

**UNDERSTANDING THE ROLE OF SPORT FOR DEVELOPMENT
IN COMMUNITY CAPACITY BUILDING IN A REFUGEE CAMP IN TANZANIA**

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in Partial Fulfillment of the Requirements
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By
Ryan Ward Wright

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ABSTRACT

In the past decade a rapid increase has been seen in the number of organizations using sport as a development tool in majority world communities. Specifically, Sport for Development programs have been promoted as a means to promote peace, a forum for social mobilization efforts and health initiatives, and a tool for sustainable community development (SDP IWG, 2008; UNIATF, 2003). Often, a fundamental goal of such programs is community capacity building. However, despite this increase in attention, data regarding benefits of these programs remains anecdotal, without a strong body of reliable evidence on the impact of Sport for Development programs on community capacity building. Informed by this context, the purpose of this study was to understand the effectiveness of a Sport for Development program in community capacity building in a refugee camp in Tanzania.

The research was accomplished using a qualitative case study approach with 12 key stakeholders involved in the program. The principal method of data collection was a participatory workshop methodology using Laverack's (1999) nine domains to assess community capacity. This qualitative workshop methodology also employed a quantitative tool vis-à-vis Laverack's nine domains which acted as a participatory guide to evaluate the level of community capacity in the program. An initial workshop held with key stakeholders assessed current status, which was followed by the development and implementation of strategic plans for action by stakeholders based on the workshop assessment. A second workshop was held one year later to re-assess community capacity. Additional methods of data collection included individual interviews, observations, and field notes. Member checking, a prolonged time in the field, and triangulation were the primary procedures for verifying the accuracy of the findings.

The results showed that community capacity was increased in eight of the nine domains. Specifically, these eight were community participation, local leadership, organizational structures, problem assessment capacities, resource mobilization, ability to ‘ask why’, role of outside agents, and program management. The findings from this study demonstrate that a Sport for Development program can be effective in increasing community capacity; this was attributed to the specific participatory methodology used to assess community capacity, structural changes in the program, and a change in approach to programming by project coordinators.

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DEDICATION

This thesis is dedicated to my parents Barbara Ann and Donald Lex Wright. Thank you for your continued love and support.

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LIST OF ABBREVIATIONS

C2C -	Coach 2 Coach
CC RM -	Community Capacity Refresher Meeting
CC FM -	Community Capacity Final Meeting
CC WS#1 -	Community Capacity Workshop #1
CC WS#2 -	Community Capacity Workshop #2
GoT -	Government of Tanzania
IPs -	Implementing Partners of the United Nations Refugee Agency
IRC -	International Rescue Committee
JRS -	Jesuit Refugee Service
LSPS -	Live Safe Play Safe
MHA -	Ministry of Home Affairs
NGO -	Non-governmental organization
OPs -	Operating Partners of the United Nations Refugee Agency
RBCP -	Red Ball Child Play
REDESOS -	Relief To Development Society
RTP -	Right To Play
SAEU -	Southern Africa Extension Unit
SDP IWG -	Sport for Development and Peace International Working Group
TCRS -	Tanganyika Christian Refugee Service
UN -	United Nations
UNHCR -	United Nations High Commissioner For Refugees (United Nations Refugee Agency)

UNIATF - United Nations Inter-Agency Task Force on Sport for Development and Peace
WHO - World Health Organization

DEFINITIONS

Case study: “an exploration of a ‘bounded system’ or a case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources of information rich in context” (Creswell, 1998, p. 61).

Community: a specific group(s) and/or network of groups organizing around specific issues, generally but not always spatially bound (Labonte & Laverack, 2001a).

Community capacity: the level or degree in which a community “has the characteristics, skills, and energy to take on the challenges it will need to face in order to move to greater levels of well-being and prosperity” (Bopp, Germann, Bopp, Baugh Littlejohns, & Smith, 2000, p. 1).

Community capacity building: increasing “community groups’ abilities to define, assess, analyze and act on health (or any other) concerns of importance to their members” (Labonte & Laverack, 2001a, p. 114).

Domains approach: a participatory workshop methodology that involves the use of Laverack’s (1999) nine domains to assess community capacity, develop strategic plans for action based on information gained from the assessment, and later re-assess to determine the extent capacity has been built.

Kanga: a sheet of colourful fabric worn by women and occasionally by men in East Africa.

Local integration: one of the three durable solutions to bring the plight of refugees to an end. Local integration involves permission and assistance from the country of asylum for refugees to settle and live independently within the host State. Ideally, local integration will involve the acquisition of citizenship (UNHCR, 2004).

Majority world: reference to the poorer and less developed countries where the majority of people of the world live (Crump, 1998).

Participatory research: “systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change” (Green et al., p. 4).

Physical activity: “any bodily movement produced by skeletal muscles that results in energy expenditure” (Caspersen, Powell, & Christenson, 1985, p. 126).

Play day: a Right To Play event involving 30-40 coaches playing games, from the Red Ball Child Play module, with children and youth for a period of two to three hours. The number of children who participate in a play day can range from 500 to over 1000.

Refugee: A refugee is a person who “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his [or her] nationality and is unable or, owing to such fear, is unwilling to avail himself [or herself] of the protection of that country; or who, not having a nationality and being outside the country of his [or her] former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it” (United Nations High Commissioner for Refugees, 1951, p. 2).

Refugee dependency syndrome: commonly identified in terms of “lethargy; lack of initiative; acceptance of handouts with little attempt at self-sufficiency; [and] frequent complaints, especially about the lack of generous outside help” (Clark, 1985, p. 1).

Repatriation: one of the three durable solutions to bring the plight of refugees to an end. Repatriation is the process of refugees returning to their country of origin.

Resettlement: one of the three durable solutions to bring the plight of refugees to an end. Resettlement “ involves the selection and transfer of refugees from a State in which they have sought protection to a third State which has agreed to admit them – as refugees – with permanent residence status” (UNHCR, 2004 , p. I/2).

Sport: “all forms of physical activity that contribute to physical fitness, mental well-being, and social interaction ... [such as] play; recreation; organized, casual or competitive sport; and indigenous sports or games” (UNIATF, 2003, p. 2).

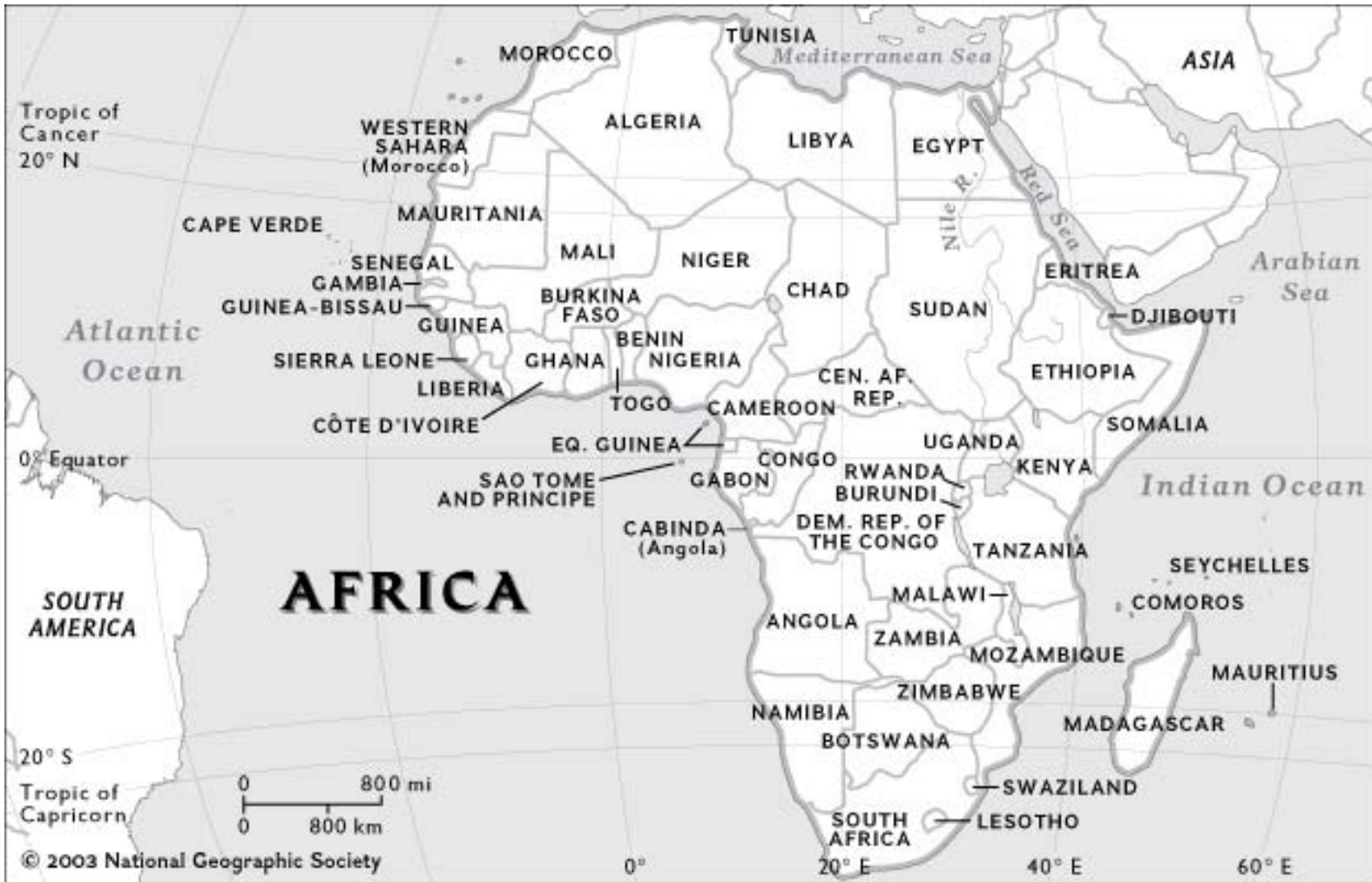
Sport for Development: a shortened version of the term Sport for Development and Peace. Sport for Development, or Sport for Development and Peace, is a recently developed stream within the field of international development that utilizes sport as a development tool. These concepts evolved out of a growing belief that well-designed, sport-based initiatives incorporating the best values of sport can be powerful, practical, and cost-effective tools to achieve development goals and peace objectives.

Sport for Development and Peace International Working Group (SDP IWG): an amalgam of governments, United Nations agencies, and non-governmental organizations including sport federations, development organizations, and Right To Play (which serves as the secretariat) in a four-year initiative working to engage various stakeholders (governments, United Nations agencies, and civil society) in the development of practical recommendations for the integration of Sport for Development and Peace into domestic and international development policies, strategies, and programs (SDP IWG, 2006). The work of the SDP IWG culminated at the Beijing Olympics in 2008 with the endorsement of the Beijing Declaration on Sport for Development and Peace, a comprehensive set of policy recommendations for national governments.

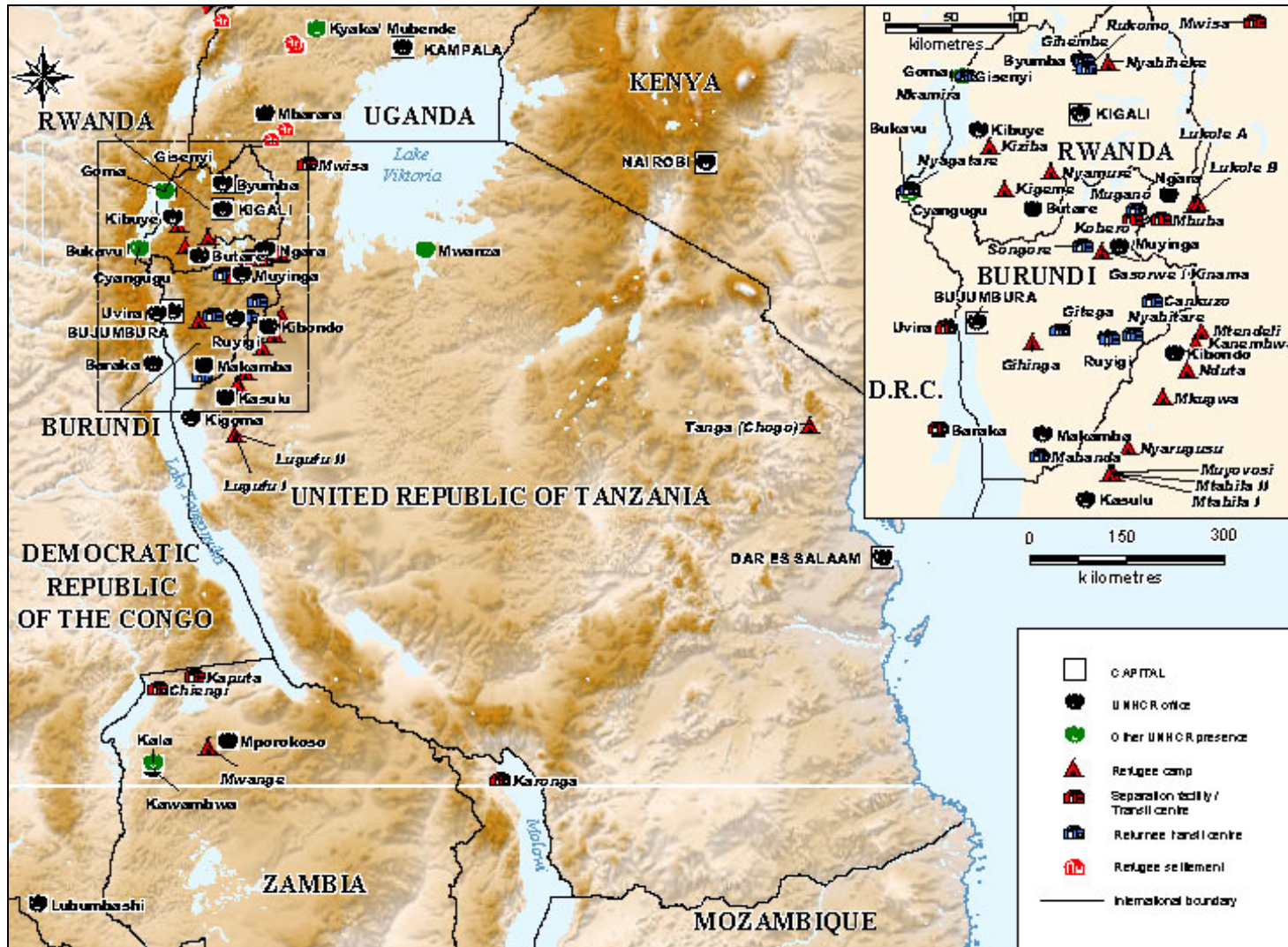
Sport Health: Right To Play programs which occur in capital cities or other large urban centres.

SportWorks: Right To Play programs which occur in rural communities and refugee camps.

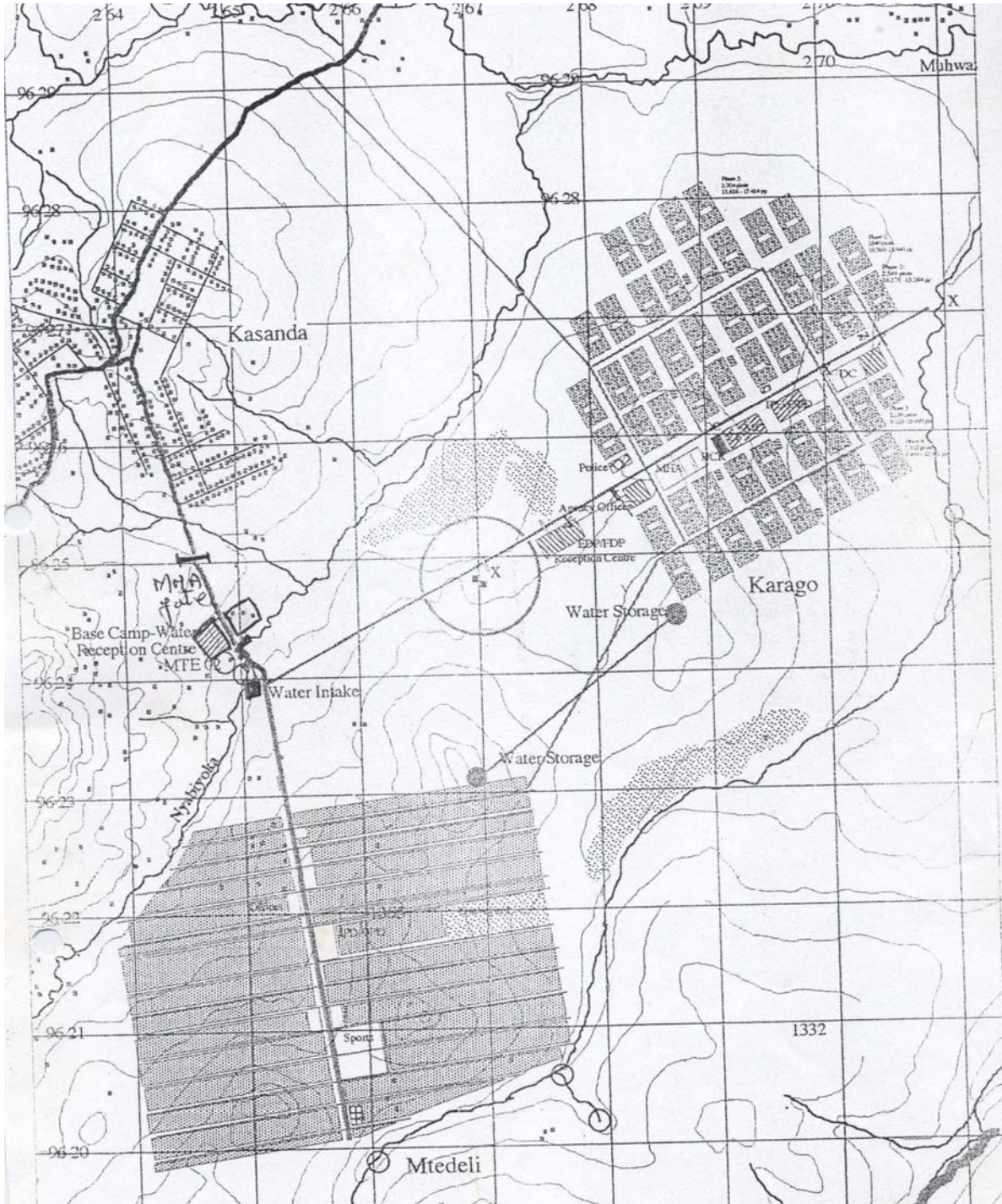
Map 1 – Africa



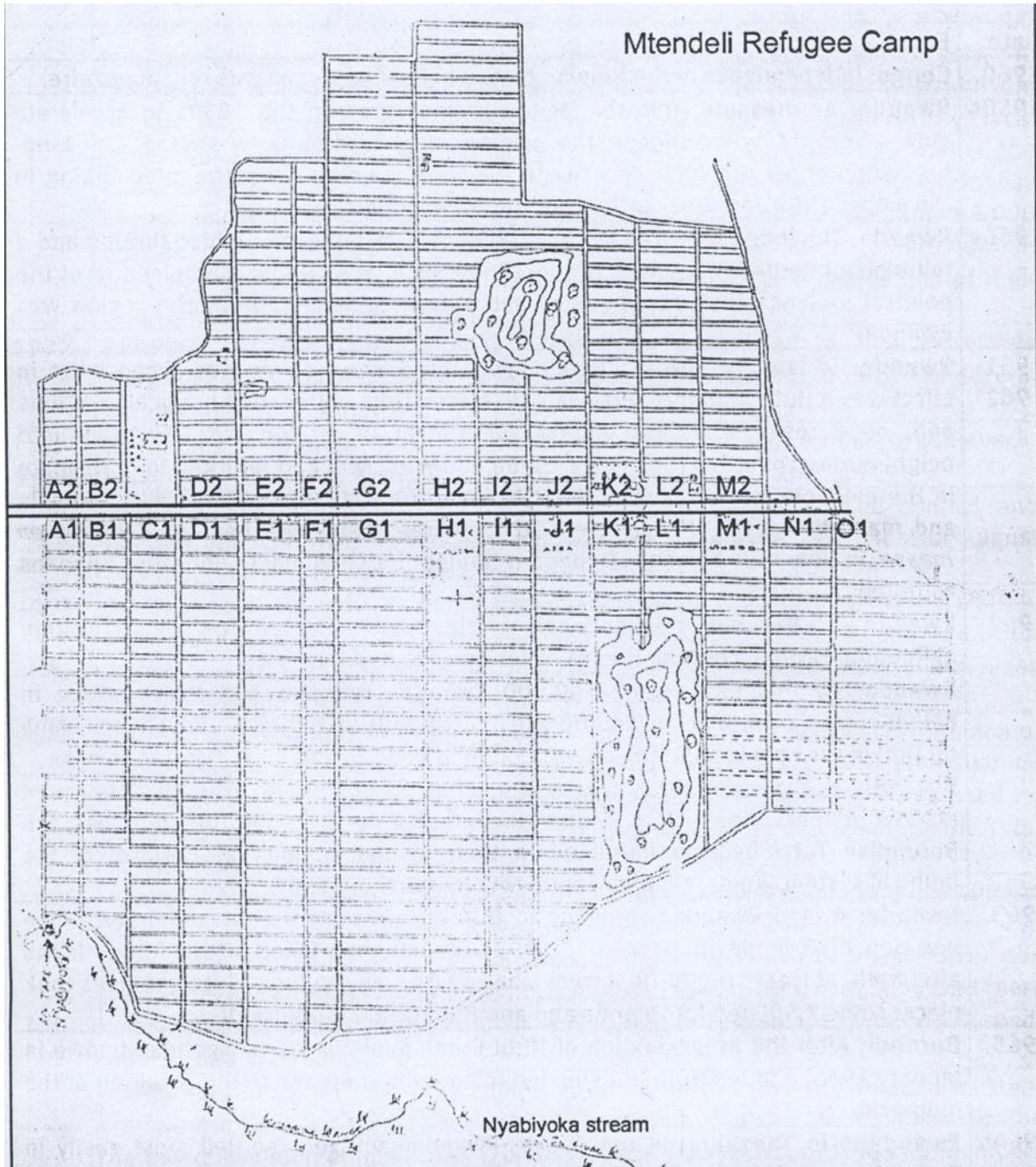
Map 2 – Refugee Camps in Tanzania



Map 3 – Mtendeli and Karago Refugee Camps

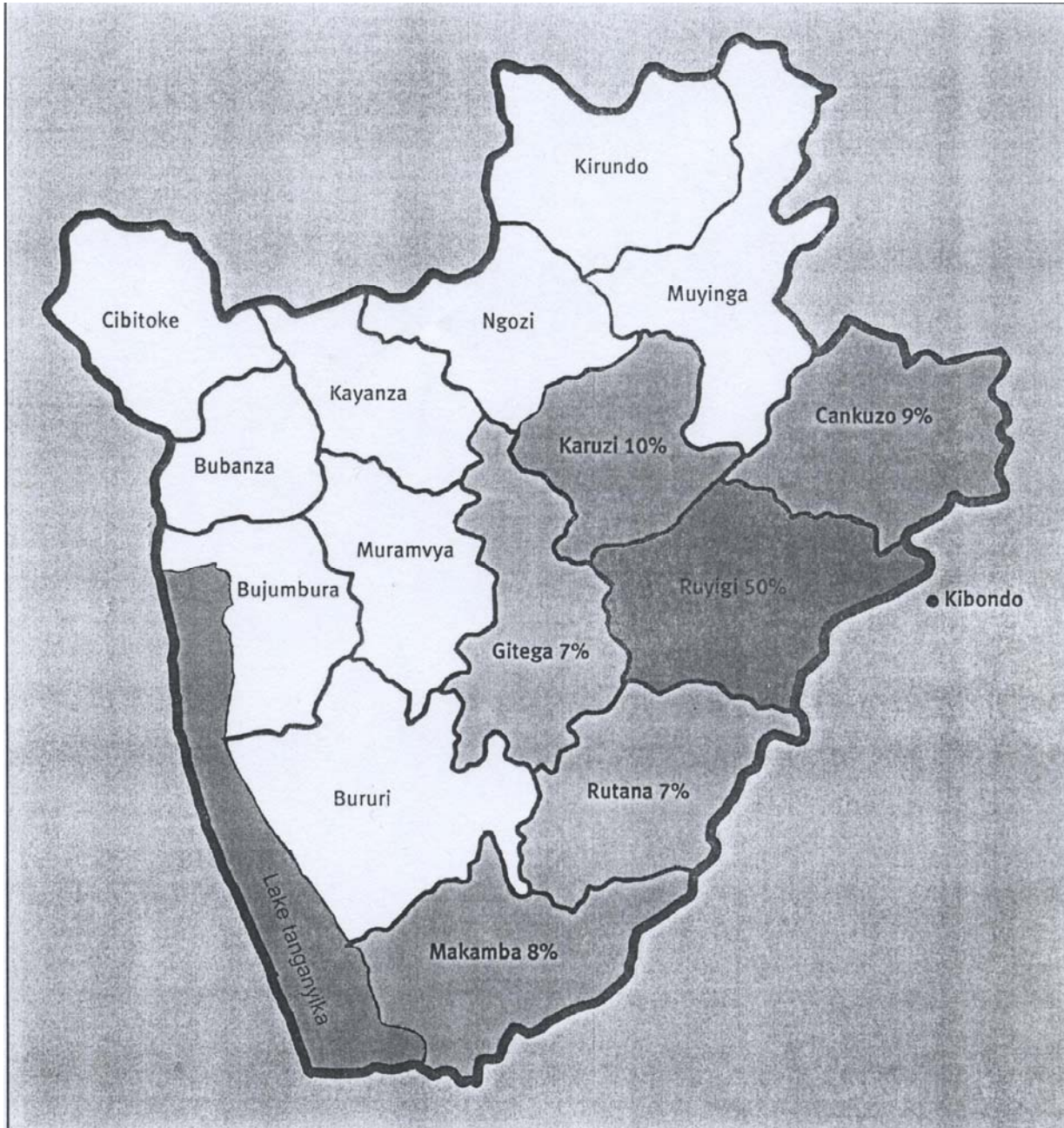


Map 4 – Mtendeli Refugee Camp



Map 5 – Burundi

(Including provincial percentage values of refugees in Mtendeli Refugee Camp coming from Burundi)



PREFACE

The guard clanks shut the rust coloured gates of the Right To Play compound. Only five seconds into the drive, a powdery red dust begins sifting through the air vents. You quickly roll down the windows of the royal blue Land Cruiser which immediately creates a vacuum effect; the dust billows in. It's far too hot and humid to shut them, so you suffer the dust.

From the top of the hill, home of the United Nations Refugee Agency office, you turn right and then drop down a winding downhill path into town. You get to the main street and drive by the bright blue shipping container used to sell Vodacom cellular phone vouchers, past the Moonlight Stationary shop and adjoined Sunshine Café, and beyond the dilapidated concrete volleyball court at the community youth centre – all the while dodging pedestrians, goats, chickens, motorcycles, various speeding non-governmental organization vehicles, and Coca Cola freight trucks. In Kibondo, there is no rhyme or reason; neither are there traffic laws. If you're lucky, someone might honk to warn you of their impending arrival. However, ultimately the onus is on you and if you don't want to get hit, it's your responsibility to make sure that you don't.

When you leave the busyness of Kibondo behind, the dark red pigment of the road becomes more apparent. The tract winds, meandering through the muted landscape of dust-suffocated brush, miniature mountains and rolling hills, stunted banana trees and towering acacias, mud huts embedded with crooked poles and topped with tufts of grass, smoky brick-making enterprises, and unfinished, roofless mud and brick buildings. Men walk along the road pushing made-in-China bicycles topped with heavy cargo fastened to them – anything from metal sheet roofing to huge bundles of charcoal. They work labouriously, thrusting their cargo on the steep uphill terrain and then taking daredevil rides on the way down. Women walk in packs, lined up in a single file, balancing primary coloured buckets or plastic rectangular baskets on their heads. More often than not, they also carry babies in their bellies or little ones on their backs. When any of these locals sense a car coming, they quickly scurry left and right, some so fearful of being hit that they run off the side of the road and up the embankments.

The corduroy road rattles the Land Cruiser to its core. Spine-compacting potholes shock the system and fling you off your seat. Unfortunately for you, and the vehicle, the potholes are unavoidable. But the driver knows every inch of the road, slowing down from his steady 80 kilometres an hour only when absolutely necessary. He looks for puffs of dust in the distance, a telltale sign of an oncoming vehicle. He readies himself to dodge whatever comes his way – car, bus, tanker truck. All the while, he’s on the lookout for chickens and goats, both known for illogically running out in front of speeding vehicles. If he’s lucky (but mostly if you’re lucky), he can manage the entire 50-minute ride without getting stuck behind an 18-wheeler driven by an ego-tripping maniac who refuses to move to one side of the road, and who opts instead to hog the centre and suffocate everyone in his wake.

Twenty minutes into the drive, you pass the first refugee camp, Kanembwa. Non-governmental organization signs pepper the entrance as if it’s imperative that the humanitarian bodies be recognized – the Tanganyika Christian Refugee Service; the European Commission for Humanitarian Assistance; the International Rescue Committee; the Southern Africa Extension Unit; International Committee of the Red Cross; Right To Play; and so on. There’s little to see from this vantage point, as the refugee camp is set far back from the main road.

Twenty-five minutes pass and you arrive in Kassanda village. You know you’ve arrived when you roll over the generously proportioned speed bumps, 1-2-3. A concrete monument painted blue sits by the side of the road with white block lettering announcing *Shule Ya Msingi Na Ufundistadi* on it, Primary School for Technical Studies. Its seven long mud brick buildings line both sides of the road. Baby goats graze on the lawn. Hundreds of school children, neatly dressed in blue and white uniforms, also surround the buildings. They gawk at you and the Land Cruiser as it slowly creeps over the speed bumps.

Several *maduka* or shops, patched together with bricks and boards and tarps and tin, soon appear in the landscape. You see ramshackle buildings plastered with posters announcing the sale of Coca-Cola, Vodacom phone vouchers, and Sportsman and Safari cigarettes. Men sit on thin wooden benches in front of the Classic Haircutting Saloon wiling away the morning. A little further is a fork in the road. In the middle of the V, the non-governmental organization signs

again rise proudly and prominently though the most important, 'Mtendeli Refugee Camp' in the rear, on a white background with blue lettering, is largely obscured by the others. The Land Cruiser veers right and on your left you see the Kassanda market where villagers are buying and selling everything from second-hand clothing to used soccer balls, cooking pots to fruit and vegetables, and plastic sheeting to empty Dasani water bottles.

To get to Mtendeli refugee camp, you follow the road past the market, around the bend, and past the large leafless, lifeless-looking tree. The rumble of the car is enough to lure children out of their little hut homes and to the road side. Parents barely register your arrival or the fact that their children could be the next victims of vehicular manslaughter. After you pass the huts, the jacaranda trees give a burst of colour to the otherwise dull and dusty view and their blossoms form pretty purple puddles on the ground. Then there is nothing for a kilometre or so.

Finally, you arrive at a gate fashioned out of a burnished metal pole and held up by two Y-shaped wooden end pieces. As is customary, the guard slowly ambles off his perch, five or 10 seconds after the truck has come to a complete stop, and leisurely saunters over to the vehicle. In his hand he holds two sign-in books that are no longer held together at the spine. One is for the driver and the other for passengers. Each day the same required information is collected: date, time, name, organization, nationality, purpose of visit, and signature. After scribbling your particulars, you hand back the book and wait a full excruciating minute for the guard to slide the pole off to the side and let you pass.

You continue past the gate and down the road. To the right, brick buildings and Coleman tents, surrounded by rusty fencing, make up an improvised arrival area for those refugees coming in from Burundi. A few people loiter, awaiting the day but with nothing to do. The World Food Programme and Tanganyika Christian Refugee Service storage area comes next. The gated compound holds a dozen 1000-square foot tents filled with refugee necessities: plastic sheeting, jerry cans, blankets, pots, cooking utensils, mosquito nets, and food. A separate storage shelter, topped by green sheathing but open to view, has neatly stacked piles of PVC pipes, generators, and other materials used to pump water. The guard at the lip of the compound sits idle, bored and likely hoping for someone to stop by and break the monotony of his day. Across the road,

the manicured shrubs and brick offices of the Ministry of Home Affairs contrast starkly with other rudimentary shelters nearby. The Camp Commander works here, allowing the chosen few to enter the camp and granting temporary permits to refugees who need to leave camp for the day.

After you pass the Ministry of Home Affairs office, you travel another kilometre of empty red road. As you drive along this stretch, you begin to notice small mud huts amongst the trees. The grid pattern of roads becomes apparent and little rectangular, stained, white markers with block and street numbers speak of an organized layout. Every home sits on its own plot of land, about 10 by 15 metres, like a well-designed Legoland, only far more destitute and not remotely as colourful. The huts are either made of mud and embedded poles or of mud bricks, the latter being sturdier and better built. Animals – goats, chickens, and the occasional pig – wander amongst the huts, enjoying their brief freedom before their slaughter. Aside from the non-governmental organization buildings, a few camp message boards, and a couple market shops, this place is devoid of colour except for a reddish, orangey-brown and the muted green of trees.

As you drive into this tree-encased mud hut community, the early morning sun casts an enchanting light on the camp. Somehow, it and the dusty haze, soften the look of this place. For a fleeting moment, the dilapidated mud shelters seem overwhelmingly beautiful amongst the trees and the people collecting on the sides of the main road look less desperate than usual. Perhaps that's because, after a while, you somehow become more immune, almost desensitized to the reality of this place.

As you continue along the road, the first major structure you come upon is the Food Distribution Centre. Green and white tattered tarps lashed to skinny, crooked poles barely provide adequate shade for the more than 25,000 residents who stream through every second Wednesday to pick up their food rations of maize, palm oil, beans, and salt. As you pass, adults mill about the road like busy ants, stopping to stare intently at the rare sight of a truck transporting you – a white person – driving by and kicking up dust in their faces. The crowd wears a mishmash of clothing: bucket hats; ball caps; jeans; dress pants; 50 cent, Ja Rule, and Nelly t-shirts; sports jerseys; trench coats; checkered lumberjack shirts; silky dresses; and colourful *kangas*. All but the *kangas* are hand-

me-downs from the developed world. Some people look plucked off the streets of a big metropolis while many others fit the stereotype of refugee fashion with clothes stained the colour of mud.

The children, not at all attired so diversely, swim in their ripped rags and scream, “Bye, bye, bye!” as you approach. They’re oblivious of the meaning but still throw up both hands to wave hello. Others add in “*Mzungu! Mzungu!*”, White person! White person!, as a rallying cry for others who might be interested in witnessing an alien invasion. Dozens of little ones magically appear from the trees and fibrillate with excitement. Many run at turbo speed to keep up with the Land Cruiser, pumping their arms with dirt-stained plastic water bottles in hand. The children are excited. Today is a special day because a *play day* will take place and many little ones don’t want to miss the chance for fun and games, and, perhaps just as importantly, to get a bottle of neon-coloured sugar water that everyone refers to as *juici*.

After passing the children, you proceed further into the camp. The International Rescue Committee hospital compound, to the left, is the largest piece of property in camp. The fenced-in compound consists of small, medium, and large-sized buildings clustered on the grounds. Next, there are a few more streets and rows of hut housing, and the market area is announced by signboards for Minani Hotel (in fact, a restaurant), the International Rescue Committee, and Right To Play. Lively, muffled music streams through the small side roads of the market, wide enough for two cars to pass if they hug the walls. Each *duka*, or shop, attracts buyers for everything from cigarettes and batteries to headscarves and kangas. Men in bloody smocks hack pieces of goat with machetes, stringing the small pieces on metal sticks to sell to those who can afford the luxury. Grill smoke adds haze to the scene and a coarseness to the air. People randomly stream in and out of the mudwork to get a glimpse of the truck. Some come closer, tsk-tsking and making kissy-kissy sounds, whispering quickly in Kirundi and giggling amongst themselves. Sometimes, they even muster up the courage to get close enough to demand money, “Mzungu give me money!” They have no idea how trying such continual demands are, and you have no concept of how much easier it would be if you were able to speak fluent Kirundi.

At the market, the driver turns left and you arrive at the horseshoe-shaped brick buildings that make up the Mtendeli Youth Centre. To beautify the centre, someone has planted flowers in Coral Paint and USA Refined Vegetable Oil (Vitamin Fortified) cans and placed them, spaced out evenly on the front stoops. This is home to the Outreach office, Sexual Health Services, and the Right To Play office, among others. The centre block of the building, the size of a tennis court, serves as a conference hall and is also considered a gaming room but only by virtue of having one small pool table with fraying felt and cues which have been warped by use and time.

Happy to be out of the Land Cruiser, you set off past the neighbouring community services compound and find Right To Play coaches preparing the field for the play day. The field is a large square swath of land surrounded on two sides by tall trees and enclosed by long secondary school buildings laid out in an 'L'. Three men crouch over to scoop fine chalk from a single 50 kg sack and sift it through their hands to outline a 15-square grid pattern that will define play areas. The faintest breeze carries the white powder from its intended destination and their black bodies get dusted in the contrasting colour.

The children use their uncanny powers to sniff out Wazungu (white people) and start invading the field, running over and surrounding you, jostling for position to get as close as possible. Their stares are intent and unflinching and they crane their necks to get a good view. This, for them, must seem like an exciting visit to the zoo to see strange creatures from another world. The monochromatic red mud palette of their clothing is only interrupted by the occasional burst of fuchsia, yellow, and blue t-shirts. Like the adults in the camp, the children also wear obvious leftovers from the first world. Distended bellies and bare bottoms are also common. Some wear flip flops but many go barefoot, their little toes scraggly and damaged from exposure.

Around 9:00 a.m., the chief organizer of today's event, Emil, manages to lure the children away from their sightseeing with the help of an oversized megaphone that eclipses one third of his diminutive frame and forces him to walk with an unnatural gait. The day's participants crowd on one side of the field to receive instruction. With his lips to the megaphone's mouthpiece, Emil pumps out muffled messages and leads the first group to their assigned square where two yellow-shirted coaches wait. The rest of the children are in the same way, filling each square and

passing time with the coaches by singing and dancing until the games officially begin. After a 15 minute period, the megaphone's siren wails and the team of Right To Play coaches takes charge.

The Chicken Dance in one of the squares has children writhing, hands-a-clasping, and mouths-a-singing. Elsewhere, two stained-brown tennis balls are used by competing teams in a game of No Hands Pass. A game of Limbo is a hit for many children and the rhythmic chanting is contagious. The children clap and use an abbreviated jump while bending over backwards to get under the broken tree branch. In another square, little ones stuff themselves into World Food Programme bags and hop along in an animated potato sack race. The three-legged race also goes over well, although some pairs have an obvious knack for working together while others sputter about jerking one another along, arms wrapped awkwardly around each other's shoulders. Over in the corner square a black, red, and white parachute works its wonders. The children position themselves around the cloth, grasp it with both hands and start flapping their little arms in a high-speed up-and-down motion. They watch the balls bounce wildly in the center of the parachute; this elicits happy squeals from all who play. This is what a play day is all about. It is a chance for all children to play, to be included, and to have fun. It is an opportunity to simply be a child, to enjoy life, and to be distracted from the monotony of daily life in the refugee camp.

After 10 minutes of activity, Emil parades amongst the 1000 plus children and sounds the siren once again to signal a change of games. The coaches, and not the children, step over the lines to the next square and start another round of games. These men and woman volunteer their time, some to better their community, some to have something into which to pour their energy, and some to get free lunch and soda. The majority transmit their enthusiasm to the children, smiling, clapping, singing, and sharing in the joy, while a few are listless and go through the motions. Luckily, the children don't seem to notice these few coaches. The children are here to play and to have fun and their energy levels are high.

As the games go on, a few little ones sit on the sidelines to watch, either uninterested in playing or already exhausted. The odd adult passerby glances quickly and moves on. A woman balancing a 15-foot tree trunk on her head walks clear across the playing field. Play day or not, she will not stray from the most direct route to get her morning's labour done. By 11:30 a.m., the

children are beginning to wilt as are the coaches. Emil does one final stint on the megaphone, calling all children and coaches to make their way to the classrooms of the secondary school. The play day is finished and now it's juice distribution time.

The school's classrooms contain handcrafted desks, or rather tiers of benches made of hardwood planks on thin tree stumps driven into the ground. The dirt floor is ruddy but the furniture somehow sits level. The exposed roof joists and rafters reveal a corrugated tin roof. It is sombre and musty, the light and air barely wafting in from the windows. After the children enter in a relatively organized fashion, the coaches dip primary-coloured plastic mugs into huge buckets filled with just-add-water powdered Jolly Juice. Row by row, the children make their way to the front of the classroom to have their bottles filled. As they walk away they start sucking on their bottles of juice, recharging their little bodies.

Emil and a small group of coaches make the rounds to each classroom. In each, Emil interacts with the children. He asks them questions about what they are learning in school, about the play day, and sometimes about the Right To Play project coordinators. Then he leads the children through a series of cheers. He yells "Mtendeli!" and the kids respond "Oyé!" (Yeah!). He shouts "Right To Play!", they again yell back "Oyé!" He bellows "Watoto!" (Children!) and they scream "Kwanza!" (First!). This collective cheering is contagious and you find yourself screaming along with the group. After the morning's excitement, all the children pour from the classrooms and blend back amongst the trees as they head for home.

CHAPTER 1

1.1 INTRODUCTION

Participation in physical activity is important for health, social, and economic reasons (Goetzel et al., 1998; Katzmarzyk, Gledhill, & Shepard, 2000; Leonard, 1998; Warburton, Nicol, & Bredin, 2006; World Health Organization [WHO], 1999). Such benefits are common to individuals and communities throughout the world (Vuori, 2001; WHO, 1999). However, more recently sport and physical activity have been promoted in majority world¹ communities as a means to promote peace, a participatory tool to create inclusive opportunities for marginalized groups, and as a forum for social mobilization efforts and other health-based initiatives (Sport for Development and Peace International Working Group² [SDP IWG], 2008; United Nations Inter-Agency Task Force on Sport for Development and Peace [UNIATF], 2003). In addition, the UNIATF (2003) states that sport not only builds human capabilities, in terms of social and health benefits, but also promotes sustainable human and community development.

Given these roles, several international organizations are now promoting sport as a developmental tool in and of itself. The Commonwealth Games Canada, Sports Coaches' OutReach, Mathare Youth Sports Association, and Right To Play (RTP) are examples. For my research, I collaborated with the international non-governmental organization (NGO) RTP which currently implements *Sport for Development* programs in countries in Africa, Asia, and the

¹ Majority world – reference to the poorer and less developed countries where the majority of people of the world live (Crump, 1998).

² The Sport for Development and Peace International Working Group is an amalgam of governments, United Nations agencies, development organizations, and Right To Play (which acts as the secretariat) in a four-year initiative working to engage various stakeholders (governments, United Nations agencies, and civil society) in the development of practical recommendations for the integration of Sport for Development and Peace into domestic and international development policies, strategies, and programs (SDP IWG, 2006). The work of the SDP IWG culminated with the presentation of a comprehensive set of policy recommendations for national governments in conjunction with the Beijing Olympics in 2008.

Middle East. RTP's mission is "to improve the lives of children in the most disadvantaged areas of the world by using the power of sport and play for development, health, and peace" (RTP, 2008, p. 16). Thus, RTP works with severely disadvantaged groups including refugee populations, former child combatants, and children orphaned due to war, poverty, or disease (RTP, 2004b).

RTP implements two specific programs. The programs are called *Sport Health* and *SportWorks*. Sport Health programs occur in large urban centres, typically capital cities, while SportWorks programs occur in smaller rural communities and refugee camps. Such programs are designed to enhance healthy child development (RTP, 2007, 2008). In addition to providing opportunities for sport and play, RTP applies a behavioural approach in their programs using sport and play as mediums to provide health education and encourage health enhancing behaviours and lifestyle decisions. Hence, sport and play are utilized as entry points to teach about hygiene, vaccination, HIV/AIDS awareness and prevention, and the importance of physical activity.

Another objective of RTP programs is to build community capacity (RTP, 2002, 2004b, 2007, 2008). RTP reports that through the transfer of skills and knowledge to community members as well as the development of sport specific organizational structures such as Sport Councils/Task Teams and sport infrastructure, the organization builds stronger communities and increases the likelihood of community ownership and projects sustained by the local population (RTP, 2002). Specifically, the organization believes that training local youth and adults to be coaches and leaders can foster ownership of the RTP program and project management may be assumed in the long term (RTP, 2002, 2005, 2006).

To date, very little is known about the role RTP programs actually play in increasing community capacity. Given that no empirical studies exist regarding this specific objective, the

purpose of my research was to understand the effectiveness of a RTP SportWorks program in community capacity building. I undertook this work using a qualitative case study approach in a refugee camp in the Kibondo district of Western Tanzania.

1.2 PERSONAL STORY

As it is important for a researcher to acknowledge their position in order to frame their research (Lincoln, 1995, 1998), I will share my personal story and how I came to be interested in this research. Growing up, I was always interested in sport, physical activity, and health and these interests influenced me to carry out an undergraduate degree in the field of kinesiology. However, due to uncertainty about whether studying kinesiology suited me, following completion of my third year at university, I decided it essential that I travel. To date, by far one of the most substantial and empowering events in my life was that decision. As I journeyed independently throughout East and South-East Asia, a whole new world opened for me: the busyness and the neon lights of Tokyo, the smog and smells of Bangkok, and all the wonder and marvel that is Burma. I volunteered to work with children in Thailand, trekked through remote villages in Northern Laos, slept in hammocks on the banks of the Mekong River, saw the temples of Angkor Watt, bicycled through the pagodas of Bagan, and met an array of beautiful people in each country I visited.

However, sadly, not all of my experiences while travelling were filled with wonder and beauty. While in South-East Asia, one cannot ignore the widespread poverty that exists. Families live in mud huts with no electricity or running water; people with missing limbs or other deformities beg for spare change; and children sniff glue and live on the streets. Women dig through dumpsters for anything of value and young children – newborns tied to their backs – dart in and out of traffic and beg for money. Young women and men, and even girls and boys,

prostitute, selling their bodies to the multitude of foreigners and local business people eager to purchase their services. These are just some of the poverty-induced realities faced by the poor of South-East Asia.

Somewhere between all of the beauty and all of the suffering, I met Didier. He worked as a project manager for an international development organization implementing a food security project in Northern Laos. Meeting Didier and learning about his work was my earliest window into international development and humanitarian assistance. That a person could have a career working internationally to improve the quality of life of others was beyond anything I had previously contemplated. At that moment, I was certain that I wanted to be part of this kind of work. Thus, it was in South-East Asia when I first became interested in strategies and methods to enhance the health and well-being of marginalized and impoverished communities. As a result of this experience, I returned to university and enrolled in classes that related to the majority world, to global issues, and to international development. In 2003, I graduated from the University of Saskatchewan receiving an undergraduate degree in kinesiology with a minor in international studies.

After graduation, I was fortunate to obtain an internship with the Adventist Development and Relief Agency in Madagascar. This experience gave me a practical understanding of the daily procedures used by a development organization to implement and administer programs in health and development and it further intensified my interest in international development and humanitarian work. Consequently, after working in Madagascar, I returned to the University of Saskatchewan to commence graduate studies in the complementary areas of international health promotion and community capacity building. In the first year of my Master's program I learned of RTP, of the organization's Sport for Development projects, and the claims for such projects regarding community capacity building. Consequently, I became extremely interested in this

field and, in 2005, was hired as a project coordinator with RTP. My subsequent placement in Kibondo, Tanzania provided the basis of this research.

Prior to leaving Canada and the start of this research project, my education gave me a theoretical background in population health, international health promotion, as well as biomedical, epidemiological, and psychosocial aspects of health and physical activity. It enhanced my understanding of community development, qualitative and participatory research, and working with marginalized groups both in Canada and internationally. More specifically, a broad multidisciplinary focus in my education, combined with practical experiences in qualitative research with at-risk youth, enabled me to develop practical research skills. These included synthesis and analysis of literature, qualitative and participatory research design, qualitative data collection, and data analysis including narrative and thematic analysis. Overall, my education gave me the skills, confidence, and expertise to develop an interdisciplinary and cross-cultural research project that combined my background in kinesiology, international studies, and international development to focus on international health promotion and community capacity building in a majority world context.

Prior to conducting this research, I knew that international development and international health promotion can often be challenging areas of study. My experiences working and living in majority world communities combined with my educational background informed my realization that life is experienced differently depending on where one lives as well as the social status and privilege one holds in his or her country of residence. In my life, I have struggled to understand why life seems unfair and why so many people suffer so extremely. My perspective and feelings have shifted repeatedly, and continually among anger, hope, utter despair, and acceptance. My sensitivity to injustice and suffering and my struggle to understand why so many people live in

utter penury ultimately drew me to community development work. This domain promised an opportunity to assume a constructive role as a global citizen.

In beginning this research, I strongly believed in working with people to help them build on their own capacities, skills, and assets. I also wanted to involve people in the decision making process so they could improve their own lives. Consequently, my hope was to work alongside community members in a participatory manner to improve community health. In addition, I thought that research in the placement community would be irrelevant to all if it did not promote practical action, based on research outcomes. Thus, the research would allow the community and I to use acquired knowledge to drive change. From this project's beginning, I knew that my humanity was intimately connected to both the research and my work with the people of Mtendeli refugee camp.

1.3 REVIEW OF LIERATURE

In this section I discuss literature that I utilized in preparation for this research and that is relevant to the context in which my research was conducted. I begin by discussing the current global status of physical activity as well as the benefits of physical activity and a physically active lifestyle. From here I introduce how physical activity, sport, and play are specifically being utilized in majority world communities through the Sport for Development movement. Next, because this research involved the participation of persons living as refugees, I define the term refugee and also provide a concise outline of the barriers to health experienced by this specific population. Subsequently, I highlight RTP and the work of the organization in the field of Sport for Development. Finally, I provide an overview of the construct “community capacity building” and how it directly unites with RTP and RTP programming.

1.3.1 Current Status of Physical Activity

Participation in physical activity³ is an important issue which concerns both the health of individuals and whole populations because of the numerous physical and psychological health benefits associated with an active lifestyle. Conversely, a sedentary or inactive lifestyle is associated with many adverse health outcomes (Penedo & Dahn, 2005; Twisk, 2006; Warburton et al., 2006) and physical inactivity has been categorized as one of the 10 leading risk factors that threaten global health (Murray & Lopez, 1996; WHO, 2002a). Specifically, seven chronic diseases have been associated with physical inactivity: coronary heart disease, stroke, hypertension, breast cancer, colon cancer, Type 2 diabetes mellitus, and osteoporosis (Warburton, Katzmarzyk, Rhodes, & Shepard, 2007).

In addition, physical inactivity doubles a person's health risks (Penedo & Dahn, 2005), creating health risks similar to those resulting from hypertension, hypercholesterolemia and obesity, and that verge on those associated with moderate smoking (Warburton et al, 2006). Approximately two million deaths can be attributed to physical inactivity each year (WHO, 2002a). Despite the many adverse health outcomes associated with a sedentary lifestyle, an estimated 60-85% of the global adult population is physically inactive (WHO, 2002a). Such evidence suggests that physical inactivity is a major global health problem. Based on the foregoing, a population's understanding of the benefits associated with physical activity is one aspect of health and well-being important for reducing inactivity associated mortality and morbidities.

³ Physical activity is defined as "any bodily movement produced by skeletal muscles that results in energy expenditure" (Caspersen, Powell, & Christenson, 1985, p. 126). Thus, physical activity not only encompasses planned forms of exercise such as walking, running, strength training, and participation in sports, but also includes any daily activity that increases energy expenditure (i.e., play; household chores; yard work; etc.)

1.3.2 Benefits of Physical Activity

A physically active lifestyle has well-documented health benefits (Bouchard, Blair, & Haskell, 2006; Bouchard, Shephard, & Stephens, 1994; Haskell, 1998; McGinnis, 1992; Penedo & Dahn, 2005; United States Department of Health and Human Services, 1996; Vuori, 2001; Warburton et al., 2006; Warburton et al., 2007; WHO, 2002b). In their review article on the health benefits of physical activity, Warburton et al. (2006) concluded that regular physical activity participation prevents the acquisition of several chronic diseases including cardiovascular disease, diabetes mellitus, colon and breast cancer, obesity, hypertension, bone and joint disease including osteoporosis and osteoarthritis, depression, as well as premature death. Similarly, the United States Surgeon General's Report on Physical Activity and Health stresses the importance of regular participation in moderate physical activity as a fundamental aspect of a healthy lifestyle and concludes that regular physical activity "reduces the risk of premature mortality in general, and of coronary heart disease, hypertension, colon cancer, and diabetes mellitus in particular [and] ... also improves mental health and is important for the health of muscles, bones, and joints" (United States Department of Health and Human Services, 1996, p. 4).

Specifically, various forms of physical activity can improve cardiorespiratory endurance, muscular strength, muscular endurance, and flexibility (Hahn, Payne, Gallant, & Fletcher, 2006); build bone mineral density (Andreoli et al., 2001; Block et al., 1989; Chilibeck, Sale, & Webber, 1995; Madsen, Adams, & Van Loan, 1998; Warburton, Gledhill, & Quinney, 2001); and lower both unhealthy levels of cholesterol and blood pressure (United States Department of Health and Human Services, 1996). Evidence also suggests that regular participation in physical activity may reduce anxiety and depression, improve mood (Penedo & Dahn; Ross & Hayes, 1988; Stephens, 1988; United States Department of Health and Human Services, 1996), and result in better functional capacity throughout one's life (Penedo & Dahn; United States Department of

Health and Human Services, 1996; Vuori, 2001). In addition, there is evidence to suggest that physical activity improves health-related quality of life by enhancing both psychological well-being and physical functioning in persons compromised by poor health (United States Department of Health and Human Services, 1996). In total, physical activity reduces the risk of over 25 chronic conditions (Warburton et al., 2007). Importantly, such benefits are applicable to people and communities throughout the world (Vuori; WHO, 1999).

1.3.3 Use of Sport and Play in Majority World Communities

In addition to the physical and psychological benefits associated with physical activity, more recently, sport⁴ and physical activity programs have been promoted in majority world communities as a vehicle for promoting peace and conflict resolution, a forum for social mobilization and health-based initiatives, and as an entry point to promote sustainable human and community development (SDP IWG, 2008; UNIATF, 2003). As a result, over the past decade numerous bodies including United Nations (UN) agencies, international sport federations, national and international NGOs, and national governments have been using sport and physical activity as tools for development and peace (SDP IWG, 2008; SDP IWG Secretariat, 2007).

Despite the fact that sport has been vigorously promoted and utilized as a development tool during the past decade, data on the benefits of Sport for Development programs remains anecdotal and largely internal to the programs, organizations, and agencies promoting development through sport. As a result, numerous researchers and academics (Donnelly, Darnell, Wells, & Coakley, 2007; Guest, 2005; Keim, 2006; Kidd & MacDonnell, 2007) have recently cautioned against the use of unfounded claims being made by such agencies, organizations, and

⁴ In this context, sport is defined broadly as “all forms of physical activity that contribute to physical fitness, mental well-being, and social interaction... [such as] play; recreation; organized, casual or competitive sport; and indigenous sports or games” (UNIATF, 2003, p. 2). Notably, elite sport is outside the scope of this definition.

individuals in their promotion of Sport for Development. Specifically, Keim states that “... we need to be cautious of making false claims for sport or raising expectations that cannot be met. On its own sport cannot reverse poverty or prevent crime or violence, solve unemployment, stop corruption, and respect human rights” (p. 103). Consequently, many of the benefits presented in the following section exist as promotional rhetoric, since factual evidence for such statements is limited. Nonetheless, a description of these claims is important in order to understand how Sport for Development is presently utilized in majority world communities as well as how it is being promoted globally.

As reported by the UNIATF (2003), sport initiatives can play an important role in creating sustainable peace and stability. Specifically, sport is promoted as a powerful tool for fostering peace, tolerance, and understanding because of its ability to transcend cultural, religious, and geographical boundaries (RTP, 2004a). In addition, some reports indicate that sport and physical activity programs can be used to promote reconciliation and peace among cultural groups in times of conflict, violence, and social breakdown (Berna, n.d.; Magglingen Declaration, 2003). Sport is said to help reduce tensions by promoting tolerance and social integration (SDP IWG, 2008; UNIATF, 2003). In this manner, sport bridges ethnic or cultural divisions by fostering social dialogue and conflict resolution (RTP, 2004a; UNIATF, 2003). Sport is not only important in times of crisis – the claim is that sport can also be an effective tool to prevent conflicts (Magglingen Declaration, 2003). As such, it builds cooperation and, as well, emphasizes common interests and similarities among people (SDP IWG, 2008; UNIATF, 2003). Importantly, a peaceful community is an essential component for development and appears to foster opportunities for valuable health initiatives (Maslow, 1970; RTP, 2004a; SDP IWG, 2008).

HIV/AIDS and other communicable diseases are serious global health threats (WHO, 2004). Notably, sport has been utilized as a method to promote social mobilization and health-

based efforts to address such health threats in majority world communities. In this context, sport is used as a medium to deliver important information to people and thus, may be a valuable supplement to health initiatives. Specifically, sport is promoted as a tool for the implementation of immunization campaigns against communicable diseases like measles and polio and serves as a forum for education on the prevention of malaria, cholera, and HIV/AIDS (Berna, n.d.; SDP IWG, 2008; UNIATF, 2003). The use of sport to raise awareness regarding HIV/AIDS is particularly important because 90% of the 40 million people with HIV/AIDS live in majority world countries (Joint United Nations Programme on HIV/AIDS / WHO, 2006).

The HIV/AIDS pandemic has been described as “one of the utmost threats to human life, dignity, and the enjoyment of human rights” (RTP, 2004a, p. 6). Notably, sport programs can bring large numbers of people together and thus provide a good opportunity to talk about HIV/AIDS. In addition, coaches and physical activity program workers hold valuable and influential positions in communities and these individuals often develop trusting relationships with youth (Berna, n.d; SDP IWG, 2008; UNIATF, 2003). Often seen as role models, coaches and program workers may be in a good position to discuss sensitive issues with young people. In addition, the UNIATF (2003) states that the participatory nature of sport also makes it a powerful means to dispel misunderstandings about HIV/AIDS and reduce HIV-related stigma and discrimination.

The facilitation of open discussion by coaches and program workers, both with youth educators and youth themselves, related to HIV/AIDS and its transmission has the potential to educate and provide accurate information about the HIV/AIDS pandemic⁵. This, in turn, may promote acceptance of those individuals living with the disease. In addition, participation in

⁵ Such discussions also have the potential to misinform and create confusion about HIV/AIDS if coaches and program workers are not competent experts, adequately educated about HIV/AIDS and its transmission.

sport and physical activity is reported to improve the quality of life of those living with or affected by HIV/AIDS and, through such participation, further contribute to the elimination of stigma and discrimination associated with the disease (RTP, 2004a; SDP IWG, 2008).

With respect to individual development, the UNIATF (2003) states that sport can be utilized to teach core life principles such as tolerance, cooperation, fair-play, and respect, and to promote the learning of discipline, confidence, leadership, and the value of effort. Recently, Sport for Development has been used by the Mathare Youth Sports Association in Kenya to challenge gender stereotypes by creating organized sport opportunities for females in a predominantly patriarchal society (Ross, Dick, & Ferguson, 2006; Willis, 2000). Thus, Sport for Development programs may work to promote gender equity by emphasizing the rights of and increasing opportunities for females (SDP IWG, 2008; UNIATF, 2003).

Some reports indicate that sport and physical activity programs create inclusive opportunities for persons with disabilities (Maggingen Declaration, 2003; SDP IWG, 2006, 2008; UNIATF, 2003). The UNIATF (2003) further claims that refugees, displaced persons, orphans, and former child soldiers are able to use sport to effectively channel physical energy in otherwise destabilizing environments. Moreover, sport programs are increasingly being utilized as a means of trauma relief for communities and populations affected by large-scale, sudden onset⁶ disasters (Gschwend & Selvaraju, n.d.; Henley, 2005). To these various groups, sport offers a crucial sense of stability (Henley; Kunz, 2006; RTP, 2004a; SDP IWG, 2008; UNIATF, 2003).

Sport is reported to have the potential to engage community members and promote community cohesiveness, social relationships, and communication amongst people (SDP IWG,

⁶ Reference to natural (i.e., hurricanes; earthquakes; floods; tsunamis) or man-made (i.e., conflict; war) disasters. Sudden onset disasters are distinct events that require emergency response as compared to slow onset disasters (i.e., the HIV/AIDS pandemic; famine; etc.) which take longer to become prevalent (Gschwend & Selvaraju, n.d.)

2008; UNIATF, 2003). In addition, Sport for Development programs create volunteer opportunities for local community members and international volunteers and such programs can be used to stress the importance of environmental preservation (Maggingen Declaration, 2003; UNIATF, 2003; Willis, 2000). To minimize negative environmental impacts, sport programs can be used to communicate environmental messages to encourage youth to keep their community and the environment used for sport and play clean (Willis). Many of the positive values associated with sport, emphasized above, are harmonious with the principles necessary for sustainable community development (SDP IWG, 2008; UNIATF, 2003).

Sport for Development programs are reported to strengthen human capabilities and create social connections in a community (SDP IWG, 2008; UNIATF, 2003). As well, specific Sport for Development programs are said to promote community development by building community capacity (RTP, 2002, 2004b, 2007, 2008). According to RTP (2002), through the creation of sport specific organizational structures such as Sport Councils/Task Teams, training to community members on program management, as well as the development of sport infrastructure, the organization accomplishes several things. It promotes community participation, community ownership of projects by the local population, and program sustainability (RTP, 2002). Specifically, it has been suggested that by training local youth and adults to be coaches and leaders under the auspices of a Sport for Development project, community program management may occur in the long term (RTP, 2002, 2006). Importantly, the creation of organizational structures and local leadership, active community participation, increased social connections and networks, and accountable program management for sustainability are all aspects of a strong and capable community (Labonte & Laverack, 2001a; Laverack, 2003).

There has been a rapid increase in the number of agencies and organizations using sport as a development tool and utilizing the claims discussed in the above section as program outcomes. Despite this increase in promotion and application, the dominant discourse around sport and development has been predominately influenced by those institutions, agencies, and organizations promoting Sport for Development. Moreover, much of the literature surrounding Sport for Development fails to acknowledge many of the unintended negative effects associated with sport such as gender inequity, extreme competitive behaviour, exclusivity, discrimination, enmity, and more. In consequence, the claims made for sport and development “need to be treated extremely cautiously, because direct evidence of the impact of sport on character and behaviour is often missing or quite equivocal” (Donnelly et al., 2007, p. 9).

Sport is not a panacea for development, even though it is often presented as such. As Guest (2005) discusses, “presenting sport as a perfect tool for development has the potential to both establish unrealistic expectations and blind people to the intense challenge of really using sport well” (¶ 2). Even the SDP IWG (2006) has recently acknowledged that no strong body of reliable evidence exists on the impact of well-designed and well-managed Sport for Development programs. This lack of reliable evidence endorses the need for rigorous studies on Sport for Development programs and the role they play in majority world communities, particularly in the area of community capacity building. Research on the impact of such programs will provide evidence of implications unique to the use of sport in majority world communities and may assist efforts to meaningfully integrate sport into the community development programming of both non-governmental and governmental organizations.

1.3.4 Refugees and Refugee Health

Since this research involved the participation of persons living as refugees, a working definition of a refugee is required. As outlined in the 1951 United Nations High Commissioner For Refugees (UNHCR) convention relating to the status of refugees, a refugee is a person who

owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his [or her] nationality and is unable or, owing to such fear, is unwilling to avail himself [or herself] of the protection of that country (UNHCR, p. 2).

Also important is an understanding of the health barriers faced by refugees.

Many refugees, most of whom are woman and children, often experience severe health problems resulting from displacement, food insecurity, and a lack of basic health services (Toole & Waldman, 1997). People seeking refuge across international borders commonly find themselves living in refugee camps where they will often initially live in very crowded and unsanitary conditions. Consequently, high mortality rates are a reality immediately following exodus (Levy & Sidel, 1997; Toole & Waldman, 1990).

The most common causes of death are diarrheal diseases (i.e., cholera; dysentery), measles, acute respiratory infections, malaria (where it is endemic), and other infectious diseases (Centers for Disease Control and Prevention, 1992; Toole & Waldman, 1990). In refugee populations, elevated incidences of acute malnutrition also result in high mortality rates as well as high case fatality rates from communicable diseases, and micronutrient deficiency diseases are also persistent (Médecins Sans Frontières, 1997; Toole & Waldman, 1990, 1997). Consequently, mortality rates among refugees have been shown to be at least double pre-displacement baseline levels (Centers for Disease Control and Prevention, 1992; Steering Committee for Humanitarian Response, 1998).

As well, many refugees suffer from mental health issues as a result of trauma, violence, and displacement (Médecins Sans Frontières, 1997; Toole & Waldman, 1997). Food scarcity, crowded conditions, lack of potable water, poor sanitation, and stress increase susceptibility to disease and illness (Banatvala & Zwi, 2000; Tool & Waldman, 1990). Given that a displaced population is unlikely to be able to take responsibility for their own welfare (Médecins Sans Frontières, 1997), much of the responsibility for refugee health and well-being falls to international humanitarian and relief organizations.

Significant efforts are made by international organizations to curb mortality rates and morbidity through the provision of food, water, shelter, sanitation, and public health and curative health programs (Spiegel, Sheik, Gotway-Crawford, & Salama, 2002). In addition, many organizations providing non-basic human services, such as film screenings that educate and/or entertain (e.g., Film Aid) or sport and play opportunities (e.g., RTP), have become involved in the humanitarian response to persons living as refugees. Such organizations' initiatives and programs are directly aimed at improving quality of life. The present research focused on the work of RTP and the impact of one of the organization's Sport for Development programs on community capacity building.

1.3.5 Right To Play (RTP)

RTP (formerly Olympic Aid) is the largest and perhaps most prominent international NGO working in the increasingly recognized health and development field of Sport for Development. As described by the organization itself, RTP "is an international humanitarian organization that uses sport and play programs to improve health, develop life skills, and foster peace for children and communities in some of the most disadvantaged areas of the world" (RTP, 2007, pg. 4). The organization is committed to improving the lives of disadvantaged children,

youth, and whole communities through the use of sport and physical activity. Specifically, RTP programs are designed to “enhance healthy child development and to develop community capacity” (RTP, 2002, pg. 14).

In 2005, RTP’s organizational delivery model involved sending teams of international volunteers (i.e., project coordinators) to introduce, develop, and implement Sport for Development programs in majority world communities. The project implementation strategy consisted of RTP project coordinators training local adults and youth as volunteer coaches and program leaders. It was hoped that these individuals would provide regular sport and play opportunities to children and youth and assume long-term ownership and management of such programs.

RTP implements two distinctive programs: Sport Health and SportWorks. Sport Health programs are characteristically based in capital cities or other large urban centres. Sport Health programs are implemented through schools, youth groups, partner NGOs or community based organizations (CBOs), and other social channels. In addition, Sport Health programs often involve the implementation of large-scale social mobilization campaigns to address health issues such as vaccination against diseases like polio and measles, malaria prevention, HIV/AIDS and sexual health, the importance of participation in physical activity, and other national health issues.

SportWorks programs are complementary initiatives to Sport Health programs and are based in rural areas. SportWorks programs have a dual focus: healthy child development and community development (i.e., community capacity building)⁷ (RTP, 2002). The child

⁷ In 2005, at the time of my placement with RTP, the organization’s objectives were child development and community development. However, in 2006, RTP expanded their objectives to four strategic areas: 1) Basic education and child development, 2) Health promotion and disease, 3) Conflict resolution and peace education, and 4) Community development and participation (RTP, 2006).

development focus uses local volunteer coaches and specially designed sport and play programs to promote the healthy physical, cognitive, social, and emotional development of children (RTP, 2003, 2006). In addition to health promotion, such programs also aim to help children foster resilience, create a meaningful connection with adults, and teach children important values and life skills (RTP, 2004, 2006). Each SportWorks program incorporates two sport and play coach modules: *Coach 2 Coach (C2C)* and *Red Ball Child Play (RBCP)*. An additional module titled *Live Safe Play Safe (LSPS)* is also implemented in countries where HIV/AIDS is identified as a national healthy priority.

The C2C module includes sport specific training for volunteer coaches in six core sports (i.e., basketball, football, volleyball, netball, ultimate frisbee, and track & field). Coaches are then expected to implement regular sport activities (e.g., practices, trainings, matches) with children and youth. RBCP is a games and activities based module that introduces coaches to five coloured balls that represent five areas of healthy child development (i.e., mind, body, spirit, health, and peace). Following training in the RBCP module, coaches are able to implement a number of games and play activities with children in the community based on these areas of development. The LSPS module teaches health education related to HIV/AIDS prevention and sexual health. Coaches deliver information to young people in the community and play games and activities that contain messages about HIV/AIDS prevention and protection. Ideally, implementation of the LSPS module is done in collaboration with local partners (i.e., NGOs or CBOs) who have expertise and experience in HIV/AIDS program delivery.

The second focus of the SportWorks program is community development or community capacity building (RTP, 2002). This is consistent with the SDP IWG's (2006) assertion that organizations delivering Sport for Development programs must ensure that capacity building and fostering local community ownership are fundamental goals of such programs. The community

capacity building focus includes training to increase individual and community knowledge, promote skills development of local community members, and increase participation levels in the community (RTP, 2002). The SportWorks program emphasizes “leadership ... and project management training for local adults and emphasizes local participation in, and commitment to assuming ownership of the programs to ensure sustainability” (RTP, 2002, p. 17).

In addition, such programs involve infrastructure development, creation of Sport Councils/Task Teams, development of sport leagues, as well as facility and equipment production (RTP, 2002). As stated by RTP (2002), “these initiatives help achieve development goals as people learn to take charge of their own future and understand the positive impact they can have on the community at large” (p. 17). Although RTP claims to build community capacity, no rigorous studies have been carried out to determine the specific role and impacts that RTP programs actually have or contribute to community capacity building. Importantly, empirical evidence is required if this claim is to have credibility over time. Consideration of the RTP SportWorks program’s community capacity building objective was the major concentration of this research project.

1.3.6 Community Capacity Building

Community capacity is a necessary condition for the development, implementation, and maintenance of effective, community-based health promotion and disease prevention programs (Goodman et al., 1998, p. 259).

In the past decade, the focus on community capacity has gained increased prominence in community development, health promotion, and population health research as both academics and practitioners “see that effective action requires engaging the community directly and in ways where meaningful decision making power is shared” (Smith, Baugh Littlejohns, & Roy, 2003, p. 11). Community members often have extensive knowledge and understanding of their

community's history, its people, resources available, and its strengths and weaknesses (Smith et al.). Accordingly, communities themselves are often fully capable of identifying their assets, needs, as well as the specific issues and problems they face (Bopp, GermAnn, Bopp, Baugh Littlejohns, & Smith, 2000; Easterling, Gallagher, Drisko, & Johnson, 1998; Laverack, 2007; Smith, Baugh Littlejohns & Thompson, 2001). In addition, programs that address issues of interest and concern to community members increase the likelihood of citizen participation as well as program sustainability (Gillies, 1998; Minkler, 1990).

Specifically, the most empowering programs are those that allow identification of problems, solutions to problems, and actions to resolve such problems to be performed by the community (Bopp et al., 2000; Laverack, 2001). The importance of collaborative and capacity building approaches to programming, research, and development can be attributed to the realization that the success and sustainability of such initiatives are largely dependent on the commitment and involvement of community members (Laverack, 2007). As such, community capacity is an important issue in health promotion and community development initiatives.

Community capacity has been described as the essence of community development (Smith et al., 2001). Simply put, community capacity refers to “whether or not the community has the characteristics, skills, and energy to take on the challenges it will need to face in order to move to greater levels of well-being and prosperity” (Bopp et al., 2000, p. 1). Importantly, community capacity is dependent on resources available, as well as the economic, political, and environmental constraints associated with the conditions in which communities exist and people live (Gibbon, Labonte, & Laverack, 2002; Jackson et al., 2003; Labonte and Laverack, 2001a). In addition, community capacity is neither natural nor intrinsic to a specific locality, or to individuals or groups within that area, but consists of the interactions between the two (Labonte

and Laverack). Thus, community capacity exists in relation to specific groups of people, specific activities or programs, and specific issues and concerns (Labonte and Laverack).

Central to this discussion on community capacity is the concept of community itself. Bush, Dower, and Mutch (2002) discuss how community is not always geographically determined and can be any existing or potential network of individuals, groups, and organizations that share common concerns, interests, and goals. Community is not a single or homogenous entity as communities consist of heterogeneous people collectively acting in order to attain shared, specific goals or interests (Bell and Newby, 1978; Bopp & Bopp, 2004; Israel, Checkoway, Schultz, & Zimmerman, 1994; Laverack, 1999; Ward, 1987). Consequently, community may be defined as a specific group(s) and/or network of groups organizing around specific issues, which are generally but not always spatially bound (Labonte & Laverack, 2001a). Moreover, “heterogeneous groups can actually become more of a ‘community’ through the process of program planning, to the extent that program aims and objectives reflect, at least in part, shared interests and needs of heterogeneous members in a given locality” (Laverack, p. 85). Thus, participation and collective community action, with the aim of effecting change or achieving a desired goal, can build the capacity of a community (Checkoway, 1997).

Community capacity may be developed or cultivated (i.e., community capacity building) with individuals, within specific groups or communities, or within an organization or program context (New South Wales Health Department, 2001). Labonte and Laverack (2001a) define community capacity building as increasing “community groups’ abilities to define, assess, analyze and act on health (or any other) concerns of importance to their members” (p. 114).

Community capacity building can also be described as an approach to

development work that strengthens the ability of community organizations and groups to build their structures, systems, people, and skills so that they are better able to define their objectives and engage in consultation and planning, manage

community projects, and take part in partnerships and community enterprises (Skinner, 1997, p. 1).

Accordingly, building community capacity can better equip individuals and communities to mobilize and organize for social change (Labonte & Laverack; Schuftan, 1996). Equally important, community capacity building can play a major role in increasing group's and communities' abilities to address issues and barriers that directly affect people's health and quality of life (Hawe, Noort, King, & Jordens, 1997; Labonte, Bell Woodard, Chad, & Laverack, 2002).

Numerous descriptions of community capacity exist (Bopp et al., 2000; Bopp & Bopp, 2004; Bush et al., 2002; Chaskin, 2001; Easterling et al., 1998; Gibbon, 1999; Goodman et al., 1998; Hawe, King, Noort, Jordens, & Lloyd, 2000; Jackson et al., 2003; Laverack, 1999, 2007; Maclellan-Wright et al., 2007; McKnight & Kretzmann; 1996), each including a collection of domains or influences on capacity. Notably, there is considerable overlap among the various schemas. Six frameworks comprise a coinciding approach to measurement (Bopp et al.; Bush et al.; Hawe et al.; Laverack; Maclellan-Wright et al.; McKnight & Kretzmann)⁸. However, Laverack's (1999) nine organizational domains of community capacity seem the most concise of such approaches (Labonte & Laverack, 2001a) offering a straightforward way to understand and measure community capacity in a program or community setting (Laverack and Wallerstein, 2001).

Laverack's (1999) nine organizational domains of community capacity include community participation, local leadership, organizational structures, problem assessment capacities, resource mobilization, ability to 'ask why' (critical analysis), links with others, the

⁸ Research for this study began in July of 2005. At that time, only five of the six frameworks existed. Maclellan-Wright et al.'s measure of community capacity was not published until September of 2005.

role of outside agents, and program management. These nine areas of influence are a means to operationalize the concept of community capacity in a program context (Laverack, 2001).

Laverack conceptualized the nine domains after conducting an extensive review of empirical and non-empirical literature in the fields of health, social sciences, and education including textual analysis of case studies from both industrialized and majority world communities. The validity of the domains was then cross-checked by two external researchers. Figure 1 provides a condensed description of each domain. For a complete discussion of the nine organizational domains refer to Laverack (1999, 2001, 2003) and Labonte & Laverack (2001a).

The specific method of evaluating community capacity is labelled the ‘domains approach’ (Laverack, 2003). This workshop methodology involves the use of Laverack’s (1999) nine domains to assess community capacity, develop strategic plans for action based on information gained from the initial assessment, and later re-assess to determine the extent capacity has been built. Importantly, the nine domains have been field tested with health promotion and development projects in different countries and have been subjected to theoretical and face validity tests and field trials (Labonte & Laverack, 2001a). Initially, the domains were field tested in Fiji using focus group responses (Laverack, 1999, 2003). The domains have also been used in initiatives to improve sustainable livelihoods in rural communities in Kyrgyzstan (Jones & Laverack, 2003) and for improving local community-managed ecotourism in Northern Thailand (Laverack & Thangphet, 2007).

Importantly, Laverack’s domains have also been used in African contexts with development projects in both Kenya and Malawi (G. Laverack, personal communication, September 10, 2007). Furthermore, Laverack’s domains approach has been implemented within a physical activity initiative; specifically with Saskatoon *in motion*TM, an inter-sectoral

partnership of four Canadian agencies, to promote active living (Bell-Woodard, Chad, Labonte, & Martin, 2005). For this research, I used Laverack's (1999) nine domains of community

Community Participation – active involvement by stakeholders and community members in setting direction, making choices, and being involved in the initiative. Participation is basic to community capacity. Only by participating in small groups or larger organizations can individual community members define, analyze, and act on issues of general concern to the broader community. By joining together people are able “to realize that their individual problems have social causes and collective solutions” (Checkoway, 1997, p. 15).

Local Leadership – ability of a member(s) to articulate a vision, assess needs, encourage and support contributions, and engage in legitimate decision-making to produce a high quality valued product and community satisfaction. Participation and leadership are closely connected. Leadership requires a strong participant base. Similarly, participation requires the direction and structure of strong leadership. Both play an important role in the development of small groups and community organizations. Moreover, leadership is essential to the success of an initiative. Leadership provides direction and structure and connects the participants to resources and power bases.

Organizational Structures - organizational structures in a community include small groups such as committees, councils, and church and youth groups. These are the organizational elements which represent the ways in which people come together in order to socialize and to address their concerns and problems. The existence of and the level at which these organizations function is crucial to community capacity. As stated by Checkoway (1997), “it is only when people get organized that lasting change takes place” (p. 16).

Problem Assessment Capacities– capacity presumes that the identification of problems, solutions to problems, and actions to resolve problems are carried out by the community. Communities which can mobilize information, create mechanisms for reflection, and take appropriate action will be able to maintain capacity building efforts and improve community health. This process assists communities to develop a sense of self-determination and the skills necessary for greater capacity.

Resource Mobilization – ability of the community to mobilize resources (financial or social capital) from within (internal) and negotiate resources from without (external) is an important factor in its ability to achieve success and build capacity. Internal resources are those developed or found in the community such as food, land, money, local knowledge, and the skills of both individuals and groups and external resources are those resources that are brought into the community by an outside agent and could include financial assistance, equipment, new knowledge, or technical expertise (Laverack, 2005).

Ability to 'Ask Why' - ability of the community to critically assess the social, political, economic, and other causes of inequalities is a crucial stage towards the development of appropriate personal and social change strategies. Communities that create mechanisms for self-reflection, for understanding their own identity, and for analyzing social conditions will have an improved ability to maintain their health.

Links with Others – scope and degree of interaction in the social network of both individuals and organizations. Links with people and organizations, including partnerships, coalitions, and voluntary alliances between the community and others, can assist the community in addressing its problems and in mobilizing resources.

Role of Outside Agents – role of outside institutions or agencies in initiating and sustaining community action. In a program context, outside agents are often an important link between communities and external resources. The role of the outside agent includes the process of building capacity in the community. The outside agent is especially important near the beginning of a new program, when new community momentum may be triggered and nurtured. The outside agent increasingly transforms power relationships among himself or herself, outside agencies, and the community, so that the community assumes more control over the program.

Program Management - program management that builds community capacity includes the control of primary stakeholders over decisions on planning, implementation, evaluation, finances, administration, reporting, and conflict resolution. The first step toward program management by the community is to have clearly defined roles, responsibilities, and line management of all the stakeholders. Ideally, the skills of program management should evolve over time.

The nine domains have been adapted from (Labonte & Laverack, 2001a), (Laverack, 1999, 2001, 2003), and (Laverack & Labonte, 2000) unless cited otherwise.

Figure 1. The Nine Organizational Domains of Community Capacity

capacity to understand the effectiveness of a RTP SportWorks program in fostering community capacity building in a refugee camp in Tanzania.

1.4 PURPOSE OF RESEARCH AND RESEARCH QUESTION

Although reports on Sport for Development have been made available and organizations, like RTP, are using sport as a developmental tool, data on the benefits of Sport for Development programs remains largely anecdotal and internal to the programs, organizations, and agencies promoting development through sport. As such, sport has not been accepted into the mainstream of the international development agenda (UNIATF, 2003). Thus, research that advances and promotes understanding of the potential role(s) of sport in building community capacity will be of significant value to RTP, to the SDP IWG, and to the international development community.

The purpose of this qualitative case study was to understand the effectiveness of a RTP SportWorks program in fostering community capacity building in a refugee camp setting. However, because the research design incorporated the use of Laverack's (1999) nine domains and corresponding approach to measurement and strategic planning for capacity building, the research project also aimed to answer the question: Is implementation of the domains approach, in the context of a RTP SportWorks program, an effective strategy to increase capacity in each of the nine domains? By utilizing the nine domains as a framework for capacity building, key stakeholders and I were able to determine if the RTP SportWorks program was effective in:

- improving community participation;
- developing local leadership;
- building empowered organizational structures;
- increasing community members' problem assessment capacities;

- enhancing community members' ability to 'ask why';
- improving community resource mobilization;
- strengthening community links with other organizations and people;
- creating an equitable relationship with outside agents;
- increasing community control over program management.

(Gibbon et al., 2002; Labonte et al., 2002; Labonte & Laverack, 2001b; Laverack, 2001).

CHAPTER 2

2.1 METHODOLOGY

In this chapter, I describe why a qualitative case study was an appropriate strategy for this inquiry and I illustrate the participatory nature of this study. Subsequently, I outline the research setting, participants selected for this study, and provide a timeline of the RTP program in Mtendeli since the project's inception. I then discuss the specific methodological considerations associated with the research and the data collection methods used to determine the effectiveness of a RTP SportWorks program on building community capacity. Lastly, I explain the approach taken regarding data analysis as well as the strategies employed to verify the research findings.

2.1.1 Case Study Approach

In this study, the qualitative method of inquiry used was case study. According to Crisp, Swerissen, and Duckett (2000), interest in community capacity of organizations or communities often necessitates the use of a qualitative case study approach to evaluation. In addition, cases of interest are often groups of people or specific programs and all evaluation studies are case studies (Stake, 1995). Moreover, Stake (1988) suggests that case study “deal[s] with the unity of the case, the unity of experience, in ways other research methods do not” (p. 258).

Mitchell (1983) states that “in its most basic form a case study may refer to the basic descriptive material an observer has assembled by whatever means available about some particular phenomena or set of events” (p. 191). Stake (1995) identifies case study as “the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances” (p. xi). More specifically, a case study is “an exploration of a ‘bounded system’ or a case (or multiple cases) over time through detailed, in-depth data

collection involving multiple sources of information rich in context” (Creswell, 1998, p. 61). Laverack’s (2003) domains approach interfaces with case study research because such an approach to measurement is carried out within a bounded system (i.e., a health promotion program; a specific community) over time. Thus, for my research a case study approach was necessary to focus the research on understanding the inherent complexity of a case (a RTP SportWorks program) which was bounded by time (15 months) and place (a refugee camp in the Kibondo district of Tanzania).

Case studies can be classified into three different categories: intrinsic, instrumental, and collective (Stake, 1995). Stake points out that when researchers are interested in the uniqueness of a case, they engage in intrinsic case study research, whereas when researchers are interested in a particular issue or issues they use an instrumental case study approach. Specifically, an instrumental case study explores a single case to better understand a concept or phenomena (Stake, 1995) or “provide insight into an issue or to redraw a generalization” (Stake, 2000, p. 437). Lastly, a collective case study refers to the study of more than one case. My research most closely reflects instrumental case study since the research project involved analysis of a RTP SportWorks program to acquire a greater understanding of community capacity building.

2.1.2 Participatory Research Approach

Participatory research is not a specific method or design for research that replaces other methods. Used with other methods, however, it helps make the research questions more relevant to the community, the methods more acceptable, and the results more meaningful to them.
(Green et al., 1995, ¶2)

When conducting research, those working to build community capacity often encourage the application of participatory research methods over controlled methods of research and evaluation (Bopp et al., 2000; Bopp & Bopp, 2004; Hawe et al., 2000; Israel, Schultz, Parker, &

Becker, 1998; Laverack, 2003; Smith et al., 2003). Specifically, both Bopp and Bopp as well as Laverack discuss how community capacity building should be a participatory process that builds knowledge, understanding, and commitment within the community, and identifies clear pathways for future action. Hence, Laverack's model of community capacity evaluation is inherently participatory in nature. Consequently, a participatory approach to research was chosen and incorporated because of its close connection with community capacity building (Green et al., 1995; Minkler & Wallerstein, 2003; Springett, 2003).

Participatory research is defined as “systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change” (Green et al., 1995, p. 4). In this context, participatory research exists as a philosophy as well as an approach to carrying out development work with individuals, groups, and communities (Green et al.). As Hall (1992) discusses, “participatory research fundamentally is about who has the right to speak, to analyze, and to act” (p. 22). This research design was guided by Green et al.'s principles of participatory research.

Green et al. (1995) summarize three fundamental characteristics of participatory research.

These characteristics are:

- There is extensive collaboration between traditionally defined researchers and the community in each research stage from identifying the problem to applying and disseminating results.
- It is a reciprocal educational process between community members and researchers.
- There is an emphasis on taking action on the issue under study.

These three characteristics of participatory inquiry complemented the community capacity building methodology used in this study (see section 2.1.6.2) as this methodology is participatory in design and stresses the importance of community stakeholder involvement (Laverack, 2003).

Moreover, such an approach is consistent with my belief that research without action is likely to be irrelevant to a community's members.

Importantly, Green et al. (1995) discuss how, like health promotion or community development, participatory research does not always achieve every theoretical element during implementation. As a result of time constraints and the cross-cultural nature of this study, extensive collaboration at every stage of the research was not possible. However, specific attention was given to participatory evaluation as well as collaborative interpretation and application of the results. Specifically, participants were involved in taking action for capacity building based on knowledge revealed at each community capacity assessment. By utilizing a participatory approach the research became a mutual process whereby both the community and I learned from one another.

2.1.3 Setting

Data collection occurred over a 15 month period. During my time in the field I was working with RTP as a project coordinator and was responsible for the implementation and management of four separate Sport for Development projects, one in each of the four refugee camps in the Kibondo district of Western Tanzania. These camps were Mtendeli (population = 25,950), Kanembwa (population = 14,770), Nduta (population = 24,490), and Mkugwa (population = 2,008) (UNHCR, 2005a; 2005b). While employed by RTP, I was able to work with key stakeholders from the RTP project in Mtendeli refugee camp to conduct a participatory evaluation of the effectiveness of such a program on building community capacity. Below is relevant contextual information about Tanzania, Kibondo, and Mtendeli refugee camp.

2.1.3.1 Tanzania

Tanzania, officially the United Republic of Tanzania, is in East Africa adjoining the Indian Ocean and has a population of approximately 38.5 million people. It shares a border with Kenya and Uganda to the North; Rwanda, Burundi, and the Democratic Republic of Congo to the West; and Zambia, Malawi, and Mozambique in the South (see Map 1 to identify Tanzania within the continent of Africa). The two major languages spoken in Tanzania are Kiswahili (Swahili) and English. As reported by the World Bank (2007), Tanzania remains one of the poorest countries in the world. Nevertheless, the country hosts thousands of refugees who have fled violence and conflict from countries in Central and East Africa.

According to UNHCR (2005a), at the end of 2005 Tanzania was hosting 548,824 refugees. Of these, 393,611 were refugees from Burundi who had fled their home country because of continuous political instability and civil war. Notably, Tanzania has long been an asylum country for Burundian refugees because of its close proximity to Burundi (see Map 1). The major languages spoken by Burundians are Kirundi and French, however, many living as refugees in Tanzania are able to speak Kiswahili. A small few speak English. The Burundian refugees living in Tanzania are spread over three districts in two regions (i.e., Kibondo and Kasulu districts in the Kigoma region and Ngara district in the Kagera region). The Kibondo district hosts the largest number of Burundian refugees and is the setting for this study.

2.1.3.2 Kibondo

Since late 1993, the Kibondo district has hosted over 150,000 Burundian refugees (Harrell-Bond, Asiku, De Lorenzo, Lammers, & Kayiira, 2000). Kibondo is located on the border with Burundi and is one of the poorest districts in Tanzania. Refugee operations are based out of the district's main town – also named Kibondo. As mentioned above, at the time of the

research, four refugee camps existed in the district. Mtendeli and Kanembwa were located to the north of Kibondo and Nduta and Mkugwa to the south (see Map 2). Until May, 2005 there was a fifth camp in the district named Karago (see Map 3), which closed with the repatriation⁹ of many of the refugees. Those remaining refugees from Karago camp, who did not return home, were consolidated into Mtendeli camp (see Map 4).

Importantly, all refugee camps are distinct varying on the natural environment where refugees are forced to settle, on the refugee population itself, and on the various governmental and NGOs providing assistance. This research was carried out in Mtendeli, one of the largest and most destitute camps in the Kibondo district. Mtendeli was selected because good translators were available and because a larger camp was potentially more representative of typical RTP project settings, both in general and in Tanzania specifically.

2.1.3.3 Mtendeli Refugee Camp

Mtendeli refugee camp is located approximately 42 kilometres north of Kibondo town along the Ngara/Nyakanazi Road. The camp is located 5 kilometres east of Kasanda village. Mtendeli was founded as a contingency camp in 1994 and, in July of the same year, 500 Rwandese refugees became the first inhabitants of the camp (Tanganyika Christian Refugee Service [TCRS], n.d.). Later, in January of 1995, these Rwandese refugees were transported north to the Ngara district. On July 12th, 1996 the camp was opened to Burundians. By September of 1996, Mtendeli had a population of 5,470 refugees (TCRS, n.d.). Less than a year later, Mtendeli's population had increased substantially to between 66,000 and 70,000 refugees (TCRS, n.d.). At the time of this research, Mtendeli had a population of 25,950 making it, at the end of 2005, the most populated camp in the Kibondo district (UNHCR, 2005a). Notably,

⁹ Repatriation is the process of refugees returning to their country of origin.

statistics on camp inhabitants fluctuate continually depending on new arrivals, registration of newborns, repatriation, and resettlement¹⁰. The Burundian refugees in Mtendeli were, for the most part, of the Hutu¹¹ ethnic group (UNHCR, 2005a) and were predominantly from the Ruyigi, Cankuzo, Karuzi, Makamba, Gitega, and Rutana provinces, which are mainly rural areas in Burundi (see Map 5).

The refugees in Mtendeli were primarily dependent on World Food Programme (WFP) rations. However, the food rations were below the minimum standards as set out by the WHO and thus, did not suffice. As a result, most people in the camp grew food on their small plots of land and many farmed fields outside of the camp. Refugees are not allowed to work, however, a small percentage of refugees held paid positions with various organizations working in the camp (e.g., as teachers, doctors, health care workers, community services workers, *sungu sungu*¹², translators, etc.). Notably, the pay these individuals received was very low (i.e., less than \$1 US per day).

Mtendeli camp covers an area of 12 square kilometres. The refugee camp is abundantly treed and so looks like a small forest village, rather than the large white-UN-tent refugee camps that are often depicted in Canadian and American media. The camp is systematically organized. It has one main entrance and is divided by a main road that runs West to East. The camp consists of 15 blocks labelled alphabetically from A (Western end) to O (Eastern end) (see Map 4). These blocks are divided into plots. Plot sizes are varied. Some are 20 by 25 metres (initial plot sizes) and others are 10 by 15 metres. Each plot is meant for one household which can consist of 1 to

¹⁰ Resettlement is one of the three durable solutions to bring the plight of refugees to an end. Resettlement “ involves the selection and transfer of refugees from a State in which they have sought protection to a third State which has agreed to admit them – as refugees – with permanent residence status” (UNHCR, 2004 , p. 1/2)

¹¹ Modern ethnic typologies often divide Burundians into three different ethnic groups: The Hutu comprise 85% of the population; the Tutsi 14%; and the Twa a mere 1% (Waters, 2003). In most summaries of the history of Burundi, the conflict is presented as an ethnic rivalry between Tutsi and Hutu.

¹² *Sungu sungu* is the name given to Burundian refugees employed as security guards.

12 (or even more) people. Numbered streets exist throughout the camp which connect the blocks and link back to the main road. All major facilities are situated along the main road: the hospital, the food distribution centre, the market, schools, the community services offices and adjoining sports fields, and offices of various NGOs working in Mtendeli.

At the highest level, Mtendeli refugee camp is governed by Tanzania's (GoT) Ministry of Home Affairs (MHA). However, refugee assistance is coordinated and administered by UNHCR. UNHCR relies on partnerships with other specialized UN agencies and NGOs to provide food, water, shelter, and medical care to the refugee population. The majority of the organizations providing such assistance are Implementing Partners (IPs) who receive funding directly from UNHCR. IPs are responsible for specific services such as overall camp management, water and sanitation, community services, education, environmental protection, among others. In addition, UNHCR also has Operational Partners (OPs) who support UNHCR's work but do not receive financial support from the organization. In Kibondo, RTP was one of UNHCR's OPs working in Mtendeli camp.

2.1.4 History of the Right To Play Program in Mtendeli Refugee Camp

Measuring the impact of health promotion programs is dynamic and challenged by context (Ebbesen, Heath, Naylor, & Anderson, 2004; New South Wales Health Department, 2001). In addition, an understanding of community history is important for community capacity (Goodman et al., 1998). Numerous historical and contextual factors – such as people involved in the program, community events, staff and volunteer turnover, changes in organizational structure, and internal conflict – all impact on community capacity (Ebbesen et al.; Goodman et al.). Based on the foregoing, in order to contextualize the study, it is important to understand the history of

the RTP project since its inception. A corresponding historical timeline of the RTP Project in Mtendeli is provided in Appendix A.

The RTP Kibondo project began in 2001 with project implementation occurring in the five refugee camps (i.e., Mtendeli, Karago, Kanembwa, Nduta, and Mkugwa) in the Kibondo district of Tanzania. In 2004 project implementation came to a halt and RTP Kibondo was not able to implement programs for approximately seven months because the organization was not officially registered as an NGO with the GoT. In mid-December of 2004, after acquiring NGO status from the GoT, two RTP project coordinators re-introduced the project in all five refugee camps. These two project coordinators were the 6th team to implement the RTP Kibondo project since its inception. When the project coordinators re-established RTP's presence they found very little sport and play activity occurring. As a result, the RTP project coordinators held meetings with community members and then conducted C2C training to rebuild the RTP coach base in each of the camps. At that time, project coordinators decided to utilize the existing camp Sport Councils as the RTP authorities in each of the camps. In both Mtendeli and neighbouring Karago camp, the Sport Councils were officially overseen by and under the responsibility of the Southern Africa Extension Unit (SAEU), an NGO responsible for community services and education.

The Sport Councils in Mtendeli and Karago were pre-established bodies responsible for sport activities and a few of the Sport Councils' members had previously been trained by preceding RTP teams in one or more RTP modules. Therefore, RTP project coordinators determined these Councils could be efficiently utilized to oversee RTP camp activities in Mtendeli and Karago. This decision was consistent with that of previous RTP teams who, in the past, implemented RTP activities through the SAEU Sport Councils (Team 6 RTP project coordinator, personal communication, March 27, 2007). Thus, program management involved

RTP project coordinators meeting one or two times per month with each of the Sport Councils to determine community needs and plan events (e.g., coach trainings, play days).

Five months following re-introduction of RTP in the camps, in May of 2005, Karago and Mtendeli camps consolidated due to mass repatriation of refugees living in Karago camp. As a result, the refugees who remained in Karago were integrated into Mtendeli. Thus, when I arrived in July of 2005, the Sport Councils from Karago and Mtendeli had recently consolidated into one 10-12 member Sport Council and the RTP coaches from Karago and Mtendeli had begun working together in Mtendeli. At this time, one project coordinator finished her contract with RTP, leaving the other team 6 project coordinator and I to continue with program implementation and management.

A notable observation made during my first two months of working for RTP Kibondo was that, in each of the camps, one individual was the 'Community Organizer' and his involvement was paramount to the success of the program. These individuals were highly respected in the community, able to lead and organize others, and often spoke English well. This fluency in English, combined with their leadership abilities and enthusiasm for sport, made them an important contact for RTP staff as they were able to communicate easily with project coordinators about camp activities and program needs. Matani¹³ was the Community Organizer in Mtendeli.

Despite not holding a position with the Sport Council, Matani became our main contact in the camp and acted as translator, workshop facilitator, and he worked closely with the Sport Council Chairman as an event planner. A notable drawback of such an arrangement was that the success of the project was, for the most part, heavily reliant on one person. In addition, individuals like Matani who were highly motivated, fluent in English, and well respected in the

¹³ Matani later became the Secretary of Task Team #1.

community, were also overworked and involved with multiple organizations as either a staff member, volunteer, or translator. Similarly, many community members active with RTP (i.e., coaches and Sport Council members) were also often very active in many other aspects of camp life (e.g., working or volunteering with various NGOs and CBOs).

One month into my placement with RTP, in August of 2005, I conducted LSPS training in Mtendeli with volunteers from Stop SIDA, a community-based, refugee-driven organization devoted to fighting HIV/AIDS and its related psycho-social and politico-economic underlying causes and effects. A total of 19 Stop SIDA volunteers completed the LSPS module. In September of 2005, RBCP training was provided in Mtendeli with 23 successful coaches. At the end of September, a new project coordinator arrived to begin her contract with RTP and to replace the remaining project coordinator from team 6. This new project coordinator and I made up the 7th team of RTP Kibondo to implement the project since its inception.

In November of 2005, because of high community interest, two separate C2C trainings began in Mtendeli. Notably, in December of 2005, my colleague left the project, leaving me as sole project coordinator from December of 2005 to March of 2006. This unexpected downsize in RTP project coordinator staff resulted in both C2C training sessions not being completed until February of 2006 when a total of 42 coaches completed the C2C module. At that time there were over 100 coaches in Mtendeli camp.

In November of 2005, RTP Tanzania introduced a new organizational structure (i.e., Task Team structure) in all projects working in the Kigoma Region of Tanzania. This Task Team structure had originally been developed and implemented by the last and final team of project coordinators working for RTP Ngara. The Task Team structure was developed in an attempt to achieve project sustainability, one of RTP's guiding principles. By developing Task Teams, the

RTP Ngara project coordinators were able to hand the project over, at the end of that project's funding period, to the Task Teams working at the camp level.

This Task Team structure was later refined and expanded upon by the RTP members of staff and then introduced to all RTP Teams working in Western Tanzania. Thus, the purpose of reorganizing RTP organizational structure at the camp level (i.e., replacing Sport Councils or Sport Committees with Task Teams) was similar to the RTP Ngara project, to work towards project sustainability and to have refugee-managed projects in the future. This meant developing Task Teams responsible for decision making, project planning, reporting, training new coaches, and monitoring and evaluation. As well, due to UNHCR regulations guiding NGO workers safety, necessitating they depart from camp by 5:00 p.m., observation of coaches implementing regular sport and play activities by RTP project coordinators was a major and ongoing challenge in the program. It was hoped that by implementing this new structure, RTP would be better able to monitor coaches and coach activity as this would be a responsibility of the Task Teams.

There were several other reasons making the switch from the existing Sport Council to Task Teams in Mtendeli desirable. Firstly, because the Sport Council was affiliated with SAEU, it was also responsible for sport for adults in Mtendeli camp. Often the Sport Council would focus more on sports for men rather than sports for children and youth. As well, aside from play days, which were inclusive opportunities for children, coaches almost always focused on competitive sport. Thus, it was important for RTP to separate from the existing Sport Council in order to have a more direct focus on sport and play for youth in an effort to achieve the objective of inclusion.

Secondly, the SAEU Sports Council was extremely effective at organizing large scale events (i.e., play days, sport tournaments) but was not as effective at ensuring coaches were implementing smaller scale sport and play sessions or practices on a regular basis. By

developing Task Teams, RTP hoped to be able to promote increased regular sport and play opportunities for children and youth. Thirdly, as previously mentioned, the leadership structure in the RTP community consisted mainly of one coach, who was the Community Organizer, in charge of all aspects of the project. By developing a new organizational structure, RTP hoped to extend organizational and leadership responsibility to a greater number of people, thereby contributing to a more sustainable structure.

Fourthly, only four members of the Sport Council were trained and certified RTP coaches. As mentioned previously, Matani, the Community Organizer, was not a member of the Sport Council. Moreover, another community member named Emil¹⁴ was also, at this time, becoming a strong leader in the RTP community but was not part of the existing Sport Council. For these reasons, it seemed important to develop a new RTP organizational structure that would consist of members who were both trained in RTP modules and who were committed to the organization.

Lastly, the switch to Task Teams was important because it would be easier to monitor activities and finances. By developing Task Teams, RTP was able to replace the existing Sport Council with RTP coaches. Overall, by developing Task Teams, RTP anticipated an improved and more accountable organizational structure in Mtendeli.

In March of 2006, two seven-member Task Teams were developed. Each Task Team consisted of a secretary, an equipment manager, a training coordinator, two tracking managers, and two event planners. Both Task Teams were responsible for monitoring approximately 50 coaches. Notably, Task Team members fluctuated throughout the course of the project as a result of repatriation, resettlement, Task Team member replacements, and Task Team members

¹⁴ Emil later became a prominent Community Organizer as well as the Secretary of Task Team #2.

changing roles in their respective Task Teams. Figure 2 provides a condensed description of the organizational structure of the RTP SportWorks project in Kibondo.

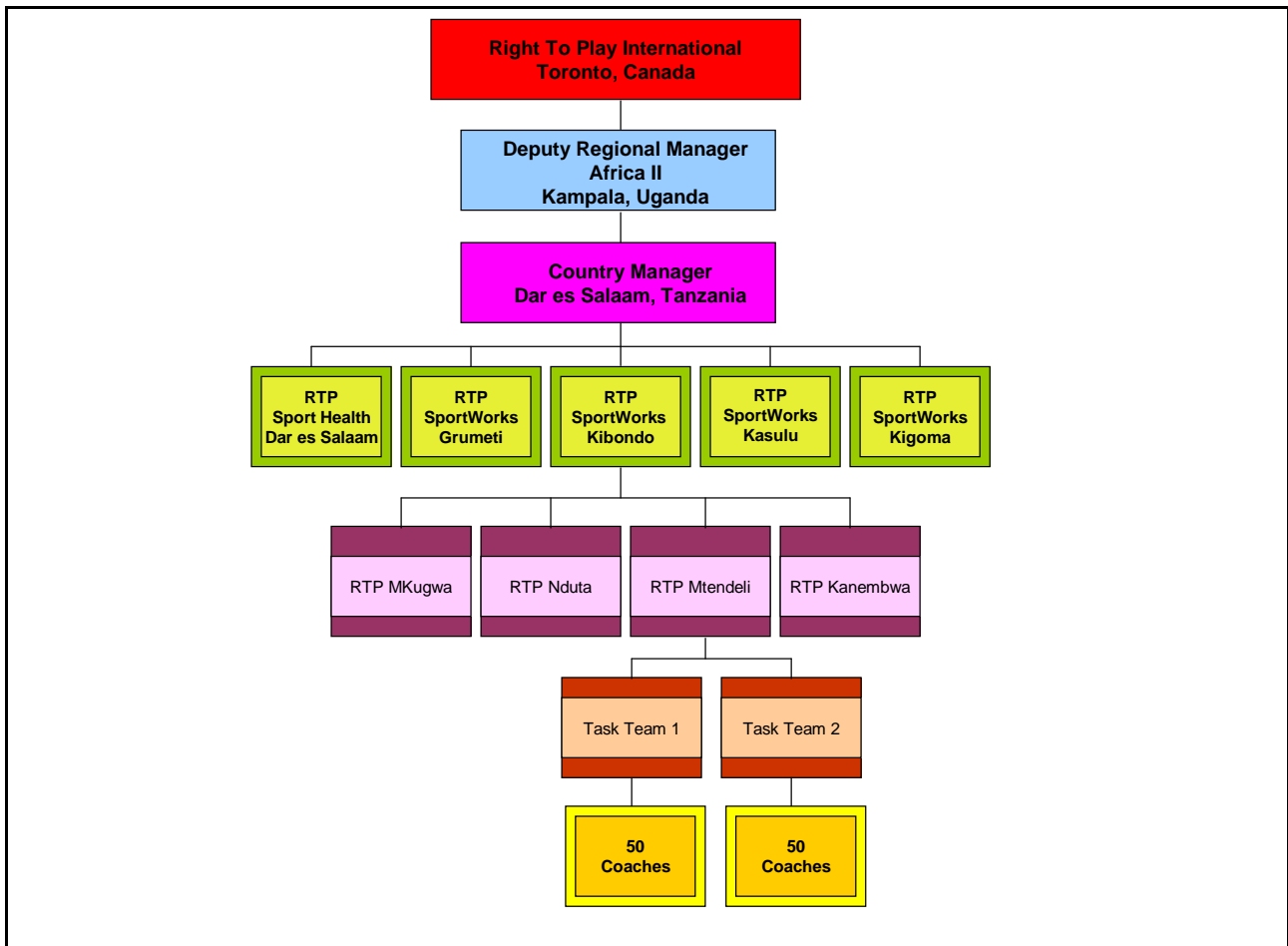


Figure 2. Right To Play Kibondo Organizational Chart

Importantly, in March of 2006 the RTP Kibondo project expanded and two new project coordinators arrived to begin contracts with RTP. One month later, an additional project coordinator arrived in Kibondo completing the project expansion to four project coordinators. This expansion allowed two project coordinators to focus solely on camps located North of Kibondo (i.e., Mtendeli and Kanembwa) and two project coordinators to focus on camps South of Kibondo (i.e., Nduta and Mkugwa).

In April of 2006, project coordinators attempted to improve the capacity of the Task Teams by involving Task Team members in project management training. The aim of project

management training was to provide the Task Teams with the tools, procedures, and knowledge to independently manage the Mtendeli project. Thus, project management training consisted of information on project planning, reporting, and proposal writing. Following the training, both Task Teams began developing monthly action plans, monthly financial projections based on monthly activities, and also began completing equipment requests. At the end of each month, Task Teams completed monthly project reports including both qualitative and quantitative data based on monitored monthly activities. In August, both Task Teams completed master trainer training, an advanced RTP training module. Master trainer training enabled Task Team members to, in the future, develop and administer coach training sessions in both the C2C and RBCP modules.

2.1.5 Participants

2.1.5.1 Key Stakeholders

Using purposeful sampling (Creswell, 1998; Patton, 2002), RTP project coordinators and key stakeholders in the RTP community were asked to participate in the study. Since key stakeholders are defined as those people, groups, and organizations who have an interest in or influence on the program (Laverack, 2005), in my study, this included people directly involved in the RTP program (i.e., coaches and Sport Council/Task Team members). Key stakeholder recruitment occurred over the first two months of me being in the placement community. Key stakeholders were identified using a snowball technique (Coleman, 1958; Goodman, 1961). Initially, I approached four RTP community members I identified as leaders in the RTP community. During this consultation, I outlined the research project and asked each individual if they would be interested in participating. Each of the four stakeholders was interested in being involved in the research process. Subsequently, these individuals were asked to identify other

possible participants/key stakeholders who were involved in the RTP project and who would be information-rich (Stake, 1995; Miles & Huberman, 1994). Once identified, key stakeholders were asked to participate in the community capacity assessments.

Following Johnson and Johnson (2000), who describe the most effective size of a problem-solving group to be 8-12 people, each assessment of community capacity consisted of 12 participants/key stakeholders. Only four of the original 12 participants from the baseline assessment participated in the final assessment of community capacity. Importantly, informed consent was obtained from all participants through a participant consent form (see Appendix B). The consent form was provided to participants at a meeting held one week prior to each community capacity workshop. At each of these meetings, the content of the consent form was read aloud to the group and any questions participants had were answered. Community stakeholders involved in the research were both male and female and key stakeholder ages varied from 16-38 years (for a complete list and description of participants/key stakeholders and their involvement in the research see Appendix C).

One workshop translator, who was external to the RTP program, was employed to translate workshop discussions to the researcher. The workshop translator was required to sign a translator privacy agreement (see Appendix D). As well, a workshop facilitator was employed, who provided both facilitation and acted as a key informant.

2.1.5.2 Key Informants

Apart from involving key community stakeholders in this study, two key informants were also engaged. Stake (1995) states that “understanding a case is greatly facilitated by finding an informant” (p. 67). Such a person is someone who is knowledgeable about the case and is willing to discuss what he or she knows with the researcher (Stake). Importantly, key informants

can provide second hand observations that the researcher would otherwise not be privy to (Stake). Both key informants, in addition to being coaches and Community Organizers, were recurring workshop facilitators/translators in the RTP project. These two individuals, each of whom has been described as Community Organizers, later became secretaries of the Task Teams in Mtendeli camp. Key informants were chosen based on their language abilities and their key involvement with RTP. Both were required to sign a key informant consent form (see Appendix E).

2.1.6 Data Collection

Creswell (1998) states that data collection within a case study is extensive and consists of various sources of information. Thus, case study researchers often employ a wide array of data collection methods to construct an in-depth, holistic description of the case (Creswell). Similarly, participatory research also requires a variety of data collection methods (Green et al., 1995). Moreover, Labonte and Laverack (2001b) discuss how methods for assessing changes in the nine domains, and thus community capacity, are multiple and may include focus groups, key informant interviews, surveys, program plans, and other documentation such as practitioner notes or minutes from meetings. Gibbon et al. (2002) describe the additional use of observations and visual representations of community capacity assessments to document changes in community capacity. Accordingly, data collection for my study was extensive consisting of multiple data collection methods.

The principal method of data collection consisted of two focus group discussions using participatory community capacity building workshops (i.e., the domains approach) (Laverack, 1999, 2003, 2007). Such an approach to measuring community capacity involved the use of Laverack's (1999) nine domains to assess initial community capacity, develop strategic plans for

capacity building in each domain, and re-assess one year later to determine the extent of capacity building achieved. At each workshop, the research employed a quantitative tool vis-à-vis Laverack's nine domains as well as a corresponding visual representation of community capacity to understand the level of community capacity in the program (Gibbon et al., 2002; Laverack, 2006).

Other methods of data collection employed were discussions and interviews with key informants and RTP project coordinators; observations of organizational structures and community activities; corresponding field notes based on observations; and analysis of training materials, program plans, minutes from RTP meetings, and artifacts. Figure 3 provides a visual timeline of the data-gathering procedures used for this study and is meant to provide the reader with a general outline of the methods used during data collection. An extensive depiction of each data collection tool is provided beginning in section 2.1.6.2.

2.1.6.1 Methodological Considerations

Notably, when conducting cross-cultural research, numerous methodological issues must be considered. Some methodological considerations from my research included the role the researcher plays in the research process, issues of power, community readiness, identifying key community stakeholders, facilitation and translation, and the use of both quantitative and qualitative data.

2.1.6.1.1 Role of the Researcher

Negotiating entry with the community and access to community members is crucial for research to occur and is highly dependent on the interpersonal skills of the researcher (Marshall & Rossman, 1999). In addition, gaining the trust of community members is an imperative

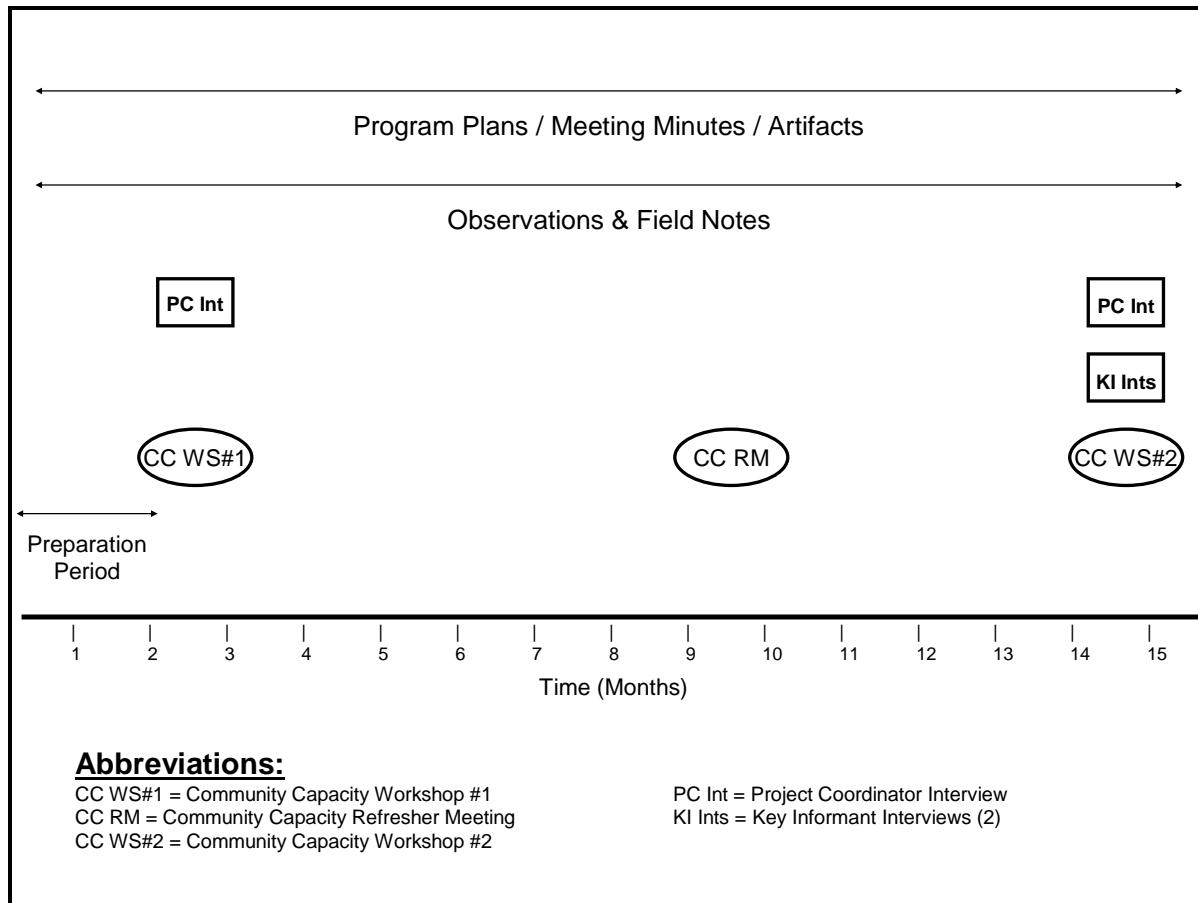


Figure 3. Research Timeline and Data Collection Tools Employed

component of both community capacity building (Ebbesen et al., 2004; Goodman et al., 1998; New South Wales Health Department, 2001) and conducting participatory research (Green et al., 1995). Importantly, Merryfield (1985) discusses how the cultural differences between the researcher and the community can result in the local community members distrusting and fearing outsiders. Moreover, the inability to speak the local language has been identified as one of the most significant difficulties associated with cross-cultural research (Merryfield). However, Ginsberg (1988) believes that establishing a rapport with community members is related more to time spent in the community and the interpersonal skills of the researcher rather than cultural identity and linguistics.

In addition to my role as primary researcher, I was employed by RTP as a project coordinator. This allowed me to work collaboratively with community members to implement coach trainings and develop project plans for the implementation of sport and play activities in the community. Prolonged time spent with community members helped foster relationships based on trust and rapport. In addition, my background in international health promotion combined with previous practical experience in international development, in both South-East Asia and Africa, taught me the immense importance of bottom-up, participatory approaches to project implementation as well as the value of local knowledge. Upon arriving in Mtendeli camp, I strove to involve community members in decision making, determining project and community needs, and planning the direction of the RTP program. In addition, during the first few months in Mtendeli I met with various community members to try and learn about life in the refugee camp as well as the community's ideologies and traditions. My inter-personal skills and collaborative approach to programming demonstrated my commitment to and genuine concern for community members in Mtendeli. Importantly, the resulting reciprocity between community members and myself lead to community interest in being involved in the research process.

2.1.6.1.2 Issues of Power

Notably, Brown and Vega (1996) believe that the relationship between the researcher and community members is the most important issue facing researchers using participatory methods. In addition, Wallerstein and Duran (2003) discuss how developing such relationships is a complex process and should involve the recognition of the power differences that exist between the researcher and the community. Chataway (1997) states how “academic researchers almost always have greater access to resources, scientific knowledge, research assistants, and time than small community based organizations” (as cited in Wallerstein & Duran, p. 33). Importantly,

lack of recognition of such power differences has, in the past, restricted the use of research findings and prevented a true participatory approach (Wallerstein, 1999). Based on the foregoing, I attempted to recognize the shared and divergent needs and goals of both myself and the community throughout the research process. Notably, the approach and focus of the research (i.e., community capacity building) made this all the more easy.

2.1.6.1.3 Community Readiness

Subsequent to determining community interest, it was important to ascertain the readiness of the community to be part of the research process (New South Wales Health Department, 2001). A high level of community readiness to engage in research can result in an increased ability of the community to take ownership of the evaluation and development process (Jeffery, Bell Woodard, Abonyi, & Labonte, in press). As well, high community readiness can influence the trust and rapport between community members and the researcher (Jeffery et al.). Thus, the readiness of the community to be actively involved may determine an initiative's success. Therefore, the question posed was: Does the community have an adequate foundation of capacity necessary to engage in the research and take ownership of the capacity building process?

Analysis of existing organizational structures assisted with determining the level of community readiness. In addition, four other key areas were assessed. These were community participation, local community leadership, resources available, and links with other organizations and communities. Below is an excerpt from my field notes taken on September 6th, 2005:

Organizational Structures: The existing organizational structure in the RTP community is the SAEU Sport Council. Eight to 12 Sport Council members are present at each meeting. A partnership with Stop SIDA, a local CBO working in the area of HIV/AIDS education, has also been established to implement the RTP LSPS module.

Community Participation: Participation in the project and community activities have been observed. Coaches attend trainings and carry out play days. Mtendeli camp appears the best able to and best organized at putting on these large scale events, compared to the other three camps. Coach activity with children in the camp is reported using coach tracking forms. However, getting coaches to submit coach tracking forms on a regular basis has proven difficult. In addition, We [project coordinators] generally leave the camp before 5pm and so observing coach activity in the evenings is presently not possible.

Local Leadership: Leaders have been identified. Mtendeli seems to have strong leadership from the Sport Council (specifically the Sport Council Chairman) and from Matani who acts as translator, workshop facilitator, and event planner for RTP.

Resource Mobilization: The RTP community does not have access to a large number of external resources beyond what RTP provides. RTP does supply the community with resources in terms of sports equipment, workshop supplies, training materials, etc. However, providing equipment may have contributed to dependence on RTP project coordinators. This may have stifled the mobilization of internal resources. Notably, community members seek assistance from RTP project coordinators to solve the majority of sport related problems; especially infrastructure problems and permission requests for community members to participate in RTP trainings/workshops. It seems that community members underestimate the internal resources available such as their own abilities and skills to problem solve.

Links with Others: There are minimal links with other organizations. Community members seem to be aware of other NGOs working in the camp and members of other CBOs (i.e., Stop SIDA) have begun to be trained in RTP modules. However, there seems to be little in the way of true collaborative partnerships.

Based on the foregoing observations, it was concluded that the Mtendeli community would be able to actively participate in the research process. Following this decision, it was necessary to select key stakeholders from the community who would be able to carry out the assessment of community capacity.

2.1.6.1.4 Local Involvement

Another major methodological consideration is identifying key stakeholders in the community to be involved in the research process (Wallerstein & Duran, 2003). Laverack (1999)

discusses how careful consideration must be taken when identifying community members to involve in such a collaboration. He points out that those people who have the time, energy, motivation, and initial capacity to be part of the process may not be the ones who will be supported by the rest of the community. Such persons may be the elite and thus may not be ideal representatives of the larger community. A similar point has also been made by Ong (1991) who states that “there is a First World in every Third World community” (as cited in Wallerstein & Duran, p. 34). This does not imply that those people in pre-existing leadership positions should be excluded from the process. In fact, most community leaders are culturally and historically determined and programs that ignore their importance have little chance of being successful or being accepted by other community members (Rifkin, 1990). However, when choosing community stakeholders, one must go beyond choosing only those with influence or power.

Based on the foregoing, I approached participant selection cautiously following a two month observation period. This period allowed me to better understand the social, political, and cultural dynamics of the community. As previously mentioned, I was able to meet with leaders in the RTP community and determine participant interest in being involved in the project. At that time, I was also able to explain to these four individuals the importance of involving various key stakeholders including elders, men, women, youth, as well as, pre-existing community group leaders. Ultimately, key stakeholders were people from the above groups with an interest in or influence on the program (Laverack, 2005).

2.1.6.1.5 Facilitation and Translation

Since I was unable to speak Kirundi (the language most commonly used by the Burundian refugees), un-facilitated discussions were not possible. Workshops, meetings, and other interactions were carried out with the help of a hired facilitator/translator. Laverack and Brown

(2003) state that ideally, a facilitator should be a person who can maintain rapport with community members, be empathetic to their opinions and viewpoints, and be able to engage those involved directly in the research or development process. Additionally, he or she must be adequately trained by the researcher to “reduce unintentional influences” (Laverack & Brown, p. 341).

The facilitator hired to aid in my study was a respected member of the RTP community and his involvement in the research was invaluable. Not only was this individual fluent in the local language, able to speak English well, and knowledgeable about the customs and traditions, but he worked tirelessly, organizing all research related activities, translating research documents, and facilitating meetings and workshops. Notably, Laverack & Brown (2003) state that how the facilitator works in group settings can deeply influence the success of the research. As a result, I emphasized to the facilitator the importance of using a participatory approach during the workshops, meaning that we would attempt to avoid control or to be overly directive and that we would value including all participants in workshop discussions (Laverack & Brown).

Importantly, a translator was also employed to explain participant discussions to me during the community capacity workshops. This person was not directly involved in the RTP program but was a respected member of the larger Mtendeli community. The translator was an immense help. In addition to keeping me informed regarding key stakeholder discussions, the translator gave direction to participants, especially when they could not decide on a statement or when they went off topic. On more than one occasion, when participants’ conversations swayed from the specific domain of focus, the translator would stop the discussion, re-visit the definition of the domain being discussed, and guide the participants back on task. In addition, the translator also made it possible for me to communicate with workshop participants, clarify the assessment procedure, and answer questions.

2.1.6.1.6 Use of Quantitative and Qualitative Data

Importantly, it was necessary to incorporate both quantitative and qualitative information to cross-check findings in my cross-cultural research (Cuthbert, 1985; Merryfield, 1985). In the workshop methodology the quantitative data consisted of an ordinal rating system of one to five and a corresponding visual representation (i.e., spider web diagram) of the value attached to the statement selected in each domain. Participants also provided qualitative evidence (i.e., participant justification) in relation to each selected statement. Notably, Cuthbert states how cross-cultural research should focus less on numerical evidence because “qualitative data are more understandable and often more meaningful in Third World cultures, because qualitative approaches are close to the strong oral and narrative traditions of such cultures” (p. 30). Moreover, Jackson et al. (2003) believe that qualitative methods are more suited to collaborative work that seeks to ‘give voice’ to community members. Importantly, the qualitative data was of greater interest than the numerical rating attached to each statement selected because it was the words of key stakeholders that gave greater insight into noted changes in community capacity.

2.1.6.2 Community Capacity Workshops – The Domains Approach

As previously mentioned, the nine domains offer a straightforward way to understand and assess community capacity (Laverack & Wallerstein, 2001). Such a framework provided a means to operationalize the organizational aspects of community capacity building in the RTP program and determine the extent community capacity was built (Labonte et al., 2002). To accomplish this, Laverack’s (1999) nine domains were used to make an initial assessment of community capacity, transform this information into action by way of strategic planning, and, subsequently, re-assess to determine changes in community capacity. The assessment process is labelled the domains approach (Laverack, 2003) and was implemented in five phases (Figure 4).

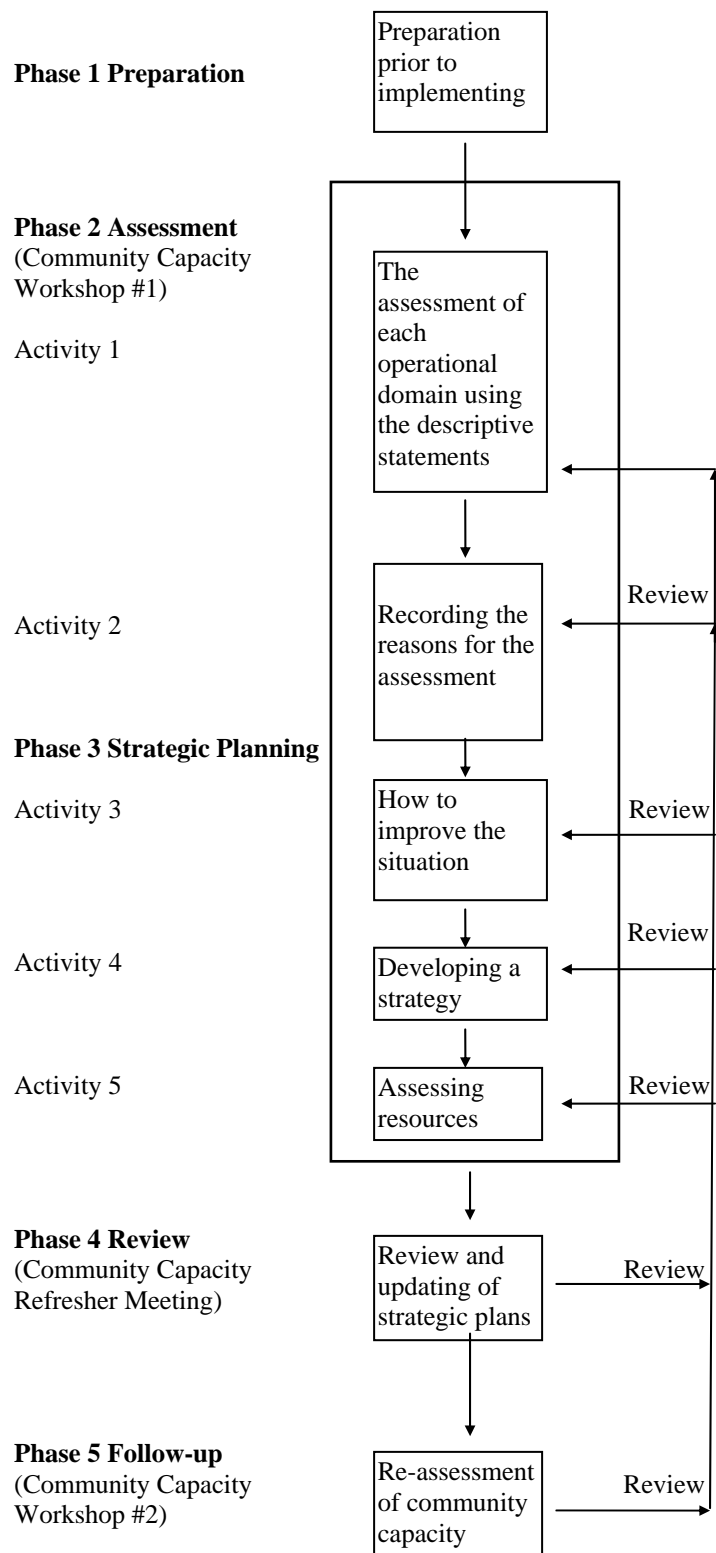


Figure 4. Summary of the Design of the Community Capacity Methodology

From "Building capable communities: experiences in a rural Fijian context," by Dr. Glenn Laverack, 2003, *Health Promotion International*, 18, p. 101. Adapted with permission of the author.

2.1.6.2.1 Phase 1 – Preparation prior to implementation

Laverack (2003) recommends a period of observation and discussion with the placement community prior to the implementation of the first community capacity workshop and the assessment of each domain. This preparation period occurred over the first two months in the placement community. During this time, I was able to familiarize myself with the RTP project in Mtendeli, observe community activities, and establish trusting relationships with community members. I was also able to present my own personal qualities and research interests to the RTP community, determine participant interest in being involved in the study, and discuss the research methodology with key stakeholders. In addition, during those two months, I was able to work with community members to adapt the community capacity methodology to the social and cultural requirements of the community (Laverack).

During this time, I worked closely with the workshop facilitator to translate the participant consent forms, the nine domains, and the descriptor statements for each domain into Kirundi, the language most widely spoken in the camp. Notably, the descriptor statements were adapted from Laverack (1999) and *in motion* (2004) and were collaboratively developed by the facilitator and myself specifically for the research project (see Appendix F). Both the domains and descriptor statements were piloted with three members of the Mtendeli community (the workshop facilitator/translator and two other community members who were not directly involved in RTP activities but able to speak English) to determine their community relevance.

All three community members were given copies of the domains and the descriptor statements in both English and Kirundi. The assessment process was discussed and participants were given time to analyze the domains and descriptor statements in English and the translated versions in Kirundi. Essentially, these community members were asked to determine if the nine domains and the descriptor statements would be understandable and usable by community

members. Participants were also asked if the Kirundi translations adequately reflected the original English documents. Both the domains and the descriptor statements were determined, by the three community members, to be understandable, culturally appropriate, and suitable for use with the community.

Labonte and Laverack (2001b) propose that workshop participants compile the descriptor statements for each domain into a rating scheme that represents a logical progression of one (low level of capacity) to five (high level of capacity). However, the three members of the community (mentioned above) and I all thought that if workshop participants developed the rating scheme it may lead answers and result in selection bias whereby participants might, for every domain, select a statement of high level of capacity. In addition, my colleague (i.e., Team 6 RTP project coordinator) explained to me how participants may, if aware of the rating scheme, select statements they think the researcher wants them to choose instead of selecting statements that best represent the current situation, thus augmenting my concern regarding selection bias. This form of bias has been discussed by others (Laverack, 2007; Robson, 1993).

To eliminate such selection bias the three community members and myself, and not key stakeholders, were responsible for collaboratively ordering the descriptor statements for each domain into a rating scheme from one to five. For example, the rating scheme of the descriptor statements used for the domain ‘Community Participation’ was:

1. People in the camp are not aware of or engaged in the RTP program.
2. People in the camp are aware of the RTP program but very few are directly involved with the program or program activities.
3. Many people in the camp are involved in the RTP program, but are not involved in making choices or setting direction of the RTP program.
4. Many people in the camp are involved in the RTP program. RTP volunteers are involved in group discussions, making decisions, and planning the future direction of the RTP program.
5. Many people in the camp are involved in the RTP program. RTP volunteers continue to participate in group discussions, make program decisions, and plan the future direction of the RTP program. These activities have been maintained for a sustained period of time.

Following development of the rating scheme for each domain, the number values were removed so that key stakeholders would not be aware of which statement had which numerical value. Of note, the rating scheme for each domain was later cross-checked with all participants who concurred that each was appropriate and represented a logical progression from low to high-level capacity.

2.1.6.2.2 Phase 2 – Assessment of each domain

Baseline Assessment (Community Capacity Workshop #1 and Follow-up Meeting)

Community Capacity Workshop #1 (CC WS#1) was carried out over one entire day in September of 2005, two months following my arrival in the placement community. Twelve key stakeholders (11 male; 1 female) from the RTP community participated in the initial assessment. First, to ensure all stakeholders had a comparable understanding regarding the RTP program, the assessment was prefaced by a review of the developmental history of the RTP program in Mtendeli. As previously mentioned, an understanding of community history is important for community capacity building (Goodman et al., 1998). Recounting the history of the initiative was carried out by the facilitator and collaboratively discussed with all key stakeholders to ensure all had a shared understanding of the project's past.

Next, key stakeholders were familiarized with several community capacity concepts (i.e., definitions of 'community' were discussed as well as definitions of 'community capacity' and 'community capacity building' were presented) and the domains as proposed by Laverack (1999). Discussion related to the applicability of each domain to the RTP program was then carried out to allow for modification of, or addition to the nine domains proposed. An opportunity to adapt or modify the nine domains is important because "the meanings and potential indicators of community capacity need cultural specificity if they are to be useful to, and used by, community

members ...” (Jeffery et al., in press, p. 7). A similar statement is made by Bopp and Bopp (2004) who discuss that unless domains are properly contextualized and understood within a community’s own realities, analysis, and dynamics, their use for measurement will likely be viewed as academic diversion from ‘the real work’ in the eyes of the community struggling to make a difference in their own lives. During the discussion, all key stakeholders agreed on the appropriateness and applicability of the domains as they currently existed, so no changes were made. Such confirmation recognized the community capacity domains as having cultural and contextual specificity and a determination of being usable in this context.

Laverack (1998, 2003) discusses how creating a culturally relevant working definition of community capacity increases the likelihood that community members will develop an understanding of the concept and how they can contribute to the research process and the overall program. Thus, after determining the applicability of the nine domains, a working definition of community capacity was developed by workshop participants prior to the actual baseline assessment. To develop the working definition, participants were provided with three separate definitions of community capacity from the literature. These definitions, previously translated into Kirundi, were written on a flipchart by the facilitator.

Each definition was read aloud and discussed by the group. Participants then suggested elements of the different definitions they thought best defined community capacity. As a result of this process, key stakeholders specific working definition of community capacity was *the actual force, will, and skills of community members to work together to assess critical issues and address problems and concerns with the aim of moving to greater levels of well-being and prosperity*. This wording was adopted as the culturally relevant working definition of community capacity and was used throughout the research process.

Following development of the working definition of community capacity, the assessment was then carried out adhering to Laverack's (2003) description of the assessment process. The assessment was conducted one domain at a time. To assess capacity in each domain, the five descriptor statements were provided to key stakeholders on five separate, un-numbered and un-marked sheets of paper. Each descriptor statement was typed out in both Kirundi and English. As previously mentioned, to prevent statement selection bias at the assessment, participants were unaware of the numerical value (rating) previously assigned that coincided with each of the five statements.

Each sheet of paper was passed from one participant to the next until all key stakeholders had read each of the five statements. To facilitate dialogue, the statements were then read aloud by participants. Finally, participants collaboratively determined which statement they thought most closely represented the present situation in their community. Notably, the statement selection process was flexible in that the descriptor statements could be amended or added to or a new description could be provided by participants to describe the situation for a particular domain. In addition, more than one statement could be selected by participants if consensus on one statement could not be reached. Such flexibility allowed participants to make their own assessment for each of the nine domains by comparing their experiences and opinions (Laverack, 2003).

Once participants determined which statement best represented the existing level of capacity in a specific domain, they were asked to provide justification for the assessment (i.e., the reasons why they chose that specific statement). Within the justification, participants were asked to "include verifiable examples of the actual [*sic*] experiences of the participants taken from the community to illustrate in more detail the reasoning behind the selection of the statement"

(Laverack, 2003, pg. 102). Following such justification, participants were then able to develop strategic plans for improvement in that domain.

2.1.6.2.3 Phase 3 – Developing a strategic plan for each domain

Laverack (2003) discusses how involving community members in the initial assessment is insufficient to foster community action and to build capacity in the long term. Moreover, Bopp and Bopp (2004) emphasize that the process of assessment should contribute significantly to the community's development. Thus, using a participatory approach, participants developed a strategic plan to build capacity for each domain, which occurred in three steps (Laverack).

First, participants discussed how to improve the present situation for that domain. Such discussion led to the development of broad approaches for improvement. Notably, if participants decided that the present situation did not require improvement, the 'how to improve' simply became maintaining the existing situation. Second, a specific strategy or strategies for capacity building was designed based on previous discussion. This stage included identifying specific activities, deciding on the order for these activities, setting a time frame, and assigning responsibilities. The final step in developing a strategic plan included assessing what resources, both internal and external, were available and necessary to improve the situation and build capacity.

At the baseline assessment, all information provided (i.e., the descriptor statement(s) selected, the justification, the how to improve, the strategy, and the resources) was compiled into a *matrix* (Laverack, 2003) which represented a summary of the assessment and the strategic plan for each of the nine operational domains. Below is information compiled into the matrix, from the CC WS#1, for the domain 'Program Management':

<i>Domain</i>	<i>Assessment</i>	<i>Reasons why</i>	<i>How to improve</i>	<i>Strategy</i>	<i>Resources required</i>
Program Management (UKURONGORA UMUGAMBI)	1. Program management is carried out by project coordinators (Rating = 1)	-It is up to the RTP project coordinators to know the programs overall objectives, where the financial resources come from, as well as to whom to submit reports.	-To increase the skills and knowledge to some community members regarding program planning and program management.	-Provision of skills training where they are offered.	Internal: -The will to participate. External: -Training to be provided by RTP Kibondo.

Figure 5. Matrix for the domain Program Management

Please see Appendix G for the complete matrix developed at the 2005 baseline assessment.

Once the matrix was completed, it was also important to provide a visual representation of the assessment to communicate the level of capacity in each domain in a simple and straightforward manner (Labonte and Laverack, 2001b). In addition, using a visual representation of the assessment also allows changes that occur over time to be clearly emphasized (Labonte & Laverack; Laverack, 2006, 2007). Thus, the statements selected by participants were aggregated and recorded using a culturally appropriate, visual representation of community capacity. The visual representation was a ‘spider web’ diagram which has been discussed in past literature (Bjaras, Haglund, & Rifkin, 1991; Labonte & Laverack; Laverack, 1999, 2006; Rifkin, Muller, & Bichmann, 1988) and promoted in several community capacity models (Schmidt & Rifkin, 1996; Bopp et al., 2000; Laverack, 1999, 2006, 2007; Hawe et al., 2000). Notably, the spider web diagram provided a visual snapshot of the overall evaluation. Both the spider web diagram (see Appendix H) and the matrix became the basis for further discussion and strategic planning at a CC WS#1 Follow-up Meeting.

Community Capacity Workshop #1 Follow-up Meeting

As part of the baseline assessment, a follow-up meeting occurred in October of 2005, approximately three weeks following CC WS#1. Ten of the 12 key stakeholders who

participated in CC WS#1 attended. The follow-up meeting provided an opportunity for review and to expand upon the strategic plans developed. At this meeting, the working definition of community capacity and the matrix were member-checked with participants (Creswell, 2003). Participants were asked if the matrix adequately represented what was discussed and decided upon at the baseline assessment. Participants confirmed that the matrix accurately reflected the assessment of each domain.

Following such confirmation, an enlarged version of the ‘spider web’ diagram was placed on the wall and became the basis for discussion regarding the RTP community’s strengths and weaknesses. Participants were asked to prioritize which domains to focus on for future programming. The enlarged version of the spider web diagram was given to participants and later placed on the wall in the community services office. In addition, each participant received a copy of the matrix, in both Kirundi and English, for future reference. CC WS#1 and the follow-up meeting constituted the baseline assessment of community capacity.

2.1.6.2.4 Phase 4 – Follow-up

Community Capacity Refresher Meeting

Laverack (2003) outlines the importance of meeting with workshop participants every three to six months to review the assessment and the strategic plans. Given this, a Community Capacity Refresher Meeting was held in early April of 2006, approximately six months after the completion of the baseline assessment. Eight of the 12 key stakeholders who participated in the baseline assessment attended. At this meeting each participant was given a file folder with a copy of the matrix (see Appendix G) and the spider web diagram (see Appendix H) from the baseline assessment, as well as a community capacity timeline (see Appendix I). This timeline visually represented the project and research activities to date and showed community

accomplishments with respect to the strategic plans developed at the baseline assessment. Each participant was given a copy of the nine domains and the working definition of community capacity. All information was provided in both Kirundi and English.

At the refresher meeting, participants and I reviewed the workshop methodology used at the baseline assessment of community capacity (i.e., CC WS#1 and the CC WS#1 follow-up meeting), the spider web diagram, and the matrix. Participants and I then reviewed the specific strategic plan, from the baseline assessment, for each domain and compared it to the events emphasized in the community capacity timeline. Not only did this meeting allow reflection on the original assessment of community capacity, but participants and I were also able to develop new strategies for capacity building in several of the nine domains.

2.1.6.2.5 Phase 5 – Re-assessment of each domain

Final Assessment (Community Capacity Workshop #2 and Follow-up Meeting)

Community Capacity Workshop #2 (CC WS#2) occurred in September of 2006, approximately one year following CC WS#1. Similar to CC WS#1, the second workshop was carried out over one entire day with 12 key stakeholders (9 male: 3 female). Notably, due to repatriation, resettlement, and changes in the organizational structure of the RTP Mtendeli project, only 4 original participants/stakeholders from CC WS#1 participated in CC WS#2.

At the second workshop, participants were again familiarized with the RTP Mtendeli project's historical development, community capacity concepts, and the domains as proposed by Laverack (1999). Following such introduction, participants, using the same tool and procedures as in CC WS#1, determined which statement best represented the existent level of capacity in each of the domains and provided justification for such assessments. For a second time, all information provided (i.e., the descriptor statement(s) selected, the justification, the how to

improve, the strategy, and resources) was compiled into a matrix (Laverack, 2003) (see Appendix J) and the assessment was again documented using a culturally appropriate visual representation of community capacity (i.e., a spider web diagram) (see Appendix K). Both the matrix and the spider web diagram became the basis for further discussion and strategic planning at a CC WS#2 Follow-up Meeting.

Community Capacity Workshop #2 Follow-up Meeting

As part of the final assessment, a follow-up meeting occurred in September, 2006. All 12 key stakeholders who participated in CC WS#2 attended. At this meeting, each participant was given a file folder with a copy of the spider web diagram and matrix from the final assessment as well as an updated copy of the community capacity timeline (see Appendix L). Each participant was also given a copy of the nine domains and the working definition of community capacity. Lastly, participants were given the matrix from the 2005 assessment (see Appendix G) and the spider web diagram from the 2005 assessment (see Appendix H) for comparison.

At the follow-up meeting, the matrix and spider web diagram were member-checked with participants and determined to accurately represent what was discussed and decided at the final assessment. Following the same procedures as at the CC WS#1 Follow-up Meeting, an enlarged version of the 'spider web' diagram was placed on the wall and became the basis for discussion regarding the RTP community's strengths and weaknesses. Participants were again asked to prioritize which domains to focus on for future programming. Thus, the follow-up meeting provided the opportunity to expand upon the strategic plans developed at CC WS#2. CC WS#2 and the CC WS#2 Follow-up Meeting constituted the final assessment of community capacity. Following the completed assessment, a Final Meeting was held to share preliminary results with the entire RTP community and review the future plans developed at the final assessment.

Community Capacity Final Meeting

The findings were provided to the RTP community, in early October of 2006, at a Community Capacity Final Meeting. Approximately 70 coaches attended. At the meeting, the facilitator explained the workshop methodology used for the study. Following such explanation, the enlarged spider web diagrams from each assessment were placed at the front of the room and explained. The spider web diagrams were compared and the results discussed. Participants commented on the domains showing the most significant changes and noted the one domain that decreased in capacity.

A 'future plan' document, developed following the final assessment, was given to each RTP community member (see Appendix M). The future plan included the specific strategy for each domain as decided by participants as well as a coinciding checklist of future activities (see Appendix N). Both documents were provided in Kirundi and English. The future plan and the checklist were read to community members by the facilitator. A facilitated dialogue followed, with recommendations from community members and from me on specific domains, the sustainability of the RTP SportWorks program, and any additional needs of the community.

2.1.6.3 Researcher Participation

Marshall and Rossman (1999) characterize qualitative research by including the researcher as the primary instrument involved in data collection. Researcher participation "is basic to all qualitative studies and forces consideration of the role or stance of the researcher as a participant observer" (Marshall and Rossman, p. 106). Beyond my role as the primary researcher for this project, I also worked with RTP as a project coordinator. My position with RTP allowed me to spend a prolonged time working with the community. Such time, combined with my

interpersonal skills, lead to a rapport being established between community members and myself (Ginsberg, 1988).

In addition, by working with RTP for an extended period I was able to learn about daily life in the social setting (i.e., refugee camp) and learn directly from both personal experiences and interactions with the community (Marshall & Rossman, 1999). Personal reflections, based on such experience and interaction, were integral in furthering my knowledge and understanding of the population with which I was working (Marshall & Rossman). In addition, during the research process I also attempted to maintain awareness of my own personal qualities that developed out of the research and how such qualities affected the overall process.

2.1.6.4 Individual Interviews

Interviews are social productions. With this orientation, respondents are better seen as narrators or storytellers, and ethnographers are cast as participants in the process.

Working together, the interviewer and the narrator
actively construct a story and its meaning.

(Miller, Manning, & Van Maanen - Introduction in Holstein & Gubrium, 1995, p. vii)

Stake (1995) discusses how the interview is often the main methodology used to uncover multiple realities associated with a case. Labonte and Laverack (2001b) also advocate the use of key informant interviews as one method to assess changes in community capacity. Simply put, interviewing is an interactional method of collecting information about the social world by asking people to discuss their lives, experiences, and perceptions (Holstein & Gubrium, 1997).

Interviews are important in case study research because the topic being investigated will not always be viewed the same by everyone and interviews provide a means to elicit unique knowledge.

Importantly, numerous methods of conducting interviews exist and many conventional approaches to interviewing stress keeping researcher input to a minimum in order to avoid bias, error, misunderstanding, and misdirection (Holstein & Gubrium, 1997). However, for my research I chose “active interviewing” (Holstein & Gubrium, p. 113) which is “a form of interpretive practice involving respondent and interviewer as they articulate ongoing interpretive structures, resources, and orientations with what Garfinkel (1967) calls ‘practical reasoning’” (as cited in Holstein & Gubrium, p. 121). Essentially, active interviewing is a contextual social interaction or encounter that involves reciprocal communication between researcher and participants with the goal of constructing knowledge (Davies & Dodd, 2002; Holstein & Gubrium, 1995, 1997). Thus, it is a collaborative process where meaning is not merely revealed from apt questioning or provided through a respondent’s replies to certain questions, but is actively and communicatively produced during the interview process (Holstein & Gubrium, 1995).

My position as a RTP project coordinator necessitated ongoing active dialogue and collaborative knowledge production with other RTP project coordinators, coaches, and key informants over the entire 15 months in the field. Since such interactional approaches to acquiring information occurred continually, active interviewing seemed the best corresponding interview approach for continued participatory knowledge production, particularly between interviewees and me. Thus, the interview process was simply a continuation of the ongoing co-creation of knowledge that had been occurring in the RTP project over the previous 15 months.

As previously mentioned, the success of holistically understanding the case is often achieved by finding an informant who can provide second hand observations that the researcher would otherwise not be exposed to (Stake, 1995). Based on the foregoing, I conducted active interviews with two key informants to discover their views in relation to community capacity

building and the RTP project. As Holstein and Gubrium (1997) point out, the goal of the active interview “is not to dictate interpretation, but to provide an environment conducive to the production of the range and complexity of meanings that address relevant issues, and not be confined by predetermined agendas” (p. 123). However, these same authors discuss how the active interview can have structured or loose pre-determined interests. Accordingly, semi-structured interview questions were employed as a key informant interview guideline (see Appendix O). Despite utilizing semi-structured interview questions, the interviews had developing narratives whereby topics, format, and roles emerged out of the interview process (Holstein & Gubrium).

Interviews were also carried out with two RTP project coordinators. A first interview was carried out in early September of 2005 with my colleague at that time. This individual was the remaining project coordinator from the 6th team (Phase 6) of RTP Kibondo. As part of the interview, my colleague was asked to take part in an individual assessment of the RTP Mtendeli community with respect to community capacity. This assessment was carried out using the domains approach as described in section 2.1.6.2. In October of 2006, a second assessment was carried out with my colleague at that time. An active interview was also carried out with this project coordinator using semi-structured interview questions. For a list of interview questions used for this interview see Appendix P.

All interviews were conducted in English and with the participants’ permission, they were audio taped. Audiotapes were then transcribed by me and returned to the participants for corrections and additions. Interviews with key informants and project coordinators fostered discussion relative to the effect the program had on community capacity building. Such interviews also facilitated an understanding of the multiple realities associated with the case (Stake, 1995).

2.1.6.5 Observations and Field Notes

“Observation is a fundamental and highly important method in all qualitative inquiry ... [and] is used to discover complex interactions in natural social settings” (Marshall & Rossman, 1999, p. 107). Observations are based on activities and events, participant actions and behaviours, and physical aspects of the situation (Marshall & Rossman; Spradley, 1980). In case study research, observations will be directed by the issues of the case and should promote a greater overall understanding of the phenomena being studied (Stake, 1995).

I observed the RTP community and program operations during the 15-month period to help me assess and document the capacity building process as well as changes that occurred in the nine domains. Detailed descriptions by way of field notes were employed based on my observations. In addition to providing detail regarding program and community events and capacity building, field notes were also used to provide descriptive accounts of people and their actions, social situations, dialogue, and my own personal experiences and reactions (Emerson, Fretz, & Shaw, 2001). Permission to carry out observations was given by participants who signed a participant consent form (see Appendix B). I also employed written field notes based on informal conversations with key informants. Such field notes provided me with information I would have otherwise not had access to (Stake, 1995) such as knowledge about conflicts that occurred in the RTP community. Notably, field notes based on conversations with key informants were only taken after the baseline assessment had been completed and key informants had given their consent.

2.1.6.6 Program Plans / Minutes from Right To Play Meetings / Artifacts

Most case studies incorporate examining reports, minutes from meetings, and newspaper clippings (Stake, 1995) as the history and the research context of a specific setting can be

increasingly understood through the unobtrusive method of document analysis (Marshall & Rossman, 1999). As part of this document review, I used information from my employer – the international NGO RTP. Prior to my placement in Tanzania, on June 13th, 2005, I travelled to Toronto, Canada for a 10 day orientation and job training. Following the training program, RTP training resources and organizational reports were used to determine how the organization incorporates community capacity building into program design, planning, and operations.

While in the field, RTP program plans and meeting minutes were analyzed over the 15 months and helped me achieve a greater overall understanding of the case. In addition, I collected information from local newspapers and NGO publications to gather information related to the placement community and humanitarian response efforts. Program plans, minutes from RTP meetings, and artifacts were sought out and analyzed over the entire 15 month period.

2.1.7 Data Analysis

The aim of this research project was to understand the effectiveness of a RTP SportWorks program in community capacity building in a refugee camp. Although the design incorporated a quantitative data collection tool (i.e., the likert scale rating system of one to five) - which was useful for visually illustrating changes in community capacity – during analysis emphasis was placed on the qualitative evidence provided by participants. Although the numerical ratings were useful as a minimal indicator of change, a qualitative approach stressed the importance of the stakeholders' understanding and perceptions as they related to the RTP program and to community capacity building. Thus, the qualitative data provided by participants was of greater interest than the rating value for each descriptor statement selected and such information provided the justification for changes in community capacity.

Qualitative data analysis is the process of systematically searching and arranging the data accumulated in order to increase understanding and to enable a researcher to present what they have discovered (Bogdan & Biklen, 1992). Stake (1995) points out that analysis involves giving meaning to not only the final compilations, but also the researcher's first impressions. Based on the foregoing, analysis began prior to even arriving in Tanzania. As discussed, prior to commencement of my placement in Tanzania, in June of 2005, I participated in an intensive RTP orientation/training. During this time I was able to learn how the organization and RTP Managers viewed their work in terms of building community capacity. Following completion of the training program, RTP training resources, program manuals, and annual reports were analyzed to determine how RTP SportWorks programs incorporate community capacity building into design, planning, and operations.

Patton (2002) states that no data analysis formula exists on how to transform qualitative data into research findings. He stresses the importance of researchers drawing upon their own creativity and judgement when conducting data analysis. Similarly, Stake (1995) discusses how case study analysis is not standard and every researcher must find the forms of analysis that work best for him or her. Since data analysis is unique for every researcher (Patton; Stake), in my study, qualitative analysis using an instrumental case study approach was utilized to examine the multiple sources of data. Moreover, since the domains approach was the principal method of data collection, analysis was guided by Laverack's (2003) community capacity framework.

Using the descriptor statements selected by key stakeholders, the matrix developed from each community capacity workshop, and the transcripts from group discussions at both CC WS#1 and CC WS#2, data analysis was carried out to understand changes that occurred in each of the nine community capacity domains. In addition, observations, field notes based on observations

and personal reflections, as well as the transcripts from my interviews with key informants and RTP project coordinators were then examined to verify or contest such changes.

My goal in the analysis process was to present an accurate account of the information provided by key stakeholders at the baseline and final assessments of community capacity, while also offering my own understanding of community events, actions of community members, and capacity building. This process was carried out in hopes of creating a holistic portrayal of the case. Such an approach to analysis stressed the importance of both the stakeholders' as well as my own understanding and perceptions as they related to the developmental process and impacts in the community.

2.1.8 Establishing the Quality of the Research

A number of procedures may be used throughout the qualitative research process to establish quality and verify research findings. Stake (1995) recommends extensive verification for case study research and he identifies triangulation and member checking as two possible methods. In addition, Creswell (1998, 2003) presents eight primary strategies to check the accuracy of research findings. Creswell (1998) recommends that the researcher employ, at minimum, two of these strategies.

For my research, I employed seven of Creswell's (1998, 2003) eight primary strategies to check the accuracy of the findings. These included: spending a prolonged time in the field; triangulation; member checking; the use of rich, thick description; clarifying researcher bias; presenting negative or discrepant information; and peer debriefing. As a final measure of verification, I utilized Stake's (1995) critique checklist for a case study report (see Appendix Q).

2.1.8.1. Spending a Prolonged Time in the Field

This study was carried out over 15 months. This allowed me to spend a prolonged time in the field working with the RTP community. Specifically, the domains approach occurred in five phases (see section 2.1.6.2). Over these five phases, I carried out nine separate meetings with participants which constituted the more formal aspects of the research process. These were: a meeting to determine participant interest; a pre-workshop meeting; CC WS#1; CC WS#1 Follow-up Meeting; Community Capacity Refresher Meeting, a second pre-workshop meeting; CC WS#2; CC WS#2 Follow-up Meeting, and the Community Capacity Final Meeting). Importantly, my position as a RTP project coordinator necessitated that I also meet with participants and other RTP community members one to two times per week to collaborate for RTP programming.

During my time in the camp, I attempted to learn about and develop an understanding of the participants, their culture, and the environment in which they lived (Creswell, 2003). In addition, a prolonged time spent in the field allowed me to establish a rapport with community members and build trust (Ginsberg, 1988; Lincoln & Guba, 1985), an essential component of community capacity building (Ebbesen et al., 2004; Goodman et al., 1998, New South Wales Health Department, 2001) and participatory research (Green et al., 1995). Moreover, such a period allowed me to carry out what Lincoln and Guba describe as “persistent observation” which is an identification of “those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail” (p. 304). Overall, a prolonged time in the field better abled me to acquire and in-depth understanding of the case and present contextual detail, which adds to the credibility of the findings (Creswell).

2.1.8.2 Triangulation

Denzin (1978) discusses four different methods of triangulation including the use of multiple and different sources, methods, investigators, and theories. Stake (1995) stresses the importance of triangulation in case study research and also discusses these same modes of triangulation as useful to support the credibility of research findings. Source triangulation was achieved through key stakeholders' agreement on the descriptor statement(s) selected in each domain at each assessment. Agreement on the descriptor statement(s) selected was supported by the one key informant who was not directly involved in assessing community capacity but who agreed with the results from each assessment, providing further source triangulation.

Methodological triangulation was carried out by employing multiple methods during the research process (Cresswell, 1998, 2003; Lincoln & Guba, 1985; Patton, 2002; Stake, 1995). Such triangulation included analyzing evidence from multiple sources of data to provide corroborating evidence within each of nine domains. This was achieved by examining information from the community capacity assessment and re-assessment process (i.e., participant justification provided by key stakeholders related to the descriptor statement(s) chosen in each domain; the numerical rankings; and spider web diagrams), transcripts from interviews with key informants and RTP project coordinators, field notes based on observations and personal reflections, and document analysis.

Investigator triangulation includes the analysis of other researchers or knowledgeable persons to determine the level of agreement related to a phenomenon or a researcher's observations or interpretations (Stake, 1995). In the field, I consulted individuals from other agencies and NGO's working in Mtendeli, who were external to RTP but had some knowledge of the RTP program or community conditions. Such persons acted as external validators for the community capacity assessments and the qualitative evidence given by the RTP key stakeholders.

In addition, my research supervisor as well as my graduate committee each played a distinct role in investigator triangulation. My research supervisor reviewed and continually asked questions regarding my overall research design, analysis of data collected, as well as my interpretations of the research (Creswell, 2003). In addition, my graduate committee members also played a role in investigator triangulation by asking general questions regarding the methodology used for the study, ethical considerations, and other issues pertinent to the study that were not clear (Lincoln & Guba, 1985). The utilization of multiple researchers and the extent that those researchers interpreted the data similarly provided theory triangulation (Stake, 1995).

2.1.8.3 Member Checking

Member checking, the process of taking collected data back to the participants, was applied to help validate findings (Creswell, 2003; Lincoln & Guba, 1985; Marshall & Rossman, 1999; Stake, 1995). Lincoln and Guba view member checking as the most essential method of establishing credibility. Stake also stresses the importance of this technique but notes that often the researcher gets very little back from participants in the member checking process. Nonetheless, member checking is a worthy method of acquiring participant observations, interpretations, and suggestions with regards to the actions or words of those being studied (Stake). In addition, such information can also be used to triangulate the researcher's observations, interpretations, and conclusions (Stake).

As mentioned previously in Chapter 2, the matrix developed at each of the community capacity assessments was member checked with key stakeholders. In addition, transcripts from the interviews with key informants and project coordinators were given to these participants and their feedback related to the accuracy of this information was collected. Both key informants

made numerous additions and changes to the transcripts of their individual interviews, demonstrating that these individuals effectively used the opportunity to react to the transcripts. Lastly, findings were discussed and given to key stakeholders, as well as other members of the RTP community, at a Community Capacity Final Meeting. At this meeting, participants were able to provide feedback related to the descriptor statements selected for each domain, the matrix from each assessment, and both spider web diagrams.

2.1.8.4 Rich, Thick Description

Rich, thick description was utilized to place findings in a social, cultural, and temporal context (Patton, 2002). Such description provided illustrative information related to the case. By providing rich, thick description, the researcher allows the reader to determine the degree of transferability of the findings (Creswell, 1998; Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985). Contextual description may also help the reader gain a sense of shared experiences because he or she may be better able to visualize the setting and events that occurred throughout the research process (Creswell, 2003). Thus, such description allows readers to develop their own conclusions related to the data presented (Creswell, 1998). I have attempted to use rich, thick description throughout this work, specifically in the preface, in my description of the research setting as well as the historical account of the RTP program in Mtendeli camp, and in the results section of this thesis.

2.1.8.5 Clarifying Researcher Bias

As discussed by Marshall and Rossman (1999), qualitative researchers maintain awareness of their personal biographies and how these shape the study and they engage in systematic reflection on their roles in the research process. Similar statements have been made

by numerous qualitative experts (Creswell, 1998, 2003; Davies & Dodd, 2002; Lincoln, 1995; Lincoln & Guba, 1985; Merriam, 1988; Patton, 2002; Peshkin, 1988). It is important to clarify the position of the researcher and his or her biases, prejudices, and assumptions which may have an impact on the research (Lincoln; Merriam). Notably, clarifying researcher bias is closely connected to one of Lincoln's emerging criteria for quality in qualitative research – positionality – in that research text should “display... honesty or authenticity ... about its own stance and about the position of the author” (p. 280).

To acknowledge my position and to establish authenticity, I have included my personal story in the thesis introductory chapter. In addition, I have also included a personal reflection in the final chapter of this thesis. Specifically, the personal reflection section strives to acknowledge my assumptions and personal biases that developed out of the research and how such qualities affected the overall research process. Moreover, this section is an attempt to display openly my research experiences and critically examine my own perceptions and ideas which Davies and Dodd suggest “provide more insightful research findings” (p. 285).

2.1.8.6 Presenting Negative Information

Patton (2002) suggests that presenting negative instances that do not fit with the patterns and trends identified in a study actually increases our understanding of those patterns and trends. In addition, presenting negative or discrepant information “makes visible the sometimes disordered reality of research [and] ... reconstitutes disorder into a contributor ...” (Davies and Dodd, 1999, p. 285). Importantly, my goal as a researcher was to present the case from a holistic perspective (Patton). Thus, information that could be considered negative data, such as the decrease in capacity which occurred in one of the nine organizational domains, has been included in this thesis.

2.1.8.7 Peer Debriefing

As previously mentioned in section 2.1.8.1.2, peer debriefing was utilized to provide investigator triangulation (Stake, 1995) and assess the accuracy of the research results (Creswell, 2003). Due to cost and time constraints (Creswell, 1998), an external auditor was not employed to review the finished product. However, all raw data (documents, tapes, transcripts, field notes) will be kept as research justification.

2.1.9 Ethics

Importantly, refugees are often a highly vulnerable population who may have experienced violence or other trauma. As Banatvala and Zwi (2000) point out, numerous conventions and guidelines have been developed to protect and promote the rights of persons living as refugees; yet similar guidelines do not exist for the protection of this population in relation to participating in research. These authors advocate for an ethical approach to conducting research with persons living as refugees. This approach includes maximizing benefit and minimizing harm, obtaining informed consent, ensuring confidentiality, and treating individuals with appropriate care and dignity.

Importantly, these key elements in ethical research were a primary consideration throughout the research process. In addition, Davies and Dodd (2002) believe that ethics should not be viewed as a separate part of the research process that is attained and then forgotten. Ethics should be ever apparent in the way researchers approach and carry out research, interact with participants, and in how researchers reflect on the data collected (Davies & Dodd). Accordingly, ethical conduct and ethical principles were integral to this study and were seen to be essential aspects of conducting rigorous research.

This research study received ethical approval from the University of Saskatchewan Behavioural Research Ethics Board (Beh-REB) on October 6, 2005 (see Appendix R for the Certificate of Ethical Approval for this study). Permission from RTP to conduct this study was given by the Deputy Regional Manager of East Africa II (who was the former Country Manager for RTP in Tanzania) in August of 2005. The research was carried out under the auspices of the RTP project and was one component of overall evaluation of the effectiveness of the RTP project in Mtendeli.

CHAPTER 3

3.1 RESULTS

The purpose of this study was to understand the effectiveness of a RTP SportWorks program in fostering community capacity building in a refugee camp in Tanzania. This was accomplished using a participatory workshop methodology called the domains approach which utilized Laverack's (1999) nine organizational domains to assess community capacity. The domains were re-assessed one year later to determine the extent of community capacity building. At both community capacity assessments, key stakeholders selected the specific descriptor statement or statements, which corresponded to specific numerical ratings, they thought best represented the present situation in each of the nine domains. Key stakeholders provided qualitative comments explaining or defending the descriptor statement(s) selected for each of the nine domains. In addition, individual interviews were carried out with two key informants, following the second community capacity assessment, to uncover their views in relation to the impacts of the program on community capacity.

Data from the community capacity workshops (i.e., descriptor statements, matching numerical ratings, and qualitative comments), combined with information provided by key informants, constituted the evidence for changes in community capacity. Based on this evidence, community capacity was seen to increase in eight of the nine domains. Results for each of the nine domains are presented below. As applicable, I have written 'observations of the researcher', a section influenced by my own personal observations, field notes taken during the research study, and information acquired from active interviews with other RTP project coordinators. For many domains, I have provided contextual information to give a historical and holistic understanding of the circumstances. Importantly, the words of participants are used and member-checked.

3.1.1 Community Participation

Baseline Assessment	Final Assessment
Rating = 2.5	Rating = 5

Baseline Assessment

Context

Prior to conducting the baseline assessment, the RTP community consisted of approximately 30 volunteer coaches. In addition, a total of 19 new coaches had recently completed the LSPS module.

Voices of the Community

At the baseline assessment, in the domain ‘Community Participation’, consensus could not be reached on one particular descriptor statement. The majority of participants thought that statement #2, “people in the camp are aware of the RTP program but very few are directly involved with the program or program activities”, best represented the existing level of capacity. Participants stated that “many RTP trainings are provided to the same group of people and those who have been trained before are the ones who continue to participate in RTP trainings.” As a result, participants believed the reason why very few people were involved in the program was because RTP trainings were continuously carried out with the same group of coaches.

Other participants thought that statement #3, “many people in the camp are involved in the RTP program, but are not involved in making choices or setting direction of the RTP program” was a more appropriate statement to describe the level of capacity in the domain ‘Community Participation’. These participants focused on the perception that coaches were not involved in making choices or determining the direction of the program indicating that “coaches

working with RTP are at the same time involved in other daily jobs in order to earn income”.

One participant stated:

Most of the people who have been trained in the Coach 2 Coach program are workers with different organizations operating in the camp. In that case, most of their time is used to go to those NGOs activities. Therefore, they have the time to work for those organizations and not time to plan and implement with RTP.

Key stakeholders emphasized that RTP activities are based on volunteering. One participant stated, “RTP activities are voluntary. RTP activities are guided by a voluntary system and so there are other activities which are done by people and which are productive and paid.” One might assume that this contrast in organizational approach to community programming was a major reason why key stakeholders determined that coaches did not have time to make decisions and program plan in the RTP program. To improve the present situation, participants determined that the project needed to increase its coach base by providing training to different groups of people.

Later, at the CC WS#1 Follow-up Meeting, participants discussed how many people in the Mtendeli community were unaware of RTP. Participants stated that, although children in the camp participate in play days and sport activities, parents and other adults often do not know about RTP and what RTP coaches do in the camp. To improve this situation, participants decided to hold an awareness campaign and invite adults to learn about RTP, the objectives of the organization, and the activities coaches implement in the community. Thus, the two major strategies for capacity building in the domain ‘Community Participation’ were to increase the coach base by providing training to new volunteer coaches and to raise awareness in the community about RTP and the role of RTP coaches in the camp.

Final Assessment

Context

In September of 2005, RBCP training was implemented in Mtendeli and 23 coaches completed the RBCP module. As well, in November of 2005, two separate C2C trainings took place in Mtendeli and a total of 42 coaches completed the C2C module. Thus, at the time of the final assessment, RTP Mtendeli had over 100 coaches. In addition, a coach appreciation day was also held in November to raise awareness of RTP in the community.

Voices of the Community

At the final assessment, participants determined the RTP community to have a high level of capacity in the domain 'Community Participation'. Participants selected statement #5: "Many people in the camp are involved in the RTP program. RTP volunteers continue to participate in group discussions, make program decisions, and plan the future direction of the RTP program. These activities have been maintained for a sustained period of time." However, participants emphasized that "RTP volunteers make decisions but decisions made rely on approval from RTP project coordinators". This comment on the organizational structure of RTP was added to statement #5.

During the final assessment, participants discussed how the number of RTP coaches was increased as a result of the coach trainings that occurred throughout the year. Participants thought that, at the time of the final assessment, RTP Mtendeli had a large number of coaches. Participants discussed how this increase allowed an additional play day to be carried out each month. In addition, participants discussed how Task Teams had been created and how members of the Task Teams had received project management training. This change resulted in RTP community leaders holding discussions, making program-related decisions, and planning the

direction of the RTP program. Participants noted that such activities had been ongoing since April of 2006. In addition, participants also commented on actions taken to increase the level of awareness of RTP in the community. Participants discussed the coach appreciation day, which also acted as an awareness campaign, which occurred in November of 2005. However, despite the event's occurrence, participants thought that in order to further increase the presence of RTP in the camp a larger scale campaign was needed. Based on the foregoing, participants thought that the capacity of the RTP community in the domain 'Community Participation' had increased.

3.1.2 Local Leadership

Baseline Assessment	Final Assessment
Rating = 4	Rating = 4.5

Baseline Assessment

Context

At the time of the baseline assessment, the RTP community was officially under the direction of the Mtendeli Sport Council, which had approximately 10-12 members. Notably, the Sport Council was affiliated with SAEU and only a few of the Sport Council members were trained in RTP coach modules. At that time, the Sport Council Chairman, who had been involved with RTP since the program's origination in 2001, was a key leader in the RTP community. Two other members of the Sport Council also held influential positions and were involved in organizing and directing other coaches. Matani, previously described as the Community Organizer, was at that time becoming a strong leader and event planner in the RTP community. Also, Emil, who was not a member of the Sport Council, was emerging as a leader and accepting increasing responsibilities in the program.

Voices of the Community

At the baseline assessment, in the domain ‘Local Leadership’, participants selected the first half of statement #5: “There are many skilled local leaders within the RTP program who reflect the needs of the community.” Participants also selected the second half of statement #3: “There is a desire to lead but a lack of skills, opportunities, or support.” Participants stated that the “implementation of different RTP program activities (trainings, play days, meetings, equipment distribution, and monitoring of equipment) is going on well”, which was felt to be directly attributable to the strong leadership in the RTP community. However, participants thought that it would be beneficial to provide leaders with increased knowledge related to leadership. This could be accomplished through project management or leadership skills training. In addition, participants also wanted increased equipment for program use. Both of these programmatic changes were deemed necessary to improve program implementation.

Final Assessment

Context

In November of 2005, RTP Tanzania introduced a new organizational structure that involved replacing existing Sport Councils or Sport Committees with Task Teams in all RTP projects in Western Tanzania. At that time, leadership in the program and the RTP community consisted mainly of two competent individuals in control of all aspects of the project. It was anticipated that the development of Task Teams would decentralize leadership and extend organizational responsibility to a greater number of people. Thus, in March of 2006, the Sport Council was replaced by two seven-member RTP Task Teams and the two Community Organizers each became the secretary of a respective Task Team. Following development of the

two Task Teams, the previous position of the Sport Council Chairman no longer existed within the RTP leadership schema.

Voices of the Community

At the final assessment, participants determined the RTP community to have a high level of capacity in the domain 'Local Leadership'. Participants selected the first half of statement #5: "There are many skilled local leaders within the RTP program who reflect the needs of the community." Participants added that, "leaders work effectively so that action can be taken. However, leaders need increased leadership skills and resources on leadership." At the assessment, participants stressed the importance of the development of the two Task Teams and the project management and master trainer training given to Task Team members. Participants thought that such training had increased knowledge related to overall project management as well as management of RTP coaches. In addition, participants stated that "activities in the community (trainings, play days, meetings) are going on well", which they again attributed to the strong leadership in the RTP community.

Observations of the Researcher

Following the development of the two Task Teams, Matani and Emil were more active in organizing RTP meetings on their own, without direction from RTP project coordinators. More than once, project coordinators requested that the Task Teams organize a meeting to discuss a project related issue only to find that the secretaries of the Task Teams had already done so. Such action demonstrated initiative, strong leadership, and concern for the momentum of the project.

Although the Task Team structure did initially result in an increased number of RTP community members being involved in program planning and program management, by September of 2006 essentially the two Task Team secretaries made most project decisions. Thus, despite involving more community members in the project management process, leadership remained quite centralized. In addition, at the time of the final assessment some noticeable tension was apparent between the two secretaries and this rift prevented the Task Teams from collaborating to carry out program activities. Although this tension was evident to RTP project coordinators, it was not something discussed by key stakeholders at the final assessment. I elaborate on this tension in the challenges and limitations section of this thesis (see section 5.3).

3.1.3 Organizational Structures

Baseline Assessment	Final Assessment
Rating = 5	Rating = 5

Baseline Assessment

Context

At the time of the baseline assessment, the RTP community was led and organized by the Mtendeli Sport Council, which consisted of approximately 10-12 members. It was overseen by and under the responsibility of SAEU, an NGO in control of community services and education in Mtendeli camp. Regular meetings were held (one or two times per month), between the Sport Council and RTP project coordinators, to determine community needs in regards to sport and play and to plan upcoming RTP activities (e.g., coach trainings, play days).

Voices of the Community

At the baseline assessment, in the domain ‘Organizational Structures’, participants selected statement #5: “An effective infrastructure or council/committee/task team exists to address sport and play and reflects community needs. It is supported and sustained by the community partners and others. There are links with other organizations in the community.” Participants discussed how the organizational structure facilitated cooperation and how Sport Council members worked well together and helped each other. This was testament to the effectiveness of the Sport Council. In addition, participants believed that the Sport Council reflected community needs because it conducted regular meetings about sport and play and cared about the larger community. Participants said that “community members respond when mobilized by RTP coaches, in releasing and giving permission to children [to participate in RTP activities]” – an essential component of the RTP project, since without parental support, children’s participation in RTP activities would not occur. Participants also discussed the informal links the Sport Council had with other organizations in the community. They said, “there is collaboration between the RTP community and other organizations (REDESO, JRS, IRC, SAEU, TCRS) and the community.” For these reasons, the participants believed that the Sport Council was an effective organizational structure capable of addressing sport and play needs in Mtendeli.

Observations of the Researcher

Despite participants determining that the RTP community was very capable in the domain ‘Organizational Structures’, a few key observations are relevant. Firstly, RTP project coordinators met with Sport Council members regularly to plan upcoming RTP activities. Nonetheless, at these meetings, Sport Council members’ participation was limited. RTP project

coordinators attempted to elicit ideas from and collaboratively plan upcoming RTP activities and events with the Sport Council. However, due to lack of participation by Sport Council members, such meetings often resulted in project coordinators taking the lead and suggesting plans for future activities. These were then agreed to by the Sport Council.

Secondly, in providing sport and play opportunities for children and youth, the Sport Council was extremely effective at organizing large scale events such as play days. Nonetheless, very little emphasis was placed on providing regular sport and play opportunities and ensuring that all coaches were actively and regularly coaching children. In addition, when activities outside of play days did occur, the focus of coaches tended to shift to competitive sport, over inclusive sport opportunities for all children. Thus, project coordinators thought that the Sport Council could improve in determining sport and play needs and in providing sufficient inclusive sport and play opportunities for children and youth. Moreover, because of the Sport Council's affiliation with SAEU, the Sport Council was also responsible for sport for adults. As a result, often the Sport Council would focus on sport for adults, specifically sports for men, over sports for children and youth.

Final Assessment

Context

As previously discussed, in November of 2005, RTP Tanzania introduced a new organizational structure that involved replacing existing Sport Councils or Sport Committees with Task Teams in all RTP projects working in Western Tanzania. Specifically, two seven-member Task Teams were developed, each consisting of a secretary, an equipment manager, a training coordinator, two tracking managers, and two event planners. Such reorganization demanded increased involvement of RTP community members in decision making, in project

planning and reporting, in training new coaches, and in monitoring and evaluating. Each Task Team was responsible for monitoring approximately 50 coaches.

Notably, Task Team members changed during the course of the project due to repatriation, resettlement, members changing roles within their respective Task Teams, and new Task Team members being selected to replace those members who repatriated or had been resettled. At the time of the final assessment, in September of 2006, Task Team #1 had lost 4 of its original 7 members. The training coordinator had been resettled and the equipment manager and both tracking managers returned home to Burundi. Task Team #2 still had all 7 of its original members.

Voices of the Community

At the final assessment, participants again determined the RTP community to have a high level of capacity in the domain ‘Organizational Structures’. Participants selected statement #5: “An effective infrastructure or council/committee/task team exists to address sport and play and reflects community needs. It is supported and sustained by the community partners and others. There are links with other organizations in the community.” Participants discussed how the Task Teams were more actively involved in decision making and program planning, compared to the original Sport Council, because the Task Teams were responsible for submitting monthly project plans to project coordinators. In addition, the Task Teams also submitted reports based on monthly activities. This had not previously been done by the Sport Council. Moreover, participants said that “Task Teams plan trainings (workshops) and also hold meetings to plan play days, leagues, and competitions for children”.

The organization of monthly leagues and sport competitions were a relatively new phenomenon. Moreover, participants said that with respect to support from the community

regarding sport and play, “parents release their children to participate in RTP activities.”

Participants believed this was witness to the fact that the Task Teams were effective at addressing the sport and play needs of the community. In addition, participants added that “there are good relationships between other organizations and the RTP community” and that “other organizations working in Mtendeli camp support activities of the RTP program.” Thus, participants concluded that the replacement of the previous Sport Council with RTP Task Teams led to increased capacity of the RTP organizational structure. This information was also emphasized by one key informant who, when asked what the biggest successes were in the RTP project during the year, responded:

Now the project management is in the hands of the community and now we are able to manage everything because we have received knowledge about how to plan activities within RTP. The RTP community has been trained in project management and in master trainer and coaches are able to plan leagues, tournaments, and play days. Coaches play with children every evening. The greatest success is that we have two Task Teams who follow activities of RTP and make sure that everything goes well.

Based on the foregoing, participants thought that the capacity of the RTP community, in the domain ‘Organizational Structures’, had increased.

Observations of the Researcher

Once more, a few key observations are relevant to further the extent of the development in the domain ‘Organizational Structures’. At the time of the final assessment, both Task Teams developed monthly action plans, developed monthly financial projections based on monthly activities, and completed equipment requests. In addition, participants also completed monthly project reports that included both qualitative and quantitative data based on monitored monthly activities. Such planning and reporting was not previously carried out by the Sport Council.

Task Teams also completed master trainer training, an advanced RTP training module which would allow Task Team members to, in the future, develop and administer coach training in both the C2C and RBCP modules.

Moreover, in regards to meetings concerning sport and play, Task Teams no longer met with RTP project coordinators to plan upcoming RTP activities. Instead each Task Team worked independently and was responsible for carrying out community meetings to plan future activities and to report on completed monthly activities. Thus, the Task Teams were more actively involved in planning and conducting project meetings, project planning, and reporting compared to the original Sport Council.

In providing sport and play opportunities, the Task Teams, like the Sport Council, were extremely effective at organizing large scale events and play days. However, the switch to Task Teams resulted in an explicit focus on sport and play activities for children and youth because the Task Teams no longer incorporated sport for adults in their project plans. Thus, the Task Teams, compared to the Sport Council, better reflected the needs of the Mtendeli community with respect to sport and play for children and youth. In addition, according to the Task Team secretaries, coaches provided more regular sport and play activities in the camp. This description of increased coach activity coincided with coach and child participation numbers taken from coach tracking forms, which coaches submitted to the Task Teams as record of their coaching activities¹⁵.

¹⁵ Notably, there was no way for project coordinators to corroborate whether coach tracking forms accurately represented Coach activity. In addition, uncertainty regarding Coach activity was increased as a result of UNHCR guidelines stipulating that all NGO staff depart from the camp by 5:00 p.m., thus preventing project coordinators from being able to determine the number and frequency of sport and play activities.

3.1.4 Problem Assessment Capacities

Baseline Assessment	Final Assessment
Rating = 3	Rating = 5

Baseline Assessment

Voices of the Community

At the baseline assessment, in the domain ‘Problem Assessment Capacities’, participants selected statement #3: “The RTP community is able to identify problems, and they have some skills and support to take action.” As justification, participants stated that “community members do their best to identify problems and find out adequate solutions while working with outside agents.” Prior to my arrival, the phase 6 team of RTP Kibondo was developing plans for the construction of a concrete basketball court at Kibogora Secondary School, a high school attended by both refugees from Mtendeli and local Tanzanians from Kasanda village. Phase 6 RTP project coordinators anticipated that construction of this basketball court would allow both refugees from Mtendeli and Tanzanians from Kasanda to use the court, since it would be located in between the two communities.

However, RTP community leaders determined that construction of a basketball court at Kibogora would create accessibility issues for people from Mtendeli because of the long distance from the camp to the school. In addition, community leaders informed RTP project coordinators that because refugees wanting to play basketball would have to pass the MHA office, it would be difficult for such individuals to pass without permission from the MHA Camp Commander. Thus, coaches requested that RTP build a concrete court on the main sports field in Mtendeli camp to allow for easier access for community members.

After considering this request, RTP project coordinators decided to follow this recommendation and construct a second basketball court at the location requested. This was a

notable example of the RTP community identifying a problem and working with outside agents to solve it. Moreover, the RTP community would also regularly inform project coordinators of equipment needs and any damage to sport infrastructure. These were basic but necessary elements of problem assessment.

Final Assessment

Voices of the Community

At the final assessment, participants determined that the RTP community had increased capacity in the domain ‘Problem Assessment Capacities’. Participants selected statement #5: “The RTP community continues to assess problems on a regular basis. The RTP community continues to revise issues, come up with solutions, and take action.” An example of the RTP community identifying a problem and using their own skills to resolve it occurred in January of 2006. After RTP project coordinators agreed to fund the construction of a concrete basketball court in Mtendeli, in October of 2005, RTP Kibondo signed a contract with TCRS, for such construction to occur. Notably, construction of the concrete court was expected to be completed by December of 2005. However, by the end of December nothing had happened. Consequently, RTP community members decided that they were no longer willing to be without a basketball court. Thus, RTP community leaders approached SAEU and requested materials to repair and re-erect old poles and backboards that were worn and damaged. As a result, in early January, at the end of a day-long C2C workshop, 15 to 20 RTP coaches worked together to re-erect the original basketball poles and cement them into the ground. This was a tangible example of the RTP community independently identifying a problem, mobilizing necessary resources, and utilizing their own skills to solve the problem.

In addition, participants discussed how the Task Teams would hold regular meetings to determine and resolve community problems. Participants also mentioned how after a problem was identified, reports related to such problems were submitted to project coordinators. Participants discussed how, as part of the RTP community’s organizational structure, “there is distribution of tasks within the Task Teams in order to share the work.” The participants noted that this sharing of responsibility facilitated increased problem resolution ability because each Task Team member was responsible for a specific area of program management. Lastly, participants discussed how the RTP community was able to identify equipment and infrastructure needs for the project. For these reasons, participants thought that they were relatively capable in the domain ‘Problem Assessment Capacities’.

3.1.5 Resource Mobilization

Baseline Assessment	Final Assessment
Rating = 2	Rating = 5

Baseline Assessment

Context

As part of RTP Kibondo program implementation, the organization provided the necessary sport and play equipment (e.g., balls, nets) and sport infrastructure (e.g., soccer pitches, basketball courts), for each camp-based project. In Mtendeli, at the time of the baseline assessment, all RTP equipment was stored adjacent to the main sports fields in a locked equipment box. This equipment box was located in a locked storeroom on the SAEU community services compound. Notably, the key to both the storeroom and the equipment box were held by the Sport Council Chairman who was a SAEU employee.

Storing equipment in a central location, in combination with one person responsible for the key to access such equipment, created accessibility issues for other coaches. Coaches could only obtain equipment when the Sport Council Chairman was available to open both the store room and the equipment box. As a result, at that time, much of the RTP equipment was not being used by coaches.

Voices of the Community

At the baseline assessment, in the domain ‘Resource Mobilization’, participants selected statement #2: “Only internal resources are being mobilized. The RTP community is unable to negotiate and acquire adequate external resources.” Participants stated, “we have the force and the will to mobilize internal resources such as knowledge and the efforts we make in the initiative to volunteer.” Thus, community members employed internal resources by participating in RTP trainings and meetings, by organizing play days, by solving problems related to sport and play, and by volunteering their time to coach children. As a result, participants thought that internal resources (i.e., local knowledge, volunteerism, and peoples skills) were adequately mobilized.

In regards to external resources, participants thought that the RTP Mtendeli community needed more sport and play equipment. In addition, participants also stated that “there are no refugees who are allowed to write proposals to ask for outside aids or finances from outside the refugee camp structure.” Thus, participants believed that the refugee assistance structure did not allow them, as refugees, to apply for support from outside the system that provided basic needs such as food, water, and medical care. Consequently, the community emphasized how they were unable to acquire external resources, aside from those that RTP provided.

Final Assessment

Context

In May of 2006, as a result of RTP Kibondo's budget allocation for sport equipment, RTP Mtendeli was provided with increased sport and play equipment. To decentralize the storage of RTP equipment, project coordinators and Task Team members collaboratively organized RTP coaches into 15 teams, and each team was given an equipment bag. Equipment bags contained balls, nets, and other sport-related equipment. One member of each equipment team was then elected to store the equipment bag at his or her home. Thus, the storage of RTP equipment was decentralized and coaches were able to access sport equipment in their blocks. This equipment was in addition to the equipment stored on the SAEU community services compound which was kept there because of the compound's proximity to the main sports fields.

Voices of the Community

At the final assessment, participants determined the RTP community to have increased capacity in the domain 'Resource Mobilization'. Participants selected statement #5: "The RTP community is able to mobilize considerable resources and decide on how to distribute them. Resources have been fairly and effectively distributed." The main reason for this increase in capacity was attributed to the substantial increase in equipment provided by RTP Kibondo. This allowed all coaches to have access to sport and play equipment. Most importantly, participants stated that the equipment had "been distributed in the community (in each block) without bias." Task Team members organized the equipment distribution so that all coaches would have access to equipment and would be able to conduct sport and play activities in their own blocks.

As well, during the year, RTP community members, independent of project coordinators, requested and acquired resources from SAEU and repaired a basketball court. Moreover, at the

time of the final assessment, Task Team #2 had requested RTP Kibondo provide funding to improve infrastructure at one of the primary schools in the camp. As part of this project, the Task Team hired a local contractor from the neighbouring town to construct a football pitch and a basketball court. Although funds were provided by RTP Kibondo, this infrastructure improvement was carried out with very limited organizational assistance from project coordinators. Notably, such capacity, with respect to the mobilization and utilization of external resources, had not been evident at the baseline assessment.

In regards to internal resources, participants again commented how internal resources such as community members’ skills, knowledge, and willingness to volunteer were mobilized throughout the past year. Internal resources had been mobilized by community members when they participated in RTP trainings and meetings, organized play days, solved problems, and when they volunteered their time to coach children. In addition, since two Task Teams had been developed and participated in project management training, the Task Team members also had increased management responsibility. Responsibilities included monitoring coaches and developing monthly action plans, financial projections, equipment requests, and completing monthly reports based on monitored monthly activities. Such planning and reporting were not carried out by the RTP community at the time of the baseline assessment but had been occurring for the last six months.

3.1.6 Ability to ‘Ask Why’

Baseline Assessment	Final Assessment
Rating = 2	Rating = 3

Baseline Assessment

Voices of the Community

At the baseline assessment, in the domain ‘Ability to ‘Ask Why’’, participants selected statement #2: “Small group discussions are being held to ‘ask why’ about community issues and challenge received knowledge.” Participants discussed how meetings are held by the Sport Council, coaches, and referees to discuss issues related to RTP and those that affect the larger community. One participant remarked on the efforts made by the RTP community to integrate the Sport Council members from Karago camp into the Sport Council in Mtendeli camp after the two camps consolidated: “After the consolidation of Karago and Mtendeli camps, we held meetings to discuss the situation and we put in place a new Sport Council.” Such meetings were indicative of the degree to which the RTP community ‘asked why’ about social issues.

Final Assessment

Voices of the Community

At the final assessment, participants determined the RTP community to have similar capacity, compared to the baseline assessment, in the domain ‘Ability to ‘Ask Why’’. Participants selected statement #3 but added that small group discussions also occurred. Thus, they stated that both “small and large group discussions are being held to ‘ask why’ and to listen about community issues. The group has the ability to reflect on their own problems and why they have these problems. The group is able to challenge received knowledge.” Participants discussed how both smaller meetings (i.e., Task Team meetings) and larger meetings (i.e., coach meetings) were held. Notably, the focus of such meetings was predominantly to plan monthly RTP activities and to conduct small scale program evaluation. For example, coaches would often hold a meeting following a play day to evaluate the event.

With respect to challenging received knowledge, at the last two meetings held related to the research, participants were more vocal in objecting to ideas presented by RTP project coordinators. Such critical analysis was evident from one participant's comments.

We are in the community and we see what we need. Perhaps when you are in Kibondo you don't know what is happening here in Mtendeli. You come, perhaps one or two or three days per week, so you can't know very well what we need.

Thus, at the time of the final assessment, participants were willing to present their own ideas about what should be accomplished and how activities should be carried out.

3.1.7 Links with Others

Baseline Assessment	Final Assessment
Rating = 2.5	Rating = 2

Baseline Assessment

Voices of the Community

At the baseline assessment, in the domain 'Links with Others', participants selected statement #2: "The RTP community has informal links with other organizations and people. But these organizations are not involved in collaborating with RTP for community activities and development." Participants also selected a small section of statement #5, "the organization is continuously seeking opportunities to establish new relationships to meet community needs", and added it to statement #2. One participant described how the RTP community had links with other organizations but how such links were in fact informal.

When we need something or someone from a given organization, we approach the necessary people, often Tanzanians, and negotiate with them. We ask for what we need or the person we need. But the related person, to who the request is submitted, he can agree or refuse. We don't have people who support us in our decisions and in implementing our objectives. So this can be a typical example which can show that there is no formal network.

All participants agreed that "asking for support is not easy and it is done on an informal basis."

Final Assessment

Voices of the Community

At the final assessment, participants again determined the RTP community to have a low level of capacity in the domain 'Links with Others'. Participants selected the first half of statement #2: "The RTP community has informal links with other organizations and people." At this assessment, participants recognized that there was a difference between relationships and formal partnerships with other organizations. One participant stated: "Partnerships are not officially known. They are not in place. Maybe if there is an issue the Task Team members go to discuss and negotiate with related people in organizations. They do this in a friendship context." Similar comments were provided by another participant who stated: "Organizations that help us do exist, but they are seen indirectly. Last time we organized sport competitions for students we went to borrow sport uniforms from TCRS and they lent them to us." Although relationships existed between RTP and other organizations working in Mtendeli, there still were no established partnerships or formal agreements with other organizations.

There are no known formal agreements between RTP and other organizations. Also, there are no regular meetings held with other organizations. Lastly, RTP project coordinators must provide formal letters on behalf of coaches in order for these coaches to be excused from their NGO/work duties in order to attend RTP meetings, trainings, and special events. At present, acquiring this permission is not possible at the camp level.

Throughout my time in Mtendeli, capacity in the domain 'Links with Others' remained relatively constant. Thus, at the CC WS#2 Follow-up Meeting participants commented on the need to develop and be proactive in establishing formal partnerships, at the camp level, between RTP and other NGOs and CBOs.

3.1.8 Role of Outside Agents

Baseline Assessment	Final Assessment
Rating = 1	Rating = 4

Baseline Assessment

Voices of the Community

At the baseline assessment, in the domain ‘Role of Outside Agents’, participants selected statement #1: “Project coordinators are in control of policy, finances, resources, and evaluation of the program. Major decisions are made with very little community input.” During the baseline assessment, participants emphasized how “the structure of the RTP program has been one where outside experts come after having already set their plans.” One participant stated that in the RTP program:

There is a kind of branch to roots system. RTP project coordinators come from abroad and they have already standardized everything and they know what will be done. Then they just come with this kind of information. So we wish you can start at the grassroots. You consult us and then you ask whether this will work or not.

As a result of past top-down approaches to programming, participants thought that external agents (i.e., RTP project coordinators) had the most control over the program.

Final Assessment

Voices of the Community

At the final assessment, participants determined the RTP community to have an increased level of capacity in the domain ‘Role of Outside Agents’. Participants selected statement #4: “The RTP community makes decisions with support from project coordinators. Project coordinators facilitate change by training and offering support.” Participants discussed how the RTP community had become increasingly involved in decision making, program planning, and

reporting since the development of the Task Teams and the coinciding project management training. Such change was important. At the final assessment, one participant stated, “project coordinators used to come bringing their own plans and say how we should implement them. Now activities come from ourselves. We propose our plans and then project coordinators approve or refuse them.” Thus, participants thought the capacity had increased in the domain ‘Role of Outside Agents’.

3.1.9 Program Management

Baseline Assessment	Final Assessment
Rating = 1	Rating = 3

Baseline Assessment

Voices of the Community

At the baseline assessment, in the domain ‘Program Management’, participants selected statement #1, “program management is carried out by project coordinators.” One participant stated that “project coordinators are in charge of policy and finance. They have the resources and finances and it is up to them to decide how they will be used”. All participants affirmed this statement when they collaboratively agreed that “it is up to the RTP project coordinators to know the programs overall objectives, where the financial resources come from, as well as to whom to submit reports.” Thus, at the baseline assessment, project coordinators had most of the control over project management in Mtendeli.

Final Assessment

Voices of the Community

At the final assessment, participants determined the RTP community to have an increased level of capacity in the domain ‘Program Management’. Participants selected statement #3, “program management is carried out by RTP community members supervised by project coordinators. Decision making methods are agreed upon mutually.” At the final assessment, participants discussed how the Task Teams had been given project management training in April and had been planning monthly activities, submitting monthly project plans, and completing project reports since that time. Thus, since the baseline assessment, project management had become a collaborative activity in which the RTP community took the lead at the camp level with support from RTP project coordinators. One key informant spoke about the changes that occurred in project management since the baseline assessment.

Before there was some difficult work because, for example, the RTP project coordinators would come with their activities they were planning and they would tell us to do what they wanted done. But we didn’t make decisions on our activities, what we wanted to be done in this camp. Now it is very different because in the community we plan our activities and then we show you (RTP project coordinators) and you agree with us, with what we plan. This is important because we are here in the camp; we see what we need.

Due to this transformation of power, combined with a shift from top-down to more bottom-up approaches to program implementation, capacity was built in the domain ‘Program Management’.

CHAPTER 4

4.1 DISCUSSION

This study's purpose was to understand the effectiveness of a RTP SportWorks program in community capacity building in a refugee camp. This was accomplished using Laverack's (1999) organizational domains of community capacity and corresponding approach to measurement. Each of the nine domains contained specific descriptor statements (with corresponding numerical ratings) and qualitative comments made by key stakeholders explaining or defending the statements selected. These were collected at baseline and then one year later at the final assessment of community capacity. The descriptor statements, ratings, and key stakeholders' comments constituted the evidence for the community capacity assessments. In addition, observations, field notes, and the transcripts from interviews with key informants and RTP project coordinators were utilized to triangulate the data provided by key stakeholders at each community capacity assessment.

Overall, capacity increased in eight of the nine domains and one domain remained relatively stable. Thus, evidence suggests that the RTP Sport Works program contributed in building community capacity in the RTP community in Mtendeli refugee camp. Such increased capacity may be attributed to three interrelated factors: a change in approach to programming by outside agents (i.e., the relationship between RTP project coordinators and the RTP community); the specific participatory methodology used to assess community capacity (i.e., the domains approach); and organizational structure changes in the RTP community. Such influences on community capacity building are discussed in detail below.

4.1.1 Influences on Community Capacity Building

4.1.1.1 Change in Approach to Programming

The role or approach outside agents take to community development has been identified as important for community capacity building (Bopp & Bopp, 2004; Jackson et al., 2003; Laverack, 2001). Such was the case in this research. Specifically, a transition to a participatory and bottom-up approach to programming changed the degree to which both community members and RTP project coordinators participated in the program. Such a transition resulted in increased community member participation as it gave community members greater control over decision making, problem assessing, and program planning. This, in turn, was a way to heighten support of local leaders of the RTP community and thus, affected leadership in the program. Moreover, a transition to a bottom-up approach to programming increased local involvement in management of the RTP program, thus serving as an initial step toward capacity building.

Health promotion and community development programs traditionally have been introduced by professionals external to the communities and groups targeted by such programs, as was the case of the RTP program in Mtendeli. Historically, project coordinators, after being trained by the organization in Toronto, Canada, introduced and implemented the organization's specially designed sport and play programs in the Mtendeli community. Importantly, health and community development professionals may use varying styles or approaches to program implementation (Bopp & Bopp, 1999; Crisp et al., 2000; Laverack & Labonte, 2000; Smith et al., 2001). An approach may be participatory and bottom-up whereby community members are involved in identifying and defining community needs or alternatively, they may be more top-down where community members become involved in issues and activities whose importance are determined by the professionals in charge of the overall program (Bopp & Bopp; Laverack &

Labonte; Raeburn, Akerman, Chuengsatiansup, Mejia, & Oladepo, 2007; Smith et al.). Often with health promotion and community development initiatives, the greater the degree of community participation, the greater the impact (Arnstein, 1969; Bopp & Bopp, 2004; Freudenberg et al., 1995; Gillies, 1998, Goodman et al., 1998; Simpson, Wood, & Daws, 2003). Thus, each approach to program implementation (i.e., bottom-up or top-down), due to the various degrees of participation produced, results in different levels of program impact.

In the context of this study, upon first arriving in Tanzania and working with the Mtendeli community, the relationship between RTP project coordinators and the community was one where very little community input was sought in community needs assessing, decision making, and program planning. Specifically, this was pointed out by the key stakeholders who stated “project coordinators are in control of policy, finances, resources, and evaluation of the program. Major decisions are made with very little community input.” Thus, the overall approach to programming was top-down with program issues being defined predominantly by project coordinators.

Importantly, like many other health promotion and community development professionals, my previous work experience in majority world communities, combined with my educational background, produced a strong personal belief in and commitment to bottom-up and participatory approaches to program implementation and development. Therefore, during the first few months of working with the RTP community, I continually strove to shift towards participatory approaches to program implementation. This effort involved community members making program-related decisions, determining project and community needs, and planning upcoming activities. Importantly, value in participatory approaches to development was also

shared by other project coordinators who joined the RTP team after me and made such a transition all the more fluent¹⁶.

As Laverack and Labonte (2000) discuss, utilization of participatory and strategic planning approaches can foster active involvement of community members and program design becomes more empowering. On more than one occasion, community members stated the value of using such a participatory approach to generate ideas and program plan, compared to more top-down approaches to project implementation which had been used by RTP teams in the past. Bopp & Bopp (2004) state, “when our goal is the actual improvement of the health and well-being of specific populations, we as professionals cannot deliver that outcome to communities. We can only work together with communities to build that outcome from within” (p. 25). Overall, a transition to a participatory approach to programming was a way to re-build power of community members and cultivate community member belief in their own abilities to play a more active role in program planning and management. This was an essential initial step in building community capacity. To further move towards a permanent collaborative approach to programming, as well as assist community members’ discovery of their own abilities and competencies in the RTP program, conducting a participatory assessment of community capacity was introduced.

4.1.1.2 Impact of the Domains Approach

Implementation of the domains approach (Laverack, 2003), specifically the critical reflection and community action for capacity building resulting from the assessment process, was

¹⁶ Capacity building is not something accomplished by one person. It requires collective action from all those concerned with the health and well-being of a specific population or the success of the program being implemented within a community. Important and invaluable were the contributions and support other project coordinators made to the program and to the capacity building process.

a major factor in community capacity building in the RTP program. As previously mentioned, the domains approach was the participatory evaluation process used in this study which allowed key community stakeholders to assess community capacity in the RTP community, collaboratively develop strategic plans for action in each of Laverack's (1999) nine domains, and subsequently re-assess to determine the extent capacity was built. By specifically focusing on the experiences, opinions, and knowledge of community members, this approach to evaluation became a capacity building process. It resulted in augmented awareness about the community's strengths and weaknesses and fostered increased and meaningful participation of key stakeholders in program evaluation, needs assessment, and program planning. This, in turn, resulted in increased community ownership over the RTP program as well as the achievement of specific strategic plans for capacity building.

Bopp et al. (2000) discuss how the process of participating in a community capacity assessment, similar to participatory action research, generates tremendous self knowledge, awareness, and can build competencies, skills, and thus community capacity. Importantly, numerous researchers (Bopp et al.; Bopp & Bopp, 2004; Chaskin, 2001; Easterling et al., 1998; Goodman et al., 1998; Jackson et al., 2003; Labonte & Laverack, 2001a; Maclellan-Wright et al., 2007; Marti-Costa & Serrano-Garcia, 1983; McKnight & Kretzmann, 1996; Raeburn et al., 2007; Simpson et al., 2003) argue that community participation is central to community capacity and meaningful community member involvement is essential for community capacity to be built. In this research, participation in the community capacity assessments generated community interest in critically looking at the impact of community members' participation in the RTP program and it further increased the extent and degree in which key stakeholders participated in the initiative. Specifically, such participation allowed key stakeholders to critically reflect on the RTP community's current level of capacity in each of the nine domains. Such action resulted in

increased local knowledge regarding the community's assets, strengths, and weaknesses in relation to the RTP program.

This supports the work of Bopp et al. (2000) who discuss how the practice of measuring community capacity offers a systematic strategy to focus on the specific areas in the community that are strong and can be built upon, as well as, the weak areas which need to be strengthened. Moreover, the assessment process provided an opportunity for community members to play an active role in needs assessment by identifying both program and community needs.

Subsequently, the insight gained from such critical reflection and needs assessment allowed community members to transform community knowledge into program planning for collective action. Key stakeholders developed strategic plans to increase community capacity in each of the nine domains. Specifically, strategies were developed to build on the community's strengths, to mitigate community weaknesses, and to meet community needs. Thus, by using a participatory and strategic planning and evaluation approach, program design became an empowering process for community members (Laverack, 2003; Laverack & Labonte, 2000) who were able to voice their opinions and concerns and participate in planning for capacity building. Aligning with the work of both Bopp et al. and Laverack and Wallerstein (2001), community member participation in the community capacity assessments was a capacity building process in and of itself.

The starting point for any sincere developmental effort is an opportunity for individuals to use their own abilities to effect change (McKnight & Kretzmann, 1996). Action (by both community members and outside agents working to support community capacity building) is essential for translating the knowledge gained from an assessment into community-applicable solutions (Bopp et al., 2000; Bopp & Bopp, 2004; Laverack, 2003; Smith et al., 2003).

Participation in the community capacity assessments allowed community members to actively determine and construct the future direction of the program. Such participation also fostered

increased community ownership over the capacity building process and the RTP program. Specifically, many individuals who participated in the assessments became invested in and committed to carrying out the strategic plans for improvement in the nine domains. This aligns with the work of Rifkin (1990) who discusses how people are far more likely to be committed to the program if community ownership exists regarding the needs and solutions addressed by the program. Importantly, the success and sustainability of a program both largely depend on the commitment and involvement of community members (Eisen, 1994; Laverack, 2007; Rifkin; Rissel, Finnegan, & Bracht, 1995, Smith et al., 2001).

Introduction of the domains approach was an effective strategy to make community capacity building operational in the program (Labonte et al., 2002). In addition, the strategy resulted in community members taking ownership over the community capacity goals (i.e., strategic plans) developed from that process. Notably, these community capacity goals ran parallel to RTP program goals in what several authors describe as a parallel track approach to programming (Labonte et al.; Labonte & Laverack, 2001a, 2001b; Laverack, 1999; Laverack & Labonte, 2000) (see Appendix S). For that reason, improvements in community capacity satisfy this parallel track theme, that capacity building can be both a means and an end.

Community capacity building was an end goal of the program; it was also a means to enhanced program delivery and the achievement of specific program goals (Hawe et al., 1997; Gibbon et al., 2002; Goodman et al., 1998; Labonte et al., 2002; Labonte & Laverack, 2001a; New South Wales Health Department, 2001; Smith et al., 2001). For example, during my time in the RTP community coach numbers increased from 30 to over 100. Importantly, the expansion of the coach base in Mtendeli was one factor that caused community members to decide that capacity had increased in the domain 'Community Participation'. This improvement resulted in increased sport and play opportunities for children and youth because more coaches were

available to implement RTP activities. Specifically, the RTP community organized an additional play day each month, increasing play days per month from one to two. As well, community leaders also began organizing ongoing sport competitions and tournaments. By building capacity in the domain 'Community Participation', the RTP community more easily accomplished the organization's goal of providing sport and play opportunities for young people living in the camp. Thus, increasing community capacity was a means to achieving specific program goals. Moreover, implementation of the domains approach also resulted in community capacity becoming an important end goal of the RTP program.

In the context of RTP International, community capacity building is presented as an explicit goal and outcome of the organization's Sport for Development programs (RTP, 2002, 2004b, 2007, 2008). Nevertheless, no specific model or outline for community capacity building exists in the literature nor is one provided to RTP project coordinators to use in their program implementation strategies. As mentioned, the domains approach allowed the RTP community to create a set of community capacity objectives for the RTP community which ran parallel to the program itself. This created a new set of measurable program outcomes specific to community capacity (Labonte et al., 2002). Through the deliberate creation of community capacity objectives and a method for evaluation, community members and I ensured that community capacity building strategies were integrated into the RTP program (Laverack & Labonte, 2000). This likely was a major factor in capacity being increased in eight of the nine domains. Consequently, in this context, using a parallel track approach resulted in community capacity not only being a means of achieving program-specific goals as set out by RTP, but community capacity itself became an authentic goal of the RTP program. Thus, use of the domains approach was a promising practice for building community capacity. Importantly, this research provides

one model or outline for evaluation and community capacity building and may aid RTP in future program implementation and capacity building.

4.1.1.3 Structural Changes in the RTP Community

An additional factor that played a noteworthy role in community capacity building was the change in RTP organizational structure that occurred midway through the research period. This structural change played an important role in increasing capacity in the eight domains showing improvement. As a result of the RTP change in structure, community members had increased commitment to and control over decision making, problem assessing, and program planning. Thus, the level at which the organizational structure functioned played a factor in increased community capacity (Laverack, 2001).

Specifically, two seven-member RTP Task Teams were created. These organizational bodies were developed specific to the RTP program, in contrast to the earlier situation in which the Sport Council was overseen by and under the responsibility of SAEU. As part of this structural change, the Task Teams were given project management training to increase community responsibility in decision making, organizing, project planning and reporting, and monitoring and evaluating.

This RTP structural change, combined with community member participation in project management training, contributed to Task Team members increased involvement in several areas compared to the original Sport Council: in determining and resolving community and program needs, in program planning, and in reporting. Notably, each of the Task Teams held regular meetings to discuss issues affecting the RTP program and the community and to make decisions regarding program activities and events. Furthermore, RTP community members were noticeably more active and involved at such meetings and discussions when compared with the

original Sport Council. In addition, community members also became more vocal in challenging ideas presented by RTP project coordinators; this change was evident at the final assessment.

Such increased participation at meetings and in questioning ideas coming from outside the community was likely attributable to a combination of developments. These included: the increased community input that was a requisite responsibility of being a Task Team member; increased individual capacity in leadership and program management due to the increased responsibilities allocated to Task Team members; and the extended period of time that community members had been involved in the program. Nonetheless, change in organizational structure at the camp level resulted in RTP community members being more actively involved in all aspects of the RTP project.

As a result of increased participation and involvement, RTP project coordinators were able to transfer greater overall program control to Task Team members, further contributing to increased community ownership of the program. The Task Teams did not have total autonomy in management of the program because as community members collectively stated, “decisions made [by the RTP community] rely on approval from RTP project coordinators.” Nonetheless, RTP community members were increasingly involved in decisions and program management by way of the Task Teams. Such increased capacity in program management also enabled more active leadership and resource mobilization by local community members. Specifically, community leaders carried out program related needs assessments as well as requested the resources necessary to oversee infrastructure improvements in the camp. This research supports Laverack (2001) who discusses how the existence of and the level at which an organizational structure functions is crucial to community capacity.

In summary, a deliberate change in approach to working with community members resulted in participatory and bottom-up programming and thus increased community member

participation in the program. This transition was an important first step in community capacity building. Moreover, adoption of the domains approach proved to be a capacity building process in and of itself, and implementation of this approach to assessment resulted in increased capacity in eight of the nine domains. Not only were the assessments important because of the resulting participation, knowledge, and awareness, but also because of the collective community action stemming from this process. Lastly, the structural change that occurred in the RTP community was also a contributor to increased community capacity in the domains that showed improvement. Thus, in this research, evidence suggests that the RTP SportWorks program was effective in contributing to building community capacity of the RTP community in Mtendeli refugee camp. Furthermore, the research emphasizes that the domains approach is an effective strategy for increasing and assessing community capacity in a RTP program.

4.1.2 Barriers to Community Capacity Building

Important are the barriers to community capacity building which existed during this research, such as the impacts of: top-down programming; program reliance on volunteerism; community capacity building for program sustainability; repatriation and resettlement; the refugee assistance system; lack of formal partnerships with other organizations; and no clearly defined shared vision for the project. Despite the research evidence that community capacity was increased, many of the barriers outlined may have hindered community capacity or deep roots in some of the domains.

4.1.2.1 The Impact of Top-down Programming

A tension exists between top-down and bottom-up approaches to programming. This fact is crucial to the comprehension of community capacity building in health promotion or

community development. Top-down programs involve community members or groups in issues and activities that are largely defined by professionals from outside agencies; they regard changes or improvements in behaviour as the important health outcome of the program (Bopp & Bopp, 1999; Laverack & Labonte, 2000; Smith et al., 2001). Conversely, bottom-up programs focus on issues which concern those community members or groups involved in the program and view improvement in those individuals overall power or capacity as the goal of the program (Bopp & Bopp; Laverack & Labonte; Raeburn et al., 2007; Simpson et al., 2003).

During my 10 day job training and orientation to RTP, numerous RTP staff emphasized and stressed the importance of using participatory and bottom-up approaches to programming while in the field. Such an approach is evident in the organization's annual report which states how "we [(RTP)] have learned that local communities can often generate the best responses to local problems" (RTP, 2002, pg. 17). Despite such emancipatory discourse, when I arrived in the field, I observed that programming approaches were, to a great extent, top-down rather than bottom-up. Most major organizational decisions and program implementation plans were made by staff working for RTP International. Such plans were passed to RTP project coordinators who were responsible for presenting them to the community.

To illustrate, at the baseline assessment, key stakeholders stressed how "project coordinators come with their various planned objectives." Participants further explained by saying, "when RTP project coordinators come, they come with what they've already planned and they work on that. In addition, programs vary time after time and in accordance with the project coordinators working in the community." Importantly, this disparity between policy and practice is consistent with Laverack and Labonte's (2000) claim: Many health promotion initiatives continue to exert power over communities through top-down programming but simultaneously claim to address interests and concerns of individuals and community groups. Such top-down

programming may have factored in key stakeholders' determination that the RTP community had a relatively low level of capacity at the baseline assessment in the domains 'Community Participation', 'Role of Outside Agents', and 'Program Management'.

During this research, a major obstacle I faced in my effort to move toward a participatory and bottom-up approach to programming was negotiating community concerns and issues with the top-down organizational and program decisions made by RTP International. This affected the program and the community members involved. It is consistent with Laverack and Labonte's (2000) discussion of the tension often experienced by health promotion workers when supporting community needs and concerns in top-down programs that usually define the health promoters' job description and/or the program's funding. Thus, my field position as project coordinator put me between the community and the organization, constantly shifting between and negotiating with these two parties in a process of diplomatic juggling. Specifically, my focus was to support community ideas and efforts and defend these to RTP Managers, while also implementing and introducing top-down program plans to the community. This process was continued throughout the duration of the project. An important relevant question arises: How did such top-down program plans affect community capacity building?

In particular, program decisions made without community member input were at times seen by the community, and more so by RTP project coordinators, as an imposition. Such decisions were often not realistic or achievable in the program or the field work environment (i.e., a refugee camp in a majority world country). When such top-down program decisions were implemented and not accomplished, this took time away from program activities and other community-initiated efforts to move the project forward. This process, in turn, undermined the community's capacity because RTP Managers, external to the Mtendeli community, made decisions that affected local community members.

RTP is an organization that aims to build community capacity (RTP, 2002, 2004b, 2007, 2008). What is important is that the most empowering programs are those that allow identification of, solutions to, and actions to resolve problems to be performed by the community (Laverack, 2001; Smith et al., 2001). Since the success of RTP programs relies on the participation and commitment of community members, it is important to consider that citizen participation and program sustainability are increased if programs actually address issues of interest and concern to community members (Gillies, 1998; Minkler, 1990).

Thus, if community capacity building is to truly be a goal of RTP programs, then incorporating a genuine commitment to bottom-up approaches to programming, by all levels of the organization, is essential. Such commitment will probably result in project coordinators who are better able to support community members in building community capacity, identifying issues, and solving relevant and important problems. Ultimately, programs that build community capacity are more likely to be successful than initiatives implemented in a traditional top-down manner (Smith et al., 2001). However, Fitzgerald (2000) argues that top-down approaches can be a strength. He points out how when communities and initiatives are supported and reinforced from outside they are probably more likely to be sustainable. Therefore, a combination of a bottom-up and top-down approaches to capacity building may be most effective because of the top-down approach's link to outside resources and support.

4.1.2.2 Program Reliance on Volunteers

Another pertinent issue related to RTP's programming approach was that continued program implementation relied on community volunteers. According to both the UNIATF (2003) and the Magglingen Declaration (2003), Sport for Development projects create volunteer opportunities for local community members. Overall, this research project supports and affirms

this claim since the RTP project in Mtendeli provided volunteer opportunities for over 100 community coaches. However, a major and ongoing issue discussed by both coaches and project coordinators was that participation was completely dependent on community member volunteerism. At the baseline assessment of the domain ‘Community Participation’, participants determined the community had a relatively low level of capacity and discussed how RTP coaches gave priority to their paid positions with other NGOs over their voluntary work with RTP.

Notably, Zakus and Lysack (1998) discuss how one of the predisposing conditions for community participation is that “proposed participation must be perceived [by all concerned] as meaningful and leading to prompt, visible results in addition to the achievement of important longer term goals” (pg-5). For the RTP program to be successful and continue, coaches needed to persistently buy-in to the importance of providing voluntary sport and play opportunities for children and youth. Specifically, the program required coaches to share RTP’s long term goal of providing continuous and regular sport and play opportunities for children and youth living in Mtendeli.

Simply put, community members needed to find meaning in freely dedicating their personal time to providing such opportunities. This proved difficult because most of the organizations in Mtendeli employed a number of refugees in paid positions (albeit at extremely low wages). In addition, many organizations in the camp gave incentives to refugees, setting precedence. Kibreab (1993) points out “whenever basic needs, defined in terms of certain minimal amounts of essential commodities, are met by the international donor community, problems of incentives are considered inevitable” (p. 331). At the final assessment, key stakeholders determined the RTP community to have a high level of capacity in the domain ‘Community Participation’. Nonetheless, both demand for incentives as well as criticism of program reliance on volunteerism were problems which project coordinators continually faced

from the RTP community. For that reason, future difficulties may arise regarding maintaining a high level of community participation and thus community capacity if RTP coaches can not find value in volunteering.

Important for this discussion, and a point I emphasize, is that health promotion initiatives can often place an additional burden on already disadvantaged communities and individuals (Hamburg, 1987; Labonte, 1989; Simpson et al., 2003). As a result, community participation can be difficult to sustain (Brownlea, 1987; Stone, 1992; Woelk, 1992). A key characteristic of community participation is that the benefits must override the costs associated with program participation (Goodman et al., 1998). To maintain community participation, which is essential to capacity in every other organizational domain, the altruistic, emotional, and symbolic benefits of being a volunteer coach (i.e., making the community a better place for children to live; self recognition; and acknowledgment from other community members) needed to outweigh the costs (i.e., time commitment; time away from other activities that could produce income). As Simpson et al. discuss, for individuals and communities overextended by the socioeconomic realities of poverty, the question arises as to whether the time, expertise, and other demands that accompany community ownership of a program or initiative are manageable or even possible. Moreover, Bopp and Bopp (2004) insist that unless poverty is addressed along with the health or social issues being targeted by a specific program, the community's capacity to carry out that program will be negligible.

The foregoing is an important issue RTP needs to address, especially if community ownership and program sustainability are to continue to be goals of programs occurring in disadvantaged communities where the physical necessities of life are lacking. A partial solution may be a stipend for volunteer coaches to decrease the cost of participating in the program and to combat the criticism about the program relying on volunteers. An important debate that is

needed is the one on community ownership and program sustainability as goals of RTP programs.

4.1.2.3 Community Capacity Building for Program Sustainability

Different organizations have different ways of conceptualizing community capacity (New South Wales Health Department, 2001). Hawe et al. (1997) identify three different uses of capacity building in the health promotion literature:

1. Capacity building for health infrastructure or service development: the capacity to develop an organization's infrastructure to deliver particular program response to particular health problems.
2. Capacity building for program maintenance and sustainability: the capacity of a community or group to sustain a program or continue to deliver a particular program once funding for the initiative runs out.
3. Capacity building for problem-solving capability of organizations and communities: capacity of a more generic kind whereby community groups are able to identify health issues and develop appropriate ways or solutions to address them.

RTP training resources, program manuals, and annual reports all contain statements about community capacity building. Based on information from analysis of these resources, as well as my 10 day RTP orientation/training in Toronto, RTP's approach to community capacity building is apparently one of capacity building for program sustainability. Specifically, the RTP SportWorks program emphasizes "leadership ... and project management training for local adults and emphasizes local participation in, and commitment to assuming ownership of the programs to ensure sustainability" (RTP, 2002, p. 17).

This approach corresponds with Labonte and Laverack's (2000) discussion on how community capacity building is often undertaken by health promotion or community development organizations; the purpose is to persuade community members to buy into and sustain a program developed to confront a health issue, with that issue normally being defined by

the organization. This approach to building community capacity or increasing community participation solely for maintaining and sustaining a program initiated by an outside organization has fallen victim to much criticism (Duncan & Cribb, 1996; Freudenberg, 1997; Labonte, 1998, Labonte & Laverack; Smith et al., 2003). Such behaviour change approaches to health promotion programs often fail in disadvantaged communities for reasons relating to relevancy, resources, and power (Labonte & Laverack). Based on the foregoing, a change in the way RTP conceptualizes and approaches community capacity building may be necessary.

Hawe et al. (1997) discuss how the health outcomes which stem from health promotion interventions are often influenced by how sustainable the intervention's effects are. It is imperative to keep in mind that "sustainability is not rooted in programs but is rooted within people of a community" (Smith et al., 2003, p. 27). By focusing on building a generic capacity to identify health issues and develop appropriate ways or solutions to address them, the RTP community may choose to sustain the RTP initiative over time. The New South Wales Health Department (2001) asserts that not all programs need to be sustained – more important is the capacity of individuals, organizations, and communities to mobilize for action regarding new health issues. Significantly, the knowledge, skills, and confidence gained as a result of participation in the program and the capacity building process may be transferable to other activities and issues (Bush et al., 2002; Hawe et al.; Laverack & Labonte, 2000). Thus, as Smith et al. discuss, community capacity is a valuable goal to strive for in its own right.

For the RTP program to continue and be successful, a balance will likely need to be struck between two issues: RTP's desire to sustain the positive health outcomes experienced by children as a result of participating in the program and to address the evolving issues and concerns of RTP coaches responsible for implementing the program. I recognize that RTP is constrained by the mandates and objectives of its funders. This situation makes generic capacity

building for problem-solving capability inordinately difficult. However, participation in and sustainability of the program are dependent on community member interest (Gibbon et al., 2002; Gillies, 1998). Thus, we (i.e., organizations and funders) must be willing to negotiate with the community the name and the nature of the program (Smith et al., 2001) as well as be accepting of the evolutionary nature of community development (Gibbon et al.).

4.1.2.4 Repatriation and Resettlement

A refugee camp reality, which affects both community capacity and initiatives aimed at capacity building, is the inevitable loss of program volunteers due to repatriation or resettlement. Three durable solutions exist in the comprehensive refugee protection strategy. These are: a voluntary return back to the country of origin (i.e., repatriation), local integration in the country of asylum, and emigration to a third country (i.e., resettlement) (UNHCR, 2004). Accordingly, refugee camps are typically viewed as temporary communities since inevitability camp inhabitants will be included in one of the above three solutions. Both voluntary return home and emigration affected the capacity building process in this research.

Although key stakeholders determined the community to have a high level of capacity at the final assessment in the domains of ‘Community Participation’ and ‘Organizational Structures’, loss of coaches due to both returning home and emigrating had a direct impact on the community’s capacity in these two domains. Over the 15 month period, the program lost numerous coaches as a result of both repatriation and resettlement. Within Task Team #1, three members returned to Burundi and one member was resettled to a country overseas, leaving only three members. This greatly lessened that Task Team’s ability to effectively plan and carry out RTP program plans. The inevitability of coaches frequently leaving is one factor that will likely,

in the future, continue to have an impact on individual domains and the overall capacity of the RTP community.

4.1.2.5 Refugee Assistance System

The prevailing refugee assistance system also had an impact on community capacity. Of note, the structure of the refugee assistance system and its associated policies has encouraged the confinement of many refugees in refugee camps or settlements and existing in such a system has caused dependence on relief (Hyndman, 1996; Kibreab, 1989, 1991; Voutira & Harrell-Bond, 1995). Clark (1985) discusses how this system has been primarily created and designed by non-refugees, with the majority of existing policies and programs being developed during the initial emergency relief phase which focuses heavily on hand-outs. This arrangement of hand-outs continues after the initial emergency phase ends and thus deters refugee self-reliance (Clark).

This was the case in Mtendeli camp where the refugees were largely dependent on UNHCR and other IPs and Ops for meeting their basic needs. As a consequence, these organizations had much control over many aspects of the inhabitants' lives. Clark's (1985) description of the refugee assistance structure emphasizes the specific features where such control exists:

The refugee assistance system is directly involved in a wide range of areas of refugees' lives, including decisions about what kinds of food people will eat and how much, the kinds of housing they will have, the protection they will receive, their health care and education, their employment opportunities, and many others (p. 2).

The assistance system in Mtendeli involved external agencies in control of all aspects of camp life. Thus, external agents (i.e., expatriates and Tanzanian nationals) held the most power, influence, and privilege in that system. Importantly, Laverack and Labonte (2000) discuss how material powerlessness, as described above, can often lead to internalized psychological

powerlessness. In refugee camps, such psychological powerlessness is often referred to as the *refugee dependency syndrome* (Clark).

Kibreab (1993) points out how many relief organizations and academics presume that a prolonged reliance on hand-outs fosters a dependency syndrome or dependency mentality among refugees. The refugee dependency syndrome is described as “lethargy; lack of initiative; acceptance of handouts with little attempt at self-sufficiency; [and] frequent complaints, especially about the lack of generous outside help” (Clark, 1985, p. 1). The perception that refugees suffer inertia and lack initiative and ambition is one commonly held by relief and aid workers, donors, and government officials (Clark).

The so-called refugee dependency syndrome has received much criticism (Clark, 1985; Kibreab, 1993; Waldron, 1987) because of its association with victim blaming and failing to challenge the refugee system: itself the likely the source of such dependency. Specifically, Clark discusses how use of this term incorrectly overstates the extent to which refugees are responsible for such dependency, which is more likely attributable to the powerful role the refugee system itself plays in creating and perpetuating this problem. What is important are the specific examples of how the refugee assistance system in Mtendeli inhibited community capacity building in the RTP program.

At the baseline assessment of community capacity, in the domain ‘Problem Assessment Capacities’, key stakeholders stated “the RTP community is able to identify problems, and they have some skills and support to take action.” However, during the initial few months in Mtendeli, I observed that RTP community members were often quick to turn to project coordinators to resolve local issues. Thus, coaches appeared to lack the skills and confidence to take action. I originally believed this stemmed from a lack of initiative, drive, and motivation. When I asked my colleague about the above situation, he explained:

I think community members are just not used to making decisions and program plans of their own. I think for the last 10 or 15 years UNHCR and other NGOs have just come in and said 'this is what we're doing' and that's been the end of it. Relief organizations just take care of things for them and I think that's left them in this kind of situation where they are very surprised when they are asked to contribute to the program or to solve problems on their own. I think people just don't feel confident in their own ability to take care of problems. But if you think about the way organizations' plan events like the World Refugee Day event, it's all done in Kibondo and then we [relief workers] just tell them what we're doing. There's not much community involvement, which obviously extends to their capacity to solve problems.

Based on this conversation, as well as conversations with other aid workers, it became clear that the reason RTP coaches lacked initiative and motivation was more about the system in which they lived, rather than about a specific collective mentality.

I would later learn from community members how turning to project coordinators for assistance was determined by key stakeholders to be one of the skills the RTP community used to solve problems. This was exemplified by one key stakeholder's comments:

This ability or capacity to understand the problem and to come up with a common understanding of someone who would be able to solve it, it is our proficiency. When we solve a problem through some outside agent, it is our way of solving the problem. Identifying someone who can be the right person to solve the problem is also an ability. Therefore, it is our role and responsibility to know and to suggest that a given problem should be solved by a given person.

As a result, RTP community members thought they could identify problems and take action to resolve problems at the camp level in some situations but that they also needed support and assistance from RTP project coordinators to solve issues in other situations (e.g., negotiations with NGO staff at the administrative level).

Notably, RTP community leaders were frequently unable to independently make requests of other NGOs and to have such requests approved, evidence of a low-level of capacity in the domain 'Links with Others'. To appreciate the workings of the refugee assistance system, the same requests would often be granted if they were made by an expatriate (i.e., project

coordinator). For example, the secretary of Task Team #2 approached WFP workers and was denied a request for empty WFP bags. Therefore, the secretary sought assistance from RTP project coordinators to help acquire the bags that the community needed for an event. The following day, a RTP project coordinator and the Task Team secretary spoke with both a WFP worker and the Camp Manager regarding the request. During this meeting, the project coordinator introduced the Task Team secretary to these two individuals noting that the secretary was responsible for managing the RTP Program in Mtendeli. Immediately, the two individuals asked if He (the Task Team secretary) was Tanzanian. The project coordinator replied that the secretary was Burundian but that he had authority over the RTP program at the camp level. During this conversation, the WFP worker assured both the RTP project coordinator and the Task Team secretary that the WFP bags would be collected and could be picked up the next day. However, the following day the WFP worker would not release the bags to the Task Team secretary without the project coordinator's presence or an official written request from the RTP Kibondo office.

This situation is consistent with Jackson et al. (2003) who discuss how the policies and regulations set out by organizations, agencies, and governments can play a key factor in hindering individual or collective action. Importantly, the policies and regulations of other organizations made both Tanzanian and refugee NGO staff working for those organizations unresponsive to RTP leaders and actions of leaders to solve problems. This was emphasized by one of the key informants who explained: "In these organizations, if they see an expert from another organization [expatriate or Tanzanian] it is important. His importance is more notable than that of a refugee." These policies and regulations undermined coaches' and program leaders' abilities to solve camp-level problems involving negotiations with NGO workers or refugee staff working for those NGOs. Moreover, unresponsiveness to requests made by RTP

community members also affected the RTP community's ability to mobilize resources in the larger Mtendeli community since coaches were often not able to acquire resources or assistance from other NGOs without the help of project coordinators. Ultimately, forced community member dependency on project coordinators became a reality as a result of this system.

Such a hierarchical system directly hindered community capacity building because it promoted powerlessness among refugees, even among those who challenged the notion of refugee dependence through actions which demonstrated motivation and initiative. Thus, overall capacity was impaired in the larger community. Specifically, the system impeded RTP community members from exercising control over the RTP project due to Tanzanian aid workers, as well as Burundians working for various NGOs, unwillingness to recognize other Burundian refugees as having any sort of program authority. Thus, capacity building as a development process faces enormous challenges in the current refugee assistance system. Based on the foregoing, an important question emerges: Is community capacity building a realistic goal in the present refugee assistance structure?

Clark (1985) reasons that the programs carried out after the initial emergency phase should include direction toward and skills in community development; these are often not found among the refugee agency staff involved in such programs. Accordingly, most agencies in Mtendeli conducted relief work. Strikingly, the RTP program was unique because it directed its work based on community development or capacity building. However, the RTP community and I were essentially working to build community capacity within a system that focused on aid, care, and maintenance over self-sufficiency and development. Consequently, it could be argued that RTP should shift from a Sport for Development focus to simply humanitarian relief. However, I would argue that three reasons exist as to why initiatives focusing on community capacity building are important, if not essential, when working with refugee populations.

First, increased community capacity within a program is transferable to other activities, programs, or issues and concerns (Bush et al., 2002; Hawe et al., 1997; Laverack & Labonte, 2000). For example, when a community's ability to mobilize external resources is increased, that community may share that knowledge with other community groups in the camp who wish to improve that capacity. Similarly, increasing specific community members' leadership abilities may result in those leaders being more likely to take on other leadership responsibilities in the larger community when need arises. Also, community members involved in training in program management and in increasing their management skills could potentially use those skills acquired to strengthen refugee-driven, community based initiatives that aim to tackle other important community health issues. The capacity built in the RTP community, as a result of involvement in the program, may be utilized in other work with RTP, in other program settings, or to solve future community issues external to the RTP program.

Second, personal development or increased personal capacity can occur in community members due to their participation in the capacity building process (New South Wales Health Department, 2001). Emil was one such person. When I first met Emil, he was a shy young man who barely spoke unless absolutely necessary and when he did it was barely audible. Gradually Emil accepted increasing leadership responsibilities in the program, and he eventually became the secretary of Task Team #2. At the final assessment, Emil managed over 50 coaches (assisted by other members of Task Team #2) and as a chief organizer for RTP planned and implemented numerous events for children (e.g., play days, sport competitions, and tournaments). It was evident that he genuinely cared about the health and well-being of the children and youth living in Mtendeli.

Notably, Emil became increasingly more assertive, shown by his interactions with other coaches both during workshop facilitation as well as during implementation of program events.

This is consistent with Labonte (1998) who discusses how individuals may personally experience psychological empowerment – increased confidence or self-esteem – which can evolve out of collective action. At the final assessment, Emil was the key Community Organizer in the RTP community in Mtendeli. In fact, Emil’s leadership abilities resulted in Task Team #1 coaches wanting to switch to Task Team #2 to be under his leadership and take part in the activities he organized. Thus, not only is a capacity building approach important because of the organizational benefits it provides, it also is because of the personal capacity and individual benefit it evokes in some individuals.

A third reason that a focus on community capacity building in refugee camps is important is that such a process challenges the current refugee assistance structure. This may be an important step in confronting the refugee dependence or institutionalization that results from this system. Chaskin (2001) states how “communities with abundant capacity have some ability to influence policies that directly affect them and to garner resources to support their development” (p. 297). Communities organizing and working in a refugee camp will never acquire ‘abundant capacity’ unless they are able to directly influence the policies of the refugee camp system that affect their lives. Moreover, a key factor hindering community capacity is a negative public or societal image of a specific population or community (Jackson et al., 2003). Thus, problems will continue as long as aid and humanitarian organization services continue to be provided in a manner that focuses on needs rather than assets, prevents self-sufficiency, and continues to institutionalize persons living as refugees. Under such circumstances, people and groups in that system will never be part of a capable community.

Organizations using community capacity building and community development approaches to programming may be extremely important in not only challenging the current refugee assistance structure, but also influencing the evolution of that system. The thrust is to

emphasize the ability of people living as refugees to play an active and capable role in their own health and well-being. Community capacity not only encompasses improving the skills of community members, but also creating environmental conditions inside and outside the community and maximizing the potential for these skills to be developed and find full expression (Freudenberg et al., 1995; Jackson et al., 2003).

4.1.2.6 Lack of Partnerships with Other Organizations

This research stresses the importance of developing formal partnerships and networks with other organizations for community capacity building. Since strategic plans for building capacity in the domain ‘Links with Others’ were not given priority at the baseline assessment, capacity in this domain remained relatively stable over the one year between assessments. Importantly, to be effective or to effect change in external environments, capacity building needs to take place at multiple levels (i.e., with individuals, in organizations or communities, and between organizations and communities) (Labonte, 1998; New South Wales Health Department, 2001). The importance of developing partnerships for health has been advocated by others (Laverack & Labonte, 2000; Raeburn et al., 2007; Smith et al., 2003). By creating formal partnerships between RTP and other organizations in Mtendeli, the RTP community would have been able to introduce the Task Teams as the RTP authority in the camp, establish credibility with other organizations, and possibly combat the barriers faced when community members attempted to make requests of or collaborate with other organizations. Notably, establishing formal partnerships with other organizations became part of the RTP Mtendeli future plan (see Appendix M) which evolved out of the final assessment of community capacity.

4.1.2.7 Shared Vision

Shared vision is defined as a picture of the community or program at some point in the future, depicted in a clear enough manner so that all people involved can imagine it (Bopp et al., 2000). Both Smith et al. (2001) and Smith et al. (2003) discuss how having a shared vision is crucial to the success of health promotion initiatives and increased community capacity. Other community capacity building approaches (Bopp et al.; Bopp & Bopp, 2004) confirm the importance of shared vision and incorporate it in their methodology as a domain that influences capacity building. A final possible barrier to community capacity building and an element missing from the assessment process was that project coordinators and community members did not collectively develop and agree to a shared vision for the RTP program.

As a result, RTP community members and project coordinators did not have mutually defined roles and responsibilities in the program. The words of my colleague exemplified this lack of shared vision.

I think part of the problem is that what our expectations of what we want them to do and what their understanding of what they're supposed to be doing; I don't think these are synonymous. I don't think their interpretation matches our expectations. Maybe our expectations of them haven't been set out clearly enough by us. I think there is a disconnect between what we expect them to do to meet community needs and what they think they should be doing to meet those needs.

Thus, project coordinators were uncertain if all coaches and Task Team members were carrying out their assigned responsibilities even though they said they were. Furthermore, project coordinators were constantly bombarded by coaches for incentives (see section 4.1.2.2). It remains unclear whether these challenges could be attributed to a lack of shared vision, which may be a possible direction for future research.

CHAPTER 5

5.1 SUMMARY

The research results showed that capacity was increased in eight of the nine domains. Specifically, these eight were community participation, local leadership, organizational structures, problem assessment capacities, resource mobilization, ability to ‘ask why’, role of outside agents, and program management. Overall, the domains approach aided community participation since key community stakeholders could discuss their experiences, opinions, and ideas. This generated knowledge and awareness in relation to the program and to community capacity. Increased participation resulted in stakeholders who were better able to determine community strengths, weaknesses, and needs in relation to the nine domains. Moreover, the community capacity assessments helped to promote community ownership over both the capacity building process and the RTP program. Stakeholders further increased their participation levels by deliberately engaging in strategic planning for capacity building in each of the nine domains. This resulted in the development of community capacity objectives which ran parallel to the RTP program. For that reason, community capacity building became operational and an actual end goal of the program. As well, this particular process of building community capacity also achieved other program-specific, RTP goals.

The findings of this study demonstrate that a RTP Sport for Development program can be effective in increasing community capacity. Such increase may be attributed to a shift to a participatory approach to programming by project coordinators, the specific participatory methodology used to assess community capacity, and the structural changes in the RTP program. Nonetheless, capacity is constrained by economic, political, and environmental factors as well as by the living conditions in the community (Gibbon et al., 2002; Labonte and Laverack, 2001a). This study illustrates the constraints associated with the refugee assistance system and suggests

that community capacity building programs will probably encounter difficulties in any refugee camp. Thus, the barriers faced by the RTP community in the community capacity building become understandable.

5.2 PERSONAL REFLECTION

In the introductory chapter of this thesis I framed my research by sharing my personal story and how I became interested in research related to Sport for Development and community capacity building. To be transparent, I think it is of equal importance that I end this journey with a reflection on my field experience and how it may have influenced my research.

I arrived in Tanzania late in the evening of July 7, 2005. Having left the continent a year and a half earlier, as we drove through the streets of Dar es Salaam, I strangely felt as if I was home. Ever since traveling in South-East Asia, I have always loved the feeling I have when arriving for the first time in a majority world country – exhilaration and nervousness coupled with an unexpected familiarity. The contrast between the majority world and the industrialized world is so evident everywhere you look.

After a few days in Dar es Salaam, I spent several days in Kigoma and then traveled to Kibondo where I would spend the next 15 months. My first month in Kibondo was extremely hectic. It was a whirlwind of meetings with government officials, heads of agencies, and with the coaches and Sport Councils from each of the four camps. The entire month was spent figuring out which camp was which and which RTP coaches resided in what camp. Ultimately, the first two months of my placement were spent wending my way through this foreign world, learning from current RTP project coordinators, and tediously planning the research. My days consisted of meetings or coach trainings, followed by evenings spent preparing for implementation of the

research and the first community capacity workshop. As time passed, my workload seemed to merely intensify and increase.

Midway through my placement, I remember being desperate that the research show positive results – for there to be evidence of increased capacity in the nine domains. This desperation was aggravated by my colleague unexpectedly leaving the project. I continually worried about how having only one project coordinator might constrain the project and the capacity building process. It is quite likely it did. I would constantly have thoughts such as: “If we do not get this Coach 2 Coach training finished, we are not going to be able to develop Task Teams and provide project management training. This is going to affect the final assessment.”

Eventually and importantly, I began to realize that the research was not about proving that the RTP program built community capacity. I recognized that what was important was the collaborative work with coaches and an honest report about the process and the resultant effects in the camp. Below is an excerpt from my field notes of January 7, 2006.

It is more important to simply do the best you can at working with coaches to improve the situation in the camp, rather than focusing on whether increased capacity will result. If there is not a large increase in community capacity then that goes into your write-up. You do not need to worry so much about the results. The results are in the field, not on paper. Your job is to be as honest as possible about what happens.

Thus, I came to accept that the research results themselves were less critical than my providing an accurate description of the capacity building process and of the entire experience.

Looking back, I am also compelled to reveal the stages I went through as an aid worker. At the RTP training in Toronto, a friend discussed an article he had read which described five stages a relief or aid worker may go through while working in a cross-cultural setting. He explained how the transition through these five stages is common and that it ultimately results in

exhaustion and emotional breakdown. I remember thinking how such a collapse may happen to some people, but it was definitely not going to happen to me. Sadly and naturally, I was wrong.

In December of 2005, following the departure of my colleague, I began working day and night. Early in the morning I would plan projects, then spend the day in camp, and then work through the entire evening to complete reports and more project plans. As I struggled to sustain the project, I became extremely frustrated with RTP and what I thought was their lack of support; I could not understand why the organization had not sent a replacement for my colleague. In addition, near the end of my time in the field, I became overwhelmed by the constant demands of the refugees, and even more so of the local Tanzanians. Everywhere I went it seemed like somebody was asking me for something. I began to dread walking through the streets of Kibondo. I became depressed, lethargic, and impatient. I withdrew and by the end of time in Tanzania, I was essentially non-functional.

As I look back on this time, I try to be gentle with myself and accept that I did the best job that I could. I was idealistic and expected to accomplish too much. As a result, I did not take care of myself while in the field. Moreover, I faced many challenges and had to come to terms with the extent of human suffering in refugee camps. Upon my return to Canada, it took a long time for me to make sense of my experience. This uncertainty was evident in the early drafts of my thesis.

Ultimately, this experience, combined with others of a similar nature, has forced me to acknowledge that utter self sacrifice is helpful to no one. I now strive to accept that a fine balance must be maintained between a commitment to others and a responsibility to maintain myself. Despite or perhaps because of the challenges, I am proud of what the community and I accomplished together. My goal was to work with community members in a participatory

manner and to drive practical change based on research outcomes. This, I sincerely believe, was accomplished.

5.3 CHALLENGES AND LIMITATIONS

This study is an important contribution to the field of Sport for Development, specifically regarding the role of Sport for Development programs on community capacity building.

However, as with any research, challenges and limitations are associated with this study. This section comprises an overview and discussion of such challenges and limitations.

Merryfield (1985) suggests that the inability to speak the local language can be one of the most significant difficulties associated with cross-cultural research. The participants and I had no common primary language and all data collected was translated by a hired translator.

Consequently, information may have been lost during translation, particularly during the translation period following each assessment. During this time, the translator was required to translate large amounts of material. In addition, information loss as a result of translation may have also occurred during translation of the domains and descriptor statements from English to Kirundi prior to the initial assessment. To minimize this, I spent considerable time working with the workshop facilitator/translator and two other members of the community, who all spoke English well. This ensured the domains and the descriptor statements were understandable, usable, and reflected the original English documents.

In addition, a second translator was employed to translate key stakeholders' discussions for me during each assessment. As a result, I was able to follow and understand the discussions that occurred among key stakeholders at both community capacity assessments. Lastly, during analysis, emphasis was given to information collected in the matrix at each of the assessments over information in the transcripts of discussions from the assessments. More weight was given

to the information provided in the matrix because I was certain such data was agreed upon by all key stakeholders. Through these three actions, the affect of this challenge may have been minimized.

Another important challenge, related to the methodology used to assess community capacity, was the one-to-five rating system of the specific descriptor statements. This system may lead to the assumption that development in each domain is linear, or that achievement of the highest numerical rating is most desirable. For example, such an assumption may be that complete community ownership over the RTP program and community program management is ideal (i.e., statement #5 in the domain 'Program Management'). However, as both Labonte and Laverack (2001b) and Fitzgerald (2000) discuss, an external-agent/community partnership may be desirable given the need to maintain external resource flows (which was the case in Mtendeli). Moreover, such a partnership is presently necessary because the refugee assistance system prevented community leaders from independently solving community problems and acquiring resources from other NGOs.

Since Labonte and Laverack (2001b) discuss how the ideal is to involve the same participants to assess change over time, another possible limitation of the study is that only four of the original 12 participants took part in the final assessment of community capacity. However, Bopp et al. (2000) argue the utility of involving new people in re-assessing community capacity because these people can provide fresh insights and observations in relation to the capacity of the community and the community's capability to work together effectively. Thus, involving new community members in the re-assessment may have actually been a strength of the study. It was essential to involve participants who were actively involved in the program (and thus identifiable key stakeholders) over participants who had been involved in the baseline assessment but whose participation in the program had decreased. Importantly, using a number of new participants to

carry out the second assessment may have actually minimized the potential of another assessment process limitation: statement selection bias.

Some key stakeholders, as result of participation in the baseline assessment, became invested in achieving the strategic plans developed for capacity building in the nine domains. This dedication to improvement in community capacity may have influenced statement selections during the final assessment. At the second assessment, occasionally participants appeared to want to select statements that represented a higher level of capacity than evidence warranted. Specifically, those who had been involved in the initial assessment seemed more devoted to, compared to those participating in their first assessment, seeing improvements in each of the nine domains. By involving new key stakeholders in the second assessment, these participants were able to provide their ideas and opinions about the RTP community's capacity in each of the domains. They were also able to argue with those participating in their second assessment when these key stakeholders appeared to want to select statements that represented a higher level of capacity than there was evidence for. These insights and opinions regarding the community's capacity in the nine domains forced older stakeholders to critically look at the statements they were choosing and this may have resulted in a less biased final assessment.

Another limitation is that the methodology does not take into account the social or relationship dynamic among participants and how this affects the assessment within specific domains. As previously mentioned, at the end of the one year between assessments, a noticeable tension was observed among RTP community leaders. Nevertheless, at the final assessment, key stakeholders determined the RTP community to have a high level of capacity in the domain 'Local Leadership'. Such tension among community leaders was a relatively new phenomenon, and its impact on community capacity would likely be more evident in the future, depending on how relationships evolved. However, because such conflict was not discussed, key stakeholders

may have been uncritical of this tension. Understandably, the assessment of ‘Local Leadership’ proved complicated because a number of the key stakeholders were people in the aforementioned circumstances. Thus, it would have been difficult for other community stakeholders to assess ‘Local Leadership’ as low or to examine the existing power struggles when those involved were present.

Notably, Laverack’s (1999, 2003) model of community capacity does not account for the social elements of community capacity such as community cohesion, sense of community, or relationships among community members. Instead he and others propose that the organizational elements (i.e., the nine domains) act as proxies for such social elements (Laverack & Labonte, 2000; Laverack, 2001; Laverack & Wallerstein, 2001). Importantly, six other models of community capacity (Bopp et al., 2000; Bopp & Bopp, 2004; Chaskin, 2001; Goodman et al., 1998; Hawe et al., 2000; Maclellan-Wright et al., 2007) identify sense of community, or a similar construct, as a domain of influence on community capacity. Thus, a domain focusing on community social dynamics (e.g., sense of community or community cohesion) could be incorporated into Laverack’s (2003) community capacity methodology. This may, in the future, help to prevent or eliminate tension among community members.

Lastly, a final limitation of this study is that the assessment process did not control for factors external to RTP affecting changes in capacity in the nine domains. As previously discussed, the knowledge, skills, and confidence gained as a result of participation in a program may be transferable to other activities and issues (Bush et al., 2002; Hawe et al., 1997; Laverack & Labonte, 2000). Many RTP coaches were very active working or volunteering with other NGOs and CBOs in Mtendeli camp. Thus, the capacities built as a result of RTP coaches’ participation in other NGOs and CBOs programs, trainings, and activities may have been utilized in their work with RTP and in solving issues related to the RTP program.

This limitation may have been partially overcome by the use of multiple methods to assess changes in community capacity and because the assessments were carried out specific to the RTP program. Participants provided qualitative justification, at each assessment, for the descriptor statement(s) selected in each domain, including verifiable examples of experiences of community members related to the RTP program. In addition, I sought the assistance of two individuals from other agencies working in Mtendeli, who were not directly involved in the program but knowledgeable about the program and community conditions, to act as external validators for the community capacity assessments. Despite these efforts, factors external to RTP may have had an influence on changes in community capacity over the one year period.

5.4 SUGGESTIONS FOR FUTURE RESEARCH

Since research on Sport for Development programs is in the beginning stages, many directions can be suggested for future research. Based on my research findings, I think that there remains a need for research on the impact of Sport for Development programs on community capacity building. Although capacity increased in eight of the nine domains in the current study, the impact of Sport for Development programs on community capacity building has rarely been researched. Thus, a deeper understanding is required concerning the role these programs play in building in community capacity in majority world countries. Such may result in a set of best practices – something which is sorely lacking.

Laverack and Labonte (2000) point out how community empowerment or community capacity building can be a long, slow process and one that never actually ends. Specific to this research study, a follow-up assessment of community capacity would have provided important information on the sustainability of the increases in capacity in the nine domains which showed improvement. Importantly, community capacity building is a dynamic process and community

capacity is continually changing. A return to Mtendeli six months or one year following my departure would have defined changes in the community since the final assessment of community capacity as well as provided a better grasp of the sustainability of the RTP program.

Mtendeli refugee camp closed in 2007 and the refugees from Mtendeli were consolidated into Nduta refugee camp (J. Kamstra, personal communication, April 7, 2009). This consolidation would have provided an opportunity to determine if the knowledge and skills developed in the Mtendeli project were transferred to the RTP Sport for Development program in Nduta. A similar study could be carried out with refugees once they have returned home to Burundi.

An additional direction for future research is a comparative study of Sport for Development programs in refugee camps and those in permanent communities in majority world countries, and the impact of each situation on community capacity building. In the present research, refugees returning home to Burundi and emigrating (i.e., being resettled) were two challenges that affected the capacity building process. Thus, our understanding of community capacity building may be increased by comparing the effects of programs occurring in temporary communities (i.e., refugee camps) to those communities which are more settled and long-standing.

As mentioned in section 4.1.2.7 of this thesis, not having a mutually developed shared vision for the project may have resulted in challenges to the capacity building process. A collectively defined and agreed upon shared vision may have emphasized expectations of both RTP community members and project coordinators and the responsibility of each in contributing to the success of the program. This, in turn, may have increased accountability one to another and may have made continued community participation, community ownership, and program sustainability more achievable in the long term. Authors who advocate the importance of shared

vision (Bopp et al., 2000; Bopp & Bopp, 2004; Smith et al., 2001, 2003) would likely argue for the incorporation of this domain into Laverack's (2003) methodology for assessing and building community capacity. Two important questions arise. Should collectively developing a shared vision even happen? If so, at what point should developing this shared vision take place?

Another direction for future research – one that would increase our understanding of community capacity building efforts in majority world communities – is a comparative study of how other international NGOs are defining and envisioning community capacity building. Other NGOs have approaches to community capacity building that may or may not differ from RTP. Empirical evidence would come from a comparative study and review of RTP and organizations such as Oxfam, Engineers Without Borders, CARE, Mennonite Central Committee, and so forth. Such a study would specify the similarities and differences in international programs that aim to build community capacity and promote health. Importantly, this would add to the present body of literature on community capacity building.

Lastly, the SDP IWG (2006) has recently acknowledged the dearth of reliable evidence on the impact of Sport for Development programs. Furthermore, numerous academics and sport scientists (Donnelly et al., 2007; Guest, 2005; Keim, 2006; Kidd & MacDonnell, 2007) have begun cautioning against the use of fictitious or unfounded claims to promote Sport for Development. Many authors claim that Sport for Development programs promote sustainable peace and conflict resolution (Berna, n.d.; Magglingen Declaration, 2003; RTP, 2004a; UNIATF, 2003), teach core life principles and promote gender equity (SDP IWG, 2008; UNIATF, 2003), and create inclusive opportunities for persons with disabilities (Magglingen Declaration, 2003; SDP IWG, 2006, 2008; UNIATF, 2003). Nevertheless, research is necessary to determine if, in fact, this is the case. In addition, an increased number of case studies could be conducted on the use of sport in social mobilization to address health threats in majority world communities.

Reliable information is needed to determine the extent and degree such programs educate people about HIV/AIDS and sexual health, promote vaccination, and prevent the contraction of diseases such as malaria, cholera, and others.

Kinesiologists and sport scientists study sport, physical activity, and other health issues. Much of this research has taken place in the industrialized world. Sport for Development programs need to be studied regarding their role and impact in refugee camps and communities in majority world countries. However, the importance of an increased understanding of the role and impact of Sport for Development programs is juxtaposed against other major global issues. Admittedly, enormous problems plague humanity – starvation, potable water, pollution, communicable diseases, violence, inequality, contraception, and the pervasive influence of the mass media. Much work needs to be done. All agencies (including RTP) and all people have a part in solving the world’s big and small problems. So while importance is placed on confronting these pressing global issues, someone must see to it that the children of the world can, indeed, must play. *Non nobis solum nati sumus*¹⁷.

¹⁷ The Latin for “we are not born for ourselves alone”.

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APPENDICES

Appendix A: Timeline of the Right To Play Program in Mtendeli

Date	Event
2001	<ul style="list-style-type: none"> ● Inception of the RTP Kibondo project in Tanzania
2001 – 2004	<ul style="list-style-type: none"> ● Project implementation is ongoing in Mtendeli and Karago as well as three other refugee camps in the Kibondo District (i.e., Kanembwa, Nduta, and Mkugwa) by five different RTP teams.
May, 2004	<ul style="list-style-type: none"> ● Project implementation comes to a halt and RTP Kibondo is unable to implement programs for a period of approximately seven months because the organization is not officially registered with the GoT as a NGO.
December, 2004	<ul style="list-style-type: none"> ● Two Phase 6 team RTP project coordinators re-introduce RTP and RTP programming in Mtendeli and Karago.
March – July, 2005	<ul style="list-style-type: none"> ● Coach 2 Coach training occurs in Mtendeli and Karago.
May, 2005	<ul style="list-style-type: none"> ● Mtendeli and Karago camps consolidate as a result of mass repatriation of refugees living in Karago camp. The remaining refugees from Karago are integrated into Mtendeli.
June, 2005	<ul style="list-style-type: none"> ● Sport Councils from Karago and Mtendeli consolidate into one 10-12 member Sport Council.
July, 2005	<ul style="list-style-type: none"> ● I arrive in Tanzania and begin working with RTP Kibondo (Initial Phase 7 project coordinator).
August, 2005	<ul style="list-style-type: none"> ● One Phase 6 project coordinator finishes her contract with RTP Kibondo and leaves Tanzania. ● Live Safe Play Safe training occurs in Mtendeli. 19 Stop SIDA volunteers complete the training.
September, 2005	<ul style="list-style-type: none"> ● Red Ball Child Play training occurs in Mtendeli. 23 coaches complete the training. ● Meeting held on September 1, 2005, with four leaders from the RTP community to determine initial participant interest in the research. ● Pre-assessment meeting held on September 16, 2005, with potential participants. ● CC WS#1 carried out on September 23, 2005, with 12 key

	<p>stakeholders.</p> <ul style="list-style-type: none"> • A newly hired RTP project coordinator arrives in Tanzania and begins her contract with RTP Kibondo (Second Phase 7 project coordinator).
October, 2005	<ul style="list-style-type: none"> • The final Phase 6 RTP project coordinator finishes his contract with RTP Kibondo and leaves Tanzania. • CC WS#1 Follow-up Meeting held on October 15, 2005, to review and expand upon the strategic plans from CC WS#1.
November, 2005 – February, 2006	<ul style="list-style-type: none"> • Two separate Coach 2 Coach trainings occur in Mtendeli. 42 coaches complete the training.
November, 2005	<ul style="list-style-type: none"> • A ‘coach appreciation day’ is held in Mtendeli to raise community awareness about RTP. • RTP introduces a new organizational structure (i.e., Task Team structure) in all projects working in the Kigoma Region of Tanzania.
December, 2005	<ul style="list-style-type: none"> • My colleague, the second Phase 7 project coordinator, finishes her contract early and leaves the RTP Kibondo project.
March, 2006	<ul style="list-style-type: none"> • Two seven-member RTP Task Teams developed in Mtendeli to replace the original Sport Council. • Two newly-hired project coordinators arrive in Tanzania and begin contracts with RTP Kibondo.
April, 2006	<ul style="list-style-type: none"> • Community Capacity Refresher Meeting held on April 1, 2006, to review and expand upon the strategic plans developed at CC WS#1 and the CC WS#1 follow-up meeting. • Project management training occurs with Task Team members in Mtendeli. 14 coaches/Task Team members complete the training. • A third newly-hired project coordinator arrives in Tanzania and begins her contract with RTP Kibondo.
August, 2006	<ul style="list-style-type: none"> • Master trainer training occurs with Task Team members and coaches in Mtendeli. 14 coaches/Task Team members complete the training.
September, 2006	<ul style="list-style-type: none"> • Pre-assessment meeting held with potential participants on September 1, 2006. • CC WS#2 carried out on September 4, 2005, with 12 key stakeholders. • CC WS#2 Follow-up Meeting held on September 9, 2006, to

	review and expand upon the strategic plans from CC WS#2.
October, 2006	<ul style="list-style-type: none">• Community Capacity Final Meeting held on October 4, 2006, to share preliminary results with the entire RTP community and to review the future plans developed at the final assessment.• On October 15, 2006, I finish my contract with RTP Kibondo and leave Tanzania.

Appendix B: Participant Consent Form

You are invited to participate in a study called “Understanding the role of sport in community capacity building in a refugee camp setting”. Please read this form carefully and feel free to ask any questions you might have.

Researcher

Ryan Wright, College of Kinesiology - University of Saskatchewan, Canada
TCRS Compound, P.O. Box 174, Kibondo, Tanzania
Phone #: 0746371019

Purpose

The purpose of this study is to determine the role that a Right To Play *SportWorks* program plays in fostering community capacity building in a refugee camp setting. If you choose to participate you will be asked to help document any changes in community capacity related to the Right To Play program.

Potential Benefits

The benefit of participating in this study is that you will have the opportunity to provide information about the changes that occur in the community as a result of the implementation of a Right To Play program. The research provides a valuable opportunity to determine the strengths and weaknesses in the community and for community members and Right To Play workers to work together to build on community strengths and improve the present situation. This research project will also, hopefully, promote awareness of, and engage international support for ‘Sport for Development’ programs and their benefits. These benefits and results are not guaranteed.

Potential Risks

There are no foreseeable risks associated with participating in this study.

What will happen?

If you chose to volunteer, you will be asked to take part in two tape recorded group workshops with 8-12 other members of the community, myself, a hired translator, and a workshop facilitator. Each workshop will take place over one or two full days. In addition, you may also be asked to take part in a one on one interview which will last between 30 – 45 minutes in total to complete. Only you, a hired translator, and I will be present during the interview. The hired translator will be made to sign an agreement to keep all information private.

Observations are also part of the study. The researcher will observe the interaction of participants at both of the group workshops and during Sport Council/Task Team meetings, coach meetings, and Right To Play trainings to better understand the way people interact with one another. If you are uncomfortable with this please let me know and observations will be taken out of the research study.

Right To Withdraw

I will be audio taping the group workshops and interviews. The tape recorder can be turned off at any time during the workshop or interview. If you want the tape recorder turned off, please ask me and I will do so. Participation is completely voluntary and you may refuse to participate or

quit participating in the group workshop at any time. In addition, you may quit the study for any reason, at any time, without penalty of any sort. If you quit the study at any time, any information that you have given will be destroyed. If you do decide that you are no longer interested in the study or want to quit the study at any time then this decision will have no adverse effects on your continued participation with the Right To Play program. Please feel free to ask questions during the group workshops if you do not understand something or if you have comments or questions that you would like to share.

Privacy

The findings from this study will be made into a book-like final report (a thesis), possibly changed for a journal article, and presented at conferences. Your identity will be kept secret as no names will be used in any printed or published reports. If your words are used in the final report, no one will know it was you speaking as I will use a pseudonym (false name). A master list of participant names and their assigned pseudonyms will be stored separately from the audiotapes and transcripts. Once all pseudonyms have been assigned, the list of participant names will then be destroyed. In addition, no one other than Ryan Wright will have access to the audio recording of the group workshops or interview following their completion.

The audio recordings from the workshops will be written out in Kirundi and then translated into English. If it is possible, you will be given the opportunity to review the complete transcript of what you said at the group workshops and the individual interview and to add, alter, and delete information from the transcript if you want to.

All of the information shared during the study will be kept in a locked filing cabinet or safe while in Tanzania. After the study has been completed, the information will remain confidential and will be stored by my supervisor (Dr. Karen Chad) in a locked office on the University of Saskatchewan campus in Canada for a minimum of five years after the completion of the study.

Questions

If you have any questions about the research, please feel free to ask at any point, in person or you are also free to contact me at the number provided below. You may also contact my graduate supervisor at any time. Her contact information is also provided.

The University of Saskatchewan Advisory Committee on Ethics in Behavioural Sciences Research approved this research project in October of 2005.

Any questions regarding your rights as a participant may be addressed to the above committee through the Office of Research Services (country code 1, area code 306, number 966-2084). If you do wish to call the University, you may call collect. You may find out about the results of the study from myself or other members of the Right To Play team.

Contacts

Dr. Karen Chad
Graduate Supervisor
Office of Vice-President (Research)
University of Saskatchewan
Box 5000 RPO University
110 Gymnasium Place
Saskatoon, Saskatchewan
S7N 4J8
Phone: 306 966 1615
Email: karen.chad@usask.ca

Ryan Wright
Right To Play
PO Box 174
Kibondo, Tanzania
Phone: 0746371019
Email: ryanwright14@hotmail.com

Agreement to Participate

I have read and understood this form. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I agree to participate in the study described above and I understand that I may change my mind at any time. A copy of this agreement has been given to me for my records.

Participant Signature: _____ Date: _____

Researcher Signature: _____ Date: _____

Appendix C: Key Stakeholders

Participants at Community Capacity Workshop #1	Participants at Community Capacity Workshop #2
Male; Age 32 – Secondary School Teacher (Kibogora Secondary School – TCRS), coach (RTP).	Male; Age 32 – Secondary School Teacher (Kibogora Secondary School – TCRS), coach (RTP).
Male; Age 23 – Secondary School Teacher (Mtendeli Secondary School – SAEU), Stop SIDA member, coach (RTP).	Male; Age 23 – Secondary School Teacher (Mtendeli Secondary School – SAEU), Stop SIDA member, coach (RTP).
Male; Age 23 – Peer Health Educator (IRC/SAEU), coach (RTP).	Male; Age 23 – Peer Health Educator (IRC/SAEU), coach (RTP).
Male; Age 32 – Social Worker (SAEU), coach (RTP).	Male; Age 32 – Social Worker (SAEU), coach (RTP).
Male – Community Social Services Supervisor (SAEU), Sport Council Chairman (SAEU/RTP).	Female; Age 24 – Social Worker (SAEU), coach (RTP).
Male – Sexual and Gender-Based Violence Supervisor (IRC), coach (RTP), Vice Sport Council Chairman (SAEU/RTP).	Male; Age 25 – Secondary School Teacher (Mtendeli Secondary School – SAEU), coach (RTP).
Male – Security Guard (IRC), Youth Peer Educator (IRC/SAEU), coach (RTP).	Female; Age 38 – Primary School Teacher (Hope Primary School – SAEU), coach (RTP).
Male – Youth Chairman & Social Worker (SAEU), coach (RTP).	Male; Age 20 – Secondary School Student, Stop SIDA member, coach (RTP).
Male – Social Worker (SAEU), coach (RTP).	Male; Age 33 – Community Health Worker (IRC), coach (RTP).
Male – HIV Counsellor (IRC), Stop SIDA member, coach (RTP)	Male; Age 28 – Security Guard (SAEU), coach (RTP).
Male – Social Worker (SAEU), coach (RTP)	Male; Age 28 – Stop SIDA member, coach (RTP).
Female – Social Worker (SAEU), Youth Peer Educator (IRC/SAEU), Woman Representative, Vice Youth Chairman, coach (RTP).	Female; Age 16 – Secondary School Student, Stop SIDA member, coach (RTP).
Male; Age 30 [Facilitator] – Youth HIV Counsellor (IRC), coach and Translator/Facilitator (RTP).	Male; 30 [Facilitator] – Youth HIV Counsellor (IRC), coach and Translator/Facilitator (RTP).

Appendix D: Translator Privacy Agreement

Participant names and information they provide are confidential and therefore must be kept private.

I understand that as a hired translator I may become aware of participant names and collected information as a result of my participation in the study “Understanding the role of sport in community capacity building in a refugee camp setting” and I am prohibited from sharing or communicating this information with anyone other than the principal investigator (Ryan Wright), both during and after my employment. I agree to respect the participants’ right to confidentiality and privacy.

I _____, acknowledge that I have read the privacy agreement and understand my responsibilities as they pertain to confidentiality of personal information and agree to the principles of this agreement.

Signature of Facilitator

Signature of Principal Investigator

Date

Appendix E: Key Informant Consent Form

You are invited to participate in a study called “Understanding the role of sport in community capacity building in a refugee camp setting”. Please read this form carefully and feel free to ask any questions you might have.

Researcher

Ryan Wright, College of Kinesiology - University of Saskatchewan, Canada
TCRS Compound, P.O. Box 174, Kibondo, Tanzania
Phone #: 0746371019

Purpose

The purpose of this study is to determine the role that a Right To Play *SportWorks* program plays in fostering community capacity building in a refugee camp setting. If you choose to participate you will be asked to provide information related to the Right To Play program to help document any changes in community capacity.

Potential Benefits

The benefit of participating in this study is that you will have the opportunity to provide information about the changes that occur in the community that relate to the Right To Play program. This research project will hopefully promote awareness of, and engage international support for, ‘Sport for Development’ programs and their benefits. These benefits and results are not guaranteed.

Potential Risks

There are no foreseeable risks associated with participating in this study.

What will happen?

If you choose to volunteer, you will be asked to take part in one or two interviews which will each last between 30 – 45 minutes in total to complete. In addition, field notes will be taken by me based on casual conversations we have, that relate to community capacity building and the Right To Play program.

Right To Withdraw

I will be audio taping the interview(s). The tape recorder can be turned off at any time during the interview. If you want the tape recorder turned off, please ask me and I will do so. Participation is completely voluntary and you may refuse to answer any of the questions you are asked. In addition, you may quit the study for any reason, at any time, without penalty of any sort. If you quit the study at any time, any information that you have provided will be destroyed. If you do decide that you are no longer interested in the study or want to quit the study at any time then this decision will have no adverse effects on your continued participation with the Right To Play program. Please feel free to ask questions during the entire research process if you do not understand something or if you have comments or questions that you would like to share.

Privacy

The findings from this study will be made into a book-like final report (a thesis), possibly changed for a journal article, and presented at conferences. Your identity will be kept secret as no names will be used in any printed or published reports. If your words are used in the final report, no one will know it was you speaking as we will use a pseudonym (false name). A master list of participant's names and their assigned pseudonyms will be stored separately from the audiotapes and transcripts. Once all pseudonyms have been assigned, the list of participant's names will then be destroyed. In addition, no one other than Ryan Wright will have access to the audio recording of the interview(s) following its completion.

In addition, you will be given the opportunity to review the complete transcript of what you said during the interviews and to add, alter, and delete information from the transcripts as appropriate.

All of the information shared during the study will be kept in a locked filing cabinet or safe while in Tanzania. After the study has been completed the information will remain confidential and will be stored by my supervisor (Dr. Karen Chad) in a locked office on the University of Saskatchewan campus in Canada for a minimum of five years after the completion of the study.

Questions

If you have any questions about the research, please feel free to ask at any point, in person or you are also free to contact me at the number provided below.

The University of Saskatchewan Advisory Committee on Ethics in Behavioural Sciences Research approved this research project in September, 2005.

Any questions regarding your rights as a participant may be addressed to the above committee through the Office of Research Services (country code 1, area code 306, number 966-2084). If you do wish to call the University, you may call collect. You may find out about the results of the study from myself or other members of the 'Right To Play' team.

Contacts

Dr. Karen Chad
Graduate Supervisor
Office of Vice-President (Research)
University of Saskatchewan
Box 5000 RPO University
110 Gymnasium Place
Saskatoon, Saskatchewan
S7N 4J8
Phone: 306 966 1615
Email: karen.chad@usask.ca

Ryan Wright
Right To Play
PO Box 174
Kibondo, Tanzania
Phone: 0746371019
Email: ryanwright14@hotmail.com

Agreement to Participate

I have read and understood this form. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I understand my role as a key informant and I agree to participate in the study described above. I also understand that I may change my mind at any time. A copy of this agreement has been given to me for my records.

Participant Signature: _____ Date: _____

Researcher Signature: _____ Date: _____

Appendix F: Community Capacity Building Descriptor Statements

Community Participation

- People in the camp are not aware of or engaged in the Right To Play program.
- People in the camp are aware of the Right To Play program but very few are directly involved with the program or program activities.
- Many people in the camp are involved in the Right To Play program, but are not involved in making choices or setting direction of the Right To Play program.
- Many people in the camp are involved in the Right To Play program. Right To Play volunteers are involved in group discussions, making decisions, and planning the future direction of the Right To Play program.
- Many people in the camp are involved in the Right To Play program. Right To Play volunteers continue to participate in group discussions, make program decisions, and plan the future direction of the Right To Play program. These activities have been maintained for a sustained period of time.

Local Leadership

- No leadership is shown by those involved in the Right To Play program.
- There is some leadership emerging but there is conflict and struggles for power.
- There is limited, isolated leadership that emerges in response to Right To Play program issues. There is a desire to lead but a lack of skills, opportunities, or support.
- There is leadership within the Right To Play program and it is supported, but leaders struggle to find adequate resources to take action.
- There are many skilled local leaders within the Right To Play program who reflect the needs of the community. They have found the support and opportunities needed to take action.

Organizational structures

- There is no council/committee/task team to support the Right To Play community organizing around issues.
- A community council/committee/task team has been formed but it is not active, or is very small or unrepresentative of community needs.
- There is a formal council/committee/task team but no way to ensure its accountability with all people involved in the Right To Play program. The council/committee/task team is only somewhat receptive to community needs.
- A council/committee/task team exists and is somewhat accountable to the Right To Play community and to community needs.
- An effective infrastructure or council/committee/task team exists to address sport and play and reflects community needs. It is supported and sustained by the community partners and others. There are links with other organizations in the community.

Problem Assessment Capacities

- The Right To Play community is not aware that any problem exists.
- The Right To Play community is able to identify problems, but lacks the skills and confidence to take action.

- The Right To Play community is able to identify problems, and they have some skills and support to take action.
- The Right To Play community is able to identify problems and is beginning to identify solutions and take action to resolve these problems.
- The Right To Play community continues to assess problems on a regular basis. The Right To Play community continues to revise issues, come up with solutions, and take action.

Resource Mobilization

- Resources are not being mobilized by the Right To Play community. There is a lack of resources, and competition for any resources that are present.
- Only internal resources are being mobilized. The Right To Play community is unable to negotiate and acquire adequate external resources. – **OR** – The Right To Play community is able to negotiate and acquire adequate external resources. However, internal resources are not being mobilized.
- The Right To Play community has increasingly mobilized resources, but there is no collective decision about distribution. Resources that have been mobilized have limited benefits.
- The Right To Play community is able to mobilize resources necessary for continued programming and decide on how to distribute them.
- The Right To Play community is able to mobilize considerable resources and decide on how to distribute them. Resources have been fairly and effectively distributed.

Ability To ‘Ask Why’ (Critical awareness)

- No group discussions held to ‘ask why’ about community issues.
- Small group discussions are being held to ‘ask why’ about community issues and challenge received knowledge.
- Large group discussions are being held to ‘ask why’ and to listen about community issues. The group has the ability to reflect on their own problems and why they have these problems. The group is able to challenge received knowledge.
- There is dialogue with other community groups to ‘ask why’, identify solutions, test solutions, and analyze results. The Right To Play community has some experience in implementing solutions.
- There is dialogue with other community groups to ‘ask why’, identify solutions, test solutions, and analyze results. The Right To Play community has the ability to self analyze and improve its efforts over-time. This is leading toward collective change.

Links with Others

- The Right To Play community has no links with other organizations and NGOs. No links are being pursued and no one is approaching the Task Teams to build partnerships. The Right To Play community is non-responsive to building new links.
- The Right To Play community has informal links with other organizations and people, but these organizations are not involved in collaborating with Right To Play for community activities and development.
- The Right To Play community has established partnerships and partners are involved in collaborating for community activities and development.

- The Right To Play community has many partnerships and the Right To Play organization provides a welcoming environment to other agencies. There is recognition of the need to link with other organizations and NGOs for strategic purposes.
- The Right To Play community has many partnerships and the organization is continuously seeking opportunities to establish new relationships to meet community needs. The organization is proactive in establishing these partnerships and has the trust and respect of the wider community and other organizations.

Role of Outside Agents

- Project coordinators are in control of policy, finances, resources, and evaluation of the program. Major decisions are made with very little community input.
- Project coordinators are in control but discuss with the Right To Play community. No major decisions are made without community input. Project coordinators act on behalf of community to produce outputs.
- Project coordinators and the Right To Play community make joint decisions. The role of project coordinators is agreed upon by both the project coordinators and the community.
- The Right To Play community makes decisions with support from project coordinators. Project coordinators facilitate change by training and offering support.
- Project coordinators facilitate change only at the request of the Right To Play community. Project coordinators act on behalf of the Right To Play community to build capacity.

Program Management

- Program management is carried out by project coordinators.
- Program management is carried out by project coordinators in discussion with the Right To Play community.
- Program management is carried out by Right To Play community members supervised by project coordinators. Decision making methods are agreed upon mutually.
- Program management is carried out by Right To Play community members with limited assistance from project coordinators. The community is involved in planning, developing policies, and evaluation of the program. Roles and responsibilities of community members are clearly defined.
- Program management is carried out by Right To Play community members with no assistance from project coordinators. Management is accountable. There is a continuous process of monitoring by the community and it is aware of changes in the community.

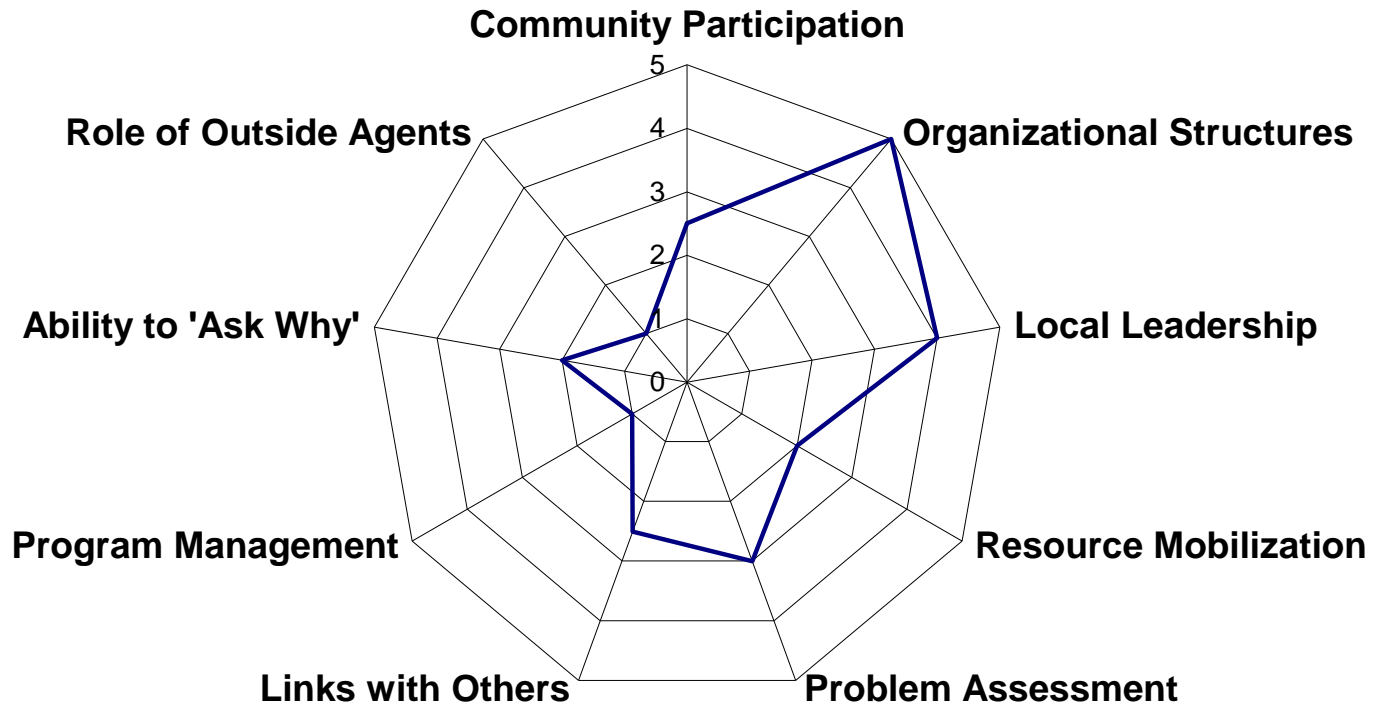
Appendix G: Community Capacity Matrix (2005)

<i>Domain</i>	<i>Assessment</i>	<i>Reasons why</i>	<i>How to improve</i>	<i>Strategy</i>	<i>Resources required</i>
Community Participation (URUHARA RW'ABANYAGIHUGU)	<p>2. People in the camp are aware of the RTP program but very few are directly involved with the program or program activities (9 participants).</p> <p>3. Many people in the camp are involved in the RTP program, but are not involved in making choices or setting direction of the RTP program (3 participants).</p> <ul style="list-style-type: none"> • Rating = 2.5 	<p>-Many trainings are provided to the same group of people.</p> <p>-Coaches working with RTP are at the same time involved in other daily jobs in order to earn income.</p> <p>-Project coordinators come with their various planned objectives.</p>	<p>-Increase the number of coaches.</p>	<p>-Provision of trainings to different groups.</p>	<p>Internal: -The will to participate.</p> <p>External: -Financial aid, equipment, and skills training from RTP project coordinators.</p>
Local Leadership (UBURONGOZI BWO HASI KW'ITSITSO)	<p>5. There are many skilled local leaders within the RTP program who reflect the needs of the community.</p> <p>3. There is a desire to lead but a lack of skills, opportunities, or support.</p> <ul style="list-style-type: none"> • Rating = 4 	<p>-Implementation of different program activities (trainings, play days, meetings, creating new teams, equipment distribution, and monitoring of equipment) is going on well.</p>	<p>-Increase knowledge.</p> <p>-Increase the support and equipments required for the program.</p> <p>-Improve working venues (pitches for games and play).</p>	<p>-Training to leaders.</p> <p>-Construction of pitches for games which are not played/available and in which coaches have yet knowledge and skills (coaches have knowledge and skills of games not part of RTP programming).</p>	<p>Internal: -The will to participate.</p> <p>External: -Equipment and skills training provided by RTP project coordinators.</p>
Organizational Structures (UGUTUNGANYA IMERO Z'INZEGO)	<p>5. An effective infrastructure or council/committee/task team exists to address sport and play and reflects community</p>	<p>-The Sport Council exists.</p> <p>-Community members respond when mobilized by RTP coaches, in releasing</p>	<p>-Sustain the existing collaboration.</p>	<p>-Maintain the existing situation.</p>	<p>Internal: -The will to participate.</p>

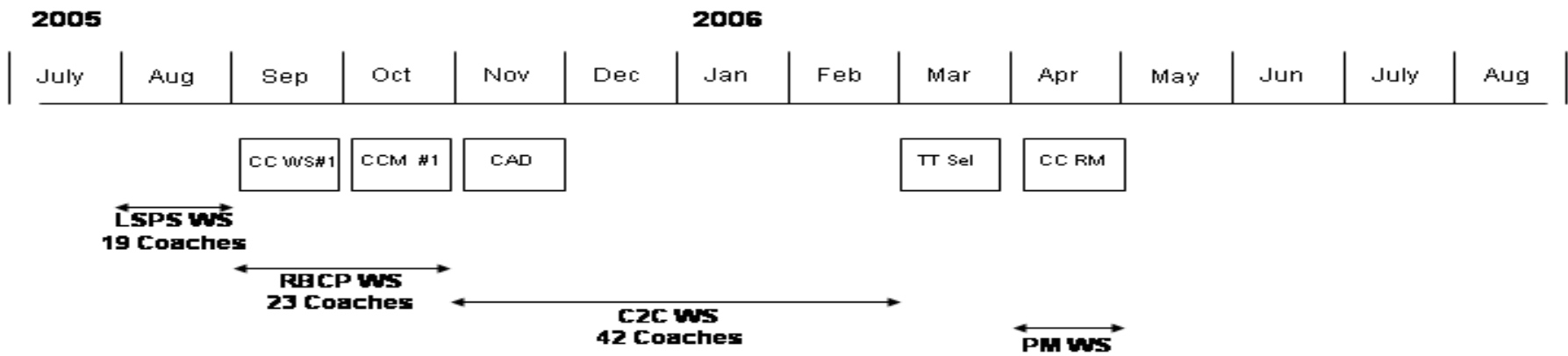
	needs. It is supported and sustained by the community partners and others. There are links with other organizations in the community. • Rating = 5	and giving permission to children. -There is collaboration between us and other organizations (REDESO, JRS, IRC, SAEU, TCRS) and the community.			
Problem Assessment Capacities (UBUSHOBOZI BW'UGUSUZUMA INGORANE)	3. The RTP community is able to identify problems, and they have some skills and support to take action. • Rating = 3	-Community members do their best to identify problems and find out adequate solutions while working with outside agents.	-To continue to cooperate and to help each other and by working with people who are stemming from outside. -To increase the number of audiences (meetings where problems can be assessed and solutions are found out).	-Increase the number of meetings and private audiences so problems can be assessed and solutions can be determined.	Internal: -The will to participate. External: -The will of RTP project coordinators to participate with and provide assistance to the community.
Resource Mobilization (UKWEGERANYA UBURYO/INGUVU)	2. Only internal resources are being mobilized. The RTP community is unable to negotiate and acquire adequate external resources. • Rating = 2	-We have the force and the will to mobilize internal resources such as knowledge and the efforts we make in the initiative to volunteer. -Refugees are not allowed to apply for outside aids (resources).	-Provide the possibility and information to refugees about outside aids/resource application (proposal writing).	-Train people who would be given the right to write proposals for outside aids/resources.	Internal: -The will to participate in the training and to accept being in charge of such activities. External: -Funds and training provided by RTP project coordinators.
Ability to 'Ask Why' (UBUSHOBOZI "BW'UKUBAZA KUBERA IKI")	2. Small group discussions are being held to ask 'why' about community issues and challenge received knowledge. • Rating = 2	-Meetings are held by the Sport Council, coaches, and referees.	-Increase the number of meetings. -Remind each other of the knowledge we possess/can access.	-Increase the number of meetings. -Refresher on the knowledge we possess/can access. -Look for further knowledge from other organizations.	Internal: -Mobilization of internal potential and abilities. External: -Further knowledge provided from outside

<p>Links with Others (KWUNGA UBUCUTI N'ABANDI)</p>	<p>2. The RTP community has informal links with other organizations and people. But these organizations are not involved in collaborating with RTP for community activities and development. 5. The organization is continuously seeking opportunities to establish new relationships to meet community needs. • Rating = 2.5</p>	<p>-Asking for support is not easy and it is done on an informal basis.</p>	<p>-Create links or networks with other IPs.</p>	<p>-Create links or networks with other IPs and explain to them the objectives and policies of RTP.</p>	<p>agents. Internal: -The will to participate. External: -Support from RTP project coordinators.</p>
<p>Role of Outside Agents (AKAMARO K'ABANTU BO HANZE)</p>	<p>1. Project coordinators are in control of policy, finances, resources, and evaluation of the program. Major decisions are made with very little community input. • Rating = 1</p>	<p>-The structure of the RTP program is one where outside experts come after having already set their plans.</p>	<p>-Work together (project coordinators and RTP community) while planning activities.</p>	<p>-Ensure dialogue, through meetings about activity plans prior to implementation.</p>	<p>Internal: -The will to participate. External: -The will of RTP project coordinators to participate and seek community input.</p>
<p>Program Management (UKURONGORA UMUGAMBI)</p>	<p>1. Program management is carried out by project coordinators • Rating = 1</p>	<p>-It is up to the RTP project coordinators to know the programs overall objectives, where the financial resources come from, as well as to whom to submit reports.</p>	<p>-To increase the skills and knowledge to some community members regarding program planning and program management.</p>	<p>-Provision of skills training where they are offered.</p>	<p>Internal: -The will to participate. External: -Training to be provided by RTP Kibondo.</p>

Appendix H: Community Capacity Spider Web Diagram (2005)



Appendix I: Community Capacity Timeline #1



Abbreviations:

- CC WS#1 = Community Capacity Workshop #1
- CCM #1 = Community Capacity Meeting #1 (i.e., Community Capacity Workshop #1 Follow-up Meeting)
- CAD = Coach Appreciation Day
- TT Sel = Task Team Selection
- CC RM = Community Capacity Refresher Meeting
- LSPS WS = Live Safe Play Safe Workshop
- RBCP WS = Red Ball Child Play Workshop
- C2C WS = Coach 2 Coach Workshop
- PM WS = Project Management Workshop

Appendix J: Community Capacity Matrix (2006)

<i>Domain</i>	<i>Assessment</i>	<i>Reasons why</i>	<i>How to improve</i>	<i>Strategy</i>	<i>Resources required</i>
<p>Community Participation (URUHARA RW'ABANYAGIHUGU)</p>	<p>5. Many people in the camp are involved in the RTP program. RTP volunteers continue to participate in group discussions, make program decisions, and plan the future direction of the RTP program. These activities have been maintained for a sustained period of time. <u>Added:</u> RTP volunteers make decisions but decisions made rely on approval from RTP project coordinators.</p> <ul style="list-style-type: none"> • Rating = 5 	<p>-The number of coaches was increased. At present, we have a large number of coaches. -Coaches plan and implement proper activities (play days, competitions between blocks). -Parents release their children to participate in RTP activities. -Meetings of coaches are held to discuss and make decisions. -A large amount of equipment was distributed equitably in the camp (in all blocks). -Pitches/courts were built (2 basketball courts, 1 volleyball court, and 1 football field).</p>	<p>-Train new coaches who wish to be involved in the RTP program. -Raise awareness in the community; explain to the community about RTP activities and objectives. -Get input from all RTP program stakeholders (Task Team members, coaches, parents, and teachers).</p>	<p>-Increase/maintain the number of coaches through replacing those who repatriate or are resettled. -Conduct a large scale awareness campaign to explain to the community about RTP activities and objectives. -Set parent committees for RTP.</p>	<p>Internal: -Force, will, and determination of community members. -Continued activism. -Collaboration within the RTP community. -Use of existing knowledge for continued programming and for training new coaches.</p> <p>External: -Money and equipment supplied from RTP. -Looking for specific trainers for trainings (knowledgeable in specific areas).</p>
<p>Local Leadership (UBURONGOZI BWO HASI KW'ITSITSO)</p>	<p>5. There are many skilled local leaders within the RTP program who reflect the needs of the community. <u>Added:</u> Those leaders work effectively so that action can be taken. However, leaders need increased</p>	<p>-Task Teams were formed. -Project management training was provided to leaders (Task Team members). -Mater Trainers were trained. -Activities in the community (trainings,</p>	<p>-Provision of knowledge on leadership skills. -Increase materials and equipment related to administration.</p>	<p>-Refresher trainings related to leadership. -Acquire administrative resources and resources on leadership for Task Team use.</p>	<p>Internal: -The will and force to work effectively.</p> <p>External: -Training from outside to increase leadership skills. -Administrative resources for Task</p>

Organizational Structures (UGUTUNGANYA IMERO Z'INZEGO)	<p>leadership skills and resources on leadership.</p> <ul style="list-style-type: none"> • Rating = 4.5 <p>5. An effective infrastructure or council/committee/task team exists to address sport and play and reflects community needs. It is supported and sustained by the community partners and others. There are links with other organizations in the community.</p> <ul style="list-style-type: none"> • Rating = 5 	<p>play days, meetings) are going on well.</p> <ul style="list-style-type: none"> -There are long discussions during the meetings. <ul style="list-style-type: none"> -The Task Teams exist and hold meetings to plan play days, leagues, and competitions for children. -There is organization of meetings and trainings (workshops) planned by the Task Teams. -The Task Team members contribute their views about present regular activities. -Reports are submitted regularly by the Task Teams. -There are good relationships between other organizations and the RTP community. -Other organizations working in Mtendeli camp support activities of the RTP program. -Parents release their children to participate in RTP activities. 	<ul style="list-style-type: none"> -Raise awareness in the community; explain to the community about RTP and RTP objectives. -Improve group cohesion. -Provision of training to Task Teams so as to maintain their effectiveness. 	<ul style="list-style-type: none"> -Implement awareness campaigns in the community. -Provide Task Team members more opportunities to address their views and discussions about the RTP team. -Ask the project coordinators to look for, or develop additional trainings for Task Team members. -To continue to work hard. -To visit or meet with other Task Teams from other camps so as to gain more knowledge and resources. 	<p>Teams.</p> <ul style="list-style-type: none"> -Resources on leadership. -Funds/money for continued program activities. <p>Internal:</p> <ul style="list-style-type: none"> -Force, will, and determination of RTP members. -Utilize skills of Task Team members. -Activism and volunteerism (continue to work effectively). -Love for children. -Unity. <p>External:</p> <ul style="list-style-type: none"> -Money, equipment, and support from RTP. -Knowledge of experts (project coordinators).
Problem Assessment Capacities	5. The RTP community continues to assess	-There is distribution of tasks within the Task	-Strengthen these activities within the	-To continue to address and report problems.	Internal: -Continued

(UBUSHOBOZI
BW'UGUSUZUMA
INGORANE)

problems on a regular basis. The RTP community continues to revise issues, come up with solutions, and take action.

- Rating = 5

Teams in order to share the work.

- Meetings to determine problems and their solutions are held.
- Reports related to problems are submitted to project coordinators.
- If equipment or infrastructure is damaged, it is repaired (balls, nets, courts, pitches).

RTP community.

- To ask project coordinators for assistance related to such problems when needed.
- Acquire new skills training.

collaboration (working together) and activism.
-Utilize skills and knowledge within the RTP community.
-Willingness to participate in meetings and trainings.

External:

- Funds/money for continued program activities and repair of equipment and/or infrastructure.
- Equipment for continued programming.
- Training on problem assessment skills.

Resource Mobilization
(UKWEGERANYA
UBURYO/INGUVU)

5. The RTP community is able to mobilize considerable resources and decide on how to distribute them. Resources have been fairly and effectively distributed.

- Rating = 5

- Coaches have skills and knowledge.
- Equipment has been distributed in the community (in each block) without bias.
- Equipment is used to coach children.
- Courts/pitches were repaired and also increased in number.

-Strengthen these activities within the RTP community.

- Replace damaged or old equipment; increase equipment in the camp.
- Acquire additional equipment that has not yet been given.
- Prevent/protect present equipment from incident (being damaged, lost, or stolen).
- Continue to share materials and equipment with one another.
- Reflect on the knowledge we have.

Internal:

- Volunteerism.
- Knowledge, force, and will of community members.
- Ability to submit reports.

External:

- Funds/money for continue programming.
- Increase equipment supplied by project coordinators.
- Trainings from project coordinators to increase community knowledge.

Ability to 'Ask Why' (UBUSHOBOZI "BW'UKUBAZA KUBERA IKI")	<p>2 & 3. Small and large group discussions are being held to 'ask why' and to listen about community issues. The group has the ability to reflect on their own problems and why they have these problems. The group is able to challenge received knowledge.</p> <ul style="list-style-type: none"> • Rating = 3 	<p>-Task Team meetings are held. -Coach meetings are held. -Meetings are also held to plan monthly activities, plan play days, and conduct evaluation of play days.</p>	<p>-Strengthen existing activities and discuss with other groups in the community.</p>	<p>-Continue to hold Task Team, coach, and other meetings. -Develop awareness campaigns and invite particular area leaders. -Reflect about the knowledge we have.</p>	<p>Internal: -Will, force, skills, and knowledge of community members. -Will to work together (collaboration)</p>
Links with Others (KWUNGA UBUCUTI N'ABANDI)	<p>2. The RTP community has informal links with other organizations and people.</p> <ul style="list-style-type: none"> • Rating = 2 	<p>-No regular meetings held with other organizations. -No known/formal agreement between RTP and other organizations. -Project coordinators must provide formal letters on behalf of coaches in order for these coaches to be excused from their NGO/work duties (to attend RTP meetings, trainings, and special events). At present, this step is not possible at camp level.</p>	<p>-Hold meetings with other NGOs. -RTP project coordinators should discuss with other organizations and explain to them RTP structure and policies.</p>	<p>-Put in place/sign partnership agreements between RTP and other NGOs at camp level.</p>	<p>Internal: -The will to link with others.</p> <p>External: -Project coordinators must help work to develop partnerships with other organizations.</p>
Role of Outside Agents (AKAMARO K'ABANTU BO HANZE)	<p>4. The RTP community makes decisions with support from project coordinators. Project coordinators facilitate change by training and</p>	<p>-Task Teams were formed. -Project management training was provided Task Team members. -Trainings and</p>	<p>-Strengthen existing activities. -Information sharing between project coordinators and the Task Teams on changes</p>	<p>-Hold meetings with project coordinators and the RTP community. -Continue to have a strong working relationship with project</p>	<p>Internal: -The will and force to continue to work effectively.</p> <p>External:</p>

Program Management
(UKURONGORA
UMUGAMBI)

offering support.

- Rating = 4

proposals are developed by Task Teams and approved by project coordinators.
-Project coordinators respect our ideas and discuss about planned activities.
-Equipment orders are given and project coordinators order on behalf of the Task Teams.
-Project coordinators provide higher level trainings.
-At play days project coordinators support the RTP community and also provide funds.

with the RTP structure. Project coordinators need to be proactive in informing coaches and Task Team members about any changes or developments within RTP.

coordinators.
-Information sharing and continued communication between project coordinators and the RTP community.
-Project coordinators report or give feedback from RTP team meetings.

-Continued support through equipment, funds, knowledge, and refresher trainings.

3. By RTP community members supervised by project coordinators. Decision making methods are agreed upon mutually.

- Rating = 3

-Task Teams formed.
-Project management training was provided.
-Task Teams plan monthly activities and make requests; Project coordinators then come to discuss.
-Task Teams submit monthly reports.
-Activity evaluation is done by both the community and the project coordinators.
-The process of providing 'letters of support' to coaches who repatriate is agreed upon by both parties.

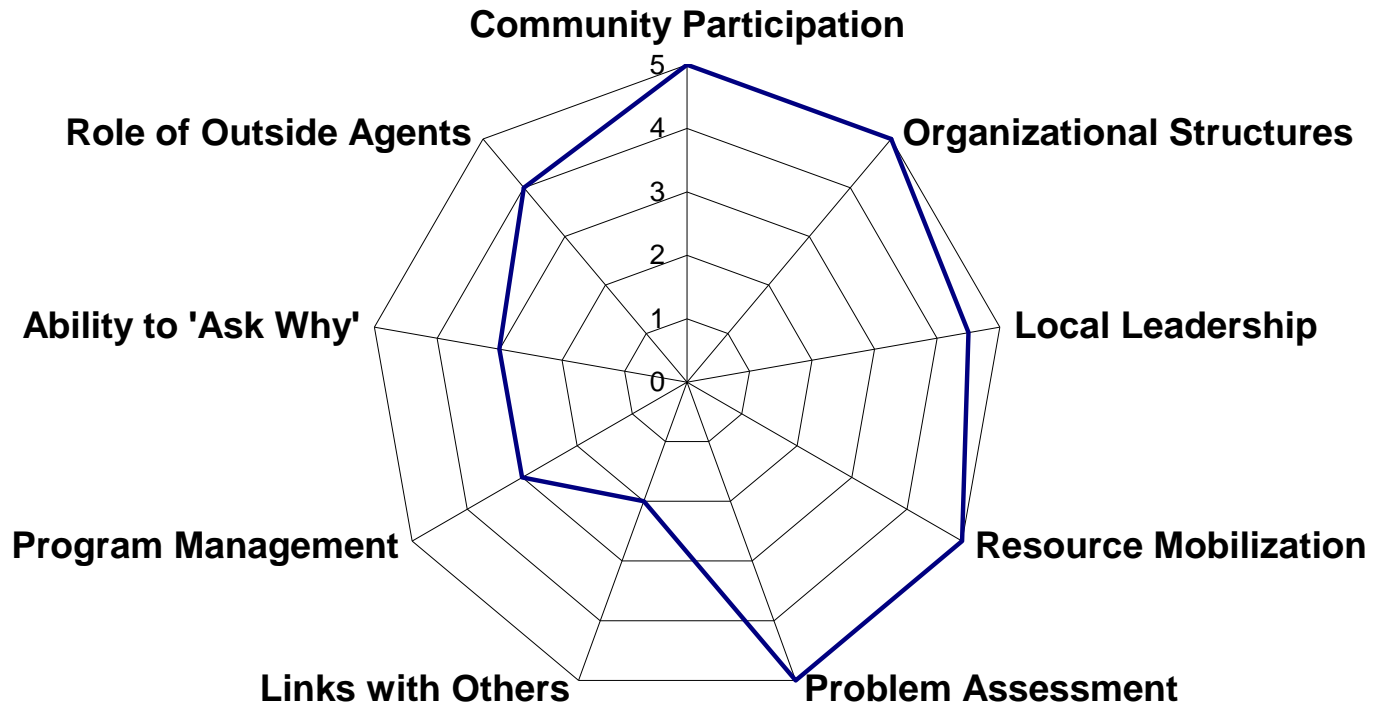
-Strengthen existing activities.
-Increase program management and resource mobilization skills of RTP community members.
-Work towards community program ownership.

-Maintain relationships among Task Teams, coaches, and project coordinators.
-Refresher trainings on program management and resource mobilization.
-Increase knowledge on how to request/acquire external resources.

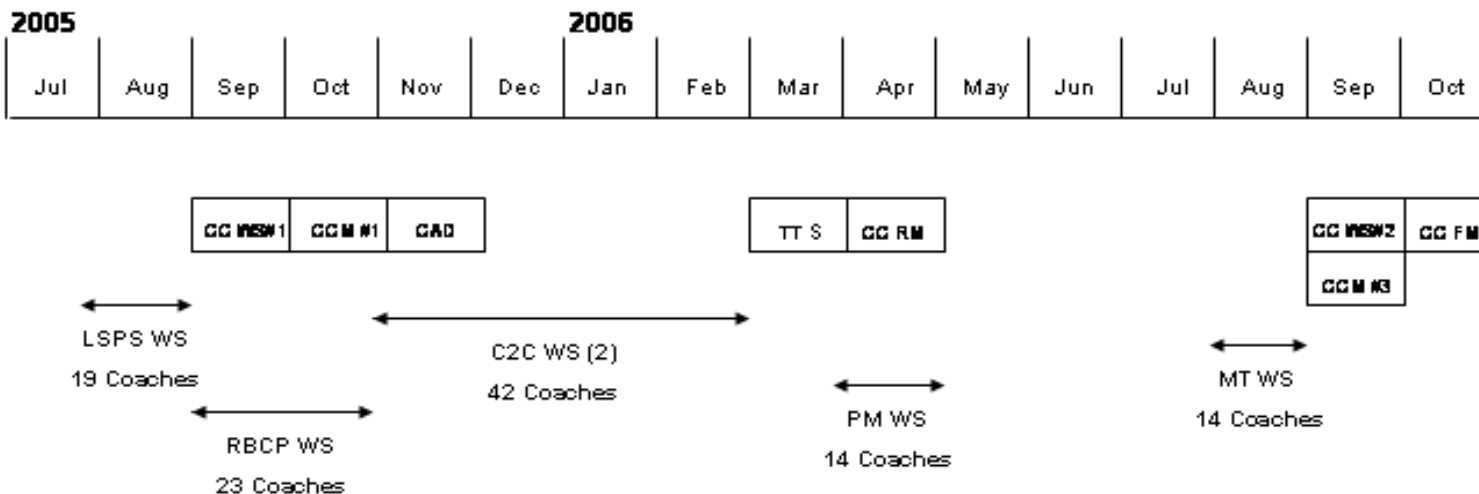
Internal:
-The force and will to work effectively.
-Continued activism.
-Collaboration.

External:
-Trainings provided by RTP and other organizations.
-Equipment and funds provided by RTP.

Appendix K: Community Capacity Spider Web Diagram (2006)



Appendix L: Community Capacity Timeline #2



Abbreviations:

- CC WS#1 = Community Capacity Workshop #1
- CCM #1 = Community Capacity Meeting #1 (i.e., Community Capacity Workshop #1 Follow-up Meeting)
- CAD = Coach Appreciation Day
- TT Sel = Task Team Selection
- CC RM = Community Capacity Refresher Meeting
- CC WS#2 = Community Capacity Workshop #2
- CCM #3 = Community Capacity Meeting #3 (i.e. Community Capacity Workshop #2 Follow-up Meeting)
- CC FM = Community Capacity Final Meeting
- LSPS WS = Live Safe Play Safe Workshop
- RBCP WS = Red Ball Child Play Workshop
- C2C WS = Coach 2 Coach Workshop
- PM WS = Project Management Workshop
- MT WS = Master Trainer Workshop

Appendix M: Right To Play Mtendeli Future Plan

1. Links with Others

Strategy

- Hold a meeting with project coordinators, RTP Task Teams, representatives from other organizations (UNHCR, WFP, IRC, SAEU, REDESO and TCRS Camp Manager), community leaders, and community groups to inform these bodies about RTP structure and to set up formal partnerships between RTP and these organizations and people working in Mtendeli Camp. Introduce the Task Teams as the RTP authority in the camp so as to enable the Task Teams to solicit assistance from other NGOs and people when needed.

Important

- Need to have strong Task Teams in place that are supported by coaches and by project coordinators before this meeting occurs.
- Need to invite community leaders (sector leaders, religious leaders, and headmasters of schools) to this meeting.

When

- Before October 10th.

2. Program Management

Strategies

- Hold refresher training on proposal writing and project management to improve project management skills.
- Meetings
 - Hold regular meetings between project coordinators and Task Teams.
 - Hold meetings once per month with project coordinators and all coaches.
 - Hold regular meetings between Task Teams and coaches.

When

- Date of project management and proposal writing refresher training will be decided within the next 6 months.
- Meetings held on a regular basis.

3. Ability to ‘Ask Why’

Strategy

- Meetings
 - Task Team Members need to meet together.
 - Hold regular meetings between project coordinators and Task Teams.
 - Hold meetings once per month with project coordinators and all coaches.
 - Hold regular meetings between Task Teams and coaches.

When

- Meetings held on a regular basis.

4. Community Participation

Strategy #1

- Hold an awareness campaign where all coaches play with children in all of the blocks in Mtendeli camp at the same time.
- During the campaign, use a car and megaphone to spread messages about RTP throughout the camp.
- Following the activities (games) in the blocks, RTP coaches and community leaders explain to parents about RTP policies, objectives, and activities.

Important

- First, RTP will hold a one-day training for community leaders (sector leaders, women representatives, religious leaders, and education coordinators) to educate them about RTP policies, objectives, and activities.
- These community leaders will be asked to aid in the awareness campaign by assisting coaches to deliver messages about RTP to the Mtendeli community.

When

- Both the training for community leaders and the awareness campaign should occur before November 15th.

Strategy #2

- Introduce an annual 'RTP Day'.
- 'RTP Day' will fall on the day that Olympic Aid became RTP.

Strategy #3

- Train new coaches to replace those coaches who repatriate.

Important

- Training of new coaches will be carried out by master trainers.

When

- The first training of new coaches should commence before the end of September.

5. Role of Outside Agents

Strategies

- Hold regular meetings with project coordinators and Task Teams and coaches.
- Project coordinators need to be proactive in informing coaches and Task Team members about any changes or developments within RTP.
- Project coordinators need to report or give feedback to coaches and Task Team members about regional and country RTP team meetings.

When

- Meetings held on a regular basis.

6. Organizational Structures

Strategy #1

- Hold an awareness campaign (See the domain 'Community Participation' for more information).

Strategy #2

- Positive conflict resolution and leadership skills training for Task Teams.

Important

- Positive conflict resolution and leadership skills training will be combined with the proposal writing and project management refresher training from the domain 'Program Management'.

When

- The date for this training will be decided within the next 6 months.

Strategy #3

- RTP meeting for all Task Teams in the Kibondo District (Mtendeli, Kanembwa, Nduta, and Mkugwa)

Important

- Need to have strong Task Teams in place that are supported by both coaches and by project coordinators before the meeting occurs.

When

- Meeting should take place within the next 6 months.

7. Local Leadership

Strategies

- Give positive conflict resolution and leadership skills training for Task Teams.
- Project coordinators will look for resources on leadership to be stored in the RTP office.
- Project coordinators will try to increase administrative resources for Task Teams.

Important

- Positive conflict resolution and leadership skills training can be combined with the proposal writing and project management refresher training from the domain 'Program Management' (See above domain 'Organizational Structures').

When

- The date for this training will be decided within the next 6 months.

8. Resource Mobilization

Strategies

- Provide equipment to all the schools in the camp.
- Provide refresher training to equipment holders about their responsibilities for holding equipment so as to better manage it.
- Provide refresher training on proposal writing (See domain 'Program Management').

When

- The date for these trainings will be decided within the next 6 months.

9. Problem Assessment Capacities

Strategy

- Meetings
 - Task Team Members will meet together to solve problems.
 - Hold regular meetings between Task Teams and coaches to solve problems.
 - Hold regular Meetings between project coordinators and Task Teams (project coordinators and Task Teams can work together to solve problems).

When

- Meetings held on a regular basis.

Appendix N: Right To Play Mtendeli Future Plan Checklist

Important Activities	Date To Be Completed By	Completed (√)
Train new coaches to replace those coaches who repatriate	Start training by October 1 st	
Hold a meeting to develop formal partnerships with other organizations	October 10 th	
Hold a one-day training for community leaders to educate them about RTP policies, objectives, and activities & Hold a RTP awareness campaign using community leaders to deliver messages about RTP to the community	November 15 th	
RTP meeting for all Task Teams in the Kibondo District (Mtendeli, Kanembwa, Nduta, and Mkugwa)	Within the next 6 months	
Hold refresher training on proposal writing and to improve project management skills	Within the next 6 months	
Hold training on positive conflict resolution and leadership skills training for Task Teams	Within the next 6 months	
Hold refresher training to equipment holders about their responsibilities for holding equipment so as to better manage it	Within the next 6 months	
Annual 'RTP Day'	Date to be determined	

Appendix O: Interview Guide for Key Informants

1. What do you think have been the biggest changes (successes; challenges; failures) this year in the RTP project/community?
2. Do you think there is evidence of increased community capacity or that capacity was built in the RTP community?
3. Do you think the RTP program has had any affect on the larger community in Mtendeli?
4. Do you think the RTP project in Mtendeli is sustainable?
5. What do you think would happen if there was no longer a continuous presence of project coordinators?
6. What are your thoughts on the Task Team Structure and the 2 Task Teams?
7. How much activity with children and youth goes on in the camps besides play days and the larger sport competitions that are organized (difficult for PCs to see activity as we are not in the camp for extended periods of time)?
8. How do you think other coaches feel about RTP? Do you think they believe in what the organization is trying to accomplish?
9. What has the relationship been like between the Task Teams and other NGOs over the last year?
10. Is there anything you would change, structure wise, in Mtendeli to make the project stronger?
11. How do you see the future of the RTP program in Mtendeli?

Appendix P: Interview Guide for Right To Play Project Coordinator

1. What do you think have been the biggest changes (successes; challenges; failures) in Mtendeli camp since you began working for RTP Kibondo?
2. Do you think there is any evidence of increased community capacity or that capacity was built in the RTP community in Mtendeli camp?
3. Give me your ideas surrounding sustainability and the RTP project in Mtendeli.
4. Do you think it would be possible for this project to continue without a continuous presence of project coordinators?
5. What are your thoughts in relation to the new Task Team structure that was implemented in Mtendeli camp?
6. Is there anything you would change, structure wise, in Mtendeli to make the project stronger?
7. How do you see the future of the RTP program in Mtendeli?

Appendix Q: Stake's (1995) Critique Checklist for a Case Study Report

1. Is this report easy to read?
2. Does it fit together, each sentence contributing to the whole?
3. Does this report have a conceptual structure (i.e., themes or issues)?
4. Are its issues developed in a serious and scholarly way?
5. Is the case adequately defined?
6. Is there a sense of story to the presentation?
7. Is the reader provided some vicarious experience?
8. Have quotations been used effectively?
9. Are headings, figures, artifacts, appendixes, and indexes effectively used?
10. Was it edited well?
11. Has the writer made sound assertions, neither over nor under interpreting?
12. Has adequate attention been paid to various contexts?
13. Were sufficient raw data presented?
14. Were data sources well chosen and in sufficient number?
15. Do observations and interpretations appear to have been triangulated?
16. Is the role and point of view of the researcher apparent?
17. Is the nature of the intended audience apparent?
18. Is empathy shown for all sides?
19. Are personal intentions examined?
20. Does it appear individuals were put at risk?

Appendix R: Ethical Approval



University of Saskatchewan
Behavioural Research Ethics Board (Beh-REB)

5 Oct-2005

Certificate of Approval

PRINCIPAL INVESTIGATOR: Karen Chad

DEPARTMENT: Kinesiology

BEH#05-175

STUDENT RESEARCHER(S): Ryan Wright

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED (STUDY SITE): University of Saskatchewan,

SPONSOR: CHRF

TITLE: Understanding the Role of Sport in Fostering Community Capacity Building within a Majority World Setting

ORIGINAL APPROVAL DATE: 06-Oct-2005

CURRENT RENEWAL DATE: 06-Oct-2006

CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

The term of this approval is five years. However, the approval must be renewed on an annual basis. In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: <http://www.usask.ca/research/ethics.shtml>.

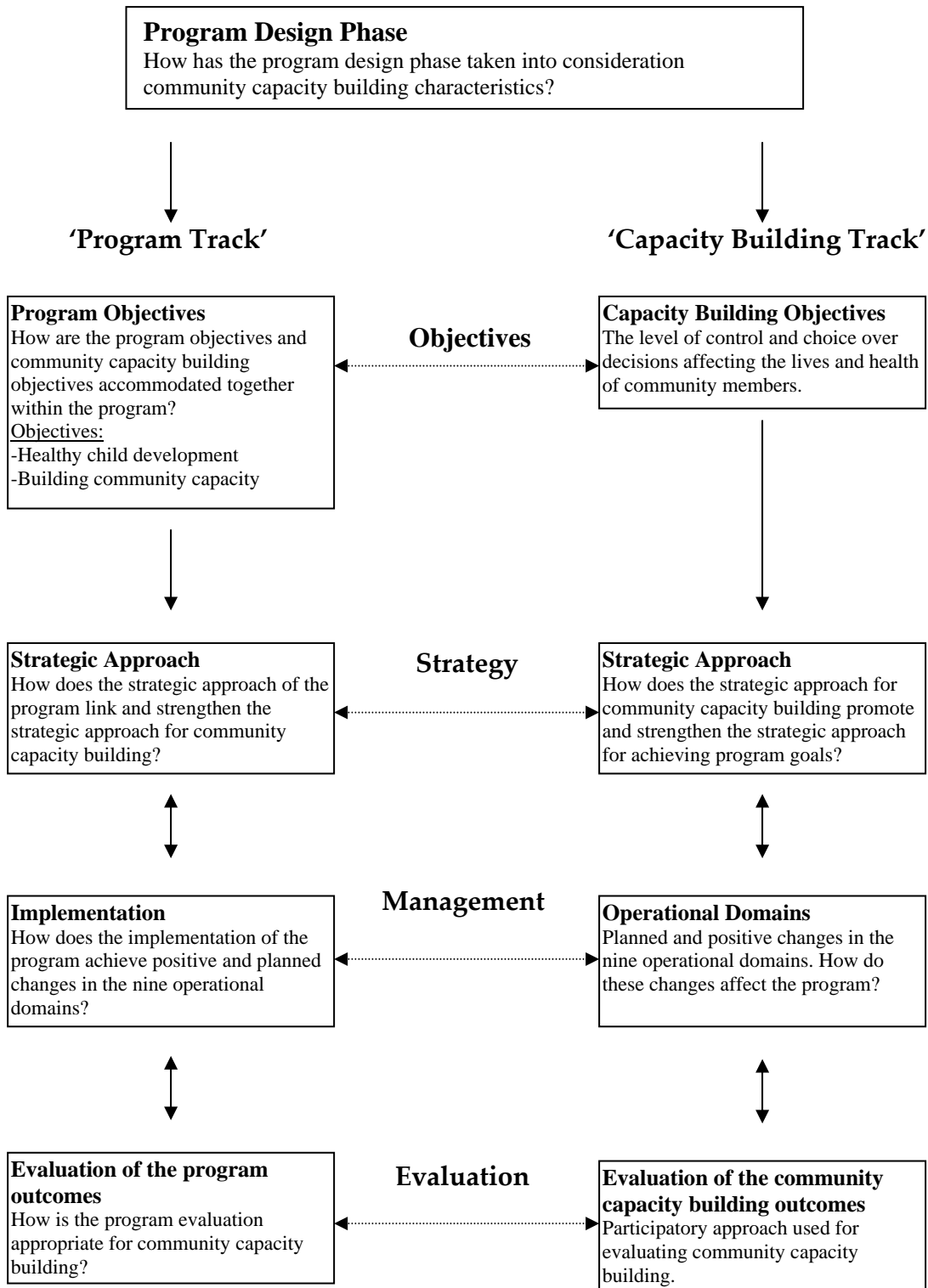
APPROVED:

Dr. Valérie Thompson, Chair
Behavioural Research Ethics Board
University of Saskatchewan

Please send all correspondence to:

Ethics Office
University of Saskatchewan
Room 504 Kirk Hall, 117 Sciences Place
Saskatoon SK S7N 5C8
Telephone: (306) 966-2004 Fax: (306) 886-2069

Appendix S: Parallel Track Approach to Programming



Parallel Track Approach to Community Capacity Building in a Right To Play SportWorks Program (Adapted from Laverack and Labonte, 2000).