecturers and resource persons must be delivered at least three weeks before the training (see Annex I.c).

The package aims at:

- Establishing a common background knowledge of the HBP Programme;

- Contributing to create a common understanding of the aims of the training in order to guarantee consistency among the training sessions;

- Presenting the learning objectives;

- Providing with the agenda of the training;

- Briefing on the area where the training is held;

- Providing with logistic and practical information on the training.

PART E. THE TRAINING: THE CURRICULUM

E.1. THE TRAINING SESSIONS

The training will be articulated according to the following sessions:

1) Conflict analysis;
2) Framework of humanitarian assistance;
3) Health as a bridge for peace;
4) Medical ethics;
5) Human rights;
6) International humanitarian law;
7) Conflict resolution;
8) Final exercise.

E.1.1 Conflict analysis

Learning Objectives	Time	Reference Material
Participants acquire the capacity to: - list different types of armed conflict; - list and describe the cycle & phases of conflict; - define key words of conflict, conflict cycle and violence	2 hrs	- Judith Large "Considering Conflict"

E.1.2 Framework of Humanitarian Assistance

Learning Objectives	Time	Reference Material
Participants acquire the capacity to: - list the relevant actors involved, at national and international levels; - summarise the mandate of main actors; - describe the main lines and mechanisms of international HA system; - understand the interaction between the civil and military components of the humanitarian system; - describe the role of NGOs, International Organisation and local authorities	2 hrs	- Directory of the main Humanitarian Organisation - Code of conduct

E.1.3 Health as a Bridge for Peace

Learning Objectives	Time	Reference Material
Participants acquire the capacity to: - list and describe HBP concepts and examples; - list and describe different HBP strategies for different scenarios;	3 hrs	- Compilation of articles of International Instruments relevant to the Health as a Bridge for Peace Project, WHO/EHA - Report on the First World Health Organization Consultative Meeting on Health as a Bridge for Peace. Les Pensières, Annecy, 30-31 October 1997. - "Health: a Bridge for Peace, a Health and Development Approach", Discussion Paper for the First Consultative Meeting on Health as a Bridge for Peace. Les Pensières, Annecy, 30-31 October 1997. - Paula Gutlove, "Health Bridges for Peace: Integrating Health Care with Community Reconciliation", *Medicine, Conflict and Survival*, Vol.14, Frank Cass, London 1998, 6-23. **HBP Case Studies** - Francine Tardif, "Building a Bridge for Peace or Servicing Complex Political Emergencies? A study of the case of the Health Humanitarian Programs in Haiti", Montreal/Port-au-Prince 1998. - E.R. Amarasekera, "Community Based Mental Health Psychosocial Programme as a Bridge for Peace, Case Study in Sri Lanka", June 1993 – December 1995. - Bipim Kumar Verna, "Health as a Bridge for Peace. Case Study – the Democratic Republic of Korea (DPRK)". - N. Zagaria, G. Arcadu, "What role for Health in a Peace Process? The case study of Angola", Rome, October 1997. - Pier Paolo Balladelli, "Lessons Learnt in health-to-peace initiatives: WHO Role and the Health Sector Activities in the Peaceful Reintegration of the Eastern Slavonia (ES) Region under the Republic of Croatia", Zagreb, 28 October 1997. - J. Large, L. Subilia, A. Zwi, "Evaluation Study Post-War Health Sector Transition in Eastern Slavonia (1995-1998)", November 1998.

E.1.4 Medical Ethics

Learning Objectives	Time	Reference Material
Participants acquire the capacity to: - Discuss health as a HR; - List health principles that are relevant to situation of conflict and conflict resolution	2 hrs	- Edward Lawson, "Torture: Principles of Medical Ethic", from: *Encyclopaedia of Human Rights*, 2nd Edition, Taylor&Francis. - The Declaration of Geneva - World Medical Association, 1948, 1968, 1983. - International Code of Medical Ethics - World Medical Association, 1949, 1968, 1983. - Declaration of Tokyo. - Principles of Medical Ethics - American Medical Association, 1980. - Regulation in Time of Armed Conflict - World Medical Association, 1956, 1957, 1983. - Statement of Nurse's Role in Safeguarding Human Rights - International Council of Nurses, 1983.

E.1.5 Human Rights

Learning Objectives	Time	Reference Material
Participants acquire the capacity to: - Describe the general framework of international protection of HRs - list relevant norms on HRs and relative sources - list basic mechanisms of HRs protection - define the specific aspects concerning Vulnerable Groups - list the contents of fundamental HRs - list the contents of the right to health in humanitarian emergencies - describe the impact of public health strategies on HRs during emergencies - see the relationship between HRs, peace & security	4 hrs	**International Conventions** - Universal Declaration of Human Rights - 10 December 1948. - International Covenant on Civil and Political Rights – 16 December 1966. - Optional Protocol to the International Covenant on Civil and Political Rights - 16 December 1966. - Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty – 15 December 1999. - International Covenant on Economic, Social and Cultural Rights - 16 December 1966. - Convention on the Right of the Child - 20 November 1989. - Convention relating to the status of Refugees - 28 July 1951. - Protocol relating to the Status of Refugees – 18 November 1966. - Convention on the Prevention and Punishment of the Crime of Genocide – 9 December 1948. - Standard Minimum Rules for the Treatment of Prisoners – 31 July 1957. - Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – 10 December 1984. **Documents** - Antonio Cassese, "International Protection of Human Dignity", from: *International Law in a Divided World*, Clarendon Press - Oxford, 1986. - Introduction to Human Rights law. Articles from *Encyclopaedia of Public International Law*, North Holland 1995, 886-902. - Edward Lawson, "Health as a Human Right", from: *Encyclopedia of Human Rights*, 2nd Edition, Taylor&Francis, 656-670. - Virginia A. Leary, "Implication of a Right to Health", from: *Human Rights in the 21st Century: a Global perspective*, 481-493.

E.1.6 International Humanitarian Law

Learning Objectives	Time	Reference Material
Participants acquire the capacity to: - understand the general framework of IHL in international and national conflicts - list fundamental principles and their sources - list and discuss norms concerning medical and humanitarian services - list and discuss norms concerning the protection of the wounded and sick and shipwreck - list and discuss norms concerning the protection of civilian with special reference to the principles of relief in favour of civilian population - list main IHL implementation mechanisms - describe the relation between HRs and IHL - understand the role of the Red Cross in IHL	3.30 hrs	**International Conventions** - Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field. Geneva, 12 August 1949 (summary). - Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea. Geneva, 12 August 1949 (summary). - Convention (III) relative to the Treatment of Prisoners of War. Geneva, 12 August 1949 (summary). - Convention (IV) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949 (summary). - Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977 (summary). - Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977 (summary). **Relevant documents** - Hans Peter Gasser, "Protection of the Civilian Population" by (abstract). *The Handbook of Humanitarian Law in Armed Conflicts,* edited by D. Fleck, par. 503 & 569. Oxford University Press, 1995. - Jean Pictet, "The Medical Profession and International Humanitarian Law" *International Review of the Red Cross*; July-August 1985.

E.1.7 Conflict Resolution

Learning Objectives	Time	Reference Material
Participants acquire the capacity to: - recognise the actors' perception of the conflict - understand the actors' behaviour in the conflict - use facilitating, mediating and negotiation skills - understand core dynamics of conflict; - recognise conflict escalating and de-escalating actions	7 hrs	- M.R. Hammer, "Conflict Negotiation Under Crisis Condition", from: *The language of conflict and resolution*, Sage publications, 2-38. - Material provided by the lecturer

E.1.8 Final Exercise

The final exercise (see Annex II) is a role playing structured to achieve two objectives:

– To provide participants a framework in which they can apply the knowledge and skills acquired during the training;

– To evaluate the assimilation by participants of the concepts and knowledge of the training and their capacity to apply the techniques and skills acquired.

At least three hours must be allocated for the role-playing and at least one hour for the discussion of its results in a plenary session. Participants must receive clear and detailed instructions on the role they are called to play in the exercise.

E.1.9 Suggested minimum agenda

HHRS	1ST DAY	2ND DAY	3RD DAY	4TH DAY	5TH DAY
08.00	Registration				
08.30		**Health as a Bridge for Peace**	**Human Rights**	**Conflict resolution**	**Joint Exercise Session**
09.00	Opening session				
10.00	*Coffee Break*				
10.30	Presentation of the workshop	*Coffee Break*	*Coffee Break*	*Coffee Break*	*Coffee Break*
10.45	Pre-test	**Health as a Bridge for Peace**	**Human Rights**	**Conflict resolution**	**Joint Exercise Session**
11:00	**Conflict analysis**	Working Groups	Working Groups		
11.30					
12.30	*Lunch Break*	*Lunch Break*	*Lunch Break*	*Lunch Break*	*Lunch Break*
14:00	**Conflict analysis**	**Medical ethics**	**International Humanitarian Law**	**Conflict resolution**	Oral evaluation
15:00	**The Framework of Humanitarian Assistance**				Post test; Attitudinal test Overall evaluation test
15:30					Closing ceremony
16.00	*Coffee break*	*Coffee break*	*Coffee break*	*Coffee break*	*Coffee break*
16:30	Working groups	Working groups	Working groups	**Conflict resolution**	
17:30	Plenary session	Plenary session	Plenary session	Plenary session	

PART F. THE TRAINING: METHODOLOGY

F.1. INTRODUCTION

The methodology is any technique used to transmit information, knowledge, concepts and skills. The selection of the methodology is of crucial importance for the impact and success of the training activity, and must be made according to target group, the purpose of the training, and the time available.

An active methodology uses techniques that require a dynamic participation of the audience in the training activities. In other words participants are not passive recipients, but active subjects of the training process.

Not all the training can be done through exclusively active techniques; certain subjects (e.g. Human Rights, International Humanitarian Law etc.) require as well the support of more formal techniques, like lectures, to provide the audience with appropriate terminology and basic knowledge.

F.2. TRAINING TECHNIQUES

The overall training will be provided through a balanced combination of the following training techniques:

a) Formal lectures: They have the purpose of providing participants the basic knowledge and information on the contents of the session.

b) Active training techniques: Participants will be asked to actively participate and to apply skills and knowledge acquired on specific issues and problems. These includes:
- Role-playing;
- Simulations;
- Brainstorming;
- Open discussions.

Brainstorming and open discussions take place usually in plenary session; role-playing and simulations in smaller working groups (see F.3.1).

F.3. TRAINING TOOLS

F.3.1 Working Groups

Working groups (WG) are composed by a minimum of 3-4 to a maximum of 7-8 persons and they provide an excellent environment for active training.

To each group is given a specific mandate and a problem to solve, usually the same for all the groups. A set amount of time is allocated either for discussion or for preparation of the simulation/role playing. At the end of the allocated time each group will present in plenary session the outcome/conclusion of the work done.

Trainers can request each group to appoint a speaker or, in certain circumstances, a leader according to the purpose of the work proposed.

WG have the following advantages:
- They create the habit of team working;
- They allow participants to more closely interact;
- They provide a forum where more detailed discussions are possible;
- They facilitate the participation of less sociable and interactive personalities.

The WG are organised by the lecturers holding the class. A rotation in the composition of the WG must be guaranteed during the training.

Lecturers and resource persons have the role of facilitators during the working groups. They have to stimulate the discussion when necessary, without being too intrusive.

F.3.2 Case Studies

The purpose of the case studies (see Annex III and IV for case studies guidelines and samples) is to allow the participants to apply the skills and knowledge acquired during the workshop to the analysis and/or solution of real problems and dilemmas. The case studies are a tool to:

- Stimulate the discussion on HBP concepts and strategies;
- Foster the capacity of the participants to analyse complex problems and situations;
- Foster the capacity of the participants to identify and solve problems;
- Stimulate participants to share their professional experience ;
- Facilitate the transfer of the training results in the operational reality of participants and,
- Expose participants to concrete cases.

F.3.3 Devices

Transparencies, white boards, paperboards and videos are among the devices that can be used to support the training. Lecturers and resource persons should be informed of the device which are available in the training site.

F.4. INSTRUCTION FOR LECTURERS

Each lecturer is in charge of his/her own session under the co-ordination of the office with the scientific/didactic responsibility. Taking into account the learning objectives of each teaching unit, the lecturer will:

- Prepare the lesson outline;
- Prepare any additional training material s/he deems necessary;
- Prepare/chose the case studies that will be used during the training;
- Propose the role that other lecturers and resource persons could play during his/her session;
- Decide the more appropriate methodology for his/her session.

The didactic freedom of each lecturer must not compromise:

- The learning objectives of the HBP training;
- Active learning as the general methodology of HBP training.

F.4.1 Lesson outlines

Each lecturer will prepare his/her lesson outline in order to reach the learning objectives proposed. In general all sessions will have a formal part and a part devoted to active training.

When a session, for its contents, requires an extended period of formal lecture it is recommended to organise the exposition in specific topic tailored short periods and to allow a period of problem based discussion in between. Each of these periods of formal presentation should not exceed 30 min.

F.5. PRESENTATION OF PARTICIPANTS

It is important to create from the beginning a relaxed environment that will facilitate the training activities. It is usually better to avoid formal situations where each participant stands in plenary session to introduce him/herself.

The following method is suggested to break the ice at the beginning of the training:

- Organise participants in couples with the instruction of providing to the companion basic information about his/her life (5 min);
- Encourage participants to share personal as well as professional information;
- Instruct each member of the couple to introduce the companion to the plenary (2/3-min each).

Lecturers and resource persons should participate in this exercise.

F.6. ENVIRONMENT

The disposition of the furniture and devices in the classroom affect the quality of the training. The way participants are seated around the room can stimulate the discussion or, on the contrary, render it difficult.

Few general rules can be followed to create an environmental setting favourable to the training:
- The person who is giving the lecture must be easily seen and heard from all the room;
- When using electronic devices (transparencies, videos, etc..) make sure that the images which are projected can be seen by everybody;
- Avoid a rigid disposition of the tables (like in a school classroom);
- When possible, use round tables. They facilitate communication among participants;
- Do not assign seat unless you want to create particular WG for the session;
- Allow enough space between tables for lecturers and resource persons to move around the room;
- Lecturers and resource persons who are not chairing a session should be seated among participants.

PART G. THE TRAINING: PRACTICALITIES

G.1. SECRETARIAL SERVICES

A secretarial service room should be organised close to the training room. If possible it should be equipped with computer, printer, photocopying machine and stationary.

A person should be in charge of secretarial services.

G.2. ACCOMMODATION

If possible all participants, lecturers and resource persons should be accommodated in the same venue. This will simplify logistic and provide opportunities for informal discussions during free time.

G.3. LUNCH BREAK

Participants, lecturers and resource persons should have lunch together within or close to the facility where the training is held. This will optimise time management and facilitate the integration of the group.

G.4. BADGES

Participants, lecturers and resource persons should have a badge with name on it, at least for the first days of training. They should all be encouraged to write the name they wish to be called from the other, rather than last name or professional title.

PART H. EVALUATION PROCEDURES

H.1. OBJECTIVES

Objectives of the evaluation of the training are:

- To monitor the quality of the training;
- To assess the participants satisfaction of the training;
- To monitor the quality of the logistical organisation;
- To provide indications on the impact of the training on participants;
- To foster a lesson learned process on the training activities.

H.2. EVALUATION TOOLS

Four kind of written tools (see Annex V) are proposed for the evaluation process:
   a)   The technical test;
   b)   The attitudinal test;
   c)   The daily class evaluation form;
   d)   The overall evaluation form.

a) The technical test is divided into:

- A *pre-test* to be submitted to the participants at the beginning of the training. It aims at evaluating the degree of participants' substantive knowledge of the topics of the training;
- A *post-test* to be submitted to the participants at the end of the training with the aim of evaluating / measuring the progress that the participants have made.

It is advisable to draft the post-test after few days of training, when lecturers and resource persons are more acquainted with participants.

b) The attitudinal test has the aim of evaluating the approach that participants have on the concepts and values of the HBP programme. The same test is submitted to participants before and after the training to measure the changing, if any, of the attitude.

c) The daily class evaluation form is submitted everyday at the end of the training sessions. It allows participants to express their degree of appreciation of the single lectures and lecturers.

d) The overall evaluation form, which is submitted to participants at the end of the training, allows participants to express their degree of appreciation on all the aspects of the training: organisational, logistic, academic.

Trainers must carefully evaluate whether to keep the test anonymous or to ask participants to identify themselves in the form. This choice has an impact on the participants' attitude toward the training and its evaluation.

All the above-mentioned tools use the 'continuum technique' giving participants the possibility to assess each item in a scale ranging from 0 to 7 or from 0 to 5.

H.3. DAILY MEETINGS

The lecturers and resource persons are strongly recommended to meet at the end of every day of training. These meetings provide the opportunity to:
- Discuss and assess the sessions of the day;
- Review the following day of training;
- Retune the training according to participants feedback

H.4. THE FINAL EXERCISE SESSION

The final exercise session (see Annex II) is specifically designed to provide participants a framework in which all knowledge and skills acquired during the workshop can be applied. It is a valuable moment to monitor the degree of assimilation of the training by the participants and of their capacity to apply the techniques and skills acquired.

H.5. THE STRUCTURED ORAL EVALUATION

At the end of the training an open discussion on the overall activities should take place among participants, lecturers and resource persons. A moderator following a structure previously prepared (see Annex V) should guide the discussion.

The structure should be written on a board and be clearly visible to everybody.

ANNEXES

ANNEX I - PROPOSED LIST OF CONTENTS FOR THE REFERENCE MATERIAL

a. Proposed list of contents for the pre-package for participants

- *Brief letter of presentation of the training activity*
- *Logistic and administrative guidelines*
- *Health information if needed*
- *Hosting country profile*
- *Workshop agenda*

Reference Material

1. Hans-Peter Gasser, "Protection of Civilian Population" (abstract), *The Handbook of Humanitarian Law in Armed Conflict*, Oxford University Press, 1995, par. 503&569.
2. Introduction to Human Rights Law, Articles from *Encyclopaedia of Public International Law,* 886-902.
3. "Considering Conflict" by Judith Large.
4. Directory of the Main Humanitarian Organisations.
5. The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.
6. Health as a Bridge for Peace Case Studies (at least 3)

b. Proposed List of Contents for the Package for participants

A. Health as a Bridge for Peace

- Report on the First World Health Organization Consultative Meeting on Health as a Bridge for Peace. Les Pensières, Annecy, 30-31 October 1997.
- "Considering Conflict" by Judith Large; Concept Paper for the First Consultative Meeting on Health as a Bridge for Peace. Les Pensières, Annecy, 30-31 October 1997.
- "Health: a Bridge for Peace, a Health and Development Approach"; Discussion Paper for the First Consultative Meeting on Health as a Bridge for Peace. Les Pensières, Annecy, 30-31 October 1997.
- "Health Bridges for Peace: Integrating Health Care with Community Reconciliation" by Paula Gutlove; *Medicine, Conflict and Survival*, Vol.14, pp. 6-23. Frank Cass, London 1998.
- Compilation of articles of International Instruments relevant to the Health as a Bridge for Peace Project.
- HBP Case studies (all).

B. International Humanitarian Law

    a. <u>Introduction to IHL</u>

- Hans-Peter Gasser, "Protection of Civilian Population" (abstract), *The Handbook of Humanitarian Law in Armed Conflict*, Oxford University Press, 1995, par. 503&569.

b. <u>International Conventions and others relevant documents</u>

- Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field. Geneva, 12 August 1949 (summary).
- Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea. Geneva, 12 August 1949 (summary).
- Convention (III) relative to the Treatment of Prisoners of War. Geneva, 12 August 1949 (summary).
- Convention (IV) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949 (summary).
- Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977 (summary).
- Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977 (summary).

    c. <u>IHL and the medical profession</u>

- "The Medical Profession and International Humanitarian Law" Jean Pictet, *International Review of the Red Cross*; July-August 1985.

D. Human Rights

    a. <u>Introduction to Human Rights</u>

- "International Protection of Human Dignity", from: *International Law in a Divided World* by Antonio Cassese, Clarendon Press - Oxford, 1986.
- Introduction to Human Rights law. Articles from *Encyclopaedia of Public International Law* pp. 886-902. (Provided to participants with the 1st package of material).

b. <u>International Conventions and other relevant documents</u>

- Universal Declaration of Human Rights - 10 December 1948
- Convention on the Right of the Child - 20 November 1989
- Convention relating to the status of Refugees - 28 July 1951

c. <u>The Right to Health</u>

- "Health as a Human Right", from *Encyclopaedia of Human Rights*, Edward Lawson, Taylor&Francis Publisher, pp. 656-670.

E. Medical ethic

- "Torture: Principles of Medical Ethic", from *Encyclopaedia of Human Rights*, Edward Lawson, Taylor&Francis Publishers.
- The Declaration of Geneva (World Medical Association, 1948, 1968, 1983).
- International Code of Medical Ethics (World Medical Association, 1949, 1968, 1983).
- Declaration of Tokyo.
- Principles of Medical Ethics (American Medical Association, 1980).
- Regulation in Time of Armed Conflict (World Medical Association, 1956, 1957, 1983).
- Statement of Nurse's Role in Safeguarding Human Rights (International Council of Nurses, 1983).

F. Health and Emergencies

- "Mental Health Consequences of Disaster" by E. Gerrity and B. Flynn. From *Public Health Consequences of Disaster* edited by E.K. Noji, pp. 101-121.
- "Women, Health and Humanitarian Aid in Conflict" by C. Palmer and A. Zwi. From Disasters, 1998, 22(3) pp. 236-249. Overseas Development Institute, 1998.

c. Proposed list of contents for the pre package for lecturers and resource persons

-   Learning Objectives
- Report on the First World Health Organisation Consultative Meeting on Health as a Bridge for Peace. Les Pensières, Annecy, 30-31 October 1997.
- HBP case studies (at least three)
- Report/s of former workshops
- Guidelines for the preparation of case studies (see par. 7)

ANNEX II - THE FINAL EXERCISE

Rules of the game

The Final Exercise Session (4h) will consist of two parts:
- a role - playing exercise (3h);
- a discussion of the results of the role - playing in plenary session (1h).

The Role - Playing Exercise will develop according to the following agenda:

1) Presentation of the exercise (15')
2) Briefing on the Scenario and hand out of the secret instructions (15')
3) Discussion within each group of the strategy to adopt in the role - playing (30')
4) Role - playing (2h): The participants will be divided into three groups:

a) Personnel of the international health co-ordination unit;
b) Health authorities from the government;
c) Health authorities from the rebel movement.

Each acting role will receive secret instructions, which might include:
- Goals to achieve;
- Interests to protect;
- Hidden agenda.

The results of the role - playing will be summarised in a written report. This report will be maximum 2 page long and will include:

- Objectives reached in the negotiations, if any;
- Critical points in the negotiations and strategies used to overcome them;
- Comments of Personnel of the international health co-ordination unit;
- Comments of the Health authorities from the government;
- Comments of the Health authorities from the rebel movement;
- Any other comment.

Country Scenario

After a decade long civil war, which has divided the country into two parts, the two opposing groups, the government and the rebel movement signed a Peace Accord on January 1998. The Peace Accord included five chapters:

- Cease-fire agreement;
- Military protocol;
- Political protocol which included a national reconciliation agreement and a reunification of the State administration agreement;
- Electoral process protocol;
- Humanitarian Agenda.

The Peace Accord entered into force in February 1998. In January 1998 the Security Council established a UN peace - keeping operation, which was deployed in March 1998, with the following mandate:

- Military tasks: verifying disengagement of forces, cease-fire and troop movements; monitoring the withdrawal, quartering and demobilisation of the armed forces; collecting and supervising the storage of armaments; verifying the free circulation of persons and goods;
- Political tasks: assisting in the implementation of the Peace Accord and providing mediation to the parties; monitoring and verifying the extension of State administration throughout the country and the process of national reconciliation;
- Police tasks: verifying and monitoring the neutrality of the National Police;
- Humanitarian tasks: facilitating and supporting humanitarian activities linked to the peace process.

Even after the Peace Accord formally went into effect, during the whole 1998 the military situation in many parts of the country remain tense, with fighting reported between government and rebel forces. The UN Secretary General called the attention to several violations of the cease-fire, encompassing also serious violations of international humanitarian law.

The humanitarian situation is still dramatic and threats to the safety of relief workers are still a problem. Health indicators are poor, infrastructure are broken and there is a strong lack of medical supply and of trained health personnel. Health data are unreliable and health systems and policies are different in the two parts of the country.

In October 1998 the meeting of the President of the country and the Leader of the rebel movement gave a boost to the peace process. Following this meeting, contacts between the sides intensified and a plan of common programs in the humanitarian and technical fields was agreed upon. Numerous problems in the actual implementation of this plan remain.

Although the country is still divided into two areas under the control of the government and the rebel movement, freedom of circulation is improving. Certain districts under rebel control remain still completely secluded from humanitarian relief. In these districts live 400.000 persons of which around 80.000 children.

In January 1999, the conditions for the implementation of the electoral process protocol are still lacking.

Project Description

Within the humanitarian international effort for the country, a Health Co-ordination Unit (HCU) has been set up in order to improve the health conditions of the population. Personnel from International Organisations work in the HCU.

The first priority of the HCU is the implementation of a national Vaccination Campaign for children under 5, which will include:

- Training of health personnel who will implement the vaccination;
- Vaccination of the population under 5;
- Collection of the health data.

The Vaccination Campaign will consist in the vaccination of 2.000.000 children under 5, will last about three months and will be implemented by 100 mobile teams of two nationals, with the support of 20 international medical staff. The mobile teams will travel within the districts using the local infrastructures.

The personnel of the HCU, the health authorities from the government and the health authorities from the rebel movement participate in the final meeting in which the strategy for the Vaccination Campaign will be decided.

The meeting is called to decide:

- Selection and composition of the teams;
- The venue of the training of the personnel;
- The means to guarantee the safety of the teams and of the international medical staff.

Instruction for the personnel of the international <u>health co-ordination unit</u>

Goals to achieve:

- Effective implementation of the Vaccination Campaign throughout the country;
- Effective implementation of the cease-fire during the campaign;
- Creation of a bulk of homogeneously trained health personnel;
- Homogeneous data collection throughout the country.

Interests to protect:

- Guarantee the safety of the medical personnel implementing the Vaccination Campaign, both national and international.

Hidden agenda:

– It is well known that during the conflict large numbers of under age soldiers were used in open combat. No reliable data are available. Try to figure out the extension of the problem. International NGOs and public opinion are strongly raising the issue of under age soldiers.

Instruction for the health authorities
from the <u>government</u>

Goals to achieve:

- Effective implementation of the Vaccination Campaign, as a mean to reassert the government authority throughout the country;
- Guarantee that your format of data collection is extended to the whole country.

Interests to protect:

- Assure that you control the selection of the health personnel;
- Assure that training of the health personnel is provided in the areas you exercise authority;
- Guarantee that the you are as the only, or at least main, partner in the Vaccination Campaign

Instruction for the health authorities
from the <u>rebel movement</u>.

Goals to achieve:

–   Maintain control of the implementation of the Vaccination Campaign in your areas;

–   Assure that a large number of personnel who is loyal to your cause undergo the medical training.

Interests to protect:

–   Guarantee that the rebel movement is perceived as a full partner in the Vaccination Campaign;

–   Assure that in your areas health data collection is limited to children under 5 and their mothers, because you fear that the collection of data on the whole population could be used by the government for political purpose. You request that exclusively the international personnel process the data;

–   Oppose very strong resistance to access to those districts under your control which have been secluded from humanitarian relief because there are some vital interests that could be jeopardised (e.g. armament supply).

The role - playing will evidence the following points:

Health as a Bridge for Peace:
-        Search of a joint solution to common problems through negotiation;
-        The implementation of health programs as a model of national reconciliation;
-        Perception that considerations of medical ethics, equity and human rights, particularly, the right to health, in planning and implementing a health program in conflict situations;

Humanitarian Law:
-        Problems of respect of the medical personnel in armed conflict;
-        Problems of emblems of the medical personnel;
-        Problem of the access for humanitarian relief;

Human Rights Law:
-        Right of the child to health;
-        Issues of non discrimination of health care and health services;

Conflict Resolution:
-        Techniques of conflict resolution

ANNEX III - CASE STUDIES GUIDELINES

PURPOSE

Purpose of the case studies is to allow the participants to apply the skills and knowledge acquired during the workshop to the analysis and/or solution of practical problems and dilemmas. This in order to:
- stimulate the discussion on HBP concept and strategies;
- foster the capacity of the participants to analyse complex problems and situations;
- foster the capacity of the participants to identify and solve problems;
- stimulate participants to share their professional experience ;
- facilitate the transfer of the training results in the operational reality of participants and;
- expose participants to concrete cases

CRITERIA

The case studies should be prepared as problems or dilemmas encountered by health professionals when planning or implementing health or health related programmes in a real field context. The context can be: pre-conflict, violent conflict, post-conflict, structural violence or chronic crisis.

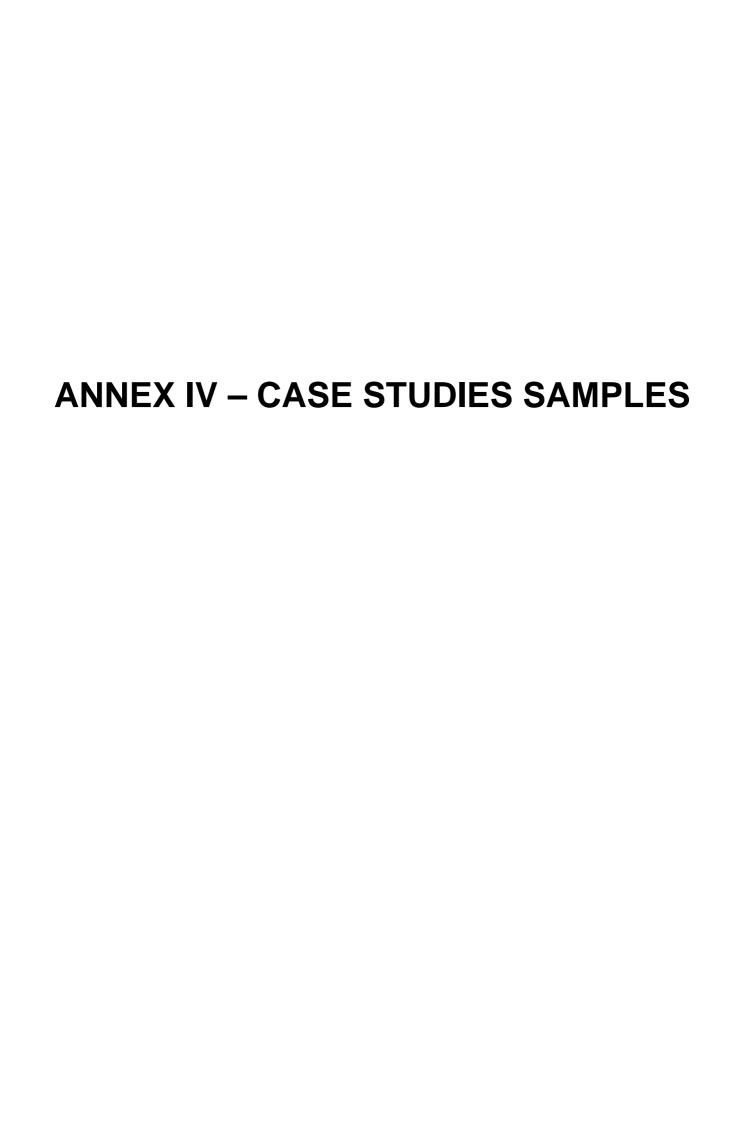Some suggested criteria for selection of cases:

- actual health programme in the above mentioned contexts
- where problems arose such as access to vulnerable groups, negotiation with local authorities, inequities, co-ordination with partners, involvement of other sectors, disagreement between two or more groups
- success stories on how health programmes brought conflicting parties together to co-operate
- unsuccessful attempts at bringing conflicting groups together
- programme can be in any health initiative e.g. surveillance, diseases control, community health services, mental health, water and sanitation, nutritional programmes

CONTENTS

Case studies should include:

- a short description of the aim of the case study;
- a description of the context;
- a presentation of the different actors involved in the situation;
- description of problem or dilemma
- description of how problem or dilemma solved/OR
- description of why problem could not be solved
- question and issues to be brought up for discussion by participants
- what role participants have in the scenario;
- one or more objectives to reach or solutions to be found by the participants (mandate given to the participants).

Participants should be able to read the case study in 10/15-min. (1-2 p.)

ANNEX IV – CASE STUDIES SAMPLES

CASE STUDY

CHOLERA OUTBREAK IN THE PINK DISTRICT

The Pink District of the African country Kosswela is located in a remote area close to the border with Sombia. The inhabitants of the two countries are of two distinct ethnic groups the Koss and the Som and in the areas close to the border there always has <u>been tension between the two groups</u> with occasional outbreaks of violence.

For historical reasons the Pink district has a mixed population of Koss and Som. Koss is the dominant ethnic group and <u>all authorities at district level belong to the Koss</u>. The two groups do not mix a lot and an 'ethnic map' shows a leopard spot kind of situation.

You <u>are the Health Team of the District</u>; public funds allocated to health are very limited, and you have being receiving, from time to time, support from an NGO.

The District counts approx. 10.000 inhabitants and rumors reached your office that cholera is spreading in the area, apparently 100 people are affected and 3 already died.

YOU HAVE TO:

1. <u>Investigate</u>: - Collect epidemiological data
                        - Identifying source/s of infection

Due to ethnic tension you can expect resistance from Som population in cooperating in the investigation and in <u>providing you reliable data.</u>

✂···

ALLOW TO WGs ENOUGH TIME TO DISCUSS AND ELABORATE A STRATEGY
FOR THE 1ST PART AND THEN PROVIDE THEM WITH THE OUTCOME
OF THE INVESTIGATION AND THE 2ND PART OF THE CASE STUDY.

Outcomes of the investigation: 300 people affected
10 people already died

- *Cholera affects both ethnic groups*
- *Sources of infection are 3 wells, two located in Koss areas and one in a Som area*

2. <u>Organize fast response</u>:   - Ensure clean drinking water
        - Implement a health education campaign on water borne diseases

The well in the Som area needs to be sealed, the closer safe water point is a natural spring located in a Koss area.

HUMAN RIGHTS CASE STUDY: THE ISSUE OF GENDER

BACKGROUND TO HEALTH AS A BRIDGE FOR PEACE CASES FROM INDONESIA

HEALTH AS A BRIDGE FOR PEACE: IHL CASE STUDIES

ANNEX V – EVALUATION FORMS

Health as a Bridge for Peace
Active Learning Package

PRE-TEST

Please mark only one answer

1. During your studies or career have you ever been exposed to education/training on medical ethics?

Yes ☐   No ☐2. Under International Humanitarian Law, in times of conflict in which circumstances medical personnel can be object of attack?

Never ....…… ☐
When they provide medical care to the enemy …...☐
In case they participates in combat action ....….…☐
Always ....….…☐

3. According to International Human Rights Principles, which of the following rights is never derogable?

Freedom of movement ....……….. ☐
Right to be recognised as a person before the law……. ☐
Freedom of assembly .... ☐
Freedom of expression .... ☐

4. Which of the following organisations is an NGO?

WIPO ☐
ITU ☐
MSF ☐
IOM ☐

5. Which organ is responsible for authorising United Nations peace-keeping operations?

Economic and Social Council .... ☐
Security Council ....…….. ☐
Department of Peace Keeping Operations ....…… ☐
UN Secretariat .... ☐

6. Before being contacted for this Workshop have you ever heard of Health as a Bridge for Peace strategies?

Yes ☐   No ☐

7. Which of the following agencies has a specific mandate on refugee protection?
UNHCHR   ☐OCHA   ☐UNHCR   ☐WTO   ☐

8. What is the percentage of civilian casualties in post-cold war armed conflicts?
below 30%   ☐40 %   ☐60 %   ☐
above 80 %   ☐

9. What covers common Article 3 of the Geneva Conventions?

The minimum standards to apply in non-international armed conflicts .... ☐
The prohibition of attack against civilian population ....☐
The use of land mines in armed conflicts   ....☐
The protection of medical personnel in time of conflict ....☐

10. Who seats in the Commission on Human Rights?

Representatives of the States…….. ☐
Independent experts ....………. ☐
NGOs activists………......................☐
UN officers ....……….. ☐

Health as a Bridge for Peace
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POST-TEST

1) Health as a Bridge for Peace can help you:
   - a)   To make decisions when you are treating a patient in a war zone;
   - b)   To plan a health development plan in time of peace;
   - c)   To advocate for equitable access to health;
   - d)   All of the above.

2) In the Health as a Bridge for Peace Programme, the following statements are true (T)   or false (F):

   - a) The main goal is to provide the best available health services for all who need it;

     T   /   F
   - b) The main goal is political peace settlement;   T   /   F
   - c) A goal is to contribute to sustainable peace;   T   /   F
   - d) Health professional can achieve peace themselves is they achieve some skills;

     T   /   F

3) The knowledge, skills and tools you obtained in the HBP Workshop can help you in your planning:

   - a) Only if you are working in war zone;   T   /   F
   - b) Only if you are working for the government;   T   /   F
   - c) Only if you are working for an NGO.   T   /   F

4) Which of the following documents contains a provision on the right to health:

   - a) Covenant of Civil and Political Rights;
   - b) Covenant of Economic, Social and Cultural Rights;
   - c) UN Charter.

5) Who has the first responsibility in the protection of human rights?

   - a) The United Nations;
   - b) The State;
   - c) Amnesty International;
   - d) The International Court of Justice.

6) Which organ has responsibility in monitoring the application of the Covenant of Civil and Political Rights?

        a) The Commission on Human Rights;
        b) The Human Rights Committee;
        c) The Economic and Social Council;
        d) The Security Council.

7) The International Committee of the Red Cross has the mandate to:

        a) Co-ordinate National red Cross Societies;
        b) Co-ordinate development programmes;
        c) Visit prisoners and civilian detainees.

8) Which of the following is an International Humanitarian Law?

        a) Indivisibility;
        b) Interdependency;
        c) Proportionality.

9) When a doctor has the duty to treat enemy wounded combatants?

        a) Never;
        b) When treatment has already be given to all its own combatants;
        c) Always.

10) Who is responsible of UN co-ordination at country level?

        a) The UN Secretary General;
        b) The UNDP Representative;
        c) The ICRC Delegate.

Health as a Bridge for Peace
Active Learning Package

ATTITUDINAL TEST

1. When people have extreme differences of view bringing them together will help resolve it
    Strongly agree *1* *2* *3* *4* *5* *Strongly disagree*

2. For health care workers, the only justifiable activity is health care
    Strongly agree *1* *2* *3* *4* *5* *Strongly disagree*

3. Health care workers do have a role in bringing people together to talk through their disagreements
    Strongly agree *1* *2* *3* *4* *5* *Strongly disagree*

4. Becoming involved in listening to people's stories will compromise your position
    Strongly agree *1* *2* *3* *4* *5* *Strongly disagree*

5. In a conflict, someone is right and someone is wrong. The task of a third party is to work out who is right and who is wrong
    Strongly agree *1* *2* *3* *4* *5* *Strongly disagree*

6. Training in understanding and dealing with conflict is useful for health professionals
    Strongly agree *1* *2* *3* *4* *5* *Strongly disagree*

DAILY CLASS EVALUATION

The filling of this form is not compulsory. Your co-operation is of extreme value and will be one of the main tools upon which the final assessment of the Training Course will be based.

DAY N° …….

How would you assess the class/es of _____

superficial	0	1	2	3	4	5	6	7	comprehensive
boring	0	1	2	3	4	5	6	7	interesting
confused	0	1	2	3	4	5	6	7	clear
unfocused	0	1	2	3	4	5	6	7	focused
non-interactive	0	1	2	3	4	5	6	7	interactive
irrelevant	0	1	2	3	4	5	6	7	relevant

Comments:

_____

_____

_____

How would you assess the class/es of _____

superficial	0	1	2	3	4	5	6	7	comprehensive
boring	0	1	2	3	4	5	6	7	interesting
confused	0	1	2	3	4	5	6	7	clear
unfocused	0	1	2	3	4	5	6	7	focused
non-interactive	0	1	2	3	4	5	6	7	interactive
irrelevant	0	1	2	3	4	5	6	7	relevant

Comments:

_____

_____

_____

HEALTH AS BRIDGE FOR PEACE
Active Learning Package

EVALUATION FORM ON THE OVERALL SEMINAR

The filling of this form is not compulsory. Your co-operation is of extreme value and will be the main tools upon which the final assessment of the Training Course will be based.

a. Reference material received

- Practical information:

  | useless | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | useful |

  | incomplete | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | complete |

- Basic bibliography

  | superficial | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | detailed |

b. Methodology used

| unsatisfactory | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | satisfactory |

c. Choice of the topics presented

| irrelevant | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | relevant |

d. Overall assessment of the lecturers

| incompetent | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | competent |

e. Co-ordinating and facilitating activities

| useless | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | useful |

f. Overall assessment of the didactic and scientific aspects of the training course

| useless | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | useful |

| Not-targeted | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | targeted |

| boring | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | interesting |

g. Logistic and administration

- Hotel accommodation

  unsatisfactory   0   1   2   3   4   5   6   7   satisfactory

- Facilities and supporting services (classrooms, canteen etc.)

  unsatisfactory   0   1   2   3   4   5   6   7   satisfactory

- Secretariat efficiency

  unsatisfactory   0   1   2   3   4   5   6   7   satisfactory

- Secretariat personnel helpfulness and kindness

  unsatisfactory   0   1   2   3   4   5   6   7   satisfactory

h. Social activities

  boring   0   1   2   3   4   5   6   7   interesting

i. Overall assessment of the practical organisation of the training course

  unsatisfactory   0   1   2   3   4   5   6   7   satisfactory

Comments:

_____
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FINAL ORAL EVALUATION