EVALUATION REPORT

20 AUGUST – 1 OCTOBER 2011
BANGALORE, CHENNAI AND MYSORE, INDIA
# Table of Contents

**Preface**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Chapter 1: Impact on the participants**

| Immediate personal impact | 3 |
| Immediate group impact | 6 |

**Chapter 2: Description of activities and impact on the local communities**

| Public health topics covered | 7 |
| Information on the forum theatre performances | 8 |
| Audience inputs | 9 |
| Audience reflections | 10 |

**Chapter 3: Participants' recommendations on forum theatre**

| Process | 11 |
| People | 16 |

**Chapter 4: Long-term impact**

| Long-term impact on the participants | 18 |
| Long-term impact on the local communities | 22 |

**Chapter 5: Adjusting the method to the local context in ASEM countries**

<table>
<thead>
<tr>
<th>Annexes: Acknowledgments</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Organisers</td>
<td>30</td>
</tr>
<tr>
<td>2 Profile of organisers, facilitators and mid-term volunteer</td>
<td>31</td>
</tr>
<tr>
<td>3 Participants</td>
<td>34</td>
</tr>
<tr>
<td>4 Useful links</td>
<td>35</td>
</tr>
<tr>
<td>5 Reference materials</td>
<td>35</td>
</tr>
<tr>
<td>6 Contact details</td>
<td>36</td>
</tr>
</tbody>
</table>
The Asia-Europe Foundation (ASEF) and the Coordinating Committee for International Voluntary Service (CCIVS) organised the 10th Asia-Europe Young Volunteers Exchange (AEYVE), entitled *Health on Stage: Enhancing Cultural Competencies for Public Health Dialogue* from 20 August to 1 October 2011, in three cities in India. The project, hosted by Field Services & inter-cultural Learning (FSL) India, aimed to generate awareness of public health issues through the use of forum theatre.

*Health on Stage* gathered 27 young participants from 14 Asia-Europe Meeting (ASEM) countries\(^1\). It was organised in conjunction with the 10th Anniversary of the International Year of Volunteers (IYV+10) and the European Year of Volunteering.

In the first phase of the project (20-28 August 2011), participants familiarised themselves with public health concerns of the Southern Indian communities. In addition, they received trainings on intercultural learning and forum theatre techniques. The acquired skills and knowledge were used in the second phase (28 August - 26 September 2011), in which the participants, divided in three groups, engaged some 5,000 members of local communities in Bangalore, Chennai and Mysore in a creative dialogue. They addressed water-related issues and public health topics, through direct interaction with communities, covering social and cultural dimensions.

All participants came together in Bangalore during the third phase (27 September - 1 October 2011) for an evaluation of the personal impact of the project as well as the impact on the communities engaged in the activities. The participants drafted recommendations on how to make the best use of forum theatre as a method for encouraging public dialogue on water-related diseases, based on their experiences in the field.

The *Health on Stage* publication is divided into two volumes capturing the outcomes of the project. Volume one serves as a training toolkit for organisations who wish to implement international volunteering projects raising awareness of public health issues using forum theatre. Volume 02 contains the evaluation report of the project, which described the impact of the project as well as recommendations on the use of forum theatre to encourage dialogue on water-related public health issues in Southern India. It ends with recommendations on how to adjust the methods used during the *Health on Stage* to the local situation in ASEM countries.

A 15-minute film, showcasing the participants’ experience, can be found on [http://www.youtube.com/watch?v=agAAf2QMydY](http://www.youtube.com/watch?v=agAAf2QMydY).

---

\(^1\) Estonia, France, Greece, India, Indonesia, Japan, Latvia, Mongolia, the Netherlands, New Zealand, the Philippines, Portugal, Slovenia and Viet Nam.
The participants assessed their own experiences and their self-development by conducting three activities: a personal evaluation, an evaluation through theatrical images, and the writing of Most Significant Change (MSC) stories. The results are here categorised in challenges, learning points, and best moments.

**Immediate personal impact**

The participants assessed their own experiences and their self-development by conducting three activities: a personal evaluation, an evaluation through theatrical images, and the writing of Most Significant Change (MSC) stories. The results are here categorised in challenges, learning points, and best moments.

**Challenges**

- Doubts about the effectiveness, methods and purpose of the project, as well as lack of ideas and inspiration: “Doing performances and interacting with the local community was a great experience, but I found myself thinking: Are we really making any impact on the communities? Will they remember our message when we are gone or are we here just to give them some kind of entertainment?” (participant);

---

See volume 1: Chapter 3 for more information on these activities.
• Cultural differences/misunderstandings: “Some of the most challenging things that I have experienced during the programme were the cultural differences in the team. Although training on intercultural learning was useful in bridging gaps, then again, it was totally different to be actually faced with it in reality from just learning it in one week” (participant);

• Unexpected responses from the local community: in some cases community members expected certain benefits from participants, such as provision of electricity, money, etc. Sometimes participants also felt rejected by the local community or faced unresponsiveness from them, through e.g. the absence of applause or signs of appreciation after the performance;

• Interruptions of the play, e.g. due to noise, cows or goats passing by, drunken people, violence: “During one of our performances, one of the men who watched the performance was really drunk. He kept interrupting our performance and it was really hard to focus on our roles” (participant);

• Lack of support from other group members;

• Challenges connected to the performance, such as ‘stage fright’ to perform in front of a large group of people or being afraid to perform in a slum area;

• Adaptation to the local environment, such as transportation (long bus rides), weather conditions (rain, humidity), dust, bad smell from the garbage, etc.;

• Physical limitations, such as not being able to fully participate due to sickness.
Best moments:

- Acceptance from the community and the realisation that one’s work was being valued.

“This one of my happiest moments came from the priceless claps of the audience, which symbolised respect and acknowledgement of the people” (participant);

- Togetherness, unity, team spirit, group belonging, collaboration, and overcoming obstacles.

“The best moment was when I felt connected with my group. We passed many challenges together and knowing that there is affection, team work and team spirit made coping with troubles a lot easier” (participant).

Learning points

The participants indicated that they improved several of their skills, among which:

- Intercultural skills, which include learning about others’ cultures, differences, Indian values, and adaptation to a new cultural environment;

- Communication skills, including negotiation, overcoming language barriers, and compromising;

- Professional skills, including organising or implementing workshops, performances or evaluations, coordinating volunteers, managing time, etc.;

- Knowledge about forum theatre, public health, water-related issues and community issues;

- Personal and inter-personal skills, including: team work, functioning of group dynamics, finding ones’ role/place in the group, understanding others, opening oneself to new ideas and viewpoints, being patient, tolerant, flexible, and improving one’s own self-confidence. A volunteer states:

“My most valuable experience here was to learn how to think in positive ways about all the problems. Instead of complaining, I tried to find out all possible solutions for that and to put myself in other people’s shoes so that I could understand them better. I also realised that a lot of miscommunication happened due to differences in culture and various ways of thinking.”
Immediate group impact

To study the development of the three groups, Bruce Tuckman’s model has been used, which allows to analyse group behaviour during three different phases of the project: the ‘norming’, ‘storming’, and ‘performing’ stages. The outcomes were similar in all groups.

‘Norming phase’

The ‘norming phase’ took place in the first week: participants got to know each other and familiarised themselves with the work, tasks, conditions, and the local communities. They focused on team organisation and setting goals.

‘Storming phase’

In the ‘storming phase’, during the second and third week, participants encountered various challenges, including:
- Pressure due to comparison with other groups, the need to achieve goals/meet the requirements of the project while facing challenges on the field;
- Misunderstandings in the group due to cultural differences, which led to the feeling that one’s ideas were not being taken into account or were not being respected;
- Confusion regarding participants’ roles and responsibilities in the group.

In response to the ‘storming phase’, participants showed their ambition to work towards the accomplishment of the team’s goals and the successful implementation of the project, as they tried to resolve their differences by exploring different ways to tackle the challenges they faced. The solutions they developed included:
- Creating informal discussion/reflection groups in which participants shared their concerns, thoughts, and feelings (in-)directly connected to the project;
- Sharing equal leadership of the group;
- Spending more time with the group, e.g., going out together for dinner or to a local pub, travelling, engaging in team-building games/activities;
- Setting timelines and goals for the group;
- Going back to the participants’ contract for good co-operation
- Taking more time for group evaluations;
- Raising motivation, e.g. by meeting other forum theatre experts or local community members who support them;
- Organising invisible theatre to address the crucial issues at stake;
- Trying out new forum theatre techniques or including other water-related issues that may be more relevant, e.g., social or political inequalities in the community;
- Encouraging respect by learning about each other’s cultures.

‘Performing phase’

The response to the ‘storming phase’ resulted in improved team work during the ‘performing phase’ last week of the field activities. Some of the positive changes that participants observed were the following:
- Accomplished mid-term goals and successful implementations of the performances;
- Revived motivation/sense of purpose/feeling that the project was meaningful;
- Improved sharing and trust between members of the group;
- Improved feedback from local community members.

---


\(^{4}\) See Volume 1, Chapter 2.1.1, activity 3.

\(^{5}\) Invisible theatre is a form of theatrical performance where performers attempt to disguise the fact that it is a performance from those who observe and who may choose to participate in it, encouraging the spectators to view it as a real event.
Description of activities and impact on the local communities

Public health topics covered

During the social mapping, the participants compiled the following public health-related issues present in the local communities:

- Water that is not boiled/filtered. In all three locations there was a lack of education and knowledge about proper water practices. In Mysore, residents could only boil water if there was sufficient kerosene;
- Infrequent water supply. In Bangalore most people in the slum drank water directly from electricity-powered water wells. Due to outages, this water source was not always available. Tribal villagers in Mysore reported not having water for a month. Similarly, certain communities in Chennai faced longer water shortage periods during summer months;
- Issues connected to hygienic practices, such as not washing hands, lack of dustbins, and not using sanitation facilities. Some inhabitants in Bangalore did not have toilets at home and were unwilling to use public toilets. In Chennai, companies built toilets with governmental support, although people were not keen on using them;
- Health problems, such as diarrhoea, skin diseases (in Chennai), lung problems, Chikungunya virus, and dengue fever (in Bangalore);
- Low quality of drainage systems or pipeline constructions due to bad maintenance by the government or companies. Because of this, clean water could mix with contaminated water coming from factory pipelines;
- Absence of governmental healthcare and educational programmes. In some cases, there were private health clinics, which people in poorer rural areas could not afford;
• Water pollution due to wastage and improper behaviour of local community members, such as washing clothes and taking showers next to the drinking water;
• Lack of proper sanitation, due to the prohibition to build toilets on private land by local authorities and land owners.

Other issues that influenced the public health situation in the local communities were:
• Communication problems in Chennai between local community members and immigrants in industrial villages. Since the latter did not speak Hindi, Tamil or English, they could not be informed about the negative influence of particular behaviour;
• Financial challenges. Some tribal members were not able to purchase drinking water as they were cut off from traditional sources of incomes, such as picking up lichen, an ingredient that they used to sell to factories;
• Black magic practices to treat diseases in Mysore.

**Information on the forum theatre performances**

The participants compiled data of the activities and evaluated the audience’s participation and profile of which the outcomes are presented in the tables below:

<table>
<thead>
<tr>
<th></th>
<th>Bangalore</th>
<th>Chennai</th>
<th>Mysore</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Mapping</td>
<td>9</td>
<td>7</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>Performances</td>
<td>10</td>
<td>9</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>Workshops</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

*Table 1: Number of activities*

<table>
<thead>
<tr>
<th></th>
<th>Bangalore</th>
<th>Chennai</th>
<th>Mysore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of attendees</td>
<td>110; maximum 500</td>
<td>150; in schools up to 1,200</td>
<td>120; maximum 500</td>
</tr>
<tr>
<td>Number of interventions per performance</td>
<td>9</td>
<td>9</td>
<td>Up to 8</td>
</tr>
</tbody>
</table>

*Table 2: Participation during the performances*
Table 3: Audience’s profile

<table>
<thead>
<tr>
<th></th>
<th>Bangalore</th>
<th>Chennai</th>
<th>Mysore</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational Background</strong></td>
<td>Housewives, taxi drivers, construction workers, as well as members of self-help groups and community leaders</td>
<td>Factory workers, street vendors (in slum area), herdsmen (Puthupedhú village), housewives, cleaning ladies at nearby factories</td>
<td>Farmers, workers and teachers</td>
</tr>
<tr>
<td><strong>Women/Men Ratio</strong></td>
<td>60%-40%</td>
<td>30%-70%</td>
<td>50%-50%</td>
</tr>
<tr>
<td><strong>Representation of children</strong></td>
<td>50%</td>
<td>Approx. 70%, mainly students between 4-16 years old</td>
<td>60%, mainly 3-14 years old</td>
</tr>
<tr>
<td><strong>Type of Communities</strong></td>
<td>6 slum areas and 4 state schools</td>
<td>1 slum area, 4 industrial villages, 2 for public/state schools</td>
<td>7 tribes, 2 villages, 2 schools</td>
</tr>
</tbody>
</table>

The audience raised the following responses and solutions for water-related issues addressed during the plays:

- Contacting the authorities: “We will go together to the ‘gram panchayat’", If again there is no response, we will not vote for that person again” (tribe member, Mysore);
- Asking people to be responsible for their actions: “You did the mistake and therefore you should repair it or else we won’t give you money anymore” (school girl, Bangalore);
- Reminding about proper behaviour/the value of water. A teacher in Chennai stated:

> “You should not pollute the water because water is precious, water is life.”

- Challenging the oppressor: “First you drink the dirty water, then I will drink it” (woman, Chennai);
- Sharing suggestions: “It is better to spend money on boiling water than paying for pills” (school girl, Bangalore); “Build a hospital with the help of the companies. Clean the pond regularly, and ask for help from the government” (man, Chennai);
- Creating awareness on proper behaviour: “Put a board near the pond with an inscription: ‘Don’t pollute the water/boil the water’” (woman, Chennai);
- Realising the need for self-activation: “We don’t have a toilet, but we should not wait for government facilities as this is our responsibility. Each time when the festival comes we want new clothes and food, but we never ask for toilets. We have to take the initiative; only then the rest will come” (woman, Bangalore);
- Sharing requests. In some cases, the attendees expected the participants to solve their problems: “Performances are good, but we also need practical help, how about toilets and electricity? Will you give them?” (tribe member, Mysore).

* Common name used for local community leadership in India.
**Audience reflection**

After the performances, the participants noted the following remarks from the audience:

- Appreciation of participants’ efforts: “It makes us feel so happy that people coming from so far are interested in problems of Indian people. We see there is a good cause behind that, they are not doing that for money. I hope our children will take their messages seriously” (school teacher, Chennai);
- Acknowledgement that the problems were relevant to community members’ lives. The audience was eager to engage in debate, not only with actors, but also with other community members. A woman in Bangalore mentioned:

  “This is not drama, this is our life.”

- Encouragement for a discussion about public health issues among community members. One woman in Chennai pointed out that after the performance they didn’t feel ashamed to ask people to stop defecating openly near the village pond;
- Feeling of pride and empowerment. In Mysore, villagers expressed the need for unification and mentioned that they planned to visit the ‘gram panchayat’ to ask for their rights. In Bangalore, audience members shared their idea to go to the BBMP\(^7\) to demand free water for the community.

\(^7\) Bruhat Bengaluru Mahanagara Palike - Greater Bangalore Municipal Body - is the new administrative body responsible for the civic and infrastructural assets of the city of Bangalore.
The participants analysed the best practices and challenges of engaging people in a dialogue on public health through forum theatre. They also provided recommendations based on their own experiences. All these are divided between the Process and People.

**Process**

The evaluation of the Process was divided into (1) social mapping, (2) scripting the play, (3) selecting the location, (4) inviting the local community, (5) promoting the performance, (6) setting the stage, (7) performing the play, (8) assessing the impact on the audience, (9) communicating the results to the community, and (10) resources.
Social Mapping

As a first step in the preparation, social mapping was carried out by the three groups. The participants:

- Planned the social mapping according to the proper timing and location, as recommended by self-help group members (for Chennai) and local group leaders (for Mysore);
- Selected the location in direct surroundings from the place where participants were settled (for Mysore);
- Informed the local community about the social mapping activity;
- Prepared a set of questions related to the target audience, e.g. schools or communities. The group members in Chennai used the following guidelines to analyse which issue would be relevant to address in the performance:
  
  Water (source / uses / availability / quality / intangible aspects of water), community (social meetings and free time / impact of factory / leaders), stakeholders (age / profession / income / family members / religion / sickness last year and reasons / house / toilet facilities / sanitation / hygienic habits), water-related stories and conflicts;
- Visited the communities, observed the local situation and took photos;
- Interviewed students, teachers, community members and community leaders;
- Identified most common problems based on social mapping.

The participants faced the following challenges during the social mapping:

- Denial of problems, although these were sometimes evident to the participants, e.g., lack of drinking water or proper garbage disposal system;
- Issues other than water-related ones came up;
- Translation slowed the social mapping process.

The participants proposed the following recommendations for social mapping:

- Plan several days in advance to allow enough time to adapt the scripts to local issues;
- Ask people about their real life stories, or stories that they have heard from others;
- Ask more specific questions if community members report not having any problems. E.g., Q1: “Do you have any problems with water supply?” A1: “No”. Q2: “Was water available at all times last summer?” A2: “No, in June and July, we sometimes had to wait 14 days to get some water.”;
- Include a variety of stakeholders, such as leaders, self-help group members, people on the street, doctors, nurses at the local clinic/hospital, school teachers, restaurant managers, as they might have different perspectives;
- Be aware that some respondents might hide certain information;
- Divide the group into smaller teams while doing social mapping as it may be easier to approach community members;
- Act as a good role model, e.g., do not smoke in front of villagers if the project is about public health.
**Scripting the play**

Subsequently, the participants prepared the script of the play, where they:

- Shared the most important findings from the social mapping;
- Identified the most common issues that the communities were facing;
- Developed a basic storyline, the main water-related conflict and easily identifiable roles for the oppressed character (protagonist) and the oppressor (antagonist);
- Adjusted the content of the performance to the target audience, e.g., a lighter storyline with educational elements, such as washing hands, was created for school children;
- Adapted existing scripts to the specific issues relevant to the new venue.

The participants proposed the following recommendations for scripting the play:

- Take time to write, since a good script is essential to gain people’s participation in the play;
- Include real life stories of people that you interview, so they can relate easily to them and intervene in the play;
- Carefully build up the conflict, but do not include too many events. It should be clear what the main topic is and who the oppressor and the oppressed are in the story;
- Know the target audience. It is important to convey a message that is appropriate for the particular target group in terms of language, age, gender, etc.;
- Carefully plan how the topic of the play is going to be exposed;
- Avoid a too long script;
- Allow community members to raise topics;
- Aim to develop a plot that would best promote public health.

**Selecting the location**

Selecting the right location for the performance is crucial, as this could influence the quality of the play and the people’s willingness to intervene. The participants proposed the following recommendations for this step:

- Choose the location of the performance during social mapping and verify its availability prior to the performance;
- Take enough time to ask local community members about the proper location of the play;
- Choose a place which is centrally located, such as near temples and bus stations, so that passers-by can join in;
- Select a location where it is not too noisy or too crowded;
- For schools, set the time and date of the performance in arrangement with the headmaster, who would forward the information to the students.

**Inviting the local community members**

In order to encourage sufficient participation, it is important to devote enough time to inviting local community members to the plays. The participants proposed the following recommendations for this step:

- Invite local community members to the play while carrying out the social mapping;
- Inform a variety of community members, such as decision makers and community leaders, self-help group members, children and parents, to generate diverse solutions;
- Ask people to spread the word;
- Invite respected/important/well-known people in the village to attract more people.
The participants used the following ways to promote the performances:
- Billboards, banners, street advertisements and posters written in the local language to inform community members about the time and place of the performances;
- Funny scenes, sketches, songs, dances and music;
- Door to door promotion;
- Information posters worn by participants (for Chennai).

The participants proposed the following recommendations for promoting the performance:
- Be informed about local habits to avoid misunderstandings with the communities. For instance, in one of the villages a promotion with drums referred to a funeral;
- Introduce the play in an enjoyable, entertaining, and attractive way.

The participants proposed the following recommendations for setting out the stage:
- Avoid a stage setting and sound system as it may separate the performers from the audience. Think of creative ways on how to be seen and heard;
- Use ropes, wooden sticks or props from the performance to draw out the stage;
- Consider performing in a circle or semi-circle. The ‘joker’ can assist with keeping the audience out of stage when the performance takes place.
Performing the play

During the performance itself, the participants:

- Started with a short warm-up activity, such as a song or dance, to engage the audience;
- Explained the rules of the game and introduced the play, done by the 'joker';
- Implemented the performance;
- Invited the people to intervene. This can be encouraged through, e.g., clapping. After the first intervention, it is much easier to attract others to follow.

The following challenges were faced by the participants during the performances:

- Low participation by the attendees, especially by women;
- Unclear communication of the message to all attendees in case of a big crowd;
- Insufficient understanding of what was shared by local community members;
- Drunken and aggressive people disturbing the play.

The participants proposed the following recommendations for performing the play:

- Encourage women to come up on stage in pairs;
- Invite people by making eye contact and encourage them by clapping, whistling, etc.;
- Ask community members for support when there are challenges, e.g., drunken people;
- Avoid performances during festivals/holidays as the chances of disruptions may then be higher;
- Give characters local name as it might be easier for the audience to identify with them;
- Include humour when there are sensitive issues/topics;
- Use local props and costumes;
- Use body language and loud sounds that will help convey the content of the play;
- Exaggerate moves so that the message is clear to people;
- Translate key messages for the international participants. Local participants can take the role of ‘joker’ and antagonist (oppressor) to make discussions with community members easier;
- Use certain words/phrases in local language to emphasise key messages;
- Give the ‘spect-actor’ some elements of the character’s costume, e.g., a hat, piece of cloth, bottle of water, while they perform on stage. This shows that (s)he is taking over the role in the play;
The participants shared the results in the days after the performance with the community. They proposed the following recommendations for this step:

- Design info-sheets, booklets (for Chennai), posters, short comics, blogs or quizzes and distribute them to community members;
- Write a list of problems/issues identified by the communities during social mapping for people who will carry out similar projects in the future;
- Ask people to evaluate the creative communication on its understandability, usefulness, and attractiveness.

**Assessing the impact on the audience**

As part of the post-performance evaluation, the participants assessed the impact on the audience. They proposed the following recommendations for this step:

- Engage in informal dialogue right after the play;
- Appoint participants who could conduct short interviews with community members;
- Conduct another survey after a week to evaluate what remains in people’s minds about the play and what kind of follow-up or changes took place afterwards.

**Communicating the results to the community**

The participants shared the results in the days after the performance with the community. They proposed the following recommendations for this step:

- Design info-sheets, booklets (for Chennai), posters, short comics, blogs or quizzes and distribute them to community members;
- Write a list of problems/issues identified by the communities during social mapping for people who will carry out similar projects in the future;
- Ask people to evaluate the creative communication on its understandability, usefulness, and attractiveness.
**Using resources**

The participants proposed the following recommended resources for a successful project implementation:
- Local instruments and other props that can be used in performance and publicity;
- Booklet on forum theatre and guidelines by practitioners of forum theatre;
- Detailed information about the communities where the performances are set;
- Local experts on the relevant health issues and forum theatre, who can provide inputs and feedback on the participants’ proposals.

**People**

Participants developed a set of recommendations related to the People involved:
1. Participants’ profile;
2. Local participants’ profile;
3. Group members’ responsibilities.

**Participants’ profile**

The participants proposed the following recommended general profile of the participants. They:
- Do not require specific knowledge/educational background on public health as forum theatre is about facilitating a dialogue;
- Do not require an educational background in theatre. Motivation and eagerness to learn from the training are important for those that are not experienced;
- Require a strong motivation to work in an intercultural environment and be willing to adapt to local situations;
- Shall have experience in team-building activities as this helps to overcome difficulties especially during the field implementation.

**Local participants’ profile**

The participants proposed the following recommended profile of the local participants. They shall:
- Be selected based on their motivation to work with international volunteers and interest in forum theatre;
- Have good knowledge of the local area, the communities and English language;
- Involve the self-help group members to encourage the sustainability of the project.

**Group members’ responsibilities**

The participants proposed the following recommended participants’ responsibilities. They shall:
- Clarify the role of each participant during the performance;
- Encourage artistic members of the group to come up with songs and short choreographies;
- Not need to appoint one leader; responsibilities could be shared among all members;
- Appoint one note-taker, who counts the number and captures the profile of attendees, records the responses, etc.;
- Appoint local participants to be the ‘joker’ and the antagonist (oppressor) to enable discussions with local community members.
Long-term impact on the participants

In December 2011, three months after Health on Stage was implemented, Petra Jamnik, the mid-term volunteer for Health on Stage, carried out a survey to evaluate the post-project impact on the participants. The survey on the impact of the programme included the following topics:

- Changes in the personal and professional life;
- Follow-up activities;
- Ideas on the successfulness of forum theatre;
- Opinion on the inclusion of international participants in the project.

Changes in the personal and professional life

All participants indicated that the project had an impact on several aspects of their lives, especially in their personal and social life. Chart 1 below describes the changes participants experienced. Changes in personal life cover improved self-confidence, patience,
tolerance, etc.; changes in social life include new friends and an expanding social circle; changes in professional life include acquired new skills and knowledge and professional benefits, such as getting new contacts for future projects; changes in the community apply to any improvements in the place where they live due to their own actions after the project, such as organising workshops, joining an activist group or club, etc.

Chart 1: Areas of life in which participants observed the changes

Participants were also asked what knowledge from the project they found most useful and relevant for their work. The results are shown in chart 2.

Chart 2: Most useful knowledge
Follow-up activities

To assess the sustainability of the project, the participants were asked if they had implemented any follow-up activities once home. Some 80% of the participants indicated that they had implemented either related general actions (Table 4) or in particular activities related to forum theatre, devised to engage the public in conversations, dialogues about issues/conflicts (Table 5).

<table>
<thead>
<tr>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducted workshop that tackled non-TO Health on Stage topics</td>
</tr>
<tr>
<td>Participated in awareness raising programmes (the topics mentioned by the participants include AIDS, water, homosexuality, and environmental issues)</td>
</tr>
<tr>
<td>Participated in regional, local, or international events, e.g., conferences, that tackled Health on Stage topics</td>
</tr>
<tr>
<td>Applied motivational exercises and team-building activities in their team work</td>
</tr>
<tr>
<td>Further deepened their knowledge in topics related to Health on Stage</td>
</tr>
<tr>
<td>Changed habits related to water usage</td>
</tr>
<tr>
<td>Prepared an art exhibition inspired by their time in India</td>
</tr>
<tr>
<td>Offered training on intercultural skills in their home organisations</td>
</tr>
<tr>
<td>Used social mapping technique in order to identify local community’s issues</td>
</tr>
</tbody>
</table>

Table 4: General participants’ actions implemented once home

<table>
<thead>
<tr>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied their acquired forum theatre skills and knowledge to their work-related activities</td>
</tr>
<tr>
<td>Enquired about forum theatre groups in their area</td>
</tr>
<tr>
<td>Contacted a forum theatre group/organisation in the local area</td>
</tr>
<tr>
<td>Conducted a workshop on forum theatre</td>
</tr>
<tr>
<td>Joined a forum theatre group/organisation in their local area</td>
</tr>
<tr>
<td>Implemented a forum theatre play</td>
</tr>
<tr>
<td>Discussed/made plans for future projects where forum theatre method could be used</td>
</tr>
<tr>
<td>Designed a project in which forum theatre techniques would be used</td>
</tr>
</tbody>
</table>

Table 5: Specific forum theatre-related participants’ actions implemented once home
Ideas on the successfulness of forum theatre

The participants evaluated the successfulness of forum theatre as a method to encourage solution finding, stimulate discussion, raise awareness, and change practices. Chart 3 shows the percentages of participants that acknowledge the particular successfulness.

![Chart 3: Participants' evaluation of the successfulness of forum theatre](chart)

Chart 3: Participants' evaluation of the successfulness of forum theatre

The participants mentioned the following reasons for forum theatre not being successful in changing practices:
- Lack of feedback from the audience;
- Short duration of the project. Several participants recommended integrating forum theatre into a larger programme, which includes other educational activities. Forum theatre may be then used as a supporting or additional activity aside from already existing ones;
- Relatively more reliance on their families’ knowledge rather than the knowledge provided by external groups.

Opinion on the inclusion of international participants in the project

Almost all participants (95%) agreed that the presence of international participants in the project was a positive aspect. They provided the following reasons for this:
- International participants increased the curiosity of the local community as they were seen as new and different;
- Local people had greater trust in international participants, because they came from faraway places to work on a voluntary basis;
- Because of their interest in the participants’ cultural background and languages, it was also easier to draw the attention of the local people to the topics of the play.

Two participants pointed out that the challenge of the language barrier in some cases prevented the international participants from getting a full understanding of the issues of the communities.
**Long-term impact on the local communities**

In November and December 2011, about three months after the performances, the mid-term volunteer assessed the long-term impact on the industrial communities of Chennai, tribal villages around Mysore and slums in Bangalore. A number of interviews and Focus Group Discussions (FGDs) were held with community members that participated in the performances, e.g. self-help group members, teachers and students.

Key topics of the post-project evaluation were:

- Changes/impact on the local communities;
- Thoughts on forum theatre;
- Thoughts on the presence of international participants;
- Thoughts on women participation;
- Recommendations on the sustainability of the programme.

During these post-project evaluations, local volunteers and staff of FSL India helped with translation from Tamil and Kannada to English.

**Changes/impact on the local communities**

Altogether 57 representatives from the audience were interviewed. Most of them were able to recall at least three to five topics of the performance (see Chart 4).

<table>
<thead>
<tr>
<th>Topic</th>
<th>Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygienic practices</td>
<td>30</td>
</tr>
<tr>
<td>Water preservation</td>
<td>25</td>
</tr>
<tr>
<td>Cleaness</td>
<td>20</td>
</tr>
<tr>
<td>Proper garbage disposal</td>
<td>15</td>
</tr>
<tr>
<td>Diseases</td>
<td>10</td>
</tr>
<tr>
<td>Mosquitoes</td>
<td>5</td>
</tr>
<tr>
<td>Drinking water</td>
<td>5</td>
</tr>
<tr>
<td>Sanitation practices</td>
<td>5</td>
</tr>
<tr>
<td>Boiling water</td>
<td>5</td>
</tr>
<tr>
<td>Environmental pollution</td>
<td>5</td>
</tr>
</tbody>
</table>

*Some 20 interviews took place in Chennai, 20 in Mysore and 17 in Bangalore; 14 students, 11 teachers and 32 general community members were involved.*
Interviewees were further asked what solutions from the plays they found most useful, either for themselves or for the community in general. Some of the most frequent answers are shown in Chart 5.

![Chart 5: Useful solutions from performances according to the respondents](chart5.png)

When asked about changes that happened since the performance, 70% of the respondents replied that there had been changes, whereas 30% noticed no or only minor changes. For the latter, people’s lack of motivation, laziness, or lack of time and money to implement changes were mentioned as possible reasons. The respondents noted the following changes in their local community (see Table 6).
<table>
<thead>
<tr>
<th>Change</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased engagement in open discussions</td>
<td>85</td>
</tr>
<tr>
<td>Increased awareness on water and health related issues</td>
<td>32</td>
</tr>
<tr>
<td>Shared messages with others</td>
<td>21</td>
</tr>
<tr>
<td>Reminding other people about proper behaviour</td>
<td>19</td>
</tr>
<tr>
<td>Recognising the need for change</td>
<td>19</td>
</tr>
<tr>
<td>Increased awareness to maintain clean environment and surroundings, e.g., taking care of proper garbage disposal</td>
<td>18</td>
</tr>
<tr>
<td>Increased awareness to boil water/verify if water is boiled</td>
<td>16</td>
</tr>
<tr>
<td>Improved personal hygiene practise, e.g., washing hands before/after eating, using soap</td>
<td>12</td>
</tr>
<tr>
<td>Addressing needs to the community leader</td>
<td>11</td>
</tr>
<tr>
<td>Increased feeling to be connected to other community members</td>
<td>7</td>
</tr>
<tr>
<td>Increased awareness not to waste water</td>
<td>7</td>
</tr>
<tr>
<td>Implementing similar performances</td>
<td>7</td>
</tr>
<tr>
<td>Decreased students’ school absence (Bangalore)</td>
<td>7</td>
</tr>
<tr>
<td>Less polluted lake water being drunk (Mysore)</td>
<td>5</td>
</tr>
<tr>
<td>Reduced open defecation (Chennai)</td>
<td>4</td>
</tr>
<tr>
<td>Decreased fearfulness to ask the doctor for additional information, e.g., on causes of various diseases (Mysore)</td>
<td>4</td>
</tr>
<tr>
<td>Decreased confidence in black magic</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 6: Changes mentioned by respondents

The respondents acknowledged the following other general benefits of the performances:

- Increased awareness to put community members’ needs above one’s own and how to improve the quality of life in the community, e.g., building a playground for children;
- Acknowledged need for open discussions and community members’ unification to accomplish common goals;
- Acknowledged need for different types of education, which not only focus on memorising, but also on practical examples and critical questions. Some students wished their teachers to give more value to their personal and creative expression;
- Underlined need to solve problems. A student from Mysore mentioned it as follows:

“Problems may come from others, but solutions have to come from us.”

- Increased feelings of empowerment: “Foreigners taught me discipline, how girls can demand things, and it’s ok to do so” (student, Chennai).

---

9 'Gram panchayat' in Mysore, BBMP in Bangalore.
10 This applies only to schools. In three out of eight schools, children prepared their own performances on the topic of public health. In addition to this, a local primary school in Mysore district held a debate competition in which they included environmental issues as a main topic of discussion.
Teachers and students pointed out two benefits of the forum theatre method:

- It encouraged students’ involvement and interest in the topic. Students felt inspired and wished for more interaction in the classes. Several of them referred to the performance to remind others about proper behaviour: “It is difficult to get students to talk about those [water-related issues] issues; most are not interested in what we are doing in the class. Performances like these will stick to their minds and memories, and they support us in what we teach at schools” (teacher, Bangalore);

- It created a stronger impact than when parents/teachers remind the students. Students in three out of eight schools reported that the play encouraged them to do similar performances themselves.

The respondents experienced the presence of international participants in a positive way. They were pleased that foreigners were interested in their well-being and took messages more seriously because, as one student put it, “when someone comes from so far to our villages, then what they say must be important”. It was an important factor in gaining more attention and raising interest for the topic of public health. A headmaster in Chennai added the following:

“If foreign people care about what will happen to our land, water, air, how can we not?”

The fact that performers were there on a voluntary basis increased trust among the audience and appreciation for their work. “We often remember volunteers. We think they are good people, they want good for us, so we believe them... Because they didn’t come here for money” (woman, Mysore).

Some respondents added that more exchanges between the international participants and the local communities in India may lead to better understanding of the inter-connectedness of the globalised world.

The 10th AEYVE participants observed a low participation of female audience members. During the post-project evaluation, community members raised the following reasons. They:

- Feared negative responses from their husband or other community members: being teased or mocked after the performance, accused of wasting time or scolded that they were looking for other men. “[Men] will say that we should be quiet. We are not used to demand things... We cannot ask for clean water like actresses in a play, not even to our brothers and men at home” (teacher, Chennai);
• Were busy with household chores;
• Felt inferior, e.g., not being able to provide good solutions due to a lack of education;
• Women are not used to speak up in public. Some women stated that the public space is primarily the domain of men;
• Were afraid of opposing Indian customs and culture.

However, the respondents also offered the following suggestions to tackle those challenges:
• Have separate performances for men and women;
• Do plays when women are not too busy with housework;
• Invite women to sit in the front;
• Allow women to come to the stage together;
• Specifically ask for female participation;
• Reward female participation in the form of applause or a small gift;
• Include topics that concern women;
• Include female actors, so that local women will feel more comfortable participating;
• Remind the audience that teasing is not allowed.

Engaging women in the play and encouraging their participation is important, as they are often the ones who pass on knowledge to their families. Assuring their participation is therefore a matter to be taken into consideration in future projects. A woman from Chennai put it as follows: “We need to teach girls and women how to come out of their shells, and the walls of their houses”.

Recommendations on the sustainability of the programme

At least 95% of the respondents expressed their interest in having more programmes and initiatives using creative methods such as forum theatre in the future. The following recommendations for the future performances were shared by them:
• The actors should try to adapt their English to ‘local English’ accent. They should also repeat things, speak slowly and loudly;
• The actors should encourage a dialogue after the performance;
• The focus could be more on students as, according to some teachers, they are usually eager to spread messages at their homes and neighbourhoods. “They [students] need to be reminded about the lessons learnt and expand their knowledge also in other areas” (teacher, Bangalore). Some respondents were interested to receive more information on possible educational paths;
• People with decision power, such as politicians, should attend the performance and be engaged in discussions with local people.
The respondents suggested the following topics for the future performances:

- Air, water, sound pollution;
- Human rights education;
- Women empowerment;
- Physical and social consequences of alcoholism (for Mysore) and the dangers of drinking and driving;
- Public transport and other facilities in remote villages to ensure better connectivity and quality of life (for Chennai);
- Funding opportunities in rural areas (for Mysore).

Conclusion

The post-project evaluations showed that forum theatre can be an effective way to raise awareness and to create a dialogue about water-related issues in communities in India. In addition, some community members noticed practical improvements too. However, concerns were also raised about the sustainability of these changes. One-time performances may not be enough to change people’s minds in the longer term. There is a need for more integrated approach to the problems, with long-term objectives. Support from the government, NGOs, other sponsors, and local forum theatre practitioners will be crucial.

Several community members were concerned that better education is required and that experts should be willing to transfer their knowledge to others. Residents of tribal villages would like to increase their knowledge on their rights and how they can address them to the authorities.

Others shared that funding for public health facilities, such as toilets and water boilers, are required to enable community members to implement their improved awareness: “I told my friends that we should not do open defecation near ponds. But some of my friends have no other option as they do not have a toilet at home” (student, Chennai).

“It’s hard to adjust our water practices. For boiling hot water we need to get wood, because we don’t have kerosene. But often we can’t go to the forest as we spend much time in the fields” (villager, Mysore).
In the previous chapters, it was shown that forum theatre is a useful method to create awareness on water-related public health issues in southern Indian communities. To implement similar activities in other Asia-Europe Meeting (ASEM) countries, the participants listed the following recommendations:

- Take into account the culture of the country for the preparation, implementation and evaluation of the project, e.g., local dress code, myths and taboos, etc. In case of particular sensitivities and taboos, identify topics that people may not feel reluctant to discuss;

- Consider additional methods to social mapping for countries where this method is less appropriate for people to talk about their problems with strangers. One may contact them by telephone in advance or set a meeting. Local media and experts can provide information about local community’s issues as well;
• Implement a project of a rather small scale to verify if the technique would work in the other country, e.g., conducting a play with a small group of participants. In case of positive reactions, more activities can be organised, such as workshops for volunteers or forum theatre with a bigger audience;

• Consider bringing forum theatre to closed spaces in countries where people are shy to participate in street performances. Different venues can be appropriate for this purpose, e.g., festivals, universities, students clubs, prison, cultural institutions;

• Analyse which institutions could be engaged in the forum theatre, e.g., governmental organisations, NGOs, local companies, etc.;

• In high-income economies, invite companies and organisations to advertise the activity or sponsor the materials;

• Include a pool of local forum theatre practitioners or trainers in the activities. Those who already have experience in forum theatre can offer free training on techniques to attract potential participants;

• Add a global dimension to the project, e.g., by bring the different cultures together or inviting international volunteers. Forum theatre may be a method for intercultural dialogue and non-violent mediation.

Some participants expressed their concern that in certain places people may not value performances that are for free. This may be seen as not worth the time or unprofessional. In this case one might consider different possibilities, such as charging a small fee or collecting money for charity purposes. However, since TO should be open for everyone, one could stress that the absence of a monetary value should not hinder the audience from attending the play.
1 Organisers

The Asia-Europe Foundation (ASEF)

ASEF promotes understanding, strengthens relationships and facilitates cooperation among the people, institutions and organisations of Asia and Europe. ASEF enhances dialogue, enables exchanges and encourages collaboration across the thematic areas of culture, education, sustainable development, economy, governance and public health. ASEF is an intergovernmental not-for-profit organisation located in Singapore. Founded in 1997, it is the only institution of the Asia-Europe Meeting (ASEM). Together with about 700 partner organisations ASEF has run more than 600 projects, mainly conferences, seminars and workshops. Over 17,000 Asians and Europeans have actively participated in its activities and it has reached much wider audiences through its networks, web-portals, publications, exhibitions and lectures (www.asef.org).

The Coordinating Committee for International Voluntary Service (CCIVS)

CCIVS was founded in 1948 as a coordinating body for international voluntary service organisations. It comprises more than 250 member associations in 96 countries, including five international networks and several regional structures and platforms. It acts as a link between the members and international institutions, such as the European Union and different United Nations agencies or foundations. CCIVS fosters the development of regional networks through the organisation of international projects and seminars and the production of publications and training tools (www.ccivs.org).

Field Services and inter-cultural Learning (FSL India)

FSL India is a Non-Governmental Organisation (NGO) registered under the Indian Trust Act in 2001, as a non-profit body. It is a charitable, non-political, non-religious youth organisation. FSL India is a member of CCIVS, Network for Voluntary Development in Asia (NVDA) and co-operates with the Alliance of European Voluntary Service Organisations. FSL India networks with like-minded organisations to promote youth mobility and intercultural learning, and acts as a support structure for other youth and social organisations in India. Its head office is located in Bangalore, India with centres in other Indian cities of Kundapur, Chennai and Kerala. Every year FSL India receives about 1,300 international volunteers through the support of international partners (www.fsl-india.org).

---

31 ASEM brings together 49 member states (Australia, Austria, Bangladesh, Belgium, Brunei Darussalam, Bulgaria, Cambodia, China, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, India, Indonesia, Ireland, Italy, Japan, Korea, Laos, Latvia, Lithuania, Luxembourg, Malaysia, Malta, Mongolia, Myanmar, the Netherlands, New Zealand, Norway, Pakistan, the Philippines, Poland, Portugal, Romania, Russia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, the United Kingdom, Viet Nam) plus the European Union and the ASEAN Secretariat.
2 Profiles of organisers, facilitators and mid-term volunteer

Asia-Europe Foundation (ASEF)

Ms Edwige ROZIER, Deputy Director, Education Department

Edwige joined the Asia-Europe Foundation in January 2008. She is Deputy Director for the Education Department, supervising both formal and non-formal education projects. She used to be directly in charge of the ASEM Education Hub (AEH), the platform for co-operation and exchanges among higher education stakeholders, as well as the Database on Education Exchange programmes (DEEP). Prior to joining ASEF, her professional experiences feature a diverse international portfolio, which included finance, sales, marketing and public relations, as well as an early stint in Brussels at the Academic Cooperation Association.

Mr Rachmat IRWANSJAH, Project Manager, ASEF Public Health Network (September 2010 – March 2012)

Rachmat joined ASEF in September 2010, where he manages the Asia-Europe Public Health Network. Before joining the ASEF, Rachmat worked as a project officer, research assistant, and government employee. His last engagement was with the ASEAN Secretariat as a Health Officer, overseeing the areas of HIV/AIDS, pharmaceuticals, elderly health, and tobacco control. He is passionate about public health issues and has participated in various public health courses and workshops at regional and international levels. He obtained his BA degree in Regional Planning from the Institute of Technology Bandung, Indonesia and received his Master of Science degree in Ecological Marine Management from the Vrije Universiteit in Brussels. During his studies, he interned at Enhesa, a global environmental, health, and safety consultancy.

Ms Sasiwimon WONGJARIN, Project Executive, Culture Department

Sasiwimon works on projects in the areas of Platforms and Networks and Artistic Exchanges. These include the Asia-Europe Museum Network, the ASEF University Heritage, the Asia-Europe Cultural Partnerships Initiative: Performing Arts, Enhancing Cultural Competencies for Public Health Dialogue, and Lingua Comica, an Asia-Europe comics and graphic novels project. She joined the ASEF in January 2009. Before this, she was based in Chiang Mai, Thailand, and worked as a Manager for The Land Foundation. She was also with the Chiang Mai University Contemporary Art Museum while doing her thesis project on recommendations for museum development. In 2007, she was selected to take part in the Independent Creative Art Spaces Leadership Training, which was organised by the ASEF in Paris, France. Sasiwimon received her Bachelor’s degree in Fine Art in Education from the School of the Arts, Amsterdam (The Netherlands) and obtained her Master’s in Museology from the Reinwardt Academy, Amsterdam (The Netherlands).

Ms Debasmita DASGUPTA, Press Manager, Public Affairs

Debasmita is ASEF’s Press Manager for Public Affairs. She is a post-graduate in Development Communications. Prior to her appointment, she was managing communication projects for various international non-profit organisations in India including the UN-FAO and Oxfam India. Experienced in conceptualising and implementing multi-media initiatives for social development, she enjoys creative writing and experimenting with her illustrations. Her latest graphic novel has been published by Katha, one of the reputed publishers for children’s books in India.

Ms Sasiwimon WONGJARIN, Project Executive, Culture Department

Sasiwimon works on projects in the areas of Platforms and Networks and Artistic Exchanges. These include the Asia-Europe Museum Network, the ASEF University Heritage, the Asia-Europe Cultural Partnerships Initiative: Performing Arts, Enhancing Cultural Competencies for Public Health Dialogue, and Lingua Comica, an Asia-Europe comics and graphic novels project. She joined the ASEF in January 2009. Before this, she was based in Chiang Mai, Thailand, and worked as a Manager for The Land Foundation. She was also with the Chiang Mai University Contemporary Art Museum while doing her thesis project on recommendations for museum development. In 2007, she was selected to take part in the Independent Creative Art Spaces Leadership Training, which was organised by the ASEF in Paris, France. Sasiwimon received her Bachelor’s degree in Fine Art in Education from the School of the Arts, Amsterdam (The Netherlands) and obtained her Master’s in Museology from the Reinwardt Academy, Amsterdam (The Netherlands).
Mr Rob VAN LEEUWEN, Project Executive, Education Department

Rob joined ASEF in June 2010 and is in charge of the non-formal activities of the Foundation. Prior to ASEF, Rob participated in several international volunteer projects in South Africa and Indonesia and served as a trainer and co-ordinator in several non-formal education projects. He was also Project Manager for SIW International Volunteer Projects in the Netherlands. Rob has a B.Sc in Cultural Anthropology from Radboud University Nijmegen and an MA in Southeast Asian Studies from Leiden University. His MA research took place in Banda Aceh, Indonesia, where he studied the 2004 tsunami’s influence on urban symbolism.

Coordinating Committee for International Voluntary Services (CCIVS)

Mr Francesco VOLPINI, Director

Francesco is an Italian national, though not particularly proud of it. He is the Director of CCIVS, an international NGO, in formal relations of association with UNESCO, managing a network of more than 250 organisations in 96 countries (145 in the ASEM region). CCIVS supports youth organisations and international institutions, developing projects in the field of culture, education for sustainable development, conflict resolution, health and poverty reduction. Before being appointed as Director of CCIVS, Francesco worked as international coordinator, trainer and facilitator in non-formal education and intercultural learning projects, bridging grassroots civil society organisations, companies, academic institutions and intergovernmental agencies in different ASEM countries. He holds a research Master’s in Development Anthropology from La Sorbonne University and is currently a PhD candidate at the Ecole des Hautes Etudes en Sciences Sociales in Paris, working on the concept of Gross National Happiness in Bhutan. He has also served as foreign expert at the Faculty of Environment and Natural Resource of Mahidol University, contributing in particular to the analysis and development of the curriculum for the International Master’s in Industrial Ecology.

Mr Bogdan IMRE, Programme Director

Bogdan, a Romanian national, worked for nine years as a youth worker and trainer at the European and international level. From 2001 to 2007, based in Romania, he was involved in European youth issues working with international youth governmental and non-governmental organisations, such as Youth Action for Peace International, the European Commission or the Council of Europe. He extended his experience and expertise on youth-related issues while working at the Asia-Europe Foundation (ASEF) between 2007 and 2010, developing programmes and activities focused on non-formal education. In 2010, Bogdan was appointed as Programme Director at CCIVS.

Field Services & inter-cultural Learning (FSL)

Mr Ralesh S SOANS, President

Since, 2003 Rakesh has been heading FSL India as the President. Born to a family of business background, Rakesh finished his education as an interior designer and volunteered in Denmark for a year. He then went on to join his family business, manufacturing Roofing tiles/terracotta and hospitality Industry. He runs his family business and dedicates his time heading FSL India, which is his passion. Over a decade as President of FSL India Rakesh has successfully brought the organisation financial and professional stability. He has headed the organisation to grow taking deep roots to implement its ideology through its various programmes. As an environmentalist, he started the home base Projects like Sea Turtle Conservation, Environmental Education, etc.
Mr Chinnanna DORESWAMY

Chinnana is a Postgraduate, completed in the year 2003. Immediately after the course, he joined the voluntary service sector. Doreswamy has 25 years of experience in the field of Rural Development. His area of work includes livelihood promotion for resource poor people, promotion of community organisation, tree plantation, biodiversity conservation and natural resource management for productivity improvement. He has direct involvement in organising youths for leadership development, rural development and coordination of international volunteer for work camps and long term volunteer projects. Later, he joined another NGO, called Toxics link and he worked for two years as project coordinator on Bio-medical waste management in a municipal hospital. Afterwards he joined FSL-India as joint Director, where he has two years of experience in organising Happy Move Camps for South Korean volunteers sponsored by Hyundai Motor Korea (HMC), a project coordinated by International Workcamp Organization and implemented by FSL-India. More than 400 volunteer participated in four camps, which have been organised in Model village project in Chennai. The work camp locations were around HMC. Doreswamy has direct experience in the orientation and coordination of Long term volunteers from AFS-Germany, AFS-the Netherlands, SJ-France, IJGD-Germany, JR-France, COCAT-Spain, NICE-Japan etc.

Facilitators, experts and mid-term volunteer

Ms Jaya IYER, forum theatre expert

Jaya is a freelance consultant in the field of development education and process theatre with over 20 years’ experience in the field of creative pedagogy and applied arts. She specialises in theatre of the forum techniques which she learnt directly from Augusto Boal in Brazil. Jaya is currently affiliated as a Consultant with Nehru Memorial Museum and Library – Teen Murti House, New Delhi (India), to help set up a National Centre for Children and Youth, with a non-profit on curriculum enrichment for children of migrant construction workers and an organisation working on experiential learning based school transformation programs. She has been visiting faculty with various Delhi University Colleges for theatre and self-development papers as well as special learning programmes. She has been closely connected with several non-profits, including Pravah, an organisation promoting youth active citizenship and volunteering, of which she was a member for over a decade and which she headed for three years. Jaya is closely connected with farmer’s movement to conserve indigenous seed diversity and community commons in the Garwal Himalayas. She is also a dancer, heritage guide, trekker and a cook.

Ms Johanna TULIAINEN, facilitator

Johanna has specialised in youth empowerment by using cultural methods, such as drama or photography, as her working tools. She has studied drama in its different forms since 1980’s and he has taught and trained its use since 1990’s. Her theoretical background lies on Paulo Freire’s Pedagogy of the Oppressed and Augusto Boal’s TO, Martin Buber’s philosophy of dialogue and as well on sociocultural animation of social pedagogy. Johanna uses e.g., process drama or forum theatre to create spaces for dialogue. For her, the process between participants is more significant than a product. In her opinion, the trainer/teacher is not expert; instead s/he is co-learner among others. “My life has always been international and multicultural. I attended my first international drama course in 1985. At the moment I teach Finnish youth and leisure instructor students and I encourage them to go abroad, some for the first time in their lives. Sharing my own and the students’ cross-cultural experiences enrich the lives of all involved and we all should share these forward.”

Ms Petra JAMNIK, mid-term volunteer

Petra participated in Health on Stage as a mid-term volunteer from August 2011 to February 2012. She conducted the post-project assessment and compiled the information for the two publication volumes. Prior to that, Petra participated in several intercultural programmes in Europe and was engaged in youth and social work. She completed her internship in the international office of University of Cadiz and holds an undergraduate degree in Informatics for Social Scientists from University of Ljubljana.
Dr Sanjay J DEODHAR, public health expert

Dr DEODHAR has a Master of International Health care Management Economics and Policy (MIHMEP) at the SDA Bocconi School of Management (Milan, Italy). Among his experience are topics, such as Issues in Public Health, Health Policy and Management in Developing Countries and Health Care Systems and Policy. He is currently based as a General Manager at the Training, HR, Health Camps Departments at the Aarogyasri Health Insurance Scheme, Government of Andhra Pradesh (India), Star Health and Allied Insurance Co. Ltd. Previously, he was the Director Medical Programs of the CSR Division of FSL India’s Happy Move Camp with Hyundai, Kia Motors Corporation, South Korea.

Mr Terence QUEK, facilitator

Terence is Director of Caelan & Sage, a creative think tank based in Singapore that provides client-centric solutions with a focus on strategic communications. As Principal Trainer of Right Impact Training, Terence has worked with more than 3,000 executives and youth from the people, public and private sectors both locally and in Asia and Europe, enhancing mutual understanding and promoting people-to-people interactions through projects, dialogue, facilitation and training. He worked with the Singapore government on several national campaigns and movements and consults with organisations on policy, management and capacity building. He is an active member of the community and holds appointment in several grassroots and voluntary organisations. His past training engagements with ASEM were for projects in Romania, Hungary and Vietnam. He was a delegate for the inaugural ASEM Young Urban Leaders Dialogue in Spain and returned as a facilitator for the 2nd edition in Shanghai. Terence holds an honours degree in Psychology from the University of Sheffield and is a fully certified Associate of Emergenetics International.

3 Participants

- Ms Margarita MERI, NGO EstYes, Estonia
- Ms Morgane NICOLAS, Concordia, France
- Mr Dimitrios KOLOTOUROS, Service Civil International (SCI) Hellas, Greece
- Ms Mu’alimah HUDATWI, Indonesia International Work Camp, Indonesia
- Mr Pramudita WIDIAMOKO, Dejavato Foundation, Indonesia
- Mr Prassana MK, FSL, India
- Mr Dinesh SARANGA, FSL, India
- Mr Nagoor KANI, FSL, India
- Ms Pavithra ANAND, FSL, India
- Mr Mugilan, India
- Ms Krishna Murthy, India
- Mr Raju, India
- Ms R. Rubini, India
- Ms Shivagami, India
- Ms Komalamma, India
- Mr Takeshi MIZUGUCHI, Never-ending International work Camps Exchange (NICE), Japan
- Ms Aiva ROGA, Culture and Art Centre Nâtre, Latvia
- Ms Otgontseren OSOR, Kharkhorin Secondary School #2, Mongolia
- Ms Evelien DRIESSEN, Stichting Internationale Vrijwilligersprojecten, the Netherlands
- Ms Suzanne PRAK, Stichting Leesmij, the Netherlands
- Ms Anna BURGIN, Latitude Global Volunteering, New Zealand
- Mr Felimon BLANCO, Zambosur Arts Center, the Philippines
- Mr Xerxes SEPOSO, Center for Health Development IVB, the Philippines
- Ms Helena PINTO, Centro de Promoção Social, Portugal
4 Useful links

Asia-Europe Foundation (ASEF)
www.asef.org

Coordinating Committee for International Voluntary Services (CCIVS)
www.ccivs.org

Field Services & inter-cultural Learning (FSL)
www.fsl-india.org

Health on Stage website

Health on Stage video
www.youtube.com/watch?v=agAAfZQMydY

ASEF’s Portal Connecting Asia and Europe through art and culture
www.culture360.org

Asia-Europe Meeting (ASEM)
www.aseminfoboard.org

For more information about the field implementation in Bangalore and Chennai, please visit the following blogs:
www.kempegowdabangalore2.wordpress.com
www.nammachennai2011.wordpress.com

5 Reference materials

For more information on Most Significant Change technique:
www.mande.co.uk/docs/MSCGuide.pdf

Link to ‘CCIVS-UNESCO Toolkit on forum theatre’. (In which one can find more information on a past international volunteering project on forum theatre for the dialogue on HIV/AIDS in Africa):
www.ccivs.org/pdf/Act_Learn_and_Teach.pdf
6 Contact details

**Asia-Europe Foundation (ASEF)**
31 Heng Mui Keng Terrace, Singapore 119595
E info@asef.org
T +65 6874 9700
F +65 6872 1135

**Coordinating Committee for International Voluntary Services (CCIVS)**
UNESCO House
1, rue Miollis
75015 Paris, France
E secretariat@ccivs.org
T +33 1 4568 4936

**Field Services & inter-cultural Learning (FSL)**
453, 1st Floor, 15th Cross, Lakkasandra, Wilson Garden,
Bangalore-560030, India
E ltvfslindia@gmail.com
T +91 080 2211 1930, +91 080 2211 1931
F +91 080 2213 1055, +91 9900 2447 39
The Asia-Europe Foundation (ASEF) and the Coordinating Committee for International Voluntary Service (CCIVS) organised the 10th Asia-Europe Young Volunteers Exchange (AEYVE), entitled Health on Stage: Enhancing Cultural Competencies for Public Health Dialogue from 20 August to 1 October 2011, in Bangalore, Chennai and Mysore in India. The project, hosted by Field Services & inter-cultural Learning (FSL) India, was organised in conjunction with the 10th Anniversary of the International Year of Volunteers (IYV+10) and the European Year of Volunteering.

The Health on Stage publication is divided into two volumes capturing the outcomes of the project. The current volume serves as a training toolkit for organisations who wish to implement international volunteering projects in generating awareness of public health issues through the use of forum theatre. Volume 02 contains the evaluation report of the project, which described the impact of the project as well as recommendations on the methods used. It ends with recommendations on how to customise these methods to the local situation in Asia-Europe Meeting (ASEM) countries.

ASEF’s share was supported by the Government of Japan.