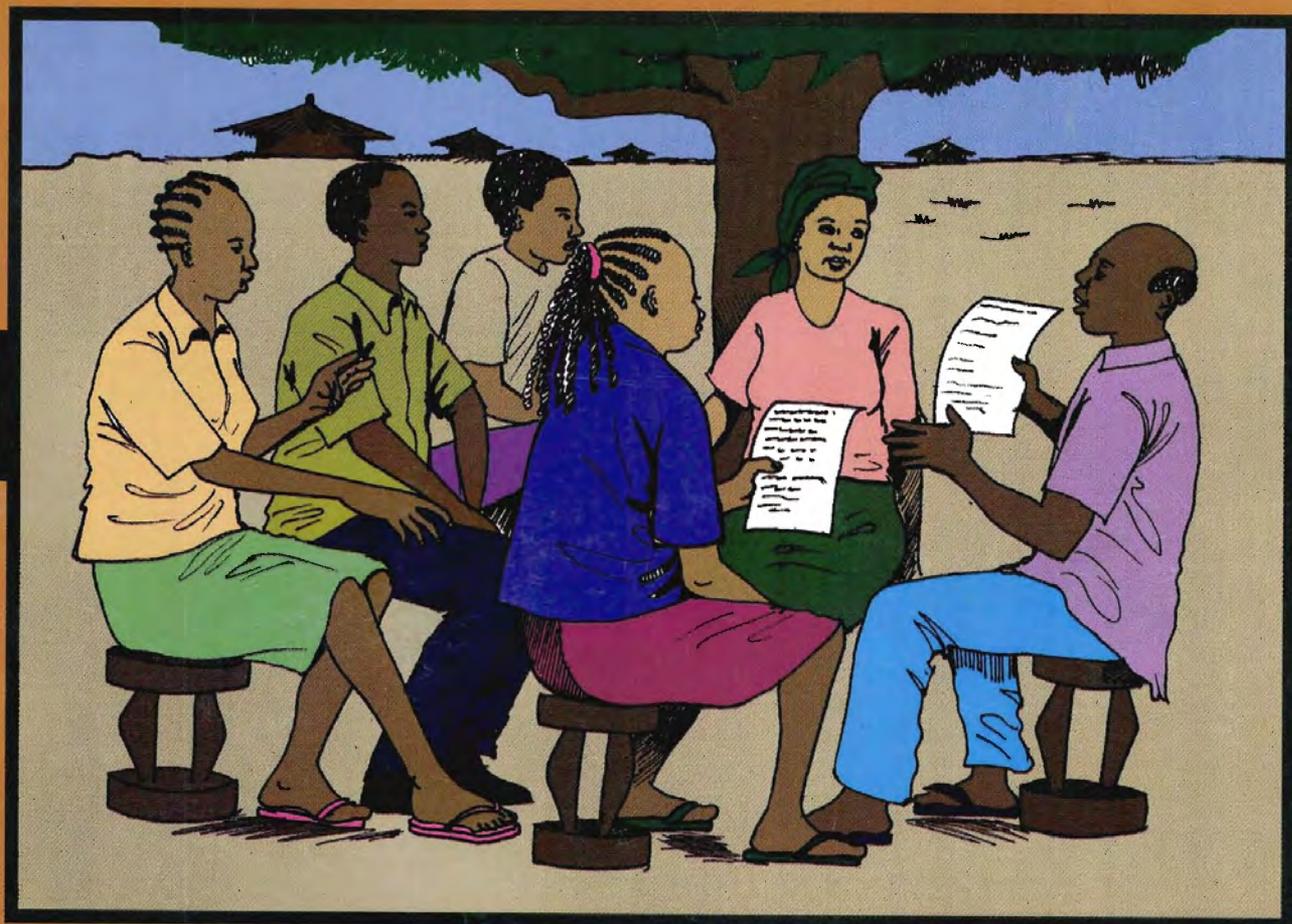


Simplified Guide to Participatory Planning and Partnerships



INTRODUCTION

Congratulations! If you are using this, it means that your Neighbourhood Health Committee (NHC) or Community Based Organisation (CBO) has started to organise to look at health issues affecting your community. The first steps, though they may seem small, are often the most important!

This step-by-step guide has been developed to make your work easier. The guide helps strengthen NHCs and CBOs, and with the health centre, to promote community action with each step. The activities suggested are based on these key ideas:

- Every individual has the capacity to make their health better.
- As a community you know best what your health problems are and how to solve them. Local solutions will be lasting ones and will not depend on help coming from the outside.
- Coming together as a community helps you to solve bigger problems than an individual is able to alone.
- Participation from all parts of the community is very important: men and women, youth and grandparents – those most affected by the health problems. Everyone's opinion is important. The answer to problems can come from everyone.
- Collecting health information in your community and looking at it together will help you to make plans to address health issues.
- Partnerships enable everyone to achieve more. **TEAM: Together Everyone Achieves More.**

Let's get started.

This guide draws from *Participatory Learning for Action (PLA)*, *Data for Decision Making*, and *Self Evaluation for Effective Decisions (SEED-SCALE)* methodologies.

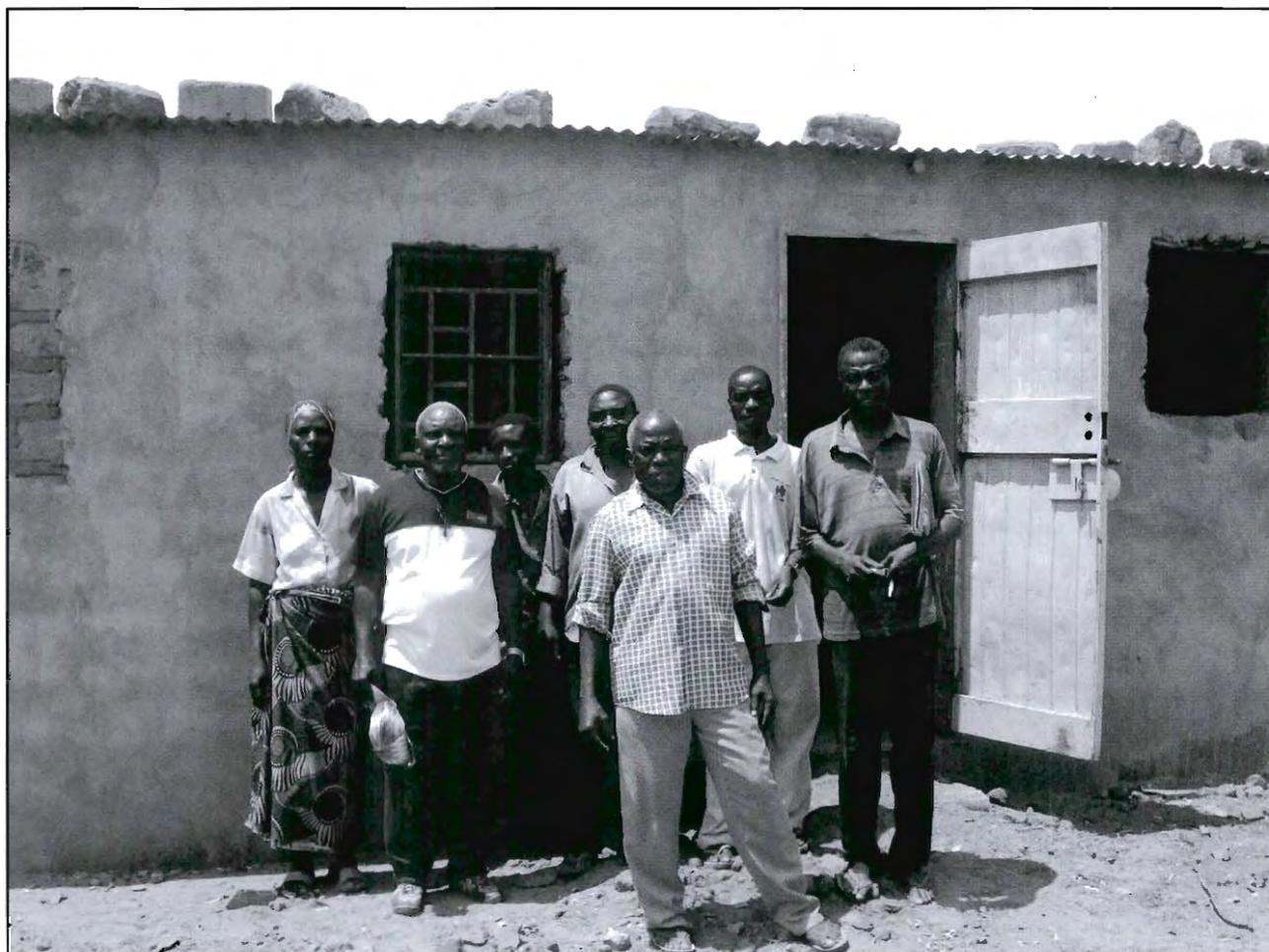
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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retrovirals (drugs)
CBO	Community Based Organisation
DDM	Data for Decision Making
FBO	Faith-Based Organisation
FP	Family Planning
HC	Health Centre
HCC	Health Centre Committee
HIV	Human Immunodeficiency Virus
IRH	Integrated Reproductive Health
ITN	Insecticide Treated Net
NGO	Non-Governmental Organisation
NHC	Neighbourhood Health Committee
PLA	Participatory Learning for Action
PMTCT	Prevention of Mother to Child Transmission of HIV
RHC	Rural Health Centre
SM	Safe Motherhood
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counselling and Testing

COMMUNITY ACTION PLANNING



How will this guide help us (CBOs, NGOs and NHCs)?

By using this guide, we will be able to:

- identify and look at the reasons for health problems
- choose which health problem will be the first to start to work on, and
- choose things to do which will improve health
- develop community-level action plans
- link with local and district level partners who will help us do the community action plans
- identify resources from within and outside the community to help implement action plans
- work with Health Centre Committees (HCCs) to develop combined HCC Action Plans, and link with partners in the catchment area and the district
- report quarterly on how the community action plan activities are going

Overview of steps to be followed:

Step One: Community planning begins: NHCs and CBOs work with the community to draw a *Resource Map* of the particular community. It is called a resource map because it shows the helpful things or “resources” in the community that can be used. Once this is done, together with the community, they discuss and choose three of the most important health problems to work on. NHCs, CBOs and the community also discuss and agree on the goal of their action. For example, their goal might be **“to reduce the number of children and pregnant women who die due to malaria.”**

Step Two: NHCs and CBOs go in the community, to each house, and collect information (data) about each of the three selected health problems. They also collect data from the health centre.

Step Three: NHCs and CBOs meet and put together the data they have collected for each of the three health problems from each house and the health centre.

Step Four: NHCs and CBOs share with their communities what information they have collected and put together. They put the collected data on a bulletin board or flip chart or a classroom board if the gathering is at a community school. Putting the data on the board makes it easy for everyone to see, talk about it and use what they learn from it to develop a community action plan.

Step Five: Planned activities are started.

Step Six: Check to see if planned activities are going well and if they are helping people.

STEP ONE:

Getting organised

As a first step, the HC staff meets with members of each NHC and CBO in the catchment area to train the members. Using this book, the group practices the first two methods: 1) *Community Resource Mapping* and 2) *Listing and Choosing the Most Important Community Health Problems* (see below for a description of the process for each method). Practice of all methods should be done with a community near the HC.

Once these methods are understood in practice, the HC then gives each NHC and CBO paper and pencils so that they can each go and start the planning process. Both NHC members and CBOs need to agree with the HC beforehand on how much time they will take for this first field exercise.

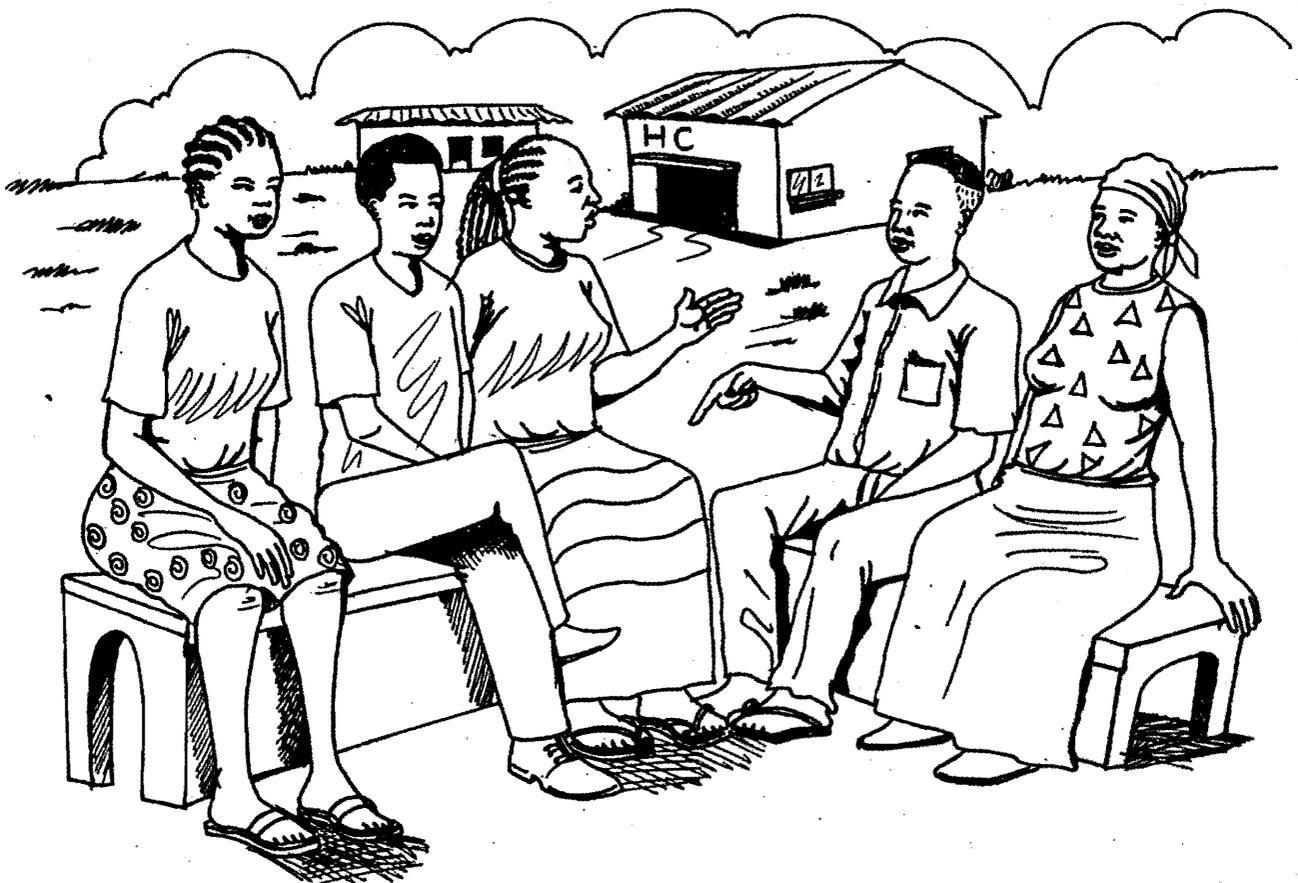
When inviting community participation, it is important to bring different people together. Make sure people that are often left out, including women, youth, those living with or affected by HIV, etc. participate. In the end, those most interested and affected by the health problems must be included. Try to get the most quiet or often left out ones to be involved.

Meeting at the (Health Centre) HC with some NHC and CBO members

As a starting point, the HC staff meets at the HC with some members from each NHC and CBO in the catchment area to talk about planning and how to do it. Other Health Centre Committee (HCC) partners may also be asked to attend. It is important that the members from each NHC and CBO include at least one woman and one man.

Here are some ideas for the meeting:

- Welcome by the HC
- Introduction
- List of items to be discussed
- List of the steps to be followed
- Questions and answers



REMEMBER

The community has a very important role in making action plans for themselves.

1.1 Making a map:

WHY: This map allows the community, NHC and CBOs to see what resources they already have available, and to be able to see the catchment area of the NHC.

HOW:

1. Get a large group of community members together, including women and young people, because it is important for everyone's ideas to also be heard.
2. Ask community members to draw a large map of the community on the ground with sticks. This area may include several villages or be part of an urban township.
3. Once the map of the community is drawn, ask them to show community resources on the map which would either: 1) be useful in promoting health or 2) be the cause for a health problem, using natural materials (sticks, leaves, stones, etc.) as symbols. Resources may include:
 - Households
 - Roads and paths
 - Institutions (churches, schools, post offices, health posts or centres)
 - Markets
 - Stores and bars
 - Location of key leaders such as TBAs, CHWs, headmen, traditional healers
 - Community organizations (committees, NGOs, other groups)
 - Other sector groups (agriculture, water, etc.)
 - Water sources (lakes, wells, rivers, ponds)
 - Waste disposal areas
4. Add any other resources which the community feels are important to have on the map even if they are not on the above list.
5. Include outside partners that are seen as helpful by the community. List them outside the borders of your resource map.
6. Copy the entire map in detail on a piece of paper for safekeeping by the NHC or CBO.



1.2 Conducting a “walk about”

WHY:

NHC and CBO members walk through a catchment area to understand things which go on, or are found in the community. When doing a “walk about,” NHC and CBOs members should always involve community members so that they walk together through the community.

HOW:

During the “walk about,” NHC members should not speak badly about what they see but rather look, listen and learn.

After the walk about has been done, NHC members will now gather all the community members to start talking about the common health problems in their community.

1.3 Listing and choosing the most important health problems:

WHY:

This activity helps the NHC members and community to work together to list their health problems in order of the most important one first and so on. Then they select three to work on first.



NOTE TO THE FACILITATOR:

Sometimes HIV/AIDS is not rated as a problem. Given its seriousness as an underlying factor, if HIV/AIDS is not selected by the community, facilitate a discussion and make sure that HIV/AIDS is one of the three problems selected.

HOW:

1. Get a large group of community members together, including women, young people and those most affected by the health problem, so that their important thoughts can also be heard.
2. Draw a large “matrix” or box (see picture below) on the ground with sticks.
3. Ask community members to talk about and choose what they think are the community’s five most important health problems. Each of the problems the community members decide upon should then be shown with a symbol (for example, a rock = malaria, a leaf = diarrhoea, etc.) in the matrix (box) under “Health Problems.”

4. Once the five problems are listed, ask the community to choose which problem is most common in the community. Choosing of each health problem may be done with small sticks or stones. There is no set number of sticks or stones that are used. Some communities prefer to set a maximum number, while others let everyone present put a stick down to show which health problem they have chosen. At the end of the exercise, the problem with the most sticks or stones is seen to be the most common; those with the medium amount are medium, while those with few stones or sticks are least common.
5. Then ask the community to list the problems in order of the most serious (those which cause the most illness, death or pain), using the same method with sticks or stones.
6. Look at the main health issues that come out and discuss them as a group. Ask the community to pick a total of three problems they would like to work on in their community first. What are they?
7. Copy the final matrix and decisions made onto a piece of paper for safekeeping by the NHC or CBO.

The following is the matrix that each NHC and/or CBO could use with the community to choose the most important health problems.

It could first be drawn big on the ground and then, once it is finished, copied on to paper. Or the matrix may be done on a large piece of paper right from the beginning.

Community Listing, Listing in Order of Importance and Selection of Health Problems

For example:

Common Health Problems	Most Serious Health Problem (List in order of importance)	Using available resources, choose the top three for taking action on
Malaria	1. HIV/AIDS	HIV/AIDS
Diarrhoea	2. Malaria	Malaria
HIV/AIDS	3. Diarrhoea	Diarrhoea
Blindness	4. Family Planning	
Family Planning	5. Blindness	

1.4 Looking more closely at the three selected health problems:

WHY:

To discuss each of the 3 selected health problems in detail, understanding what the community thinks and does about each of them.

HOW:

There are two ways that the NHCs and CBOs can help the community to look more closely at the 3 health problems they chose. One way is the Discussion Group, and another is the Flow Chart (also called a Bubble Chart). The NHC and CBO should do **both** with the groups. Before you begin, review the "How to do discussion groups" in this chapter.

Method One: Discussion Groups

1. Form a small group of community members to discuss each of the 3 health problems selected. Depending on what you are talking about, the team may want to divide the focus group into two or three: a group of women, one of men, and maybe another of young people to allow people to speak more freely.
2. Decide which of the 3 selected health problems is to be discussed first.



3. Start by asking questions about that health problem. (Below are some sample questions which may be used by the NHC and CBO to guide the discussions.)
4. Someone should be chosen to note down the answers given for the first problem on a piece of paper. Also note down the other things (without words) of members from the group that show what they think/feel, like nodding or shaking their heads.
5. Once the questions for the first health problem have been answered, then do the same thing for the second health problem.
6. Note down the answers given for the second question on a piece of paper.

Some basic principles for discussion groups

- The role of the team is to ask the questions and LISTEN CAREFULLY to the answers from the group, noting all answers down carefully.
- Make sure that members of the team do not give the answers or lecture community members if they disagree with an answer.
- Make sure that everyone has a chance to say what they think. Don't let one person always talk more.
- Ask the people who are quiet what they are thinking.
- Do not ask questions that already show them the answer, such as, "You do use mosquito nets, don't you?". Instead, use open-ended questions (for example, "What do you do to prevent malaria in this community?").
- Make sure people affected by the health issues have a chance to say what they think.

Give examples of questions to be asked about each of the 3 health problems (for example, do one on malaria, one on diarrhoea, etc.). Add any other questions that you may find useful. Take notes on the answers.

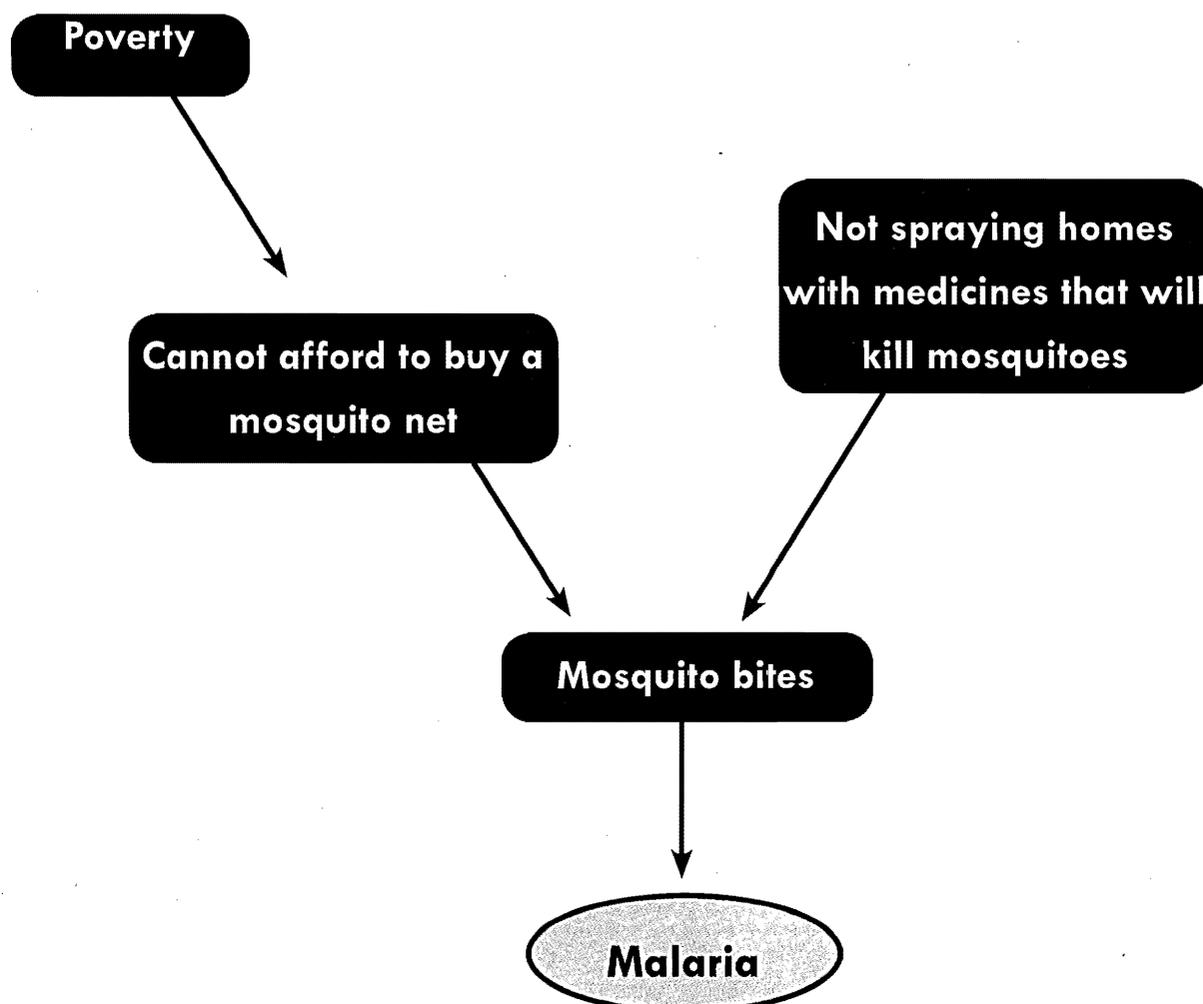
1. What do we think are the main reasons for this health problem?
2. What do we do in this community and in our families to try and stop or prevent this health problem?
3. Which of the things that work best do we do to try and stop this health problem?
4. How can we tell when someone is sick from this health problem?
5. What do most people in our community do first, second and third to treat the person who is sick or affected with this health problem? What do most people do at home? Is there a traditional cure?
6. When is the patient taken to the health centre? What is done there?

Method Two: Drawing a Problem Tree

1. Form a small group of community members (you can use the same group if you prefer). Make sure the group includes women, young people and those most affected by the health problem and encourage them to participate.
2. Decide which of the health problems to begin with.
3. Draw a square or circle in the middle of a large piece of paper and put the name of the health problem in the middle (i.e. Malaria).
4. Start by asking community members what most people in the community think is the reason for this health problem. As they answer, write all the answers down and draw a line connecting each one to the middle circle.
5. Once all the first answers have been noted, then ask "BUT WHY?" for each answer. This will lead the community to find out how things are connected. Write the new answers down and connect them to the other answers with a line. Keep asking "why" until there are no answers.

Example of a Problem Tree:

(Repeat this process on another paper, this time using the second health problem)



STEP TWO:

NHCs and CBOs collect data from households

NHC and CBO members go into the community to collect data about each of the three health problems that have been chosen. The data is collected both from the community and from the health centre. In the community they conduct interviews with people at each house and write the information collected on the **data collection form**. They also enter information collected from the Health Centre on separate forms. Each of the three health problems will have its own form. Below are two samples of the data entry forms, one for the community and another for the Health Centre.



Collecting data at household level.

Samples of Community and Health Centre Data Entry Forms

a) Example of a Community data entry form

Household Name/Number	Cases of Malaria		Cases treated at home		Cases treated at HC		Cases treated by Community Health Worker		Cases treated early (within 24 hours of fever starting)		Cases finishing treatment (as told to do by the provider)		Household members using insecticide treated mosquito net		Household using residual spray inside the house	
	Under 5 years	Over 5 years											F	M	No	Yes
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	No	Yes
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
12.																
Total																
Comments:																
<p>Community Health Volunteers' Monitoring Form (Malaria)</p> <p>Volunteers' Name(s): _____ Community: _____ Month/Year: _____</p> <p>Number of households visited this month: _____ Number of households in the community: _____</p>																

NHCs and CBOs collect data from households

b) Example of a Health Centre data entry form

Health Centre Staff Reporting Form (Malaria)

HC Staff Name _____ HC Name _____ Month/Year _____

Community/NHC Name	Number seeking care for malaria (under 5)		Number seeking care for malaria (above 5)		Number treated for malaria		Number on ARVs		Number of insecticide treated bed nets distributed
	F	M	F	M	F	M	F	M	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

NOTE:

NHCs/RHCs can draw these forms in thick/big books for each NHC to keep a record of their data monthly.

STEP THREE:**NHCs and CBOs meet a second time**

After the NHCs and the CBOs have finished their data collection from the community and from the health centre, they meet the second time together to put together the data they collected both from the community and the health centre. This exercise can take the whole morning. They will now put together all that they have collected and enter it on one form. Below is an example of a data consolidation (put together) form. Once this exercise is finished, a clear picture about each of the health problems will come out well.



Putting data together.

The group must find a comfortable place to put the information together. It can be in a school, at the health centre or even under a tree.

Community Health Information Put Together Form

Community Name: _____

Total Number of Households: _____

Month/Year: _____

Population: Under 5 yrs: Male _____ Female _____

Over 5 yrs: Male _____ Female _____

	Indicators	Under 5 years		Over 5 years	
		F	M	F	M
Malaria					
1.	Number of cases of malaria recorded				
2.	Number of people seeking care for malaria at the Health Centre				
3.	Number of people seeking care from Community Health Workers				
4.	Number of people who treated malaria fever at home				
5.	Number of people with malaria who started treatment within 24 hrs of fever				
6.	Number of people with malaria who finished the full recommended course of treatment				
7.	Number of household members who sleep under an ITN				
8.	Number of malaria related deaths				
9.	Number of households using residual spray				
Sanitation/Diarrhea					
10.	Number of diarrhea cases recorded				
11.	Number of diarrhea cases treated at home				
12.	Number of diarrhea cases treated at the health center				
13.	Number of diarrhea related deaths				
14.	Number of households with VIP pit latrines				
15.	Number of households with ordinary pit latrines				
16.	Number of households with rubbish pits				
17.	Number of households with a protected source of drinking water (covered well or tap)				
18.	Number of households with unprotected source of drinking water (covered well or pond)				
19.	Number of households with safe drinking water				
HIV/AIDS					
20.	Number of community members who went for HIV testing				
21.	Number of community members who went for HIV testing and received results				
22.	Number of pregnant women on PMTCT program				
23.	Number of community members who are on ARVs				
Reproductive Health/Family Planning					
24.	Number of men and women using family planning				
25.	Number of pregnant women with birth plans				

NOTE:

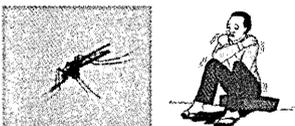
Where the community sees health issues other than the above as priorities, they should work together with health centre staff to come up with indicators.

STEP FOUR:**Sharing the data with the community**

After the health centre, NHC and the CBO have put together the data, they will then discuss and agree on a day and time when they will go back to the community and share the data with them. It is important to present the information in such a way that it will be interesting to the community. The use of a bulletin board is one way. Can you think of other ways? On the bulletin board the three health problems that were chosen will be shared in picture form to start a discussion. This process will lead to the development of the **Community Action Plan**. Below is an example of a bulletin board looks like.

Example of a bulletin board

Our Community's Health				

(Community's name)				
Total Population: _____; Children under 5: _____ girls _____ boys;				
Children 5-14: _____ girls _____ boys				
People over age 15: _____ women _____ men				
	Indicator	(Month)	(Month)	(Month)
				
				
				
				



Presentation of data.

STEP FIVE:**Finding and choosing answers to problems****WHY:**

When the community finds and chooses possible answers to each of the 3 selected health problems (including HIV/AIDS), they can later be used to develop the Community Action Plan.

HOW:

Once the NHCs and CBOs have worked with the community to learn more about each health problem using Group Discussions, Problem Trees and data collection, the community is then asked to freely list the answers they feel are best to solve each of the health problems and put them in order from most to least important, using the following method:

1. Get a group of community members together, including women and youth.
2. Draw a large matrix on the ground or on a large piece of paper like below.

Health Problem and Answer Box:

(Do one box for each health problem)

Health Problem:

Malaria

Possible solutions to health problem (freely list all the solutions the group mentions)	Likelihood that each solution will prevent the problem or re- duce deaths from the problem (high, medium or low)
<i>Use of ITNs</i>	<i>Medium</i>
<i>Early treatment seeking for fever</i>	<i>High</i>
<i>IRS</i>	<i>Medium</i>

3. Determine which of the 3 health problems will be discussed first.
4. Ask the community to freely list all possible answers to that health problem.
5. Ask the community to then rank each solution according to which they feel will work best in preventing illness or reducing the number of deaths from the health problem. The facilitator should help the community with ranking of answers according to best results.
6. The NHC and community are now ready to pick the answers which they will do in the

coming year. For each health problem, the group should pick some solutions which the community can do without a lot of help from the outside, and some answers which are good but will require help from outside partners.

7. Copy the results of the matrix down on paper.
8. Now do the second health problem as you did the first one. Copy the results down on paper.

CIRCLE PICTURES

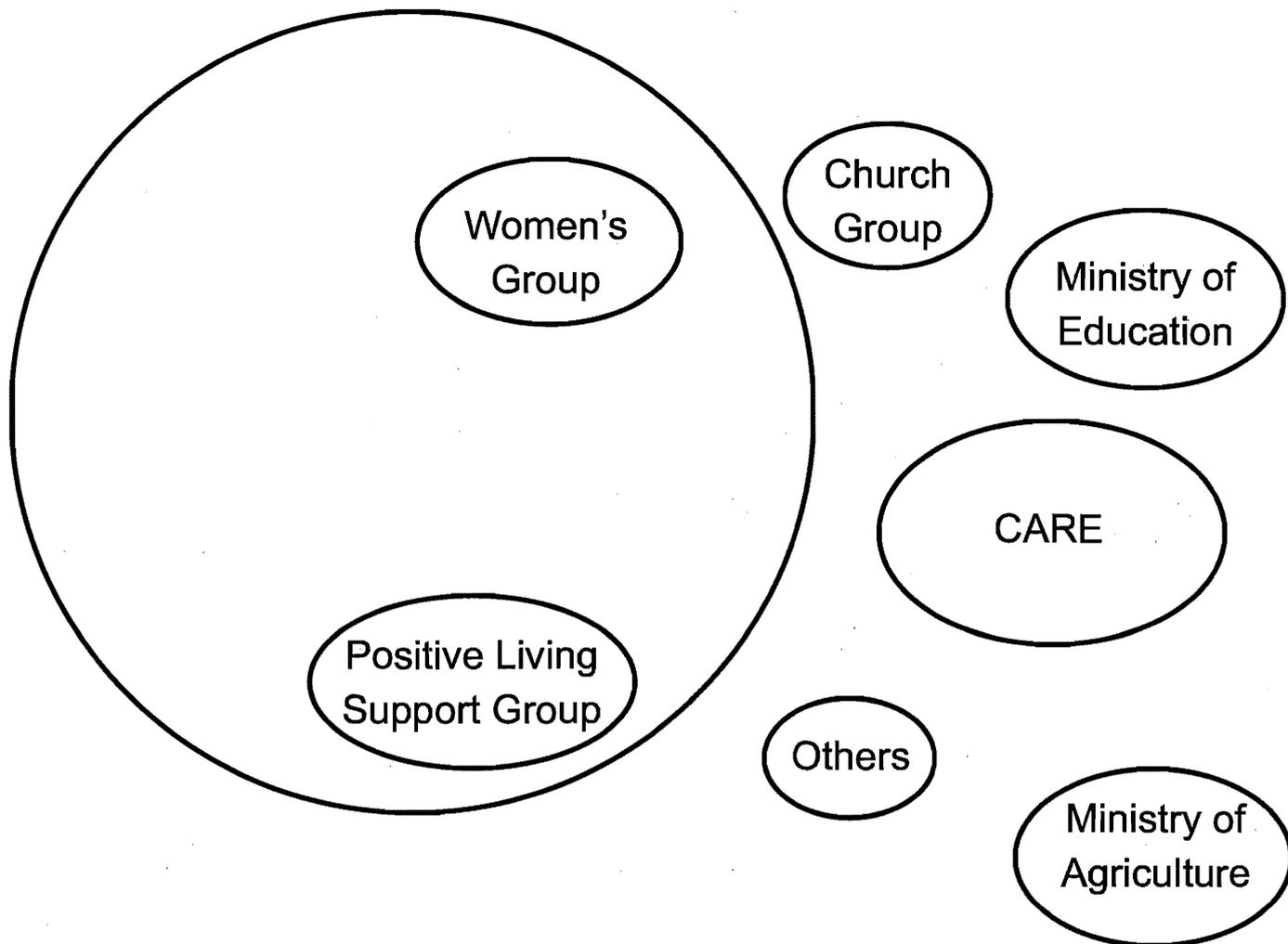
A *Circle Picture* is a tool which is used to see how the different groups work together within a community and with those outside, and how they play a part in community activities.

Circle Pictures can be used to:

- (i) see which groups and organisations the community sees as important
- (ii) carefully look at different services offered by groups and organizations and their importance to the communities
- (iii) find groups and organisations that can provide help (like money, materials, skills, training, etc.) to communities to carry out their action plans

4 Steps to doing a Circle Picture

- (i) Find all institutions/organizations in/out of the community that affect the community in a good or bad way.
- (ii) Draw a circle to show the community.
- (iii) Draw smaller circles to show other groups and organisations.
- (iv) Size, colour or position within or outside the circle shows the importance communities attach to the organization on the relevance of the services being provided

Example of a Circle Picture:**KEY**

- Size depends on how important the group or organization is in the community.
- Position shows where the group or organization is inside or outside the community.

NOTE:

Circle pictures help the community identify resources inside and outside the community that can help implement the action plan.

STEP SIX:

Making Community Action Plans

WHY:

The next step is making Community Action Plans for the following year. Having a written Action Plan helps the NHCs, CBOs and the community to carry out agreed-upon activities which will prevent disease and lead to better health in their areas. The written plan can also help the HC, NHCs, CBOs and the community see how well they are doing during the year compared to what they planned.

HOW:

By planning together.

A. Who should be involved in planning?

Some questions to consider:

- Is the person affected by the health issue? Then they should be involved in solving the problem.
- Does the person have decision-making power that affects the health issue?
- Is the person a local leader or somebody people listen to?
- Is the person interested in the health issue?
- Does the person have skills or knowledge to help the group carry out the action plan?
- If the person was not included, would they create problems?
- Would activities need this person's approval before doing them?

B. Develop an action plan

This step is to make or strengthen a community action plan. The community action plan should include the following elements:

- **what** the community would like to do
- **how** it will be done (with what activities)
- what **resources** are needed and how and from where the community will get them
- **who** will be responsible for each activity and for results
- **when** and **where** activities will take place
- **how** the community will **monitor** progress and know when it has achieved results

The process for making a new community action plan or making it stronger is written below:

1. Draw the box shown on the next page on a large piece of paper and decide which of the three problems to write up first.
2. Under that problem, list the goal of what will be done. Next list the answers which the community chose for that health problem and the activities which will take place to reach the answer.
3. Once the answers and related activities are listed, go back and list the resources which will be needed to do these activities.
4. For each activity and list of resources, the group needs to choose the people responsible for providing the resources whether it be a community, local, or district partner (HC, DHMT, NGO, community member, other) and who is responsible for making sure the activity is then carried out. These may be different people.
5. For each of the activities, a timeline is needed to show when it is planned to take place (what month of the year).
6. And finally, note how the community will know it has reached its goal.

The community action plan should be based on the main health issues chosen by the community and on the answers and activities selected as having the best results. Try to think through and write out the steps to do each of the activities in the plan. Including dates will let everyone know which activities will be done and when.



Community Action Plan

Key Decisions and Actions Planned

Health Problem	Decisions/Activity	By When?	Person/Group Responsible	Remarks/Any Other Comments
Malaria	1.Organising community drama on malaria	March end	NHC to work with drama group	Link and work with staff from health centre
	2.			
	3.			
Diarrhoea	4.			
	5.			
	6.			
	7.			
HIV/AIDS	8.			
	9.			
	10.			

Date, Time and Location of next meeting _____

Name and Signature of Team Leader _____

STEP SEVEN:

Sharing Action Plan with the rest of the community

This book has shown the NHCs and CBOs, the first stages of how to work and plan together in communities. Once the community action plan is completed, a meeting is then held to share the plan with the rest of the community and with local partners already working in the catchment area. It also helps coordinate activities. It shows everyone the goal of the action plan. It will be also helpful to:

- Help the community feel that they can act together and make things better for themselves
- Involve other Ministries, church groups, core groups other NGOs or CBOs, traditional leaders, community leaders and health service providers to build support for the action plan
- See what resources are needed
- Strengthen the skills of people in the community
- Involve those who are most affected by the health issues
- Encourage community members who may not have been as involved in coming up with the plan to still participate

After sharing the plan, help participants find ways to work together. Examples of how this can be done are too many to list here and will vary by district and catchment area. One example might be something like this:

Example:

NHCs and CBOs with help from the community have identified the need to improve community knowledge about malaria prevention. After sharing the community action plan with the local churches, the churches may agree to include this kind of information in their regular meetings with church members.

STEP EIGHT:

Monitoring and Evaluating the Action Plan

A. What is Monitoring?

Monitoring is checking on what we are doing to see if we are keeping to time and how well we are doing it. We keep asking ourselves the question, “**Are we doing what is in the plan?**”

What to Monitor

Community groups and organisations such as the Neighbourhood Health Committee (NHC) monitor progress on action plans during monthly or quarterly meetings.

How to Monitor

1. Take your action plan
2. Put a number of what you planned for each of the activities in the box written **Number Planned**
3. Put a number of what was done this month in the box written **Number Done**

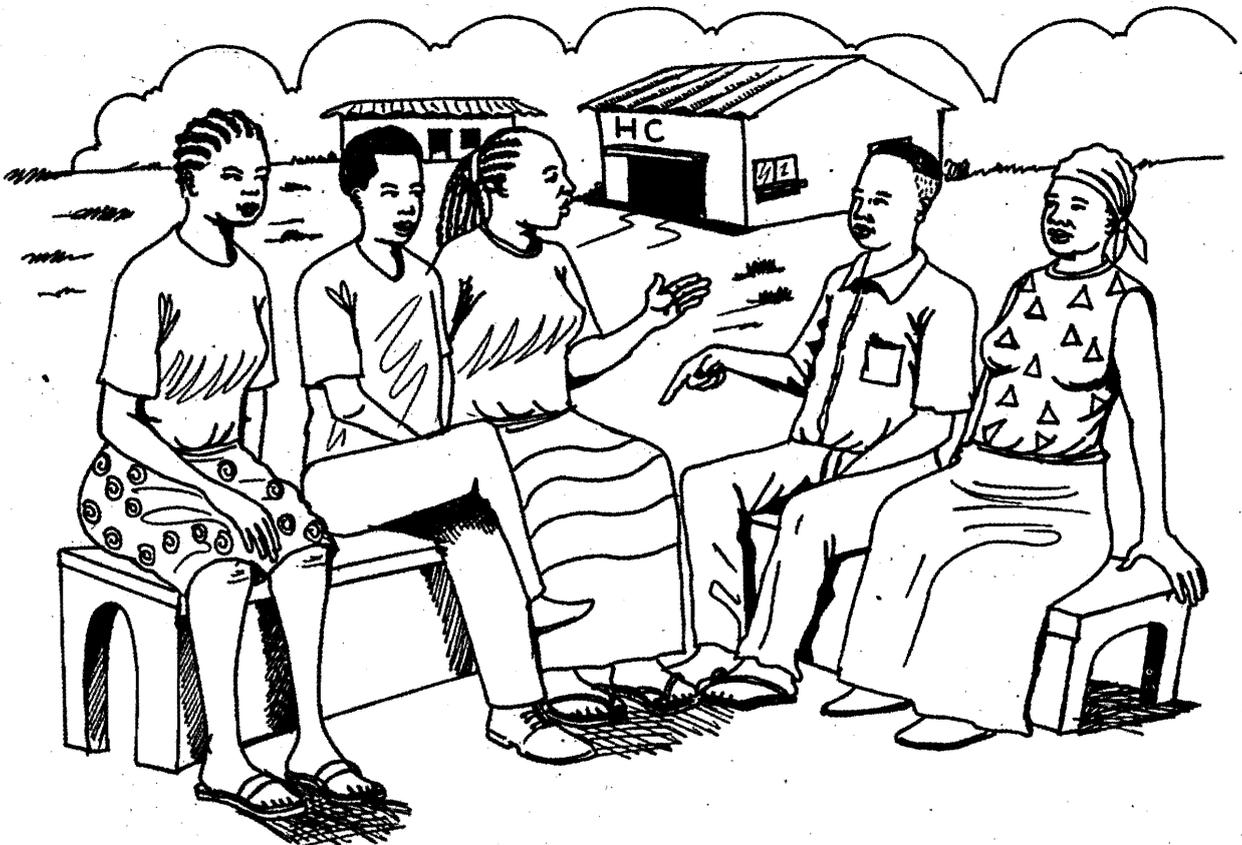
MALARIA ACTIVITIES	NUMBER PLANNED	NUMBER DONE
Number of treated mosquito nets sold		
Number of old mosquito nets re-treated		
Number of houses sprayed with residual spray		
Number of drama performances done on malaria		
Number of households reached through door-to-door contact		
Number of malaria educational meetings held		
Other		
Other		

B. What is Evaluation?

Evaluation is the practice of collecting and using information to find out how well an activity achieved what it was supposed to in making a difference to the health problem.

Evaluation Steps

1. **Forming the Evaluation Team:** This team can be represented by men and women of different age groups including:
 - Community leaders
 - NHC/CBO members
 - Youth
 - Community members with experience and interest in evaluation, e.g., Health Centre staff
2. **Identifying Information Needs:** After the team has been formed, they should sit down and decide on:
 - What do we want or need to learn from the evaluation?
 - Who to learn from
 - When to evaluate
 - Questions to use to ask people about how they benefited from the program or activity
3. **Data Collection:** In collecting data:
 - (i) You can have interviews with individual community members or ask for stories about how they benefited



- (ii) You can do group (community) discussions with community members which encourages their participation
- (iii) Use sketches to present important events
- (iv) Ranking exercises (where people rank activities from those that worked best to those that worked least)

REMEMBER

Respect what people tell you even if you do not agree with them and keep sensitive information (secrets) safe. Do not share it anyhow.

4. Data Analysis: In analysing data, we are looking at:

- What worked
- What did not work

This can be done by adding a column to the community action plan with the title of **Results** and adding in the information from the evaluation.

Community Action Plan as an Evaluation Tool

TARGET	SOLUTION & ACTIVITIES	INDICATORS	PEOPLE RESPONSIBLE	TIMELINE	RESOURCES	RESULTS
<i>What do we want to achieve?</i>	<i>How are we going to achieve the result?</i>	<i>How will we know when we have achieved the result?</i>	<i>Who is responsible for each activity?</i>	<i>When? How long is needed for each activity?</i>	<i>What resources do we need?</i>	<i>What did we achieve?</i>
To bring down the number of Malaria cases in the community	Distribute mosquito nets	<ul style="list-style-type: none"> • Number of mosquito nets distributed • Number of community members who had Malaria 	<ul style="list-style-type: none"> • Community Based Agents • NHC members 	6 months	<ul style="list-style-type: none"> • Mosquito nets • Money • People • Bicycle 	Health Centre records show that Malaria cases have come down from 25 in January to 17 in February, 16 in March, 12 in April, 9 in May and 9 in June

5. Feedback to Community: This involves:

- Giving information to the community members on what worked/didn't work
- Encouraging community members to discuss why things worked or didn't work
- Coming up with ways of improving on the results i.e. what should happen next

This can best be done during community meetings using the data on the bulletin boards or flip charts. Community leaders including chiefs and headmen can be used to organise feedback meetings.



It is very important to celebrate our successes with the communities. Each success, even if it is small, should be shared with the community as it helps to make the different community members feel that they are doing good things for the community and this makes them want to do and feel able to do more.

STEP NINE:

Learning from one another

A. Exchange Visits: Community-to-community learning

As NHCs, CBOs and communities making a difference in the health of their community, other communities may be able to learn from their experience. A community that is doing well might be:

- Following very well all the steps described in this guide
- Have action plans in place and be implementing and monitoring the plans
- Working very well as a group
- Making sure women, youth, People Living with HIV/AIDS (PLHA), and those most affected by the health problem, etc., play an important part in the planning and activities
- Using data to guide their planning

Possible formats for exchange visits between communities might include:

- Exchange Visits among NHCs, NGOs AND CBOs
- Open Days or Community Fairs
- Others?



Example of what an exchange visit might include:

- Welcome of visitors and introductions (sharing of song/dance/drama, etc)
- Sharing the day's programme
- Visits to some good community activities
- Question & answer session
- Visitors will develop their own ideas for their communities from what they have learned from the visit
- Lunch could be offered by the hosting community for free, or be purchased by visitors. This will depend on the resources that the host community has.
- Games
- Sharing of Songs/Dance/Drama
- Thank you and closing of the day

Example of an Open Day/Community Fair:

People Living with HIV/AIDS (PLHA) community-based groups in two catchment areas come together to host a *Community Fair*. Content could be:

- Discussion groups on how they provide support to each other
- Talks on living positively with HIV
- Information about how people are referred to VCT, PMTCT, ART, and care and support services
- Success stories in reducing stigma and discrimination against people living with HIV/AIDS
- Sharing of how they brought health issues to the attention of important people
- Sharing of how they have linked to outside help for money, skills and training
- Sharing of supportive songs/dance/ stories
- Sharing of educational materials

Planning an exchange visit

When planning an exchange visit, there are some steps that can be taken:

1. Find an appropriate day and time for the visit with the community. (At least a ½ day is needed for exchange visits, maybe more)
2. Help to Prepare the Host Community to:
 - Decide what is important to share

- Organize how these issues will be shared
 - Plan the day's schedule
 - Decide who will be responsible for which activities
3. Discuss the budget for the exchange visit with host community and visitors
- Materials needed
 - Cost for travel
 - Food (discuss with host community if they want to cater for free, or add a cost.)

STEP TEN:**Congratulations to the community**

You have now worked together to complete your action plans, do the activities and see how they have worked.

By meeting regularly, talking about the problems and seeing how answers can be found, you are taking health into your hands. You can plan for health activities in your community every year, using this method.

You have shown that you, your family and your community can be healthier and happier because of the steps that have been taken!

Tell us about your success so we can help you share it with other communities. Write your success story to your health centre for them to share with others.





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