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LIST OF ACRONYMS

CA	Community Assessment
CBD	Community Based Distribution
CHAP	Community Health Action Plan
FGD	Focus Group Discussion
HCFC	Health Center Feedback Committee
HH	Household(s)
IEC	Information, Education, Communication
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OD	Operational District
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PDRD	Provincial Department of Rural Development
PFD	Partners for Development
PHC	Primary Health Care
PHD	Provincial Health Department
POE	Provincial Office of Education
POWA	Provincial Office of Women's Affairs
PRA	Participatory Rural Appraisal
SSP	<i>Spien Sokhaphheap</i> Program
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
VDC	Village Development Committee
VHV	Village Health Volunteer

A CONTEXT FOR THIS MANUAL

Background of *Spien Sokhaphheap*

Partners for Development (PFD) Cambodia commenced a new phase in its health program portfolio in October 2002 known as *Spien Sokhaphheap* (SSP) or "Bridges for Health." SSP activities will target four Operational Districts (ODs): Kratie and Chhlong ODs in Kratie Province and Smach Mean Chey and Sre Ambel ODs in Koh Kong Province. Designed to facilitate bridging the gap between the health system and communities, SSP will provide full coverage in these four ODs in a comprehensive package of activities in reproductive health, HIV/AIDS and IMCI, with malaria and dengue control programs in endemic areas.

Community Assessment vs PRA

The design and launch of SSP marked a shift in priorities for PFD from a community development focus to a focus on health in the program areas mentioned above. This shift necessitated the adaptation of PFD's existing assessment tools to include activities that help communities identify their health needs and human and material resources for meeting these needs, while assessing their use of existing services provided by the health system.

Previous PFD community assessment manuals embraced a more traditional participatory rural appraisal (PRA) approach. This Community Assessment Manual is designed to accommodate PFD's shift from general development to a focus on community health. While some of the activities and tools may be different, PFD is seeking to maintain its emphasis on having all steps of the assessment process be participatory and on promoting community ownership of programs. In performing the assessment outlined in this manual, the CA Team's primary responsibility is to help communities identify:

- Access to health services, commodities, and information;
- Health problems facing children;
- Health problems facing adolescents;
- Health problems facing adults;
- Locally available resources (both human and material) that can be utilized to improve health.

The activities in this manual are designed to illuminate where communities can start and how they can best proceed in bridging the gap between their health needs and existing health services, as well as strengthening their own abilities to take preventive measures to improve and ensure their health.

About This Manual

This manual outlines all the steps in performing a community health assessment. It is a five-day process, beginning with arrival in the community and meeting with local authorities in order to explain the purpose and process of the assessment and to put the assessment into the larger context of the effort to link communities with health system. Ideally, the assessment will involve as many community members as possible, in order to ensure that a wide range of knowledge and opinions forms the basis for identification of resources and needs, the creation of a Community Health Action Plan, and the election of Village Health Volunteers (VHVs) and Community Based Distribution (CBD) agents.

BEFORE THE COMMUNITY ASSESSMENT

Selecting Assessment Sites

In selecting communities to assess, it is advisable to keep the following criteria in mind:

- The community demonstrates enthusiasm for health interventions and shows it is willing to participate actively in defining its own needs;
- There is a sense of cooperation and support on the part of existing community groups and institutions;
- The site is secure;
- The site is not too remote to do effective follow-up and carry out interventions, especially in the wet season when access may become difficult; and
- The CA Team can deal with site-specific matters such as the presence of minority groups whose languages need to be translated.

Secondary Research

It is advisable for the CA Team to identify and collect as much existing information as possible about the community before the initial visit. This may be impossible in many SSP target communities, but when available, existing information can be used to compare with or help triangulate data collected during the CA, and can save the CA Team time and resources. The CA Team can use its initial contact with village authorities to request information, and should contact other agencies that may have community health, geographic, and demographic data. Key information can include:

- Total village population and population information broken down by gender and age;
- Ethnic composition, culture, religion, and languages spoken;
- Wealth or socio-economic classifications;
- Past and current health and development activities;
- The current situations regarding health, education, and general economy;
- Existing social structures, groups, or councils, or other village leaders;
- Accessibility (including seasonal changes in road quality); and
- Security.

The Community Assessment Team

The Community Assessment Team is comprised of PFD Community Health Officers and members of local government organizations such as the PHD, OD, and PDRD who have been identified as Partner Staff and have received training in conducting this type of assessment. Because of the nature of the SSP program, it is advisable that members of other collaborating organizations, such as staff from the local Health Center, accompany the CA Team in order to acquire a firsthand understanding of health conditions in communities and to gain experience in conducting this type of assessment. Where possible, it may be useful to involve members of other SSP target communities that have participated in the CA so that they can contribute their experience.

As much as possible, CA teams should be comprised of equal numbers of men and women. The size of the CA Team will depend on the nature of the community to be visited. There should be at least 6 facilitators, including a designated team leader for every CA. Team leaders should try to put together teams whose members possess a wide range of community assessment experience, community mobilization skills, group activity facilitation skills, technical knowledge and expertise on rural health issues, and insight into linguistic or cultural challenges the team may face.

The CA team is responsible for contacting the community in advance and arranging logistics for the 5-day assessment visit with local authorities, preparing for the assessment, performing the assessment, creating and disseminating an assessment report, and planning follow-up activities with the community.

Team Leader Responsibilities

Each CA Team should designate a team leader before beginning each assessment. Although all facilitators should be thoroughly familiar with all aspects of the CA, the team leader is ultimately responsible for:

- Assembling a team with a wide range of complementary assessment skills;
- Initiating contact with each community in order to arrange the assessment;
- Ensuring that all preparatory work has been done;
- Seeing that CA activities achieve their objectives and adhere to the schedule;
- Amending the schedule or sequence of activities if needed;
- Ensuring that all technical areas are appropriately covered;
- Mentoring inexperienced CA Team members in the process;
- Being the main PFD representative before, during, and after the assessment;
- Coordinating production and dissemination of the CA Report; and
- Resolving any other problems that arise during the assessment.

Facilitator Responsibilities

Each facilitator should be thoroughly familiar with the content and sequence of all CA activities outlined in this manual. It may be advisable to designate a lead facilitator for each session, so that the workload is shared evenly and facilitators can maximize their specific skills or technical expertise.

Before CA activities, facilitators are responsible for:

- Knowing the contents of their sessions;
- Preparing all materials (such as newsprints);
- Ensuring that meeting places have adequate space, ventilation, and light
- Making any necessary adjustments to meeting places; and
- Working with village authorities to help mobilize the community.

During CA activities, facilitators are responsible for:

- Ensuring adequate attendance;
- Introducing themselves and the team to participants;
- Putting participants at ease and creating a positive atmosphere;
- Treating participants with respect;
- Ensuring that participants understand the purpose and objective of each activity;
- Ensuring that activities flow smoothly and keep to time;
- Linking activities to each other and to the plan of SSP;
- Refraining from making any comments that could influence the opinions of participants;
- Making sure that community members contribute as equally as possible in discussions; and
- Thanking community members for their participation at the conclusion of each activity.

After CA activities, facilitators are responsible for:

- Returning meeting spaces to their original condition;
- Gathering and organizing all information collected during the activity;
- Recopying newsprints or focus group notes if necessary;
- Synthesizing data collected;
- Preparing data or other information for subsequent presentation to the community; and
- Preparing final documentation of the activities in the CA Report.

Arranging the Community Assessment

Two weeks prior to the assessment date, the CA Team should send a letter to the community authorities proposing the visit and describing the scheduled activities and explaining why that

community has been chosen, and asking if the authorities are interested in having the CA Team come to conduct the 5-day assessment. If so, a few members of the CA Team should conduct a preliminary visit to the community the following week in order to meet with local authorities, describe the schedule of activities in detail, and make clear their needs for community support and logistics such as meeting spaces, locally available information and materials, and food and lodging for the CA Team.

Scheduling Assessment Activities

This manual presents a set of activities that will ideally result in a thorough understanding of the health needs of a community, as well as a measure of its internal capacity to begin to address those needs. This set of activities is presented here with what we feel to be an optimal sequence, with attention given to reviewing and helping the community understand how the activities fit together in the scheme of the assessment and in the scope of SSP. It is often the case, however, that the schedule of activities does not coincide with the availability of the villagers, and that the day-to-day demands of villagers require that activities be shortened, rearranged, or cancelled altogether. It is important for the CA Team to remember that flexibility is key in performing the CA, and that the responsiveness of a community to CA activities may suggest how the community will embrace later interventions. The CA Team should feel free to rearrange the activities in order to get optimal participation from community members, while trying to retain as much of a "flow" as possible.

Arriving and Mobilizing the Community

Involving key community members from the start of the assessment will be a key step in demonstrating that SSP is based on a sense of cooperation and collaboration, and is not a top-down process. This manual includes a "Day Before Starting the Assessment" in order for the CA Team to travel to the community and meet with key community members regarding:

- The purpose of the assessment;
- The assessment schedule;
- The roles of the key community members and the community as a whole;
- Sites for meetings and activities; and
- Logistics for the CA Team's stay in the community.

The arrival day is also a good time for the CA Team to do an initial walkthrough of the community in order to familiarize themselves with their surroundings, and meet informally with community members.

DURING THE COMMUNITY ASSESSMENT

Getting Started

The CA process will extract many types of data from a wide range of community sources and will ultimately produce the Community Health Action Plan (CHAP), the community's guide to future health activities. In order for the CHAP to fully represent the wishes and priorities of all the community members, the participants in activities should understand what they are doing, what information they are helping to gather, and how that information will help them plan activities that will improve their health in the future. It is crucial for facilitators to inform community members that the success of the CA depends on the active participation of as many community members as possible, and to encourage this active participation by soliciting as many opinions as possible in meetings, discussions, and activities. Facilitators should ensure that participants understand that a major aim of the CA is to help the community identify health issues that it can begin to address without outside assistance. Facilitators should also pay close attention to the community members' daily schedules and adapt the CA schedule so that participation in activities can be as high as possible.

Mobilizing the Community

A crucial aspect of performing community assessments is encouraging a high level of community participation in assessment activities. Generating a high level of interest at the time of the assessment will produce an environment that is supportive of community health improvements and will facilitate later health interventions. The CA Team must cultivate initial support and participation from community leaders, but must also be creative in seeking opportunities to mobilize community members for assessment activities. The CA Team may wish to go door to door with community leaders to publicize events or use local means of communication such as a loudspeaker to announce when activities will take place. The CA Team should be thorough in seeking ways to publicize assessment activities.

Collecting Data

Initial community assessments such as the one planned in this manual rely on contacting various sources and collecting many types of data. Quantitative data (such as percentage of children in the community who are low weight-for-age) provide numeric baseline information. The majority of the data collected in this CA is qualitative in nature, and can provide important insights into the reasons behind the health-related beliefs and practices of communities, and can help to answer questions about why certain health outcomes are as they are.

It is important, especially with qualitative data collection, that the facilitators are very familiar with the range of information that they want to collect, and that they are able to facilitate discussions without the aid of checklists or question guides. Relying too much on lists or guides can turn activities like focus groups into questionnaires or surveys, and important information may be lost. Before each activity, facilitators should remind themselves of the questions to be asked and information to be sought, and should be able to lead each discussion activity without the aid of lists or instructions.

Synthesizing and Analyzing Data

The CA Team and its community counterparts will gather a great deal of information and will need to communicate often and clearly in order to organize it and understand the key messages from it. Facilitators will need to help key community members to look not only at health problems, but also at the causes of and possible solutions for each. The CA process will be most effective if community leaders can be involved in the collection, synthesis, and analysis of data in order to familiarize themselves with the process as well as to clarify information.

Prioritizing Health Problems

An important part of the CA process is facilitating the community's understanding of the health problems it has verbalized in the assessment activities. Towards the end of the CA process the team will present the results of the activities it has conducted and share information it has collected from community members. These "outputs" will organize the results of the various activities and will help the community understand how these problems relate to each other. The CA Team will use these outputs to stimulate a discussion of the problems so that community members can think about (and later vote on) how they prioritize these problems and which ones they would like to address first through health interventions. It is important that the CA Team produces outputs that are easy for community members to understand and that represent all of the issues brought to light by the various assessment activities so that the community's ranking of health priorities is an accurate measure of the feelings of the entire community.

Developing a Community Health Action Plan

The CHAP is the key output of the CA process. It is the community's own statement of its health needs and priorities and will serve as the guide to future health activities, both immediate and long-term. Facilitators must allow the formation of the CHAP to be community-led at all times, encouraging in-depth discussions about a wide range of health issues and soliciting opinions from a wide range of sources without exerting any influence on the decisions made.

Community Evaluation of the Assessment

The final activity with the community as a whole should involve giving participants the opportunity to provide the CA Team with feedback on its performance and on the CA process. This will allow the community to have a voice in potential changes that can be made to future assessments and can be an effective way for the CA Team to learn about its own performance.

CA Team Daily Review and Preparation

At the conclusion of each day's activities, the CA Team should meet in order to:

- Review the day's activities
 - Note successes and what went well;
 - Note difficulties;
 - Note deviations from the schedule; and
 - Assess how to improve the activities in future community assessments.

- Review and synthesize collected data for presentation to the community before the Community Problem Ranking

- Prepare for the following day's activities
 - Ensure all logistics have been coordinated;
 - Make sure all materials are ready; and
 - Make sure all lead facilitators are ready for their activities.

AFTER THE COMMUNITY ASSESSMENT

Assessment Team Evaluation

Although CA Teams will use this manual as a guide for conducting the assessment activities in SSP communities, no two assessments will produce the same results or proceed in the same manner. Therefore, it is advisable that each CA Team conclude its activities in each community with a review of the assessment, in which they can note what went well, what was difficult, and what similarities or differences there are between and among different communities. This will also allow teams to assess their individual and group capacities, and identify areas where they desire further training or practice. Results of these evaluations can be valuable for future revisions of this manual and application to new programs.

The CA Team may wish to use the following framework for evaluating the assessments:

The CA schedule

- Was there enough time to do all the activities planned?
- What were the reasons certain activities were longer or shorter than planned?
- How did the team adapt to time constraints when they arose?
- Should the activity schedule be changed to accommodate scheduling difficulties?

Logistics

- Were the assessment activities held in appropriate and accessible places?
- Were there difficulties in arranging for or utilizing meeting spaces?
- What can be done in the future to get around logistics difficulties?
- How were arrangements for lodging and meals for the team?
- Did the assessment activities or CA Team cause undue stress on the community?

Community Mobilization

- Was the community effectively informed about and encouraged to attend activities?
- Did community members attend activities in a timely manner?
- What can be done in the future to mobilize communities more effectively?

Community Participation

Did a wide range of community members participate?

- Wealthy and poor;
- Male and female;
- A range of ages; and
- A range of occupations (if possible).

- How did these various groups contribute to discussions and activities?
- Were the community members animated and enthusiastic participants?
- Did certain members dominate discussions and activities?
- Were there seasonal or other constraints that excluded certain groups from activities?
- What can be done in the future to improve and enhance participation?

Preparing the Community Assessment Report

The CA Report is the record of the visit and the information gathered from the community. Since this is the initial visit and is the first exploration each community's knowledge, attitudes, practices, and behaviors relative to health problems, commodities, and resources, the CA Report is a vital document in planning future health interventions. It can also be a valuable reference tool to gauge the progress of interventions over time in the village.

Report preparation

All data gathered before and during the assessment is compiled into the CA Report. The CA Team is responsible for compiling all the information and producing this report. They may complete the report in the field or in the office, but must be sure to return all documents that belong to community authorities upon completion of the report. The CA Team must also review the report for accuracy.

Report dissemination

Upon completion of the report, the CA Team is responsible for distributing copies to partner organizations such as partner NGOs, government agencies, and village- and commune-level groups. The CA Team should meet with representatives from these partner organizations to review activities and results and determine each organization's role in following up with the Community Health Action Plan.

Following Up

Once the CA is completed and the CA Report disseminated, there are a number of activities that will keep partner organizations informed of the CA findings and progress on health activities, leading up to a formal review of the CHAP. Periodic meetings with partner agencies will allow community members to communicate their specific requests for assistance. Periodic meetings with community members will allow PFD and partner agencies to monitor progress toward implementing the CHAP, assess the performance of VHVs and CBD agents, and gather new health information or requests from the community. Monitoring activities will include:

- Meeting training needs as expressed by VHVs, CBD agents, and the community;
- Establishing linkages with key outside agencies;
- Ensuring that partner agencies follow up on their commitments of resources; and
- Organizing the review of the CHAP at least a year after the original CA.

Reviewing the Community Health Action Plan

Since the CHAP marks the launch of health activities in the community and is the guide to health-related interventions that the community will undertake, it is advisable to conduct a periodic review of the plan. The Community Health Action Plan Review is a process led by CA Team members, partner agency members, and key community members that will be conducted at least one year after the original CA is performed and health activities have been taking place in the community. The purpose of the review is to determine the progress of health activities in comparison with the original CHAP, and to allow the community to reassess its health priorities and amend the plan if it sees fit. The CHAP Review will be especially useful in identifying problems needs that the first CA may not have identified due to seasonality (such as malaria or dengue or access to health services because of weather and road quality) and in forming a revised plan to meet those needs.

Specifically, the CHAP Review will help communities identify:

- What health activities have taken place since the CA;
- Which health priorities identified in the CA have begun to be addressed;
- New health priorities that demand further attention;
- A re-ranking of priority health issues; and
- How to proceed to address these priorities through a revised CHAP.

The CHAP Review will be an important tool not only in monitoring progress and producing a new Health Action Plan, but also in building community capacity to assess its progress toward improved health.

LIST OF MATERIALS

1. Newsprint
2. Tape
3. String
4. Rope and/or cord
5. Scissors
6. Pens and pencils
7. Rulers
8. Markers
9. Tarps
10. Beans (2 colors, 100 of each)
11. Envelopes
12. Snacks
13. Notebooks
14. Salter scales
15. Child's toy
16. Baskets for weighing children
17. Mat or blanket for child weighing basket
18. Weighing slips
19. Pliers to tighten knob on Salter scale
20. Blank Child Health Cards (Yellow Cards)
21. Pictures and visual aids for facilitating activities
22. Blank A4 paper (1 ream)
23. Colored A4 paper

OVERALL SCHEDULE OF ACTIVITIES

Day Before Starting the Assessment

Preliminary Meeting with Local Authorities

Day 1

1. Introductory Community Meeting
2. Community Mapping
3. Community Institutions and Resource Diagramming
4. Community Health History
5. Community Walkthrough
6. Private Provider Survey
7. Community Demographic Information

Day 2

8. Child Health Problems
9. Child Health Focus Group
10. Adult Health Problems
11. Maternal Health Focus Group
12. Reproductive Health Focus Groups

Day 3

13. Weighing of Children Under 3 Years
14. Presentation of Results and Problem Synthesis
15. Community Problem Ranking
16. Community Problem Analysis

Day 4

17. Community Health Action Plan
18. CBD and VHV Selection
19. Community Assessment Evaluation
20. Final Meeting with Local Authorities

DAY BEFORE STARTING THE ASSESSMENT

PRELIMINARY MEETING WITH LOCAL AUTHORITIES

The preliminary meeting is an important part of the assessment, as it is the first time the CA Team will meet with community authorities such as the village chief, Village Development Committee (VDC) members, religious leaders, traditional birth attendants (TBAs) and other key community members. It is an opportunity for the CA Team to begin establishing a rapport with community leaders and to lay the groundwork for future health interventions.

TIME 🕒 1-2 hours

OBJECTIVE

The objective of the preliminary meeting is to discuss the upcoming activities of the Community Assessment. Facilitators should stress that the assessment will be best done with a high level of community support, beginning with the involvement of the community leaders. Facilitators should be thorough in describing the purpose of the assessment, and should take this opportunity to make sure that all logistical needs have been met.

MATERIALS

Newsprint with objectives of CA

PARTICIPANTS

Community: Invite all community leaders, such as the village chief, VDC members, TBAs, and anyone else with a position of authority in the community.

CA team: All facilitators.

FACILITATION STEPS FOR THE PRELIMINARY MEETING

1. Greet the community leaders and thank them for their participation in the meeting and in the upcoming assessment process. Have the members of the CA Team introduce themselves and ask the community leaders to do the same.
2. Briefly introduce PFD and give background information about SSP. Post the newsprint with the CA objectives, and clarify the program's focus on health. Explain that the assessment process will help the community:
 - Gather information on health problems and services;
 - Analyze this information;
 - Identify and rank health priorities;
 - Identify resources they already possess to help meet their health needs;
 - Work together to develop a Community Health Action Plan; and
 - Elect volunteers from the community who will be the Village Health Volunteers and Community Based Distribution agent.

3. Request demographic information from the community and explain that accurate demographic data are important for understanding the scope of health problems as well as for determining how to proceed with interventions later. Explain that the CA Team will need to tabulate the following information:
 - Number of families;
 - Number of households;
 - Total village population;
 - Population broken down by age groups;
 - Number of children under 5 years who died in the last year;
 - Information on how children under 5 years died;
 - Population broken down by ethnic group;
 - Population broken down by religion; and
 - Population broken down by language.

This information may be available at the Commune Council office, the Provincial Planning Department, or the Health Center if the village chief or other leader is unable to provide it.

NOTE: Village-level demographic data are often organized differently from the tables used in the CA Report. It will be necessary for one CA Team member to sit with the village chief or other leader to tabulate demographic information (Activity 7).

4. Conclude the preliminary meeting by doing an informal community walkthrough to look at proposed activity sites in the community. The facilitators should make sure that the meeting sites designated by the community leaders are large enough for the number of participants involved, have enough light, are centrally located, and will be as free as possible of interruptions. This also gives the CA Team a chance to have an initial walkthrough of the community and ask questions of community leaders. The team should take this opportunity to resolve any logistics issues related to assessment activities or to their own lodging.



DAY 1

PROGRAM OF ACTIVITIES

TIMEFRAME	OBJECTIVES
<p>AM</p> <p>1. Introductory Community Meeting</p> <p>2. Community Mapping</p> <p>3. Community Institutions and Resource Diagramming</p> <p>4. Community Health History</p>	<p>1. Introduce CA team to community and clarify purpose and schedule of assessment activities.</p> <p>2. Create or update community map.</p> <p>3. Identify community infrastructure and potential resources for health.</p> <p>4. Understand past health problems or challenges and community response.</p>
<p>PM</p> <p>5. Community Walkthrough</p> <p>6. Private Provider Survey</p> <p>7. Community Demographic Information</p>	<p>5. Assess the socio-economic and sanitation and hygiene status of the community.</p> <p>6. Create an inventory of medical providers and available medicines in the community.</p> <p>7. Develop an understanding of the community demographics.</p>

OUTPUTS FOR PROBLEM SYNTHESIS AND RANKING AND COMMUNITY HEALTH ACTION PLAN

- Community Map
- Community Institutions Diagram
- Community Resources Diagram

Activity 1: INTRODUCTORY COMMUNITY MEETING

TIME 🕒 1 hour

OBJECTIVE

The objectives of the community meeting are to introduce the CA Team, to discuss SSP, to provide the community members with a clear idea of what they may expect from the assessment, and to encourage their full and active participation for the next four days. An important part of this introductory meeting is to inform the community of the selection criteria and tasks of VHVs and the CBD agent so that potential candidates can begin to be identified.

MATERIALS

SSP background information, newsprint with assessment objectives, newsprint with VHV and CBD agent selection criteria, copies of VHV and CBD responsibilities in Khmer on A4 paper

PARTICIPANTS

Community: Invite the entire community.

CA team: All facilitators.

FACILITATION STEPS FOR THE INTRODUCTORY COMMUNITY MEETING

1. Greet the village leaders and thank them for their participation in the meeting and in the assessment process. Have the members of the CA Team introduce themselves and describe the organization they work for (PFD, PDRD, PHD, etc).
2. Introduce PFD and give background about the SSP. Emphasize the program's focus on health as opposed to general community development. Explain to the community that the purpose of this meeting is to provide them with a clear idea of what to expect in the next few days.
3. Post newsprint and review with community members that the objectives of the assessment are for the community to:
 - Gather information on their health problems and services;
 - Analyze this information;
 - Identify and rank their health priorities;
 - Identify resources they already possess to help meet their health needs;
 - Work together to develop their own Community Health Action Plan, and;
 - Elect volunteers from the community who will be the Village Health Volunteers and Community Based Distribution Agents.
4. Explain to the community that PFD and its government partners will be conducting the assessment with the help of the community members. Community members should understand that although PFD may be able to assist with some of the health concerns identified by the community, a major goal of the assessment is to identify ways in which the community itself can begin to address these concerns on its own, working towards the development of human resources and community ownership. This is one of PFD's core values.

NOTE: If possible, use a Khmer proverb about self-reliance as a way to illustrate this point.

5. Explain to community members that for the assessment to be successful, it is necessary for as many community members as possible to participate. A high degree of community participation will ensure that decisions made during the assessment truly reflect the concerns

and priorities of the community as a whole, and will strengthen its commitment to implementing the Community Health Action Plan.

6. Discuss with community members that there are various groups of people who should attend different assessment activities (unmarried women of reproductive age, unmarried men, mothers, fathers, and elders). Identify ways to encourage community members to attend the activities.
7. Introduce the positions of VHVs and the CBD agent to the community. Explain that towards the end of the assessment, the community will select one VHV for each 50-HH section of the village and one CBD agent. Stress that these community members will be volunteers and will be the main community-level facilitators of future health interventions.
8. Post the newsprints with selection criteria for VHVs and the CBD agent.

Selection Criteria -- Village Health Volunteer (VHV)

VHVs should:

- Be women from 25 - 50 years of age who are married and have children;
- Be able to read and write;
- Be highly motivated and responsible people who are respected by the community;
- Have a positive attitude and be committed to working on behalf of their fellow villagers;
- Be willing and able to devote an average of one day a week to their duties;
- Be willing and able to devote two years to fulfilling their duties; and
- Have support from their families in daily living activities (if possible).

Selection Criteria – Community Based Distribution (CBD) Agent

The CBD agent should:

- Be a woman from 30 - 50 years of age who is married and has children;
- Be able to read and write;
- Be a highly motivated and responsible person who is respected by the community;
- Have a positive attitude and be committed to working on behalf of her fellow villagers;
- Be willing and able to devote an average of one day a week to her duties;
- Be willing and able to devote two years to fulfilling her duties; and
- Have support from her family in daily living activities (if possible).

9. Discuss the roles of the volunteers with the community and answer questions that community members have. Be sure to emphasize that VHVs and the CBD agent are volunteers, and that they will receive training from PFD staff so that they can carry out their duties in the community.
10. Post the description of VHV and CBD agent tasks and responsibilities (below) in a central place in the community so that potential volunteers can read about the positions and decide if they would like to be candidates for selection.
11. Thank the community members for their interest in participating in the assessment, and separate community members into 3 groups for the first following activities:
 - Group 1 will develop the community map (Activity 2).
 - Group 2 will develop the community institutions and resources diagram (Activity 3).
 - Group 3 will do a community health history (Activity 4).

NOTE: Try to ensure that there is an equal number of men and women in each group.

Task Description -- Village Health Volunteer (VHV)

Reports to: VHV Supervisor

Job Responsibilities

1. Provide health education to every household in their section in diarrhea management, immunization, nutrition, breastfeeding, and prevention and management of malaria and dengue.
2. Promote oral rehydration therapy (ORT) and oral rehydration solution (ORS) as part of diarrhea management education.
3. Mobilize mothers and children for community immunization days and Vitamin A capsule distribution.
4. Introduce the Child Health Card (Yellow Card) and explain its purpose and importance and demonstrate how to keep properly at home.
5. Follow up on all dropout cases during and after immunization outreach activities.
6. Encourage pregnant women and mothers with children under 5 years to form a mothers' group.
7. Provide nutrition education to mothers' group.
8. Collaborate with Traditional Birth Attendants (TBAs) to encourage mothers to give colostrum and to breastfeed exclusively for the first 6 months of their newborn children's lives.
9. Conduct visits to every household in their section at least once every two months.
10. Report any abnormal health developments (such as an outbreak) to the Health Center.
11. Collect information related to health problems in their section and report to VHV supervisor at regular meetings.
12. Meet with VHV supervisor during his or her field supervision visits.
13. Create VHV register and update it once per year.

VHVs are responsible for the sections of the community in which they live. The sizes of these sections will depend on the size of the community but will not exceed 50 households.

Task Description – Community Based Distribution (CBD) Agent

Reports to: CBD Team Leader

Responsibilities:

1. Provide information, education and counselling on birth spacing, STDs and HIV/AIDS prevention to individuals, couples, and groups within the community.
2. Make at least 90 individual contacts per month.
3. Hold at least 1 group education session or activity per month.
4. Sell pills and condoms to eligible clients at the same rates as in the Health Center.
5. Store contraceptives safely.
6. Refer clients to Health Center for injectables, IUDs, complications related to pills, STD treatment, antenatal and post-natal care. Use referral cards when making referrals.
7. Follow up on all clients, including those who were referred, not referred, and dropouts.
8. Keep records, prepare and submit programmatic reports to CBD Team Leader each month.
9. Attend bi-monthly meetings and annual reviews.

A4 PAPER WITH VHV AND CBD AGENT RESPONSIBILITIES

Activity 2: COMMUNITY MAPPING

TIME 🕒 2 hours

OBJECTIVE

The objective of mapping the community is to create a visual record of where important community sites and resources are located, and to facilitate the division of the community into sections for the selection of VHV's.

MATERIALS

Newsprint, ruler, pencils, markers, locally available materials

PARTICIPANTS

Community: This group should be comprised of no more than 10 people, should be as equally balanced between men and women as possible, and should include people from different parts of the village to ensure that all areas of the village are accurately mapped.

CA team: 2 facilitators – 1 to facilitate and 1 to record.

FACILITATION STEPS FOR COMMUNITY MAPPING

NOTE: Creating a village map may be a new idea to community members. In order to introduce the idea of what a map is and how a map is made, it may be wise to do a preliminary exercise with the participants.

1. Start by having participants look around the room or space that they are in and identify objects in that space (tables, chairs, pictures, doors, windows, plants, trees, etc). The lead facilitator should listen to the community members' descriptions of the surroundings and should sketch a drawing of their descriptions on the ground or on a piece of newsprint. Elicit information from as many participants as possible, and have them work together to determine a sense of "scale" of where objects are in relation to each other.
2. When all the objects have been identified and put on the newsprint, ask the participants if they think the drawing is finished. If they agree that it is finished, have them discuss what the drawing represents, and talk about the process they have just used to create it.
3. Explain that they have just created a map based on their knowledge and perceptions of things around them, and that they are about to do the same exercise in a larger scale for their village. Stress the importance of having as many people contribute as possible, since different people are familiar with different areas of the village and the accuracy of the map will depend on this knowledge and familiarity.
4. Explain the objective of Community Mapping within the context of SSP and access to health services and commodities to the participants.
5. Begin with new blank newsprint. Ask the community members to identify large structures within the village, such as roads, rivers or streams, pagodas, schools, meeting places, markets, and stores. These should be sketched on the map in pencil. The facilitator should make sure that there is agreement on the location of these structures on the map, since this will determine the scale.

6. Once the bigger structures have been identified and drawn and a scale has been developed, add features such as houses, yards, gardens, and wells.
7. Have participants fill out smaller features and details and discuss why they are important. Make sure that the final version of the map includes:
 - Boundaries of the community;
 - Roads, paths, bridges and ports;
 - Distance to main roads near the community;
 - All houses;
 - Public institutions such as schools, pagodas, mosques, or health posts;
 - Water sources such as rivers, springs, ponds, dams, and wells;
 - Rice fields, gardens inside and outside the village, fruit trees, forested areas;
 - Distance to rice fields;
 - Inaccessible areas such as those due to land mines or spirits;
 - Public halls and meeting places;
 - Houses of the village chief and VDC members;
 - Houses of TBAs, drug sellers, private practitioners, and traditional healers;
 - Rice banks, duck banks, pig banks, or other banks;
 - Playgrounds, football fields, volleyball courts, or other gathering places for youth;
 - Social gathering places, such as video bars, coffee shops, or snooker tables; and
 - Directional markings.
8. After the map is drawn, the following information should be noted and marked on the map:
 - Houses in which children < 5 years died in the last year; and
 - Distance to the nearest HC; and
 - Cost and means of getting to the HC in both the dry and rainy seasons.
9. Ask participants about future plans in the village and indicate these on the map as well.
10. Create a key using symbols for the places on the map. These symbols are used for a final assessment report and are included in the key to the final map.
11. Once the map is complete, work with participants to divide the village into sections of about 50 households each. Explain to participants that this division of the village is to delineate areas of responsibility for the VHVs that will be selected later.

OUTPUT

Facilitators will produce a rough version of a map of the community on newsprint. Facilitators and community leaders will use the Community Walkthrough (Activity 5) as an opportunity to verify information on the map, and will produce a large, colorful map of the community on newsprint to be used during the Presentation of Results and Problem Synthesis (Activity 14) and CBD and VHV selection (Activity 18).

Activity 3: COMMUNITY INSTITUTIONS AND RESOURCE DIAGRAMMING

3A. COMMUNITY INSTITUTIONS DIGRAMMING

TIME 🕒 1 hour

OBJECTIVE

The objectives of diagramming community institutions are to allow the community and the assessment team to understand what local internal and external, national, and international institutions are important to the community, to identify past and current sources of assistance and their impacts, and to ascertain the community's methods for collaborating with them. This information is important for designing the Community Health Action Plan.

MATERIALS

Tarp, newsprint, pencils, markers, small circle cards of varying size, tape

PARTICIPANTS

Community: About 15 community members, with an equal number of men and women if possible.

CA team: 2 facilitators.

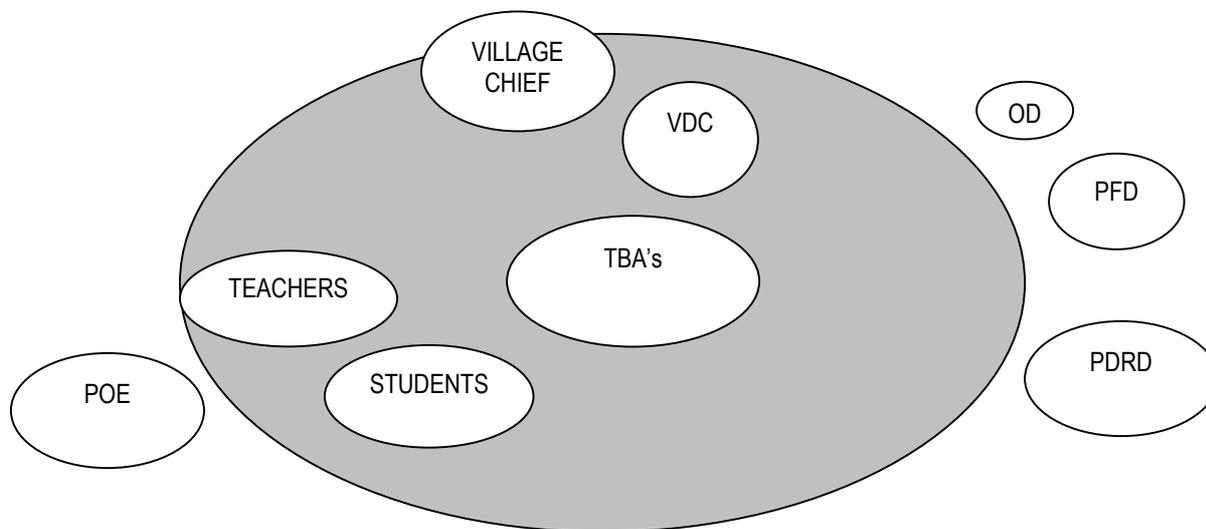
FACILITATION STEPS FOR COMMUNITY INSTITUTION DIAGRAMMING

1. Explain the objective of the Community Institutions Diagram to the community participants.
2. Draw one large circle on newsprint and explain that this large circle represents the community.
3. Provide each participant with a small card. Ask them to discuss existing groups or organizations within the community and write out the name of one institution on the card. Have participants tape their cards onto the inside of the community circle, demonstrating any relationships between various institutions by overlapping them or placing them near each other. Types of institutions include:
 - Civil administration, such as the village chief or commune chief;
 - Religious institutions, such as *wats* or mosques;
 - General village development groups, such as the Village Development Committee;
 - Agriculture groups, such as a water users group for irrigation;
 - Women's affairs groups, such as a women's co-operation or association;
 - Cultural groups, such as dance or theatrical troupes;
 - Education groups, such as parent-teacher associations, or adult literacy groups;
 - Health groups, such as Health Center Feedback Committee, or health volunteers; and
 - Other groups, such as a village security team.
4. Provide each participant with another small card. Ask them to discuss institutions outside the community (NGOs, other international organizations, and provincial or government agencies) that work currently, or have worked in the past in the community. Ask participants:
 - What services or resources have these institutions provided in the past and what do they currently provide in the community?
 - How do these institutions relate to the other groups and organizations in the community?

5. Have each participant write the name of one institution on each card and ask them to tape those cards outside the circle, paying attention to the relationships inside the circle.
6. When all the small cards have been glued onto the big paper, ask participants to discuss the institutions and relationships between them once again. Make any changes if necessary.
7. Once the diagram has been completed, make a separate record of the existing committees or groups within the village that are part of the community's infrastructure. Record the groups, the names of their members, the groups' roles and activities in the village, how often they meet, and how long they have existed. It may also be useful to note the houses of group members on the community map.
8. Gather detailed information on past, current and planned health and development activities in the village, including names and contacts from external organizations involved with the village. This will help to identify areas for collaboration as well as areas where significant activities may already be underway.
9. Record the final results on the report form as well as key ideas and issues that were raised during the discussions.

OUTPUT

Facilitators will condense this information into a diagram on newsprint such as the one below. This will be used in the Community Health Action Plan (Activity 17).



EXAMPLE OF COMMUNITY INSTITUTIONS DIAGRAM

3B. COMMUNITY RESOURCE DIAGRAMMING

TIME 🕒 1 hour

OBJECTIVE

The objective of diagramming community resources is to help community members and assessment facilitators identify different types of resources they possess that can be utilized to facilitate future health interventions.

MATERIALS

Tarp, newsprint, pencils, markers, tape

PARTICIPANTS

Community: Participants are the same as those from the Community Institutions activity.

CA team: 2 facilitators.

FACILITATION STEPS FOR COMMUNITY RESOURCE DIAGRAMMING

1. Explain the purpose of diagramming community resources to the community participants.
2. Draw a table with four columns on large paper. Each column represents one resource category: natural, human, material, or financial.
3. Divide into 4 small groups, with each group taking responsibility for one resource category. The participants may need examples of each category to better understand the activity.
4. Provide each participant with a small card. Then ask participants to draw or write the name of the resources in the category.
5. When finished, ask them to glue the small cards in the appropriate column on the large paper. Have participants discuss the result and make any necessary changes.
6. Discuss with the participants the availability of these resources in the community:
 - Does the resource availability depend on seasons?
 - Who can access these resources? How? Who cannot? Why not?
 - Are these resources private or public?
 - Is there joint or individual ownership?

OUTPUT

Facilitators will condense this information into a table on newsprint such as the one below. This will be used in the Community Health Action Plan (Activity 17).

NATURAL	HUMAN	MATERIAL	FINANCIAL
River Fish Arable land	TBA Village chief Traditional healer	Plough Cows Rice mill Motorbikes Boats	Lender Village bank Philanthropist

EXAMPLE OF VILLAGE RESOURCE DIAGRAM

Activity 4: COMMUNITY HEALTH HISTORY

TIME 🕒 2 hours

OBJECTIVE

The objective of the community health history is to ascertain information about health-related events in the past, their impact on community members, and how the community and external organizations responded to the events.

MATERIALS

Notebooks for recording information shared by community members

PARTICIPANTS

Community: This activity should include a group of 6-8 people, which should be comprised of at least one village leader, 2 or 3 elderly people and 2 or 3 younger people, with an equal distribution of men and women.

CA team: 2 facilitators – 1 to lead the discussion and 1 to record information.

FACILITATION STEPS FOR COMMUNITY HEALTH HISTORY

1. Explain the purpose of the community health history. Discuss with participants that knowing how the community responded to past health-related events can help the community know potential constraints on making future health-related plans.
2. Ask participants to think about the last five years in the village and to recall times when there were events related to health that had an impact on life in the community. Ask them to think about a wide range of events, such as:
 - Outbreaks of disease;
 - Shortages of food that led to illness;
 - Shortages of medicine;
 - The opening or closing of health posts;
 - Campaigns or interventions led by the government;
 - Campaigns or interventions led by local or international NGOs; or
 - The selection of health workers or volunteers by internal or external organizations.
3. Encourage discussion about events among all participants so that all important details are mentioned and the times of events are accurate before the recorder writes down the information.
4. For each event, one facilitator should record the event, its time and duration, a description of what happened, a description of the effect on the community, and a description of how the community responded to the event.

Activity 5: COMMUNITY WALKTHROUGH

TIME 🕒 1-2 hours depending on size of village

OBJECTIVE

This activity allows the community and the CA Team to observe first-hand and investigate the economic, hygiene and sanitation aspects of the community. It is an opportunity for the team and community leaders to finalize the community map.

MATERIALS

Community observation checklist list, household observation checklist, food availability table, medicine inventory chart, pencils, pens, notebooks

PARTICIPANTS

Community: Invite a group of 3-5 community members including at least one village leader.

CA team: 3 facilitators.

FACILITATION STEPS FOR COMMUNITY WALKTHROUGH

NOTE: Conduct the Community Walkthrough towards the end of the afternoon. This gives the CA Team the chance to observe community members returning to the village from the fields, and may provide a chance for informal dialogue that can clarify observations.

1. Explain the purpose of the Community Walkthrough to the participants.
2. Use the walkthrough to verify information on the Community Map made in the morning. Talk with community members to make sure that all information on the map is complete and that the scale is accurate. The walkthrough is an excellent opportunity to ensure that the map has as many health-related details as possible.
3. Using the Community Map as a guide, walk through the entire village making general observations of daily life. Pay close attention to hygiene and sanitation, and note economic aspects of the village. Use the checklist below as a guide for surveying these details.

NOTE: While observing the different aspects of life in the village, converse with community members to acquire and clarify information. Their insight may add valuable depth to the observations. Ask community members to comment on positive and negative aspects of life in the community, or things they would like to change. Question them on why certain situations are as they are. Facilitators should try to make linkages between the different observations that they make.

Hygiene and sanitation aspects

- Is the community generally clean?
 - Is rubbish collected or is it left around the village?
 - Are animals kept in pens or do they roam around the village?
 - Is there excrement around the village?
- What are the sources of water in the community?
- If there are wells, what type of wells are they?
- Are there latrines at any of the houses?
- Does the school have a well and/or a latrine?

Economic aspects

- Are there signs of income generating activities, such as basket weaving, wood carving, wood sawing, blacksmiths, or rice mills?
- Are there rice banks, pig banks, duck banks, or other banks in the village?
- What are the principal means of transportation for community members (oxcarts, bicycles, motorbikes, boats)?

EXAMPLE COMMUNITY WALKTHROUGH CHECKLIST

4. Record observations on the CA Report form.
5. During the walkthrough, choose 3 households that seem to be of varying economic status (i.e. one wealthy, one poor, and one in the middle) and make short observations of the economic, health, and sanitation aspects of each. Use the following checklist as a guide.

Families

- Look at the general health and cleanliness of family members.
 - Does the family seem to be happy?
 - Do family members seem clean?
 - Is the family large or small (i.e. is there evidence of birth spacing)?
 - If appropriate, ask the parents if they have used a birth spacing method.

Children

- Look at children to see if they seem physically and mentally healthy.
 - Do they seem to be the right size for their age or are they noticeably small?
 - Is their skin in good condition or do they have cuts or wounds?
 - Is their mood happy and playful or quiet and withdrawn?

Domestic Hygiene

- Examine the cleanliness in and around the house.
 - Is the house clean and orderly on the inside?
 - Is the house clean and orderly outside?
 - Is there rubbish under or around the house?
 - Is there human or animal excrement under or around the house?
 - Is there a latrine?
 - If not, ask family members what they do with stool.
 - If there are animals, are they kept in a pen or do they move freely around the yard?
 - Is there a home garden?

Food Hygiene

- Look in kitchens to examine hygiene around food.
 - How is food stored? Is it covered?
 - How is water stored? Is it covered?
 - Ask families where they get their drinking water.
 - Are eating utensils and dishes and plates kept clean and covered?
 - Is there water for hand washing?
 - Is there soap for washing hands or dishes?

EXAMPLE HOUSEHOLD HEALTH AND HYGIENE CHECKLIST

NOTE: Be sure to do observations only in houses where the homeowners have given the CA Team permission to enter the premises. Be sure to thank homeowners for their time and cooperation.

6. Record observations on the CA Report form.

7. Use the walkthrough to complete the community food inventory. Observe the contents of home gardens, fields, shops or traveling food vendors to get an idea of what food items are available in the community as well as where they come from. This information can be useful for understanding the nutrition status and health situation of children in the community, and can be the basis for future nutrition interventions.

SOURCE →	Field	Home garden	Village shop	Pond	River	Traveling vendor	Forest	Market
FOOD ↓								
Rice	X	X						
Fish			X		X	X		
Trachoun		X						
Shrimp	X			X				

EXAMPLE OF COMMUNITY FOOD INVENTORY

Activity 6: PRIVATE PROVIDER SURVEY

TIME 🕒 1-2 hours depending on size of village

OBJECTIVE

This activity allows the community and the assessment team to begin to understand the extent of community utilization of health services provided by private practitioners.

MATERIALS

TBA registry form, drug seller registry form, medicine inventory form, notebooks, pens and pencils

PARTICIPANTS

Community: Invite a group of about 5 community members, including VDC and HCFB members if possible.

CA team: 2 facilitators.

FACILITATION STEPS FOR PRIVATE PROVIDER SURVEY

1. Complete with VDC or HCFC members a list of all TBAs in the community. Visit all of the TBAs in the community. During the visits, interview each birth attendant and fill out the TBA registry like the example below.

Village name		HC catchment			
Sre Treng		O Krieng			
Name	Duration of being a TBA	How they received their skills	Has ever received services-oriented training from external organization?	# of deliveries in the last year	Problems referred to HC in last year

EXAMPLE TBA REGISTRY

2. Complete with VDC or HCFC members a list of all persons who sell drugs or health commodities in the community. Visit all of these drug sellers, private providers and traditional healers. During the visits, interview each provider and fill out the registry like the example below.

Village name		HC catchment				
Sre Treng		O Krieng				
Name	Trained provider? Type?	Gov't health worker?	How long serving community?	Services provided	Has ever received services-oriented training from external org?	Most common type of clients and illnesses treated

EXAMPLE PRIVATE PROVIDER AND DRUG SELLER REGISTRY

3. At each provider or drug seller, look closely at what kind of medicines or health commodities are sold, and complete the health commodity inventory list like the example below.

Name of commodity →	Name of drug seller ↓																Other items				Storage quality			
	ASA	Paracetamol/ Panadol	ORS	Chloroquine	Quinine	Tetracycline	Antibiotics	Amoxicillin	Amoxycillin	Penicillin	Antacid	Mebendazole	Iron tablets	Folate tablets	BS – Pills	BS – Injectables	Condoms					Good	Poor	

EXAMPLE HEALTH COMMODITY INVENTORY

4. Be sure to verify on the Community Map the locations of the houses and shops of TBAs, drug sellers, traditional healers, and other health service providers in the community.

Activity 7: COMMUNITY DEMOGRAPHIC INFORMATION

TIME 🕒 2 hours

OBJECTIVE

The objective of this activity is to collect demographic information that will be useful in understanding how health issues affect different age and gender groups in the community and to understand ethnic and linguistic diversity in the community to help plan future interventions.

MATERIALS

CA Report forms for recording demographic, ethnicity, religion, and language information

PARTICIPANTS

Community: Village chief or other leader(s) who can provide demographic information.

CA team: 1 facilitator.

FACILITATION STEPS FOR COLLECTING DEMOGRAPHIC INFORMATION

1. One CA Team member should meet with the community leader who has gathered all relevant demographic data as requested in the initial community meeting. Explain the purpose of this activity and that the CA will require rearranging some of the existing demographic information differently than it is presently organized in village or commune records.
2. Collect general population information such as number of families, number of households, and total village population, and begin to fill in the community demographic information chart.
3. Work with the community leader to organize existing population information into age groups as indicated in the chart: under 5 years, 5-14 years, 15-49 years, and 50+. Break down each age group by gender. Explain that this organization of information helps the CA Team understand how to plan future health interventions.
4. Ask about the number of children under five years in the community who died in the last year, and collect descriptions of what illnesses these children died from. It may be necessary to speak with individual families about the causes of death if there is no information on this in the existing health records, so this part of the form may need to be completed at a later time.
5. Verify all information and fill out the demographic information chart like the example below.

NAME OF VILLAGE	Sre Treng		
# OF FAMILIES	96		
# OF HOUSEHOLDS	90		
TOTAL VILLAGE POPULATION	536		
AGE GROUPS	TOTAL	MALE	FEMALE
• <5 YEARS	101	53	48
• 5-14 YEARS	212	109	103
• 15-49 YEARS	238	121	117
• 50 + YEARS	85	47	38
# OF <5s DIED IN LAST YEAR	7 children died in last year		
• HOW DID THEY DIE?	3 - diarrhea, 2 - malaria, 1 - tetanus, 1 - fell from tree		

EXAMPLE COMMUNITY DEMOGRAPHIC INFORMATION TABLE

6. Collect information on different ethnic groups living in the village. Arrange this information according to number of households and number of people, and then calculate percentages of the total population for each group.
7. Repeat the process in Step 6 for religions and languages spoken in the community. Fill out the ethnic group, religion, and language charts like the examples below.

ETHNIC GROUPS IN THE VILLAGE	# HH	# PEOPLE	% OF TOTAL
Khmer	75	455	84.9
Cham	5	27	5.0
P'nong	10	54	10.1

RELIGIOUS GROUPS IN THE VILLAGE	# HH	# PEOPLE	% OF TOTAL
Buddhist	75	455	84.9
Muslim	15	81	15.1
Others			

LANGUAGES IN THE VILLAGE	# HH	# PEOPLE	% OF TOTAL
Khmer	75	455	84.9
Cham	5	27	5.0
P'nong	10	54	10.1

EXAMPLE COMMUNITY ETHNIC, RELIGIOUS, AND LINGUISTIC INFORMATION TABLES

DAY 2

PROGRAM OF ACTIVITIES

TIMEFRAME	OBJECTIVES
<p>AM</p> <p>8. Child Health Problems</p> <p>9. Child Health Focus Group</p> <p>10. Adult Health Problems</p> <p>11. Maternal Health Focus Group</p>	<p>8. Identify seasonality and treatment patterns of child illnesses.</p> <p>9. Understand beliefs and practices around child health and health-seeking behaviors.</p> <p>10. Identify seasonality and treatment patterns of adult illnesses.</p> <p>11. Understand beliefs and practices related to women's health and health-seeking behaviors.</p>
<p>PM</p> <p>12. Reproductive Health Focus Groups</p>	<p>12. Understand community attitudes, beliefs, and practices related to birth spacing, sexually transmitted diseases, and HIV/AIDS.</p>

OUTPUTS FOR PROBLEM SYNTHESIS AND RANKING AND COMMUNITY HEALTH ACTION PLAN

- Child Health Seasonal Calendar
- Child Health Pathways
- Child Health Focus Group Synopsis
- Adult Health Seasonal Calendar
- Maternal Health Focus Group Synopsis
- Reproductive Health Focus Group Synopses (4)

Activity 8: CHILD HEALTH PROBLEMS

TIME 🕒 1 hour

OBJECTIVE

Child health problems are investigated using two activities – a seasonal health calendar and health pathways. The purpose of these activities is to gather information about which children's health problems occur in the community, what time of year they occur, their severity, how the community deals with these problems, and who they turn to for advice and treatment.

MATERIALS

Tarp, newsprint, markers, tape, notebooks, pencils, circles of varying size, pictures of common childhood and adult diseases, health providers, a pregnant woman, a healthy child, and a child with neonatal tetanus

PARTICIPANTS

Community: 15-20 community members should participate. The group should include mothers and fathers of children under five years as well as grandmothers. Some of the women will be asked to stay after this activity to participate in the Child Health Focus Group.

CA team: 3 facilitators.

8A. CHILD HEALTH SEASONAL CALENDAR

TIME 🕒 ½ hour

FACILITATION STEPS

1. Explain to participants that the purpose of looking at seasonality of child illness is to help them and the team understand the severity and duration of the some of the major and minor health problems their children face.
2. Have the participants list and describe the most common illnesses or health problems of children in the community. Record their answers on the left-hand column of the calendar below (use pictures if written text is not appropriate).
3. Ask participants about each illness mentioned and clarify at what time of the year children usually experience these illnesses. Be sure to allow participants to discuss each illness or problem and its seasonality.
4. For each illness, ask participants to raise their hands to indicate the months when that illness is most severe or widespread in children the community. In each space corresponding to a month and an illness mentioned, record the number of hands shown for that illness as the numerator, and the number of participants in the discussion as the denominator. It is not necessary fill in months when illnesses are not mentioned as being a problem.
5. Discuss the community's perceptions of why certain illnesses occur at certain times of the year.

OUTPUT

The CA Team will create a large child health seasonal calendar on newsprint like the example below. This will be used at the Presentation of Results and Problem Synthesis (Activity 14).

ILLNESS	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Malaria			8/19	17/19	19/19	16/19	6/19	2/19				
Diarrhea					15/19	12/19	13/19	9/19	4/19			
Fever				15/19	19/19	18/19	15/19	7/19				
Cough	6/19								9/19	11/19	14/19	9/19

EXAMPLE CHILD HEALTH SEASONAL CALENDAR

8B. CHILD HEALTH PATHWAYS

TIME 🕒 ½ hour

FACILITATION STEPS

1. Explain that having begun to look at child illnesses in the community, the purpose of this next activity is to identify the community's health seeking behaviors.
2. Ask participants to imagine an ill child. Have them begin to think about the steps that parents or families go through to seek help for their children. Have them think about who makes the decision to seek help, which people they go to for initial advice and which people they go to for treatment.
3. Have participants discuss what health services or resources are available in the community. Post pictures of their responses (i.e. mother, grandmother, drug seller, TBA, traditional healer, private practitioner, health center or referral hospital).
4. Begin with the most severe disease from the Seasonal Calendar exercise. Post a picture of the sick child in front of the participants followed by an arrow to indicate the first point of contact. Pointing to the health service provider pictures, ask the participants where people in the community typically go first for advice and then for treatment for this disease.
5. Write (or place the picture of) the community's response next to the arrow and generate a discussion with the participants based on the following questions:
 - Why do you choose that person?
 - Why this person for this particular disease?
 - In the family, who makes the decision to seek treatment?
 - If that person is not available, who makes the decision?
6. Ask the participants whom community members go to next if the child does not improve. Post a picture of the second point of contact with an arrow connecting to the first step and ask the above questions again. Continue this process until the path has reached its end. Make sure to include all steps on the pathway, including "repeat" steps (where the family chooses to seek advice or treatment from the same provider more than once).
7. Continue building pathways for the two most severe diseases identified in the seasonal Calendar and then build additional pathways for a moderately severe disease and a disease identified as not severe so that the assessment team can get a clear picture of what happens in the community for a range of illnesses.
8. Discuss each step thoroughly with the community in detail before recording the community's responses. Remember to facilitate, not judging responses or trying to guide the discussion.

9. Conclude the activity by generating a discussion with the community based on the following questions. Record information on the CA Report form.
- How do people in the community pay for treatment and health services?
 - What happens if someone is too poor and is unable to pay?
 - How far is the nearest government health facility?
 - How much does it cost to get there in the dry season?
 - How much does it cost to get there in the wet season?
 - For what health problems do you use the Health Center?
 - Why do you not go directly to the Health Center for certain problems?

OUTPUT

The CA Team will create a large newsprint showing the pathways like the example below. This will be used at the Presentation of Results and Problem Synthesis (Activity 14).

Malaria



Fever



Diarrhea



EXAMPLE CHILD HEALTH PATHWAYS

Activity 9: CHILD HEALTH FOCUS GROUP

TIME 🕒 1½ hours

OBJECTIVE

The aim of this activity is to allow community members to share their knowledge, beliefs, practices, and concerns related to child health in the community.

MATERIALS

Newsprint, markers, ruler, tape, notebooks, pencils, focus group note taking forms, pictures of a healthy child, an unhealthy child, and a child with neonatal tetanus

PARTICIPANTS

Community: Approximately 8 - 12 community members consisting of mothers, fathers, and grandmothers of children under five years.

CA team: 2 facilitators – 1 to lead the discussion and 1 to take notes.

FACILITATION STEPS FOR CHILD HEALTH FOCUS GROUP

1. Prior to holding the focus group discussions, study the questions carefully and have notebooks and recording forms ready. Prepare the meeting site in advance so that participants can sit in a circle and feel comfortable about speaking freely.
2. Introduce yourself and the note taker and explain to participants the roles of each person. Ask the participants to introduce themselves. The facilitator and note taker should try to learn the participants' names or may assign numbers to them.
3. Discuss the purpose of the Child Health Focus Group. Explain that the results from the discussion will help the community prioritize its major health concerns later in the assessment.
4. Review the focus group discussion rules with the participants:
 - Questions will be asked of the whole group, not directed to particular individuals;
 - Everyone is welcome to offer answers or opinions at any time;
 - One person is allowed to speak at a time;
 - The opinions of all of the participants are important and everyone is encouraged to express their opinion; and
 - No answer is incorrect.
5. Base the discussion on the questions below. Remember the following rules when conducting the session:
 - The facilitator should not read the questions. He or she should be familiar enough with the questions to make sure that all of the important issues are covered in the discussion.
 - The facilitator should make sure that everybody in the group participates actively. Encourage shy people to talk so that a few people do not dominate the discussion.
 - The note taker should use the note taking form to record information. He or she should keep detailed notes on points repeated or agreed upon by many members of the group.
 - The note taker must help the facilitator stay on track and cover all discussion issues.

OUTPUT

The CA Team will create a synopsis of the major points from each section of the discussion on newsprint. This will be used at the Presentation of Results and Problem Synthesis (Activity 14).

QUESTIONS FOR CHILD HEALTH FOCUS GROUP

Section I – General Child Health

1. What are the characteristics of a healthy child? What are the characteristics of an unhealthy child?

If necessary, show a picture of a healthy and an unhealthy child to stimulate discussion.

2. Do you think children in this community are healthy? Why or why not? What should a family do for a child to keep them healthy? What are things that can cause a child to be unhealthy?
3. How do families in the community deal with child health problems? How does the village as a whole do something about these health problems?

Section II – Nutrition and Breastfeeding

4. Do mothers in this community feed their babies colostrum (first milk)? Why or why not? What is positive about colostrum? What is negative about colostrum? Who usually advises women to give or not to give colostrum to their babies?
5. When do mothers in this community start to breastfeed their babies? Who advises mothers about breastfeeding? Do you think that there is a connection between what lactating women eat and the health of their babies?
6. When do women in this community stop breastfeeding their children? Do women typically breastfeed their youngest child? Do women continue to breastfeed when they are sick? Why or why not? Do women continue to breastfeed when their babies are sick? Why or why not?
7. What types of problems do women in this community have with breastfeeding? Who do women go to for advice about breastfeeding problems? Whose advice would you trust most about breastfeeding? Whose advice would you trust least?
8. What foods are most important to give to young children? Why are they good? What foods are bad to give to young children? Why are they bad? In families in this community, who usually makes decisions about what foods to give to children?
9. How do you know when to start giving a child food and liquids? How do you know what foods to give at a certain age?

If there is time, probe about what foods mothers give to their children during the first 6 months, from 7-9 months, and from 10-12 months.

10. What kinds of problems do women in this community have with feeding their children? Who do they ask for advice?
11. Are women in this community able to feed their children enough food and with enough variety? Why or why not? What can be done to improve the feeding of children in the community?

Section III – Immunization

12. What do you know about immunizations for children? What good things have you heard about immunizations? What bad things have you heard? Who did you hear these things from?
13. What do you think about immunizations for children? For mothers?
14. Please describe the last time the EPI team came to the community. What did you like most about their activities? What did you like least about their activities? How did the members of the EPI team act towards people in this community? What kind of education about immunizations did the EPI team provide during their visit?

15. Are there any other problems related to immunization for your children? What can be done to solve these problems? How would you like to change or improve the immunization program?

Show a picture of a baby with neonatal tetanus, describe the signs and symptoms, and inform the participants that this baby is 3 days old.

16. Does this problem occur in the community? About how many cases did you have last year? What do you call this disease? What causes it? What can you do to prevent it?

Section IV – Diarrhea

17. Is diarrhea a problem for children in this community? How do you know when your child has diarrhea? Are there different types of diarrhea that children have?

18. What types of food and liquid do you give to your child when he or she has diarrhea? Why?

19. What causes children to die when they have diarrhea?

20. Who do you go to for advice when your child has diarrhea? Pretend I'm a friend, whose child has diarrhea; what advice would you give me?

21. What do you know about oral rehydration therapy (ORT)?

Show a package of Oralite to the participants.

22. Do you recognize this? Can you explain why you use this? Do you know how to prepare it? Is this available in the community? What is the cost?

23. What can families do to prevent children from getting diarrhea? What can the community do?

Section V – Malaria and Dengue

24. Is malaria a problem for children in this community?

25. How do you know your child has malaria? What are the signs and symptoms? What do you do to treat your child's malaria? Where do you go for treatment? What is the cost?

26. What do you think are the causes of malaria? How can people prevent malaria?

27. Is dengue fever a problem for children in this community?

28. How do you know your child has dengue fever? What are the signs and symptoms? What do you do to treat your child's dengue fever? Where do you go for treatment? What is the cost?

29. What do you think are the causes of dengue fever? How can people prevent dengue fever?

30. Do people in this community own bed nets? Do they sleep under them? How did people in the community get their bed nets? Do people in this community treat their bed nets periodically?

Section VI – ARI

31. What are the signs and symptoms of a "common cold" in children? How long do you think a child should have a "common cold"? What do women in this community do when their children show these symptoms? Where do they go for advice? Where do they go for treatment?

32. What can mothers do to prevent their children child from getting a cold? What do women in this community do if their children stop breastfeeding or drinking when they have a cold?

33. How long does a child have a cough before you become worried? What are the signs of a more severe chest infection?

34. What do mothers do for children with severe chest infections? Where do they go for advice? Where do they go for treatment? What is the cost?

Activity 10: ADULT HEALTH PROBLEMS

TIME 🕒 1½ hours

OBJECTIVE

The purpose of these activities is to gather information about which adult health problems occur in the community, what time of year they occur, their severity, how the community deals with these problems, and who they turn to for advice and treatment.

MATERIALS

Newsprint, markers, ruler, tape, notebooks, pens and pencils

PARTICIPANTS

Community: Approximately 20 members, with equal numbers of men and women of a range of ages. The women will be asked to remain after this activity to participate in the Maternal Health Focus Group.

CA team: 3 facilitators.

ADULT HEALTH SEASONAL CALENDAR

TIME 🕒 30 minutes

FACILITATION STEPS

1. Explain the purpose of looking at seasonality of adult illness to participants.
2. Have the participants list and describe the most common illnesses or health problems of adults in the community. Record their answers on the left-hand column of the calendar below (use pictures if written text is not appropriate).
3. Ask participants about each illness mentioned and clarify at what time of the year people usually experience these illnesses. Be sure to allow participants to discuss each illness or problem and its seasonality.
4. For each illness, ask participants to raise their hands to indicate the months when that illness is most severe or widespread in children the community. In each space corresponding to a month and an illness mentioned, record the number of hands shown for that illness as the numerator, and the number of participants in the discussion as the denominator. It is not necessary fill in months when illnesses are not mentioned as being a problem.
5. Discuss the community's perceptions of why certain illnesses occur at certain times of the year.

OUTPUT

The CA Team will create a large child health seasonal calendar on newsprint like the example below. This will be used at the Presentation of Results and Problem Synthesis (Activity 14).

ILLNESS	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Malaria			10/20	15/20	20/20	17/20	9/20	3/20				
Dengue				13/20	15/20	15/20	13/20	7/20	4/20			
Cough	9/20	3/20							9/20	15/20	17/20	14/20

EXAMPLE ADULT SEASONAL HEALTH CALENDAR

Activity 11: MATERNAL HEALTH FOCUS GROUP

TIME 🕒 1 hour

OBJECTIVE

The aim of this activity is to allow female community members to share their knowledge, practices, and beliefs related to the maternal health issues.

MATERIALS

Newsprint, markers, ruler, tape, notebooks, pencils, focus group note taking forms, pictures of a healthy an unhealthy child, a pregnant woman

PARTICIPANTS

Community: Approximately 8 - 12 community members consisting of mothers, fathers, and grandmothers of children under five.

CA team: 2 facilitators – 1 to lead the discussion and 1 to take notes.

FACILITATION STEPS FOR MATERNAL HEALTH FOCUS GROUP

1. Prior to holding the focus group discussions, study the questions carefully and have notebooks and recording forms ready. Prepare the meeting site in advance so that participants can sit in a circle and feel comfortable about speaking freely.
2. Introduce yourself and the note taker and explain to participants the roles of each person. Ask the participants to introduce themselves. The facilitator and note taker should try to learn the participants' names or may assign numbers to them.
3. Discuss the purpose of the Maternal Health Focus Group. Explain that the results from the discussion will help the community prioritize its major health concerns later in the assessment.
4. Review the focus group discussion rules with the participants:
 - Questions will be asked of the whole group, not directed to particular individuals;
 - Everyone is welcome to offer answers or opinions at any time;
 - One person is allowed to speak at a time;
 - The opinions of all of the participants are important and everyone is encouraged to express their opinion; and
 - No answer is incorrect.
5. Base the discussion on the questions below. Remember the following rules when conducting the session:
 - The facilitator should not read the questions. He or she should be familiar enough with the questions to make sure that all of the important issues are covered in the discussion.
 - The facilitator should make sure that everybody in the group participates actively. Encourage shy people to talk so that a few people do not dominate the discussion.
 - The note taker should use the note taking form to record information. He or she should keep detailed notes on points repeated or agreed upon by many members of the group.
 - The note taker must help the facilitator stay on track and cover all discussion issues.

OUTPUT

The CA Team will create a synopsis of the major points from each section of the discussion on newsprint. This will be used at the Presentation of Results and Problem Synthesis (Activity 14).

QUESTIONS FOR MATERNAL HEALTH FOCUS GROUP

Section I – Women’s Health Issues and Health Seeking Behaviors

Show participants the Adult Health Seasonal Calendar and remind them of the diseases that have been discussed. Identify any other problems related to women's health that are not included.

1. What do women in this community do to treat these problems? Who do women go to for advice? Who do women go to for treatment? Why do they prefer this source for treatment?
2. What can be done to prevent some of these health problems? Are women in the community able to perform these prevention activities? Why or why not?
3. Does the community as a whole do anything about these health problems? If yes, what is done? If not, why not?
4. Are men and husbands supportive of women’s efforts to stay healthy? How are they supportive? What do men in this community usually do when their wives are not healthy?
5. Who do women in the community talk with when they have concerns about their health? What makes these people good sources of advice? Who else would you feel comfortable getting information or education about women’s health from? Why? Where else do you get health information that you trust? Where do you get health information that you do not trust?
6. What resources do women need to stay healthy? Do women in this community have these resources? How can the community access resources that are lacking?

Section II – Pregnancy and Delivery

7. Do pregnant women in this community seek health advice during their pregnancies? Who do they go to for this advice? How regularly do they go? What is the cost for antenatal services?
8. Describe the kinds of health problems women in this community have when they are pregnant. What are the causes of these problems? Who do they go to for treatment?
9. Do you think there is a connection between what pregnant women eat and their health? Which foods do pregnant women eat to stay healthy? Which foods are not good for pregnant women?
10. Where do women in this community deliver their babies? Who assists during labor? Who do most women in the community prefer to assist them during labor?
11. What do women in this community do to prepare for the delivery? When do they begin preparing? What materials do women need to prepare for the delivery?
12. Describe the kinds of health problems women in this community have during childbirth. What are the causes of these problems? What can women do to prevent them?

On newsprint post a picture of a pregnant woman on one side and a picture of a healthy baby on the other. As the women respond to the following questions, draw arrows between the woman and the child.

13. What things does a mother need to do in order for her baby to be healthy? Why are these things good for the baby and the mother? Are women in this community unable to do these things? If so, what are the reasons?
14. Do women and babies in the community sometimes die during childbirth? What do you think is the cause of these deaths? What can complicate a delivery or make it unhealthy?
15. How long does the TBA, midwife, or other attendant stay with the mother after the delivery? What kind of postnatal care do TBAs or midwives provide? What are the costs of delivery? What are the costs of postnatal care? What do women do who cannot afford these costs?

Activity 12: REPRODUCTIVE HEALTH FOCUS GROUPS

TIME 🕒 2.5 hours

OBJECTIVE

The purpose of this activity is to learn the problems, knowledge, beliefs, and practices related to reproductive health in the community.

MATERIALS

Tape, notebooks, pencils, focus group note taking forms, pictures of modern and traditional birth spacing methods and of large and small families

PARTICIPANTS

Community: Four groups of 8 - 12 community members each: unmarried women of reproductive age, unmarried men between the ages of 16 and 25 years, married women, and married men.

CA team: 2 facilitators – 1 to lead the discussion and 1 to take notes for each group.

FACILITATION STEPS FOR REPRODUCTIVE HEALTH FOCUS GROUP

1. Prior to holding the focus group discussion, study the questions carefully and have notebooks and recording forms ready. Prepare the meeting site in advance so that participants can sit in a circle and feel comfortable about speaking freely.
2. Introduce yourself and the note taker and explain to participants the roles of each person. Ask the participants to introduce themselves. The facilitator and note taker should try to learn the participants' names or may assign numbers to them.
3. Discuss the purpose of the Reproductive Health Focus Group. Explain that the results from the discussion will help the community prioritize its major health concerns later in the assessment.
4. Review the focus group discussion rules with the participants:
 - Questions will be asked of the whole group, not directed to particular individuals;
 - Everyone is welcome to offer answers or opinions at any time;
 - One person is allowed to speak at a time;
 - The opinions of all of the participants are important and everyone is encouraged to express their opinion; and
 - No answer is incorrect.
5. Base the discussion on the questions below. Remember the following rules when conducting the session:
 - The facilitator should not read the questions. He or she should be familiar enough with the questions to make sure that all of the important issues are covered in the discussion.
 - The facilitator should make sure that everybody in the group participates actively. Encourage shy people to talk so that a few people do not dominate the discussion.
 - The note taker should use the note taking form to record information. He or she should keep detailed notes on points repeated or agreed upon by many members of the group.
 - The note taker must help the facilitator stay on track and cover all discussion issues.

OUTPUT

The CA Team will create a synopsis of the major points from each section of each discussion on newsprint. These will be used at the Presentation of Results and Problem Synthesis (Activity 14).

QUESTIONS FOR REPRODUCTIVE HEALTH FOCUS GROUP

Section I - Birth spacing

Post a picture of a large family (7-10 children) in front of participants.

1. What do you think about this family? What are the benefits of having large families? What are the problems with large families?

Post a picture of a small family (2-4 children) in front of participants.

2. What do you think about this family? What are the benefits of having small families? What are the problems with small families?
3. How does family size affect this community? What is the relationship between family size and wealth in the community? What is the relationship between family size and health in the community?
4. When I mention the words "birth spacing," what is the first thing that comes to your mind? If a couple in this community wants to limit its family size, what can it do?

Post pictures of different birth spacing methods in front of the participants.

5. Which of these birth spacing methods do you recognize? Which methods are you not familiar with?
6. Which of these birth spacing methods are most commonly used in the community? Why are these the most common?
7. Which are not used? Why are they not being used? Are there methods that community members would prefer using but are not available?
8. Where do people purchase birth spacing commodities in this community?
9. How do people in the community learn about birth spacing? Who do people in the community trust most to learn about birth spacing from? Who do people in the community trust the least?
10. What do you think are the benefits to birth spacing? Why?
11. What do you think are the problems with using birth spacing? Why? What can be done to solve these problems in your community?
12. Pretend that I am a friend who told you that I wanted to start using birth spacing. What advice would you give me?
13. What is the effect of birth spacing on sexual relationships in this community? In families, who usually makes the decision to use birth spacing? Is the decision usually discussed between couples? Who usually initiates the discussion?

Section II - STDs and HIV/AIDS

14. What do you know about sexually transmitted diseases (STDs)? How do you know about STDs?
15. What causes STDs? What are signs and symptoms of STDs?
16. How do you prevent STDs? Where do you go for diagnosis and treatment? What is the cost?
17. Do you think STDs are a problem in this community? Why are they a problem? What would help to solve the problem?
18. What do you know about HIV/AIDS? How did you hear of HIV/AIDS?
19. How can someone get HIV/AIDS? Who do you think is at risk of getting HIV/AIDS? Why?
20. How do you know if someone has HIV/AIDS?

21. Do you think HIV/AIDS is a problem in your village? Has anyone in the community had HIV/AIDS? What happened to this person? How did the community accept them? How do you feel about persons living with HIV/AIDS? What can be done to help them?

22. What can a person do to protect himself or herself from getting HIV/AIDS? What can your community do to prevent HIV/AIDS?

Post the Community Map and direct the attention of participants to social gathering places.

23. Where do men spend time together in the community? Where do women spend time together in the community? Where do adolescents spend time together in the community?

24. Are there groups of people who leave your community for schooling or work for long periods of time? Who are they? Where do they go?

25. Are there groups of people who come to the village periodically, such as soldiers, road workers, police officers, laborers, or fishermen?

DAY 3

PROGRAM OF ACTIVITIES

TIMEFRAME	OBJECTIVES
AM 13. Weighing of Children Under 3 Years	13. Assess nutritional status of children in the community.
PM 14. Presentation of Results and Problem Synthesis	14. Identify community's health concerns by reviewing all previous assessment activities.
15. Community Problem Ranking	15. Prioritize community health concerns.
16. Community Problem Analysis	16. Examine causes, effects, and potential solutions of priority community health concerns.

OUTPUTS FOR PROBLEM SYNTHESIS AND RANKING AND COMMUNITY HEALTH ACTION PLAN

- Child Malnutrition Visual Aid
- Health Problem List
- Problem Ranking Chart
- Problem Trees

Activity 13: WEIGHING OF CHILDREN UNDER 3 YEARS

TIME 🕒 2-3 hours

OBJECTIVE

The purpose of this activity is to assess the nutritional status of children in the village. The data will be a basis for choosing the villages where the Hearth Nutrition Model will be implemented later in SSP.

MATERIALS

Salter scale, basket, ropes, blanket or mat, weighing slips, yellow cards, notebooks, pens and pencils, toy, biscuits

PARTICIPANTS

Community: Invite all children under 3 years and their mothers (or caretakers).

CA team: All facilitators.

FACILITATION STEPS FOR WEIGHING CHILDREN

1. Prior to the weighing session, the community should identify a space that meets the following criteria:
 - Is centrally located and easily accessible to all villagers.
 - Has a place for mothers and children to sit.
 - Has a strong beam from which to hang the scale.
 - Is comfortable, sheltered, well ventilated, and clean.
 - Has a table near the scale for writing on the weighing slip.
 - Has a table for plotting weight and channel on the yellow card.
2. The weighing site should be set up so that there are three areas:
 - **The Waiting Area**: This area should be near the entrance and away from the scale and tables. It should have ample space for caretakers and children to sit. Caretakers and children wait here until it is their turn to come to the scale.
 - **The Weighing Area**: This should be an area with enough space for the scale to hang close to the ground with table and chair nearby for the facilitator who fills out the weighing slips.
 - **The Plotting Area**: This area should be next to the weighing slip table, and should also have a table and chair for the facilitator who plots the weight and channel of the children on the yellow cards.

The facilitators' roles are as follows:

- **Facilitator #1** weighs the children by placing them in the basket, obtaining an accurate reading, and saying the weight clearly to facilitator #2.
 - **Facilitator #2** fills out the information on the weighing slip: name and age of the child and name of the mother (from the yellow card) and weight and channel of the child (from the weighing result).
 - **Facilitator #3** provides the information on the yellow card to facilitator #2 and plots the weight of the child on the yellow card after he or she is weighed.
3. Remaining facilitators should greet the mothers and children as they arrive at the weighing site and instruct them on where to wait. Facilitators should have a "backup" set of yellow cards for mothers who do not have one.

4. When participants are assembled, explain the objective of weighing all children under 3 years. Inform all participants that weighing is a quick and simple way to determine the health status of children in a village. It is an activity that communities will be able to learn and perform themselves.
5. As the above explanation is going on, it may be a good idea for one of the facilitators to engage the children in a game or activity in order to calm them. Weighing can be frightening for small children, and it is advisable to try to identify children who seem calm and weigh them first. It may be necessary to entice some children into the basket by giving them a small toy or handful of biscuits.

NOTE: Avoid giving children heavy items that will produce inaccurate readings.

6. Have caretakers bring their children one-by-one to the scale. The caretaker should give the yellow card to facilitator #3. He or she and facilitator #2 will fill out the child's name and age on the weighing slip while facilitator #1 and the caretaker put the child in the basket. The caretakers can be involved in the weighing in the following ways:
 - They can help to keep their children calm and still while in the basket.
 - They can observe the weighing process and learn how to read their children's weight.
 - They can be informed of their children's nutritional status when the weight is plotted on the yellow card.
7. Children should be wearing as little clothing as possible when they are weighed. If a child is wearing heavy clothes, then 200-300 grams should be deducted to account for the weight of the clothes.
8. Facilitator #1 should say the child's weight clearly to Facilitator #2, who records the child's weight quickly but correctly on the weighing slip. The weight should be recorded only if the indicator is still and the child is not moving around in the basket. Obtaining an accurate reading is crucial in growth monitoring. The weighing slip provides space to record information as follows:

WEIGHING SLIP	
Mother's name	_____
Has Yellow Card (Yes/No)	_____
Child's full name	_____
Date of birth	_____
Sex	_____ Weight _____ kg

EXAMPLE WEIGHING SLIP

9. If an accurate reading is not possible, remove the child and re-weigh him or her later. No reading is better than an inaccurate reading.
10. Facilitator #1 should make sure that the scale indicator is at "0" before each child is weighed. He or she should check the indicator after each child is weighed, and adjust the knob if necessary.

11. As each child is weighed, and the weighing slip filled out, Facilitator #2 should pass the weighing slip to Facilitator #3, who plots the weight in the proper channel on the yellow card.
12. After plotting each child's weight, Facilitator #3 should return the yellow card to the caretaker, thank her for attending the weighing, and inform her that she may leave the weighing site.
13. Facilitator #3 should keep all the weighing slips together until after the weighing.
14. *(Optional step)* When the weighing is completed, the facilitators should use the weighing slips to plot the weights and ages of all the children under 3 years on a separate yellow card. This village yellow card will be a baseline reference for the nutritional status of children in the village. It will also serve to show the degrees of malnutrition.
15. After the village yellow card is completed, the facilitators should tabulate the results in a chart, such as the example below, and should record the number of mothers who brought yellow cards to the weighing.

Weighing date	# of <3's	Children weighed							
		Normal (yellow)		Mild (orange)		Severe (red)		Total malnourished	
		#	%	#	%	#	%	#	%
17/03/03	48	24	50.0	20	41.7	4	8.3	24	50

EXAMPLE CHILD MALNUTRITION ASSESMENT TABLE

OUTPUT

The facilitators should then use the weighing slips or village yellow card as a guide to create a visual representation of the results so that the extent of malnutrition can be presented to the community. The CA Team can decide on the appropriate method of sharing results with the community and can develop its own visual aid, but some suggested ideas are listed below.

- Cut out small child figures from pieces of yellow, orange, and red paper according to how many normal, mildly malnourished, and severely malnourished children there are in the community. These figures can be taped onto a large piece of newsprint, and drawings of rice paddies, pagodas, houses, animals, and wells can be added to create the image of the village as the background.
- On newsprint, tape a picture of a healthy child on one side and a picture of a malnourished child on the other. Below the healthy child picture, tape squares of yellow paper that correspond to the number of children in the village who are normal weight for age (in the yellow zone of the child health card). Below the picture of the malnourished child, do the same with pieces of orange and red paper to represent the number of children who are mildly (orange zone) or severely (red zone) malnourished in the village.
- A shorter, alternative method can be to take a stick and break off that part of it which represents the percentage of malnourished (orange and red zone) children in the village. For example, in a village where malnutrition is 50%, the facilitator would break the stick in half.

This visual aid will be used at the Presentation of Results and Problem Synthesis (Activity 14).

Activity 14: PRESENTATION OF RESULTS AND PROBLEM SYNTHESIS

TIME 🕒 1 hour

OBJECTIVE

The purpose of activity is to help the community integrate all collected information in order to identify key areas it wants to focus on in improving its health situation. This is the first time community members will see how all the information collected in the prior activities has been organized.

MATERIALS

All outputs from previous assessment activities, blank newsprint, markers, ruler, tape, notebooks, pens and pencils

PARTICIPANTS

Community: Invite the entire community.

CA team: All facilitators.

FACILITATION STEPS FOR PRESENTATION OF RESULTS AND PROBLEM SYNTHESIS

1. Gather all outputs (map, charts, and graphics on newsprint) completed during the assessment in front of participants. The outputs, in chronological order of the assessment activities, are:
 - Community Map
 - Community Institutions Diagram
 - Community Resources Diagram
 - Child Health Seasonal Calendar
 - Child Health Pathways
 - Child Health Focus Group Synopsis
 - Adult Health Seasonal Calendar
 - Maternal Health Focus Group Synopsis
 - 4 Reproductive Health Focus Group Synopses
 - Child Malnutrition Visual Aid
2. Start with the community map. Spend a few minutes orienting the participants to the map by pointing out some major community sites on it. Engage participants by having a few of them come to the map and find their houses and other places of importance.
3. Then, in the order above, discuss each activity output with participants. Spend only a few minutes on each output, but try to stimulate a discussion drawing on the community members who were part of the activity that produced the output being discussed.
4. As you facilitate a discussion reviewing all the assessment results, one facilitator should generate a list of the major health issues, concerns, and problems that arise from each activity. Create this list on a separate newsprint, writing diseases or problems each time they are mentioned by the community. This list will be the basis for the Community Problem Ranking.

NOTE: If literacy is a problem in the community, select or create pictures that represent these issues. If there is not a picture available representing the problem, have participants choose a symbol or draw a picture that adequately depicts the problem.

OUTPUT

The facilitators will create a list of major health concerns as identified by the community on newsprint. This will be used in the Community Problem Ranking (Activity 15).

Activity 15: COMMUNITY PROBLEM RANKING

TIME 🕒 1 hour

OBJECTIVE

The objective of this activity is to allow the community to vote on the health concerns it considers to be the most serious and develop a list of priorities for further action.

MATERIALS

Tarps, rope, tape, envelopes, beans, notebooks, pans and pencils, recording forms, list (or pictures of) of major health concerns from Problem Synthesis, envelopes, two large tarps, two types of beans.

PARTICIPANTS

Community: Invite the entire community.

CA team: All facilitators.

FACILITATION STEPS FOR COMMUNITY PROBLEM RANKING

1. Explain to the participants that the purpose of this activity is for the community and the facilitators to understand what the community perceives as its health priorities. This exercise is the basis for the development of the Community Health Action Plan.
2. Display and the list of health concerns from the Community Problem Synthesis exercise. Explain again that these are the major problems identified by the community throughout the course of the assessment.
3. Explain to the community that they will now vote on these issues in order to determine a priority ranking. This ranking will be the basis for subsequent discussion of how the community can begin to address the major health concerns it faces, and for the Community Health Action Plan.
4. Prepare an area where the community members will be able to vote.
 - Good voting areas are those where facilitators can hang a tarp and are out of the sun.
 - When gluing or taping the problems (or pictures) onto the tarp, facilitators should remember to put them within reach of community members.
 - To collect votes, hang empty envelopes under each problem.
5. Provide different colored beans or gravel to male and female participants (in order to identify differences in priority between men and women). Give each of the participants the number of beans that equal half the number of priority problems. For example, if there are 12 problems, give each participant 6 beans. For odd numbers of problems, give the number of beans just higher than half the number of problems. For example, if there are 11 problems, give each participant 6 beans. If there are 13 problems, give each participant 7 beans, and so on.
6. Let participants vote one by one with secrecy, freedom and fairness. At least one assessment team member should oversee each voting site to answer any questions community members may have. Participants vote with one bean for one problem. Participants continue casting votes until they have no more beans.
7. Beans are then collected and counted for each problem. Problems are then ranked based on how participants voted. Results are then presented to the community.

8. After tabulating the results and ranking the problems, pay close attention to the vote counts for each problem. Look for the top five or six problems in order to analyze them for the Community Health Action Plan. Note where there is a significant drop-off in votes, however, and make the cut-off accordingly so that all problems receiving a significant number of votes are analyzed and considered. The CA Team may decide to analyze more or fewer than five or six problems according to the ranking results. Look also at differences in voting between male and female participants. See if certain problems receive all (or a majority of) votes only from women, and consider this in the ranking. It may be advisable to rank problems according to gender as well as doing an overall ranking so that important gender-specific issues receive consideration
9. Record the ranking results in the CA Report form.
10. Create blank problem trees for each of the priority problems for the Community Problem Analysis.

OUTPUT

Facilitators will create a chart on newsprint with the results of the ranking exercise like the one below. This will be used at the Community Problem Analysis (Activity 16).

Problem	Beans			Rank
	Women	Men	Total	
Poor access to health care	47	42	89	1
Malaria	41	45	86	2
Diarrhea	33	40	73	3
Children have poor nutrition	35	23	58	4
Miscarriage	36	22	58	5
Shortage of food	20	28	48	6
Too many children	24	13	37	7
Yeast infection	30	4	34	8
Dengue	20	12	32	9
No transportation for health emergencies	14	14	28	10

EXAMPLE PROBLEM RANKING

Activity 16: COMMUNITY PROBLEM ANALYSIS

TIME 🕒 1 hour

OBJECTIVE

The purpose of the Community Problem Analysis is to look in-depth at the causes and effects of top five (or so) problems identified during the ranking. The community will then identify potential solutions for all of these problems, which will be discussed further in the Community Health Action Plan.

MATERIALS

Problem ranking chart, newsprints with blank problem trees already prepared, colored markers

PARTICIPANTS

Community: Invite the entire community.

CA team: All facilitators.

FACILITATION STEPS FOR COMMUNITY PROBLEM ANALYSIS

1. Explain that the purpose of the Community Problem Analysis is to look in-depth at the causes and effects of top problems identified during the ranking, and then to identify potential solutions for all of these problems.
2. Divide participants into small groups according to the number of problems to be analyzed. Distribute blank problem trees and markers to each group, and make sure that all participants understand clearly what problem they will focus on.
3. Explain that each group will consider the problem on its tree and will first identify the causes and effects of that problem. Do an example on blank newsprint to help the community understand the differences between problem, cause, and effect, like the ones below.

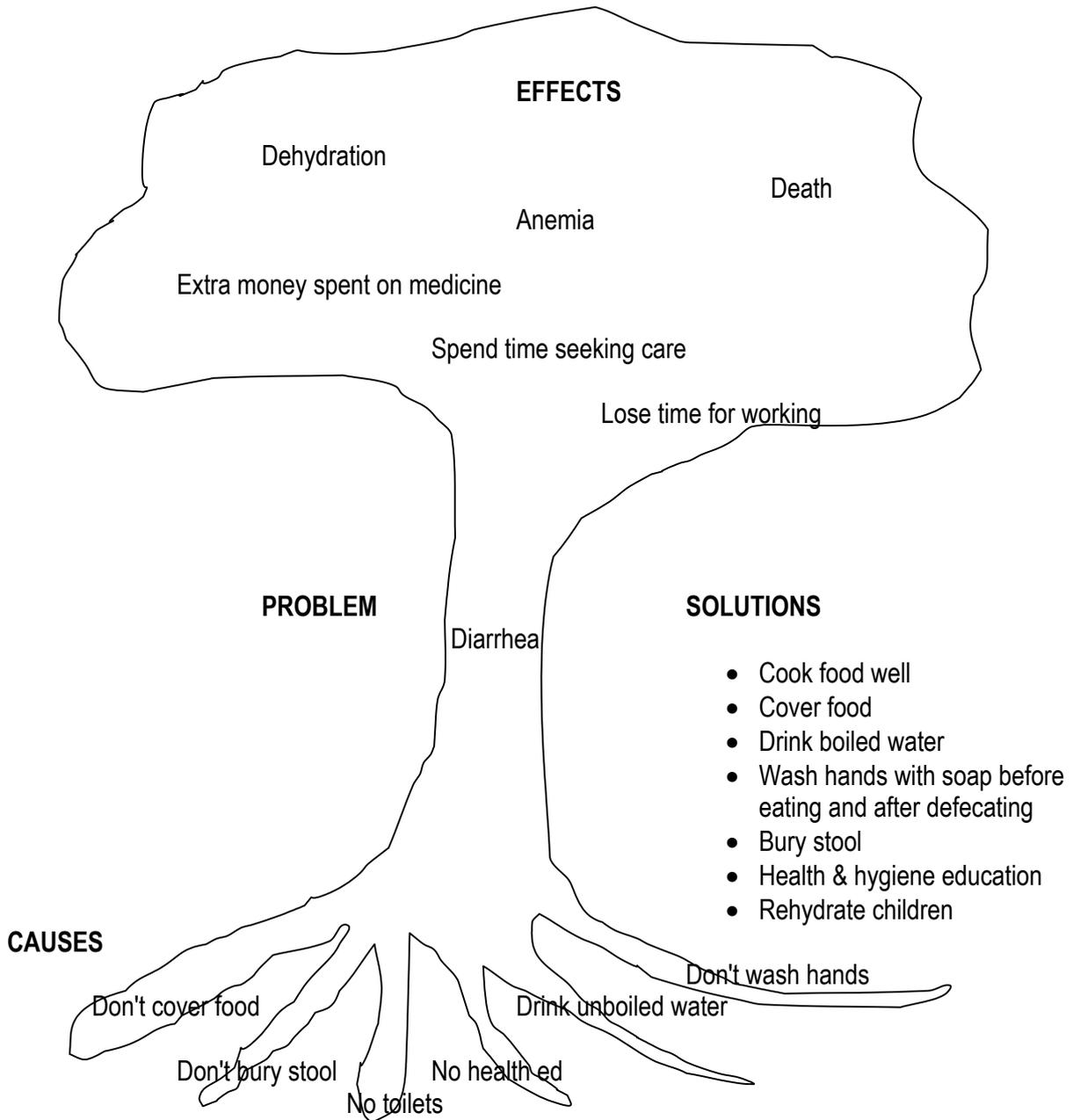
Problem	Causes	Effects
Children are always sick	No immunizations	Children die Families lose time and money seeking care
Malaria	Too many mosquitoes Not enough bed nets	Children are sick with fever Families can not work in the fields because they are sick

4. Direct each group to the specific problem on its tree. Let participants discuss the causes of the problem. Assist them in the discussion by asking "why." Draw a root for each cause they name, and write the cause on the root. Repeat the question "why" for each cause to identify any secondary causes. Put arrows between causes to show how they are related. Let participants continue until they cannot identify any more primary or secondary causes.
5. Ask participants to identify the effects of the problem by asking, "what happens" (or "what happened in the past") because of the problem. Draw a branch for each effect and write the effect on the branch. Repeat the question "what happens" to help participants name any secondary effects. Place these higher up the tree from the primary effects. Use arrows to show how they are related. Let participants continue until they cannot identify any more effects.

6. Have participants brainstorm realistic solutions to the problem. Solutions should be those that they can carry out in their village on their own and with their own resources. List the solutions next to the tree trunk.
7. Have each small group present their problem tree to the larger group. Ask participants to discuss whether any of the causes in the different problems are related. If so, how are they related? Do any of the solutions overlap?

OUTPUT

Each group will create a newsprint with a problem tree (like the one below) for their specific problem. These will be used to create the Community Health Action Plan (Activity 17).



EXAMPLE PROBLEM TREE

DAY 4

PROGRAM OF ACTIVITIES

TIMEFRAME	OBJECTIVES
AM 17. Community Health Action Plan	17. Create a strategy for addressing priority health concerns in the community.
18. CBD and VHV selection	18. Select volunteers as key people for future health activities and present them to the community.
19. Community Assessment Evaluation	19. Gather community feedback on positive and negative aspects of the CA process.
20. Final Meeting with Local Authorities	20. Discuss next steps with community leaders and bring the assessment to a close.

Activity 17: COMMUNITY HEALTH ACTION PLAN

TIME 🕒 1½ hours

OBJECTIVE

The Community Health Action Plan (CHAP) is the key output of the entire community assessment process. It is a record of community health priorities and is used by the community and outside agencies for designing and monitoring a wide range of long-term health activities.

MATERIALS

Tarps, partially filled out CHAP chart on newsprint, markers, ruler, tape, outputs from the Community Institutions and Resource Diagramming activity, problem trees

PARTICIPANTS

Community: Invite the entire community. PHD, OD and HC staff should also be invited to attend the presentation of the results in the community and to assist the community with developing their Community Health Action Plan.

CA team: All facilitators.

FACILITATION STEPS FOR COMMUNITY HEALTH ACTION PLAN

1. Begin by having a discussion with community members about what has been happening over the last 3 days in their village (health problems have been identified). Explain to the participants that the purpose of this next activity is for them to examine these problems and identify practical solutions that the community can begin to undertake and oversee themselves, while also identifying needs from external organizations.
2. Prior to this session, CA Team members prepare the CHAP chart, which lists the problems, causes, and solutions identified by the community during the Community Problem Analysis. The columns marked "resources required," "relevant departments," and "start date" are left blank, as in the example below.

Problem	Causes	Solutions	Resources Required		Relevant Departments		Start Date
			Internal	External	Government	NGOs	
Diarrhea	-Don't cover food -Don't drink boiled wtaer -No hygiene education	-Request food hygiene education -Boil water for drinking -Use Oralite					
Malaria	-Too many mosquitoes -No bed nets -Standing water	-Request bed nets -Fill in pits where water is					
Malnutrition	-Children refuse to eat -Stop breastfeeding too soon	-Request breastfeeding and nutrition education					

EXAMPLE CHAP CHART AT START OF ACTIVITY

3. Explain the CHAP chart before beginning the activity.

4. With the community as a whole, do an example by filling in the chart for problem #1. Begin with the problem and go methodically through each of the columns until the problem is completed.
5. Facilitate the session in such a way that the steps between the problems and the solutions become small steps that are easy for the community to do and to manage.
6. Be sure to use the Community Institutions and Resources newsprints to help complete the "resources required" and "relevant department" sections. Use the problem trees to review problems, causes, and solutions if necessary.
7. Go through the remaining problems on the chart systematically until all have been completed and the chart is filled out like the one below.

NOTE: If time is limited, facilitators can break the meeting into small groups, with each group completing the chart for one or more specific problems.

8. Help participants make a plan to resolve problems according to problem ranking order. Facilitate the session in such a way that the steps between the problems and the solutions become small steps that are easy for the community to do and to manage.

Problem	Causes	Solutions	Resources Required		Relevant Departments		Start Date
			Internal	External	Government	NGOs	
Diarrhea	-Don't cover food -Don't drink boiled water -No hygiene education	-Request food hygiene education -Boil water for drinking -Use Oralite	-Nutrition promoter -Teachers -Plastic covers for food	-Oralite -Hygiene education curriculum	PHD OD POE	PFD	April 2003
Malaria	-Too many mosquitoes -No bed nets -Standing water	-Request bed nets -Fill in pits where water is	-Shovels -Labor	-Bed nets -Treatment for nets	PDRD PHD	PFD	May 2003
Malnutrition	-Children refuse to eat -Stop breastfeeding too soon	-Request breastfeeding and nutrition education	-Nutrition promoter -TBAs		PHD OD	PFD	April 2003

EXAMPLE CHAP CHART AT CONCLUSION OF ACTIVITY

Activity 18: CBD AND VHV SELECTION

TIME 🕒 1 hour

OBJECTIVE

The purpose of this activity is for the community to select its CBD agent and VHVs. Part of this process should include reviewing the plan of SSP with communities, showing where the volunteers will fit into the program, and stressing how critical they are in improving health conditions in the community.

MATERIALS

Tarps, newsprint, markers, tape, notebooks, pencils, beans, envelopes

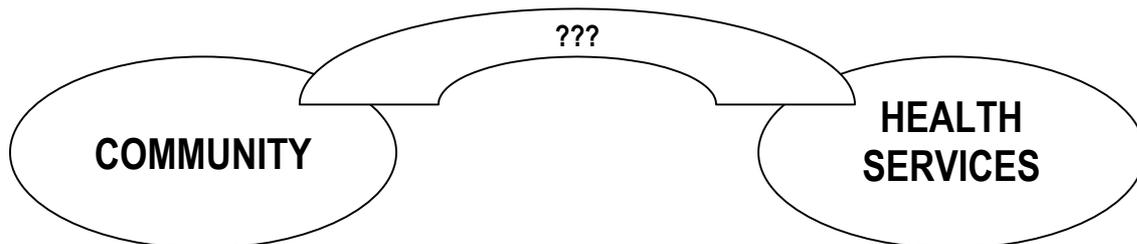
PARTICIPANTS

Community: Invite the entire community. As many key community members as possible should participate in this activity.

CA team: All facilitators.

INTRODUCTION OF SPIEN SOKAPHEAP PROGRAM

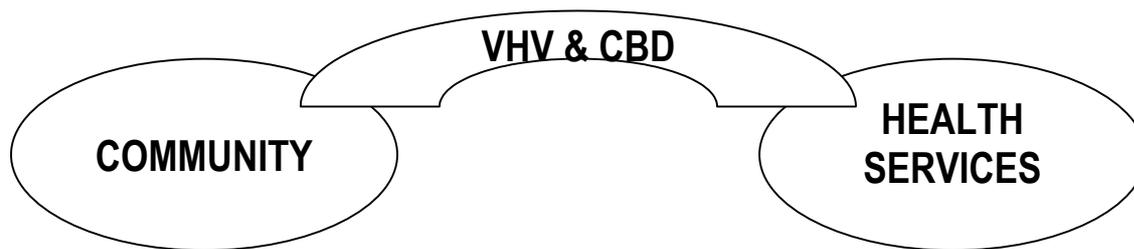
1. Direct participants' attention to the completed CHAP chart from Activity 17. Remind them that the chart represents the most severe health issues that face their community, and the community's feelings of how they must proceed to address these issues.
2. Post a newsprint with a drawing of "community" and "health services" as unconnected circles. Discuss with community members that "community" signifies the problems or issues they have identified in the assessment activities and that are the problems listed on the CHAP chart.
3. Have community members list or depict available services (providers) under "health services" (such as all local providers, the Health Center, Health Posts or Referral Hospital). Then draw a simple bridge between the two circles to indicate linking the community with available health services.



4. Explain to participants: *You have identified these concerns relative to the health of children, adolescents, mothers, and couples in the village. You also know that there are services available inside and outside the village to address these concerns.*
5. Ask participants: *What else can the community do to bring itself and those services closer together? What can be the bridge between your community and the health services? What or who can allow the community to utilize services that exist and verbalize further health service needs that arise in the community?* Allow participants to discuss this issue, and write ideas on newsprint for future reference.

6. Prompt the participants to think especially of human resources from the community that can be the link on the drawing above. Initiate a discussion about SSP and how there are various partners at work trying to improve the health conditions and health seeking behaviors of communities, while other partners are at work trying to strengthen services available through the health system. Identify these partners and the different contributions each will make towards improving health in the community:
 - **Health Center:** Provide health care, medicines and health commodities, and outreach services such as immunizations and Vitamin A capsule distribution;
 - **PFD:** training and technical support to community-level health interventions
 - **Communities:** ???

7. Ask communities how they can contribute to this system? Who are the missing links?



8. Inform participants that the next step of the assessment is to identify community members who will be the main facilitators for community-level health activities and the gathering and sharing of health information. Refer to the discussion held at the Introductory Community Meeting, and explain that the time has come to select these volunteers from the community.

9. Describe the process that is to follow immediately:
 - Discussing of roles and responsibilities of the CBD agent and VHVs;
 - Reviewing selection criteria;
 - Presenting of candidates and checking to make sure that each meets the criteria;
 - Voting to select volunteers; and
 - Presenting selected volunteers to the community.

FACILITATION STEPS FOR CBD SELECTION

1. Remind the community that they now need to identify a person who can facilitate community-level work related to reproductive health issues.

2. Define the role of a CBD agent. The CBD agent:
 - Is a volunteer selected by community members;
 - Will work to promote reproductive health through community-level education and by selling modern contraceptives; and
 - Will gain basic reproductive health knowledge and community mobilization and education skills through training supported by PFD and Health Center staff, and will maintain and enhance these skills through periodic refresher trainings and supervision.

3. Explain the criteria for CBD selection. The CBD agent should:
 - Be a woman from 30 - 50 years of age who is married and has children;
 - Be able to read and write;
 - Be highly a motivated and responsible person who is respected by the community;
 - Have a positive attitude and be committed to working on behalf of her fellow villagers;

- Be willing and able to devote an average of one day a week to her duties;
 - Be willing and able to devote two years to fulfilling her duties; and
 - Have support from her family in daily living activities (if possible).
4. Announce that one CBD agent will be elected at this time but that there may be an election of a male CBD agent in the future.
 5. Present candidates to the participants. Give participants the chance to nominate other potential volunteers.
 6. If only one volunteer is nominated in the community, make sure that the nominee understands the nature of the commitment she is about to make and have her formally accept the role.
 7. If more than one volunteer is nominated, assemble the nominees before the participants and introduce them. As you introduce the candidates one by one, make sure that each meets all the criteria for selection.
 8. Identify or create a voting area where participants can vote for candidates privately. Hang a tarp at the meeting place and place the names of candidates on the back of the tarp. Tape an open envelope beneath each name.
 9. Distribute one bean to each participant. Have them come one by one to the voting area and cast their vote for the nominee they feel would best fulfil the role of VHV. One facilitator should help participants at the voting area to make sure that they understand the procedure and can read the names of the candidates. Make sure that participants receive only one bean and vote for only one candidate.
 10. When the voting is complete, count the beans for each candidate and tabulate the results on newsprint in front of the group.
 11. Announce results to community and have the community applaud the selected CBD agent and all candidates.
 12. The selected volunteer should accept her position as the community CBD agent.
 13. Record the name of the CBD agent and mark her house on the Community Map.
 14. Announce that unsuccessful CBD candidates can be candidates for VHV selection, and encourage them to do so.

FACILITATION STEPS FOR VHV SELECTION

1. Using the Community Map, review the (50-HH) sections of the community that have been created. Remind participants that they must now select a volunteer who will be the primary mobilizer and community-level health contact person for their section.
2. Define the role of a VHV. VHVs:
 - Are volunteers selected by the communities to be the primary community-level facilitators of maternal and child health activities;
 - Will be responsible for 50-household sections of the community in which they live;
 - Will receive training and technical support from PFD and Health Center staff to help them facilitate their village-level work; and
 - Will work with villagers to implement main SSP interventions.

3. Explain the criteria for VHV selection. VHVs should:
 - Be women from 25 - 50 years of age who are married and have children;
 - Be able to read and write;
 - Be highly motivated and responsible people who are respected by the community;
 - Have a positive attitude and be committed to working on behalf of her fellow villagers;
 - Be willing and able to devote an average of one day a week to her duties;
 - Be willing and able to devote two years to fulfilling her duties; and
 - Have support from their families in daily living activities (if possible).
4. Present candidates to the participants. Give participants the chance to nominate other potential volunteers.
5. Split the participants into groups according to the section of the community in which they live. This may require certain groups to move to a different meeting space.
6. Identify or create voting areas for each section of the community where participants can vote for candidates privately, hanging tarps with names and open envelopes as before.
7. If only one volunteer is nominated in a section of the community, make sure that the nominee understands the nature of the commitment she is about to make and have her formally accept the role.
8. If more than one volunteer is nominated for each section, assemble the nominees before the participants and introduce them. As you introduce the candidates one by one, make sure that each meets all the criteria for selection.
9. Repeat the voting process from above for each section of the community.

NOTE: The village chief, VDC members and other key community members should vote only in their own sections of the community.

10. When the voting is complete, count the beans for each candidate and tabulate the results on newsprint in front of each group.
11. Have participants reassemble as a large group. Announce results from each section to the community and have the community applaud the selected VHVs and all candidates.
12. The selected volunteers should accept their positions as the community VHVs.
13. Record the names of the VHVs and mark their houses on the Community Map.
14. Finish this activity by asking VHVs and the CBD agent to come before the community and have a community leader formally present them to the community. Have participants applaud their selection once again.
15. Ask participants to remain for a short activity.
16. Record all the results of the voting in the CA Report form so that the CA Team has a record of who the candidates were and how they fared in the selection. This information can be useful for future elections in the community or in case a CBD agent or VHV needs to be replaced.

Activity 19: COMMUNITY ASSESSMENT EVALUATION

TIME 🕒 ½ hour

OBJECTIVE

The purpose of this activity is to provide the community with an opportunity to comment on the assessment that has just taken place. This is an opportunity for the CA Team to learn about its performance in conducting the assessment and to note changes that will improve future assessments.

MATERIALS

Tarps, newsprint, markers, tape, envelopes, beans

PARTICIPANTS

Community: Invite the entire community. Be sure that key community members and the newly selected VHV's attend.

CA team: All facilitators.

FACILITATION STEPS FOR COMMUNITY ASSESSMENT EVALUATION

1. Explain that the purpose of this activity is to provide the community with an opportunity to comment on the assessment that has just taken place. Encourage community members to express all positive and negative feelings relative to the process and to provide suggestions as to how it can be improved in other communities.
2. Divide a piece of newsprint into three columns like the example below. Draw a happy face at the top of the first column, a neutral face at the top of the second, and a sad face at the top of the third. Tape an open envelope under each face. Ask community members to think of which face represents their feeling about the assessment process.

😊	😐	😞
73	12	6

EXAMPLE EVALUATION NEWSPRINT

3. Give one bean to each community member a bean. Ask each person to come up to the newsprint and put the bean in the envelope in the column that best represents his or her feeling about the assessment process. When all community members have voted, count the beans and write the numbers in each column.
4. Begin a discussion about the process. Investigate what community members liked and what they disliked about the assessment. Encourage as many villagers as possible to comment, and be sure to solicit the opinions of at least one villager from each column. The following questions may be useful for the CA Team to use as a guide:
 - Did you (community members) understand why we did the activities?
 - Did you understand each activity you took part in?
 - Did you enjoy the activities?
 - Were the activities disruptive to your daily lives?
 - Does the CHAP address the most important health concerns in your community?
 - What are the strengths of the CA Team?
 - What are the weaknesses of the CA Team?

5. One facilitator should record answers or points from the discussion on a separate newsprint.
6. Thank the community members again for their patience and cooperation and for their suggestions. Tell them that their input will be used to improve the assessment process and that the Community Assessment Report for their community will be distributed to local authorities government agencies, and other NGOs.
7. Excuse the participants except for the key community members, VHVs, and CBD agent. They must remain for Activity 20.



Activity 20: FINAL MEETING WITH VILLAGE AUTHORITIES

TIME 🕒 1 hour

OBJECTIVES

The objectives of the final meeting are as follows:

- To bring the Community Assessment to a formal close;
- To express appreciation to the community for its support and cooperation during the assessment;
- To hand over summaries or copies of any information gathered during the assessment;
- To clarify preliminary findings relative to the community and SSP;
- To reintroduce the recently selected VHVs and CBD agent and review their roles;
- To determine when they receive their initial training; and
- To discuss future SSP activities in the community.

MATERIALS

Newsprint, markers, ruler, tape, notebooks, pencils

PARTICIPANTS

Community: Invite key community members such as the village chief, VDC members, and the recently elected VHVs and CBD agent. Invite PHD or OD and HC staff if possible.

CA team: All facilitators.

FACILITATION STEPS FOR THE FINAL MEETING

1. Gather local authorities and the recently selected VHVs and CBD agent immediately after Activity 19. Review the day's selection activities and make sure that the village authorities know who the VHVs and CBD agent are, as well as what their roles in the community will be.
2. Lead a discussion with participants in which they discuss how they will work together to begin linking the community to existing health services. This should include:
 - Mobilizing the community for health activities;
 - Gathering and sharing health information; and
 - Showing the diagram of the bridge between the community and existing services again (if necessary).
3. Hand over summaries or copies of any information gathered during the assessment to the local authorities.
4. Clarify preliminary findings relative to the community and SSP and answer any questions community members have.
5. Discuss future SSP activities in the community. If a VHV and CBD training date is known, inform the VHVs and CBD agent when they will receive their first training. If a date is not known, inform them that they will be contacted well in advance of the training.
6. Thank the community leaders for their hospitality, cooperation, and motivation over the past 5 days.