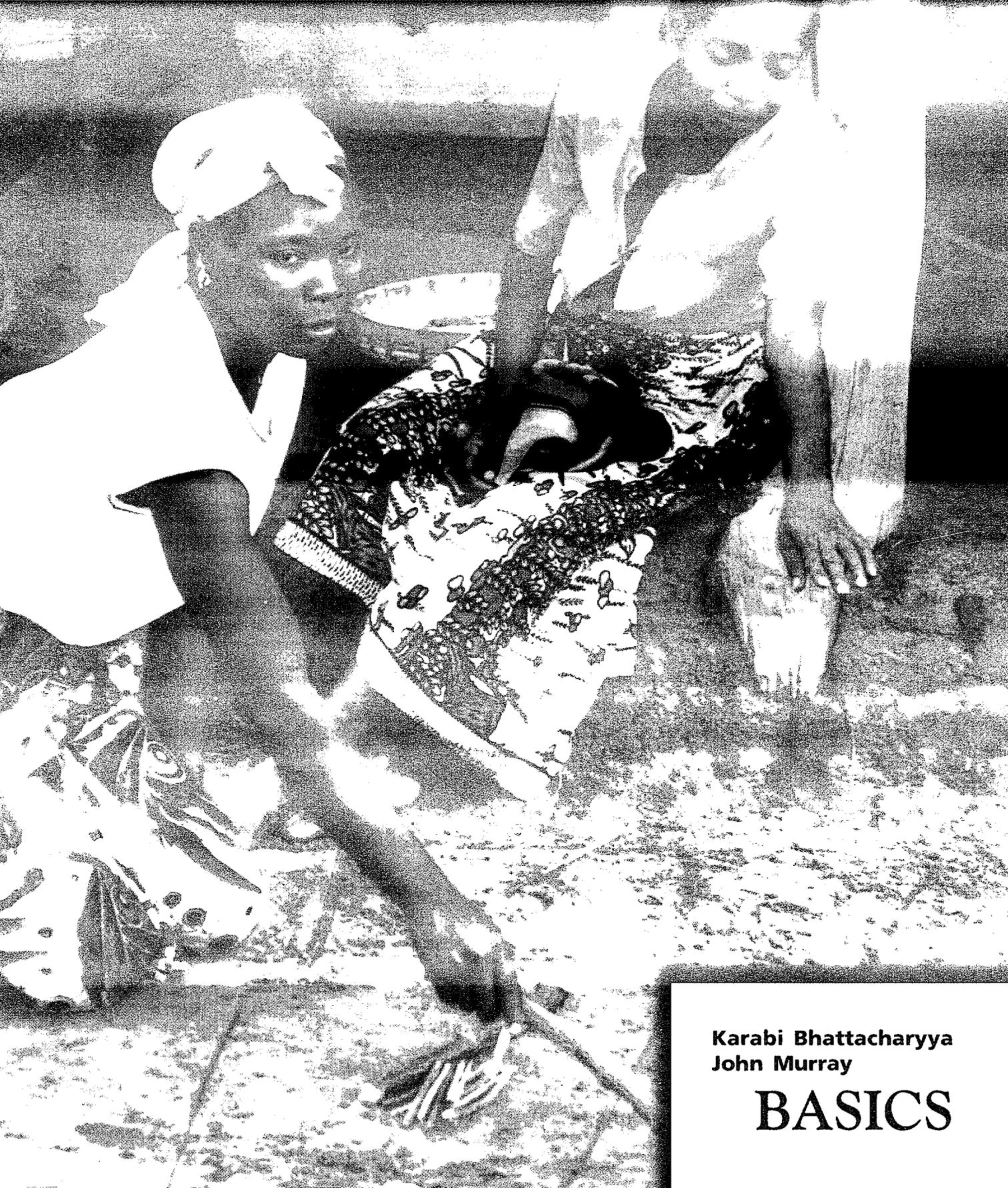


PN.ACH-665-104912

Participatory Community Planning for Child Health

Implementation Guidelines



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PN-ACH-665

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By

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 **BASICS**

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BASICS is a global child survival support project funded by the Office of Health and Nutrition of the Bureau for Global Programs, Field Support, and Research of the U.S. Agency for International Development (USAID). The Agency's Child Survival Division provides technical guidance and assists in strategy development and program implementation in child survival, including interventions aimed at child morbidity and infant and child nutrition.

BASICS is conducted by the Partnership for Child Health Care, Inc. (contract no. HRN-C-00-93-00031-00, formerly HRN-6006-C-00-3031-00). Partners are the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors are the Office of International Programs of Clark Atlanta University, Emory University, The Johns Hopkins University's School of Hygiene and Public Health, Porter/Novelli, and Program for Appropriate Technology in Health.

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Recommended Citation

Bhattacharyya, Karabi, and John Murray. 1999. *Participatory community planning for child health: Implementation guidelines*. Published for the U.S. Agency for International Development by the Basic Support for Institutionalizing Child Survival (BASICS) Project. Arlington, Va.

Abstract

The goal of the community assessment described here is for health staff and communities to jointly identify and prioritize health problems and then develop plans to solve them. This approach collects and uses information on maternal and child health behaviors and is designed for district and subdistrict program planners and health staff. These implementation guidelines include a description of the overall design, the procedures, and suggestions for training. Assessment forms are included within each section.

Cover photo by Karabi Bhattacharyya

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Acknowledgments

These implementation guidelines are based on fieldwork conducted in Ethiopia, Zambia, and Morocco. The community members and local health staff we worked with in these countries deserve our greatest thanks and gratitude for allowing us to learn with them about their lives.

In Ethiopia, the fieldwork was conducted with support from the USAID/Essential Services for Health in Ethiopia project. Thanks are extended to Dr. Estifanos Biru and to Ministry of Health staff who participated in the community planning: Leul Seged Asfaw, Abu Awol, Sr. Workenesh Kereta, Kassahum Belete, Tomas Toina, Paulos Amenta, Getachew Assefa, Kekebo Debake, Ashenafi Argeta, Dr. Solomon Worku, Tirfe Mesfin, Belay Roma, and Dr. Tekleab Kedamo. Thanks are also extended to Drs. Paul Freund, Mengistu Asnake, and Mulageta Betre and to Mr. Wondimu Amdie of BASICS Ethiopia for assistance with the conduct and further development of the assessment. In Zambia, fieldwork was conducted with support from the USAID/Zambia Child Health project. Thanks are extended to Dr. Remi Sogunro, Dr. Elizabeth Burleigh, and Ms. Vera Mwewa, with BASICS/Zambia, and to Dr. Paul Zeitz with USAID/Zambia. The Ministry of Health participants included Mr. Geston Moyo, Mr. Jonathan Chigawu, Ms. Charity Nalwamba, Ms. Magdalene Chipeta, Ms. Bertha Musukwa, Mr. Simate Nyambe, Mr. Charles Kamzambi, Mr. Mackson Ngambi, Mr. Justin Mukupa, Ms. Catherine Mulikita, and Ms. Magdalene Siame. A modified version of the community planning process was implemented in Morocco with assistance from Dr. Peter Winch of Johns Hopkins University.

At BASICS/Washington, we thank Rebecca Fields, Judith Moore, Michael MacDonald, Tina Sanghvi, and Rae Galloway for their review and comments on the semistructured interview guides. Several people reviewed the document and provided valuable comments: Peter Winch and Bill Weiss of Johns Hopkins University, Elizabeth Thomas of the Academy for Educational Development, and Lisa Howard-Grabman of Save the Children. Wendy Osborne, Tanya Johnson, and Kathleen Kelly provided editorial support.

Introduction

Overview

Why Local Planning?

Community-based approaches to primary health care planning are important to developing and sustaining maternal and child health programs. Emphasis on local planning methods arises from three trends in public health planning. First, there is an increasing emphasis on developing decentralized primary health care systems (WHO 1996). Decentralization requires that health planners collect local information to develop strategies and allocate resources. Second, there is a shift toward the integration of maternal and child health programs. Integrated approaches are being designed to manage simultaneously all of the most important maternal and child health problems. Increasingly, countries are implementing programs that train health facility workers to provide all essential services every day (such as sick child care, immunization, and antenatal care). Third, as communities are increasingly expected to finance health services, there is a recognition of the need to involve the local community in the planning and implementation of health programs (Rifkin 1996) and to develop tools to promote participation (Chambers 1994a, 1994b, and 1994c).

Features of This Approach

The goal of the community assessment described here is for health staff and communities to jointly identify and prioritize health problems and then develop plans to solve them. This approach collects and uses information on maternal and child health behaviors and is designed for district and subdistrict program planners and health staff. The method has the following features:

- Focuses on a limited number of maternal and child health behaviors that are critical to the prevention and management of the most important causes of childhood morbidity and mortality and uses them as a “menu” to guide planning.
- Uses an integrated household survey that measures indicators of those maternal and child health behaviors.
- Is conducted by a team of community volunteers with the Ministry of Health (MOH) staff or other health staff responsible for implementing health programs.
- Encourages community members and health staff to use and analyze information immediately to produce joint action plans.
- Collects data that can be used at the community level to develop an action plan and at the district, zonal, regional, and project levels to monitor and evaluate programs.
- Uses a flexible time frame that can be completed in 8–10 days.

Lessons Learned from Field Tests

BASICS has used different versions of this approach in Zambia, Ethiopia, and Morocco. Save the Children US has used this approach in Guinea, and Conservation International has used it in Brazil. We have found that it is very important to be clear as to what this process does and does not do, as shown in table 1. In essence, this approach is the *beginning* of a process to change the way health planning is done at

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the local level. It is critical that technical (and sometimes financial) support be provided to implement the action plans that result from this process.

Table 1. Features and Limitations of Community Assessment and Planning

Community Planning Does—	Community Planning Does Not Necessarily—
Teach health staff to learn from and listen to community members.	Change existing power relationships within a community.
Give communities and health staff boundaries and a focus for the discussions (emphasis behaviors).	Create sustained changes in the attitudes and behavior of health staff toward communities.
Use the emphasis behaviors as a way to open up discussions of constraints (cultural, social, environmental).	Produce in-depth information on cultural belief systems on any of the behaviors.
Use data and community priorities to decide on health activities.	Produce quantitative data that can be generalized beyond the communities where it is collected.
Foster a better relationship between health staff and communities.	Constitute a blueprint for better health planning.

Objectives

The community assessment and planning process has four main objectives:

1. Develop a community health action plan with the full participation and consensus of communities.
2. Develop a community health action plan based on primary health care behaviors that have been documented to improve maternal and child health.
3. Collect key indicators for monitoring and evaluating community and household activities.
4. Build capacity of local staff and communities to develop and evaluate community programs.

Design

The planning process begins with 16 emphasis, or key, behaviors that have been shown scientifically to decrease at a global level child morbidity and mortality from the most common causes. The emphasis behaviors are used as a “menu” from which community members and health staff together identify priority behaviors. Those behaviors are then used to develop a joint action plan. The methodology combines participatory and qualitative methods with a structured household survey.

The emphasis behavior concept has been developed for public health programs that seek to improve child health in communities by changing caretaker behavior, but that do not have the resources to undertake extensive background research or implement large, complex programs. The emphasis behaviors on the list have been demonstrated to have an impact on the health of children and to be changeable through primary health care programs. (For a fuller discussion of the emphasis behaviors and the technical justification for

the selection of each behavior, see Murray et al. 1997. In this report, *caretaker* means anyone who sometimes cares for the child. We do not mean to imply that all these behaviors can or should be applied only by the child's mother or primary caretaker.)

The 16 emphasis behaviors are organized into five categories: (1) reproductive health practices, (2) infant and child feeding practices, (3) immunization practices, (4) home health practices, and (5) care-seeking practices (table 2). Each of these categories is believed to be necessary to maximize program effectiveness. Home-feeding and immunization practices are separated from other categories of household behavior in order to highlight their importance.

The emphasis behaviors are used as a framework for planning and conducting all community-level activities. Based on their national health policy, health staff could select a subset of emphasis behaviors to focus on as they begin the community planning process (see "Preparation" section). There are advantages and disadvantages to allowing the community to modify the list. The advantages include the potential for increased power and development of capacity within the community and the possibility that the community may identify other important issues relevant to child mortality. The disadvantages are that the community might add behaviors that have no impact on mortality and raise issues to which the health team cannot respond. For the purposes of these guidelines, the community has a role in collecting information, selecting the behaviors, and developing an action plan, but *not* in modifying the list of emphasis behaviors.

Table 2. The Emphasis Behaviors

Reproductive Health Practices: Women of reproductive age need to practice family planning and seek antenatal care when they are pregnant.

1. For all women of reproductive age, delay the first pregnancy, practice birth spacing, and limit family size.
2. For all pregnant women, seek antenatal care at least two times during the pregnancy.
3. For all pregnant women, take iron tablets.

Infant and Child Feeding Practices: Mothers need to give age-appropriate foods and fluids.

4. Breastfeed exclusively for about 6 months.
5. From about 6 months of age, provide appropriate complementary feeding and continue breastfeeding until 24 months of age.

Immunization Practices: Infants need to receive a full course of vaccinations; women of childbearing age need to receive an appropriate course of tetanus vaccinations.

6. Take infant for measles immunization as soon as possible after the age of 9 months.
7. Take infant for immunization even when he or she is sick. Allow sick infant to be immunized during visit for curative care.
8. For pregnant women and women of childbearing age, seek tetanus toxoid (TT) vaccine at every opportunity.

Home Health Practices: Caretakers need to implement appropriate behaviors to prevent childhood illnesses and to treat them when they do occur.

Prevention

9. Use and maintain insecticide-treated bednets.
10. Wash hands with soap at appropriate times.
11. For all infants and children over 6 months, consume enough vitamin A to prevent vitamin A deficiency.
12. For all families, use iodized salt.

Treatment

13. Continue feeding and increase fluids during illness; increase feeding immediately after illness.
14. Mix and administer oral rehydration solution, or appropriate home-available fluids, correctly.
15. Administer treatment and medications according to instruction (amount and duration).

Care-seeking Practices: Caretakers need to recognize a sick infant or child and need to know when to take the infant or child to a health worker or health facility.

16. Seek appropriate care when the infant or child is recognized as being sick (i.e., looks unwell, is not playing, is not eating or drinking, is lethargic or has a change in consciousness, vomits frequently, has high fever, has fast or difficult breathing).

Implementation

Preparation for the community planning process includes negotiating with communities and forming the teams. After the preparations are complete, the community assessment is conducted in four phases, which are summarized in table 3.

Table 3. Sequence of Activities for Participatory Community Planning at a Glance

Phase	Suggested Activities/Procedures
Preparation	Selecting communities Forming health teams Forming community health teams Modifying the list of emphasis behaviors for the community planning process Adapting and pretesting household survey questionnaires Organizing the training
Phase 1: Building partnerships	Using key skills to plan training activities Holding a public meeting to introduce the community planning process Doing social mapping Free listing and ranking children's health problems
Phase 2: Selecting the emphasis behaviors	Using key skills to plan training activities Selecting households for the Household Survey Selecting all households in the community (option 1) Selecting a sample of households (option 2) Selecting a sample of households using a grid (option 3) Conducting the survey Doing hand tabulation and analysis Matrix ranking and scoring
Phase 3: Exploring reasons for the behaviors	Using key skills to plan training activities Conducting semi-structured interviews Creating seasonal calendars
Phase 4: Developing the action plan and next steps	Preparing the action plan Holding a public meeting

Phase 1: Building Partnerships. During this phase working relationships are established between the health team and community team members. The health team is introduced to the community at a public meeting. This phase establishes the health team's willingness to listen to the community and try to understand the community's health priorities.

Phase 2: Selecting the Emphasis Behaviors. In this phase teams conduct a simple household survey to collect information on the key maternal and child health behaviors in a sample of households. The teams tabulate the data by hand and identify behaviors that are not being performed consistently. Community members rank the behaviors according to their importance and the feasibility of changing them. Based on the community ranking, three to five priority behaviors are selected.

Phase 3: Exploring Reasons for the Behaviors. In this phase a variety of participatory research techniques, including semi-structured interviews and seasonal calendars, are used to explore the reasons behind the three to five selected behaviors. For each behavior, a topic guide lists questions to help the team gather information and understand the behavior more fully.

Phase 4: Developing the Action Plan. Once community and health teams have determined why people were or were not doing the selected behaviors, they develop an action plan to modify the behaviors. The

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plan for implementing activities that will improve the selected health behaviors is presented at a public meeting attended by the whole community. The action plan identifies resource needs and allocates responsibilities.

Results and Products

The four phases result in community action plans, baseline data on key behaviors for monitoring and evaluation, trained staff, and information that can be used by health and community teams, health facility and regional staff, and community groups and organizations. The action plans developed by the health and community teams often involve a range of activities at facility and community levels, such as training of health workers, integration of health facility services, health education, and work with community organizations. The quantitative data from the household survey can be aggregated to provide baseline indicators for monitoring and evaluation at a regional level. The qualitative data also contribute to the development of communication and health education materials.

Should This Approach Be Used?

The use of participatory approaches in health programs is currently in fashion. As a result, participatory approaches are sometimes misrepresented. Some health and development professionals conduct research and call it participatory simply because local people answer their questions. Other programs involve the local people in defining their own needs and priorities but then do not provide the support they need to take action. In writing these implementation guidelines, we have tried to be explicit about the nature and the level of participation by local people.

This community planning approach is not appropriate for all situations. Participants' capabilities and constraints must be recognized. At a minimum, the health team must have the autonomy and flexibility to respond to some of the issues that are likely to result from the planning process. If, for example, the health team must go through a lengthy approval process for every issue or action, the result could be frustration within the community and deterioration in relations. The health team should be explicit about their political and resource constraints during the first public meeting and all subsequent conversations.

Similarly, communities should not be picked at random or simply for convenience. Representatives in communities being considered should show interest in working with the health team and be willing to commit to the specific actions that may be needed. This process should not be attempted in communities that have negative attitudes toward the Ministry of Health. Community planning is also more likely to work in communities that have experience with collective action, although these communities may have fewer public health needs than communities with no experience of collective action.

At an individual level, participants and respondents must consent to be interviewed or participate in group activities. The team members must make every effort to ensure confidentiality of all conversations.

Preparation

Purpose

- Select the health communities for the community planning process.
- Form health planning teams.
- Finalize the emphasis behaviors and the household survey.
- Plan and conduct training in the community planning process for health teams.

Key Activities

- Selecting communities
- Forming health teams
- Forming community health teams
- Modifying the list of emphasis behaviors for the community planning process
- Adapting and pretesting the household survey questionnaire
- Organizing the training

Selecting Communities

Tasks

- Define a geographic area for community activities.
- Map communities in the defined geographic area.
- Collect epidemiological data on the health status of the population and community-level programs.
- Identify groups or decision makers responsible for community-level health; decide on community selection criteria.
- Use selection criteria to identify communities for participatory planning in collaboration with local groups and decision makers.

Terms

Geographic area is usually an administrative unit, which could be national, regional, or district level.

Epidemiological data are routine or survey data on disease morbidity and mortality, rates of malnutrition, vaccination coverage rates, community outreach activities, performance of community health workers, and so forth.

Decision makers are local individuals or committees who decide the child health interventions. They are often familiar with the communities in their catchment areas and with existing community programs. It is important that they be identified and consulted early in the process of community selection.

Community selection criteria could include (1) public health need, such as infant and child mortality rates, rates of malnutrition, and vaccination coverage rates; (2) access to health facilities; (3) the presence or absence of other community-based program activities; and (4) willingness of the community to participate.

Procedure

Community selection is one of the first steps in the process of participatory planning. It is critical that it be done with the full consensus of local decision makers as well as of the communities themselves. It is essential to use clearly defined criteria in selecting communities in order for the process to be as fair and objective as possible. Some examples are presented in these guidelines, and other criteria can be developed with local decision makers. Ultimately, the goal is to work with all communities in an area, but until that happens, programs need to focus on those with the greatest public health needs. Community selection will need to be done at the beginning of a community planning process and then periodically repeated as more communities are added.

Forming Health Teams

Tasks

- Identify health staff who will be involved with community program development and implementation.
- Decide on the roles and responsibilities of individuals within the health teams.
- Explain the community planning process to the health teams.
- Develop a sequence and timetable of community planning activities. Decide how long-term follow-up will be conducted.

Terms

Health staff, whether governmental or nongovernmental, should be in a position to assist with the implementation of community-level programs in their areas. Low-level health staff are best suited to this role and could include health workers based at first-level health facilities, health workers based at district health facilities, and district health officers or program managers.

Health teams are members of the health staff who are responsible for overseeing, implementing, and following up on community health activities. Team members should be able to devote enough time to managing various components of the community-level process. Ideally, community-level program development will be part of the description for those staff positions.

Procedure

Since local health staff will ultimately need to understand and coordinate health activities in the communities they serve, it is important that they understand the community planning process and commit both time and resources to implementation and follow-up activities. A team-based approach allows effective planning and allocation of responsibilities. The health team may include non-MOH staff such as private health providers and workers from other sectors (such as agriculture and education). Where possible, it is important to link community planning and implementation to ongoing health activities scheduled in each district. Team selection should be done at the beginning of the community planning process. As communities are added from new regions or districts, members may need to be added to the team. Teams that include staff from several administrative levels (such as health facility, district, and national) can be very effective in generating support for community health and facilitating community-level activities. The sequence and timetable of activities that are required to develop, implement, and follow up on the community planning process should be discussed in detail with health teams.

Forming Community Health Teams

Tasks

- Identify community members who will be involved with community program development and implementation.
- Decide on the composition, roles, and responsibilities of community health teams.
- Explain the community planning process to the community health teams.
- Develop a sequence and timetable of community planning activities. Decide how long-term follow-up will be conducted.

Terms

Community members such as administrative heads (chairman, secretary of the community), community health agents, traditional birth attendants, teachers, agricultural extension workers, heads of women's groups, and village elders may be appropriate members of a health team. It is important that the team represent the people of the community fairly.

Community health teams are responsible for overseeing, implementing, and following up on community health activities. Among them, team members should be able to devote enough time to manage various components of the community process. Their positions in the community should allow them enough time to work on health activities.

Procedure

A functional and committed community health team is critical to the development and sustainability of all community activities. Several visits to the community may be required to discuss formation of the team with community members. In many communities, health committees may already exist; existing groups should be used as much as possible.

It is important to ensure that (1) community health teams are selected with the consensus of the community and their members are respected, and (2) community health teams are representative of the different subpopulations within the community, in particular women with children and persons from areas with lower socioeconomic status.

Following the identification of team members, the steps in the planning and implementation process will need to be discussed in detail, including timing of activities and responsibilities for members of the group. Community health team selection should be done at the beginning of the community planning process. Communities must understand the role of the community health committee and be given enough time to select this group themselves. It is important that community health planning activities do not clash with and take advantage of other important events such as harvesting, local festivals and holidays, markets days, and so forth.

Modifying the List of Emphasis Behaviors for the Community Planning Process

Tasks

- Review the list of 16 emphasis behaviors with program managers and health teams.
- Select emphasis behaviors to include in community planning activities based on local policies and program activities.

Term

Emphasis behaviors include selected caretaker behaviors that have been demonstrated to reduce infant and child morbidity and mortality and that can feasibly be changed through public health interventions.

Emphasis behaviors fall into five categories: (1) reproductive health practices, (2) infant and child feeding practices, (3) immunization practices, (4) home health practices, and (5) care-seeking practices.

Procedure

Not all emphasis behaviors will be applicable to every community's program so it may be necessary to modify the list. For example, some programs do not have a policy of vitamin A capsule distribution, do not currently use bednets, and may not yet have iodized salt available in peripheral areas. Those programs may not want to include the applicable behaviors in community activities until opportunities are further developed. Other behaviors that are being promoted by the local program can be added if necessary.

The 16 emphasis behaviors listed in table 2 should be reviewed and discussed with program managers and decision makers as well as Ministry of Health teams who are familiar with peripheral programs. It is important to discuss the technical basis for each behavior and the potential implications for excluding it from community activities. The final list will be used to develop the household survey instrument. All key behaviors are seen as being important for reducing infant and child morbidity and mortality. Therefore, it is important to exclude as few behaviors as possible.

Adapting and Pretesting the Household Survey Questionnaire

Tasks

- Review the standard household survey questionnaire with health teams.
- Add or modify questions based on local needs, priorities, and policies.
- Translate and back-translate modified questionnaires.
- Pretest translated questionnaires in local communities.
- Finalize the questionnaire based on field tests.

Terms

The *standard household questionnaire* is designed to collect information from the caretakers of young children on the emphasis behaviors that have been demonstrated to be important for preventing and managing illness, including breastfeeding, complementary feeding, treatment of the last illness episode, care-seeking for the last illness episode, vaccine coverage, hygiene behaviors, and others.

Household survey questions should be asked in the most commonly understood local language and should be *translated* into this language where possible. Once the first translation has been done, it is useful to have the survey questions back-translated into the original language to check the accuracy of the translation.

Adapted and translated questionnaires should be *pretested* by administering them to at least 10 caretakers of young children in communities where program planning and implementation are not scheduled. Ideally, one member of the health team should administer the questionnaire while another observes and takes notes of any issues that arise. Problems with the formulation of the questionnaires and comprehension of questions can then be identified.

Procedure

The adaptation and testing process is designed to ensure that (1) information collected is consistent with local public health policies and standards, (2) the questionnaires are easy to administer and are understood by caretakers, and (3) questions are understood by interviewers and can be asked clearly and unambiguously. This process is best conducted by the health teams. Certain questions may need to be adapted to local policies (e.g., vaccination schedule, duration of exclusive breastfeeding, vitamin A distribution schedule, and so forth). Some questions may need to be added or modified if they are not currently a part of program activities. Adaptation and testing should be done after the health teams have been selected. If the household survey instruments have already been developed and tested in other areas within the same country, adaptation may not be necessary.

Organizing the Training

Tasks

- Identify trainers.
- Develop training objectives and curriculum.
- Decide location and timetable for both training and field activities.

Procedure

Since the health team will be responsible for conducting the community planning process in each community and then following up on community action plans, the team members should be familiar with the planning process and techniques. Training is best done with the team as a group in a single location. Ideally, training will involve brief presentations, demonstrations, and practice using role-playing and fieldwork. In addition to reviewing qualitative and participatory techniques, participants need to review the household survey questionnaire and practice administering it. Training guidelines and suggested activities for each of the methods are summarized in this manual with the description of each activity. The duration and scheduling of training can be adapted to local needs. At the beginning of the description of each phase, key skills and some training suggestions are provided. Two training resource books listed in the back describe specific training activities. Two examples of how training was used to begin the process of community planning follow.

Ethiopia

Five MOH teams were trained together for five consecutive days. Individual activities (e.g., social mapping, semi-structured interviews, household survey) were practiced in a nearby community. Then the five teams went to five different communities with the trainers to implement the planning process and develop action plans.

Zambia

One large MOH team (about 15 people) was trained over two weeks, and training included implementation of the whole planning process in one community. Team members then returned to their place of work and implemented the process on their own.

Phase 1: Building Partnerships

Purpose

- Establish working relationships between the health team and community team members.
- Introduce the health team to the community at a public meeting.
- Emphasize that the health team is there to listen and learn.

Key Activities

- Using key skills to plan training activities
- Holding a public meeting to introduce the community planning process
- Doing social mapping
- Free listing and ranking children's health problems

Using Key Skills to Plan Training Activities

The guidelines in table 4 can be used for training health teams during Phase 1.

Table 4. Training for Phase 1

Key Skills	Public Meeting Training Activities
Listening and learning	<ul style="list-style-type: none"> • Have each team member spend an hour learning how to do a common task in the community, e.g., preparing grain, building a cooking fire, repairing a roof. • During the training fieldwork, ask each person to talk for an hour with a community member about a topic that has nothing to do with health. Then ask what they discussed and what they learned. Discuss the verbal and nonverbal barriers to getting people in communities to speak freely. It is often remarkable how many health workers feel uncomfortable talking with people about ordinary non-health issues. • Use simple exercises to emphasize the importance of listening as a skill and increasing awareness of communication barriers. See Pretty et al., pp. 180–90, for exercises.
Observing	<ul style="list-style-type: none"> • Illustrate the importance of nonverbal communication, the importance of observation in improving communication skills, and how interpretation can be influenced by what we see. See Pretty et al., pp. 180–99, for exercises.
Key Skills	Social Mapping Training Activities
Facilitating a social map	<ul style="list-style-type: none"> • Demonstrate examples of social maps created by other communities and discuss their use. • Get participants to practice mapping the towns or areas where they live using social mapping guidelines. Discuss the importance of non-directive facilitation for this process. Discuss difficulties encountered and how to avoid these difficulties. See Pretty et al., pp. 234–38, for exercises.
Knowing the importance of dialogue	<ul style="list-style-type: none"> • Demonstrate how instructions can be interpreted in different ways by different people. See Pretty et al., pp. 185, for the folding paper game exercise. • Discuss strategies for making instructions clearer and for encouraging people to ask for clarification when they do not understand.
Understanding the advantages of drawing on the ground using local materials instead of paper and pen	<ul style="list-style-type: none"> • Have participants brainstorm and discuss implications of using paper and pen (use is associated with literacy, only one person can hold the pen, their use reduces participation, etc). • Discuss the advantages of using local materials on the ground to do social mapping.
Key Skills	Free Listing and Ranking Training Activities
Probing	<ul style="list-style-type: none"> • Describe the importance of open-ended questions and of probing questions. • Have the group list good probing questions (e.g., "Tell me more about that," and "Then what happened?") and practice other techniques, such as repeating the last sentence. See Pretty et al., p. 231, for the But Why? exercise.
Practicing free listing and ranking	<ul style="list-style-type: none"> • Describe the free listing and ranking method. • In groups of four or five, practice free listing and ranking. Some practice topics could include listing fruits and ranking sweetness or year-round availability or listing adult illnesses and ranking by importance and severity.

Holding a Public Meeting to Introduce the Community Planning Process

Tasks

- Talk with people in the community to assess the best time and place for a public meeting.
- Have the community team spread the word about the meeting in advance.
- Modify and finalize the topic guide.
- Assign roles for members of the health and community teams.
- Hold the public meeting following the outline in the topic guide.

Term

A *topic guide* for a meeting outlines the general information and rough sequence for the flow of the meeting. If the topic guide is developed in advance, team members will have a chance to make suggestions on what to include. Although the topic guide is meant to highlight points of discussion during the meeting, it does not have to be followed rigidly.

Procedure

Include as many members of the community as possible in the public meeting, especially women. Pay particular attention to times when women are available. This is the first impression the community will have of the team, so it is very important that the teams mingle and talk informally with as many people as possible. Do not allow the teams to sit together as a group. Community and health team members should demonstrate their readiness to listen and learn from the community. Have a well-known person such as the chairman or elder open the meeting. Once everyone has assembled, use a topic guide such as in the example below to facilitate the discussion.

Example of a Topic Guide

- Explanation that although the health facility staff will be focusing on child health, they hope to improve health services, understand community problems, and improve their relations with the community
- Explanation of the need to get ideas from all community members
- Explanation of what the community can expect from the teams, including confidentiality.
- Introduction of the community and health team members along with a discussion about their roles and responsibilities
- Overview of their schedule while in the village
- Announcement of the time and place of the meeting to present the information collected and develop an action plan
- After each point, questions that encourage people to participate: “Do you have any suggestions for us?” “Are there any questions?”

Doing Social Mapping

Tasks

- Select women and men participants for the mapping.
- Collect different leaves, grains, or other simple materials for creating the map.
- Identify a clear space to draw the maps.
- Conduct the mapping with separate groups of men or women.

Term

Social mapping identifies a number of elements that may be important for delivering health services or health education, such as formal community health resources (e.g., health posts and community health workers), informal community health resources (e.g., traditional healers or drug vendors), schools, and religious institutions. Social mapping also describes other factors that influence health, such as water supplies, availability of food, availability of transportation, and the location of disadvantaged subgroups. All these elements may be important when designing community action plans for health.

Procedure

Social mapping is usually conducted with separate groups of men or women. Groups of six to eight people are ideal. Participants should be familiar with the community. Have the group sit or stand near an open area, and try to keep the number of spectators to a minimum. The facilitator (usually a member of the health team) should then explain the purpose of the activity.

Ask participants to map their village using sticks, chalk, or other local materials to draw the boundaries. Once the outline of the village is drawn, ask participants to fill in the map using leaves, pebbles, or grains to represent what *they* consider to be important landmarks within the community. Important landmarks could include roads, rivers or streams, and hills. It is not necessary to show individual houses.

Example of a Topic Guide for Social Mapping

- Overall layout of village
- Water sources
- Roads in and out of village, markets
- Main sources of health care and medicines
- Main ethnic groups and location within the village
- Main socioeconomic groups' (especially the very poor) location within village
- "Public goods" such as schools, churches, mosques
- Parts or sections of the village

Free Listing and Ranking Children's Health Problems

Tasks

- Select participants for the free listing.
- Collect different leaves or grains to use for ranking the different health problems.
- Identify a clear space to draw the matrix for listing and ranking.
- Decide who on the team will facilitate and who will record the results.
- Conduct free listing and ranking.

Terms

Free listing is a method for eliciting information from participants using open, nondirective questions. Participants are encouraged to give as many responses to key questions as they can. This method is designed to get as close as possible to the community's actual perceptions and beliefs about the most important health problems affecting their children.

Using *ranking*, local participants score their own perceptions of the importance and severity of health problems.

Procedures

Listing

Free listing and ranking is usually conducted with separate groups of men or women. Groups generally consist of six to eight people and each participant is expected to be either a parent or a grandparent. Have the group sit or stand near an open area, and try to keep the number of spectators to a minimum. The facilitator explains the purpose of the activity and asks each person to think about the most important health problems affecting the children in their community. One by one, the participants name a common illness until all common illnesses have been mentioned. Facilitators should ask open-ended questions, but sometimes he or she may need to ask probing questions to get responses. It may also be necessary to list local words or terms for illnesses. Sample questions are given below:

- *Open-ended questions:* Can you tell me all health problems that young children have in this community? List all you can think of.
- *Probing questions:* What are the main reasons that children die in this community? What symptoms cause you to worry? What problems do they have in the rainy season, the dry season, etc.?

Each illness or problem is marked on the ground using a symbol that is recognizable to the participants. When the listing is completed, all their responses should be represented. Summary form 1 can be used to record the information.

Ranking

Each of the health problems mentioned is now marked on the ground. Now ask participants to decide as a group how common each of these problems is and to score them accordingly. Ask participants to place between one and five beans (or other appropriate local material) on the ground next to each listed problem. The more common the problem, the more beans they place; the less common the problem, the fewer beans they place. Thus, a very common problem would score five beans and a very uncommon problem would score zero or one bean. Count the total number of beans for each listed health problem and record the totals on summary form 1.

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Repeat this procedure for severity. Ask participants to rate each health problem by its perceived severity in the community. At the end of this process, count the total number of beans to rate the severity of each health problem and record the totals on summary form 1.

Explain the final ranking to the participants and ask if this makes sense to them. If the group agrees, ask if they are willing to accept the final ranking as valid.

Discuss how they decided on the importance of health problems. What factors made *one* health problem more important than other health problems. Keep notes of the discussion.

End by asking: Out of all these problems, which one is the most common? Which one is the most severe? If you could be free of any one illness or symptom, which one would it be? Mark these in a special way (e.g., with a leaf).

Phase 2: Selecting the Emphasis Behaviors

Purpose

- Identify behaviors that are at unacceptable levels using a household survey.
- Identify the community priorities among those behaviors.
- Select 3–5 behaviors for the action plan.

Key Activities

- Using key skills to plan training activities
- Selecting households for the Household Survey
 - Selecting all households in the community (option 1)
 - Selecting a sample of households (option 2)
 - Selecting a sample of households using a grid (option 3)
- Conducting the survey
- Doing hand tabulation and analysis
- Matrix ranking and scoring

Using Key Skills to Plan Training Activities

The guidelines in table 5 can be used for training health teams during phase 2.

Table 5. Training for Phase 2

Key Skills	Household Survey Training Activities
Administering and completing the questionnaire	<ul style="list-style-type: none"> • Practice asking and interpreting questions. • Understand how to complete indicator coding boxes.
Selecting households in communities	<ul style="list-style-type: none"> • Practice selecting households. • Rehearse what to do if there are no children 0–23 months old in the household. • Review criteria of who will be administered questionnaire.
Summarizing data on the indicator summary sheet	<ul style="list-style-type: none"> • Practice hand tallying data and summarizing on the indicator summary sheet. • Practice selection and use of decision values for each indicator.
Key Skills	Matrix Ranking and Scoring Training Activities
Getting everyone to participate	<ul style="list-style-type: none"> • Explore possible barriers to participation by different members of a group. • Review and practice strategies for getting all group members to participate. See AED, pp. 105–11, for exercises.
Doing matrix ranking	<ul style="list-style-type: none"> • Review and practice the method in groups. See Pretty et al., pp. 248–49, for the "Preference Ranking" exercise.
Dealing with difficult respondents	<ul style="list-style-type: none"> • Review and practice methods for managing difficult respondents. See AED, pp. 112–15, for exercises on handling problem situations.

Selecting Households for the Household Survey

There are three options for selecting households for the survey, depending on the size of the community and the availability of household listings:

- In a small community with no more than 30–50 households with children 0–23 months old, all the households can be visited. Sampling is not required.
- If the community has a complete household listing available, households can be randomly selected using the household lists.
- In a community without a household listing, households must be randomly selected in the field using maps.

Each of these three methods for selecting households is described in more detail in the next section.

Selecting All Households in the Community (Option 1)

Tasks

- Draw a household map with community team members.
- With community team members, visit households to check for children 0–23 months old.
- Mark the locations of households with children 0–23 months old on the map.

Term

The *household map* marks the position of all households in the community and is organized around common landmarks such as roads, wells, and rivers so that the households can be located easily. Households are often identified by family name. Households with children 0–23 months old can be highlighted on this map using a different color.

Procedure

If the community is small enough, it may be possible to map all the households and visit every one with children 0–23 months old. There are no clear guidelines on the ideal size for complete mapping, but as a general rule, the community should not have a population of more than 500 (approximately 100–125 households). This is a census, not a sample of households, and therefore will reflect the actual practices of the caretakers of children 0–23 old. Map every house in the community and highlight those with children 0–23 months old. To make sure that the household map is complete, walk around the community with the community team members as you construct the map. Once the map is complete, you can allocate households to each survey team member.

Selecting a Sample of Households (Option 2)

Tasks

- Obtain a line listing of households from the community team.
- Randomly select 30–40 households using simple random sampling.
- With community team members, identify the locations of the selected households.

Terms

A *line listing of households* is a complete list of households in the community that is often used for taxation and land-ownership purposes. It is important that these lists be as complete and up-to-date as possible. If the lists are incomplete, or if lists are not available, then an alternative sampling strategy should be used.

In *random selection*, households are each given a unique number, and a random number table is used to select 30–40 households by chance. The health team records the names and locations of selected households.

Procedure

It is useful to involve the community team in the selection and identification of households. Random selection of 30–40 households requires that a line listing of households is available at the community level. Each house on the list is given a unique number, and then a random number table (see table 6) is used to select household numbers by chance. It is important that community team members recognize that the selection of households is unbiased. Once a household is selected, community members need to record information, such as the family name, in order to locate the house in the community. In smaller communities, community team members will often know the houses selected; if the house is unoccupied or if it is certain that there are no children in it, then select an alternate house.

Use of a Random Number Table

Using a random number table (table 6) is one of the best ways to ensure that there is no unconscious bias in the selection of households to be included in the survey.

- Step 1. Choose a direction (right, left, up, down) in which you will read the numbers from the table.
- Step 2. Select a starting point by closing your eyes and touching the random number table with a pointed object. Open your eyes. The single digit closest to the point where you are touching the table is the starting point.
- Step 3. Read the number of digits required in the direction chosen in step 1. If you need more than five digits, you can ignore the spaces between the five-digit numbers on the table.

Continue in this manner until you have random numbers for your sample size. For example, for a sample of 30 households, you will need 30 two-digit numbers from the random number table.

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Table 6. Random Number Table

02946	96520	81881	56247	17623	47441
27821	91845	85697	62000	97957	07258
45054	58410	92081	97624	26734	68426
52067	23123	73700	58730	06111	64486
47829	32353	95941	72169	58374	03905
06865	95353	76603	99339	40571	41186
04981	17531	97372	39558	47526	26522
11045	83565	45639	02485	43905	01823
70100	85732	19741	92951	98832	38188
24090	24519	86819	50200	50889	06493
66638	03619	90906	95370	41616	30074
23403	03656	77580	87772	86877	57085
17930	26194	53836	53692	67125	98175
00912	11246	24649	31845	25736	75231
83808	98997	71829	99430	79899	34061
54308	59358	56462	58166	97302	86828
76801	49594	81002	30397	52728	15101
72070	33706	62567	08590	61873	63162
44873	35302	04511	38088	49723	15275
09399	12111	67352	41526	23497	75440
42658	70183	89417	57676	35370	14915
15669	54945	65080	35569	79392	14937
06081	74957	87787	68849	02906	38119
72407	71427	58478	99297	43519	62410
75153	86376	63852	60557	21211	77299
74967	99038	14192	49535	78844	13664
98964	64425	33536	15079	32059	11548
86364	74406	81496	23996	56872	71401
81716	80301	96704	57204	71361	41989
92589	69788	43315	50483	02950	09611
36341	20326	37489	34626	27510	10769
19975	48346	91029	78902	75689	70722
88553	83300	98356	76855	18769	52843
64204	95212	31320	03783	28798	17814
31446	68610	16574	42305	56300	84227
88014	27583	78167	25057	93552	74363
30951	41367	94491	19238	17639	10959
48907	79840	34607	62668	56957	05072
53948	07850	42569	82391	20435	79306
50915	31924	80621	17495	81618	15125

Source: Adapted from World Health Organization. *Monitoring Immunization Service Using the Lot Quality Technique*, p. 96. (WHO/VRD/TRAM/96.01). Geneva: WHO.

Selecting a Sample of Households Using a Grid (Option 3)

Tasks

- Obtain a map of the community or make a drawing.
- Make a grid on a transparency or directly on a copy of the map.
- Use the grid to randomly select areas where households will be sampled.
- Select a total number of sampling point areas equal to the sample size required.

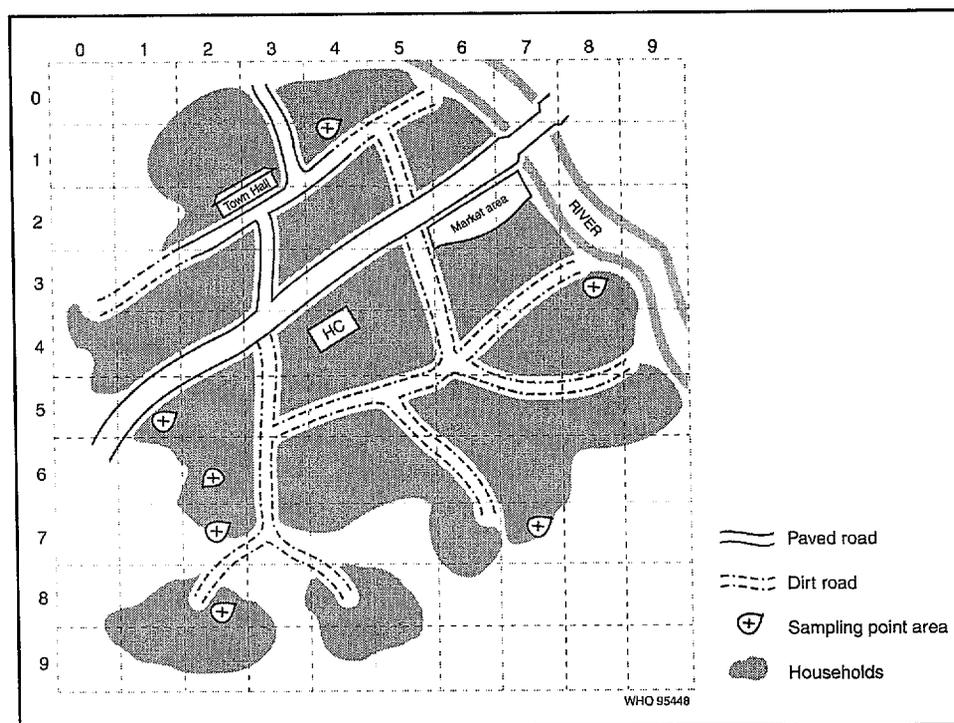
Term

A *grid* is a system of vertical and horizontal lines imposed on a surface such as a map to divide it into equal segments.

Procedure

The map and grid procedure is used when there is no household listing. If a map of the community is not available, one should be developed by the community team that clearly indicates landmarks and the general position of households. Overlay a 10 by 10 grid on the map, with each column and row representing a number between 0 and 9. The grid can be drawn on a transparency and directly onto the map itself (see figure 1). Using the random number table (described in option 2), select enough two-digit numbers between 00 and 99 to equal a sample size of 30 to 40 households. Each two-digit number represents a square on the grid; the first number represents the row and the second number the column. For example, if the randomly selected number is 25, move down the grid to row 2 and across to column 5 to find the square that will be the sample area. If a square on the grid contains no households, another random number should be chosen. There should be 30 to 40 sampling point areas (squares on the grid) from which households will be selected. More than one household may be selected in the same grid square. Survey teams use the map to visit the selected area of the community corresponding to the grid. In each of the grid squares, households are randomly selected until the number of households selected for the grid square that have children 0–23 months of age have been visited.

Figure 1. Use of a Grid to Select Households



If the grid method is used, follow the steps below.

1. Go to the approximate center of the selected square of the grid.
2. Randomly select the direction in which you will locate the first household. This can be done by spinning a bottle on the ground. Wherever the bottle points will be the direction in which you will look for the households in the sample.
3. From where you are standing in the center, count the number of households along the direction in which the bottle is pointing.
4. Randomly select a number between 1 and the number of houses you counted in step 3. This number will be the starting point. For example, if you randomly selected the number 5, the fifth house from where you are standing, in the direction the bottle points, is the household from which you should collect data.
5. If you have to identify two or more households in this square, repeat steps 1 through 4 to select each household.
6. Administer the questionnaire to all households selected in one square that have children 0–23 months. Go to the next selected square and repeat steps 1 through 6.

Conducting the Survey

Tasks

- Have surveyors visit sampled households.
- At each selected household, administer the survey questionnaire to the caretakers of children 0–23 months of age.

Terms

A *household* is defined as a group of individuals sharing the same cooking pot.

The *primary caretaker*, the person with primary responsibility for caring for the child, is usually the mother but could be the grandmother, an elder sibling, or the father.

Procedure

Surveyors visit selected households in teams of two. Surveyors can be selected from the health team or the community health team. It may be useful to have a community guide assist in locating households. A team of two surveyors can usually visit 7–10 households a day. Only households with children 0–23 months of age are included. If the selected household does not have any children in the required age group, surveyors should move to an adjacent house until one house with a child in the required age range is found. It is important to administer the questionnaire to the primary caretaker of the child. If the primary caretaker is not present at the time of the visit, then surveyors should arrange a time to return to conduct the interview. Enter the responses to questions directly onto the questionnaires and then check them at the end of the day for completeness and accuracy.

Doing Hand Tabulation and Analysis

Tasks

- Complete the indicator coding boxes on all completed questionnaires.
- Hand tally the indicators from all completed questionnaires.
- Identify the decision value for each indicator.
- Using the decision value, determine whether each indicator is acceptable or unacceptable.

Terms

Each standard household questionnaire has an *indicator coding box*. Surveyors complete the boxes according to the caretaker’s responses.

Using the Indicator Summary Sheet (form 2), surveyors *hand tally* the indicators by compiling and summarizing the results of all the indicator coding boxes.

The *decision value* represents the minimum number of correct responses required for an indicator to be considered acceptable. (*Correct* responses are those that conform with the positive behavior, i.e., breastfeeding exclusively for six months.) Decision values differ for different sample sizes and are summarized in the Decision Value Table (table 9).

Procedure

After completing the indicator boxes on each questionnaire, surveyors combine the responses on the Indicator Summary Sheet (form 2). Precalculated tables (see table 9, Decision Value Table) are used to identify the decision value. The sample size (denominator) for each indicator is used to select the appropriate decision value. If the number of correct responses for the indicator are equal to or more than the decision value, then the indicator is considered to be “acceptable” according to a predetermined threshold. Indicators that are unacceptable need to be addressed by the community and need to be presented as areas in which further work is needed.

Table 7. Example of an Indicator Summary Sheet, Demble, Ethiopia, 1997

Indicator	Numerator (correct responses)	Denominator (sample size)	Decision Value	Acceptable/ Unacceptable
Infants and children 0–6 months exclusively breastfed	2	15	4	Not Acceptable
Children 7–23 months receiving 3–5 complementary feeds in addition to breastfeeding	15	21	7	Acceptable
Children 0–23 months with an immunization card	26	42	13	Acceptable

In this example, from the community of Demble in Ethiopia, three indicators are presented. The first indicator asks the proportion of children 0–6 months who are exclusively breastfed. In Demble, 15 children 6 months of age or under were identified, with 2 of those receiving exclusive breastfeeding. From the Decision Value Table, the decision value is 4. If more than 4 children are exclusively

breastfed, then the rate of exclusive breastfeeding is acceptable. Since only 2 children are being breastfed exclusively, this indicator is considered “not acceptable.”

In the second indicator (children 7–23 months receiving 3–5 complementary feeds in addition to breastfeeding), 21 children 7–23 months were identified, with 15 of them being fed correctly. The decision value is 7. Since 15 children are being fed correctly, this indicator is considered to be “acceptable.”

In the third indicator, (children 0–23 months with an immunization card), 42 children 0–23 months of age were identified, with 26 of them having immunization cards. From the Decision Value Table, the decision value is 13. Since 26 children have immunization cards, this indicator is considered “acceptable.”

Matrix Ranking and Scoring

Tasks

- Identify participants for the matrix ranking and scoring.
- Find a clear space to draw the matrix and collect different leaves or grains to use on the matrix.
- Decide who will be the facilitator and note taker within the team.
- Conduct the matrix ranking and scoring.

Terms

Matrix ranking and scoring is a method for getting community members to organize and prioritize behaviors according to their own perceptions.

Procedure

Select 5–10 behaviors that were classified in the survey as “unacceptable” (the ones few people are practicing) for ranking by the community. At a minimum, two groups of six to eight women with children under age 2 and two groups of six to eight men with children under age 2 should participate. Additional groups will help ensure that many different perspectives are represented. Try to include people from all social segments of the community (that is, ethnic, religious, occupational, and economic groups).

Importance of the Behavior

Have the group sit in a circle near an open area. Try to keep the number of spectators to a minimum. The facilitator should explain the purpose of the activity and describe each of the behaviors that was selected as a result of the household survey. Ask the participants to draw or place symbols on the ground to represent each behavior. Ask the participants to use grains, beans, or stones to show which behavior is most important for improving child health. The more grains, beans, or stones, the more important the behavior. Let them discuss their decision and when everyone has agreed, have someone place up to five grains or stones next to the symbol for this behavior. Then ask the group to select the next most important behavior from those that are left. Continue this process until all the behaviors have been ranked according to importance. The facilitator should then review the outcome with the group: “You have ranked this behavior the most important, this behavior second,” and so forth. Ask if the group agrees with the final decision. Allow further discussion and changes in the ranking as needed.

Feasibility of Changing the Behavior

Next, ask the group to think about which behavior is the easiest or most feasible for them to practice or to change. They should think about what resources and support they would need and whether they would be able to gather the resources and support. Let them discuss this process and when everyone has agreed, someone should place grains or stones (use different objects than for importance) next to the symbol for the behavior that is the easiest to practice. Continue as before until all the behaviors are ranked for feasibility. Once this is completed, the facilitator should review the outcome with the group: “You have ranked this behavior the most feasible, this behavior second,” and so forth. Ask if the group agrees with the ranking. Allow further discussion and changes in the ranking as needed.

Using the rankings of all the groups, select the three to five behaviors that are considered to be the most important and for which change is the most feasible. These will be used to develop the community

action plans. One way to evaluate the results of all the groups is to sum the rankings of each behavior by importance and feasibility. An example is given in table 8.

Table 8. Example of Matrix Ranking

Behavior	1 st Men's Group		2 nd Men's Group		1 st Women's Group		2 nd Women's Group		Total Score
	I	F	I	F	I	F	I	F	
1	5	4	2	1	4	1	3	1	21
2	4	5	4	5	5	5	4	5	37*
3	3	3	3	4	3	4	5	4	29
4	2	2	5	3	2	3	2	3	22
5	1	1	1	2	1	2	1	2	11

*This behavior scored best on importance and feasibility combined.

I = Importance

F = Feasibility

Table 9. Decision Value Table

Sample Size	Decision Value
5-6	1
7-10	2
11-12	3
13-15	4
16-17	5
18-20	6
21-24	7
25-27	8
28-30	9
31-33	10
34-36	11
37-39	12
40-42	13

Note: Decision values calculated to determine $\geq 80\%$ or $\leq 50\%$ population coverage with $\geq 90-95\%$ confidence.

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Form 2. Indicator Summary Sheet

Indicator	Numerator (correct responses)	Denominator (sample size)	Decision Value	Acceptable/ Unacceptable
Infants and children 0–6 months exclusively breastfed				
Children 7–23 months receiving 3–5 complementary feeds in addition to breastfeeding				
Children 0–23 months, sick in the last 2 weeks, who sought care outside the home				
Children 0–23 months, sick in the last 2 weeks, given oral medications correctly				
Children 0–23 months, sick in the last 2 weeks, given fluids appropriately during the illness				
Children 0–23 months, sick in the last 2 weeks, given food appropriately during the illness				
Children 0–23 months with an immunization card				
Children 12–23 months who have received measles vaccine (card only)				
Children 0–23 months with a growth-monitoring card				
Children 0–23 months with a growth card, weighed in the past 4 months				
Children 0–23 months who have received a dose of vitamin A in the past 6 months				
Women currently pregnant or with a child 0–11 months who have received TT2+ (card only)				
Mothers with a maternal health card				
Women who made at least two antenatal visits for the last pregnancy				
Women using a modern method of birth control				
Caretaker knowledge of at least two signs for seeking care for their children				
Households using covered; narrow-necked containers for storing and transporting water				
Households with soap available				

Household Survey Questionnaire

- Questions are asked of the primary caretakers of children 0–23 months old.
- In Part 1, 23 questions are asked about every child 0–23 months old in the household. Each column represents one child. Children are given consecutive identification numbers.
- In Part 2, the primary caretaker of young children in the household is asked 12 questions.
- Indicator coding boxes A–M are highlighted. These should be filled in after the questionnaire has been completed.

**Form 3. Combined Household Questionnaire
(Feeding, Child Illness, Immunization)**

District _____ Name of village/community _____ Interviewer number _____ Date ___/___/___
--

Part 1. Instructions: At each selected household, ask how many children under 2 live in the household. Complete one column for each child under 2. Enter y or n for yes or no answers except where a checkmark is requested.

General Questions	Household Number						
	Child's Number						
	Child's Name						
1. What is (Name's) date of birth? Record date, ___/___/___ or write DK if unknown. If the date is known, go to 3. If the date is unknown, go to 2.							
2. How old is (Name)? _____ If less than 1 month old, record "<1 mo." If 1–23 months, record "____mo."							
Feeding Questions							
3. Since this time yesterday, has (Name) been breastfed? Yes or no If YES, go to question 4. If NO, go to question 5.							
4. Since this time yesterday, did (Name) receive any of the following? <i>Prompt for each item and check if YES</i>							
a. Vitamins, mineral supplements							
b. Plain water							

Phase 2: Selecting the Emphasis Behaviors

General Questions	Household Number						
	Child's Number						
Feeding Questions (Continued)							
c. Sweet or flavored water							
d. Fruit juice							
e. Tea							
f. ORS							
g. Bottled soft drinks							
h. Infant formula							
i. Tinned, powdered, or fresh milk							
j. Solid or semi-solid food							
k. Other fluids (specify) _____							
Is the child aged 6 months or less? Yes or No							
A. If 0–6 months, has the infant been exclusively breastfed? (To be exclusively breastfed, no other food or fluid should have been given.) Yes or No							
5. How many times a day do you feed (Name) with solid or semi-solid foods?							
6. Are you giving your child any of the following foods every day? <i>Prompt for each item and check if YES.</i>							
a. Porridge, semolina, gruel							
b. Carrot, squash, mango, or papaya							
c. Dark green leafy vegetables such as spinach							
d. Meat or fish							
e. Lentils, peanuts, or beans							
f. Eggs or yogurt							

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General Questions	Household Number						
	Child's Number						
Feeding Questions (Continued)							
<p>B. Is the child aged 7–24 months old? Yes or No</p> <p>If aged 7–24 months, is the child receiving 3–5 complementary feeds in addition to breastfeeding? (Enter yes if child received 3 or more feedings and 1 or more foods in question 6.) Yes or No</p>							
Child Illness Questions							
<p>7. Has (Name) had any of these symptoms or problems in the last 2 weeks?</p> <p><i>Prompt for each listed symptom and check if YES.</i></p>							
a. Illness with cough							
b. Blocked or runny nose							
c. Fever							
d. Watery diarrhea							
e. Bloody diarrhea							
f. Fast breathing							
g. Difficult breathing							
h. Measles							

Phase 2: Selecting the Emphasis Behaviors

General Questions	Household Number						
	Child's Number						
Child Illness Questions (Continued)							
<p>Were the symptom (s) fast breathing or difficult breathing due to a problem in the chest or a blocked nose?</p> <p>Chest _____ Chest and nose _____ Other (specify) _____ Doesn't know _____</p> <p>If "chest" or "don't know," leave the check next to the fast breathing and/or difficult breathing. Otherwise cross out the check by these symptoms.</p> <p>If any of the following are checked, go to question 8.</p> <p>Illness with cough, fast breathing, or difficult breathing</p> <p>Fever</p> <p>Diarrhea</p> <p>Measles</p> <p>If none of the above symptoms are checked, go to question 16.</p>							
8. Did you do anything to treat (Name) in the home when (Name) developed the illness. Yes or No If YES , go to question 9. If NO , go to question 10.							
9. How did you treat (Name) in the home?							
a. Antibiotic							
b. Other medicine or drug							
c. Traditional remedy							
d. ORS							
e. Home fluid							
f. Other (Specify)							
Treatment given in the home	Total # a. ___ b. ___ c. ___ d. ___ e. ___ f. ___						

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General Questions	Household Number						
	Child's Number						
Child Illness Questions (Continued)							
10. Where or from whom did you seek care? <i>Prompt for all sources.</i>							
a. Traditional healer							
b. Religious leader							
c. Government hospital							
d. Government health center or clinic							
e. Private hospital							
f. Private health center or clinic							
g. Community-based practitioner associated with the health system							
h. Private physician/health worker							
i. Pharmacy							
j. Drug seller (including store or market)							
k. Relative or friend (outside household)							
l. Other provider (specify)							
C. Was care sought outside the home? Yes or No (Enter no if 10(a) through (l) are no.)							
D. Providers visited outside the home	Total # a. ___ b. ___ c. ___ d. ___ e. ___ f. ___ g. ___ h. ___ i. ___ j. ___ k. ___ l. ___						
11. Was (Name) given an antibiotic, antimalarial, or ORS/RHF for this illness? Yes or No If YES, go to question 12. If NO, go to question 13.							

Phase 2: Selecting the Emphasis Behaviors

General Questions	Household Number						
	Child's Number						
Child Illness Questions (Continued)							
<p>12. If an antibiotic or antimalarial or ORS/RHF was given, record the name and form of each (pill, syrup, capsule, injection). Ask to see the medication if it is available. If unknown, record "unknown."</p> <p>For each drug ask: "Who advised/prescribed this drug?"</p> <p>Write the name and form of the drug given in the column next to the source of the drug. Prompt for all sources.</p>							
a. Traditional healer							
b. Religious leader							
c. Government hospital							
d. Government health clinic							
e. Private hospital							
f. Private health center or clinic							
g. Community-based practitioner associated with the health system							
h. Private physician							
i. Pharmacy							
j. Drug seller							
k. Relative or friend							
l. Self							
m. Other provider (specify)							
E. Providers advising/prescribing the drug/medication	Total # a. ___ b. ___ c. ___ d. ___ e. ___ f. ___ g. ___ h. ___ i. ___ j. ___ k. ___ l. ___ m. ___						

Participatory Community Planning: Implementation Guidelines

General Questions	Household Number						
	Child's Number						
Child Illness Questions (Continued)							
Drug #1 _____							
Provider, how many times a day did you give this drug/ORS?							
How much of this drug/ORS did you give each time?							
For how many days did you give this drug/ORS?							
Was drug correctly administered? Yes or No							
Drug #2 _____							
How many times a day did you give this drug/ORS?							
How much of this drug/ORS did you give each time?							
For how many days did you give this drug/ORS?							
Was drug correctly administered? Yes or No							
Drug #3 _____							
How many times a day did you give this drug/ORS?							
How much of this drug/ORS did you give each time?							
For how many days did you give this drug/ORS?							
Was drug correctly administered? Yes or No							

Phase 2: Selecting the Emphasis Behaviors

General Questions	Household Number						
	Child's Number						
Child Illness Questions (Continued)							
Drug #4 _____							
How many times a day did you give this drug/ORS?							
How much of this drug/ORS did you give each time?							
For how many days did you give this drug/ORS?							
Was drug correctly administered? Yes or No							
F. Were all oral medications prescribed correctly? (for drugs 1–4) Yes or No							
13. During the illness, did (Name) drink much less (ML), about the same (S), or more (M) total fluids (including breastmilk and formula) than usual? <i>Enter ML, S, or M</i>							
14. During the illness, did (Name) eat much less (ML), about the same (S), or more (M) food than usual? <i>Enter ML, S, or M</i>							
15. After the illness, did (Name) eat much less (ML), about the same (S), or more (M) food than usual? <i>Enter ML, S, or M</i>							
G. Fluids given appropriately during the illness? (13 = M) Yes or No							
H. Food given appropriately during the illness? (14 = S or M) Yes or No							
I. Food given appropriately after the illness? (15 = S or M) Yes or No							

Participatory Community Planning: Implementation Guidelines

General Questions	Household Number						
	Child's Number						
Immunization Questions							
16. Do you have an immunization card for (Name)? a. Yes b. Lost it c. Never had one							
J. Child has an immunization card? Yes or No							
17. If the child has an immunization card, has the child received measles vaccine? Yes or No Look at the card to determine this information.							
Is the child 12–23 months of age? Yes or No							
K. If the child is 12–23 months of age, has child received measles vaccine (card only)? Yes or No							
Child Growth Questions							
18. Does (Name) have a growth monitoring or promotion card? a. Yes b. No c. Lost card If YES, go to question 19. If NO, go to Part 2.							
19. Look at the growth monitoring card: Has the child been weighed in the last 4 months? Yes or No							
L. Has the child's weight been entered on the growth monitoring chart in the last 4 months? Yes or No							

Phase 2: Selecting the Emphasis Behaviors

General Questions	Household Number						
	Child's Number						
Child Growth Questions (Continued)							
<p>20. Does (Name) have a card for recording vitamin A doses received?</p> <p>a. Yes</p> <p>b. No</p> <p>c. Lost card</p> <p>If YES, go to question M.</p> <p>If NO, go to Part 2.</p>							
<p>M. Look at the vitamin A card. Has the child received a dose of vitamin A in the last 6 months? Yes or No</p>							

End of Part 1

Participatory Community Planning: Implementation Guidelines

Form 4. Combined Household Questionnaire

Part 2. Instructions: Ask questions 1 through 12 of the mother or caretaker. Complete one column for each household.

Questions	Household Number						
<p>1. Do you have a maternal health card?</p> <p>a. Yes b. No c. Lost it</p> <p>If YES, go to question 2. If NO, go to question 6.</p>							
<p>2. From the maternal health card, record the number of TT vaccinations received.</p> <p>a. 1 b. 2 or more c. None</p>							
<p>3. Is the women currently pregnant or does she have a child 7–11 months of age? Yes or No</p>							
<p>A. If the woman is currently pregnant or has a child 7–11 months of age, has she received TT2+? Yes or No</p>							
<p>4. Does the card have space to record antenatal care visits? Yes or No</p> <p>If YES, go to question 5. If NO, go to question 6.</p>							
<p>5. Record whether the mother made any antenatal care visits for the previous pregnancy.</p> <p>a. 1 b. 1 or more c. None</p>							
<p>B. Had the mother received at least two antenatal visits during the last pregnancy? Yes or No</p>							

Phase 2: Selecting the Emphasis Behaviors

Questions	Household Number						
<p>6. Are you currently using any method to avoid/postpone getting pregnant? Yes or No</p> <p>If YES, go to question 7. If NO, go to question 8.</p>							
<p>7. Which of the following methods do you use to avoid or postpone pregnancy?</p> <p><i>Prompt for each listed method and check if YES.</i></p>							
a. Tubal ligation							
b. Vasectomy							
c. Norplant							
d. Injections							
e. Pill							
f. IUD							
g. Barrier method/diaphragm							
h. Condom							
i. Foam/gel							
j. Exclusive breastfeeding							
k. Rhythm							
l. Abstinence							
m. Coitus interruptus							
n. Other (specify)							

Participatory Community Planning: Implementation Guidelines

Questions	Household Number						
C. Women using a modern method of birth control? (At least one of a-l) Yes or No							
8. When should you take a child to a health worker or health facility? <i>Do not prompt. Check each response mentioned.</i>							
a. Don't know							
b. Fast or difficult breathing							
c. Not playing							
d. Looks sick/getting sicker/very sick							
e. Fever							
f. Convulsions							
g. Lethargic/drowsy							
h. Not eating or drinking/breastfeeding							
i. Vomiting							
j. Other (specify)							
D. Does the caretaker know at least two signs for seeking care? Yes or No							
9. Ask to see the vessel that drinking water is usually carried in. Is water carried in a narrow-necked, covered water container? Yes or No							
10. Ask to see the vessel that drinking water is usually stored in. Is water stored in a narrow-necked, covered water container? Yes or No							
E. Is a narrow-necked, covered container used for storing and transporting water? Yes or No							

Phase 2: Selecting the Emphasis Behaviors

Questions	Household Number						
11. Do you have soap for hand-washing in the house? Yes or No If YES , can you see the soap? Yes or No							
12. Is there a place for washing hands? Yes or No Is the soap located at the place where hands are washed? Yes or No							
F. Is soap available where hands are washed? Yes or No							

End of the Household Questionnaire

Ask the caretaker whether he or she has any questions. Ensure that the caretaker knows how to correctly give ORS and oral medications and knows the signs for care-seeking for a sick child.

Phase 3: Exploring Reasons for the Behaviors

Purpose

- Understand the main reasons people are *not doing* the selected behaviors.
- Understand the main reasons people are *doing* the selected behaviors.
- Categorize the reasons: health facility/health system, social issues (such as decision making within the household), or knowledge and cultural beliefs of community members.

Key Activities

- Using key skills to plan training activities
- Conducting semi-structured interviews
- Creating seasonal calendars

Using Key Skills to Plan Training Activities

The guidelines in table 10 can be used for training health teams during phase 3.

Table 10. Training for Phase 3

Key Skills	Semi-structured Interview Training Activities
Understanding of the technical issues of selected behaviors	<ul style="list-style-type: none"> Practice the game of concentration. For each selected behavior place two cards face down on the floor or table. Have each person take a turn at trying to find the two matching cards. When a person finds a match, that person gets to ask a question about the behavior (e.g., Is breast milk really enough for an infant for the first 4–6 months?). The question is answered by a technical expert (maybe someone from the health team who also knows the national policy). Continue until all questions have been answered.
Good interviewing techniques	<ul style="list-style-type: none"> Review the principles of good interviewing techniques. Practice modifying and using the “emphasis behavior” topic guides. See Pretty et al., pp. 226–32, for exercises on semi-structured interviews.
Use of open-ended questions	<ul style="list-style-type: none"> Review and practice using open-ended questions. See Pretty et al., p. 230, for the What’s Wrong with the Question? exercise.
Awareness of body language and seating arrangements	<ul style="list-style-type: none"> Review and understand the principles of nonverbal communication. See Pretty et al., p. 223, for the Interview Context Analysis exercise.
Key Skills	Seasonal Calendar Training Activities
Practice with drawing and facilitating seasonal calendars	<ul style="list-style-type: none"> Review and practice conducting a seasonal calendar in a small group. See Pretty et al., pp. 240–41, for the Seasonal Calendars exercise.
Understanding of seasonal issues for the behaviors	<ul style="list-style-type: none"> In groups, identify the seasonal issues that might be important for each behavior.

Conducting Semi-structured Interviews

Tasks

- Review and modify the topic guides for the behaviors selected in phase 2.
- Decide which team members should conduct interviews.
- Select respondents for semi-structured interviews.
- Agree on how many interviews can be done in the time available.
- Conduct semi-structured interviews.

Terms

A *semi-structured interview* is halfway between a rigid questionnaire and an in-depth, unstructured interview. A semi-structured interview uses open-ended questions and probing questions to elicit respondents' knowledge and beliefs about specific topics. The interviews cannot—nor are they intended to—provide in-depth and detailed information on local beliefs and practices relevant to a particular behavior. For each behavior, the goal is to understand the main reasons people *are* or *are not* doing the behaviors and to point out specific interventions. For example, are people not doing the behavior because of—

- Cultural beliefs and social norms (e.g., the belief that colostrum is dirty milk)?
- Lack of knowledge and skills (e.g., unaware that a child needs measles vaccination at 9 months)?
- Poor health worker behavior or health facility procedures (e.g., rude health workers or inconvenient clinic hours)?
- Lack of geographic or economic access to the resources (e.g., distance from the health facility or food availability)?

The *topic guides*, such as the ones that follow the section “Creating Seasonal Calendars,” for each of the 16 emphasis behaviors must be adapted to the local situation. These topic guides are examples only.

Procedure

Ideally, some interviews should be with people who are doing the behaviors and others should be with people who are not doing the behaviors. If it is difficult to identify these people, use respondents from the household survey. Respondents should be selected to include the main ethnic groups, poor and non-poor households, and households headed by females, if possible. A minimum of four interviews should be conducted for each behavior selected. In general, it is better for the same team member to conduct all the interviews for a particular behavior so that he or she can build on what was learned in previous interviews.

Semi-structured interviews are usually one-on-one, but an interviewer may work in a small group with a note-taker or a translator. Once you have identified a respondent(s), find a private place to talk. Introduce the emphasis behavior and assure the respondent(s) that all information will be kept confidential. Use the topic guide for the behavior you're discussing as a way to jog your memory but not as a questionnaire. The questions do not have to be introduced in any particular order, but try to stay on the main subject. If something relevant to the behavior is mentioned that is not in the topic guide, include it in future interviews.

Creating Seasonal Calendars

Tasks

- Learn about the local calendar.
- Identify the seasonal events relevant to the selected behaviors.
- Decide who will be the facilitator and note-taker.
- Choose participants to draw the seasonal calendar.
- Find a clear space to draw the calendar and collect different leaves or grains to use on the calendar.
- Conduct the diagramming of the seasonal calendar.

Term

Creating a *seasonal calendar* is a technique for investigating the seasonal variations in community resources and in the occurrence of illnesses, and for assessing the community's ability to manage problems by month of the year from the perspectives of the community members themselves.

Procedure

Begin by learning how the community divides the year; it may be divided by month, by season, or by festivals or celebrations. Become familiar with the local terms for annual milestones and with the seasonal issues related to each behavior under investigation. For example, for appropriate care-seeking behavior, the access to health facilities may vary seasonally. In addition, seasonal variation in children's illness and cash availability may be of interest for this behavior. Participants will have varying perspectives on the seasonal issues of concern.

Try to include people from all segments of the community (that is, from all the ethnic, religious, occupational, and economic groups). A minimum of two groups composed exclusively of six to eight men or six to eight women should construct the diagram. Have each group sit in a circle near an open area. Try to keep the number of spectators to a minimum. Have the facilitator explain the purpose of the activity.

Begin with a discussion of the local names of the months or seasons. Use boxes or sticks on the ground to represent months and seasons. Then ask the participants to use grains, pebbles, leaves, or other local materials to show the amount of work in the fields during each month. Above the work in the fields, use another symbol to show the next factor affecting each behavior, for example, the times of heaviest work in the home, of food availability or shortage, of income, of expenditure, of debt, of illnesses, of difficult access to health care facilities, and of times of migrations. At the end of the diagramming process, the seasonal variations of selected factors affecting the behavior should be clear.

Topic Guide—Reproductive Health

Emphasis Behavior 1: For all women of reproductive age, delay the first pregnancy, practice birth spacing, and limit family size.

What is the desired family size? What is the desired gender ratio? Why? (*Probe*: What are the advantages of having many children? What are the disadvantages of having many children?)

- Who makes the decisions about family size and spacing of children? What are the roles of the husband, wife, and older women in the household?
- What are the beliefs about controlling family size? (*Probe*: Are there religious prohibitions or a belief that it is immoral to control fertility?)
- What is the desired spacing between children? What is the appropriate and the most common age for women to marry and to have the first baby?
- What, if any, traditional methods are used to control fertility?
- What is the awareness of various family planning methods? (*Probe*: What methods have they heard of? Do respondents know anyone using any method? Which method(s) is preferred?)
- What problems have you heard of with the different methods (e.g., causes infertility, contaminates breast milk, makes a woman fat or thin)?
- What is the access to family planning services? What do the various methods cost? (*Probe*: Is there a community-based distribution system? Which contraceptives does the health facility have in stock?) What type of counseling is provided?

Suggested Respondents

Women with three or more children

Men with three or more children

Older women

Community-based distributors of family planning services (if they exist)

Health workers

Topic Guide—Reproductive Health

Emphasis Behavior 2: For all pregnant women, seek antenatal care at least two times during the pregnancy.

- What are the beliefs and practices about telling people you are pregnant? (*Probe: Is it a taboo subject? When is it all right to tell your husband or extended family?*)
- What changes (if any) are pregnant women expected to make in their daily routine at home (e.g., household chores, farm work, religious duties, diet)?
- What special care (if any) do pregnant women need from outside the home (e.g., special foods, care from traditional birth attendant, antenatal care from health workers)?
- What are the reasons for going for antenatal care? What is its purpose? (*Probe: Are they aware that antenatal care can prevent problems with the delivery?*) What do health workers say and do during an antenatal care visit?
- What is the access to antenatal care? When and where is it available? How much does it cost?
- What are the difficulties in going for antenatal care?

Suggested Respondents

Pregnant women

Women with a child under 1 year

Men with a pregnant wife or a child under 1 year

Older women, including traditional birth attendants

Topic Guide—Reproductive Health

Emphasis Behavior 3: For all pregnant women, take iron tablets.

- What do women feel about being pregnant? (*Probe*: Are they embarrassed? Is it a special time?)
- What are the beliefs and practices about telling people you are pregnant? (*Probe*: Is it a taboo subject? When is it all right to tell your husband or extended family?)
- What special care (if any) do pregnant women need from outside the home (e.g., special foods, care from traditional birth attendant, antenatal care from health workers)? Are types and amount of food restricted?
- Do you think weak/thin/low blood is a problem during pregnancy? What causes it? How should it be treated?
- What are the reasons for going for antenatal care? What is its purpose? (*Probe*: Are they aware that antenatal care can prevent problems with the delivery?) What do health workers say and do during an antenatal care visit?
- What are the difficulties in going for antenatal care?
- Are women aware of the need for iron tablets?
- What is the access to iron tablets? When and where are they available? How much do they cost?
- What are the beliefs and concerns about taking tablets during pregnancy? (*Probe*: Big baby? Too much blood? Side effects?)
- What do health workers and traditional birth attendants say about iron tablets? What kind of counseling is given? (*Probe*: Do they say how many tablets? What the benefits are? What the side effects are?)

Suggested Respondents

Pregnant women

Women with a child under 1 year

Men with a pregnant wife or a child under 1 year

Older women, including traditional birth attendants

Topic Guide—Infant and Child Feeding

Emphasis Behavior 4: Breastfeed exclusively for about 6 months.

- Are mothers initiating breastfeeding within a couple of hours after birth? Why? Why not?
- What are the beliefs about colostrum?
- Are children under 3 months given water? How much? When? Why?
- Are children under 3 months given any supplemental teas, milks, or other liquids, including ritual liquids?
- How do the supplemental feedings of liquids and/or solids change as the baby grows from 0 to 6 months?
- What is the frequency of breastfeeding?
- Are children fed on demand, including night feeding? (*Probe: Where does the infant sleep?*)
- Until what age are children breastfed?
- When is breast milk considered insufficient?
- What do mothers do if they perceive their milk is not enough for the baby?
- What do mothers do if they have to be separated from the infant for more than half a day?
- How does breastfeeding practice change when the *infant* is sick? Why? Does this depend on the type of illness and perceived cause?
- When is breastmilk considered harmful or a cause of illness?
- How does breastfeeding practice change when the *mother* is sick? Why? Does this depend on the type of illness and perceived cause?
- Whom do mothers go to for help with breastfeeding when they have problems?
- What are fathers' concerns about breastfeeding? (*Probe: Are there taboos on sexual relations during breastfeeding? Does it take the mother's time from other duties?*)

Suggested Respondents

Women who are exclusively breastfeeding

Women who are not exclusively breastfeeding a child under 6 months (can be identified from the survey)

Grandmothers

Fathers of infants

Traditional birth attendants and traditional healers

Health care providers

Topic Guide—Infant and Child Feeding

Emphasis Behavior 5: From about 6 months of age, provide appropriate complementary feeding and continue breastfeeding until 24 months of age.

- At what age are children given mushy or semisolid foods? What are the main ingredients (oils, animal products, fruits, vegetables)? What is the consistency of the foods?
- What foods are considered inappropriate for children 6–24 months of age? Why?
- How do the feeding patterns change as the child grows from 6 to 24 months of age? Why?
- What are the beliefs and practices about enriching porridge? What foods are used to enrich porridge? What is the porridge consistency?
- What are the seasonal variations in the types of food given?
- How often during the day are children fed? Are they fed from a shared pot or plate? By mothers? Siblings? Neighbors? Other relatives?
- What are the beliefs about young children eating from a separate plate?
- Is tea given with meals?
- What advice do families receive from health care providers?

Suggested Respondents

Mothers of children under 2 years

Grandmothers of children under 2 years

Topic Guide—Immunization

Emphasis Behavior 6: Take infant for measles immunization as soon as possible after the age of 9 months.

(NOTE: Interviewers should *not* be vaccinators.)

- What is the purpose of vaccinations?
- Do mothers know when children should get the measles vaccine?
- Is measles a disease that mothers want to prevent? Why? Why not?
- Is the child taken for vaccinations when sick? Why? Why not?
- What is the previous experience with vaccinations? Did it “work”? How do you know whether it worked or not? (*Probe*: How were you treated by the health workers? What side effects, such as fever or sores, occurred?)
- When and where are vaccinations offered? How do you find out when they will be available? How far is the facility or outreach site? How often is outreach held?
- Do you have to pay for anything? A card, for example?
- What do health workers tell families about vaccination?

Topic Guide for Health Workers

- Do you check the child’s vaccination status when the child comes in for a sick visit? Why? Why not?
- What are all the reasons that you might not vaccinate a child? (*Probe*: Child is sick? Cannot open a vial for just one child? Vaccination is only available at a specific day and time?)
- What do you tell families about vaccination?

Suggested Respondents

Mothers of children under 2 years who are not vaccinated against measles

Mothers of children under 2 years who are vaccinated against measles

Health workers who provide vaccination services

Topic Guide—Immunization

Emphasis Behavior 7: Take infant for immunization even when he or she is sick. Allow sick infant to be immunized during visit for curative care.

(NOTE: Interviewers should *not* be vaccinators.)

- What do mothers and fathers (and other family decision makers) believe about whether a sick child should be vaccinated? How does this differ by type of illness or symptom? (*Probe*: Why is it all right to vaccinate a child with a runny nose but not with a fever?)
- What do health workers believe about vaccinating a sick child? What are all the contraindications that they mention? Which specific illnesses or symptoms are contraindications? Why?
- What would reassure health workers to make them vaccinate a sick child (e.g., a policy stating that they are not responsible if something happens)?
- Do health workers check a child's vaccination status during sick child visits? Why or why not? (*Probe*: Do mothers bring cards for sick child visits? Are the clinic's curative and preventive services provided in different sections or on different days?)

Suggested Respondents

Mothers, fathers, and family decision makers of children under 2 years

Health workers who provide vaccination services

Topic Guide—Immunization

Emphasis Behavior 8: For pregnant women and women of childbearing age, seek tetanus toxoid (TT) vaccine at every opportunity.

(NOTE: Interviewers should *not* be vaccinators.)

- Are women aware of the need for TT? How many doses are needed?
- What are the beliefs and concerns about getting injections during pregnancy?
- Are there fears that TT is actually a contraceptive injection? How did this fear arise?
- How often do women go for antenatal services? Is TT offered during antenatal services?
- Is TT recorded on a mother's card or on the child's card? Do women bring the card during antenatal visits or during sick child visits?
- What do health workers and traditional birth attendants say about TT? (*Probe*: Do they encourage women to get TT? Do they check the woman's vaccination status during visits for a sick child?)

Suggested Respondents

Pregnant women

Mothers of infants under 1 year

Grandmothers of infants

Traditional birth attendants

Health workers

Topic Guide—Home Health, Prevention

Emphasis Behavior 9: Use and maintain insecticide-treated bednets.

- What are the beliefs and concerns about mosquitoes? What health problems do they cause in adults and in children? (*Probe*: Is there a belief that mosquitoes cause malaria or other serious illnesses in children?)
- What measures are taken to prevent exposure to mosquitoes? How much money is spent?
- Where do children under 5 usually sleep? Is this a dedicated sleeping area, such as a bedroom, or is it a room used for other purposes also, such as a kitchen? That is, could a net be left hanging or would it have to be removed each day?
- Does the place children sleep differ with the age of the child (e.g., infants sleep with their mothers and older children sleep on their own)? Do these sleeping patterns change seasonally?
- What are the current patterns of using bednets? (*Probe*: Have people heard of them? Does anyone use them? If so, are there seasonal variations to usage? Who sleeps under them? Does the pattern change seasonally? How many nets would be needed for one household?)
- What do people say are the advantages and disadvantages of using bednets? (*Probe*: Is it a good night's sleep free of pest insects? Does it prevent disease? Offer privacy?)
- What is the availability of bednets? Where are they available? How much do they cost?
- Is there any experience in the community with dipping nets in insecticide? What do people say are the advantages and disadvantages of using insecticide? What insecticides are used in the village and for what purpose?
- What is the access to and cost of insecticide? How often is dipping available?

Suggested Respondents

People using bednets

Mothers and fathers of children under 5

People selling nets or potential sellers of nets

Topic Guide—Home Health, Prevention

Emphasis Behavior 10: Wash hands with soap at appropriate times.

- Is soap available in the household? Why? Why not? (*Probe*: How much does soap cost? Where is it available?)
- Is soap kept near the place where hands are washed? Why? Why not?
- When are hands washed? (*Probe*: After defecation? Before cooking? Before feeding a child?) What are the most important times to wash hands? Why?
- How are hands dried? On a clean cloth?
- What are the advantages and disadvantages of washing hands with soap? (*Probe*: Uses more water? Expensive? Not necessary? Takes too much time?)

Suggested Respondents

Mothers of children under 2

Grandmothers of children under 2

Fathers of children under 2

Suggested Methods

Observe how food is prepared.

Observe handwashing of both child and caretaker before and after child eats.

Observe handwashing of both child and caretaker after child defecates.

Topic Guide—Home Health, Prevention

Emphasis Behavior 11: For all infants and children over 6 months, consume enough vitamin A to prevent vitamin A deficiency.

- Is there a vitamin A capsule distribution program in the community or health facility? What is the access to it? (*Probe*: How often during the year are capsules available? How much do they cost? Where are they given?)
- Why are vitamin A capsules given? For treatment of an illness? Part of a supplementation program?
- What are the perceived benefits of vitamin A capsules? What problems do they prevent?
- Is night blindness recognized as a problem among children? What are the beliefs about how it is caused, treated, and prevented?
- What green, yellow, and orange fruits and vegetables are available in the community? Are they grown or must they be purchased? What is the seasonal variation in availability? What time of year is there the least access to vitamin A–rich foods?
- What vitamin A–rich foods are given to children over 6 months of age? Which foods are not given? Why? (*Probe*: What prohibitions are there to specific foods for young children? What beliefs are there, such as mangoes are cold foods and cause diarrhea?)
- What advice do health workers give about feeding children vitamin A–rich foods?

Suggested Respondents

Mothers of children 6–24 months of age

Grandmothers of children 6–24 months of age

Health workers

Agricultural extension workers (especially if they are promoting kitchen gardens)

Topic Guide—Home Health, Prevention

Emphasis Behavior 12: For all families, use iodized salt.

- What are all the sources of salt in this community?
- Do you know about iodized salt? What fears or concerns do you have about it?
- What are all the different types of salt (e.g., rock salt, finely ground salt) available in this community? Which do you prefer and why?
- Do health workers encourage the consumption of iodized salt? What do they say?

Suggested Respondents

Mothers of children under 5

Fathers of children under 5

Salt vendors and producers

Topic Guide—Home Health, Treatment

Emphasis Behavior 13: Continue feeding and increase fluids during illness; increase feeding immediately after illness.

- Are young children breastfed during illness? Does this differ depending on the type of illness? How?
- Do mothers try to feed even small amounts to children during illness? Why? Why not?
- Are children given any special foods during illness to entice them to eat?
- After illness, are children given increased amounts of food and energy-dense foods? Why? Why not?
- Is there a recognition that children need extra feeding during convalescence? What foods are considered inappropriate after a child has been sick? (*Probe*: Are only “light” foods all right? What foods are those?)
- For each of the common illnesses that young children get, which foods are considered appropriate and which inappropriate?
- What advice do health workers give about feeding a child during and after an illness? What advice do they give about increasing fluids?

Suggested Respondents

Mothers of children under 2 who are currently sick

Mothers of children under 2

Grandmothers of children under 2

Health workers

Topic Guide—Home Health, Treatment

Emphasis Behavior 14: Mix and administer Oral Rehydration Solution, or appropriate home-available fluids, correctly.

- What, according to mothers, are the main types of diarrhea that children get?
- For each of these types of diarrhea, how should they be treated? (*Probe*: What foods and liquids should be avoided? Which should be given? What medicines should be given?)
- What are the beliefs about increasing fluids for a child with diarrhea? (*Probe*: Do people believe it will increase the diarrhea?)
- Which types of diarrhea are treated with ORS or home fluids?
- Where is ORS available? How much does it cost?
- How should ORS or home fluids be mixed? What containers should be used? How is it stored?
- What are the main disadvantages to using ORS or home fluids? (*Probe*: Takes too much time? Child won't drink it? Not effective? Makes the diarrhea worse? Antibiotics or injections are better?)
- Where, when, and how is ORS/home fluid mixing and administration taught?

Suggested Respondents

Mothers who did and did not use ORS or home fluids during last diarrhea episode (identified from survey) Health workers who teach ORS/home fluid mixing and administration

Suggested Methods

Observe health workers teaching the mixing and administration of ORS/home fluids.
Observe mothers mixing the ORS (you provide the sachet) or home fluids.

Topic Guide—Home Health, Treatment

Emphasis Behavior 15: Administer treatment and medications according to instructions (amount and duration).

- Do people usually give their child a full course of antibiotics? Why? Why not?
- What are all the reasons that you might not use all the medicine? (*Probe*: Want to keep some medicine for future episodes? Child is better?)
- Where do people usually purchase their medicines? What is the range of costs? Does the government health facility usually have medicines? Is there a charge?
- Do families “stock up” on certain types of medicines? Which types? When do they use it?
- What advice is given when they purchase the medicines?

For Drug Sellers and Health Workers

- Is it common to sell incomplete doses of drugs? Why?
- Is expired medicine on the shelves?
- What information or advice do you give to the caretaker when medicine is purchased or given?
- How often are you out of stock of antibiotics? Of antimalarials?

Suggested Respondents

Drug sellers and pharmacists

Mothers of children who were recently sick

Suggested Methods

Take an inventory of medicines in the home and discuss with respondents their use, where they were obtained, what they do with “leftovers,” and whether they stock up on certain drugs. Ask what drugs are important to keep in the house.

Observe a mother buying or receiving a drug from a drug seller or from a health worker. What medicine is given? What information or advice is given?

Topic Guide—Care-seeking

Emphasis Behavior 16: Seek appropriate care when the infant or child is recognized as being sick (i.e., looks unwell, is not playing, is not eating or drinking, is lethargic or has a change in consciousness, vomits frequently, has high fever, has fast or difficult breathing).

- What are all the places people in the community go to for health care for their children?
- Which places are usually visited first? Second? Third? Does this choice differ by the type of illness or the perceived severity of symptoms?
- What signs or symptoms make a mother worried and seek care outside the home?
- Who decides when and where a child is taken for care?
- What is the cost and distance to various health facilities?

Suggested Respondents

Mothers of children who have recently been sick or died

Grandmothers of children who have recently been sick or died

Fathers of children who have recently been sick or died

Health workers

Phase 4: Developing the Action Plan

Purpose

- Develop intervention strategies based on the reasons people were or were not doing the selected behaviors.
- Develop an action plan for implementing the strategies, including identifying resource needs and allocating responsibilities.
- Present the intervention strategies to the community during a public meeting.

Key Activities

- Preparing the action plan
- Holding a public meeting

Preparing the Action Plan

Tasks

- Review the reasons people are or are not doing the behaviors.
- Develop a list of strategies or activities for improving the practice of health behaviors.
- Review the strategies or activities that require action by the health team.
- Review the strategies or activities that require action by the community.
- Complete the action plan summary form.

Term

The *action plan* summarizes the activities or strategies that will be undertaken by each of the partners involved in the community planning process: the health team, the community, and the families in the households.

Procedure

After the formative research has been completed, review possible intervention strategies with the health and community team members. Use the data to consider possible strategies that will be appropriate in that community. The health team and community team members should consider carefully what activities are workable. These groups will be assigned responsibilities for carrying out different activities so it is important that this list is manageable. The action plans will be used as a guide for all subsequent activities. It is critical that follow-up support be provided to ensure implementation of the action plan. See the Sample Action Plan (figure 2) and the sample Action Plan Summary Form (form 5).

Figure 2. Sample Action Plan

<p style="text-align: center;">Strategies for Improving Measles Immunization Coverage During the Community Assessment and Planning in Konteb, Ethiopia, January 1997</p> <p>The following strategies were developed:</p> <p><u>Strategies—Clinic Health Workers</u></p> <ol style="list-style-type: none">1. Offer vaccination services every day.2. Provide health education to caretakers on which diseases are vaccine preventable.3. Explain and counsel on side effects.4. Check vaccination status during sick child visits.5. In orientation sessions learn contraindications, how to use the steam sterilizer, and how to understand wastage in the context of missed opportunities to vaccinate. <p><u>Strategies—Community Team Members</u></p> <ol style="list-style-type: none">1. Have one person in each village disseminate the message and check vaccination status.2. Motivate school children to bring brothers and sisters for vaccination.3. Raise awareness in the community of their right to get children immunized any time during working hours.
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Holding a Public Meeting

Tasks

- Determine the best time for community members to meet.
- Spread the word about the meeting and emphasize the importance of women attending.
- Decide how the action plan will be presented and by whom.
- Conduct the public meeting.
- Consider having all parties sign the action plan to ensure commitment to it.
- Identify the immediate follow-up actions and who will do them.

Term

To ensure that the members of the community understand what has been done and what is planned, as many of them as possible are asked to attend a *public meeting* to hear the results of the community planning exercise. This gives community members an opportunity to ask questions, make changes or additions, and express any concerns.

Procedure

Invite as many members of the community as possible and ask the community team members to present the results of the community planning activity at the public meeting. They should describe clearly what activities are being proposed by the health team and by the community team, what input will be required from each team, when this activity will be conducted, and how the activities will be followed up on in the longer term. In some cases, the action plan summary document has been used as an informal contract between the community and the health team to ensure that the responsibilities of each side are respected in the longer term.

Resource Materials

Emphasis Behaviors

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