

PART II

Step-by-step activities

Step 1: Problem identification

Step 2: Problem analysis

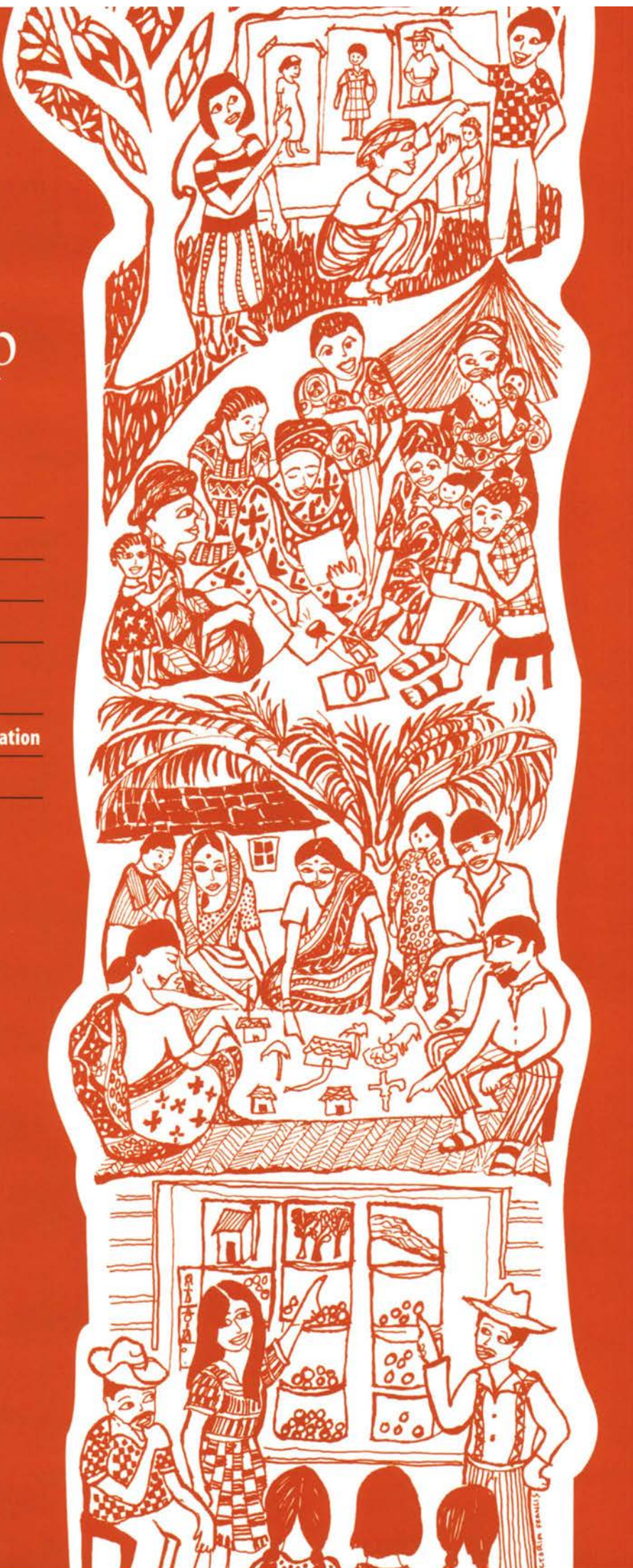
Step 3: Planning for solutions

Step 4: Selecting options

Step 5: Planning for new facilities and
behaviour change

Step 6: Planning for monitoring and evaluation

Step 7: Participatory evaluation



Seven steps to community planning for the prevention of diarrhoeal disease

| STEP | ACTIVITY | TOOL |
|---|--|--|
| 1 Problem identification | <ol style="list-style-type: none"> 1. Community stories 2. Health problems in our community | <ol style="list-style-type: none"> 1. Unserialized posters 2. Nurse Tanaka |
| 2 Problem analysis | <ol style="list-style-type: none"> 1. Mapping water and sanitation in our community 2. Good and bad hygiene behaviours 3. Investigating community practices 4. How diseases spread | <ol style="list-style-type: none"> 1. Community mapping 2. Three-pile sorting 3. Pocket chart 4. Transmission routes |
| 3 Planning for solutions | <ol style="list-style-type: none"> 1. Blocking the spread of disease 2. Selecting the barriers 3. Tasks of men and women in the community | <ol style="list-style-type: none"> 1. Blocking the routes 2. Barriers chart 3. Gender role analysis |
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| 5 Planning for new facilities and behaviour change | <ol style="list-style-type: none"> 1. Planning for change 2. Planning who does what 3. Identifying what might go wrong | <ol style="list-style-type: none"> 1. Planning posters 2. Planning posters 3. Problem box |
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| 7 Participatory evaluation | <ol style="list-style-type: none"> 1. Checking our progress | <ol style="list-style-type: none"> 1. Various tool options |

STEP 1:**Problem identification**

| STEP | ACTIVITY | TOOL |
|--------------------------|---|--|
| 1 Problem identification | 1. Community stories 2. Health problems in our community | 1. Unserialized posters 2. Nurse Tanaka |

This step has two activities:

1. **Community stories** is designed to help the group express important concerns and issues facing its community.

2. **Health problems in our community** aims to focus discussion on health-related issues.

By the end of these two activities, the group should have identified the main issues facing its community and have decided if diarrhoea is a priority problem. It should also be interested in and willing to follow the process through to the next step.

Activity 1: Community stories



Purpose

- to enable group members to identify important issues and problems facing their community
- to help build a feeling of team spirit and mutual understanding
- to generate group self-esteem and creativity



Time

- 1-2 hours



Materials

- **tool: unserialized posters**
- sticky tape



Sample unserialized posters



What to do

1. Ask the participants to form groups of 5–8 persons. Give each group a set of materials.
2. Give the groups the task using these words:

“Each group will choose 4 drawings from the set. Working together, develop a story about your community using the 4 drawings you have selected. Give names to the people and to the place where the story is taking place. Your story should have a beginning, a middle and an ending.”
3. Give the groups about 15–20 minutes to make up their story.
4. When all the groups are ready, ask each group to tell its story to the other participants using the drawings it chose. Let the groups decide how they will tell their story to the other participants. Possible options include:
 - a single person selected by the group
 - a number of persons selected by the group
 - participants act out their stories.
5. Invite the other participants to ask questions about the story and let the group answer them.
6. Once all the stories have been told, invite the group to discuss the main points of each story.
7. The following questions can be used to help stimulate the discussion, if the group is very quiet or silent:
 - Are these stories about events happening now in this community?
 - What issues were raised that could be considered to be problems in the community?
 - How could these problems be resolved?
 - What other (or similar) problems does your community face?
8. If the group did not come up with any problems related to water and sanitation, try the activity again using a set of drawings which are less general. Use instead a set of drawings which are more directly related to health and sanitation issues. Facilitate the activity in the same way as before.
9. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. Let the small groups make up their stories by themselves. Do not offer guidance or assistance on what the subject of the groups' stories might be.
2. The purpose of this activity is to help the group express issues that are of concern to it. Don't worry if health issues are not directly identified. (The next activity will help the group to do this.)
3. If it appears that the group would like to work on issues which are not related to environmental sanitation, try to put it in touch with appropriate institutions, government departments, development agencies or nongovernmental organizations.
4. Groups will frequently find this activity stimulating and enjoyable, and may come up with two stories or ask for a second chance. If time permits, carry out the activity again since it may help you to discover important information about the community.

Activity 2: Health problems in our community



Purpose

- to help identify important health problems in the community and to discover which of them can be prevented through community action



Time

- 1–1½ hours



Materials

- **tool:** *Nurse Tanaka*
- pins, tacks or sticky tape
- pens and paper
- coloured stickers (optional)



Sample drawings for *Nurse Tanaka*



What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. This activity can be carried out in a single group if does not contain more than 30 people. If the group is larger than this, you will need to split it into small groups. It is best to have enough drawings so that each person can participate.
3. Put up a drawing showing a health centre and a health worker such as a doctor or nurse. Give the drawing of the health centre the name of the nearest local health centre with which the group is familiar.

In many societies people go to traditional healers in addition to, or instead of, a health centre. If this applies to the group you are working with, include a drawing of a local traditional healer along with or instead of the health worker. Participants can then choose either the health worker, or the traditional healer, depending on who they would normally see when they suffer from particular symptoms or illnesses.

4. Show the drawings of the different people to the group.

Give the group the task using these words:

"These people are coming to visit Nurse/Doctor [say local name] at the [say local name] health centre. Choose one drawing each and come and stick your person next to the health centre and explain why the person is visiting the health centre."

5. Once all the drawings of people have been used, ask the group the following question:

"Are there any problems that we have forgotten?"

Record any additional problems that participants mention.

6. If the group is literate, ask a participant to write down on small strips of paper the reason why each person is visiting the health centre, and stick these next to the person. The writing should be large enough for all the group to see.
7. Now ask the group the following question for each problem identified:

"Do you have any ideas about why people might have [state the problem]?"

The group should be able to remember its answers but they can also be written down next to the problem if the group wishes.

If participants have questions about the causes of diseases, redirect them to the group to find out what other participants think. If the group cannot come up with certain answers, ask it to identify a way of obtaining the necessary information.

8. Continue the group discussion but this time ask the group to think about what it could do to deal with the causes of the problems. Go through the causes one at a time. Ask the group the following question:

"Does anyone have any ideas about how this problem could be prevented?"

Again, the group should be able to remember this information, but it could also be written up next to the causes.

9. Ask the group to sort the problems into those which could be prevented by community action and those which will continue to require treatment at the health centre.
10. Ask the group to identify and highlight those problems which could be prevented and which it thinks are related to water, sanitation and hygiene practices.
Underline words or use coloured stickers on the figures to show which problems the group thinks are related to these factors. Use local descriptions for the technical terms, for sicknesses, and for specific sanitation and hygiene practices.
11. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. If the group describes symptoms (stomachache, fever, etc.) rather than naming specific diseases or conditions, this is OK.
2. Don't worry if the group "misses out" what you think are important diseases. This is a discovery in itself. It means that you will need to consider how to help the group discover this information by itself. Do not suggest diseases you know of and think the group has missed. Let the group make suggestions based on its knowledge and experience.
3. If participants hesitate to choose between the nurse/doctor and the traditional healer, you can help by reminding them that the type of health problem, not the choice of healer, is what is important.
4. This activity may have shown you that the group lacks health knowledge. If this is so, the next step will be to help the group find out for itself how disease can be spread by: the way people handle water; the way human waste is disposed of and personal hygiene behaviours.

This new knowledge may make the group change its opinion of how disease can spread through its community through its hygiene and sanitation practices.

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STEP 2:**Problem analysis**

This step has four activities:

1. **Mapping water and sanitation in our community** helps participants to map those water and sanitation problems which could lead to diarrhoeal disease.
2. **Good and bad hygiene behaviours** helps the group to look more closely at common hygiene and sanitation practices and to identify how these may be good or bad for health.
3. **Investigating community practices** is optional. Participants use a pocket chart to collect and analyse data on actual practices in the community. What people are actually doing can then be compared with what the group has discovered to be good for health or bad for health in the **Good and bad hygiene behaviours** activity.
4. **How diseases spread** gets participants to look at how faeces can contaminate the environment and lead to diarrhoeal disease.

At the end of this step the group should understand how some of its common everyday hygiene and sanitation practices may be causing diarrhoeal disease. It will then be able to start considering what can be done to improve these practices in order to prevent diarrhoeal disease.

Important note

Let participants use the activities in this step to find out for themselves what causes diarrhoeal disease in their community.

Do not direct the group by telling it what you think it needs to know.

Have faith in the group's judgement. Communities in most parts of the world have been receiving modern, scientific health messages for many years. What has often been missing is the opportunity for communities to consider and discuss this information and to compare it with traditional health beliefs.

Activity 1: Mapping water and sanitation in our community



Purpose

- to map the community's water and sanitation conditions and show how they are linked
- to develop a common vision and understanding of the community



Time

- 1–3 hours, depending on the complexity of the map required



Materials

- **tool: community mapping**
- whatever is available: newsprint, marker pens, and spare bits and pieces such as cotton, buttons, small stones, beads and small scraps of material
- coloured stickers, if available



Illustration source: Pretty JN et al., 1995.



What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Give the group the task using these words:

"Make a map of your community. You can do this in any way you like. Here are some materials to start with and you can add to these anything else you want to use.

"You need to include on your map the following:

 - *important physical features and boundaries*
 - *roads, paths*
 - *housing*
 - *other buildings such as schools, churches, health facilities, businesses*
 - *farms, fields, forests, plantations, parks*
 - *water sources*
 - *sanitation facilities*
 - *waste disposal sites."*
3. When the map is completed, give the group the second task:

"Divide yourselves into two groups. The group on my left is to try to imagine that it is visiting the community for the first time. The people on my right are tour guides. Their task is to take the group of visitors around the community. It is the first time the visitors have been here and they want to find out everything they can. The tour guides will use the community map to take the visitors on a guided tour. Show the visitors as much as possible, including the water, sanitation and hygiene arrangements, and help them to understand what life is like here by describing the people and their lives. The visitors should ask questions about what they are being shown, to make sure the tour guides have shown them every aspect of life, both good and bad."

The purpose of this "tour" is to enable the group to look at its community from a different point of view. The "tour guides" will probably only show the good things in the community while the "visitors" will try to point out that everything is not perfect.
4. Use the points raised during the "tour" to facilitate a discussion on water and sanitation. Ask the group to describe:
 - the water and sanitation arrangements they are proud of (record, if possible)
 - any common problems or difficulties that they have with these (record, if possible)

- the most important problems they have (these could be marked on the map with coloured stickers).
5. Explain to the group that in future meetings it will have the chance to discuss how to overcome these problems. Ideas should be recorded so that they can be reviewed later in the programme.
 6. Ask the group to display its map where it can be seen by the whole community.
 7. Explain that the map needs to be kept safely because it will be used again.
 8. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. Let the participants work without any suggestions and input from you.
2. This activity is very worthwhile but it can be time-consuming. Make allowances for this.
3. The community map will be a useful reference point during future steps. It will be referred to again when the group is:
 - considering different ways to overcome problems (**Step 4**)
 - setting goals (**Step 4**)
 - developing the plan to introduce changes into the community (**Step 5**)
 - monitoring and evaluating its progress (**Steps 6 and 7**).
4. After drawing the map, a community walk can be organized so that other (additional) points can be added.
5. Specific health-related questions raised by participants can be recorded for examination at a later stage.

Activity 2: Good and bad hygiene behaviours



Purpose

- to exchange information and discuss common hygiene practices according to their good and bad impacts on health



Time

- 1-1½ hours



Materials

- **tool:** *three-pile sorting*
- 3 or 4 complete sets of about 30 *three-pile sorting* drawings
- 3 or 4 sets of heading cards, one with the word "Good", another with the word "Bad" and the third with the words "In-between"; symbols to represent these qualities could be used instead of the words



Sample *three-pile sorting* drawings



What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Ask participants to form groups of 5–8 people.
3. Give the groups the materials and the task using these words:

“Sort the drawings into three piles:

 - *“Good”: those which you think show activities that are good for health*
 - *“Bad”: those which you think show activities that are bad for health*
 - *“In-between”: those which you think show activities that are neither good nor bad for human health, or which you are not sure about.”*
4. Give each group a set of about 30 drawings showing different activities and the 3 heading cards. Each small group should work with an identical set of drawings.
5. After 20–30 minutes, ask each group to explain to the other participants its selection and why it made these choices. Let the group answer any questions that the other participants raise.
6. Facilitate a group discussion on the way the different small groups have sorted the drawings. The discussion should cover:
 - the differences in selections made
 - the reasons for these.

This discussion will provide another chance for participants to share what they know with the rest of the group. The group as a whole may also realise that it has gaps in its knowledge and look for ways to fill these.
7. Ask the group to consider and discuss the common behaviours in its own community. Ask the group to consider whether these behaviours are similar to any of the “good” and “bad” practices it has identified.
8. Ask the group to keep a record of the activity by displaying the *three-pile sorting* drawings.
9. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. It is best to include some drawings which can be interpreted in a number of different ways. This helps make the activity more challenging and stimulates increased discussion. The aim of using the drawings is not to test people's knowledge or to investigate or correct their personal habits, but rather to provide a starting point for a discussion of local hygiene and sanitation beliefs and practices.
2. Don't prompt or direct the choices of the group by giving it information. If people ask you specific questions, redirect the question back to the group for a reply. If it is unable to interpret any one drawing, suggest that it is set aside.
3. If the group wants to know how many people practise good and bad behaviours, the *pocket chart* can be a useful tool to help it find this information. (See next activity and Part III for other ideas about how to use a *pocket chart*).
4. At this stage, the group may start to discuss ways of overcoming the bad practices it has identified in its community. Encourage this discussion and have the group keep a record of suggestions made. These can be discussed again in **Step 3: Planning for solutions**.

Activity 3: Investigating community practices



Purpose

- to help the group collect, organize and analyse information on individual sanitation practices in the community



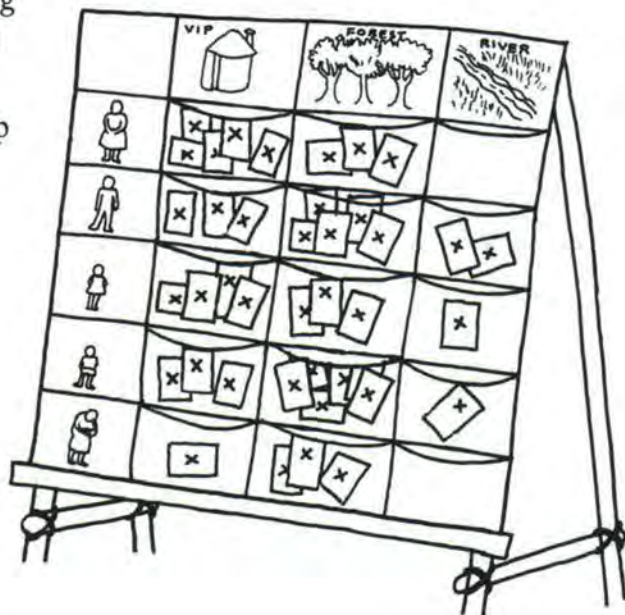
Time

- 1–2 hours, depending on the number of behaviours/practices identified and the number of people offering information



Materials

- **tool: pocket chart**
- a pocket chart (or locally-constructed alternative, e.g. jars, tin cans)
- drawings to put on the pocket chart; (three-pile sorting drawings can often be used)
- voting materials, e.g. slips of paper, seeds, pebbles
- blank paper and drawing materials for additional options that may be thought up by the group during discussion





What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Show the group the sample *pocket chart*. Explain to the group:
 - what a *pocket chart* is
 - how it can be used to collect information confidentially on what people are actually doing in the community.
3. Ask the group to identify which behaviours or practices it would like to know more about. When these are clear, set up the *pocket chart*.
4. Once the chart has been set up, show how the information is collected by identifying your own position in the column on the left-hand side and then your option in the row along the top, and then placing a token to indicate the option you use. (The left-hand side column consists of pictures of different types of individuals, such as a woman, a man, a boy, a girl, an old woman. In other words, in placing your token, you identify what type of individual you are, as well as the option you use). Remove your token after the demonstration, emphasizing that this was just an example. You may have to check that participants identify the space in the column which they must start from, and then identify the option they use. In other words, there are two steps to this process: first, who/where am I?; second, which do I do/use?
5. The *pocket chart* must be set up in such a way that participants can place their tokens without being seen by others. Ask the participants to place their tokens.
6. Once all participants have placed their tokens, ask a volunteer to count the tokens and display the totals.

Participants should discuss the meaning of the totals. For example:

 - Which options are the most (least) commonly used? Why?
 - What environmental factors influence people's choices?
 - What other options do people favour? Why?
 - How do/would these choices affect the health or well-being of the community members?
 - If the rest of the community voted, would its *pocket chart* look like the group's?
 - How do actual practices compare with what the group identified as either good or bad for health during the **Good and bad hygiene behaviours** activity?

- What could be changed?
 - What changes in behaviour would the group consider desirable or beneficial, and how could these be achieved?
7. You will need to discuss with the group how representative it wants to make the information collection:
- Does it want everyone in the community to be represented?
 - Could a smaller group be chosen from among the community which would be representative of the total population?
 - How could the group choose such representatives?
8. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. When this tool is being used for the first time, confusion can be avoided if one drawing only at a time is placed in the left-hand side column. Participants then place their tokens to identify their options. After this, the next drawing can be placed below the first one in the left-hand side column. Continue in this way until all the drawings in the left-hand side column are in place. This process will inevitably be slower than setting all the drawings up at once at the beginning.
2. Stress the need for people to be honest when placing their tokens, that this is a learning exercise and that, as such, it is important that the information collected be true to life.
3. This activity can also be used to collect more information by asking more than one question and using more than one type, colour or shape of token. If the group, for example, wanted to know which options were used occasionally as well as which were used frequently, each participant could use one type of token (say green) to answer the first question, and a different type of token (say red) to answer the second question.
4. Make sure the set of drawings reflects all the options present in the community. Be prepared to include or make additional drawings to represent additional options mentioned or suggested by the group during the activity.
5. Be prepared with ways to keep the rest of the group busy while members are taking turns to place their tokens, since this process can be quite long. Or else, do the *pocket chart* activity during a break.

6. The tokens should be counted in front of the group so that everyone can see that the counting is done accurately. The tokens should be taped onto sheets of paper or directly onto the *pocket chart* in order to give immediate visual feedback of the results, and then counted so that none are lost or tampered with. If transparent plastic pockets are used, the tokens can be assessed visually by removing the card covering them.
7. The *pocket chart* is a good evaluation tool. Information collected at this early stage can be compared with information collected in the same way, later in the programme. By comparing the two sets of information, the group can see whether changes in behaviour are taking place. Remember that the *pocket chart* can be used over and over for different investigations, for each question or point the group wants to examine.

Activity 4: How diseases spread



Purpose

- to help participants discover and analyse how diarrhoeal disease can be spread through the environment



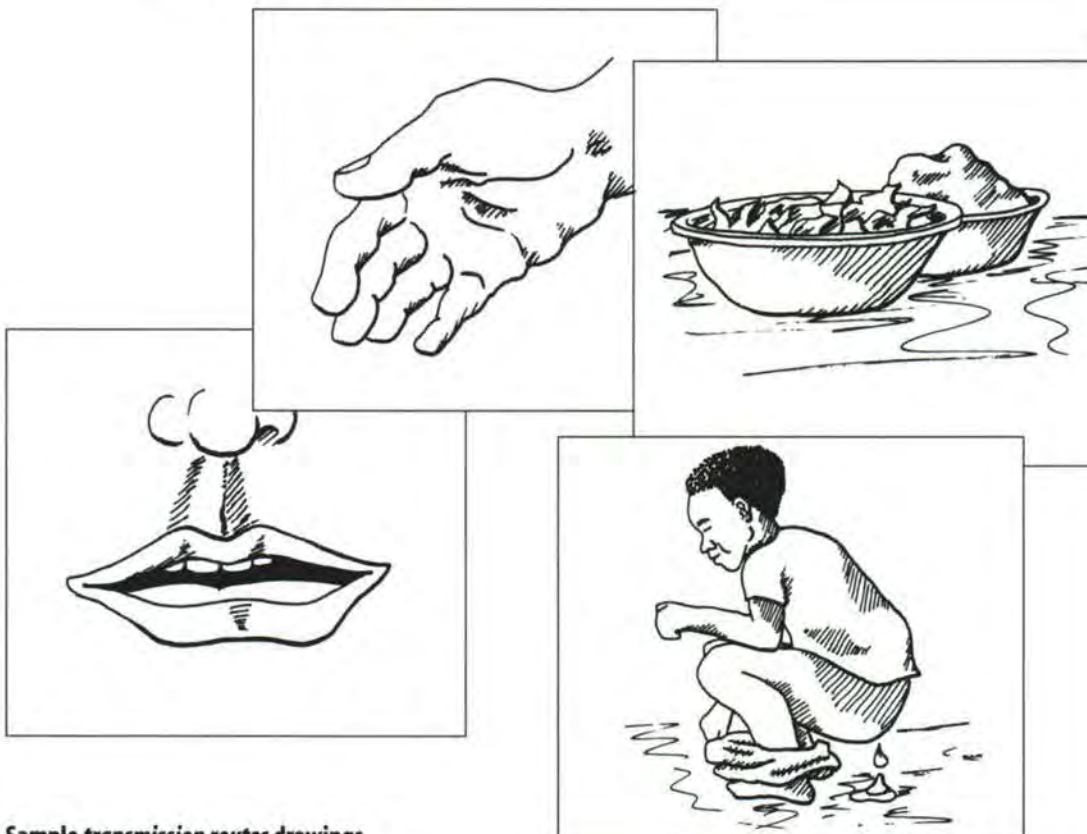
Time

- 1–1½ hours



Materials

- **tool:** *transmission routes*
- large sheets of newsprint (paper)
- coloured pens or marker pens
- sticky tape



Sample *transmission routes* drawings



What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Ask the participants to form groups of 5–8 people.
3. Give each group a set of materials and the task using these words:

“One drawing shows a person defecating openly [use local term]/an inadequate latrine [choose whichever is appropriate for the community]. Another shows a person’s mouth. [Show the drawings.]

“Please use the rest of the drawings to try and create a diagram showing the different ways in which faecal matter [use an appropriate local description] might come in contact with the person. You can draw arrows between the different drawings to show the ways that this might happen.”
4. When the groups have made their diagrams, ask each group to show and explain its diagram to the other groups. Let it respond to any questions raised by the other groups.
5. Discuss the similarities and differences between the various diagrams.
6. Now facilitate a discussion to help the group use this new knowledge to examine its own situation.

Discuss and identify:

 - the transmission routes in the community
 - the problem areas and hygiene behaviours that are putting people at risk of infection.

If possible, ask a participant to record the problem areas in the group’s community as they are discussed.
7. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. Some participants may at first be shocked at the content of this activity. There may be some disbelief that faeces can be transmitted to the mouth. The best way to deal with this situation is to get the group working together as quickly as possible. Those participants who are more receptive than others will help the disbelievers to become more involved.

2. Do not be concerned if each group does not identify all the faecal–oral routes or if its diagrams do not look like the “F-diagram” on page 13. It is enough if it has identified some of the routes. The routes must nevertheless be clearly defined in order to be useful in future activities. Other group members may identify additional, different routes. These can be discussed and a more complete drawing formed.
3. Do not prompt or direct the groups when they are trying to create their diagrams.
4. If the group as whole does not manage to clearly identify the transmission routes, try to find out why. It may be useful to hold a group discussion to evaluate the activity, which can then be tried a second time.
5. This activity can be adapted for use when investigating other diseases such as intestinal worms, schistosomiasis, guinea-worm disease and dengue fever.

Seven steps to community planning for the prevention of diarrhoeal disease

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STEP 3:**Planning for solutions**

This step has three activities.

1. **Blocking the spread of disease** helps group members discover ways to prevent or “block” diarrhoeal disease from being spread via the transmission routes identified in the previous activity.
2. **Selecting the barriers** helps the group to analyse the effectiveness and ease of actions to block transmission routes and choose which they want to carry out themselves.
3. **Tasks of men and women in the community** helps the group identify who would be able to undertake additional tasks to introduce the changes necessary to prevent diarrhoeal disease.

After completing these activities, the group members should have identified various ways to prevent diarrhoea in the community.

Activity one: Blocking the spread of disease



Purpose

- to identify the actions that can be taken to block the disease transmission routes



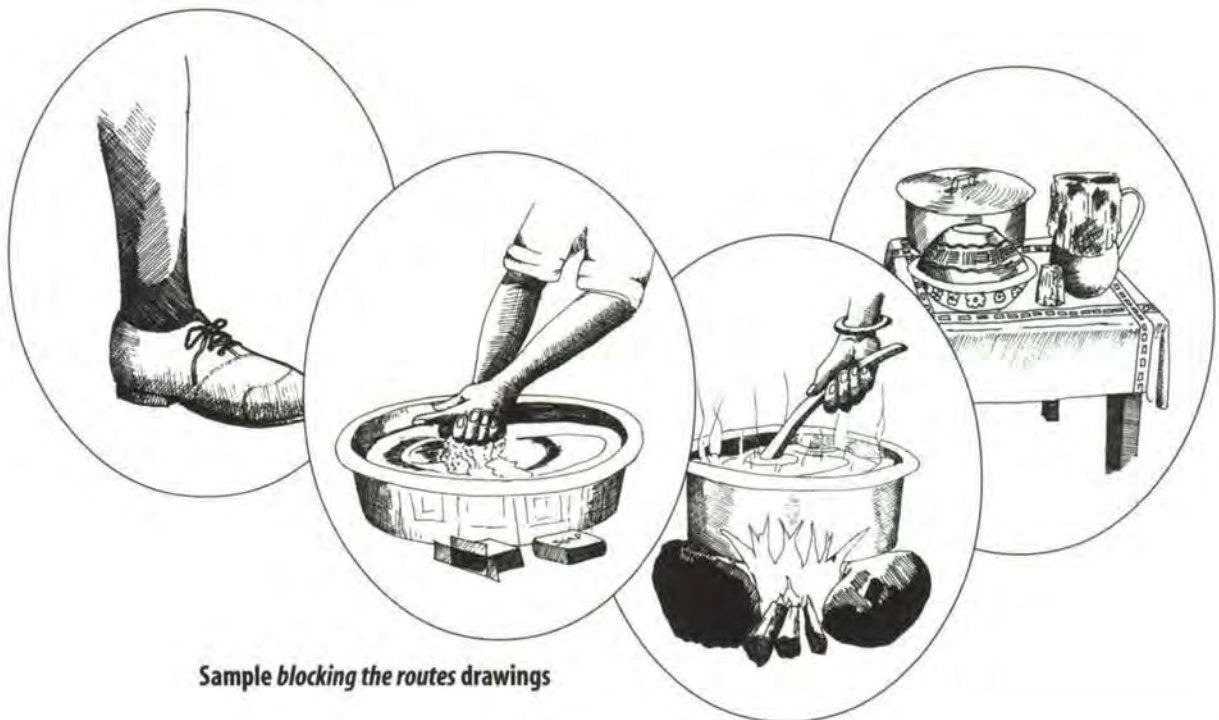
Time

- 30 minutes to 1 hour



Materials

- **tool: blocking the routes**
- *blocking the routes* drawings (1 set for each small group)
- *transmission routes* diagrams made during the previous activity
- paper
- coloured pens or marker pens
- sticky tape



Sample *blocking the routes* drawings



What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Ask participants to continue working in the same small groups as in the previous activity.
3. Give the groups the task using these words:

“Now that we know the ways in which faeces [use appropriate local word] can spread, we need to think about what can be done to stop this from happening. Each group should take a set of drawings and agree as a group where to put them on its transmission routes diagram to stop or block the different routes. The drawings should be stuck on lightly since we will need to remove them to use in the next activity.”
4. After 30 minutes ask each small group to present its diagrams which now includes the blocks or barriers. Let each group respond to any questions asked by other participants.
5. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. Stress that this activity is a continuation of and builds on the *transmission routes* diagrams produced in the previous activity. The groups may want to change or add to some of the routes that they drew before, since they may have discussed these routes among themselves and gained additional knowledge in the meantime. These changes are productive. Ensure they are discussed.
2. Again, there is no one right answer as to which barrier should be put on which transmission route. The minimum requirement is that the group has tried to block all the routes it has identified.
3. It is useful to have blank paper and pens or marker pens so that the group can create its own blocks if the existing drawings do not cover all situations.
4. It would be a good idea to put the diagrams up on the wall of the community centre (or other meeting place), along with the community map and other materials.

Activity 2: Selecting the barriers



Purpose

- to analyse how effective the blocks are and how easy or difficult they would be to put in place



Time

- 30 minutes to 1 hour



Materials

- **tool: barriers chart**
- group's *transmission routes* diagrams with blocks
- sticky tape, pins, tacks, etc.
- pens and paper

| | Easy to do | In-between | Hard to do |
|--------------------|------------|------------|------------|
| Very effective | | | |
| In-between | | | |
| Not very effective | | | |





What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Keeping the same small groups from the previous activity, give them the task using these words:

“Remove the blocks from the transmission routes diagram and place them where they belong on this chart. [Show the chart and explain how it works if necessary.]

You might use words such as the following to explain the chart and how it works:

“This column [point to column on the left-hand side of the chart] has these choices: “Very effective,” “In-between,” and “Not very effective.” Would you say this barrier [show drawing] is very effective, in-between, or not very effective? [Place drawing temporarily.]

“This row [point to the row across the top of the chart] has these choices: “Easy to do,” “In-between,” and “Hard to do.” Would you say this barrier [point to the same drawing] is easy to do, in-between, or hard to do? [Point to choice.]

“Then we say that this barrier is this effective and this easy. [Point out the position that was created by selecting an option in the column and an option in the row.] This barrier, therefore, goes here. [Place drawing temporarily.] Now you do yours.”

3. When the groups have completed the task, invite them to share their charts and discuss:
 - which barriers the group would like to use in its community
 - the practicalities that would be involved in putting the barriers in place.
4. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. This type of chart may be a new concept for the group so it might be a good idea to explain its elements or components step by step. Make it clear that this is only an explanation. Participants should make their own placements.
2. If a group is unclear about the effectiveness of certain barriers, do not correct it. Instead, think of questions which might help it to come to a decision.
3. Do not be concerned at this stage if the group does not know enough to be able to judge how effective the barriers might be. There will be opportunities later in the process to introduce additional information to increase the quality of decision-making.

4. If the activity seems confusing, it may be done as follows. Divide the group in two and give each a complete set of barriers. Ask one to do a *three-pile sorting* for "effectiveness" (very effective, in-between, not very effective), and the other to do a *three-pile sorting* for "how easy the barriers are to put in place" (easy to do, in-between, hard to do). Then compare the two sets.

Another way of carrying out the activity is to do a *three-pile sorting* of the barriers aimed at "effectiveness". Then take the "most effective" barriers and do another *three-pile sorting*, this time aimed at "easy to do". Repeat with a *three-pile sorting* for "in-between effective" barriers.

Activity 3: Tasks of men and women in the community



Purpose

- to raise awareness and understanding of which household and community tasks are done by women and which are done by men
- to identify whether any change in task allocation would be desirable and possible



Time

- 1 hour



Materials

- **tool: gender role analysis**
- 3 separate large drawings of: a man, a woman, and a man and a woman together
- 12 or more task drawings
- pens and paper



Sample task drawings



What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Ask the participants to form groups of 5–8 people.
3. Using the following words, ask the group to carry out the activity:

“Each group will be given a drawing of a man, a woman and a man and woman (a couple) together, and a set of drawings showing different tasks. Discuss in your group who would normally do this task. When you agree, put the task drawing underneath the drawing of the man, woman or couple based on what you decide. The drawing of the man and woman together means that both sexes perform the task.”
4. Let the groups work on their own and discuss their findings. They can draw and add other tasks. You should provide them with blank paper for this purpose.
5. Once the activity has been completed, ask each group to present its selection to the rest of the participants, explain its choice and answer any questions.
6. Facilitate a group discussion on:
 - who does what tasks
 - the workloads of men and women
 - how differences in workloads might affect task allocation for overcoming diarrhoeal disease
 - the advantages and disadvantages of changing tasks done by men and women
 - the potential for changing the tasks done by men or women.
7. Ask the group to identify roles which could be changed or modified in order to improve sanitation and hygiene, and record these conclusions for use in monitoring (checking) later on.
8. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. During this activity men sometimes complain that drawings of their usual tasks have not been included in the set. This is because the set focuses mostly on tasks related to domestic and community hygiene and sanitation, and in most societies these tasks fall to women. If this happens, ask the men to make drawings of tasks they perform, to add to the activity.
2. The group may decide that three drawings (man, woman, and both together) are not enough and choose to add drawings of boys and girls. This is fine, but the analysis should focus on gender and not age.

Seven steps to community planning for the prevention of diarrhoeal disease

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| 2 Problem analysis | <ol style="list-style-type: none"> 1. Mapping water and sanitation in our community 2. Good and bad hygiene behaviours 3. Investigating community practices 4. How diseases spread | <ol style="list-style-type: none"> 1. Community mapping 2. Three-pile sorting 3. Pocket chart 4. Transmission routes |
| 3 Planning for solutions | <ol style="list-style-type: none"> 1. Blocking the spread of disease 2. Selecting the barriers 3. Tasks of men and women in the community | <ol style="list-style-type: none"> 1. Blocking the routes 2. Barriers chart 3. Gender role analysis |
| 4 Selecting options | <ol style="list-style-type: none"> 1. Choosing sanitation improvements 2. Choosing improved hygiene behaviours 3. Taking time for questions | <ol style="list-style-type: none"> 1. Sanitation options 2. Three-pile sorting 3. Question box |
| 5 Planning for new facilities and behaviour change | <ol style="list-style-type: none"> 1. Planning for change 2. Planning who does what 3. Identifying what might go wrong | <ol style="list-style-type: none"> 1. Planning posters 2. Planning posters 3. Problem box |
| 6 Planning for monitoring and evaluation | <ol style="list-style-type: none"> 1. Preparing to check our progress | <ol style="list-style-type: none"> 1. Monitoring (checking) chart |
| 7 Participatory evaluation | <ol style="list-style-type: none"> 1. Checking our progress | <ol style="list-style-type: none"> 1. Various tool options |

STEP 4:

Selecting options



This step has three activities.

1. **Choosing sanitation improvements** helps the group to assess the community's sanitation situation and decide on the changes it wants to make.
2. **Choosing improved hygiene behaviours** helps the group to decide which hygiene behaviours it wants to work on with the community.
3. **Taking time for questions** gives group members a chance to ask questions and obtain feedback from fellow participants, thus increasing the confidence and self-reliance of the group.

By the end of this step, the group will have made an informed choice about the changes to facilities and hygiene behaviours it wants to make.

Activity 1: Choosing sanitation improvements



Purpose

To help participants:

- describe the community's sanitation situation
- identify an option or options for improving sanitation
- discover that improvements can be made step-by-step



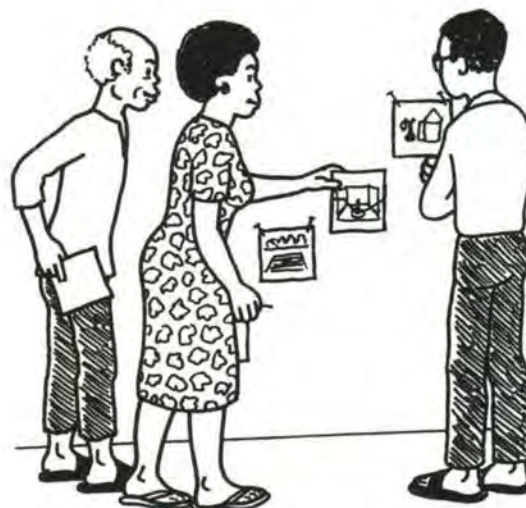
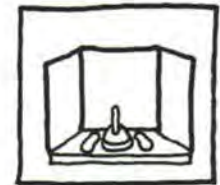
Time

- 1–2 hours



Materials

- **tool: sanitation options**
- pens
- large-sized paper to which drawings can be attached (optional)
- sticky tape





What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Ask the participants to form groups of 5–8 people.
3. Give the group the task, using these words:

“Each group will receive a set of sanitation options. Look at the options and arrange them as a “ladder”, starting with the one you consider worst at the bottom and ending with the one you consider best at the top.”
4. Give each group an identical set of drawings.
5. It may be useful to have some paper and pens so that participants can draw any methods which they want to include but which are not in the set of drawings.
6. Give the groups about 20 minutes to make their ladders. Then visit each group and give it the next task.

“Now decide where the community is at the present time and where you would like it to be one year from now. Discuss the advantages and difficulties that you might meet in trying to move to different steps on the ladder.”
7. When the groups have completed this task, ask each one to explain its sanitation ladder to the other participants.
8. After the presentations, encourage a group discussion covering:
 - the similarities and differences in the way the options have been arranged as steps
 - the similarities and differences in terms of where the groups have placed the community now and in the future
 - the options that have been identified as best for the community
 - the advantages of each option
 - the difficulties or obstacles that would make moving up the ladder difficult
 - how these decisions were reached
 - what information the group thinks it might need to be able to compare options more effectively.
9. Encourage the group to agree on one sanitation ladder.
10. Explain to the group that the next activity will help it to develop a plan to get from where it is now to the situation or situations it would like to move to in the future.
11. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.

Collecting information

It is a good idea at this time for the group to quantify the community's current sanitation situation. This is so that realistic goals can be set. The tools that can be used for this include:

- *community map* to locate and specify the types and number of sanitation facilities
- *pocket chart* so that the group can give information about individual or family use of different types of facilities
- a *community census*.

All the conclusions should be recorded for use in future activities which will include development of a *monitoring chart*.



Notes

1. Before you begin this activity it would be helpful to have information on:
 - the design principles of different sanitation options
 - the effectiveness of different options
 - the maintenance and ongoing servicing requirements of each type of option
 - the costs of different sanitation options
 - the costs (time and money) of operation and maintenance
 - the subsidies available
 - the durability of the structure and the sustainability of each system.
2. The sanitation ladder shows that improvements can be made step by step. The idea that the community can progress up the ladder at different rates can be very appealing to groups. They realize that changes can be made over time, at a pace that is appropriate and manageable for them. When groups discover this, it can inspire them to become more involved.
3. When selecting sanitation options it is important to consider the amount of water each option would require. The risk of contaminating the environment and existing water sources must also be considered. Make sure the participants discuss these issues.
4. Some options are equally good. Thus two options can be placed side by side – that is, the ladders can have “branches”. The idea of progression and choosing for the future is more important than the shape of the ladder.

Other types of ladders

This activity can also be used to deal with other questions and other problems. For instance the sanitation ladder can be adapted to make a water ladder. The activity would be conducted in the same way as described for *sanitation options*, but using drawings showing different water options for improving the quality, quantity and access of water supply. The options shown would need to range from the most simple to the more complex. Additionally, drawings of unsafe or unprotected water collection would have to be included since some communities would be starting from this step. However, water supply options tend to be fewer, so a water ladder is likely to have fewer steps. Sometimes, in fact, only two situations apply: the current traditional water source and an alternative or improved water supply.

Activity 2: Choosing improved hygiene behaviours



Purpose

To help the group identify hygiene behaviours that it:

- wants to change
- wants to encourage and reinforce
- wants to introduce into the community



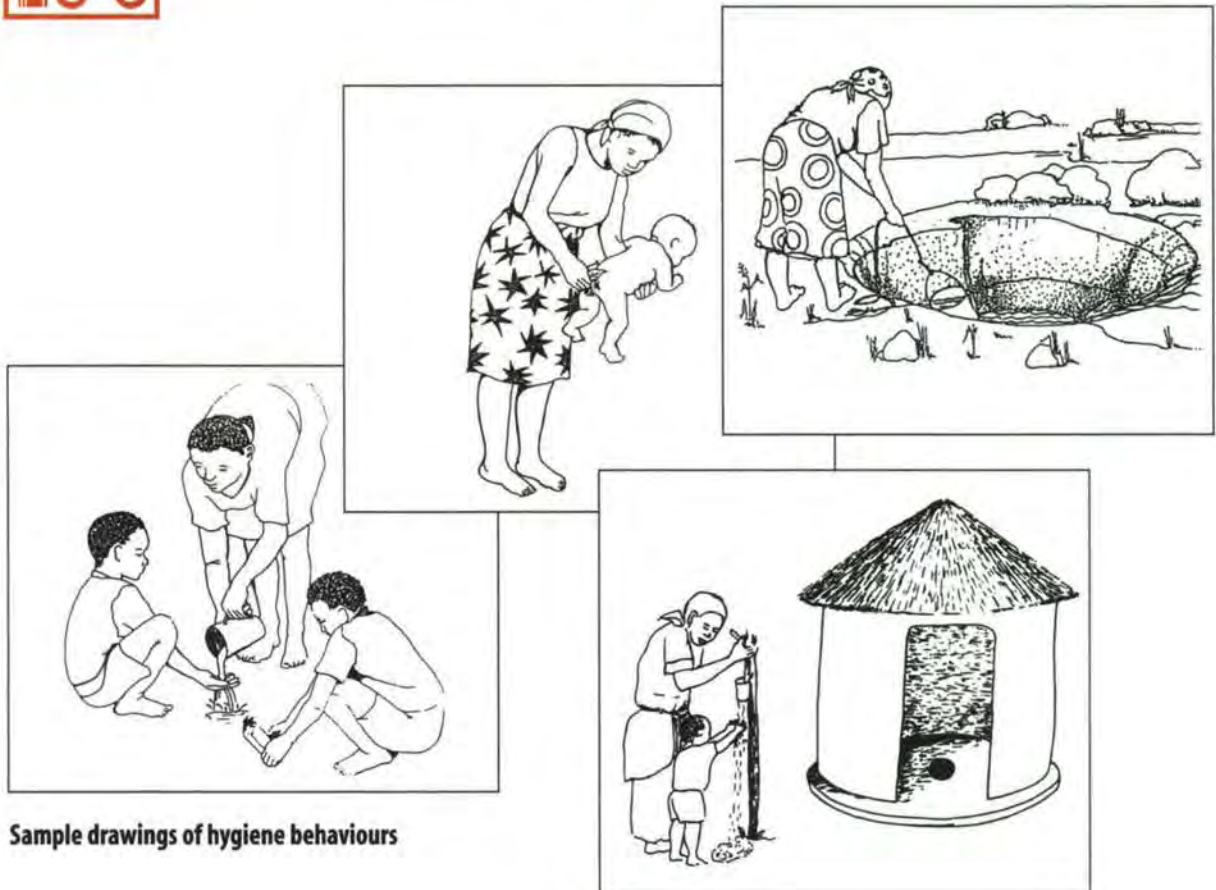
Time

- 1 hour



Materials

- **tool:** *three-pile sorting drawings used in Step 2: Activity 2.*



Sample drawings of hygiene behaviours



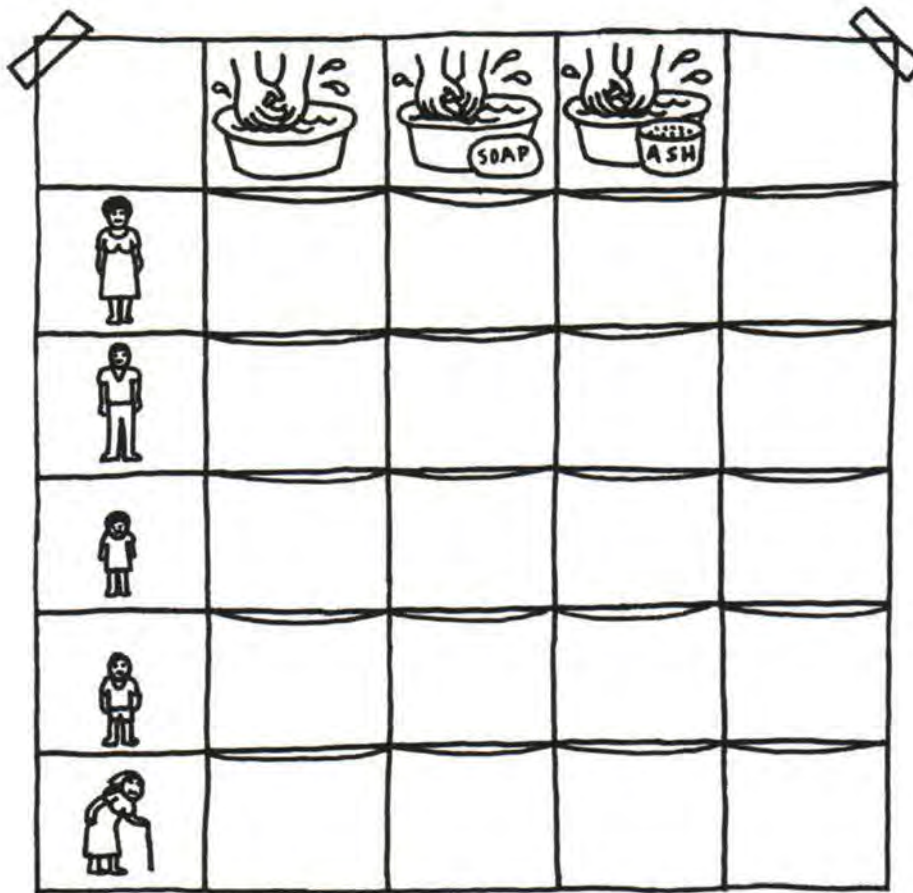
What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Ask the participants to form groups of 5–8 people.
3. Give the groups the task using these words:

“Choose from the three-pile sorting drawings one or more hygiene behaviours that you agree on as being healthy and which you would like to encourage, and one or more that you agree on as being unhealthy and which you would like to discourage.”
4. Give the groups 10–20 minutes to select their hygiene behaviours. Then ask each group to explain its selection to the other participants.
5. Facilitate a group discussion aimed at:
 - reaching an agreement about which good and bad behaviours are the most important to work on
 - how to influence the community to:
 - use good practices all the time
 - accept new behaviours
 - stop bad practices.
6. At this point it may be important to know how common the selected behaviours are in the community. This information could be used for setting specific goals. The tools that can be used to obtain this information are: *pocket chart* and/or a *community survey*.

Below is an example of how a *pocket chart* can be used to measure the most common types of behaviour in the community in relation to hand washing after defecation.

Set up a *pocket chart* with the row across the top showing the following options for handwashing after defecation: water only, soap and water, dirt or ash, and nothing. The vertical column could show: man, woman and child. Participants then use two tokens of different colour and/or shape; one to indicate the options usually used, and another to indicate the options sometimes used.



Sample pocket chart for handwashing options

7. Have the group record its conclusions, which will be needed later in the process for use in other activities, including development of a *monitoring (checking) chart*.
8. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. Past experience has shown that programmes which include changes both in hygiene behaviours and in facilities are more effective in controlling diarrhoeal disease than those which only include changes to facilities. There is often a tendency to concentrate more on physical facilities, so this activity aims to make sure that hygiene behaviours are not overlooked.
2. How to introduce new hygiene behaviours and/or reinforce existing ones will be addressed in **Step 5: Planning for new facilities and behaviour change.**

Activity 3: Taking time for questions



Purpose

- to provide an opportunity for participants to ask questions about the process (or other matters), and to obtain information and feedback from other participants
- to help the group recognize the wealth of knowledge and information it possesses collectively



Time

- 1–2 hours



Materials

- **tool:** *question box*
- paper and pens
- container (such as a basket, a hat or a box)





What to do

1. If there has been a break between this activity and the previous one, start with a group discussion aimed at reviewing what was learned or decided at the previous meeting.
2. This activity can be carried out successfully as one group, provided the group does not contain more than 40 people.
3. Give the group the task using these words:

“Could everyone please write on a slip of paper or make a simple drawing of a question that they would like answered. Once you have written or drawn your question, fold the paper in half.”
4. Ask a participant to collect all the questions in the container. This container becomes the *question box*.
5. When all the questions have been collected, pass the question box to one person at a time and ask each person to pick out a slip of paper and answer the question. If anyone picks their own question, they should be asked to replace it and pick another one.
6. If a participant cannot answer a question, encourage someone else in the group to provide an answer.
7. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. Alternatively, if some participants cannot write, ask everyone to think of a question and then to mark their piece of paper. Or each participant can be given a piece of different coloured paper. The pieces of paper are then collected in the *question box*. Next, the *question box* is passed around and when that person’s marked or coloured piece of paper is chosen, they say their question out loud. With this method, the questions are not anonymous but everyone can participate.
2. This activity can help to remind the group that it does not need to rely so much on outside experts. Collectively, it has most of the information and knowledge it needs.
3. Some of the questions may not relate directly to the subject. But they should not be put aside. They may indicate different concerns, and also serve as a positive distraction. Humour should not be discouraged!

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STEP 5:

Planning for new facilities and behaviour change

| STEP 5 | ACTIVITY | TOOL |
|---|---|--|
| 5 Planning for new facilities and behaviour change | 1. Planning for change 2. Planning who does what 3. Identifying what might go wrong | 1. Planning posters 2. Planning posters 3. Problem box |

This step has three activities:

1. **Planning for change** helps the group plan the action steps for implementing the solutions it has decided on.
2. **Planning who does what** helps the group to assign responsibility for each action step.
3. **Identifying what might go wrong** enables the group to foresee possible problems and plan ways to overcome them.

Activity 1: Planning for change



Purpose

- to enable participants to develop a plan to implement changes in sanitation and hygiene behaviours



Time

- 2 hours



Materials

- **tool: planning posters**
- the “now” and “future” sanitation options (from **Step 4: Activity 1**)
- sticky tape
- pens and paper



“Now” and “future” sanitation options and planning posters



What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Put the *sanitation option* drawings (or drawings representing other options) developed in **Step 4** up on the wall.
3. Ask the participants to work in groups of 5–8 persons.

Give the participants the task using these words:

“Do you agree that this [point to the sanitation option(s) that the group considers represent their current situation] is a common situation in the community? And do you agree that this [point to the group’s preferred “future” option] would be a desirable future situation?”

“Let’s now work out what needs to be done to move from the present situation to where you want to be. To do this we need to develop a plan to “fill in the gap”. To help you do this, each group will be given a set of planning posters showing some of the steps that might be needed.

“Each group should look at the planning posters and arrange them in the order it thinks would bring about the desired change most effectively. Use the blank paper to draw any additional steps that you would like to include.”

4. Give each group an identical set of “now” and “future” drawings and *planning posters*.
5. Give the group about 30–45 minutes to work out its arrangements of steps, and then ask each group to explain its plan to the other participants. Each group should be prepared to answer any specific questions which might arise, although a more general discussion or debate should be limited until each group has had a chance to present its work.
6. After the presentations, encourage a group discussion aimed at reaching an agreement on a common plan.
The discussion should cover:
 - the similarities among and differences between the steps chosen by each group, and their order
 - what difficulties they might come across in trying to carry out these steps
 - what resources they might need to carry out these steps
 - the amount of time necessary to carry out the plan.
7. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. The “now” and “future” drawings⁴ may refer to changes in both facilities and behaviour as identified by the group using the *sanitation options* and *three-pile sorting* tools.
2. Be prepared to do this planning activity for all the changes the group wants to introduce. Remember the purpose of the activity is to simplify the planning process.

One group may find it easier to make one plan for changes to facilities, one for improving maintenance of existing systems and a third for behavioural change. Another may be able to look at the three together. There is no one way or right plan. Your role is to help the group simplify the process so that it becomes manageable.
3. Don't worry if the group is not willing to make a plan to introduce all the changes it has identified. It is enough at this time that it is willing to plan to introduce some of the changes. Once these have been introduced successfully, the results will inspire the group to keep on with its work and plan for further changes. A smaller plan which group members are highly committed to is more likely to be successful than a larger, less well-supported plan.
4. The original community map can be used to help the group think about the impact of the changes it is planning to introduce.
5. Discussion may already have taken place or questions may have been raised about who should have responsibility for doing certain parts of the plan. **Planning who does what**, the next activity, helps groups to assign responsibility for tasks effectively so that the tasks are done properly and on time.

⁴ In other guides, a tool using “now” and “future” drawings is called *story with a gap*.

Activity 2: Planning who does what



Purpose

- to help identify who will take responsibility for carrying out the steps in the plan
- to set a timeframe for implementing the plan



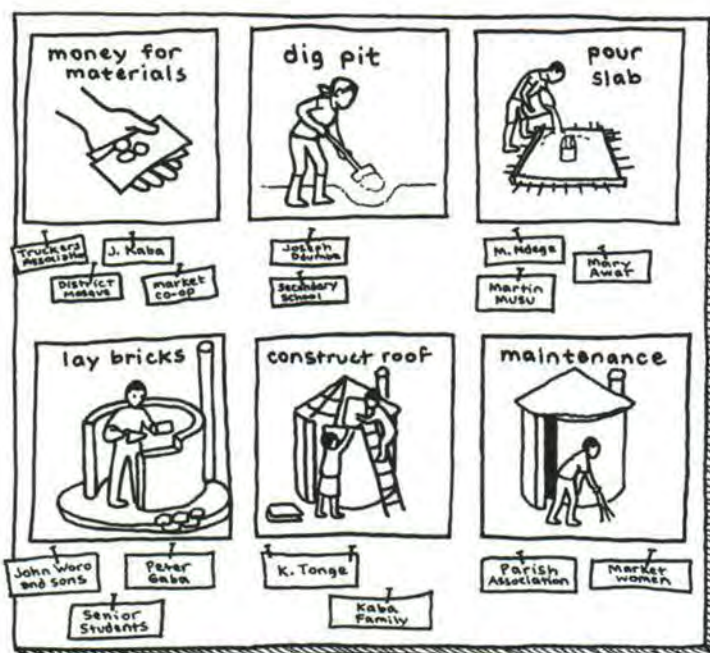
Time

- 1-2 hours



Materials

- **tool: the planning posters agreed on at the previous session**
- pieces of paper or card for writing down names





What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Put the *planning posters* – which the group agreed represented the steps in its plan – up on the wall, in one straight row, in the order that the group agreed to.
3. Give the group the task using these words:

“These planning posters [point to them] show the steps that you decided are required to put your plan into action. Now you need to decide who should carry out each of these steps. Discuss together each step and the type of personal qualities and skills needed to carry it out. Decide who should carry out each step. When you have decided who will be responsible and for what, write the names on pieces of paper or card. Write men’s names in one colour and women’s names in another. Then stick each piece of paper or card beneath the corresponding planning poster.”
4. Referring to earlier discussion and the conclusions reached during **Tasks of men and women in the community**, invite the group to review the task allocation in terms of the impact on men and the impact on women, and to make any adjustments at this time if it wishes.
5. When the tasks have been allocated, ask the group to discuss and agree on who will coordinate the carrying out of the steps in the plan. Write the name or names of the coordinators above the *planning posters*.
6. Invite the selected person or persons to coordinate the rest of the meeting. This will cover developing a timeframe for completing each part of the plan.
7. Ask the group to discuss and agree on the amount of time each step will take to complete. Record this information above the *planning posters*.
8. Facilitate a discussion on:
 - the importance of seeing that things are being done on time
 - how the group can check that people are doing what they are responsible for
 - what the group can do if tasks are not carried out.
9. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.



Notes

1. Do not be surprised, if, during this task allocation, more steps are added to the plan. Once people become aware they are going to have to do something themselves, they will start to think more carefully about what it might take to do it.
2. If the group is reluctant to accept responsibility itself and allocates most of the tasks to outsiders, it will need to consider:
 - why it is not prepared to take responsibility for tasks
 - whether it really believes that hygiene behaviour or sanitation is a problem and, if so, whether this plan will help it overcome this problem
 - why representatives of these external groups have not been included as participants
 - how external representatives could be invited to join the group
 - whether these external representatives would be committed to carrying out a plan they did not help to develop
 - whether this plan will work on the basis of this task allocation.

If the group does not believe in the importance of sanitation, this could be a key reason why it does not support the plan. In which case, you may need to go back and repeat earlier activities or find other ways for the group to discover key information.

3. Deciding who should do what can be very time-consuming. This activity may have to be carried out over a series of sessions to ensure adequate discussion time. A *pocket chart* can be useful for choosing people for the tasks. Create a *pocket chart* as follows:
 - Put drawings of each different task in the spaces of the horizontal row across the top of the chart.
 - Put drawings, names or some other means of identifying the possible candidates in the spaces in the column on the left-hand side of the chart.
 - Give each voter one token for each task.
 - Show the group how it must place the token for each task in the pocket in the column below the drawing of the task, in the row that represents the person it thinks is best qualified to carry it out.

This activity could be preceded by a discussion of the possible qualities that one might look for in the person selected to perform a particular task.

4. There is no right way for the group to allocate tasks. You should keep in mind the local practices usually used for assigning tasks to people. Selections should not be based solely on favouritism or popularity.

You could suggest to the group that it takes into account the personal qualities and skills defined by the group as necessary to complete the task. You could also suggest that those selected should be asked whether they think that they are the right people for the tasks they have been assigned.

Encourage the group to achieve a cross-section of the community (in terms of age, ethnic background, religion, education, and other characteristics) when making their selection.

5. Help the group by reminding it that making plans for activities such as health education sessions, which will be necessary if the community is to be encouraged to change hygiene behaviours, is just as important as making plans for physical changes, such as building new latrines.
6. Don't worry if the group, having completed the **Planning who does what** for one plan, then wants to leave the other plans until later. It is enough if the planning has been carried out completely from start to finish for one of the changes the group wants to introduce. Hopefully, if one plan can be introduced successfully, this will inspire the group to continue with its work. Also, the group will have developed the skills necessary to follow later plans through.
7. Ask the group to display the *planning posters*, including the names of people responsible for each step, in a public place in the community. This will help to keep everyone informed of what is happening.

Activity 3: Identifying what might go wrong



Purpose

- to get the group to think about possible problems in implementing the plan, and devise ways of overcoming them



Time

- 1 hour



Materials

- **tool: *problem box***
- paper and pens
- container (such as a basket, a hat or a box)





What to do

This activity is similar to the *Taking time for questions* activity carried out during **Step 4**, and is conducted in basically the same way.

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Present the task as follows:

“Could everyone please write on a slip of paper a problem they think might arise. Write this problem in the form of a question or a drawing. For example:

“What would we do if the person trained to do the maintenance leaves the community?”
3. Ask a group member to collect all the problems in the container. This container becomes the *problem box*.
4. When all the problems have been collected, pass the *problem box* to one participant at a time and ask each participant to pick out a slip of paper and answer the question. Participants who pick their own question should be asked to replace it and pick another.
5. Give the group plenty of time to discuss the answers. If a participant cannot answer a question, the question can be answered by someone else in the group.
6. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.
7. **Optional:** If there is time, it may be helpful to have the group sort the problems into different categories. Suggestions for two-pile sorting of problems are:

| | |
|--|--|
| – pile 1: start-up problems | pile 2: ongoing problems |
| – pile 1: technical problems | pile 2: social problems |
| – pile 1: problems the group can deal with by itself | pile 2: problems the group needs outside help to solve |



Notes

1. If necessary, more time can be allowed for participants to think of questions. For example, the activity could begin before a lunch break or at the end of the day, and continue after the break or on the next day.

Seven steps to community planning for the prevention of diarrhoeal disease

| STEP | ACTIVITY | TOOL |
|---|--|--|
| 1 Problem identification | <ol style="list-style-type: none"> 1. Community stories 2. Health problems in our community | <ol style="list-style-type: none"> 1. Unserialized posters 2. Nurse Tanaka |
| 2 Problem analysis | <ol style="list-style-type: none"> 1. Mapping water and sanitation in our community 2. Good and bad hygiene behaviours 3. Investigating community practices 4. How diseases spread | <ol style="list-style-type: none"> 1. Community mapping 2. Three-pile sorting 3. Pocket chart 4. Transmission routes |
| 3 Planning for solutions | <ol style="list-style-type: none"> 1. Blocking the spread of disease 2. Selecting the barriers 3. Tasks of men and women in the community | <ol style="list-style-type: none"> 1. Blocking the routes 2. Barriers chart 3. Gender role analysis |
| 4 Selecting options | <ol style="list-style-type: none"> 1. Choosing sanitation improvements 2. Choosing improved hygiene behaviours 3. Taking time for questions | <ol style="list-style-type: none"> 1. Sanitation options 2. Three-pile sorting 3. Question box |
| 5 Planning for new facilities and behaviour change | <ol style="list-style-type: none"> 1. Planning for change 2. Planning who does what 3. Identifying what might go wrong | <ol style="list-style-type: none"> 1. Planning posters 2. Planning posters 3. Problem box |
| 6 Planning for monitoring and evaluation | <ol style="list-style-type: none"> 1. Preparing to check our progress | <ol style="list-style-type: none"> 1. Monitoring (checking) chart |
| 7 Participatory evaluation | <ol style="list-style-type: none"> 1. Checking our progress | <ol style="list-style-type: none"> 1. Various tool options |

STEP 6:

Planning for monitoring and evaluation



This step has only one activity: **Preparing to check our progress**. In this activity, the group fills in a chart (see illustration on page 82) for monitoring (checking) its progress towards achieving its goals. Means are identified for measuring progress, how often this needs to be done and who will be responsible for doing it.

Important note

This activity can involve a lot of writing. However, if your participants have difficulty in reading and writing, you will need to work out ways of doing the activity using drawings and as little writing as possible. For example:

- instead of writing the goals in words on the chart, participants could place the drawings that represent the activities/facilities they want to carry out/construct under the goals headings
- write numbers only if people are able to understand them; for instance, participants could write the number of facilities the group wants to build beside the drawings of these facilities
- drawings or symbols can be used to represent ideas or words
- participants could choose a symbol such as a flower, bird or colour to represent themselves to put on the chart under the heading of who will be responsible for carrying out activities or ensuring that they are carried out.

Activity 1: Preparing to check our progress



Purpose

- to establish a procedure for checking progress
- to decide how often checking should be done and who should be responsible for this
- to set a date for the evaluation activity, which will take place with the wider community at some point in the future



Time

- 2 hours



Materials

- **tool: monitoring (checking) chart**
- paper, pens, or whatever is available for drawing
- *sanitation option* drawings of the facilities that the community would like to have (optional)
- *three-pile sorting* drawings (optional) (chosen during the **Choosing improved hygiene behaviours** activity)

| GOAL (DRAWING) | NUMBER OR AMOUNT | HOW TO MEASURE | HOW OFTEN TO MEASURE | BY WHOM |
|-------------------|------------------------|-------------------|----------------------------|------------|
| | | | | |
| | | | | |



What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Have the participants work together in one group. Show the drawings which represent their goals.
3. Have a *monitoring chart* ready (see illustration on previous page).
4. Ask the persons who were selected to manage specific tasks (these were chosen during the **Planning who does what** activity) to facilitate this activity, using the following words:

*"I would like those of you who were selected during the **Planning who does what** activity to lead the group in this activity. You will be helping the group to fill in those parts of the chart which it can fill in at this stage, and to agree on how it can continue to carry out this checking process in the future.*

"Stick the drawings which represent your goals on the left-hand side of the chart. Continue to fill in the rest of the chart."
5. After the chart has been filled in, facilitate a group discussion on:
 - how to measure the progress being made
 - how often progress should be measured
 - who should be responsible for measuring progress
 - how to involve other members of the community in checking progress and the achievement of project goals.
6. Ask the group to set a date for the project evaluation (**Step 7**).
7. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.
8. End the session with a party, celebration, prayer or other activity to celebrate the group's achievements.

Seven steps to community planning for the prevention of diarrhoeal disease

| STEP | ACTIVITY | TOOL |
|---|--|--|
| 1 Problem identification | <ol style="list-style-type: none"> 1. Community stories 2. Health problems in our community | <ol style="list-style-type: none"> 1. Unserialized posters 2. Nurse Tanaka |
| 2 Problem analysis | <ol style="list-style-type: none"> 1. Mapping water and sanitation in our community 2. Good and bad hygiene behaviours 3. Investigating community practices 4. How diseases spread | <ol style="list-style-type: none"> 1. Community mapping 2. Three-pile sorting 3. Pocket chart 4. Transmission routes |
| 3 Planning for solutions | <ol style="list-style-type: none"> 1. Blocking the spread of disease 2. Selecting the barriers 3. Tasks of men and women in the community | <ol style="list-style-type: none"> 1. Blocking the routes 2. Barriers chart 3. Gender role analysis |
| 4 Selecting options | <ol style="list-style-type: none"> 1. Choosing sanitation improvements 2. Choosing improved hygiene behaviours 3. Taking time for questions | <ol style="list-style-type: none"> 1. Sanitation options 2. Three-pile sorting 3. Question box |
| 5 Planning for new facilities and behaviour change | <ol style="list-style-type: none"> 1. Planning for change 2. Planning who does what 3. Identifying what might go wrong | <ol style="list-style-type: none"> 1. Planning posters 2. Planning posters 3. Problem box |
| 6 Planning for monitoring and evaluation | <ol style="list-style-type: none"> 1. Preparing to check our progress | <ol style="list-style-type: none"> 1. Monitoring (checking) chart |
| 7 Participatory evaluation | <ol style="list-style-type: none"> 1. Checking our progress | <ol style="list-style-type: none"> 1. Various tool options |

STEP 7:**Participatory evaluation**

This step is carried out after the community has implemented its plan, perhaps six months or one year after the start of the programme.

The participatory evaluation should involve as many people as possible from the community as well as other community workers, officials, and perhaps representatives of neighbouring communities. This step should be fun and a celebration of the group's achievements. During the evaluation the group will identify:

- how much has been done in the community
- how much of the plan still needs to be done
- what has been successful
- any problems or difficulties encountered
- any corrective action that is needed.

The evaluation can be done in many different ways, for example:

- the group might carry out some evaluation activities itself and share the results with the wider community by displaying the materials where they can be seen by all
- the group might decide to involve the wider community in its evaluation activities; for instance, people could be invited to take part in a community event where everyone votes during a *pocket chart* activity
- or the group could combine the above activities by carrying out some specific evaluation activities separately, as well as organizing a community evaluation activity, such as presentation of a *socio-drama* about the programme to a wider group.

The group may therefore need to have planning meetings of its own to organize the evaluation or event for a wider group.

Your role is to help the group:

- work out what it wants to do to evaluate its progress
- work out how it wants to involve a wider selection of community members
- work out how to make the evaluation event enjoyable and satisfying for everyone.

It is important that the group decides what it wants to do. So instead of giving detailed guidance, a list of suggestions for different types of participatory evaluation activities follows. If the group has trouble deciding what to do for its evaluation activity, you could facilitate a discussion using some of these suggestions. Choose only those suggestions for the discussion which you think are suitable for the group. Consider the group's level of reading and writing ability, the different kinds of personalities and skills of group members, and how they work together as a team.

Try to encourage the group to prepare a *socio-drama* if the group is unwilling to try any of the other suggestions for evaluation activities. Community workers involved in PHAST have reported that this activity is usually very well received by the rest of the community and is a lot of fun to prepare.

Activity: Checking our progress

Option 1: *Monitoring (checking) chart*



Purpose

- to see if goals have been met



Time

- 2 hours



Materials

- **tool: *monitoring chart made during Step 6: Activity 1***
- pens and paper

General guidance

1. Have the group look at the *monitoring (checking) chart* to review the goals it set. Then ask it to compare these goals with what has been achieved since it made the chart. The group might want to make a record of the differences between what was planned and what has been achieved. Encourage the group to make the comparison in any way it wants, using pens, paper, drawings, words, etc.
2. Once the comparison has been made, ask the group to discuss:
 - what has been successful
 - any problems.
3. Ask the group to record (in drawings or words) the problems and sort them into:
 - problems the community can deal with by itself
 - problems the participants do not fully understand
 - problems the community cannot solve by itself.
4. Stick the three groups of problems on a wall and ask the participants to decide:
 - *for the problems it can deal with*: what action they will take

- *for the problems they don't understand*: how they will get more information, when will they do this, and whose responsibility it will be
 - *for the problems they can't solve*: how they will get outside help to overcome these problems.
5. Finish up with a discussion on what was learned during the activity, what was liked, and not liked about this activity.

Option 2: Community map



Purpose

- to see if the community has undergone any physical changes



Time

- 2 hours



Materials

- **tool: the community map created during Step 2: Activity 1**
- pens and paper
- coloured paper or stickers for marking the changes on the community map
- additional map-making materials – the group might want to make a new map showing the changes



General guidance

1. Have the group look at the community map and either mark on it the changes that have taken place since it first made the map. Or if it wants to, and time allows, it could make a new map.
2. Once this has been done, ask the group to discuss:
 - the changes that have taken place
 - the difference between what it planned and what it achieved.
3. Continue the activity by following the instructions from point 2 onwards in **Option 1**.

Option 3: Planning posters and who does what



Purpose

- to see if goals have been met



Time

- 2 hours



Materials

- **tools: planning posters and chart from Step 5: Activity 2**
- pens and paper

General guidance

1. Ask the group to look at the *planning posters* and **Planning who does what** chart and compare what it planned to do with what it has achieved. The group might want to record these differences. Encourage it to do this comparison in any way it wants, using pens, paper, drawings, words, marking the *planning posters* or **Planning who does what** chart.
2. Continue the activity by following the instructions from point 2 onwards in **Option 1**.

Option 4: *Pocket chart*



Purpose

- to see if hygiene behaviours have changed



Time

- this will depend on the number of people voting



Materials

- **tool:** *pocket chart*
- drawings showing selected hygiene behaviours to put on the *pocket chart*
- enough voting tokens for all the people attending

General guidance

1. Ask a participant who is familiar with the *pocket chart* to facilitate this activity.
2. Set up the *pocket chart* with a behaviour that is to be measured and explain what it is and how it is used. Place a vote yourself to show how to use the *pocket chart*. Make sure you remove it and explain that it was a demonstration.
3. Position the chart so that people can vote without others seeing and then invite people to come up, one at a time, to place their votes.
4. Once everyone has had a chance to vote, ask a participant to count the votes and display the results. Make sure this is done in full view so that people can see this is being done correctly.
5. Facilitate a group discussion on:
 - what the *pocket chart* has shown
 - whether this result is an improvement
 - how this result compares with the group's plan
 - the reasons why people voted as they did.
6. After this discussion, continue the activity by following the instructions from point 2 onwards in **Option 1**.



Note

1. More than one *pocket chart* activity can be carried out. Examples of subjects that can be investigated using this tool include:
 - defecation places
 - handwashing
 - tasks performed by men and women
 - places where water is collected.

Option 5: Community walk



Purpose

- to observe the community conditions directly to see if goals have been met



Time

- this will depend on the size of the community



Materials (optional)

- pens and paper
- drawing material
- camera, if available

General guidance

1. Ask the participants to divide up into pairs. (Larger groups may attract too much attention.)
2. Suggest that each pair organize a separate walk around the community and record what it sees. Suggest to participants that they plan their walk at the time of day when they will be most likely to see things relevant to water and sanitation – probably early in the morning or at dusk. They should pay particular attention to:
 - the physical changes (e.g. in facilities) that they planned to make

- the types of behaviours they wanted to encourage
- the types of behaviours they wanted to stop.

Encourage the participants to record what they see in any way they like, in words, using drawings, taking photos, etc.

3. Ask each pair of participants to report its findings to the other participants or to the wider community. The findings can be reported back in any way that the participants wish; for example, in the form of a talk, showing drawings, acting out what was seen, singing a song.
4. Facilitate a discussion comparing what was observed in the community and what was planned.
5. Continue the activity by following the instructions from point 2 onwards in **Option 1**.

Option 6: Socio-drama



Purpose

- to update the wider community on progress made to date
- to provide an opportunity to celebrate project successes
- to highlight aspects of the project to visitors from other communities, and to officials and donors



Time

- 1–2 hours preparation and rehearsal time



What to do

1. This activity can be carried out in groups of 4–8 people. Invited guests can be given the opportunity to join any of the groups.
2. Give the groups the task using these words:

“Working together, choose one part of the project and make up a short 10-minute story about it. Each group will tell different parts of the story. You can do this in any way you like, using whatever you think you need to tell the story in an entertaining way. Your short play should not take longer than 10 minutes to perform. You have 30 minutes to prepare and rehearse your activity.”

Make sure that each small group is telling a different part of the story.

3. When the groups are ready, ask them to perform their *socio-dramas*.
4. After the *socio-dramas* have been presented, participants may wish to discuss any particularly significant events that were not performed.



Notes

1. Let each group develop its *socio-drama* in its own way without your input.
2. Groups will probably use a variety of ways to tell their stories including: music, dancing, acting and humour.
3. This activity is designed to be enjoyable and to create an interesting way of summarizing what the group has experienced and felt during the course of the project. An alternative, more structured approach to this activity would be to ask the group to select 8–15 members to create a theatre performance based on the development of the project. This could be done as much as one or two days before the evaluation closing celebration, in order to give participants more time to prepare the performance.
4. Taking time to celebrate success is very important. Positive results increase the group's faith in itself and inspire it to continue working for change. Discussing problems can have the same effect because it shows that solving these is within the group's power.
5. The group now has the skill and self-determination to continue by itself with the process of introducing the planned improvements to combat diarrhoeal disease. It is also likely that the skills developed during this programme will be applied to other community problems. Over the long term, this should lead to a much improved quality of life for all concerned.

Conclusions

What you might find

You will encounter varying degrees of "success". Some communities may be ahead of schedule and others may have stumbled early on. But any evidence of improvement provides a base on which the community can build. Moreover, people need to see the results of their efforts. Without these they will lose faith both in what they have learned and in themselves. In your facilitating role, you can help to prevent this from happening by getting the group to identify the improvements, no matter how small. If necessary, you can use the activities you are familiar with to begin the process again. In so doing, you can help the group identify the problems which caused it to

achieve less than it planned, analyse these, plan for solutions, select options, develop a new plan, allocate tasks, and monitor and evaluate its results.

Adjusting the programme

The process of monitoring and evaluation is continuous. It provides feedback to the group, enabling it to learn from its mistakes. On the basis of this information, the group can change its plans to avoid problems, thereby working towards a much more successful outcome.