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PARTICIPATORY APPROACHES TO COMMUNITY DEVELOPMENT



A FIELD MANUAL

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A PARTICIPATORY APPROACHES FIELD MANUAL

COMPILED BY
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FOR THE
NATIONAL RURAL SANITATION PROGRAMME
MINISTRY OF HEALTH
MINISTRY OF INTERIOR
(APRIL 1987)

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INTRODUCTION

This manual is intended for health workers who would like to use participatory approaches in resolving some of the health problems confronting the communities in which they work.

Experience elsewhere has shown that very often people learn best by doing things. It should also be noted that communities have their own priorities (which very often do not coincide with those of health workers) and often have their own methods of identifying and resolving problems.

Health workers have to learn new ways of working with village people so as to draw out their potential and help communities to participate effectively in the development of decisions. In addition health workers need to become skilled in helping villagers to acquire the knowledge they need to adopt and put into practice new behaviours which would enable them to overcome their persistent health problems.

Many health workers lack sufficient knowledge in communication techniques to enable them to skillfully facilitate the acquisition of the essential body of knowledge required by their clientele.

In order to facilitate the community development process, various participatory techniques and materials have been evolved in workshops in other countries. In recent times, a number of these materials have been tried out in two workshops organised for health and other extension workers in Lesotho.

One of the specific objectives of both of these workshops was to design, adapt and utilise a wide range of techniques and materials to assist community people in identifying and analysing community problems as well as in planning appropriate solutions. In these workshops, the primary content emphasis was on health, focusing on the construction and use of VIP latrines and the promotion of the adoption of related sanitation and hygienic practices.

This manual gives an outline of some of the activities that were undertaken during the workshops and describes the materials and the techniques that were used. It is intended that the manual be a reference guide for the participants who attended both the Mohale's Hoek and Leribe workshops as well as any extension workers who are interested in and might wish to consider using participatory techniques and materials in their own work. In accordance with the organisation of the workshops along the lines of the "SARAR" participatory methodology, this manual is divided into the following sections:

<u>SECTION</u>	<u>PROCESS</u>	<u>METHODS/MATERIALS</u>
A.	General Needs Assessment/ Problem identification	Investigative
B.	Problem analysis / Identification of resources and obstacles	Analytical
C.	Planning solutions	Planning
D.	Evaluating results	Evaluative
E.	Participative/Informative	Informative

Another section, (F), meant for the use in training extension staff is also added. As the community learning group moves from section A through E, the extension teams facilitate this process by constantly evaluating the process, as well as planning and preparing appropriate materials.

The diagram in annex 5 illustrates how an extension team and a community learning group might interact over a period of time.

EDITORS' NOTE

It is pertinent to note that some of these materials have been adapted from the manual "Bridging the Gap - A participatory approach to Nutrition and Health Education", which itself was the culmination of a number of "SARAR" workshops held elsewhere in the early 1980's. The format in this manual is set according to that in "Bridging the Gap". Unless otherwise noted all these materials and techniques have been designed by SARAR International. Some of the materials and techniques reproduced here have been culled or adapted from "Bridging the Gap".

Willie Sampson.

1987

Lesotho.

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"BRIDGING THE GAP" - Published by the Save the Children Federation, Westport, Connecticut

A workshop participant explains a point on a community map.



Workshop participants discuss issues during needs assessment using Flexi-Flans.

SECTION A - GENERAL NEEDS ASSESSMENT AND PROBLEM IDENTIFICATION

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1. COMMUNITY MAPPING

SETTING: A village gathering.

TIME: 1 - 2 hours

PURPOSE: To depict community problems and resources in an illustrated form.

MATERIALS: Large sheets of paper, coloured markers, or felt tipped pens.

- PROCEDURE:
- (1) Divide gathering into groups of five to eight people.
 - (2) Request each group to draw a map of their community, depicting problems, dramatic situations and resources.
 - (3) Have each group present its map to the other groups in plenary.
 - (4) After the individual presentations, have all the maps placed side by side on a wall or blackboard.
 - (5) Have the participants compare and discuss the pictures.
 - (6) Make separate lists of the problems and the resources.



A village group drawing community map during community visit.

2. UNSERIALISED POSTERS

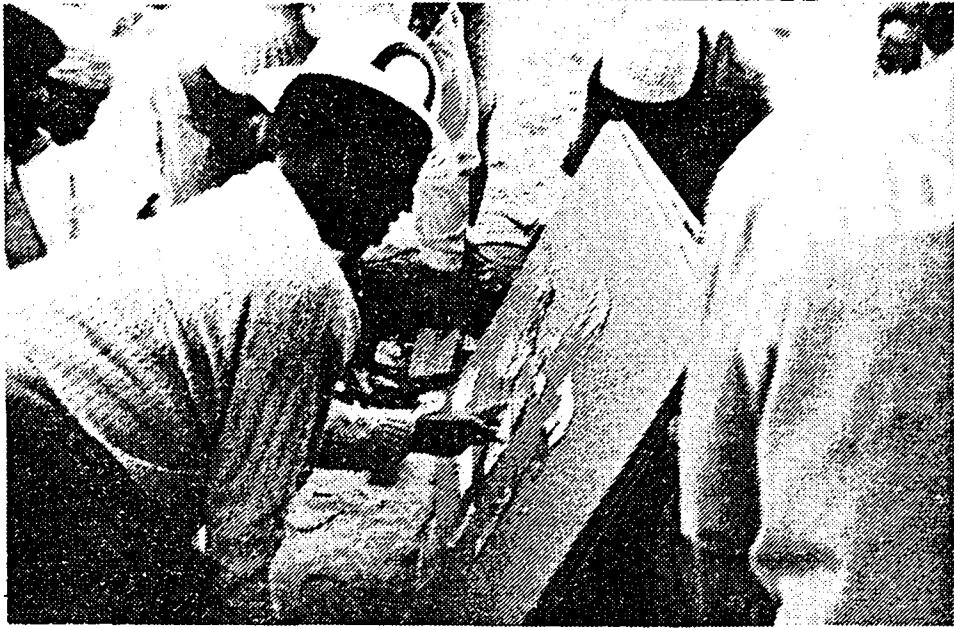
- SETTING: A community learning group.
- TIME: 2 hours.
- PURPOSE : To develop a story from pictures/posters.
- PREPARATION: Prepare a set of 10 -15 posters/pictures. Each poster/picture should depict an aspect of community life. Reproduce copies of the set of posters/pictures.
- PROCEDURE:
- (1) Divide learning group into subgroups of about 5 - 7 persons each.
 - (2) Introduce the activity by explaining to the groups that each group will be required to select 4 or 5 posters from the set given to them, and then develop a story using the selection.
 - (3) Give each group a set of posters. Make sure that each group has a slightly different set. Give the groups 30 - 45 minutes to discuss issues and make their selections.
 - (4) When the groups are ready, have each group put up their selected posters as their story is related.
 - (5) Have participants discuss each other's stories.
 - (6) Have the participants discuss how the stories reflect issues in their communities. What are the issues which could be considered as problems and how can these resolved?

3. FLEXI FLANS

- SETTING: A village gathering or community learning group.
- TIME: 2 hours.
- PURPOSE: To provide the group with a visual means of expressing their ideas.
- PREPARATION:
- a. Borrow or prepare a set of Flexi-flans. Flexi flans are cut out cardboard pictures which have moveable joints for use on a flannel board.

In order to facilitate the full expression of ideas, ensure that there is a variety of figures and objects e.g. different types and sizes of people, animals, buildings etc.
 - b. Prepare a set of flexi-flans as follows:

Sketch individual parts of the figures. Colour parts and assemble by fastening joints with prym studs or any suitable fastener. Glue a number of square pieces of sand paper on to the back of each figure.
- PROCEDURE:
1. Explain to the group that flexi flans can be used to depict various aspects of community life.
 2. Invite a few villagers to illustrate any aspects of life in their community. They may choose any number of flexi flans to illustrate the problem or situation.
 3. Let the participants explain the situation / problem / story.
 4. Have the whole group discuss the story or situation making suggestions as to how any problems can be resolved.



A villager places flexi flans on flannel board during community visit.



A workshop facilitator positions pictures for the participatory survey.

.....Needs assessment.

4. PARTICIPATORY SURVEY

- SETTING: A village gathering.
- TIME: 2 hours.
- PURPOSE: To determine how people in a community behave when confronted with a problem.
- PREPARATION:
1. Prepare a number of pictures or posters to indicate some possible behaviours that relate to the problem.
 2. Attach an open ended envelope to each of the posters.
- MATERIALS REQUIRED: Pictures with small envelopes attached; a large board for mounting the pictures and cardboard chips (one inch square) for voting.
- PROCEDURE:
1. Show each of the pictures to the participants and explain that each represents a behaviour that has been identified with the problem.
 2. Place the pictures on a board or wall where they cannot be seen directly by the villagers. Give each participant a small square cardboard chip.
 3. Have each participant go up and secretly vote according to his or her behaviour when confronted with the identified problem.
 4. After each participant has voted, count all the votes and determine the frequency of each behaviour.
 5. Have participants discuss the results in the light of acceptable behaviour

An alternative variation is to have each villager vote according to how he or she thinks people in his / her village behave when faced with that problem.

SECTION B

ANALYTICAL METHODS

SECTION B

ANALYTICAL METHODS

The methods, techniques and materials described in this section deal with how to analyse the problems as well as identifying resources and obstacles which facilitate or obstruct the resolution of the problem.

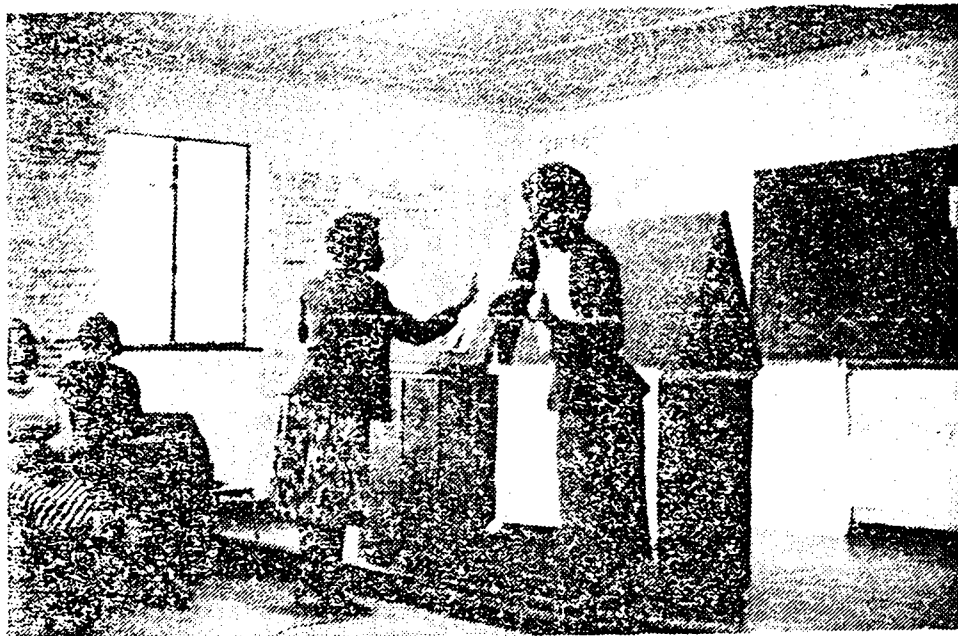


Villager presents group report in plenary during a community survey.

OPEN ENDED STORY (WITH MAXI FLANS)

- SETTING: A village meeting or Health Class.
- TIME: 2 hours.
- PURPOSE: To present different views about a situation and encourage community members to share their own experiences.
- PREPARATION:
1. Develop a story that has the main characters representing different viewpoints through dialogue. The story should be fairly short and cut off at a point where a decision has to be made but the main character is unsure of what to do.
 2. Cut out large figures to represent the main characters in the story. The maxi flans may be made with moveable joints and or interchangeable heads with different facial expressions. Make sure that the main characters are drawn so as to face each other when pasted up. Colour the maxi flans.
 3. Glue pieces of sand paper or flannel on the back of each figure so that they can be placed on the flannel board.
- PROCEDURE:
1. The facilitator tells the story . As the story is told , another person places the maxi flans on the flannel board.
 2. Have the group discuss the view points expressed in the story.
 3. Make a list of the problems identified and have the groups list causes and possible solutions to those problems. Tabulate as shown below.
 4. Discuss list and make any necessary refinements.

CAUSES	PROBLEMS	SOLUTIONS



Workshop facilitators present story using Maxi flans



Workshop participants listen attentively during presentation of story using Maxi flans.

2. PHOTO ANALYSIS

SETTING:

A village gathering.

TIME:

2 hours.

PURPOSE:

To enable villagers define their own criteria for community participation and to compare these criteria with their own performances.

PREPARATION:

1. Gather 8 - 10 different photographs showing various groups of people engaged in various activities.
2. Make 5 or 6 copies of each of the photographs.

PROCEDURE:

1. Divide participants into small groups of 5 - 8 people.
2. Give each group a set of photographs and request that the photographs be ranked from most participatory to least participatory.
3. Each group should then present it's report in plenary.
4. Discuss the reports by getting participants to define their respective group criteria for participation.
5. Have participants reflect on their individual levels of participation during this activity and compare with list.
6. Request participants to compare their communities' extent of participation in community projects and determine how community participation could be enhanced.

2A. DISCUSSION STARTER
(POSTER CUT OUTS)

SETTING: A village gathering

TIME: 1 hour

PURPOSE: To enable participants analyse factors causing a particular problem confronting the community.

- PREPARATION:
1. Select a topic which represents a problem expressed by the community.
 2. The facilitator should make in advance a possible list of all factors which cause or contribute to the problem.
 3. Another list of the factors which contribute to the prevention and control of the problem should also be made. Factors should be written out on small pieces of cardboard.
 4. Prepare cut up pictures illustrating all the various factors on both lists.

- PROCEDURE:
1. Mix the cut up pictures in a central pool. In another pool place all the cardboard pieces referring to the factors.
 2. Make two broad headings on a large board.

CAUSE

PREVENTION & CONTROL

Have the participants place the cardboard pieces representing the various factors under the main (broad) headings.

3. Participants should then separate and categorise the pictures under the various cardboard pieces (subheadings) under the main headings.
4. Discuss the factors in plenary. Participants should attempt to give reasons why they think those factors influence the problem.

3. CLASSIFYING AND ANALYSING PROBLEMS

SETTING: A village gathering.

TIME: 2 - 3 hours.

PURPOSE: To analyse community expressed needs with a view to classifying and prioritising them and also to differentiate problems from needs.

- PROCEDURE: 1. Divide gathering into small groups of 6 - 8 people.
2. Have each group draw a map of their community indicating problems and resources (see section A)
3. Request each group to list community problems.

No	PROBLEM

4. Each group should differentiate problems according to those that could be solved:
- a) By the communities themselves.
 - b) By the communities with some external assistance.
 - c) Only with external resources.

PROBLEM REQUIRING SOLUTION	AMOUNT OF EXTERNAL ASSISTANCE COMMUNITIES REQUIRE TO RESOLVE PROBLEMS		
	NONE	SOME	MAXIMUM

5. Have groups prioritise the problems as differentiated. Questions participants should ask themselves should include:

- which problems affect the majority of the people?
- which problems cause severe ill health?
- which groups in one community are more affected?
- which problems can be resolved and with what kind of resources ?

6. Each group should then make a list showing various actions required at individual, family and community levels to resolve problem.

PROBLEM	SOLUTIONS (action required at level.)		
	Individual	Family	Community

4. BLOCKING THE ROUTES

SETTING: A village gathering or community learning group.

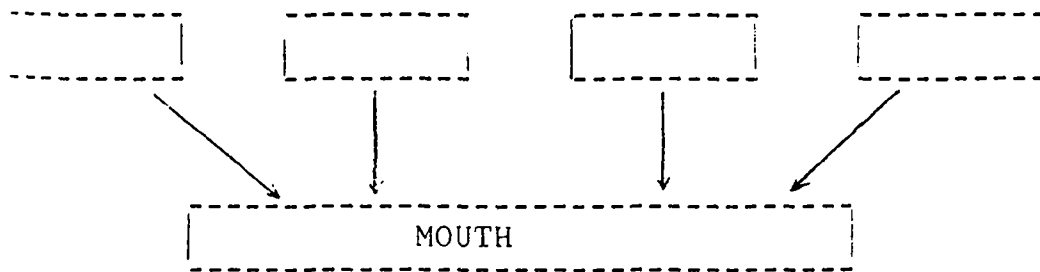
TIME: 1 - 2 hours

PURPOSE: To enable participants understand the principles underlying recommended sanitation and related practices.

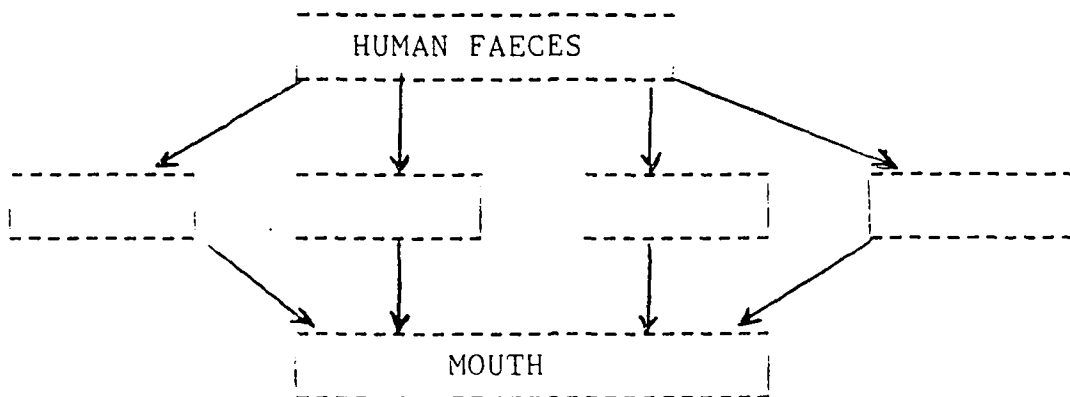
PREPARATION: Cut out 5 to 10 large pieces of paper (15cm x 20 cm). In addition cut out 20-30 strips of paper (5cm x 15 cm).

PROCEDURE: 1. Place one large piece of paper on a blackboard and label it MOUTH.

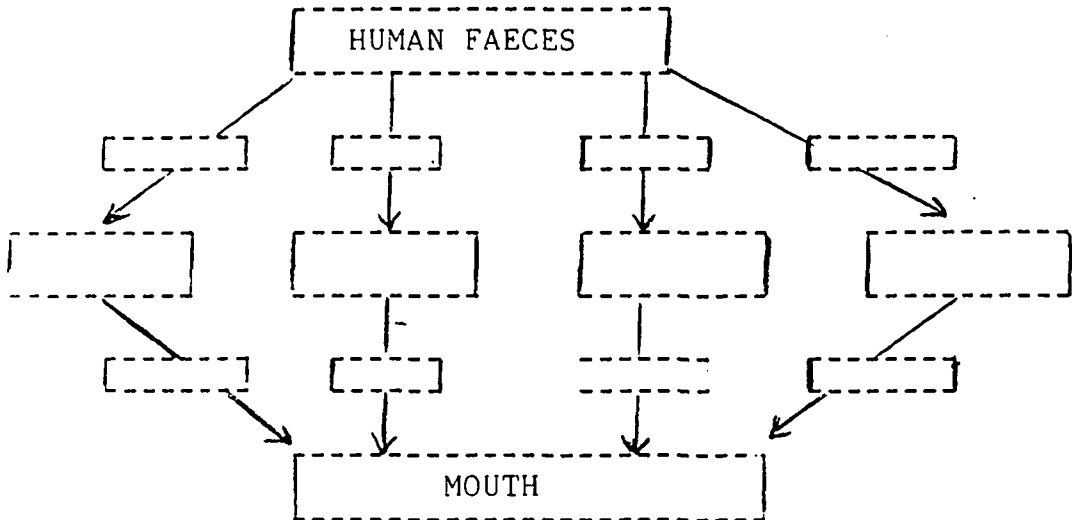
Ask participants to list various items or objects which make regular contact with the human mouth. Label each listed item/object on one of the the large pieces of paper. Have participants place the labels on a blackboard and link with arrows as shown.



Have the participants discuss whether and how each of the listed items or objects can be contaminated with human faeces. Place the card labelled HUMAN FAECES also on the blackboard and link with arrows to the listed objects/items.

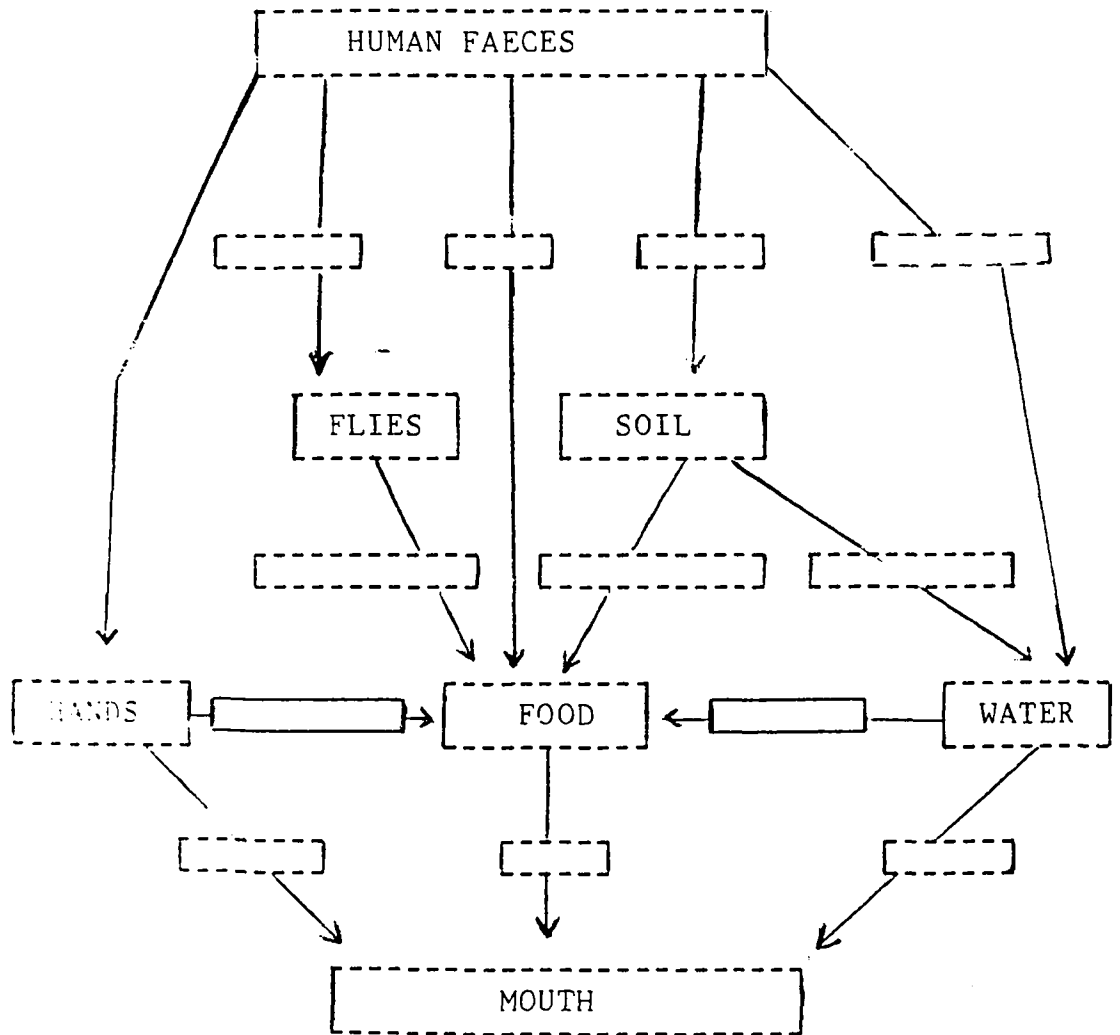


When all the various ways appear to have been exhausted, have the participants discuss the various methods of blocking each of the transmission routes. When the participants agree on a method for blocking a route, let one of them label a small strip of paper appropriately and place it on the arrow representing the route that is blocked.



Discuss strategies for facilitating each action at individual as well as community level.

AN EXAMPLE OF HOW THE CHART MAY LOOK LIKE WHEN COMPLETED.



SECTION C

PLANNING METHODS

.....Planning Methods

1. THINKING AHEAD

- SETTING: A community learning group
- TIME: 2 hours.
- PURPOSE: To assist a community learning group plan a strategy for resolving their problems.
- MATERIALS: Large sheets of newsprint and paper markers.
- PROCEDURE: 1. Divide learning group into small groups of 5 - 6 persons each.
2. Request each group to make a list of the community problems and their solutions.
3. For each solution, they should have a target date for completion. Members of the group should also indicate which activity/ies they would personally like to follow through. They should also indicate any identified collaborators.

PROBLEM	SOLUTION	ACTIVITIES	TARGET DATE	PERSON RESPONSIBLE	COLLABORATORS

4. Discuss the various plans in plenary. A master plan should be prepared from the group plans.
5. Participants should then discuss in plenary strategies for undertaking the prescribed activities.

2. SETTING OBJECTIVES

- SETTING: A community learning group
- TIME: 1 - 2 hours.
- PURPOSE: To assist group in setting objectives for sanitation and health activities.
- MATERIALS: Newsprint and markers.
- PROCEDURE:
1. Ask participants "what they hope to achieve by undertaking health and sanitation activities".
 2. Make a list of these "goals" that the participants come up with.
 3. In small groups (5-7 persons each) let the participants figure out what things need to be done in order to attain the "goals". Explain that such things are objectives. (Fewer cases of diarrhoea in the community during the next six months).
 4. Help the participants to appreciate the need to set objectives that can be evaluated (e.g. participants should continually ask themselves how a particular objective can be assessed and how often).
 5. Review the objectives in plenary to determine their feasibility and relevance to the problems facing the community.
 6. Participants should indicate which activities (from previous session - THINKING AHEAD) relate to which objective.
 7. Reiew both lists in plenary.

.....Planning methods

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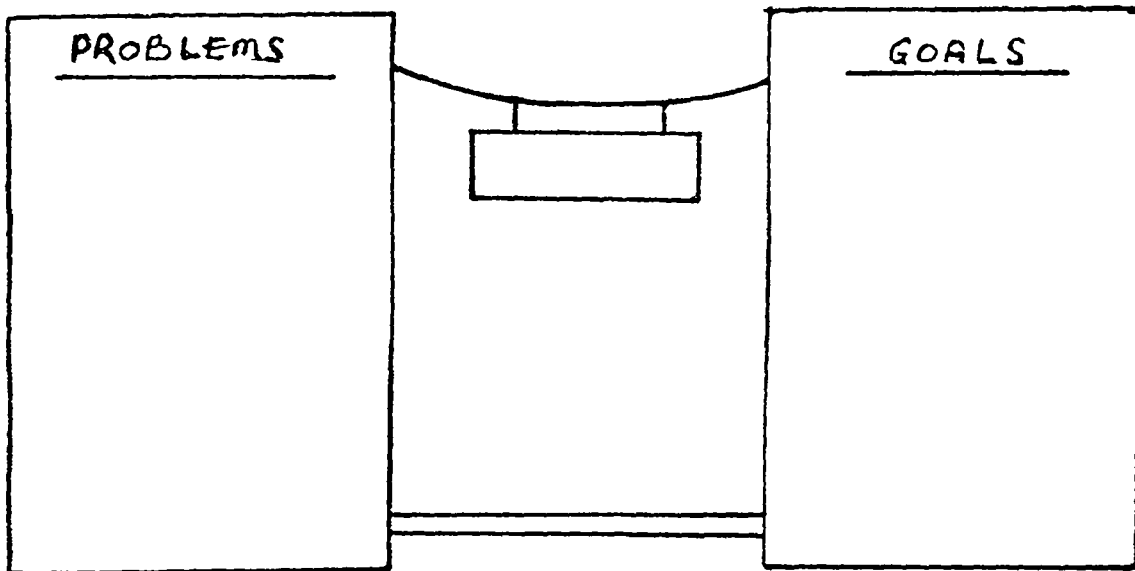
.....Planning methods

3. BAMBOO BRIDGE

- SETTING: A community meeting or learning group.
- TIME: 2 - 3 hours.
- OBJECTIVE: To motivate the community to set goals, identify local resources and to develop step by step plans for attaining these goals.
- PREPARATION: Prepare these materials for the meeting.
- i. One large flannelboard or fluffy blanket.
 - ii. Two blank posters for making pictures or listing problems or goals.
 - iii. A length of string (about 60 cm) to represent the bridges, cables and handrails with label "COMMUNITY EFFORT" .
 - iv. Several long strips of coloured paper - 60cm x 2cm.
 - v. Two strips of paper 24cm x 8 cm, one labelled "Resources" and one labelled "Steps". Also have blank paper labels.
 - vi. Several (20 - 30) numbered paper cutouts to represent bare feet.
 - vii. Glue small pieces of sand paper on the back of all the pieces for placing them on the flannelboard.
- PROCEDURE: 1. Invite members of the group to list the main problems in the community or village and targets (goals) for specific improvements. Draw pictures of the problems on one poster and the goals on the other poster.
2. Discuss whether problems can be solved through community efforts. Hang the "Community efforts" string between the "Problems" poster and the "Goals" poster.
 3. Discuss available resources with the community members. Write the name of the resource, such as "Village leadership" on a label and place it under "Resources" (below "Problems" poster). For each resource place a long paper strip between the "Problems" and "Goals" poster to build the bridge.
 4. Ask the group " what is the first small step, using these resources that you could take toward

solving your problems and reaching your goals?"
When the participants decide on a step such as "clean up our village", write it on a label and place it under "Steps". Place foot number 1 at the beginning of the bridge in the direction you are going.

5. Continue to discuss a step-by-step plan. Each time a step is decided upon, add it to the list and place another foot crossing the bridge approaching the goals.



RESOURCES

[]

[]

[]

ETC

STEPS

[]

[]

[]

ETC



.....Planning methods

4. STORY WITH A GAP

SETTING: A village gathering or community learning group.

TIME: 2 - 3 hours.

OBJECTIVE: To involve participants in a critical analysis of their own situation and to encourage them to set goals.

PREPARATION: Create a story that points out a village problem. Also create an ending to the story that points out that the problem has been solved. The problem as highlighted by the story as well as the end of the story may be depicted with two large illustrations. Make a set of 6 to 10 small posters illustrating scenes of villagers working together to solve problems.

- PROCEDURE:
1. Introduce the activity by saying that you will tell a story that you would like to discuss afterwards.
 2. As the story is read out have a participant hold up the poster depicting the problem described.
 3. Another participant should hold up the poster depicting the situation after the problem has been solved.
 4. When the story is completed, ask villagers these questions:
 - What caused the problem?
 - What do you think this village did to solve it's problems?
 5. When a solution is mentioned, pass out the small poster which has a picture of the solution (if no poster is available, have one of the participants draw a picture to illustrate that solution).
 6. Continue until the villagers have no more suggestions. Then pass out the remaining small posters and discuss them.
 7. Finally discuss the situation in the participants village by asking them:
 - "Does your community have any of these problems? ; What can we do to solve them?"
 8. Assist the participants in listing some actions that can be taken to solve their problems. Ask them to prioritise their actions.

SECTION D

EVALUATIVE METHODS

.....Evaluative methods

1. COMMUNITY SANITATION GRAPH

- SETTING:** A Village gathering.
- TIME:** 2 - 3 hours.
- PURPOSE:** To enable villagers assess and determine the status of sanitation in their own communities.
- PROCEDURE:**
1. Divide the villagers into small groups of 5-7 persons.
 2. Have each group make a checklist of things to look for in the community.

Possible checklist

Population

Water source

No of latrines

Type of latrine

VIP/ other

Maintenance status

* walls

* floor

* seat

* ventpipe

* flyscreen

* door

* surroundings/flyes/smell

Refuse dumps - Number /status

School latrines - No. and distance from classroom

- Distance from water source

Source of water for school

3. Have the groups present their checklists in plenary. Discuss these lists and prepare a standard checklist for use during community surveys.
4. Each group should undertake a community survey using the standard checklist. However the groups are at liberty to record anything of interest they find during the survey.
5. Each group then writes up the results of it's survey and presents the results in plenary.

Presentation should address the following:

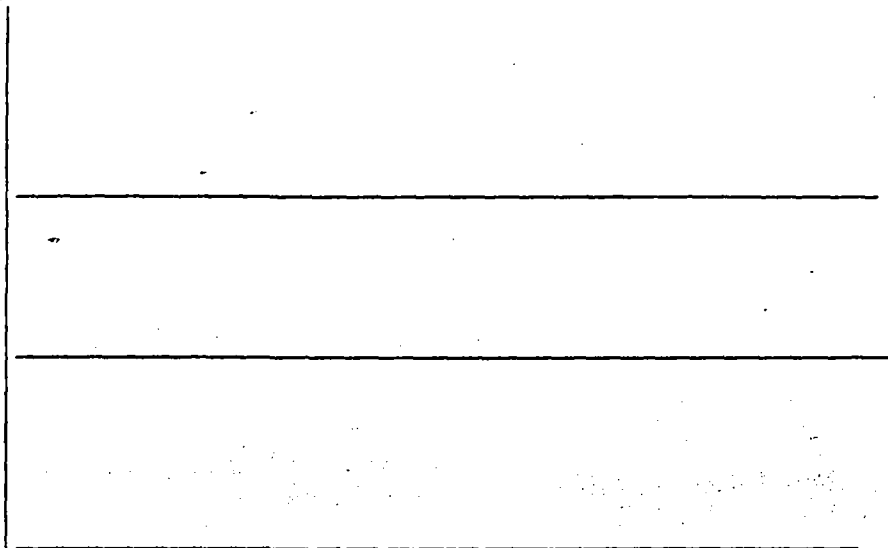
- Assessment of the standard of sanitation in the community giving reasons for such assessment.
- What factors promote good sanitation and which contribute to poor sanitation.

6. Discuss the group presentations and have the groups agree on a detailed list of both good and bad factors.
7. Participants should then rank both lists. The number of good factors are summed up and plotted on the corresponding month on the graph. The same is done for the bad factors. Finally the number of VIP latrines in use in the community are also plotted.
8. Participants then complete the community sanitation graph.

no. of latrines

Bad factors

Good factors



Time (in months)

9. Let participants discuss how sanitation could be improved in their community. Target dates for accomplishing those things should also be set .

What needs to be done	By whom	Target date
1.		
2.		
3.		
4.		
5.		
etc.		

Designed by William Sampson

.....Evaluative methods

2. RESISTANCE TO CHANGE

SETTING:

A community learning group.

TIME:

2 hours.

PURPOSE:

To assist participants to evaluate their own responses to the participatory sessions.

PREPARATION:

Prepare a "Resistance to Change" continuum as shown.

"SARAR" RESISTANCE TO CHANGE CONTINUUM

8. Advocates change and provides model.

7. Evaluates experience and shares with others.

6. Acts, applies new knowledge.

5. Seeks information.

4. Accepts responsibility for problem, but fails to act, due to fear of :-

- (a) loss of prestige
- (b) economic/political loss

3. Recognises problem, but fails to act because :-

- (a) suspicious of extension workers motives
- (b) doubts usefulness of the new idea
- (c) doubts capacity to change

2. Recognises problem, but fails to accept responsibility.

1. No problem. Problem not recognised or perceived.

The diagram illustrates the degrees of resistance to change as reflected by how an individual perceives a problem. Resistance to change is greatest when an individual does not recognise the existence of a problem and least when people are ready to advocate change to others.

Individuals tend to oscillate along the scale of resistance. The oscillation varies with time, the magnitude of the expected change, etc. When dealing with communities, it is important to recognise that various individuals may be at varying levels of the scale. The ability to manage successful intervention programmes will depend to a large extent on how individuals within communities are helped to overcome their resistances to change.

PROCEDURE:

1. Display the continuum on a blackboard or a flipchart and ask the participants to consider carefully at which stage they might consider themselves to be.
2. Give each participant a cardboard token and request each participant to secretly write down the number corresponding to where they think they stand with regard to the problem.
3. Collect the tokens and stick on to the chart by the corresponding numbers.
4. Discuss the findings particularly with due regard to strategies necessary to help people overcome their individual resistances to change.

2B. RESISTANCE TO CHANGE

(An alternative way of involving participants.)

1 hour

TIME:

PURPOSE:

To encourage the participants to think analytically about each stage of the continuum and to help them assess their own understanding, in the course of the presentation of the continuum by the facilitator.

MATERIALS:

(a) A sheet with an even number (say) 12 different quotations or statements each representing a stage in the continuum. (There may be more than one quote applicable to any one stage but each quote should be differently worded.)

(b) The same sheet cut up into separate statements.

(c) Flexiflans spread on a table (optional).

(d) A surface (newsprint or blackboard) on which the facilitator will develop the continuum.

(e) Masking tape and marking pens.

PROCEDURE: 1.

Spread the flexis on a table directly in front of the group. Divide the participants into pairs and give each pair a full sheet of quotes and one cut up quote.

2. Tell the participants that you are going to do a "Resistance" to Change exercise.

3. Ask the pairs to read the quote given to them and to select any one flexi-flan figure which seems to go with the quote. e.g. if the quote says "... I am getting old..." the flexi-flan should be an old woman or man.

4. Explain what the continuum as a whole represents and then explain each stage one by one. When a particular stage has been explained by the facilitator, each pair of participants should look at their cut up quote to see if it corresponds to the stage described by the facilitator. If they think it is appropriate, one member of the pair should go to the board with the quote (and the flexi flan selected) and explain to the group why he/she thinks the quote is appropriate to the stage described. If the group and the facilitator agree, the quote is then placed (with the help of

the masking tape) on the particular stage it applies to.

(If in fact the quote applies to a stage which has not yet been described, the facilitator asks the participant to hold on to the quote and to decide when more stages of the continuum have been described.)

5. Each time agreement has been reached about where in the continuum a particular quote fits, participants should record the number of the stage in the space (box) provided at the end of the quote.

RESISTANCE TO CHANGE - SOME EXAMPLES

- A. I would like to have a latrine but it costs too much. I am afraid to borrow money to build one. _____
- B. Children get diarrhoea due to the hot weather. We have to expect that. Can't be helped. _____
- C. The Health Assistant advises building a latrine and the whole family should use it. That will not work. How can I use the same defaecation place as the women? _____
- D. I am getting too old to walk to the dongas. Maybe I should build a latrine. Tell me more about a VIP latrine so I can decide. _____
- E. Somebody is practising witchcraft on this village. That is the real reason why so many of our people are sick. _____
- F. I agree that a latrine is convenient and private. But what if it gets smelly and full of flies. People will laugh at me for building one. _____
- G. When family members get sick it is not convenient to go all the way to the donga. Can you show me how to build a latrine? _____
- H. Why do we need latrines? There is enough room in the dongas for everybody. We are used to it. No need to change our traditional ways now. _____
- I. The Health Assistant advises the use of local materials for constructing a latrine. I do not believe that this is sound advice. _____
- J. All children under five get diarrhoea. It is natural for them. I would not worry. _____
- K. My family would be healthier if we had our own latrine. I am ready to build one and to help my neighbours also to build theirs. _____
- L. To try to convince this community to build latrines is a waste of time. People are too used to going to the dongas. They cannot change their habits now. _____

.....Evaluative methods

3. ROLES WE PLAY

A community learning group

2 - 3 hours

To assist participants understand how the different roles we play influence our attitudes and also the way we respond to problems and issues.

PROCEDURE:

1. Have each participant list on a piece of paper the various roles they play e.g. father, mother, son daughter, worker, unemployed, driver, housewife, etc.
2. In small groups, participants should list problems and issues that need to be dealt with.
3. Discuss how the different roles influence other people and events in either perpetuating or dealing with the problem.
4. Review strategies to overcome or minimise negative influences and enhance positive ones.

SECTION E

INFORMATIVE METHODS

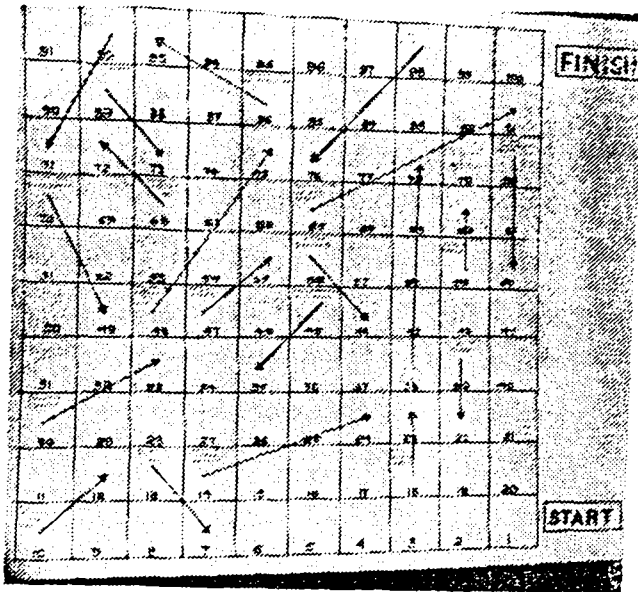
1. GAMES

a. ARROWS GAME

- SETTING: A village gathering.
- TIME: 1 hour.
- PURPOSE: To create awareness about some positive and negative factors which affect health.
- PREPARATION: Make the Arrows game board. The game board has a 100 squares. Some of the squares are labelled positive behaviours (e.g. washed hands after visiting the toilet) and some others labelled negative behaviours. Have ready a dice and four different coloured chips.
- PROCEDURE: 1. The game requires 2 - 4 players.
2. The objective of the game is for each player to move through to the finishing square as quickly as possible. If a player lands on a positive behaviour labelled square, he receives a number of points as a bonus. If he lands on a negative square he is penalised i.e he loses a number of points. He therefore slides back along the arrow to the appropriate square
3. To begin the game all the players place their chips in the START square.
4. The game starts with each player throwing the dice. The first player to throw a six gets the chance to move his chip from the START square. To do this he has to throw the dice again and then move his chip accordingly. Other players take turns to throw the dice. Any time a player plays a six, he gets the opportunity to move his chip into the START square and to throw the dice again to move on. If he has previously started, then after moving his chip he throws the dice again and moves his chip accordingly.
5. As a player lands in a negative behaviour square and loses points ask him to explain how this behaviour affects health.
6. The game ends when one player successfully moves his chip into the FINISHING square (not beyond it).

Designed by William Sampson

Sample " ARROWS " game board



.....Informative methods

b. HOUSES OF HEALTH

SETTING: A village gathering
TIME: 1 - 2 hours
PURPOSE: To create awareness of the factors which influence the transmission of diarrhoeal diseases.
PREPARATION: The game board

The game board has four columns with 10 squares in each column, as follows:

- Red Houses
- Illustrations
- Illustrations
- Black Houses

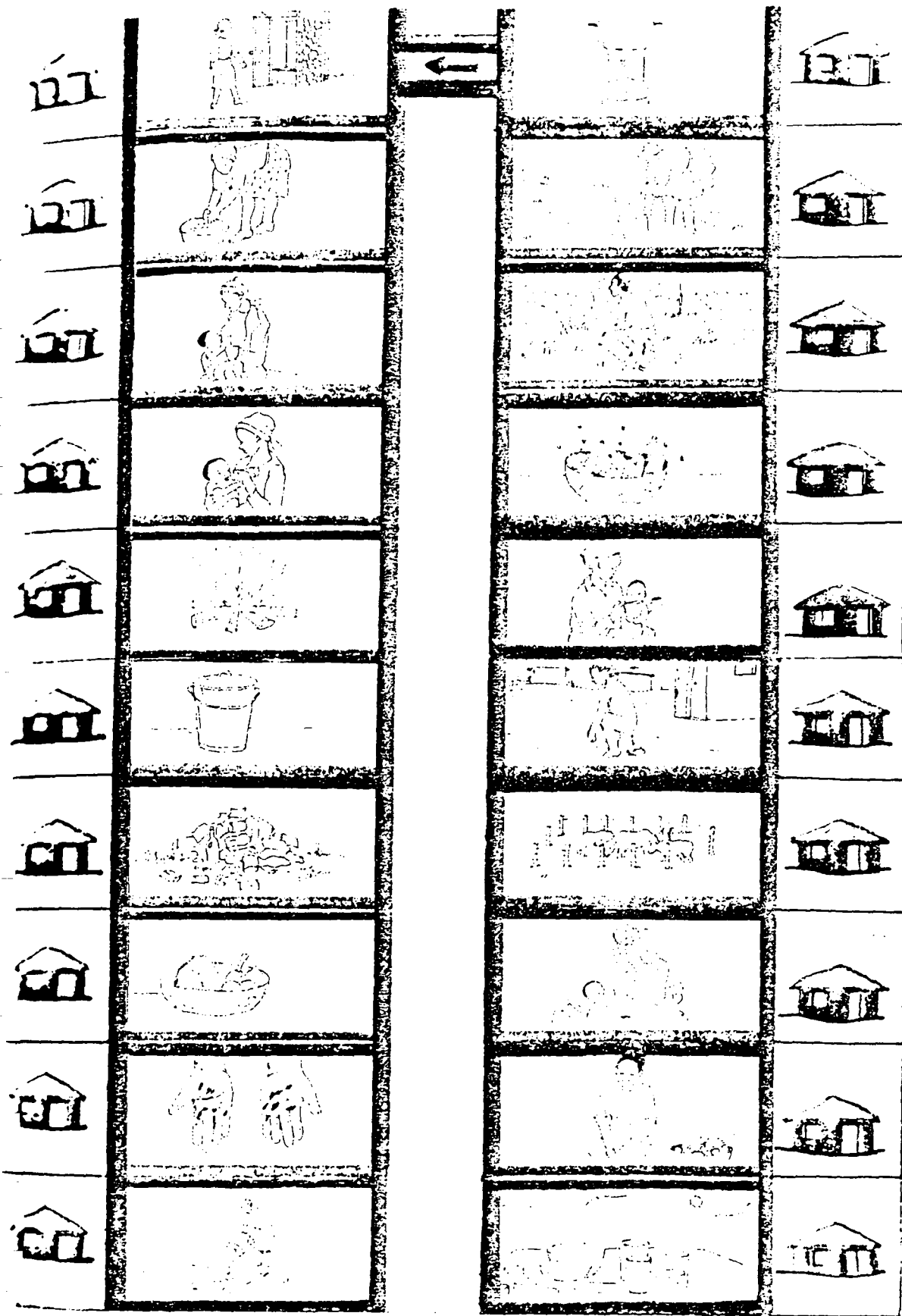
The illustrations in columns 2 and 3 are alternately bordered with either black or red boxes. The black bordered illustrations show causes of sickness or unhealthy behaviours. The red-bordered illustrations show ways of combating sickness and promoting health.

MATERIALS:- The game board
- Dice
- 12 coloured pebbles
- 1 plain pebble

- PROCEDURE:1. The game may be played by three to ten players. It is more lively with larger numbers. One player elects to play "sickness" while the others play "Community members".
2. The objective of the game is for "community members" to reach one of the red houses (house of health) on the left side of the board. They must travel up and down the columns, starting from the first black house in column 4. The "sickness" pebble, meanwhile starts at the other end of the board. "Community members" attempt to reach the red houses without being caught by the sickness pebble. If they are in a red square they are protected from "sickness". If, however they are in a black square at the same time as "sickness" they are eliminated from the game. Pebbles are moved according to the throw of the dice.
3. "Community member" pebbles must move from the right to the left of the board. Whereas the "sickness" pebble may move in any direction.

"Community members" work as a team and may move any one of their pebbles at each throw. Each move by a "Community member" is followed by a move by "sickness".

4. The game ends when either all of the community members are eliminated, or all those remaining have reached the safety of the red houses.
5. At the end of the game, discuss the illustrations with the players. Leading questions should include the following:
 - How do some of the illustrated behaviours cause ill-health?
 - How can such behaviours be overcome?..at individual and community levels?
 - What strategies should be used to overcome these negative behaviours?
 - How can positive behaviours be promoted more actively?

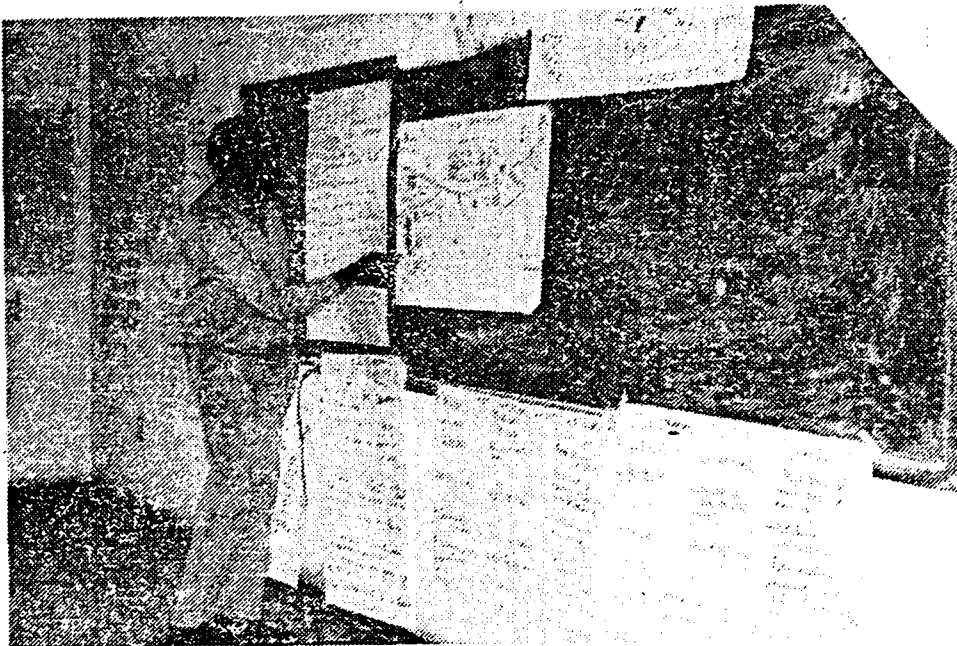


A sample "Houses of Health" game board

SAMPLE STORIES FOR SOCIO DRAMAS ETC.

GUIDELINES FOR WRITING STORIES

1. Choose one main character.
2. Make the character one the people can sympathise with.
3. Dramatise the problem.
4. Ensure that there is a lot of conflict.
5. Bring in one or two characters, one at a time, each of which gives a different advice on traditional lines.
6. Bring in a third character who gives modern advice.
7. Let one of the other characters repeat a traditional advice in a different way.
8. The main character is thoroughly confused. Whose advice should he take?



.....Informative methods
.....story

SAMPLE STORY # 1

In one village called Makhoabeng resided a Nurse Clinician and a Village Health Worker. These two health workers used to offer advice about good health and urged people to build and use VIP latrines so as prevent sanitation related diseases like diarrhoeas, typhoid, dysentery and worm infestation.

As would have been expected when people are only given advice, the majority of the villagers did nothing. However one woman in the village named Maneo managed to build a latrine.

As time went on, the clinic records showed that the incidence of diarrhoea was rising and many children were dying. One of Maneo's neighbours named Litsau, a wife of one of the Chief's councillors also did not have a latrine. Rather unfortunately, children of the two women had diarrhoea. After a few days, Litsau's child became critically ill. Then the other villagers started to ridicule Maneo, saying that in spite of her building a latrine, her household had also been hit by the diarrhoea outbreak.

Meanwhile Litsau had discussed her child's situation with her husband in order to seek permission to take the child to the clinic for treatment. She also suggested to her husband that they try and build a VIP latrine to curb further episodes of diarrhoea among their children. Her husband refused to grant both requests adding that he did not think the clinic staff knew much about the management of diarrhoea in children. Apart from that, he found it also difficult to believe that VIP latrines could prevent or control diarrhoeal disease episodes.

If you were an extension worker, what would you do?

Remember that: Maneo is sad because people are mocking her for putting up a VIP latrine.

Litsau's child is critically ill but the husband would not allow her to take the child to the clinic.

Litsau's husband is also not willing to build and use a VIP latrine.

Written by Mrs Mamotseliso N. Monaheng

.....Informative methods
.....story

SAMPLE STORY #2

Far up in the mountains near Mohale's Hoek is a village called Ha Matsa in the Qabane area. This village is situated above the river which is also called Qabane. At this complex, existed a number of various problems. Some of these were: lack of safe water, poor sanitation, high incidence and prevalence of various communicable diseases, lack of transport and also stray animals loitering all over the village.

The villagers as well animals used the same source of water. Sometimes some animals were seen wading in the water. Just immediately above this river slightly to the north of the village there was communal defaecation site. Therefore it was easy to imagine what happened whenever it rained. Aside from this, rubbish and other wastes were deposited freely around the village. Wherever one went in this village one could see empty tins and rubbish.

As a result of all these things, there were frequent and repeated outbreaks of gastro-enteritis in that village and many people became seriously ill and a few of them lost their lives. Consequently the chief decided to hold a rally to discuss the matter.

Written by M. Mapiloko

.....Informative methods
....story

SAMPLE STORY # 3

In a certain village there was not even a single latrine. As a result of this situation, all the villagers defaecated in small stretches of land behind the hills near the village. Just near this hill was another hill not very far away. Some of the defaecating sites had boulders and rocks to give shelter to those defaecating.

One day a woman and her friend went to defaecate at one of these defaecating sites. While they were there, the son of the first woman and his brother in law also went to defaecate at a nearby site. Although the two pairs of people were near each other, neither pair was aware of the presence of the other.

A sheperd grazing his sheep on a nearby hill spotted the four people, shouted at them and started to make fun of them. His shouts and taunts were heard by the four. Quickly the first woman and her friend dressed up and came out from behind their shelters. They both saw the son of the first woman defaecating behind a small bush but pretended they had not and started on their way back towards the village. Later on the son and his brother in law arrived at the first woman's home. Everything went on normally for sometime afterwards.

Later on the first woman's friend casually told another friend what had happened, cautioning her not to divulge the secret to anybody else. However the gossip started up by the second woman quickly spread through the village.

One day this first woman became aware of the gossip. She became ashamed and took offence. A quarrel subsequently ensued between her and her friend. They never spoke to each other for a long time. As a result of the gossip, the first woman also lost many of her customers to other traders.

Written by S. Ramarakhoane

.....Informative methods
....story

SAMPLE STORY # 4

Sister Afi - Nurse
Kofi Mensah - Extension worker
Papa Yaw - Elder of the village
Mami Akosua - Wife of Papa Yaw
Afia - Mami Akosua's daughter
Wofa Kwasi - Papa Yaw's neighbour

Kofi Mensah is on his way to pay a routine visit to Suhum, a village in his district. Just as he is about to enter the village he meets Wofa Kwasi. During the conversation, Kofi Mensah is told that Sister Afi mentioned to him (Wofa Kwasi) a few days back that the number of diarrhoea cases reporting at the clinic is steadily increasing. Although she intends to see the chief and have a pitso called to discuss the matter, she has been very busy at the clinic since her only assistant proceeded on maternity leave a couple of weeks back.

Kofi Mensah decided to call on Sister Afi to verify the news. At the clinic he is shown conclusive evidence of a mild outbreak of diarrhoeal diseases. Sister Afi stresses that the situation is very serious because there are very few latrines in the village. To make matters worse, the villagers depend on a small stream for their domestic supply of water. This stream is polluted and also shared by animals.

As Kofi Mensah prepares to leave the clinic he sees Mami Akosua who has come to the clinic with her little daughter who is suffering from diarrhoea. Mami Akosua discloses that there is always somebody with diarrhoea in their family. She therefore spends a considerable amount of time at the clinic and therefore has not been able to do much work on her farm. Her husband is not keen on building a VIP latrine. Kofi Mensah therefore promises to call on her husband during his rounds in the village.

During the visit to Papa Yaw's home, it became clear that he does not believe that diarrhoea is caused by germs present in human faeces. He claims that some of his neighbours who have latrines also get attacks of diarrhoea. As a result he thinks it would be sheer waste to spend money constructing a latrine. While this issue is being debated Mami Akosua arrives home from the clinic with Afia whose condition is rapidly deteriorating. Accompanying them is Sister Afia the nurse.

Written by William Sampson

SECTION F GROUP PROCESS (Training Methods)

.....Training methods

1. COMMUNITY VISITS

TIME: 3 - 4 HOURS

PURPOSE: To learn more about a community, identify community needs and problems; establish a community learning group and identify community resources.

PREPARATION: Notify the chief of the village well in advance about the intended visit. Each group should plan the strategy for its' community visit using the format for planning participatory sessions. The following should be borne in mind:

- a. What would be done?
- b. How would it be done?
- c. Who would do it?

PROCEDURE:1. On arrival, group should pay a courtesy call on the chief. Members should then proceed with the visit.

2. On completion of the visit, group should prepare a report on the visit using the appropriate guide. (See report form). Reference should be made to the following:

- a. What was planned?
- b. What actually happened?
- c. What was learned?

3. Group should draw a community map showing problems and resources (see section A).

4. Problems should then be classified and prioritised (see section B).

5. An analysis of the problems should be made and an intervention strategy planned.

In planning subsequent visits for the purposes of implementing intervention strategies, the following guidelines should be borne in mind:

- Plan an activity focussed on the target community's reality.
- Plan all procedures in detail.
- Make sure that all materials required are available. e.g masking tape, paper, scissors etc.
- Divide the learning group into subgroups.
- Give each subgroup a task. Ensure that the task involves the group actively. It is advisable to have a checklist ready.
- Set a time limit for completing the subgroup activities.
- Encourage the subgroups to report back in an innovative way.
- Encourage them to evaluate the activity in terms of learning gains and personal development.

.....Training methods

2. JOHARI'S WINDOW

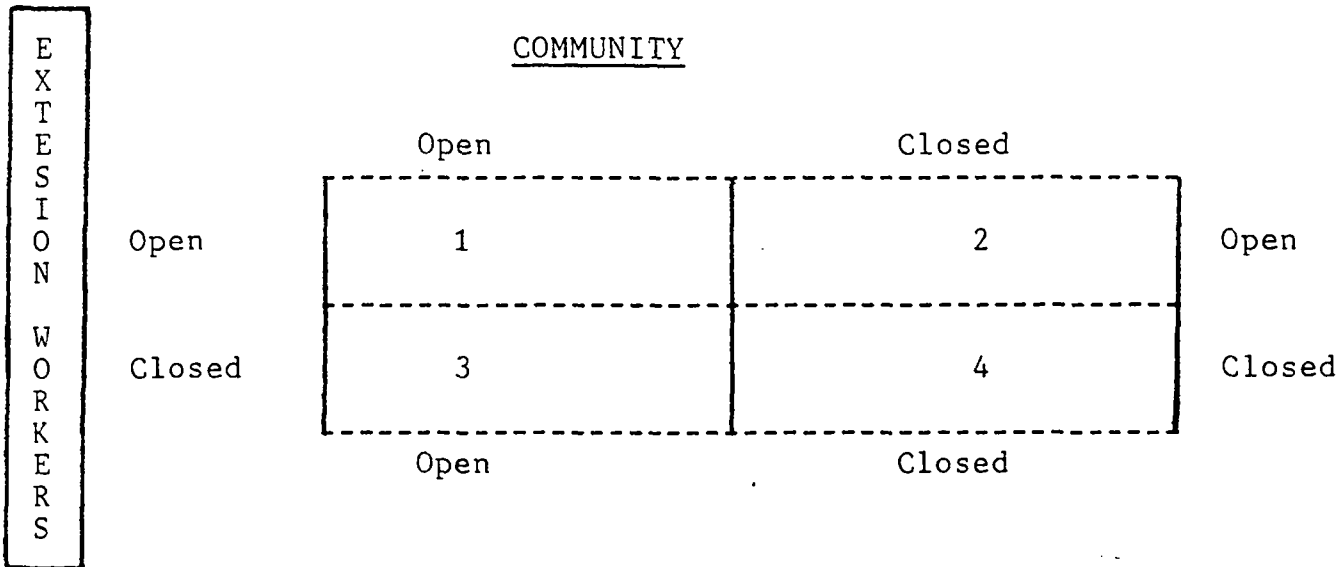
SETTING: A village gathering.

TIME: 1 - 2 hours

PURPOSE: To highlight the importance of close collaboration between health workers and community members in the planning and implementation of health programmes.

PREPARATION: Prepare an illustration of Johari's Window.

- PROCEDURE: 1. Display an illustration of Johari's Window.
2. Explain what the windows stand for as follows:



WINDOW # 1

This window on the community is open to both extension workers and the community. It refers to obvious information available to every body. For example:

- Population and sex distribution.
- Common illnesses
- Available resources etc

WINDOW # 2

This window is open to extension workers but closed to the community. It refers to extension workers (and other outsiders) views, knowledge, impressions etc of the community which are unknown to or may even be rejected by the community. These views are often based on outsiders' knowledge and practices etc. For example:

- disease transmission routes
- "appropriate technologies"

WINDOW # 3

This window is open to the community but closed to extension workers. This refers to views, impressions, beliefs and practices of community members that are difficult to discover because villagers often give answers that they think outsiders are looking for. Examples include:

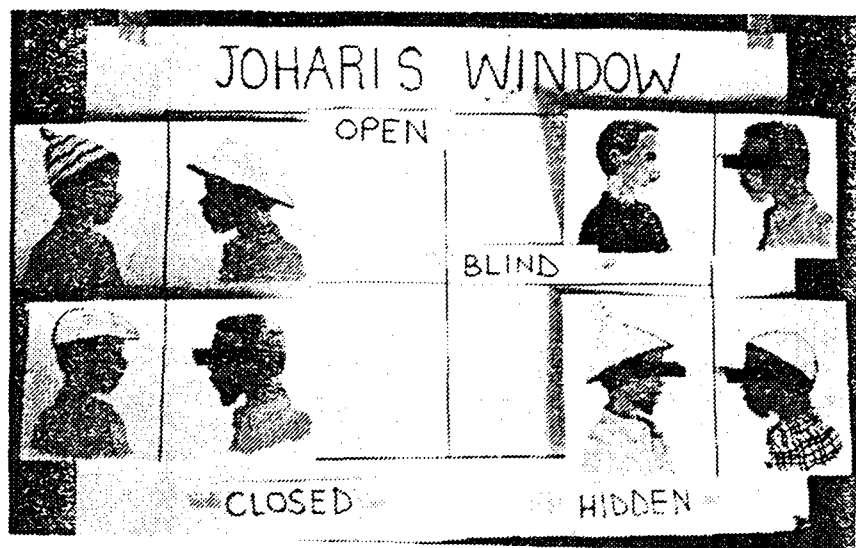
- communities' own practices
- feelings community members have about outsiders.
- local beliefs and practices which are not revealed to outsiders.

WINDOW # 4

Information that is not initially available to either extension workers or communities but subsequently becomes available when extension workers and communities work together.

3. Ask the participants for examples from their own field experiences.
4. Use examples and Johari's Window to explain why programmes and projects may not succeed.

A pictorial representation of Johari's Window



.....Training methods

3. ACTION VERB EXERCISE

SETTING: A group of trainees at a workshop.

TIME: 1 - 2 hours.

PURPOSE: To sensitise the participants to differences in types, quality and degrees (or extent, depth, intensity) of involvement generated by different learning activities.

MATERIALS

a. Newsprint, (3 to 4 sheets) each with a heading corresponding to the name of one out of four learning activities which the group has already experienced and which can therefore be analysed in retrospect e.g. opening ceremony, introductions, community mapping, unserialised posters. Each sheet of newsprint should have two columns, headed yes and no.

Opening Ceremony		
Action	Yes	No
1.		
2.		
3.		
etc.		

b. Strips of paper, each with a verb representing a behaviour which participants may exhibit during the course of an activity (e.g. listen, think, compare, select, sequence, decide, plan, discuss, analyse, enjoy etc) . Copies of the same set of strips are placed in envelopes and labelled according to a heading on the newsprint.

LISTEN

THINK

etc.

c. Masking tape and marking pens.

- PROCEDURE:
1. Divide the participants into groups.
 2. Review with the group the names of activities they have already experienced e.g. Opening ceremony, Community map etc.
 3. Point out that a number of these activities have been selected for analysis in terms of how the participants themselves behaved during the activity. Use the Opening Ceremony as an example. Ask the participants which of the verbs in the set best describe their behaviour during the Opening Ceremony. Hold up any of the verbs at random (e.g. applaud) and ask if it applies to their behaviour. If yes, attach it with masking tape to the newsprint under the Yes column. If no put it in the NO column. When enough verbs have been discussed and posted in the Yes or No columns and the group clearly understands what they are supposed to do, hand out the other three sheets of newsprint and sets of verbs, one per group. Allow 10 - 15 minutes to complete the task.
 4. When the task is completed, participants should reconvene in plenary (seated according to their own groups) to explain their choice of verbs in the Yes or No columns.
 5. Discussion of each groups presentation should be done immediately after the presentation.

.....Training methods

4. DID IT WORK?

SETTING: A community meeting.

TIME: 2 to 3 hours

PURPOSE: To help the health worker evaluate the participation of community members in the participatory sessions and to evaluate their own actions to help that process.

PREPARATION: Prepare an evaluation form as shown below.
(See the next page.)

- PROCEDURE:
1. Ask an observer to observe the roles of the participants and yourself as the facilitator.
 2. During the participatory session, the observer or health worker fills out the evaluation form.
 3. Discuss the evaluation comments with the group. Discuss ways of increasing participation of the community members.
 4. Work out a strategy with the group on how to mobilise more people to participate in the sessions.
-

P.S. It might be helpful if this activity is undertaken periodically to help assess progress.

Analysis of the evaluation form:

The behaviours and actions mentioned in the form are ones that represent more participation in the learning activity. The greater the number of checks that the field worker has for #1 and #2, the greater the participation of the group. For #3, the field worker should hope to have about half or most of the group taking part in the activity. If there was a good discussion during the activity, the field worker will probably be able to include some of the ideas of the people in #4.

EVALUATION OF ACTIVITY

Type of Activity.....Date.....
Name of village.....
Number of people.....
Time.....

Materials used.....

1. What did the facilitator do? (Check appropriate items)

Listened and asked questions _____
Guided the session _____
Stimulated and encouraged discussion _____
Had the community members use the materials _____
Listened and participated in a discussion
of problems _____
Others _____

2. What was the participation of group members?
(Check appropriate items)

Took active role in the activity _____
Answered questions _____
Made observations _____
Shared ideas and experiences _____
Discussed a problem or felt need _____
Showed enthusiasm _____
Others _____

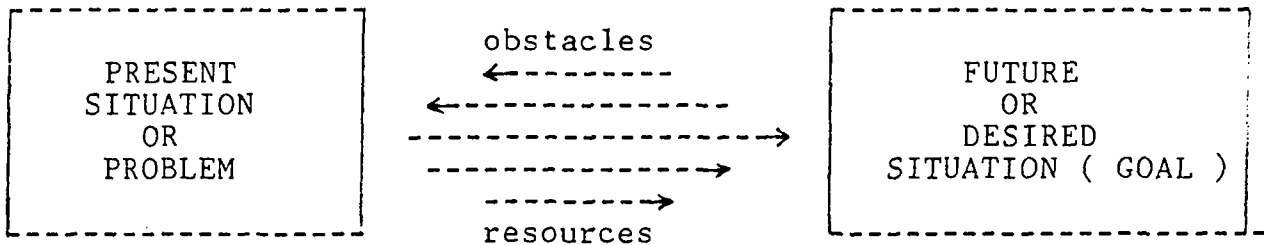
3. Number who participated?

A few of the group _____
About half of the group _____
Most of the group _____

4. If the community discussed a problem or need what steps or
actions did they decide to take? _____

5. FORCE FIELD ANALYSIS

- SETTING: A village gathering.
- TIME: 2 - 3 hours.
- PURPOSE: To review with the community how the availability or lack of resources and the presence of obstacles influence the attainment of set goals.
- MATERIALS: Large pieces of paper and coloured markers.
- PREPARATION: Draw two large squares on a large sheet of paper and link by line. Label squares as shown.



- PROCEDURE:1. Explain what the illustration stands for - that resources facilitate the attainment of goals while obstacles hinder this attainment.
2. Divide participants into a number of small groups.
3. Have each group decide on it's present community situation and define goal/s.
4. Each group should make a list of resources facilitating the attainment of it's own defined goal/s. Another list of obstacles should be made. Each group should present it's lists in plenary.
5. Discuss lists. Classify resources into those that are available in the community and those that are not. Classify obstacles into physical, attitudinal or behavioural ones.

PROBLEM	FUTURE SITUATION (GOAL)	RESOURCES REQUIRED TO ATTAIN GOAL	
		Available in community	External to community

PROBLEM	FUTURE SITUATION	Obstacles hindering attainment of goal		
		Physical	Attitudinal	Behavioural

6. Participants should then review the lists and consider ways of harnessing all possible resources to attain the goal/s and ways of overcoming obstacles that hinder the attainment of the goal.
7. Let each group work out a strategy to attain the goal.
8. Discuss each groups strategy in plenary and reconcile them.

.....Analytical methods

CLASSIFYING AND ANALYSING PROBLEMS

SETTING: A village gathering.

TIME: 2 - 3 hours

PURPOSE: To analyse community expressed needs with a view to classifying and prioritising them and also to differentiate problems from needs.

- PROCEDURE:1. Divide gathering into small groups of 6 - 8 people.
2. Have each group draw a map of their community indicating problems and resources (see section A)
3. Request each group to list community problems.

No	PROBLEM

4. Each group should differentiate problems according to those that could be solved:
- a) By the communities themselves.
 - b) By the communities with some external assistance.
 - c) Only with external resources.

No	PROBLEM REQUIRING SOLUTION	AMOUNT OF EXTERNAL ASSISTANCE COMMUNITIES REQUIRE TO RESOLVE PROBLEMS		
		NONE	SOME	MAXIMUM

5. Have groups prioritise the problems as differentiated. Questions participants should ask themselves should include:

- which problems affect the majority of the people?
- which problems cause severe ill health?
- which groups in one community are more affected
- which problems can be resolved and with what kind of resources ?

6. Each group should then make a list showing various actions required at individual, family and community levels to resolve problem.

No	PROBLEM	SOLUTIONS (action required at level.)		
		Individual	Family	Community

.....Training methods

7. ICE BREAKING

SETTING: A small gathering (up to about 30 people)

TIME: 30 Minutes

PURPOSE: To enable members of the gathering become acquainted with each other and to establish rapport between extension workers and the community. Normally ice breking should be the first activity performed by group before undertaking any other activity.

PREPARATION: Arrange seating in such a way that participants face each other and also every participant can see all the others present.

Have ready a small tennis ball or other round soft object which can be thrown around.

PROCEDURE:1. Greet the group and introduce yourself. Ask whether there is anybody who knows everybody present and also whether there is anybody who does not anybody present.

2. Inform the group that in this activity they are going to learn more about each other.

3. Pick the ball or object and hold it. Mention your name and pass the ball. The next person also does the same.

4. Keep that up until ball is returned to you.

5. Hold the ball and mention your name. Throw the ball across to any person whose name you remember. Mention the person's name as you do so. When the person catches the ball, hē/she mentions his/her name and throws the ball on to another person.

6. Keep varying the process until everybody is fairly relaxed and knows a few more names.

7. Thank the participants for their co-operation.

Designed by William Sampson

.....Training methods

8. POCKET CHARTS

SETTING: A group of trainees at a workshop.

TIME: 1 hour.

PURPOSE: To engage the participants in a simple form of self assessment. This is to give them an idea of how data can be collected, how it can help us to understand a problem and then used to discuss possible solutions.

MATERIALS: This pocket chart has three pictures, each showing a different defaecation site -
- open area or donga
- unimproved latrine and
- VIP latrine

The chart also has rows of pockets - one each for women and men .

- PROCEDURE:1. Request 10 volunteers to come up one by one. Each one should take one green and one red token.
2. The volunteers should make believe that they are average villagers from a typical village community. They should think about the defaecation practices of adult men and women in their families. Then each should take one green token and put it in the pocket to indicate where the men in his/her family usually defaecate.
 3. After that each should put the red token in the pocket representing where women in his or her family usually defaecate.
 4. While the voting is going on, discuss with the rest of the group: - why they think the voting is being done by secret ballot?
- what they think could happen if there were more pockets?
 5. After the voting is completed, request other volunteers to tabulate the results.
 6. Discuss the results and the implications these have for community health.

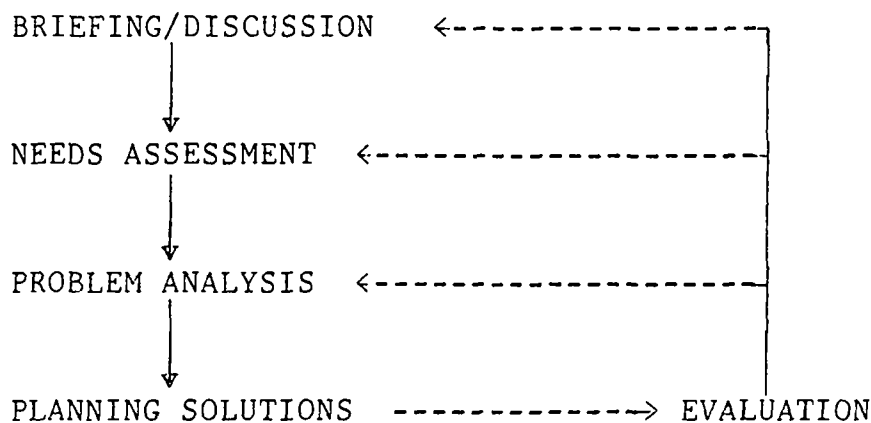
.....Training methods

9. WORKPLAN AND REPORTING FORMS

In order to make planned educational activities participatory, systematic and meaningful, it is suggested that Health Assistants and other extension workers at the district level identify learning groups in project villages for participatory sessions. As a means of facilitating these sessions a working guide has been prepared for use by Health Assistants and other collaborating extension staff.

The Participatory Workplan (See Annex 1)

The workplan has been prepared to cover a period of about eleven months beginning from the first entry into the community and ending with the community assessing its' progress and modifying its' intervention strategy if need be. This modification might lead to a decision by the community to either undertake another needs assessment or further analyse their problems and plan new solutions.



This workplan is by no means a rigid one and it is anticipated that facilitators will assist communities to move through the various phases at their own paces. This means that one cycle of the workplan could well go beyond the projected eleven months.

A number of broad objectives for the participatory activities have been identified and sequenced over time. It is expected that the community would go through the corresponding activities starting from the beginning. For each objective there are defined activities for specified target groups as well as materials and techniques that are to be utilised to achieve that objective.

The workplan has been prepared in such a way that there would be contact between the facilitators and community once every fortnight. Depending on the state of sanitation and health within the community as well as the magnitude of the perceived problems facing the community the frequency of contact may be

increased or decreased. In order to keep track of progress within each community, a number of reporting forms have been designed for completion by the facilitator. (See Annexes 2 , 3 & 4)

a. Participatory Activities Report Form

This form should be completed by the facilitator. It summarises information on what was done and assesses progress made. One form should be completed for each village/town at the end of every month and submitted to the District Sanitation Co-ordinator (DSC) for filing. A copy should be forwarded to RSP/Maseru.

b. Monthly Report Form

The monthly report form should also be completed by the facilitator as a record of health education and participatory activities undertaken or initiated by the facilitator in the project area and submitted to the DSC at the end of each month. The form is designed to give information on every activity that took place (e.g. site, activity, participants, materials etc.) Proposed follow up activities are also to be recorded. In addition the facilitator should assess the extent of participation of the community. Attention should be paid to the involvement of women in project related activities.

c. Monthly Summary Form

The monthly summary form summarises all the activities that were undertaken in the district and proposals for following up on each activity and should be completed by the District Sanitation Coordinator (DSC) and filed. A copy should be forwarded to the RSP office in Maseru within two weeks of the end of the reporting month.

ANNEXES

1980-81

1980-81

1980-81

1980-81	1980-81	1980-81	1980-81	1980-81
1	1980-81	1980-81	1980-81	1980-81
2	1980-81	1980-81	1980-81	1980-81
3	1980-81	1980-81	1980-81	1980-81
4	1980-81	1980-81	1980-81	1980-81
5	1980-81	1980-81	1980-81	1980-81
6	1980-81	1980-81	1980-81	1980-81
7	1980-81	1980-81	1980-81	1980-81
8	1980-81	1980-81	1980-81	1980-81
9	1980-81	1980-81	1980-81	1980-81
10	1980-81	1980-81	1980-81	1980-81
11	1980-81	1980-81	1980-81	1980-81
12	1980-81	1980-81	1980-81	1980-81
13	1980-81	1980-81	1980-81	1980-81
14	1980-81	1980-81	1980-81	1980-81
15	1980-81	1980-81	1980-81	1980-81
16	1980-81	1980-81	1980-81	1980-81
17	1980-81	1980-81	1980-81	1980-81
18	1980-81	1980-81	1980-81	1980-81
19	1980-81	1980-81	1980-81	1980-81
20	1980-81	1980-81	1980-81	1980-81
21	1980-81	1980-81	1980-81	1980-81
22	1980-81	1980-81	1980-81	1980-81
23	1980-81	1980-81	1980-81	1980-81
24	1980-81	1980-81	1980-81	1980-81
25	1980-81	1980-81	1980-81	1980-81
26	1980-81	1980-81	1980-81	1980-81
27	1980-81	1980-81	1980-81	1980-81
28	1980-81	1980-81	1980-81	1980-81
29	1980-81	1980-81	1980-81	1980-81
30	1980-81	1980-81	1980-81	1980-81
31	1980-81	1980-81	1980-81	1980-81
32	1980-81	1980-81	1980-81	1980-81
33	1980-81	1980-81	1980-81	1980-81
34	1980-81	1980-81	1980-81	1980-81
35	1980-81	1980-81	1980-81	1980-81
36	1980-81	1980-81	1980-81	1980-81
37	1980-81	1980-81	1980-81	1980-81
38	1980-81	1980-81	1980-81	1980-81

ANNEX 5

COMMUNITY PARTICIPATORY METHODOLOGY

(Diagram illustrating the interaction between Education Design and the Community)

