Community Development for Health

Workshop Facilitation Guide




Royal Government of Bhutan
Ministry of Health
Department of Public Health
Public Health Engineering Division

February 2006
Second Version

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Contents

Preface to this guide

This guide is an updated version of the first Community Development for Health Workshop facilitation guide dated May 2002. Largely all the contents from the previous guide remains unchanged except that there are certain additions vis-à-vis the sanitary inspection session whereby the facilitator along with the community beneficiaries make a participatory visit to the RWSS scheme source, distribution points and tap stands. Some minor changes are also being made based on the comments from the health workers who use this guide in the field.

What follows is a description of the methodology applied in the Community Development for Health workshops. The guide is separated into sections that correspond to the different sessions of the workshop. Although each section describes procedures for facilitating the workshop in some detail, the guide is only intended as an aid to those that have already had practical training experience in facilitating the workshop. It is also intended that by reading the sections, facilitators and other Dzongkhag staff will develop new ideas about how to work with communities to improve their health environments.

The communication methodologies found in this workshop emphasise that as much as possible, we need to transfer responsibility for development planning and implementation to communities. Community ownership of programmes and infrastructure geared to improve health is an essential component for their effectiveness. Without communities genuinely feeling responsible for their health practices and their health environments, preventative health programmes will be largely ineffective.

In as much as possible, this guide avoids lesson plan formats. Lesson plans limit the creativity of the facilitator and are often implemented as lectures. It is far more important for a facilitator to understand what an activity is intended to achieve than to simply follow the steps. As such, each section of the guide has a box entitled Session Goals that helps to remind the facilitator about what the session is intended to achieve. With this in mind, facilitation becomes less mechanical and alternative ways to achieve the section aims can eventually be used. A good facilitator will shift, adjust, or completely change the workshop programme to meet the immediate needs of the community in which he or she is working.

It follows that those wishing to facilitate this workshop should not consider themselves to be trainers. Training implies teaching. By contrast, what a facilitator tries to do is to create environments in which everyone learns, both health staff and community members. Communities are best suited to solve their own problems, particularly since the solutions that they develop themselves are typically the ones that they will be most committed to following through on. We should begin to seeing our role less as providers, problem solvers and teachers. Rather, we need to step back and let communities solve their problems for themselves. Our role is to facilitate and support that process.

Facilitating a successful workshop can be a very satisfying experience. It will also ultimately make our work much more effective. Improved preventative health programmes are the key to reducing morbidity and mortality rates. The benefits in terms of both finances and well-being of a healthy population are immeasurable.

1 Introduction

Community Development for Health (CDH) Workshop was first implemented in 1998 and it is a two day long process implemented at a village level, which includes participatory tools that encourage community self-discovery of the linkages between water, sanitation, hygiene and health so that communities become their own health advocators.

The workshop combines community self-identification and prioritisation of health problems, self-planning activities to overcome these problems, and self-monitoring of their village health environment. It employs participatory techniques to build community ownership of its health environment and IEC methodologies that emphasise community self-discovery of the causes of poor health and subsequent solutions that can improve health.

CDH workshop is designed and implemented by PHE after more than 5 years of field experience in participatory planning for RWSS through Community Planning and Management Workshop (CPMW) and it is a shared effort between PHE and a contingent of DPHE and BHU staff from many Dzongkhags.

The main objectives of CDH workshop are as follows:

- To support sustainable community management and effective use of water and sanitation systems.
- To enhance the effectiveness and efficiency of a broad range of BHU advocacy programmes at the community level.
- To adopt a methodological approach toward communities that builds ownership of the programme within communities and that results in improved health behaviours.

Despite the increased availability of health services throughout the country, the leading causes of rural morbidity (ARI and diseases related to water, sanitation and hygiene) did not show a marked decline over the past five years. The diseases related to water, sanitation and hygiene (and to a lesser extent ARI) are all preventable. In Bhutan, we rightly pride ourselves on the high accessibility of our health services and our curative capacities. But what can be said about our preventative capacities?

1.1 Knowledge, Attitude and Practice?

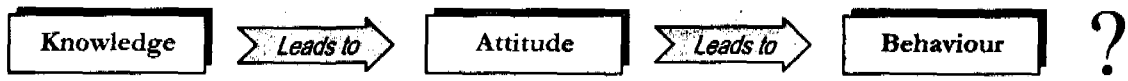
Within Health, we use KAP surveys to shape our health messages. Do weaknesses exist in people's **knowledge** about a health issue? If so, how can messages be framed and disseminated to effectively increase that **knowledge**? Maybe accurate knowledge exists but **attitudes**[1] about the issue are still not favourable so that **practice** is contrary to knowledge. Perhaps other sources of **knowledge** have influenced **attitudes** in this way. And what if **knowledge** exists and **attitudes** are favourable, but people do not have the skills or resources to adopt healthy **practices**? KAP surveys are intended to identify where knowledge might be lacking. They also look at people's attitudes toward recommended practices and what the bases

[1] One way of thinking about attitudes to think in terms of a judgement about something, either you like it or you dislike it. I like the BHU (I have a positive attitude toward it) or I dislike to have my child immunised (I have a negative attitude toward the immunisation of my child). M. Sherif in *Attitude, ego-involvement and change*, (1967)describes attitudes as:

> When we talk about attitudes, we are talking about what a person has *learned* in the process of becoming a member... of society that makes him react to his social world in a *consistent* and *characteristic* way... We are talking about the fact that he is no longer neutral in sizing up the world [or the health issue] around him: he is *attracted* or *repelled, for* it or *against* it, [finds it] *favourable* or *unfavourable*.

of these attitudes are. Additionally KAP studies also aim to uncover barriers that might prevent sound knowledge and positive attitudes from translating into healthy practice.

Many of us have misinterpreted KAP to imply that knowledge determines attitudes and those attitudes in turn determine practice or behaviour.



This is completely understandable because it seems to make sense. We point out health problems and tell people what to do to solve them and expect that the problems will be solved. In other words, if we give people knowledge about recommendations that will improve their or their family's health, their attitudes about these recommendations will be positive. Positive attitudes about health recommendations will result in healthy practices or behaviours. But if this describes human nature, then why do health and development environments continue to support disease? More directly put, why is it that the knowledge we seek to impart has not resulted in the prevention of disease?

Knowledge and Attitudes

Unfortunately, education alone is not very effective at promoting healthy behaviours. In particular, new **knowledge does not automatically lead to changes in attitudes.**

⇒ ***Consider excessive alcohol use.*** Our information campaigns often warn about the negative social and health impacts of excessive alcohol use. Rural people claim that it contributes to peptic ulcers, induces accidents and causes other unhealthy symptoms. However, the majority of Bhutan's people do not have unfavourable attitudes about consumption, perhaps only when extremely excessive. From a KAPB standpoint, their consumption behaviour will not change because their attitudes are not compelling that change. Why do favourable attitudes about alcohol consumption persist? Knowledge about the adverse impact of alcohol does little to disturb the generally positive attitudes about it.

Attitudes about something are made up of a wide variety of experiences, past behaviours and knowledge about some thing. We often mistakenly assume that people have no pre-existing attitudes about the health subject we have come to discuss. So we lecture on the subject, "making people understand", as if people were empty vessels waiting to be filled with our knowledge. But it is the sum total of knowledge based upon life experiences a person has had with regard to an issue that will determine his or her attitudes about it. In this sense, knowledge does translate into attitude. But the sources of knowledge can be many and not all will be based upon objective truths.

Of course people already have a vast store of knowledge gained from life experience about most of the issues that we feel are important. Their attitudes will be built from this experience. In the above example, people may know about the health dangers of excessive alcohol use but they also know the role alcohol plays in the economic, social and cultural aspects of village life. Our attempts at education will not have impact in changing these attitudes that we hope it will, particularly if our style relies on directive lectures.

Knowledge based upon direct experience is more likely to influence attitudes. Someone suffering, or whose child suffers from acute diarrhoea is more likely to be in favour of using latrines than someone not having experienced the unpleasantness of diarrhoea.

Attitudes and Practice

But even when attitudes about a healthy practice are favourable, positive **attitudes do not always predict behaviour**. Under certain conditions they do, but often they do not.

⇒ ***Consider hand washing***. Most people are aware that diarrhoea can be caused by eating "dirty" things (typically described as things that have been contaminated in some way with faeces) or by eating spoiled food. They are also aware that dirty hands are one means of transmitting this "dirt". People like clean hands and have favourable attitudes about washing them. However, hands are often dirty, behaviour does not match attitude. Why?

⇒ ***Consider condom use***. Anyone working in government has certainly heard about the value of condoms in protecting against STDs and unwanted pregnancies. Attitudes are generally positive about condom use. But do they always use condoms when they are concerned about the possibility of pregnancy or STD transmission? No. Even BHU staff admit to having unsafe sex. Why?

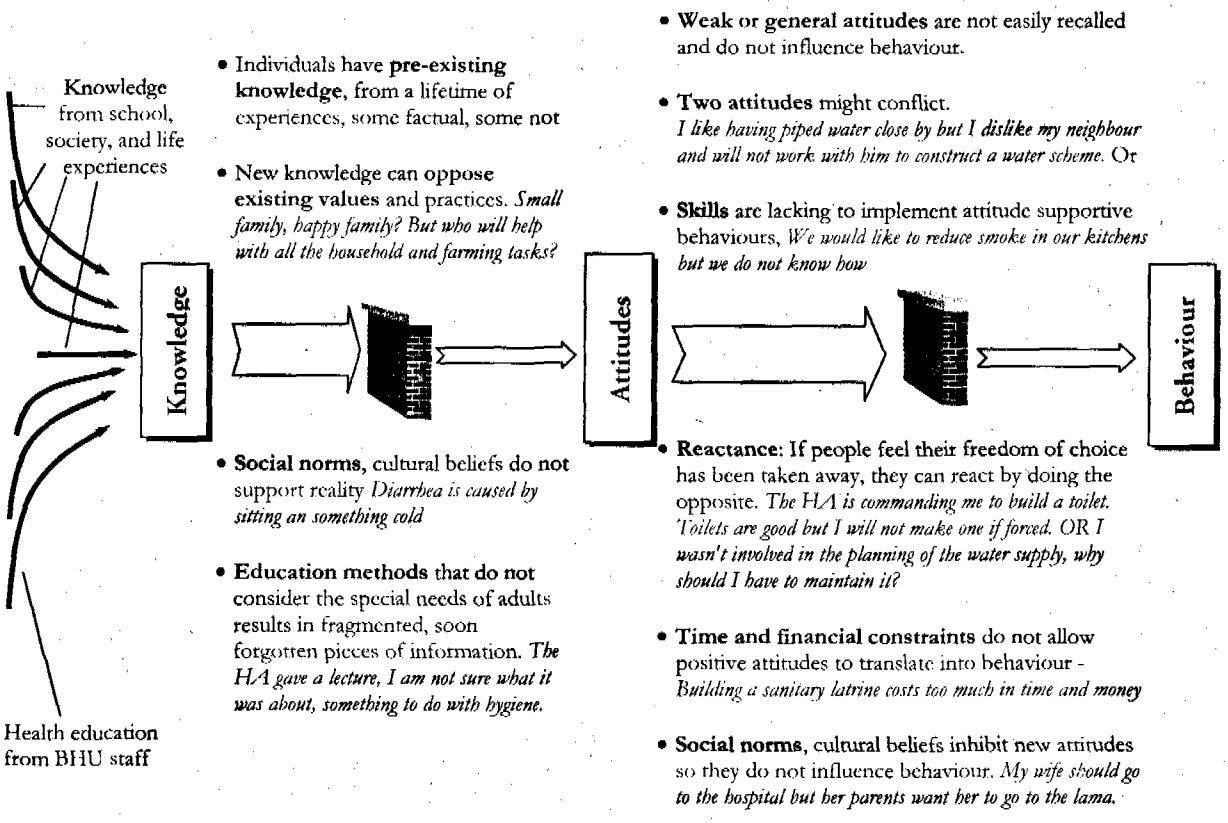
⇒ ***Consider latrines***. Most rural people do have knowledge about the positive benefits of latrines. Our efforts at creating this awareness have been fairly successful. Attitudes about latrines are positive - people would like to have and use a latrine, either for health reasons or simply for privacy. But what about behaviour? It is true that many people have latrines, the 2000 National Health Survey indicates that 88% of the population have a latrine. However, many latrines are unsanitary and instead of preventing diarrhoeal disease, act as a source of faecal transmission. Some people have a latrine but do not use it. If people like latrines, why would they risk disease by not having or using one?

There are many factors that determine whether attitudes will predict behaviour. One significant factor is attitude accessibility: attitudes will more readily predict behaviour when they are more easily recalled. For example, the person that has already had a direct experience of contracting STDs will more likely recall his favourable attitude of using condoms than someone having an equally favourable attitude, but no experience with STDs. The former STD sufferer's positive attitudes about condoms will more closely predict condom use. Also if a person is distracted, no matter how strong attitudes may be they are not accessible. They may not predict behaviour. A regular hand washer, if distracted enough, will forget to wash hands before eating. Placement of a tapstand near a latrine or near a house entrance is helpful in that it provides a cue to action that reminds the person to wash his hands.

Another strong factor that links attitudes to subsequent behaviour is social norms: a person's perception of the social pressures put on him to perform certain behaviours. Positive attitudes about using latrines will more likely result in latrine use if a person believes (and cares) that everyone expects him to use a latrine. People having weak attitudes about hand washing (they may believe that it is very important) will be less likely to wash hands if no one else regularly washes.

1.2 Barriers that prevent knowledge and attitudes from changing behaviour

The road from knowledge to behaviour is not straightforward. The examples above show that there are many barriers along the way, barriers that prevent knowledge translating into attitudes and that keep attitudes from resulting in behaviour. The figure below gives some examples of these barriers. We cannot assume that the knowledge we try to impart will result in the behaviours that we hope to see. Most often it will not. Education alone has little or no effect on health behaviour.



One can imaging that with all the barriers that exist to changing behaviours, our education attempts will have little impact. There are however some things that we can do to improve the situation. We can try to identify the barriers (those outlined above and others) that prevent knowledge from translating into good health attitudes as well as the barriers that prevent positive health attitudes from influencing behaviour. Once these are identified, efforts can be made to remove them.

This guide focuses on three of the barriers that individuals are faced with that prevent the adoption of behaviours and practices that can improve health. Health workers should be aware that while these are certainly not the only barriers that will be faced, they are common to many of the community situations in which we work.

1. **Education methods**. Communication occurring between government staff and communities is typically a one way flow of information that does not necessarily translate into learning, simply because adults do not learn well under these conditions. The most relevant example here is the current lecture-based approaches of BHU health education. *Knowledge is not retained and has limited impact of forming positive attitudes.*

2. **Lack of community ownership of development**. Many development activities are done with very little input from the people they are supposed to benefit. When people are not involved in development decision-making, their development needs may not be met. Even if they are, this lack of participation is likely to result in a lack of ownership for the development initiative. People often feel that since government prioritises and plans development, they should also implement and maintain it. An example of this is seen when individuals are reluctant to construct sanitary latrines unless government provides the materials. *Attitudes that government should be responsible for development overshadow attitudes that favour self-development.*

3. **Conflict**. Conflicts between households within communities do not enable the co-operation necessary to jointly plan, implement and maintain community-benefiting programmes. An example of this would be a leaking tapstand that is not repaired because the households using it have a conflict over another issue. *Positive attitudes about a preventative health issue are overcome by negative attitudes about neighbours.*

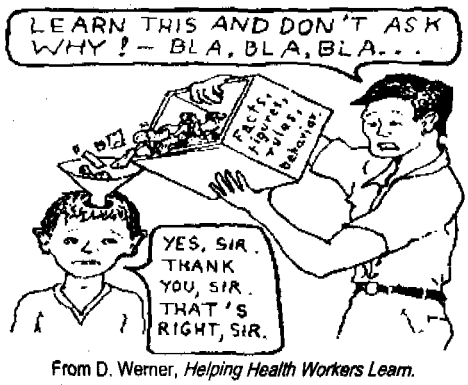
The first two barriers are mainly erected by ourselves and we therefore discuss them briefly here.

1.2.1 Adult Learning

> *"I have been telling people about the need for latrines for 15 years. I am still telling them but the problems remain the same."*
>
> HA Ladrong BHU

Improving peoples' health behaviour is a very challenging undertaking. It is not as simple as telling someone about their unhealthy practices and expecting them to change them for the better. Unfortunately, IEC activities currently practised often do just that. We lecture people on what they should or should not do and when we see no result, we blame it on the ignorance of the farmer.

Our standard of communication involves lecturing, with little recognition of the special needs of adult learners. The following figure depicts how adults learn in different environments. Most of us have limited experience in training and usually equate training with teaching. Our experiences come from our time in school, where a teacher stood in front of rows of students and attempted to impart his or her knowledge to the students through lectures. When we work with communities, many of us are more comfortable in training roles, roles in which we direct a one way flow of information to participants and assume it translates into knowledge. Usually it doesn't.



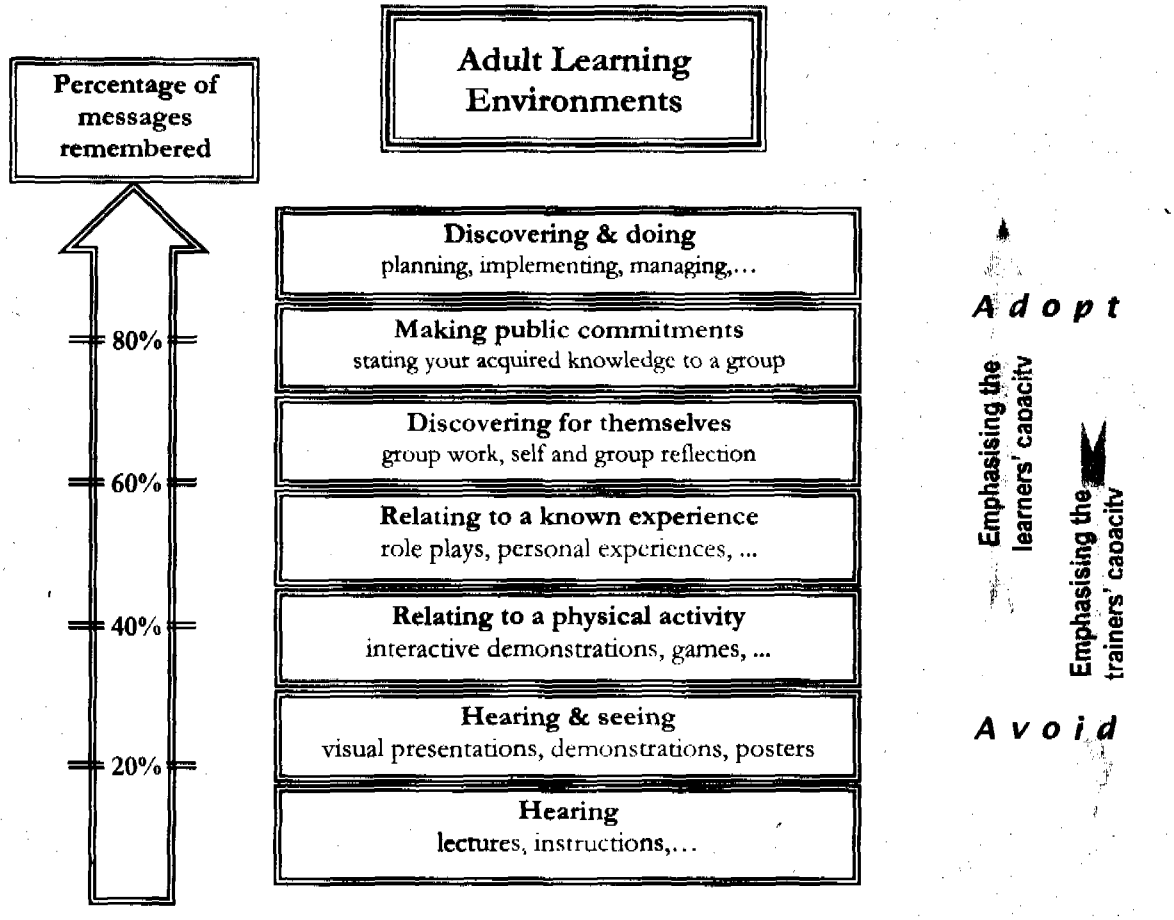
From D. Werner, *Helping Health Workers Learn.*

We assume that people have little understanding of health issues beyond what we tell them, as if they were empty vessels waiting for us to pour knowledge and understanding into. We are slow to realise that attitudes about health are based upon knowledge, so true and some not, from a variety of sources. We are only one of those sources and must take this into account when we try to promote better health.

Adults also learn in different ways than do children. As we grow older, our short-term memory becomes less efficient and more easily disturbed. We find it more difficult to translate what we hear and see to our long-term memory. In fact, the average person immediately forgets 50% of what he or she has heard.

Lectures and demonstrations require good short-term memory to absorb and any training method that relies too much on them is doomed to failure. Instead of blaming poor health behaviours on the ignorance of farmers, we need to acknowledge that own communication styles deserve some blame.

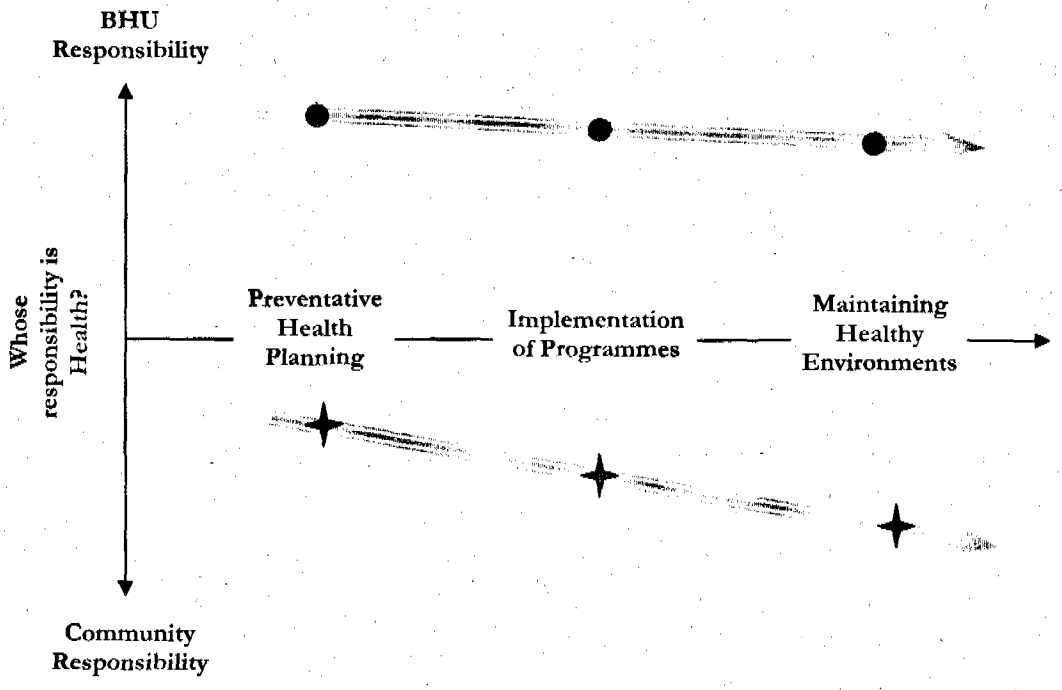
Adults learn through active involvement, through participating in the learning process. The following figure describes some learning environments and compares them to see which work best for adults. Lectures are the least effective of the methods shown in conveying a message. Without effective communication it is unlikely that messages will even register as knowledge. The message may not be as important as the process of delivering it.



But how can we avoid lecturing, particularly when we have all the information and farmers lack it? The key to successful adult education is to have faith and confidence in adults as learners and allow them to learn in environments that work best for them. Help them to discover knowledge for themselves. The CDH Workshop methodology addresses this barrier by giving BHU staff facilitation techniques to engage communities more effectively.

1.2.2 Who Owns Development?

We feel the need to instruct communities in all aspects of their development instead of recognising their ability to do things for themselves. The result is negative perceptions of development being government owned and maintained. The concept of responsibility is a main theme the workshop uses to positively influence both BHU and community behaviour with regard to health issues. Instead of BHU staff making health promotion plans for communities and then implementing them for communities, let communities identify their own preventative health needs and the BHU can then assist when needed. BHU staff play a facilitating role and communities feel that they are now primarily responsible for planning and implementation. As far as community perception is concerned, this amounts to a shift in responsibility for planning, implementation, and management away from government toward communities. This shift is illustrated below.



If government (BHUs) set the priorities for preventative health and implement health promotion programmes without community participation (note that participation does not mean attending a lecture) and without assessing community concerns, it is unlikely that communities will feel responsible for the results that the programme hopes to achieve (upper line). The alternative is to help communities assess their own health situation, set priorities for improvement and develop and implement plans to achieve them. It is far more likely that communities will strive to maintain an initiative that they have planned and implemented themselves (bottom line). This is basic human nature. This is what ownership is all about.

The CDH approach does not dictate what health development should be. Rather people are encouraged to choose their own health priorities and to make plans on how to achieve them. The ownership thus created is a key element in ensuring that the plans will be sustainably implemented. This does not mean that BHU staff should not share their knowledge when community knowledge is lacking. They must share it in ways that adults can easily grasp, and they must accept that communities might have health priorities different from their own.

1.3 Getting Over the Barriers

We have already discussed barriers that prevent knowledge from resulting in improved health behaviours. W also discussed two of the barriers that we erect ourselves, namely our communication styles and how we impede community ownership of preventative health programmes. Other barriers will vary from village to village. It will prove very difficult to uncover them all and even more difficult to remove them. The two days in which the CDH workshop is usually grossly insufficient to uncover the many barriers to behaviour change that exist within the village setting. So one can imagine that finding ways to overcome all these barriers is nearly impossible. We may not need to.

The most significant aspect of the CDH workshop methodology is that it uses behavioural change tools to build individual and community commitment to changing their health environment. The intention is that if commitment to change is strong enough, people themselves will find ways of overcoming their specific barriers to change. These tools are very simple. They rely on inducing the participants to freely make public statements about their health knowledge and about what they will specifically do to improve their health environment. The simple act of voluntarily making public statements about their intended actions commits people to do what they say they are going to do. The term "voluntary" must be stressed. If people feel that they are being forced to make statements, commitment to abide by those statements will be lost.

Making commitments to others creates a strong internal pressure to behave consistently, doing what you say you are going to. Being consistent in your self-image is an important character trait. Behaving inconsistently leads others to perceive you as being dishonest and unreliable. But those who "walk their talk", whose deeds match their word are viewed as being more honest and having integrity[2]. Commitment takes good intentions and transforms them into action. This individual commitment to act can be very powerful, often more powerful than the barriers that prevent action.

In summary, the Community Development for Health workshop focuses on three things:

1. **Overcoming barriers related to our ineffective communication styles.** The CDH methodology uses participatory tools and IEC methodologies that encourage community self-discovery of linkages between water, sanitation, hygiene and health so that communities become their own health advocators.[3]
2. **Overcoming barriers related to poor community ownership of its health environment.** The CHD process stresses community self-identification and prioritisation of their own health problems followed self-planning of activities to overcome them.
3. **Using commitment-building tools to overcome other barriers**. Commitment compels community members to follow through on their stated knowledge and self-made plans, regardless of the many barriers that prevent action.

Some health professionals might not agree with this approach, particularly since it places less emphasis on an extensive analysis of the deeper cause and effect relationships that pose barriers to good health. Acknowledging the limited financial and human resources at our disposal, more emphasis is placed on creating commitment to health behavioural change, with less regard for the multifaceted barriers that hinder it.

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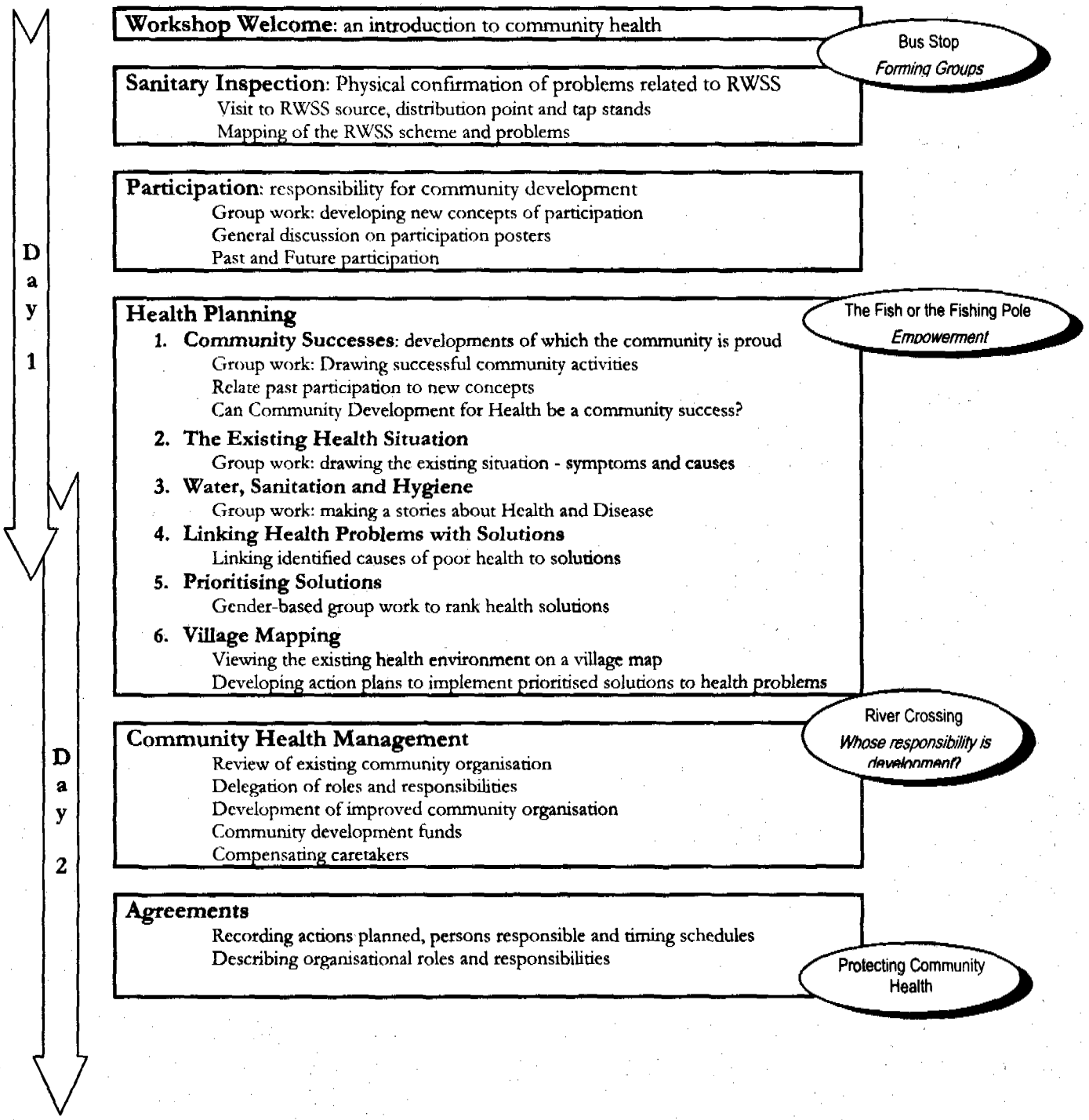
[2] D. McKenzie-Mohr, *Fostering Sustainable Behavior*

[3] Again recall that adults learn best by doing something rather than from hearing or being told. Additionally if the action involves making a public statement about health knowledge, the person making the statement will find it very difficult to act contrary to the statement.

1.4 The CDH programme outline

The remainder of this guide describes the specific activities undertaken during the workshop. An outline of the workshop programme is given here.



2 Workshop Welcome

In some cases, the most challenging part of the Community Development for Health workshop is to convince people to attend. In a community development environment where government provides projects, lunches and even DA payments as incentives for participation, why would people want to participate without these incentives? One could imagine that the meetings and visits that village households are expected to attend impose a significant burden on the residents. That burden feels much worse if people must attend a lecture about something in which they have little interest. The CDH workshop, if well facilitated, will generate enough community interest so that participation during the second day is often greater than during the first.

Villages will be informed about the workshop by either the Gup, the Tshogpa or by the BHU staff facilitator him or herself. The message conveyed when inviting people to the workshop can be given again during the workshop welcome. That message can be something like:

> *His Majesty has declared that the time has come for people to take a leading role in Bhutan's development. It is time that Government stop making decisions that people can better make themselves. The success of this policy will ultimately depend upon the support that it receives through people's participation in planning, implementation and on-going management of development. People's participation begins in their community. This workshop is about the development of this community. Participants in the workshop will identify and make plans to address the community's priorities for improving the health and lives of all its members. This is the first step in fulfilling His Majesty's vision of Bhutan's development. This workshop will provide communities with the tools that will help them take up these new responsibilities.*
>
> *We have not come here to give a project. We have not come here to give a lecture. We have come to share self-development tools with the community so that the community can plan and achieve its own development goals. There is no DA available and there will be no lunch served (although tea will be shared). The efforts required over the next 2 days will not be easy, but will result in valuable learning experiences for all of us.*

The facilitator should state that he or she is willing to help communities act on their own health priorities. Communities in turn must be committed to accepting primary responsibility in community development planning and management. Unwillingness on either party's part to work toward a partnership relationship will threaten the sustainability of any plans made during the workshop.

The participants should be questioned about whether they are willing to take on this increased responsibility. If this willingness does not exist, ask why. If the workshop timing is in conflict with other important village activities, there may be a need to re-schedule it. Perhaps people do not see the value in planning for their own development. You can try to encourage them otherwise, but if the community is generally unwilling, it would be better to move to another community where commitment to accepting more responsibility in community development exists.

The facilitators should also ask if the participants that are present represent the community well enough to make plans for it, plans that the community will be committed to implementing. If the facilitator thinks that representation is weak, he or she can quickly tell the Four Brothers story.

Give the participants time to check amongst themselves and delay the start of the workshop if they feel they need to call more people. In any case, ask which individuals from within the community contribute to the community's health. Probably the Village Health Worker will be mentioned. Ask if the Water Caretaker and Tshogpas are also important. If they are, is it not essential that they attend this workshop in which community health plans will be developed?

The Four Brothers (or Sisters)

This is a story that illustrates the problems that can arise when plans are made for other people without their knowledge or consent. Begin by asking four people of about the same age (they can be all men or all women) to stand in front of the group. Preferably two of them will be dressed better or appear more modern than the other two. Explain to everyone that they are brothers (or sisters) that all live on the same farm. Two of the brothers (the less well dressed) always prefer to plant traditional crops such as rice or maize and to store whatever surplus they make for use later on. The other two prefer cash crops and would like to plant much of the land with potatoes (or another cash crop locally common).

Each year all the brothers get together to decide what to plant on the farm. This year the two traditional brothers have gone on a pilgrimage to a religious site or to a tshechu several days away. *Send them to the side of the room.* While they are gone, the two other brothers decide to convert all the land to potatoes and manage to prepare the ground and plant all the seeds while the other brothers are away.

Ask everyone what will happen when the more traditional brothers return from their religious event? *Bring them back from the edge of the room.* Will everyone be happy or will there be fighting? Chances are there will be fighting, perhaps the two traditional brothers will not help in the future work that the potatoes will need, they may even destroy the work of the other two.

What will happen if the people in this room now make plans for improving the health environment in the village that will require efforts from other households or members of the community with specific roles (water caretakers, Tshogpas, VHWs) that are not attending now? Is it a good idea to make plans for other people without their consensus? Do they need to be called now?

3 Sanitary Inspection

The sanitary inspection session is developed with the purpose of monitoring the risk for water contamination, scheme functionality and general village management of rural water supply schemes. The central problem realized during the last couple of years has been the increasing rate of schemes getting defunct and therefore create a health risk for the rural population.

Sanitary Inspection: Session Goals

The facilitator and participants should be able to:

- Identify all the physical problems related to the RWSS scheme.
- strengthen the commitment of communities to accept greater responsibility for maintenance of RWSS scheme/s
- get an overview of the general health and sanitation situation in the village

The sanitary inspection is conducted in conjunction to a natural survey or walk from the source area ⇒ storage area ⇒ distribution and tapstands area – ending with a meeting/interview with all village members that are engaged or interested in water supply and sanitation activities. It is crucial that the entire RWSS survey is conducted in a participatory manner with village members – so that the observations made during the survey (good or bad) are understood and accepted by the village members. The inspection will take between 2 and 5 hours depending upon the size of the scheme. The overview captured from the inspection should contribute as a basis for discussions related to health at the later stage in the sessions. The sanitary inspection form attached in the annex should be used during the inspection.

All the participating community members are invited to go to the scheme source and then conduct the natural survey or walk till the last tap stand in the village. As a facilitator, one should keep in mind not to point out any problem to them directly with regards to the scheme. All the current status and problems with regards to the scheme should be pointed out by the community themselves and marked accordingly in the form after getting the concensus of all. As far as possible the community participants should be able to notice the problems and own up the responsibility of maintenance. However the discussion on maintenance should not be stressed too much during this session, since it will be discussed in thorough details in the sessions on health planning.

4 Community Participation

This is the most distinctive and perhaps the most important part of the workshop. It uses visualisation, group discussion and role-plays to discuss the various forms of community participation that have occurred in the past and that could be possible in the future. Posters are used that visualise various forms of participation ranging from a passive participation in which government directs all development planning and implementation, to a more interactive participation in which government assists in the development process by recognising and supporting self-development capacity within communities. Common understanding on the nature of past participation is reached and consensus on the need to adopt a

more interactive type of participation is reached in which communities will take primary responsibility for development planning, implementation and management.

Participation: Session Goals

The facilitator and participants should be able to:

- make a distinction between past forms of participation and future ones that emphasise a greater role for communities in development planning
- strengthen the commitment of communities to accept greater responsibility for community development and for BHU staff to have faith and confidence in their ability to do so
- create an environment of working partnership between communities and BHU staff

4.1 Why community participation?

Participation is a central theme of the Community Development for Health workshop. Through participatory exercises we strive to break the traditional relationship between government and people by having communities self-define a new relationship that puts greater development responsibility in their own hands. Most BHU staff complain of a lack of community and individual responsiveness to their efforts to promote improved health. RWSS staff also complain of a lack of responsiveness by communities to the maintenance needs of water supply infrastructure. These are amongst the factors that prevent reductions in our rural morbidity rates. In many instances both can be attributed to a lack of ownership of health programmes and infrastructure.

What do we mean by ownership? If we consider purchases with money, ownership is generated immediately. Before I pay for an automobile I have no ownership. After I work hard enough to earn enough money to pay for it I feel complete ownership. After obtaining ownership I will want to benefit from the automobile as long as possible and since I am the only owner, I am the only one responsible for it, I am the only one that can influence its state. I will make sure that the automobile is treated carefully and is well maintained.

How does this compare to ownership of a development initiative? Unfortunately it differs in some critical aspects. First of all, there are rarely individual owners of development initiatives, they are usually shared by many people. Responsibility for managing that initiative becomes unclear since everyone can claim that everyone else is responsible. In this situation one may find that no one feels responsible[4]. Another difference is that some development initiatives come free of cost and effort (BHUs, most roads, secondary schools) so that individuals feel that they made little or no sacrifice to get them. When you sacrifice to get something, it is more likely that you will take good care of it, feel ownership of it. Still another important difference is the amount of choice an individual has about getting something. An automobile owner makes a clear choice about whether or not he will get a car and what kind of car that will be. The same cannot be said in the development of roads, water supplies, and community schools. Perhaps communities may ask for these, but they are certainly not involved in the decision-making required to get them in the same way that an automobile purchaser is. Will they feel as responsible for using and maintaining something that they designed themselves as they would for something that was designed by someone else and perhaps only partly meets their needs?

[4] Within the RWSS programme it has been posited that tapstands at each household would in effect assign individual responsibility for their maintenance, thus improving their lifespan.

Ownership of development initiatives is much more complex than ownership of an automobile. Nevertheless, if we want people to own their development environments, we have to make that ownership building process more similar to the process of buying an automobile. Firstly, people have to be involved at all points where decision-making occurs in the development of the initiative. Secondly, it can be advantageous if they make sacrifices to get it, sacrifices in time and or money. Developing ways that responsibility for using and managing development initiatives can be shared amongst individual households at the community level is more difficult, but nearly impossible if the first two points are not met. This all helps to answer the question, why participation?

We need peoples' participation in the earliest stages of the development process if we are concerned about ownership and sustainability. We also need the kind of participation in which people make real choices, choices that willingly commit them to certain courses of action. Somewhat sadly, we often have a lack of faith in people's ability to know what is best for them. We decide for them. We tell them through lectures, we set priorities for them and we plan for them. We do not sufficiently allow them to participate. It is easy to see why people are not always committed to do the things that we think they should.

> *Our biggest problem with people in the villages is that we tell them something on one day, and they have forgotten it by the next. - HA in Zhemgang*

The problem here is probably not due to poor memories. If we cannot engage people based upon the issues that are important to them, it is likely that they will have little interest in the issues important to us. This is not to say that we communicate only about what people are concerned with. If that were the case, how would we ever talk about HIV/AIDS, something about which many people are as yet unaware but that poses a significant future threat?

We must create an environment of participation. In this environment we may speak, but we also listen: everyone learns something. This can be a big change from what we have been used to in the past. In order to do this we must openly challenge the relationship between government and the people in which government directs development, and people are expected to do what they are told. We have to relinquish this control and create environments in which people are motivated to participate not with just their labour, but with their ideas and aspirations.

Creating this environment can be very difficult, particularly since:

- Shifting responsibility for project planning and management away from government toward communities requires participation in decision-making beyond what both communities and government staff have historically experienced
- Sharing responsibility means sharing power. Government staff can feel comfortable in their superior positions and may want to retain control. Communities may feel comfortable about not feeling responsible for government-sponsored development and may be reluctant to accept greater responsibility. Changing this requires working as partners, a new concept for both communities and Dzongkhag staff
- Exploring past relationships between Dzongkhags and communities and how these relationships may have hampered community participation can be an uncomfortable experience. Open dialogue on these issues can be difficult to achieve

Changing the prevailing attitudes held by both government staff and community members about community participation is a long term process that requires reinforcement throughout the workshop and well beyond its time frame. The tools that the CDH workshop uses to initiate this discussion are described in the next section..

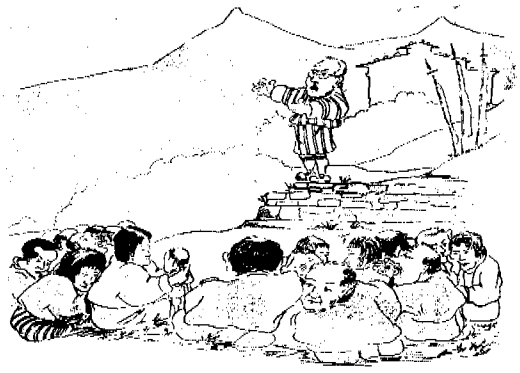
4.2 Tools to discuss Participation

➡ **4 nos. A3 size posters illustrating different forms of community participation**

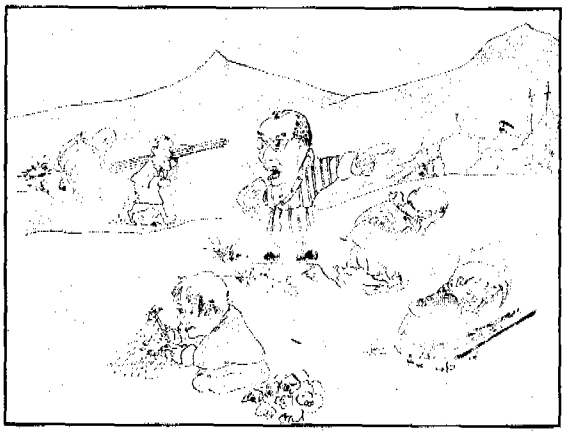
The tool used to facilitate discussion on participation is a set of A3 size posters that illustrate various forms of participation. The **intended** meaning behind these posters is described here.

poster #1: ***The Lecture***

The poster shows a government official (perhaps from the BHU) lecturing to a community. The community members are not required to give feedback to the lecturer. The lecturer has his own agenda and has not asked the community about the issues that are of concern to them. As a result, people are not paying much attention (some are actually sleeping). The lecturer has perhaps come to inform the community about plans that have already been made, plans in which the community was probably not involved in making. The community cannot be said to be participating at all in the encounter.



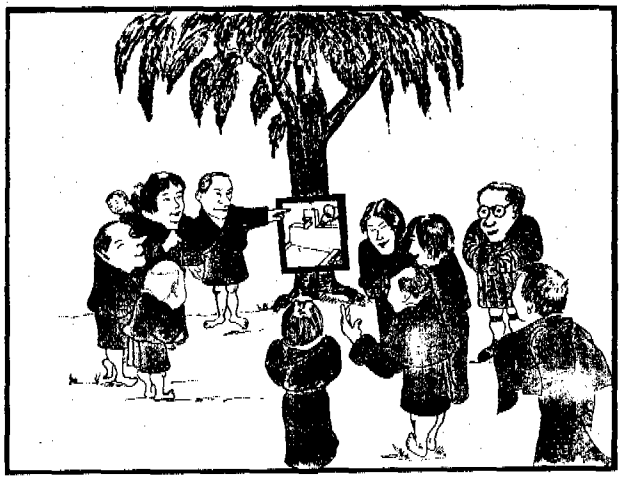
poster #2: ***Government directing***



Here a Dzongkhag or BHU staff member is directing community members in a construction activity. As Dzongkhag is clearly managing the implementation activities, it can be assumed that Dzongkhag has probably planned the activities as well. There is little thought required of the community members, they only do as they are told. While it could be said that they are participating, they do so only with their labour and not with their minds, much in the same way that a donkey participates by taking a rider where the rider wants to go. One of the things that separates humans from other animals is their ability to think for themselves. That ability is not being used here, in fact it may be forbidden.

poster #3: ***Government assisting***

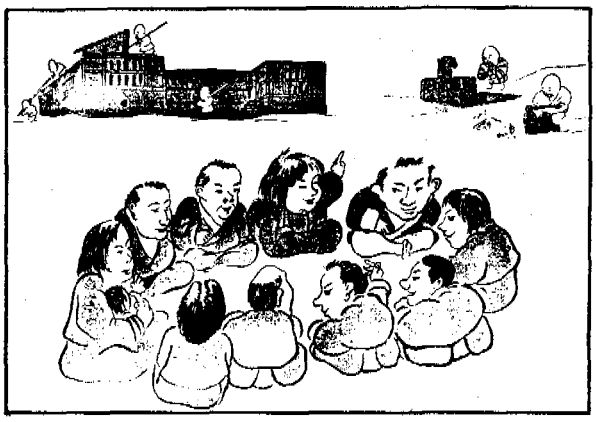
Community members are discussing an idea (in this case it is about rural water). The idea comes from a poster brought by someone from government (BHU). However, the BHU staff member, after having introduced the idea, stands in the background while the community discusses the idea amongst themselves. In this way the community and the BHU jointly participate in decision-making (planning). This is a significant improvement over the previous poster in which the community was not expected to contribute to planning. This is the minimum level of



participation we hope to achieve in the Community Development for Health workshops.

poster #4: ***Community self-development***

Here the fact that government is not present does not stop the community from prioritising their development needs and making plans to achieve them. Practical experience in these areas exists within the community and the role of government staff is to provide technical support if and when needed. The community takes prime responsibility for planning, managing the implementation of development plans, and the operation and maintenance of their development infrastructure. This means significantly more than communities simply meeting and drawing up a shopping list of developments they want in their community and asking the Gup to see to it that they are provided. The poster implies that the developments discussed will actually be achieved through community participation in planning and management of implementation. While the capacity to do all of this does not currently reside within communities, it is this kind of participation that should be the goal for the future.



4.3 Practical Facilitation

a. Introduction of theme

The facilitator introduces the theme of participation by relating it to the previously presented overview of the workshop theme. Specifically, the development of sustainable community health environments will be difficult without the development of new attitudes about participation by both communities and BHU staff. Explain that a convenient way to initiate dialogue on participation is through a discussion centred on illustrations of various forms of community participation. This is best done in groups[5].

Breaking into groups

Bus Stop[6] is a popular way to explore how groups are formed and how people are often excluded from participating. The activity can also be designed so that it ends with the formation of appropriately sized groups for discussion on the community participation illustrations.

b. Group work

Discussing participation posters

Once groups have been formed, resource persons from amongst BHU staff should be assigned to facilitate group discussions. This can be difficult, but not impossible, if a single HA, BHW, or ANM is facilitating the workshop. Within each group, the group facilitator should display the first poster (*The Lecture*). Groups should be arranged so that all members can comfortably view the poster. Discussion within the group should be encouraged, without much input from the group facilitator. Remember that in this

[5] In general, group sizes should be limited to 7 to 8 people, less is better but requires more time if group presentations are involved. The number of available group facilitators may determine the size of the groups.
[6] There are various participatory ways to form groups, *Bus Stop* is described later in the appendices

exercise, as with all exercises, participation of all group members is essential so that all people feel part of the process. If required, the group facilitator can motivate the group by asking questions such as: *what is happening in the picture?, who is this?, what is he doing?, who are these people?, what are they doing?* **It is important to remember that before discussion on any poster is complete, an assessment about what the picture says about participation is required**. *What kind of participation does this picture display?, is this kind of participation good or bad?, have you ever experienced this kind of participation?*

It is not unusual that what the group feels about a poster is very different from what the poster was meant to convey. If this is the case, the simple questions can be repeated by the group facilitator to see where this view came from. It is very important that people arrive at realistic ideas about what each poster says about participation, it will have a much more lasting meaning than if they are told.

After a consensus is reached on what the 1st poster says about participation, display the 2nd and go through the same process. Repeat for the 3rd and last posters. As the group facilitator goes through the series of posters, it is helpful to compare the participation that one poster displays with the participation shown by the previous poster: *are the people in this poster participating in a better way than the people in the previous one? Is the Dzongkhag person encouraging participation more than in the previous poster? Which kind of participation is better, will lead to more sustainable development?*

Warning!

It is not unusual to find that facilitators try too hard to guide the discussion. They may end up having a dialogue with only one person in the group, effectively excluding all the rest. Good facilitators periodically reflect on whether their own actions stimulate or squash community participation. This self-reflection can be very difficult to do. Walking away is an essential skill that will indicate to a facilitator what a group's capacities are. Most often, it takes the facilitator to leave the group before real participation begins. Notice how almost everyone joins in the discussion after you walk away. It is a sign that you have been dominating too much. Despite your good participatory intentions, you have been hindering participation.

Remember, when things slow down, **walk away!**

Ordering posters: bad to good participation

When the discussion is completed, participants should be able to place the posters in an order going from worst participation to best. This is most easily done by having the participants select the worst first and then the best. The order of the middle two can then be quickly decided upon.

Past and future participation

The groups should decide on which of the posters typifies how participation in community development has occurred in the past. Similarly, they should identify the poster that illustrates how they hope to participate in the future.

c. Plenary

Group presentations

Each group should select a leader to make a brief presentation of the work done within their groups. Each group should tape or pin their posters in the order in which they have ranked them to the wall so that the plenary can view them (in this case there will be many sets of the participation posters displayed). The presentations should consist of the following:

introduction of group members	the group leader has the members of his or her group stand as the leader gives their names to the plenary
general discussion and ranking of posters	the group leader describes each poster and explains how the group has ranked them
past participation	which poster best illustrates what the group feels community participation has been like in the past
future participation	which poster best illustrates the participation the group feels the community should strive for in the future

General discussion on posters
During the group presentations, the facilitator should feel free to ask presenters to explain why they have chosen the forms of past and future participation the way they have. When all groups have finished, the facilitator should build consensus amongst the participants on a common ranking of the participation posters. Once consensus is reached, the other sets of posters can be removed and one set that represents the group consensus will remain for the rest of the workshop. From past experiences, the plenary usually decides that the order of the participation posters is as was intended: the 1st being the worst progressing to the 4th being the best. The result may be different. In this case the community's perception about what constitutes good participation differs from what most of the other communities that have participated in the workshop have described. In any case, the ordering should remain as the community decides. There will be ample opportunities for the community to change their opinions on what constitutes good participation during the course of the workshop.

The facilitator should wrap up the exercise by emphasising that community participation is the key to sustainable community development. If community participation in the past has not been as people would desire, repeating that type of participation in future development activities will most likely lead to failure. In all government sectors, there is an increasing awareness that community participation in planning, managing implementation and in management of projects is the key to their sustainability. Community health is no exception. BHU staff will no longer take the lead in planning activities to improve health in the community. Communities must now take that lead. That will require effort by all. The future is now. The kind of community participation that the community hopes to have in the future (show poster) needs to begin today.

A practical note: this activity should not be considered a failure if many people do not yet grasp the implications of the participation session once it is completed. They may believe that their participation has always been similar to that shown in poster #4 or they may feel that posters #1 or #2 still are the best kinds of participation. Instead of telling them that you do not agree (or even worse: that they are wrong), the concept of community participation will have a much greater impact if the facilitator leaves the topic for now, knowing that understanding will slowly emerge. Discussion on community participation will be re-visited throughout the 3 day workshop and a realistic understanding of participation will almost surely evolve before the workshop is complete.

4.4 Some Practical Facilitation Tips for the Community Participation Theme

Guiding a participatory process can be a very satisfying experience. It can also be very difficult, particularly when the theme is participation. It is impossible to describe all the experiences that may be

encountered when facilitating the session on participation. What follows is an incomplete list of some of the difficult experiences that have been encountered in the past when running this workshop and some of the steps taken to make these encounters more productive. As facilitators gain more experience in running these workshops, their own creativity will uncover many other ways of dealing with these issues.

Poster #2, Dzongkhag Directing is indicated by one or more groups as being the desired form of community participation

This is a common response early in the workshop. It may arise from a variety of understandings, some of which include:

- this kind of participation is the only kind that the community has had experience with
- people feel more comfortable with not having to make their own decisions
- working without thinking at least gets something physical accomplished
- this is the kind of participation communities believe Dzongkhags want to promote

The poster attempts to show a Dzongkhag staff member directing scheme implementation with little input from the beneficiary labourers. The communities were most likely not involved in the detailed planning for the scheme. Since Dzongkhag plans and directs the implementation, chances are very high that the community will expect Dzongkhags to manage operation and maintenance also. This is not an acceptable situation. What can be done to create awareness amongst the workshop participants on this issue?

- First of all, clarify who the people in the poster are. Hopefully, there will be consensus that they represent community members and someone from government. Ask if this represents the kind of participation that people want in their community. If the response is yes, forcefully direct someone in the group to stand up, walk away, come back, sit down, stand up, go over there, come back, ... After a bit of this ask the person if he likes doing this? If he says yes, he likes it, start ordering him around again. How long would he support an activity in which he had no real say? Continue until he no longer has an appreciation for this kind of participation.

- Ask the question: When a man rides a donkey, who decides where the donkey is going to go? The donkey only participates by doing what we tell it. The thing that makes people different from the other animals is that they can think, decide and plan.

- Now ask (referring to the man you had earlier ordered to stand up, sit down,...): Who is the man and who is the donkey? Then ask: In this poster, who is the man and who is the donkey? If people feel that the poster shows a good form of participation even though the people are discouraged from thinking for themselves, they imply that they prefer working like donkeys. Is that true?

Lastly, it should be stressed that no one from Dzongkhag is going to come and direct people in this way. If the community wants someone to do this (a lajab), they will need to find that person or group of people from amongst themselves. To emphasise this, the facilitator can quickly sketch a local person or committee and tape it over the picture of the Dzongkhag staff member in poster #2.

Posters #3 and #4, Which kind of participation is more desirable?

People are often reluctant to diminish the influence that the government plays in their community's development. They may fear that their own capacity to direct development is lacking (*we are only poor uneducated farmers*) or they may view the role of government as being naturally directive. Community development seems to have 2 faces for most villagers: the developments that they would naturally undertake themselves without assistance (much of community agricultural practices, religious organisation, local entrepreneurship) and the mostly infrastructural developments led by government

(water supply, health, education). Ownership of the government led development processes is often lacking. This is one of the constraints that the RWSS programme faces and one that this workshop seeks to address. The aim should not be to say that government is no longer willing to assist in these types of development, but rather it seeks to work in partnership with communities to achieve them. In this sense the 3rd poster (*Dzongkhag Assisting*) is a realistic form of participation that communities should strive to attain. In fact, this is the kind of participation that this workshop encourages. Nevertheless, in the future it is hoped that communities participate more in setting the priorities for their development from the very start instead of actively supporting initiatives that have been introduced by government. One way of communicating this is through the following analogy:

- While working in groups, the group facilitator can ask one of the middle aged persons if they have a son or daughter that is still under the age of 20. Ask them if they have contributed to their child's development by taking their hand and teaching them throughout their lives how to live good and productive lives. Do they still wish to have to hold their child's hand until they have reached the age of 30 or 40? Probably not. They would hope that their children grow to be able to make their own decisions and to be able to support themselves, their families and their communities. This idea is similar to the difference between the 3rd poster (*Government Assisting*) and the 4th (*Community Self-development*).

A group or the entire community feels that their participation has always been as is shown in Poster #4

As discussed earlier, the 4th poster could be interpreted as the community simply having a meeting to decide to ask government for a school, a BHU or a water supply. How can a facilitator emphasise that the implications of the poster mean much more?

- Explain that it is encouraging that the community participates so successfully. But ask: if you participate like the people in the 4th poster, where is your school, BHU or water supply? If you had a water supply that is no longer functioning, why did such a participating community let the scheme fall into disrepair and why has it taken so long to repair it? Good community participation doesn't mean knowing how to ask for things. It means directing a process that involves prioritising an activity, planning for it and mobilising the resources (government and community resources) to make it happen. It also means taking the lead in managing its implementation (construction) and organising the community to maintain the activity long after construction is complete. Have you really participated in this way?

These tips can be used during the group work, during the plenary session or both.

4.5 Guided Questions for the participation posters

Poster No. 1. The Lecture

1. What do you see here in this picture? Or what is happening in the picture?
   - Ideal answer is – a meeting in progress or a village Zomdue.
   - Participants may say more than the above, but should stop at this and ask the second question.
2. Who do you think is the person in the front/person who is speaking?
   - Ideal answer is – a government staff
   - Participants may say a gup or a village leader, but try to get to the point that it is a government staff.
3. Who are the people who are sitting in front of the government staff?

- Ideal answer is – villagers/community members

4. Are the people who are seating interested in what the government staff is saying?
   - Ideal answer is – not interested
   - Point to some people in the picture who seemed to be not interested and ask if he/she is interested or not.
5. Why do you think the villagers are not interested in the government staff?
   - You can get many different reasons from the participants. Take note of all the reasons and confirm with the participants.
   - Some of the reasons can be: cannot understand, don't feel it is their show, complicated government policies etc.
6. Do you think such type of participation by the people in development is good?
   - Ideal answer is – not good
   - If they say it is good, ask for reasons why

Once you have all the answers, it is good to repeat all the answers of the six questions to the participants once more to confirm.

Poster No. 2. Government Directing

1. What do you see here in this picture? Or what is happening in the picture?
   - Ideal answer is – people working.
   - Participants may give specific details like the person is carrying cement bag or digging drains or carrying pipes etc. which is ok.
2. Who do you think are the people who are working?
   - Ideal answer is – villagers/community members
3. Do you see any other people besides villagers/community members?
   - Ideal answer is – Yes, a government staff directing
   - Participants may say a gup or a village leader, but try to get to the point that it is a government staff.
4. Do you think the villagers/community members are listening to what the government staff is saying?
   - Ideal answer is – Yes, they are doing whatever he is saying.
5. Do you think such type of participation by the people in development is good?
   a. The answer can be good or bad. Its up to them to judge
   b. Ask for reasons as to why they think it is good or bad

Once you have all the answers, it is good to repeat all the answers of the five questions to the participants once more to confirm.

Poster No. 3. Government assisting

1. What do you see here in this picture? Or what is happening in the picture?
   - Ideal answer is – a meeting in progress or a village Zomdue or some kind of a discussion.
   - Participants may say more than the above, but should stop at this and ask the second question.
2. What do you think they are discussing about?
   - Answer can be various, but stress on a development activity if they mention any.
3. Who do you think is leading the discussion?
   - Ideal answer is – someone from among the villagers/community members.

- Participants may say the government staff, but try to get to the point that it is someone from among the villagers themselves.

4. Do you see any government staff in the picture?
   - Ideal answer is – yes
   - If they say no, point to the intended government staff and ask if he is one.
5. Are the people who are discussing seemed to be interested in whatever they are discussing about?
   - Ideal answer is – yes interested
6. Why do you think the government staff is standing outside the discussion?
   - You can get many different reasons from the participants. Take note of all the reasons and confirm with the participants.
   - Some of the reasons can be: checking if people are doing things in the right way, monitoring the progress, etc.
7. Who do you think is taking the initiative in whatever they are doing?
   - Ideal answer is, villagers themselves
8. Do you think such type of participation by the people in development is good?
   - Its up to them to judge, so it can be good or bad
   - Ask for reasons as to why they say good or bad

Once you have all the answers, it is good to repeat all the answers of the eight questions to the participants once more to confirm.

Poster No. 4. Community Self-development

1. What do you see here in this picture? Or what is happening in the picture?
   - Ideal answer is – a meeting in progress or a village Zomdue.
   - Participants may say more than the above, but should stop at this and ask the second question.
2. Who do you think are the people in this picture?
   - Ideal answer is – villagers/community members
3. Do you see any government staff in the picture?
   - Ideal answer is – no
4. Who is taking the initiative or decision in the picture?
   - Ideal answer is – village people themselves without any government input
5. Do you think such type of participation by the people in development is good?
   - Ideal answer is – Its up to them to judge, so the answer can good or bad
   - Ask for reasons as to why they say good or bad

Once you have all the answers, it is good to repeat all the answers of the five questions to the participants once more to confirm.

5 Planning for Community Health

This lengthy section incorporates many sub-sections that when done sequentially, lay out a basic approach to action planning. These activities are:

1. Community Successes	*Preparing for planning by analysing past community accomplishments*
2. Community Health: the Current Situation	*Identifying current health problems*

3.	Information, Education, Communication	*Self-discovering linkages between water, sanitation, hygiene and health*
4.	Health Problems and their Solutions	*Linking existing health problems with potential solutions*
5.	Community prioritisation	*Identifying which problems (with their solutions) require priority action*
6.	Village Mapping	*Developing Action Plans to implement solutions to health problems*

These activities will yield a fairly detailed community-specific action plan that when implemented, will put into effect community defined solutions to their prioritised health problems.

5.1 Community Successes *

Community Successes: Session Goals

As a result of this session, participants will:

- acknowledge their ability to plan and implement community development successes.
- gain a more practical understanding of participation by relating the last session's concepts of participation to how they actually participated in their earlier development successes.
- Identify traditional leadership within the community and consider how this leadership can be applied to other community development activities.

* *This session is optional. If falling behind in your schedule of activities, this session can be omitted.*

5.1.1 Why focus on Successes when we have so many Problems?

It is easy to identify problems, just as it is easy to point out someone's mistakes. Unfortunately, focusing on problems often makes us lose sight of the good things that we have done. Most of our discussions with communities are about problems; problems with the crops, problems with the water supply, problems with the Water Users' Association... Rarely do we take the time to recognise the valuable work that has been done and praise those that have made contributions. It is no wonder that people in communities often claim that they have no capacity to plan and implement development without the guidance of government.

Focussing on successes gives the community confidence that they are able to plan and implement developments as a group. What is more difficult to achieve: a community planned, funded and built lhakang or a water supply? When put in this perspective, it quickly becomes apparent that the scale of the government supported developments in their communities are usually less than what they have been able to do themselves. Communities make very good plans and are very good implementers of the plans they develop themselves. We help build their confidence by acknowledging this.

5.1.2 Practical Facilitation

a. Introduction to the theme

Before we start analysing the health situation in this village and finding solutions to the health problems, it is useful to reflect on what the community has done well in the past. What activities was the community involved with in the past that they consider to have been successful? These are the activities that they are proud of, that they would like to show visitors to their community. The important point is to recognise that the community has been successful. This can be very affirming to the community, to be acknowledged for their strengths.

But perhaps more importantly, how did they do it, how did they organise themselves so that these successes were possible? Were there people within the community that motivated others? For community development efforts to be successful, it is advantageous or even necessary to use the same leadership, the same type of organisation that made other activities successful.

b. Group work

Split the participants into groups again (consider making different groups this time). Each group should be given about 8 pieces of chart paper cut into approximately 20cm by 20cm size. Groups should sketch what they consider to be the successes within their community, one success per piece of paper. More paper can be provided if needed. Any kind of activity is valid. What often happens is that communities first consider only government sponsored development activities: ORCs, schools, water supplies, etc. After these have been exhausted, group facilitators can ask about other things that they are proud of, things that they would like to show visitors. There are many things in the village that people may not recognise as being successful. While it is not the facilitator's role to lead the discussion on this, if no ideas are being generated he or she can ask questions about things people might be proud of with regard to:

- Special skills within the community
- Religious structures or activities
- Money earning activities
- Agricultural activities
- A variety of other successes typically will exist

The groups should avoid writing as much as possible since most people will not be able to read. Remember, those left out by either not being able to participate verbally or by not being able to read will feel less ownership for the plan that is developed.

c. Plenary

The groups should tape their pictures on the wall anywhere where space is available, preferably nearby the participation posters. **BHU staff should never take over the presentation responsibilities of the village participants**. Even by taping their pictures on the wall for them, it takes their responsibility and control away. Groups should keep their group pictures together and each group should have a representative describe the pictures to the plenary. After each group is finished, the facilitator should lead the plenary in praising the work done by the group.

As each group finishes, the facilitator should ask the plenary about how the community participated in each of the activities. Relate this to the 4 participation posters. As an example, if the activity was to construct an ORC, the idea may have come from the BHU, the planning was probably done by Dzongkhag, and the work may have been directed by Dzongkhag. This is similar to the participation illustrated in poster #2 (*Government Directing*). The picture of the ORC should be taken down and taped

either beneath or alongside poster #2. Alternatively, if the activity represents a religious ceremony or festival that the community performs annually, it is usually something that they plan and implement themselves without assistance from Dzongkhag. Ask the plenary where the picture should go. Most likely this example would go under poster #4 (*Community self-development*). All the pictures of the group should be arranged in this way. Then the next group can begin its presentation.

When this exercise is complete, all the community successes will be organised according to how the community participated in their planning, implementation and maintenance. It is now clear that different activities have required different kinds of community participation, some being driven forward by BHU/Dzongkhag and others done exclusively as a result of community needs and through community efforts. Now ask: of all these successes, which are the community most proud of, those that have been driven forward by government or those done exclusively as a result of community needs and through community efforts. It is most likely that when viewed in this way, those successes that require the kind of participation shown in poster #4 will be seen to generate more pride within the community than the others.

Lead the plenary in recalling how these successful activities were accomplished, who were the motivators and leaders within the community. How did they organise themselves? Ask if this is the kind of leadership that has produced pride within the community in the past, can it be applied again, particularly in the planning and implementation of the community's water supply? **At this stage it is very important to identify the informal leaders within the community.** They may be current or former Gups, chimis, gomchens or ex-army staff. However, evidence has shown that there are many informal leaders that have not taken these roles but nevertheless, have contributed somewhat silently to the community's development. These are the people that organise the community in activities that may not receive much government support. Some of these activities include lhakang renovation or maintenance, tshechus, communal harvesting, funeral funds, etc. Later, when the community determines how it will manage their health environment, it would be advantageous or even necessary to use the same leadership since this leadership has led to the success of other activities. If they are not present in the workshop, make efforts to persuade them to attend now.

5.2 Community Health: the Existing Situation

The Community Health Situation: **Session Goals**

During this session, participants will:

- Identify the symptoms of poor health that are faced in their community.
- Feel confident in their ability to state the causes of these symptoms.

This session of the planning activities acknowledges that it you want to use a plan to get yourself somewhere, you have to know where you started from. It is an important first step in building community ownership of a community planning process designed overcome poor health. In this case it implies a brief analysis of the existing health situation in the village. Public statements about health knowledge build commitment to acting in accordance with it.

5.2.1 Practical Facilitation

a. Introduction to the theme

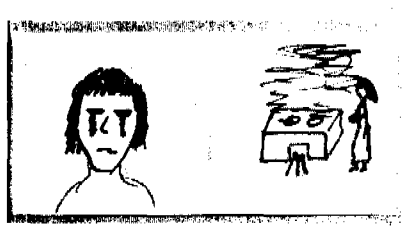
Explain that we all make plans everyday. We plan when we plant a field, weave a kira, or travel to the market. The planning involved with some of our daily activities such as preparing food or tea comes so naturally that we barely think about it. The first step in planning is analysing the existing situation. Before we plant our fields we must know the condition of the soil, what seed, labour and tools are available, and many other things. The same applies for planning a healthy environment.

b. Group work

Split the participants into groups.[7] If the village currently has a piped water supply system, one group will be looking at problems specifically related to it. That group should have amongst its members the Water Caretaker and the Water Tshogpas (*Chu ki Tshogpa).* The other groups will be looking at general health problems within the village.

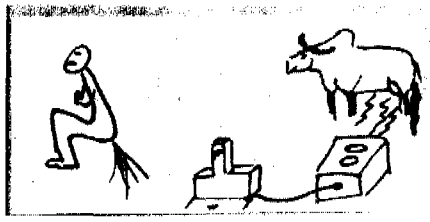
Poor Health Symptoms and their Causes Groups

Each group should be given a number of cards (about 10cm by 20cm) cut from chart paper and 2 different coloured marker pans. Explain that any planning to be done with regard to the health environment can only be done after the existing situation is understood: **what** is the status of health in the community and **why** is it that way (underlying causes should be understood). With regard to health, this usually translates to **what are the poor health symptoms we experience** and **what are their underlying causes**. Each health problem should be drawn a separate card. On the same card, only in a different colour ink, the groups should then draw what they think the causes of that health problem are. For example, sore, red eyes may be drawn as a symptom of poor health amongst the village women. Next to that drawing, on the same card but in a different colour a picture of a smoky kitchen



[7] Again, group size will depend on the number of participants and the number of available group facilitators. In this exercise, it is not necessary that a group facilitator remain constantly with his or her group. He or she can move between 2 or 3 groups. Groups can be split up by counting off (*chi, nyi, sum,...*), by simply physically splitting the participants. *Bus Stop* can also be used.

might be drawn. These drawings are based upon the community's own perceptions. The causes of the symptoms may not be factual. This will be discussed in the plenary.



After discussion about what they want to draw all members in the group should be encouraged to try their hands at drawing. Remember, complete participation strengthens and gives ownership to the process.

Each group should be encouraged to complete at least 15 cards, with 15 poor health symptoms and their causes.

Water Supply Group

This group should sketch the current water supply situation in their village. The group facilitator can help guide the group to topics which might (they do not have to) include:

- Is sufficient water getting to all taps all of the time?
- Is water leaking anywhere from the system?
- How often are the intake and other tanks cleaned?
- What kind of water management system exists?
- Are there any conflicts over water use?
- What activities require the most time for scheme maintenance?

The sketch should show details of what has gone wrong (if anything) with the scheme and what the causes of these problems are. Alternatively, separate parts of the scheme can be drawn with details showing their current status. It is not only the physical aspects of water supply and sanitation that should be considered, groups should try to illustrate how water is managed.

c. Plenary

The groups should tape their pictures on the wall and a representative of each group should present their work to the plenary. The facilitators can ask questions if there is any lack of clarity or if there are any points that have been missed that might make the picture more complete. If the perceived causes of the health problems that the community experiences are not factual, the facilitator must ask questions in the plenary so that a more realistic sense of disease and ill health cause and effect emerges. In the rare case that no one knows what is causing a health problem, probing questions from health can stimulate participants to draw their own conclusions. After each group is finished, the facilitator can lead the plenary in praising the work done by the group.

5.3 Information, Education, Communication: Self-discovering linkages between Water, Sanitation & Hygiene

Information, Education, Communication: Session Goals

In this session participants will:

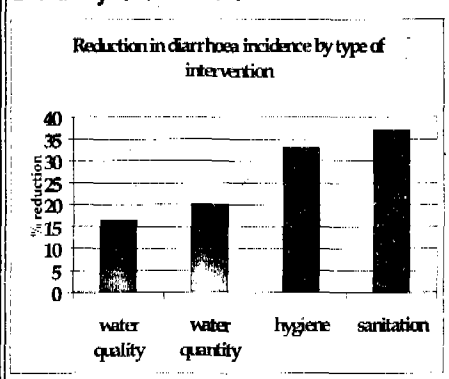
- Develop stories that illustrate the cause and effect relationships in poor health
- Relate these stories to the community at large, thereby making public commitments to act in accordance with the learning from the story.

In this session the facilitators step back and let the participants arrange their own knowledge about health, water and sanitation and then share it with others.

5.3.1 Health Education: Creating commitment to good health behaviours vs. Making the public understand

This IEC exercises use a simple tool that requires very little input from the workshop facilitators. Self-discovery of environment and health linkages are emphasised over the technical soundness of that knowledge. The knowledge must be sufficient to initiate appropriate action. One aspect of successful adult education is to have faith and confidence in participants as learners and allow them to learn in environments that work best for them. Often the knowledge that we try to "give" them, that we try to "make them understand" is already there, but expressed in different ways. For example, a mother may say that children get diarrhoea when their stomachs become dirty. It is not necessary that she fully understand the biological processes that cause diarrhoea, but only that she is aware of the various ways that stomachs become dirty.

Did you know?



Research shows that changing hygiene & sanitation behaviour will have a greater impact on reducing diarrhoea than improving access to better quality and quantity of water.

from Esrey, S., *Complementary strategies for decreasing diarrhea morbidity*, March 1994

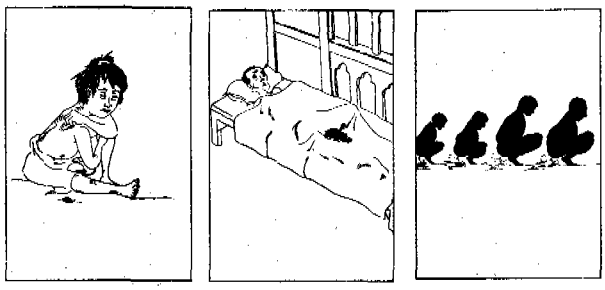
The materials that support this tool are 4 sets of differently coloured illustrated cards. Each set was designed so that by putting the cards in order, they can be used to tell a story. Poster sets that illustrate cause and effect relationships for various health issues are given to participant groups. The groups discuss the possible relationships between the posters and put them in a sequence to make a story that is told to the plenary. What they are actually doing is putting health cause and effect relationships into concrete terms and then accepting responsibility for that knowledge by making public statements about it. Individual and group presentations of self-acquired knowledge is an important part of this IEC process that diverges from many of the didactic approaches to health education currently practised. Participant self-discovery and advocacy of this health knowledge builds commitment to acting on it.

The card sets are described below along with ideas about how to use them. For descriptive purposes, the first set is called bad management.

5.3.2 Practical Facilitation

Bad Management set

Split the participants into groups using your own method. Ideally, groups should be no larger than 8 people.[8] Give ½ of the groups the same randomly ordered set of cards. The other groups will work with the sets of cards Bad Sanitation. Give each group 15 to 20 minutes to discuss what the cards mean to them and ask them to put them in an order so that they can tell a story. There is little or no need for group facilitators to guide the discussion unless after some time there is still confusion about what the pictures are illustrating, probing questions can be asked.



An alternative procedure that works very well, particularly if the workshop is falling behind schedule is to **give out the card sets as homework** during the first night. Experience shows that people take this exercise very seriously and will meet outside the workshop to come up with good stories. This effort, willingly given, builds commitment to acting on the message that the pictures tell.

The order shown to the left was intended to tell a story about how a poorly managed scheme (no source protection) eventually results in no water flowing from the taps. People are forced to get their water from a contaminated stream. Children begin to get skin and eye infections and others are sick in bed with stomach pains and diarrhoea. Ultimately the whole family is affected by diarrhoea.

The group should take their time to agree upon the story that they want to present. **It is not necessary that the group has the same order of the pictures that is shown here.** Ask the group to place their pictures on the wall and to tell their story to the plenary in whatever way they choose, either as a group or one person representing the group. Whatever story they tell, it will likely point out a linkage between maintaining their water supply and the health of the individuals in the community. **It is important to remember that by telling their story to the plenary, the group accepts responsibility for the message that it contains.**

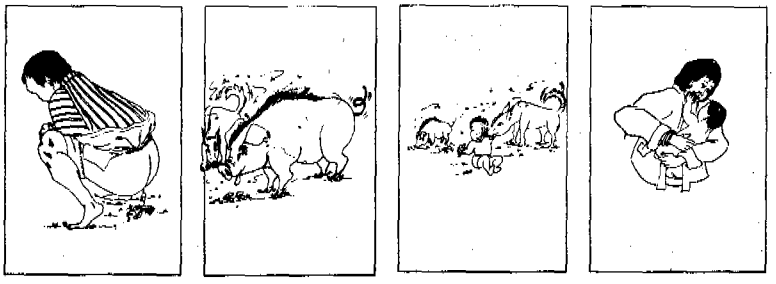
If the workshop has many participants, there may be other groups that have their own story taken from the same set of cards. They should also present their story to the plenary.

[8] As always, the facilitator has to use his or her own judgement about how to make groups. The trade-offs are:

- few groups with large numbers of people in each require less time, particularly for presentation. However, the level of individual participation will necessarily be less, resulting in less common understanding of the issues being discussed and therefore less commitment to acting on them.
- Many groups with few people in each contribute to better opportunities for participation, ownership and commitment. However, the more groups there are, the larger the burden facilitator(s) will face in providing support to each group and the more time will be required for each group to present its work.

Bad Sanitation set

The other ½ of the group(s) should be doing the same activity but with the Bad Sanitation set of cards. This set was intended to tell a story about a man who defecates in the open. Dogs and pigs eat the stool and the dog plays with a child. As the mother holds her child, she gets some of the man's (and maybe child's) faeces on her hands. This contaminates the food she prepares for the family's meal. The family eats the meal in an unclean environment and the father becomes ill. Eventually, the whole family is affected by diarrhoea. Again, it is not necessary that the story follow the order that is shown here. The main point is that without a sanitary means of disposing of faecal matter and by living in a dirty environment, the whole family will be at risk of becoming sick.



The "Bad Sanitation" group(s) can present their stories after the bad management groups or they can take turns. The groups should be asked if they believe in the stories that they have told and if they accept personal responsibility for the story's message.

After the group(s) have presented their stories, the facilitator should open a dialogue about the problems related to poor sanitation. It is not unusual to find communities that say that the reason that they become sick is that their water sources are not protected from contamination from animals. While this may be true, discussion along these lines can obscure the dialogue about how people themselves contaminate their own water, food and themselves. A good way to do this is by facilitating a dialogue using some of the ideas from the boxes shown here and below.

Human faeces: how "dirty" are they?

Collect a piece of cow dung from outside. Show it to the participants and ask what it is used for in their households. Most likely it is used for house plastering, for manure or in some places as fuel. Hand the dung to one person and ask if it is dirty. If it is dirty, it is not dirty enough that people will not touch it.

Have one of your colleagues bring in something small wrapped in paper, while he covers his nose. Take the paper while covering your own nose. Ask what people think this is. Most will assume it is human faeces. Open the paper (but do not let people see what is inside) and attempt to empty the contents in someone's hand. Everyone will back away. No one would dare hold human faeces in their hands. Ask them how they can hold animal faeces but not human ones.

People consider human faeces to be much more "dirty" than animal faeces. Why is that? Are animals cleaner than people? The point is that while people are cleaner than animals on the outside, people are more "dirty "on the inside. People eat meat, drink ara and chew doma. Consequently, human faeces are more "dirty", and can be more dangerous with regard to health than contamination by animals.

Note that it is not important to define what "dirty" means, rather peoples' perceptions of what is dirty should be the basis for discussion.

It is likely now that people see the importance of their own sanitation practices. Protecting their water from animals is not enough if they do not protect it from themselves. Latrines are one way in which this can be done.

The groups that have worked with the Bad Management set should then be given the Good Management set and follow the same discussion and story telling procedure. The other groups that worked with the Bad Sanitation set should now work with the Good Sanitation set. Alternatively, four different groups can all be given the four different sets of posters.

Human faeces: do you eat them?

Che gi chabsa saonga? This is not considered to be an offensive question and is a good way to stimulate dialogue on how disease might be spread to people. Pick up some stones or dirt and tell people that it is faeces. Throw it away and ask if your hands are clean. If people see the dirt on your hands they will say no, there are still faeces on your hands. Rub your hands together and on your gho until they appear clean. Ask them if your hands still have faeces on them. Can something you cannot see still be harmful to you? If you were to prepare a meal now would you be serving your family faeces?

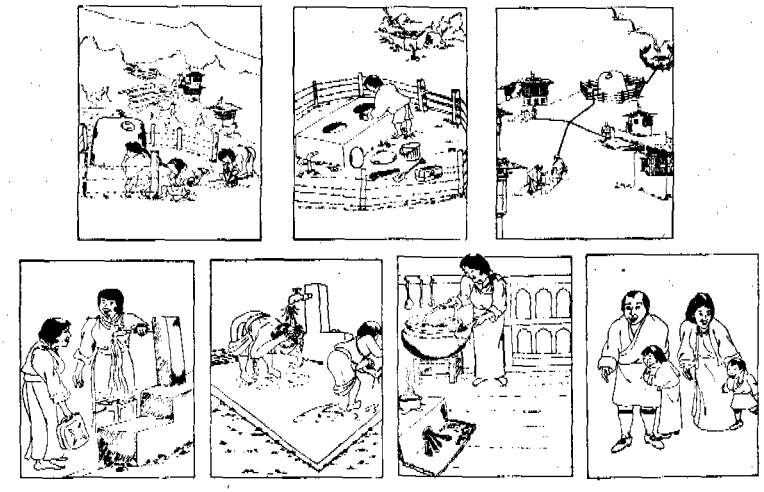
Ask who has had diarrhoea recently. If no one, ask whose children have had diarrhoea. How did they get it? One way is by eating spoiled food. The more common way is faecal to oral transmission: somehow, the people that had diarrhoea probably got it from eating faeces.

How would people get faeces on their hands in the first place? In an environment in which animals and people defecate openly, one could imagine that people would come in contact with small amounts of faeces, amounts that they might not be able to see, just by performing their typical daily duties. Mothers also come into contact with the faeces of their children, particularly babies. People get faeces on their feet and bring it into the house. Flies are an important means of transferring faeces to food.

While hand washing with soap or ash helps to remove faeces, what can people do to help prevent that their hands do not get contaminated in the first place? People know that faeces, particularly human faeces are dirty. By now they have probably stated that they make you sick. Refer to the IEC posters on the wall and emphasise that the main reason for building and using latrines and for adopting sanitary hygiene practices is to prevent themselves and their families from eating faeces.

Good Management set

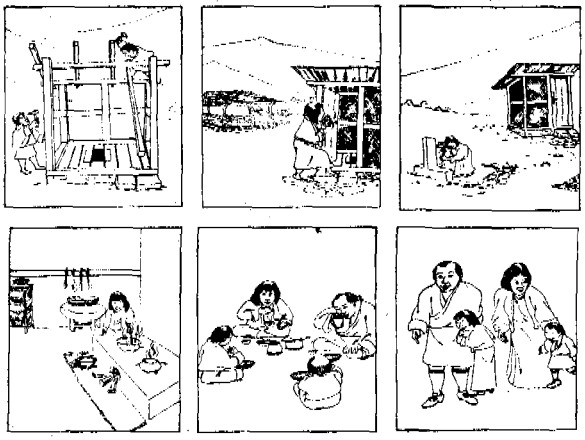
The Good Management set illustrates some of the activities that are done in a well-maintained water supply scheme and also the effective use of the scheme. The benefits all contribute to the making of a healthy family.



It is very likely that the order presented by the groups is not the same as shown here. That is not important as long as the group can relate a well-maintained and used water supply to good health.

The Good Management set should be displayed alongside the Bad Management pictures. After each group presents their story, ask them to contrast their two stories and to identify with the story that best describes the way they intend to manage their scheme.

Good Sanitation set



The Good Sanitation set illustrates some of the sanitation activities and hygiene behaviours that households engage in to promote the health of their families.

As before, the Good Sanitation set should be displayed alongside the Bad Sanitation pictures. After each group presents their story, ask them to contrast their two stories and to identify with the story that best describes the way they intend to promote household sanitation and hygiene.

To wrap up this exercise, emphasise this point clearly: about 1 out of every 10 of our babies dies before reaching the age of five. By far the most common cause of death is diarrhoea and dysentery.[9] These deaths can be prevented, not by Health Workers but by people themselves. Look around your village, which of the babies here will die before the age of five and who could have saved them? Who is responsible for the health of the community?

[9] Data for 2000 from the UNDP's Human Development Report 2002

These exercises are relatively simple and do not require much input from Dzongkhag facilitators. Referring back to the diagram about how adults learn, it can be seen that this exercise capitalises of the following communication concepts:

Making public commitments
stating your acquired knowledge and your future behaviour to a group by telling a story with a message relevant for the community

Discovering for themselves
group work, self and group reflection on the linkages between water, sanitation, hygiene and health

Relating to a known experience
considering personal experiences with water, sanitation and health

As such, they rely more on the knowledge and capabilities of the community members than on the skill of the facilitators. This is an example of a learner-centred communication and education technique that contrasts somewhat with the more traditional trainer-centred techniques that rely on lecturing about water use and management, sanitation and good hygiene.

5.4 Health Problems and their Solutions

Health Problem Solutions: **Session Goals**

In this session participants will:

- Further strengthen their knowledge about health by linking potential solutions to their own specific health problems.

The session in which participants described the current health situation (symptoms of poor health and their causes) laid the groundwork for planning. The IEC session helped people share their knowledge about health cause and effect relationships. What remains to be done is for people to look at each of their health problems and to identify potential solutions to those problems. To simplify this task, a number of illustrations are provided that describe potential solutions to a wide variety of health problems. Most of these illustrations are cut out from the Model Village Flipchart and can be thought of as health solutions.

5.4.1 Practical Facilitation

Preparation

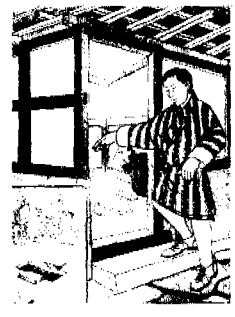
Prior to the start of the session, the facilitator should review the symptoms and causes of poor health that were drawn earlier. If the facilitator feels that the solutions available in the solution poster set are inadequate to solve the problems given, he or she can develop other potential solutions, draw them and add them to the solution set. Affix all the posters on a wall in a row. Each poster in the solution set should have a coloured marker attached to it (see the coloured squares, circles, triangles, and crosses markers on the posters below). Under each poster (on the floor) put an additional 10 markers that are the same as those on the poster.

water, sanitation and hygiene

Wash hands after defecation and before preparing food

Store water to keep it free from contamination

Maintain a safe water supply



Build and use a sanitary latrine

environmental sanitation

Dispose solid waste in garbage pit

Reduce smoke in the kitchen by improved ventilation or smokeless stove

Keep domestic animals away from the house

Pave foot-paths within the village

household practices & personal behaviour

Develop kitchen gardens for year round use

Practice safe sex. Stick to one partner and use condoms

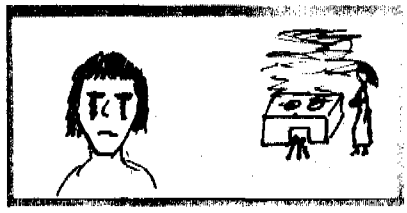
Seek treatment at ORCs or BHUs if necessary

Practice family planning

Plenary

When the plenary begins, the facilitator should tell participants that based upon the health problems that they and other villages have identified, a number of potential solutions to overcome these problems have been drawn. Go through the solution posters one by one ask the participants what kind of solution the poster represents. Ask for an example of a health problem (on the cards from the session on the existing health situation) that the solution could improve. Make sure that everyone understands what each poster represents. Some can be confusing, for example the 2nd poster in the last row is safe sex and condom use, not family planning. The 3rd is general treatment at the BHU, not immunisation only (as written on the poster). Also make sure that the poster showing the clean kitchen also refers to a smoke-free kitchen that has a smokeless stove.

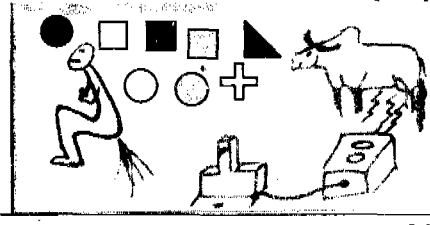
Next the facilitator will demonstrate how participants will link their health problems to potential solutions. Take a card that has only one or two solutions, for example the health problem with the woman with the sore eyes. Ask if the plenary sees any potential solutions from among the poster set.



Hopefully, someone will identify the smokeless stove poster as a potential solution. Pick up one of the◯ markers, show that it is the same as the marker on the smoke-free kitchen poster, and using a glue stick, stick that marker on the problem card as shown to the left. There are no other solutions to the sore eyes that are immediately obvious. Nevertheless, if someone says kitchen gardening will reduce sore eyes, do not disagree. In some ways it will. However, if someone says that family planning reduces sore eyes, probe further why they think so. The thing we are trying to accomplish is to have community members educate each other about the potential solutions to their poor health. We are not seeking precisely correct answers, but we cannot allow false beliefs to go unchallenged. Most likely, the rest of the plenary will correct a person stating erroneous causes of poor health.

Next take one of the problem pictures showing diarrhoea. Ask the plenary for potential solutions. One might be using sanitary latrines. Now, ask that person to come up, select the appropriate marker (●), and paste it onto the problem card. Ask latrines are the only solution to diarrhoea. Someone may say protecting your water source. Have them come forward to paste the □ marker on the problem card.

Continue asking for more potential solutions until the problem card has many of the solutions markers shown on the card here.



Group work
After these two examples have been done (one with only one or two solutions, another with many solutions), ask the groups to come up a fill each of their problem cards with as many solutions as they think can be used to overcome each health problem. Provide enough glue sticks and leave the room.

Come back after 10 minutes to see how the groups are progressing. Stress involvement by all members of the groups (refer back to the session on participation). If people are not coming up with many solutions, the facilitator will have to ask probing questions to bring them out. Try to spend most of your time out of the room because your presence ultimately inhibits participation.

Plenary
When you feel that enough linkages have been made (they do not all have to be made!), have each group present their work by starting from each problem card and showing the solutions they have selected. Only make corrections if absolutely necessary. After all groups have presented, emphasise that some problems have few solutions (sore eyes), but that makes those solutions critically important. Other problems will have many solutions (diarrhoea). Usually, all those solutions must be in place to solve the problem. Using latrines will not stop diarrhoea if hand washing is not practised. Having a safe water source will not help if water is contaminated by being poorly stored.

These potential solutions are the very same that BHU staff advocate. The only difference is the process by which the solutions are arrived at. In this case, no health messages were given, participants use for the most part pre-existing knowledge and work together to publicly state what the solutions to their health problems are. The knowledge gained (or already known) now becomes owned and as such, makes attitudes about addressing health problems more positive. Additionally, this activity impels participants to view community health in an interconnected holistic sense, with some solutions having impact on more than one problem. While the knowledge used may be imprecise, it is nevertheless knowledge that can promote action.

Note that in this exercise, as well as in all others, participants make presentations of their work to the plenary. One way that people become responsible for the knowledge that they have acquired is by making a public statement about that knowledge. That statement should preferably include how that knowledge will be used in the future. Suppose for example, an individual or a group of people is aware that defecating openly nearby their houses puts their families at high risk of getting diarrhoeal disease. If they state that awareness to the community at large, they accept responsibility for it and will be less likely to behave in a manner (by defecating openly) that contradicts their statements.

5.5 Community prioritisation of health problems and their solutions

Prioritising Solutions: **Session Goals**

In this session participants will:

- Set common goals to achieve improved health over the next year.

The series of activities undertaken so far under the planning chapter have been designed so that communities will willingly and thoughtfully focus on the most pressing health problems that their

community faces. Once these are determined, detailed planning will be done to see how these solutions can best be implemented. Focusing implies that not all problems should be attacked at the same time. Prioritised problems and their solutions should be tackled first. Self-prioritisation of health problems is a critical element in building community ownership of plans to solve them.

The evaluation of the Model Village Programme highlighted the shortcomings of nationally defined priorities for health improvement and of requiring that every community must universally address all of these priorities. While the evaluation stated that community ownership was critical for programme success, ownership will not be built without communities being able to act on their own priorities.

Prioritisation can be done by pair-wise ranking, through various voting methods or simply through group discussion. For simplicity, we recommend discussion in groups. Because of their differing social and economic roles, men and women typically have different health priorities. It is helpful to have men and women prioritise health solutions separately.

5.5.1 Practical Facilitation

Men and women groups

Explain to the plenary that the solution posters represent a wide variety of things that could be done to improve health in a village. However, each village is unique and has its own priorities. Their task is to come to an agreement on which of these solutions is most needed in their village now. The easiest way to prioritise is to have the men and women group separately and to decide the five (this can be more or less) solutions that most urgently need implementation. It is very helpful to have two sets of solution posters so that each group can align them on the floor and put them in order of importance.

Common priorities for both men and women

Once the groups have made their presentations, explain that the most effective way to improve health in the village is to take action to implement some of these solutions. Is it advisable to have the men and women working on separate solutions to health problems? Probably not. Negotiations between the men and women may be necessary to come to a common prioritised list of solutions. The facilitator must take great care that the men do not disregard the women's priorities. Women are generally more aware of the health problems their families face and have more important roles in ensuring that their families stay healthy. It would be very unwise to alienate women by allowing the men to disregard their concerns.

Setting targets

Explain to the plenary that they probably do not have time or do not see the need for implementing all the solutions. Fine. It is unwise to say that you will solve everything at once. If you try to do too much at once, nothing will change. However, if you do too little, health will not improve and death with come sooner. Are people aware that people in Europe and America live about 15 years longer than Bhutanese. Why? Because over a span of many years, they have taken the steps to implement many of these solutions. Ask the plenary how many solutions in their common prioritised list they would like to implement over the next one year. Leave them for some time to discuss this freely amongst themselves. Do not push for more than people appear to be willing to do. Remember, even if people only feel it necessary to make or improve their latrines over the next one year, implementing this would be fantastic progress.

This exercise can also be given as homework at the end of Day 1, to be presented first thing the next day. Experience has shown that people usually take their homework very seriously. If people accept that they will hold discussions in the evening or early morning, they usually do so and do it thoroughly.

5.6 Village Mapping: Developing Action Plans

Mapping is an exciting activity that allows a community to assess the village and household-level status of health improving infrastructure or programmes. Individuals self-assess their progress toward implementing health solutions and receive feedback from the community at large about whether it agrees with them. The map also serves as a record of what needs to be done so that the solutions are fully implemented.

5.6.1 Practical Facilitation

Mapping can be done in many ways. The most common is to have community members sketch the major features of the village on a flat section of ground (the larger the better so that all can see). If flat and clear ground is not available or if it is raining, the map can also be drawn on the floor with chalk. It is best to begin the map by laying out rivers, roads and other prominent features. Lakhangs, chortens, schools and other community reference points can then be symbolised on the map with stones or whatever else is available. Participants can stand around the outside of the map so that all can see and be involved in its preparation.

Mapping should be a very participatory activity that further builds ownership of the planning process. However, it can easily be taken over by one or two individuals. Facilitators need to monitor this so that all can be involved.

Once the basic map has been drawn, individuals should begin to place their own houses on the map. This is best done with sweets purchased for this purpose but could also be done with chillies, stones or any other type of marker. It is best not to draw houses on the map since they are often moved as the map is fine-tuned. It is very important that each individual place his or her own house on the map. The very act of placing a "house" on the map builds individual ownership of the process. The facilitator must retain some control of the process, not allowing everyone to have inputs to the map at once. This can be done by giving each person an opportunity turn-wise to place their house on the map and get agreement on its placement with everyone else.

Next the map is used to assess the current progress toward the health solutions that the community has prioritised. Different kinds of markers should be collected prior to starting this part of the exercise. Start with the first priority health solution from the prioritisation exercise. As an example, consider the case in which the first priority is for households to construct or improve their latrines. (*Prior to this exercise, the facilitator should identify a nearby latrine of average quality that can be used as an example*). Ask all the participants to come away from the map briefly and to come and see an example latrine. Even if people are uncomfortable going to see a latrine, stress that sanitation is a life and death issue that must be taken seriously.

After everyone has seen the latrine, inside and out, ask if it is a good latrine. Discuss the good and bad points of the latrine. Come to a common understanding of what a good latrine should have. The example latrine will be rated on a scale of 0 to 2, with scores meaning:

What makes a latrine good?

From a health perspective, the main purpose of a latrine is to prevent people from ingesting human faeces.

If faeces are on people's hands, on their food or on other things that go into their mouths, they will eat them. When people defecate openly in their surroundings feaces are spread by animals, flies, and human feet and hands. The best way to keep free from faeces is to isolate them in latrines. Poor latrines fail to isolate faeces, that is they let them come out again after which there is risk that they will be ingested by humans.

So a good latrine:

⇒ **Is conveniently located** so that it is always used by everyone in the household and so that people have access to water to wash hands with when they finish using it
Having a latrine too far away from the house will discourage use, particularly at night or when it is raining. Too close to the house could be unpleasant because of smells. Having a tapstand between the latrine and the house is ideal so that hand washing is prompted.

⇒ **Is kept clean** so that faeces do not get on people's hands or feet and be taken back out from the latrine into living areas
If the latrine floor is covered with faeces, they will be transported into living areas by people's feet. They will also attract flies that will transport feaces to food.

⇒ **Does not allow flies** to come in contact with faeces and then leave the latrine again.
A well-placed vent-pipe with a screen over the end can induce upward drafts that will trap flies at the top of the pipe. A better solution is to have a solid floor and a hole cover that will not allow flies to come into contact with the faeces in the first place.

0 There is no latrine or the latrine is in very poor condition, posing a significant health risk. There is an adequate latrine but it is not used. A new latrine is essentially required.
1 The latrine is fairly good but it is not used by everyone, still allows flies to enter and exit, or is not kept clean. The latrine requires some improvement, increased use or both.
2 The latrine is universally used, poses no health risk, and is kept clean.

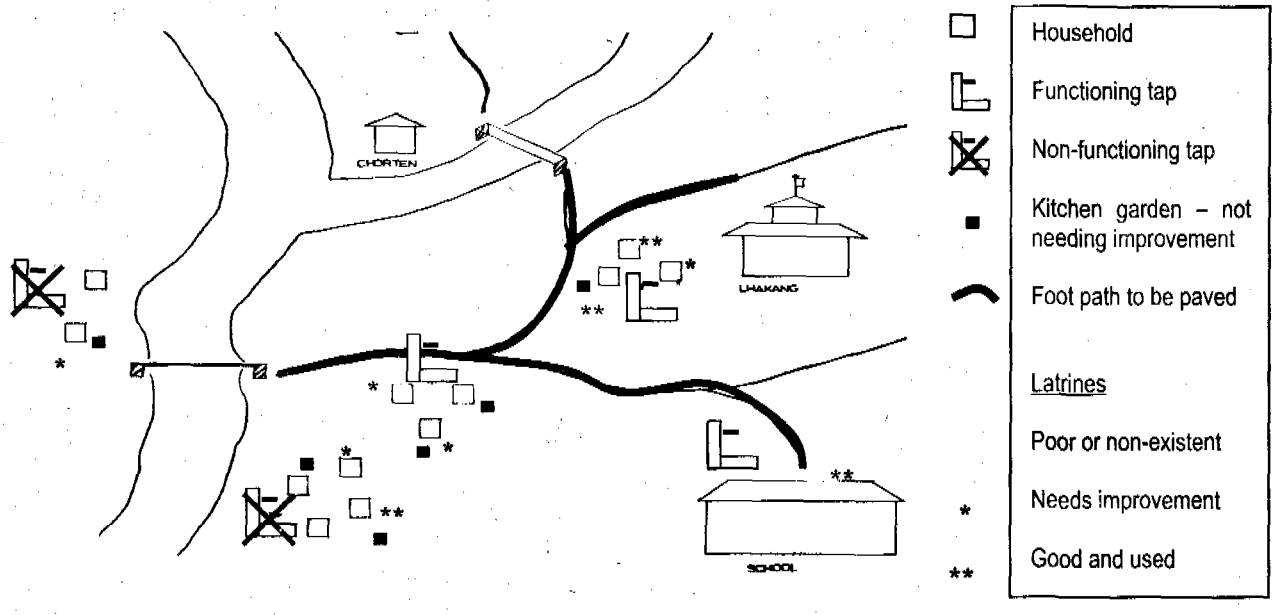
Maize kernels are usually available and are a good marker for latrines. Show that the example latrine receives a score of either 0, 1, or 2 kernels. Return to the map and have participants begin to self-assess the state of their latrines, household by household. With participants standing around the outside of the map start going from household to household (on the map!) and asking the owner how he or she rate his or her own toilet. Verify this score by asking the rest of the participants if they agree with this scoring. Explain that this is the time to be critical for if one household does not have adequate sanitary facilities, it poses a threat to the whole community. Once the score is accepted, ask the owner to place the appropriate number of maize kernels next to their house (the marker for the house). Do not give the owner the correct number of kernels, force him or her to reach into your hand or a bag full of kernels to select the amount.[10]

[10] The physical act of picking out the kernels builds owner commitment to the score given. If the facilitator hands out the correct number of kernels, people can feel less responsibility for the result, perhaps thinking *this is the score given by the facilitator, not me.*

Work through all the households on the map until each has either 0, 1, or 2 maize kernels next to each house.

When the latrines are finished, ask if the people with 0 or 1 maize latrines can cause illness to others that might have 2 maize latrines. If so, probe why. In fact, a single unsanitary latrine poses a health risk for the whole village since it will allow faeces to be spread around the village. Ask what the participants intend to do to improve the situation. This typically involves participant households improving **all** the latrines until they reach a standard of 2 maize kernels. Ask when this will be completed by and who will check that it has been done and that few problems were encountered. This forms a basic plan for latrines: **what** will be done, **who** will do it, **who** will check, and **when** the work will be completed.

The status of the next priority solution should now be assessed in a similar way. If they are priorities, garbage pits, smokeless stoves and household footpath paving can be scored either 0 or 1 using different markers (chillies, stones, maize cobs, etc.) for each. For each assessment, ask what the participants will do to improve the situation. These plans should include **what** will be done, **who** will do it, **who** will check, and **when** the work will be completed. Below is an example of a community that prioritised community management of water supply, sanitary latrines, kitchen gardening and paved footpaths as solutions to their current health problems. In this case, individuals negotiate with the community about whether their latrines and kitchen gardens are adequate of need improvement. There is also consensus on which water taps are not functioning and where footpaths require paving.



Later during the workshop, these activities will be recorded under a what (*gatchi*), who (*gagi*), when (*nam*) format. This map provides the details of that plan. The facilitator should record this map on chart paper so that the community can keep it as a record of what needs to be done. He should also record it on A4 paper to be kept with BHU records.

6 Community Organisation for Health Management

With regard to the management of community health management, communities are free to develop any management system of their choosing. In some places a Water Committee (*Chu ki Tshogpa*) consists of a single leader, perhaps the village GYT Tshogpa, who would support and supervise a water caretaker. He would also lead the implementation of the plans for latrine improvements and footpath construction. In other places *Chu ki Tshogpa* are made up of many members that represent various segments of the community and perform various functions. There are no government-prescribed rules regarding the name of the resulting organisation or its membership. The only requirement is that the community must develop its own management plan. It is during this exercise that communities decide upon compensation and/or incentives to water caretakers and if funds for community management of health (required primarily for water) should be collected.

This is contrary to the guideline issued in 1998 by PHE that prescribed Village Health Development Committees (VHDCs) for each village. The guidelines gave the composition of these committees and their roles and responsibilities. However, since that time is has been observed that **sectoral committees prescribed by Government typically do not function as intended or do not function at all.** To a lesser extent the same can be said of individual positions deemed necessary by government. Some examples from Zhemgang, a Dzongkhag that actively tried to establish VHDCs, are given here:

In Tali, the *Thoeten Tshogpa* (made up of the village Tshogpa, Am Tshopa, Lhakang Caretaker, VHW and Water Caretaker) appear to be derived from the Village Health Development Committee guidelines issued by PHE in 1998. *Thoeten Tshogpa* can be loosely translated as a hygiene committee. There was a strong belief in the Dzongkhag that these committees, as formulated in the guidelines, were a necessary requirement for improved health. In practice however the Tali committee functions as an integrated village development body, with no specific emphasis on health. In Buli, people referred to the *Thoeten Tshogpa*, but said that it no longer functioned as the community saw it fulfilling no valuable purpose. The case from Tali illustrates that the best organisations arise when they meet the objectives of the communities themselves, not our own narrow objectives. The Buli case shows that unless communities see the need for an organisation and are committed to it, the organisation exists in name only, serving no real purpose.

Community Organisation: Session Goals

In this session participants will:

- Decide how they want to allocate responsibilities for the management of the community's health environment, with special attention placed upon water supply management.

6.1.1 Practical facilitation

This exercise uses illustrated examples of activities that improve community health. Participants discuss and decide how they will organise themselves to support these activities. These tasks include construction and maintenance activities, finance and administration, and the making and enforcement of usage regulations. Participants decide how these tasks will be delegated and develop a community-specific management system to co-ordinate their efforts.

There are four groups of people having interests and responsibilities in creating and maintaining healthy village environments: **individual households**, community-level **committees** that look after water and

health systems, the village **water caretaker**, and **government staff** from BHUs and Dzongkhag. One of the reasons that environments become unhealthy is that there is no clear understanding about who is responsible for what.

The exercise starts with the facilitator showing the four main posters below and getting agreement on what they each represent. Tape them up on a wall so that there is at least one metre of space between them. Begin by showing the remaining 27 posters in the set one at a time. These represent various activities that will help keep the community healthy. Ask whose responsibility each of these activities is. Then ask who should be responsible for it. Responsibility for each of these 27 activities is assigned by taping it under the appropriate main poster. By clarifying responsibilities, this activity sets the foundation for a community-based health management system.

These posters generally fall into one or more of several categories of activities or duties and are thus linked with certain people or groups of people that the community feels should be responsible for them. These categories and possible links are shown under those people that are responsible for them below.

Cleaning of water supply intakes and tanks

Inspecting the water supply for damages

Repairing the water supply

Making and enforcing rules about water supply use and management

Collecting and managing maintenance and caretaker compensation funds

Organising community labour when necessary

Meeting to discuss health and water issues

Monitoring that water supplies are not misused

Maintaining household hygiene and sanitation

Keeping tapstands and drainage systems clean

Providing primary health care

Providing health-based training and education programmes

Providing advice on the maintenance of water supply systems

A common feature of most community management systems is the responsibilities of the water caretaker and the management committee. The **Water Caretaker's** responsibilities are generally grouped as:

1. Cleaning of water supply intakes and tanks
2. Inspecting the water supply for damages
3. Repairing the water supply

Similarly, the **Health (or Water) Management Committee's** duties are:

1. Making and enforcing rules about water supply use and management
2. Collecting and managing maintenance and caretaker compensation funds
3. Organising community labour when necessary

Ask the plenary to repeat the functions of the Caretaker and the Management Committee. Note that in some management systems the "committee" may be only one person or may not exist at all. Nevertheless, these responsibilities should be delegated somehow within the community.

7 Recording Plans and Agreements

Before completing the workshop, it is helpful to record what has been agreed upon. This is not for the benefit of the BHU. Remember, the community makes health plans for themselves, not for you. The strongest agreements are those that are made in collaboration, all parties working to help each other meet their common goals. Unfortunately, many agreements are not reached in this way. The boxes describe types and characteristics of bad agreement.

Forced agreements
Consider what happens when you are forced to agree with conditions that you have no input into making or conditions that do not satisfy your concerns. **Instructing** beneficiaries to maintain health environments and **compelling** them to sign genjas that stipulate management committee name, membership and responsibilities sustainability of the resulting agreement may therefore be weak. You may agree to those conditions simply because you have no choice. However, later on you will not feel strongly compelled to uphold the agreement.

Agreements made without representation
What happens when only a few people commit a community to agreements when the community has had no say in the agreement or may not even know about it? Individuals that do not make their own commitments in an agreement will typically not feel responsible for implementing the agreement..

These are two aspects of poorly formulated agreements that may result in why agreements or genjas have not worked in some cases. They should be avoided at all cost. Ask the community if they feel it is necessary to record what has been planned and agreed upon during the last two days. If they do not think it is necessary, advise them otherwise. There are two things that can be recorded: the **action plan** and **management regulations, roles and responsibilities**.

7.1 Recording Action Plans

The village map contains much of the information about what needs to be done, on a household to household basis, to improve health in the community. A strong plan requires more specific information about the precise actions that will be undertaken, the person(s) that are responsible for doing them or checking them, and the time period in which they will be done. This information can be written on chart papers using the simple planning format shown below.

7.1.1 Practical facilitation

The facilitator should display the village map that he has transcribed onto chart paper as a reference for the participants. After reviewing what was decided during the village mapping exercise, the facilitator should break participants into groups so that they can write down the specific actions that will be undertaken to implement each health solution. Depending on the number of solutions and the number of participants, this is often done using one group per activity.

The group that had earlier identified problems related to the water supply should meet again but must now develop a plan that specifically addresses these problems.

Some simple guidelines for making the plan:

- BHU Staff should never do the writing. If none of the workshop participants can write, ask them to find someone in the village that can, perhaps a student. If BHU Staff write, community ownership will be undermined.
- Wherever possible, avoid saying that the whole community will do something. If the actions in the plan are to be done by specific individuals, write the names of those individuals in the plan. If they are specifically referred to in the plan, they are more likely to do what is expected of them.
- Wherever possible, avoid non-specific statements about when something will be done like .... *will be done within one month*. It is far better to state the specific date that the task will be done on or completed by.
- Encourage the participants to select individuals to check on specific dates that certain elements of the plan are done. An overall plan co-ordinator could also be appointed to check that the plan is implemented properly.
- The plan is written in Dzongkha and is kept at the village for future reference. BHU staff should record the plan separately for their own reference

Once the activities are recorded on chart paper they must be presented to the plenary, activity by activity, so that they can be approved with whatever modifications the participants feel are necessary. After all the activities (sub-plans) are approved, they will be consolidated into a common plan that might look like the example given here on the right. This is typically done after the workshop by a small group of participants.

This plan along with the details in the village map comprise the total plan for the year. **Under no circumstances should the plan or any other agreements made be used as a weapon by which BHU staff can later condemn people for not doing what they said they were going to do.**

An example of an action plan is given below:

	Latrines	Water Supply	Kitchen Gardens	Village Fund
What - *gatchi*	a. Build or repair all latrines to a standard that they will receive a score of two (maize pieces). b. Check that all work has been completed.	a. Repair and bury leaking pipe coming from FCR b. Purchase new bibcocks and replace	a. Send letter to Agricultural Extension Officer about the availability of vegetable seeds b. Prepare kitchen garden (soil and fencing) and plant c. Check that work has been done	Collect Nu50 from each household for a village fund to be used for water supply maintenance or for other uses the community agrees upon
	a. Leki Wangmo	a. Water Caretaker	a. Village Tshogpa	Water Management

Who - *gagi*	Passang Dema Thinley Dorji Sangay Tenzin b. VHW and Village Tshogpa	b. Sonam Dorji Tshering Lam Ugyen Rinzin Water Caretaker	b. All households c. VHW and Village Tshogpa	Committee and Village Tshogpa
When - *nam*	a. Before 10 April 2002 b. On 10 April 2002	a. Before 1 April 2002 b. Before 30 April 2002	a. 26 March 2002-09-08 b. Before 5 May 2002 c. 5 May 2002	30 March 2002

7.2 Recording Management Regulations, Roles and Responsibilities

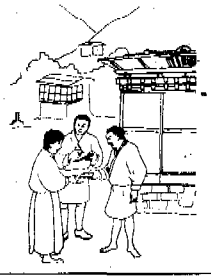
The activities done in the section on community organisation (section 5) laid the framework for how the community wants to delegate responsibility for tasks that will ensure that their water supply and health environments remain safe. For the community's benefit, it is helpful to record the main points from that framework.

7.2.1 Practical facilitation

This is easily done by splitting participants into groups as the facilitator sees fit. If time is limited, this activity can be done at the same time (but using different groups) that the action plans are being drafted. Distribute the seven cards from the Community Organisation section that are shown below. Simply ask the participants what they want to do about the issues represented by the cards and ask them to write them down on chart paper.

Who are the caretaker(s)? What are their 3 main duties?

Who are the Tshogpa? *Note that a committee may not be necessary.* What are their 3 main duties?



Do you have a community fund? How much, when and who collects it? What can it be used for?

How do you compensate the Water Caretaker(s)?

What rules (*thrimluk*) do you have about these?

The groups then present their recommendations. Once these recommendations are accepted (with modifications as necessary), they essentially become the community's constitution for the management of their water supply. As with the action plans, group work is done on chart paper that is later consolidated onto A4 paper for the community's reference.

8 Workshop Closing

Hopefully, you are at the end of two days of challenging and exciting work. It is important to end the activities with an activity that leaves all participants feeling strong and committed to following through on the activities and ideas that have been communicated over the workshop. In this respect, ***Protecting Community Health*** is an excellent activity to end with. Refer to a description of this activity in the next section that describes other workshop tools.

While ***Protecting Community Health*** emphasises how cooperation within the community is an essential ingredient for maintaining a healthy living environment, the facilitator should also touch on the following thoughts as he closes the workshop:

- Ask everyone to recall the dates of upcoming events in the plan (particulary when the plan will be finalised) and who has agreed to take responsibility for them

- Ask if the workshop has been helpful and if the community would like to hold it again after one year. If so, discuss a date when it could be heald. BHU staff should record that date and help initiate the workshop at that time next year.

- BHU Staff and the community have entered into a new relationship of partnership in which the community has accepted primary responsibility for planning, implementing and maintaining its health environment. BHU Staff now accept that communities are capable of address their own specific health concerns. In the future, BHUs will strive to support community priorities (as opposed to only BHU priorities) whenever needed.

- The community has demonstrated that is has the capacity to take on these responsibilities. It has made a very good plan of which they should be proud.

- The work that the community has undertaken shows that not only can they play the primary role in developing their own health environment, it also shows that they are capable of taking a greater role in all their community developments.

9 Other workshop tools

9.1 Bus Stop

Ice-breaker / energiser

Bus stop is a very interactive game that creates much energy. It can also be used to create groups amongst the workshop participants.

Have all participants form is a large circle while you explain the rules of the game from the centre. You own a bus company. You have many busses, some are small and can carry only 3 people (Maruti) and others are large and can carry many people. You are also very smart. When you take passengers on your bus, you want to make sure that all the seats are full so that you get full fares. However, you don't want to overload your bus by taking extra people because you would then get fined by the police.

When you drive up with one of your busses, you will get out and call out how many people you can take. The participants must then form in groups of exactly that number of people. If there are more or less than that number, those people will not be able to ride on the bus (they will not be able to participate). It is very important that when groups are formed, people must physically grab hold of the other members of their group forming a tight, close group. Anyone that is not wanted in the group (because they would make the group too large) should be pushed away. If additional people are needed to make up the correct number, they can be pulled from wherever they may be free. *Demonstrate what you mean by grabbing a group of people and holding them close to you, arms over shoulders, around waists, etc.*

Once everyone understands the game, leave the circle and then pretend to drive into the centre of the group again, *act like a driver and make bus-like noises.* Note that BHU staff should also participate as players in the game. Get out of your bus and shout "*my bus can take 6 (for example) people*". Participants should immediately rush to form their groups. Then go to each group; if the number is correct and the group is tightly bound together, tell them that they can get on the bus. Others should be told that they will be left behind and beginning with the next round they will have to leave the game and sit down. Consider this a practice round. Now start the real game. Change the number of passengers that can ride on the bus each time you approach. Those groups that do not have the correct amount of passengers must sit down. The more physically rough the game is played, the more enjoyable people will find it. The number of players will get smaller as the game progresses until there are only a few left. You can end the game at this point.

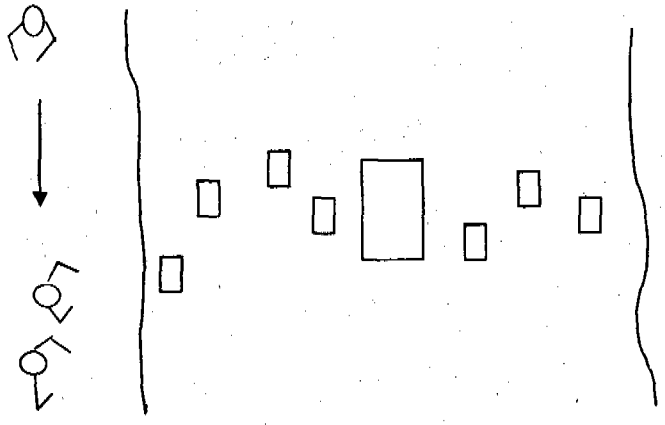
The game can be started again if you want to use it to form groups for a following session. Get everyone to play again. This time BHU staff should not participate. Based upon how many groups you would like to have in the next session, make a quick calculation of how many people should be in each group and when you come with your bus, call for that many people. For example, if there are 23 community participants and you ultimately want 3 groups, call for 7 people. Ask all participants if it would be a good idea to exclude the remaining 2 people from planning for water supply. The remaining people can then be split up and joined with the existing groups. These groups can then move directly into the group work of the next session.

9.2 River crossing

Role play about development responsibility

Take rope, mats or anything else appropriate and make 2 river banks in the room that mark out a river at least 6m wide. Using pieces of a4, A0 and/or chart paper lay out the scene shown below. The large paper in the middle of the river represents and island and the smaller papers rocks. The roles described below can be played by BHU staff (they can also include some community players). The players should practice the role play privately before performing it for the community.

The role play is done with 3 actors without any explanation to the workshop participants. It begins with 2 friends (#1 and #2) standing at the edge of the river. They are having a conversation about how they each need to get to the other side of the river. Their conversation should be entertaining: perhaps one talks about the ara that is being served at Dorji's party across the river; the other is looking forward to meeting his girlfriend on the other side. One of them tries to take a step on the nearby rock but slips because of his fear.



Along comes the third player (#3). He greets the others and asks about their problem. After some thought, he says that he is willing to help them get across the river. He says that if they are careful, they can step on the stones and walk across the river. The others are too afraid to try so he proposes that he carry them across. He takes #1 on his back and slowly, stumbling a bit makes it out to the island. He then puts him down complaining about how heavy he is and how tired he has made him. He tells #1 to wait on the island while he goes back for #2 (*#1 cowers on his knees on the island from fear*). When #3 gets back to the beginning he tells #2 that he is too tired to carry him also. He convinces #2 to try and follow him across on the rocks while he leads him by the hand. After some arguing, #2 agrees and #3 leads him across *very slowly and shakily* to the island. By the time #2 gets to the island, he pauses for a moment and then crosses the remaining part of the river by himself with #3 following. They have forgotten #1, who is still cowering on the island. When #2 and #3 get to the far side, they continue walking away (out of the room), completely for getting about #1. #1 call for help from the island repeatedly. No one hears him. The play ends with him desperately calling from the island with no one there to help him.

Ask the audience if anyone can explain what happened in the play. How does the play relate to the community's development? It is important that the facilitator let participants draw their own lessons about development from the play. Only intervene with guiding questions if absolutely necessary.

The play symbolises how a person or community can be assisted to develop. The first person in the play was carried and did not learn how to cross the river by himself. In community health terms, BHUs have had a tendency to carry communities in their health care. BHUs do health planning and manage the implementation of projects. When communities want a water supply for example, they have no concept that they can do a large part of the planning and implementation by themselves. They only need to mobilise Dzongkhag for any additional assistance that they might need. Instead, they wait year after year

until someone from the BHU or Dzongkhag comes to "give" them a water supply, to carry them across the river.

During this workshop, BHU Staff will no longer carry people through their development. Instead. BHU staff will give the small amount of assistance that the community might need to plan for their own improved health environment. In this sense, BHUs hope to lead the community to the island by the hand. Once there, the community will have enough skill and confidence to go the rest of the way by themselves, to plan and implement not improved health environments, but other developments in their community with minimal assistance from government.

Another analogy that might be worthwhile relating is how community development relates to a person's development. When we are infants, our parents literally carry us. They provide for all our needs because we are too young and inexperienced to provide for ourselves. As we grow, our parents, our teachers and our community teach us how to provide for ourselves, they take us by the hand and lead us to the island. By the time that we are adults, we have learned enough from everyone's guidance to do things for ourselves. We are more independent and can cross the river by ourselves.

9.3 The fish and the fishing pole

A story about individual and community self-development

This story can be told to the group by one of the facilitators. Alternatively, a group of three participants can be briefed in advance about the story so that they can act it out for the group. Note that in Dzongkha, *nya ki koma* can be used for fishing pole.

> This is a story about Sonam. Sonam was a single child who grew up in the care of his parents who loved him very much. They provided everything for him that he required. He never had to work. He never had to go to school. He was very happy never having to work and having everything he needed given to him. One tragic day, his parents' house burned down killing both his parents. From that day onward, Sonam no longer had anyone who would provide for him or take care of him. He was all alone. What was worse was that he had no skills to provide for himself.
>
> The story begins with a young man lying beside the road. He is weak from hunger for he has not eaten in several days. As he is lying beside the road, an extension officer from Dzongkhag happens to pass by and sees Sonam. He asks Sonam what is wrong and Sonam explains that he is poor, owns nothing and has not eaten for several days. The Dzongkhag officer, taking pity on Sonam, offers Sonam a fish so that he will no longer be hungry. Sonam quickly cooks the fish and greedily eats it. His hunger satisfied, Sonam finds a place to sleep and rests peacefully until the next day.
>
> Upon awakening, Sonam begins to feel hungry again and sets out in search of the Dzongkhag officer. Upon finding him, he asks for another fish, which the officer is happy to give him. This continues for two weeks. One day Sonam goes in search of the officer and does not find him. He searches all day only to learn that the officer has returned to Dzongkhag headquarters. Sonam goes to sleep hungry wondering where his next fish will come from. For five days Sonam looks for someone to give him food but gets no help. He is desperately weak from hunger and lies down again by the side of the road.
>
> Just then, another officer from Dzongkhag happens to be walking by. Sonam seizes the opportunity to beg the man for a fish. The officer first asks Sonam to describe how he came to this situation. After appraising the situation, the officer agrees to give Sonam a fish so that he will regain his strength, but only if Sonam agrees to spend the next morning working with the officer. Sonam agrees.
>
> The next morning Sonam and the officer travel to the riverbank. The officer teaches Sonam how to make a fishing pole and how to attach a hook and line to it. He spends the rest of the morning teaching Sonam how to use the pole to catch his own fish. By the end of the morning Sonam has become skilled enough to make his own pole and catch his own fish. The Dzongkhag officer leaves feeling confident that Sonam will no longer need his assistance.

Ask the participants to describe what the story meant to them. Can they relate this story to any of their own experiences? Can anyone see any similarity between Sonam's situation and that of some communities? Encourage discussion on these ideas.

This community wants to have a water supply. Do you want it to be given or would you prefer to learn how to get it yourselves?

Do you want the fish or do you want the fishing pole?

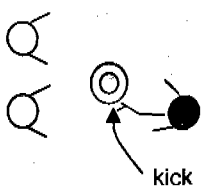
9.4 Protecting your health

An energiser that illustrates how it takes caretakers, committees and individuals within the community are all necessary to "protect" a community's health

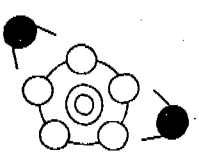
This is a fun exercise that can be done to close a CDH workshop. Ideally it requires a strong 1 to 5 litre water container (a water bottle) filled with water to symbolise the community's water supply, and thereby its health. If a container is not available, virtually anything else can be used, as long as it is durable and can be moved easily. This exercise is best done outside.

Hold up the container and explain that at least for today, the container is the community's health, a large part of which is determined by the quality of their water supply. There are many things that can go wrong with a water supply, but usually problems are the result of people, not people from outside the community, but the people that use it everyday. Ask who is going to ensure that this supply remains functioning so that it benefits all people. If people respond that the caretaker(s) will take care of it ask the caretaker(s) to come to the centre of the group. Put the "water supply" on the ground at their feet and tell them to take care of it.

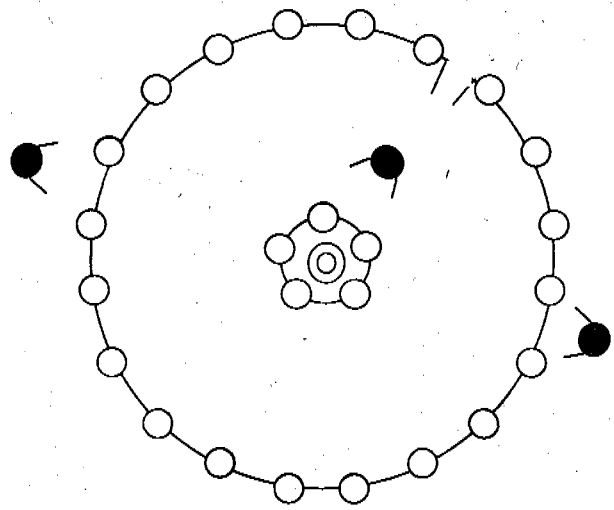
1. Casually walk up to the "water supply" and kick it over. Tell the caretaker(s) that they are not doing a very good job in protecting it. Tell them to try harder, only they are not allowed to pick the "water supply" up or hide it in their ghos, it should remain free on the ground so that all people can see it and use it. Do this a few times and ask the people if they feel confident that the caretaker(s) will be able to protect the scheme.



2. It will be obvious that the caretaker(s) cannot by himself take care of the water supply. Ask who would normally have a responsibility to help him. People may respond that everyone will help him. Refer back (or do it now) to the short role play on responsibility. *When everyone is responsible, no one is responsible.* Hopefully the rest of the committee (if it exists) or the village Tshogpa will be identified as the primary help to the water caretaker. Ask them to come in and help the water caretaker while you and other dzongkhag staff continue to kick over the container. Remind everyone that an essential role of the committee is to support the caretaker(s). Encourage the committee to use their bodies by joining arms over shoulders to protect the "water supply". Once they become skilled at stopping you from kicking the "water supply", another resource person can sneak in to help you. Be physical – jump over the committee members' backs, duck through their legs, etc. Do not let the rest of the community help at this time. You will still most probably be able to kick over the container, damaging the "water supply".

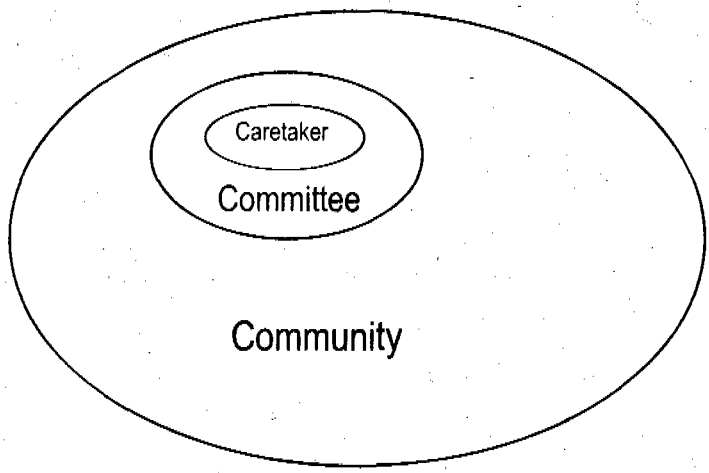


3. Explain to everyone that the committee alone will have a difficult task of protecting the community's water without the support of each and every person in the community. Have the rest of the participants form a large circle around the committee by joining hands. They should be the first ones that prevent improper functioning of the scheme. Now start you attack (with additional help from colleagues) from the outside. Again, be physical. Offer some of the community members money so that they release their grip and you can break through. Even if you manage to break through (some community members act irresponsibly toward the scheme), the committee is still there to make sure that it functions properly.



After playing this for awhile, explain that the water supply is not only the responsibility of the caretakers or the committee. Yes, the committee can support the caretakers but if the community as a whole does not support the committee, the scheme will fail. Water supply is everyone's responsibility. Whoever acts irresponsible weakens the whole system and makes the breakdown of the scheme possible.

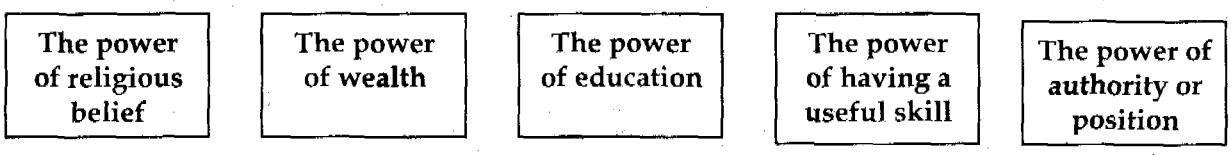
You can reiterate the supportive relationship that will hopefully exist by sketching this on the ground. Emphasise that this is not only the kind of relationship that will make water supply strong, it is the same with all kinds of developments within the community.



9.5 Power within the community

An exercise that illustrates the different kinds of power that are available within a community that when combined, create strong communities

This is a good way to close the workshop. The exercise is very simple, participatory and creates enthusiasm to follow through on the commitments made during the workshop. The exercise makes use of a set of 8 posters that have been distributed as part of the materials provided by PHE. Each poster represents a kind of power that an individual might possess. Individuals normally define themselves in terms of where their strengths lie. For example, a person might identify himself as being educated (more than others), having strong religious convictions, and having strong attachments to his family and community.. He gets most of his power from his education. Another person is a skilled farmer, is able to get people work (mobilise people) and is wealthy. Overall, that person might identify that her greatest strength or power comes from her wealth. These various forms of power are illustrated below.



The exercise begins with the facilitator explaining the idea that we all are different and have different strengths. That is the strength of communities: they are made up of different kinds of people that when put together, give all the power and strength a community needs to develop.

Begin by showing one of the 6 posters shown above (do not show the poster of the people working together to move the rock). Ask what kind of power the picture represents. Stress that the posters should not be interpreted literally, e.g., the poster of the monk should not represent that someone must be a monk to get strength from his or her religion. Ask if there is someone here that the group feels is very powerful in the power described by the picture. For example, once people identify the picture of the monk as referring to someone that gets his or her strength from religious belief and practice, ask the group if there is anyone present that fits that description more than other people. Give that person the picture and begin again with the next poster. Continue until all 7 posters are distributed. Note that Dzongkhag staff should also participate and can be identified as having these powers.

Have the 5 people holding posters move to separate areas of the room or if outside, have them move apart. Ask them to display their posters so that all can see them. The rest of the group should now consider themselves: of all the powers shown here, which one describes from where they get their greatest strength. Have them then go stand behind the person holding that poster.

Go to each sub-group and ask the entire group if the sub-group's power is important to the community's development. Ask why? For example, when standing by the sub-group of people who feel that their power mostly comes from education, ask the whole group if they feel that educated people are important to the development of the community. Ask the sub-group to demonstrate how strong their power is by shouting at the count of three. Follow the same process until all sub-groups have been visited. Encourage all to shout their loudest.

Now tell everyone that there is one more kind of power that is stronger and more productive than any of the kinds of power that have just been visited. Does anyone know what that might be? Show the last poster

of the people working together. Can any of the other powers by themselves ensure that the community can plan, implement and manage its water supply? Does it take all kinds of power within a community to ensure that the community's development proceeds well and meets everyone's needs?

The power of people working together in a group will always exceed what individuals can do. In fact, if the community does not work toward getting and maintaining their water supply as a group, the water supply will most likely fail is a relatively short time.

If you choose to close the workshop at this time, emphasise that by developing a plan of action for implementing and managing a water supply scheme, the community has demonstrated that it has a wide variety of skills and powers already at its disposal. Reiterate that Dzongkhag has full belief on the capacity of the community to take over responsibility for its own water supply. The community will take the lead from hence forward with Dzongkhag only assisting when needed. If the community can continue to work together as it has in the last three days, there is no doubt that they will succeed in their efforts not only to have clean and safe water, but in whatever other developments they envision for their community.

9.6 Swinging the pole

A spontaneous activity emphasising the need to share power with a community

This is an activity that can be done at any time when one person appears to be taking decision-making authority away from others (*example: one person dominates discussion and does not allow others to participate*). It can also be used when people willingly give decision-making power to one or two people (*example: the community sees no need for a management committee and feels that all responsibility for the water supply should fall to the caretaker(s)*).

Whenever this happens there is a danger that decisions made by one person will not be supported by the community as a whole or the community will not feel responsible for the results of decisions made by that person. This is contrary to the aims of community participation and will diminish the effect of the community planning workshop.

When you feel that this is happening, pick up a pole or stick (the HDP pipe issued by PHE for carrying papers works well) and begin swinging the pole and hitting the participants (gently) with it. Do not hurt anyone, the point you are trying to make is that by holding the pole, you have all the power over everyone. It is unlikely that anyone will attempt to stop you. Ask them why they are letting you continue to beat them. Encourage them to stop you. Eventually some of the people will grab the pole you are holding so that you will no longer be able to swing it. Ask what happened.

The point of this spontaneous activity is that when one person holds all the power (in this case the pole), they are free to misuse it (in this case by hitting other people). But when many people hold onto power, it is more controlled and cannot be used against the community. If the community gives all its water supply decision-making and management power to one or two individuals, the potential for abuse or scheme malfunction is great. It is usually better to share power.

9.7 Badu Badu

A popular energiser with a message: actions speak louder than words

Have everyone stand in a circle facing you. The rules of the game are simple:

1. when you say **badu**, everyone should put their arms in the air,
2. when you say **badu-badu**, everyone should fold their arms on their chests,
3. when you say **badu-badu-badu**, everyone should but their hands on their knees

Go through this slowly, with you moving your arms according to the above instructions with everyone following your lead. Remind everyone that it is very important that they should **listen to what you say**.

The trick to this game is that your actions do not have to follow your instructions. Foe example, if you say badu, you may either put your arms in the air, fold them on your chest or put them on your knees. BUT, the participants are only correct if they put their arms in the air. The instructions were for them to listen to what you say (they were not instructed to do as you do).

Begin the game with a trial run. Begin by matching your actions with your words. At some point, make your action different from your words. You will find that most of the participants will follow you action instead of your words. Point out the people that have made the mistake. Warn them that when they make a mistake again, they will leave the game by sitting down.

Once people catch on, it will become more and more difficult to force people into making mistakes. Play until there is only one participant left. This game is very enjoyable for all players and can be played many times during the course of the workshop, particularly as a source of quick energy.

9.8 Review methods

It is helpful to begin each day with a review of the activities of the previous day. Reviews should be energising and participatory. Two methods are briefly described here.

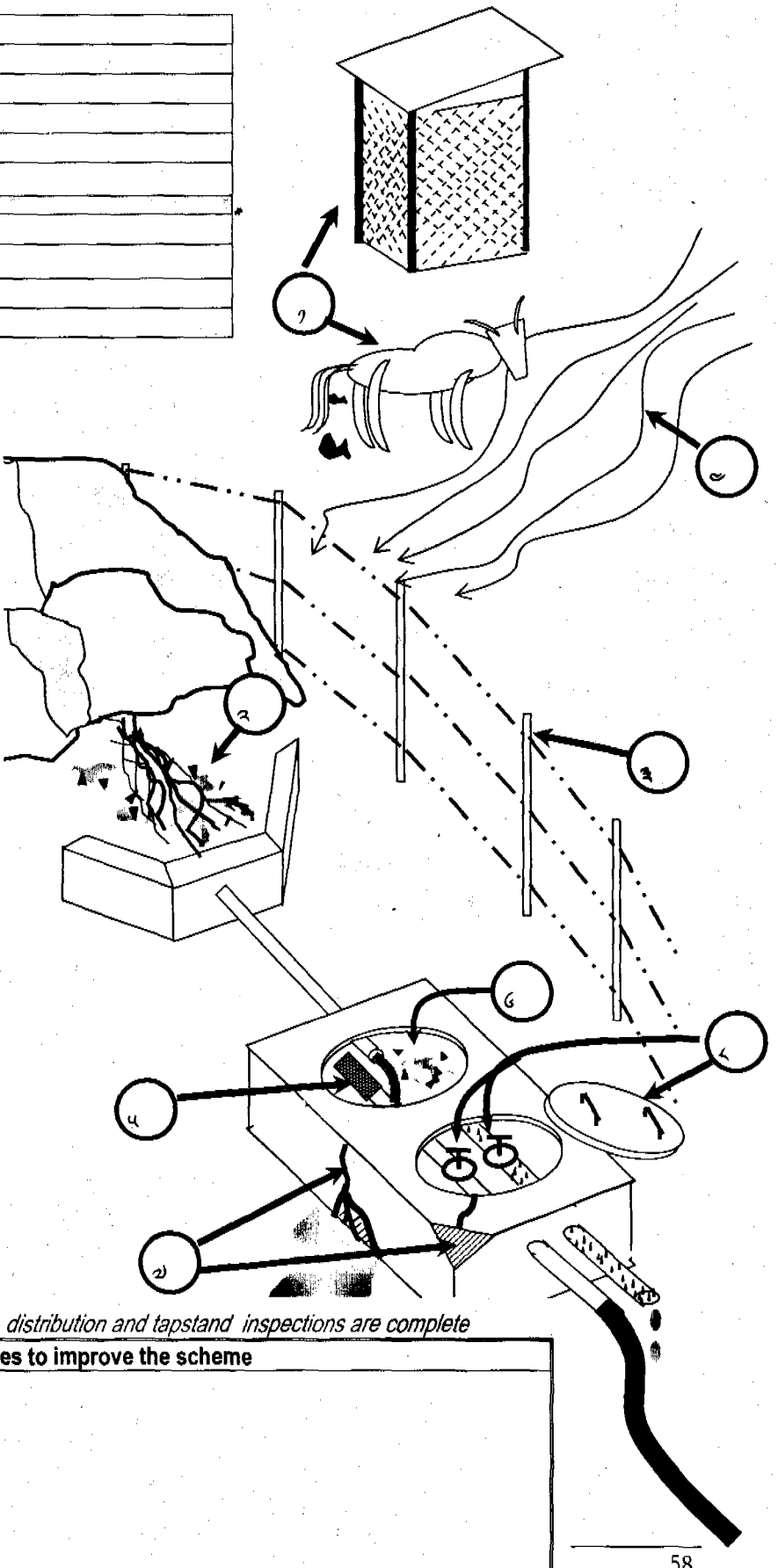
Guided tour

This is a quick way to do a review. It usually works best on the last day. Everything that is done in the workshop relies on visual materials. When an activity is complete, there is a visual record of it (drawings, plans, posters, lists, etc.) left affixed to a wall. The guided tour simply consists of volunteers from amongst the participants walking from one visual record to the next, following the sequence of activities undertaken since the beginning of the workshop. For example, the "tour guide" will walk with everyone else to the pictures on participation and lead a discussion with everyone on what was done and learned during that activity. Then perhaps the drawings used during the differing objectives game can be visited. Next might be the pictures describing community successes, and so on. If the facilitators so wish, some of the activities that did not leave a visual record (river crossing, the fish and the fishing pole, ...) can be sketched on paper and stuck on the wall as a reminder.

RWSS Sanitary and Functionality Inspection Form for Sources

Project Name/Village	
Project ID	
Geog	
Dzongkhag	
Date	
Source type (Spring / Stream)	
Inspection Facilitator	
Lead Village Participant Name	
Number of Village Participants	
Water sample taken? Sample no.	

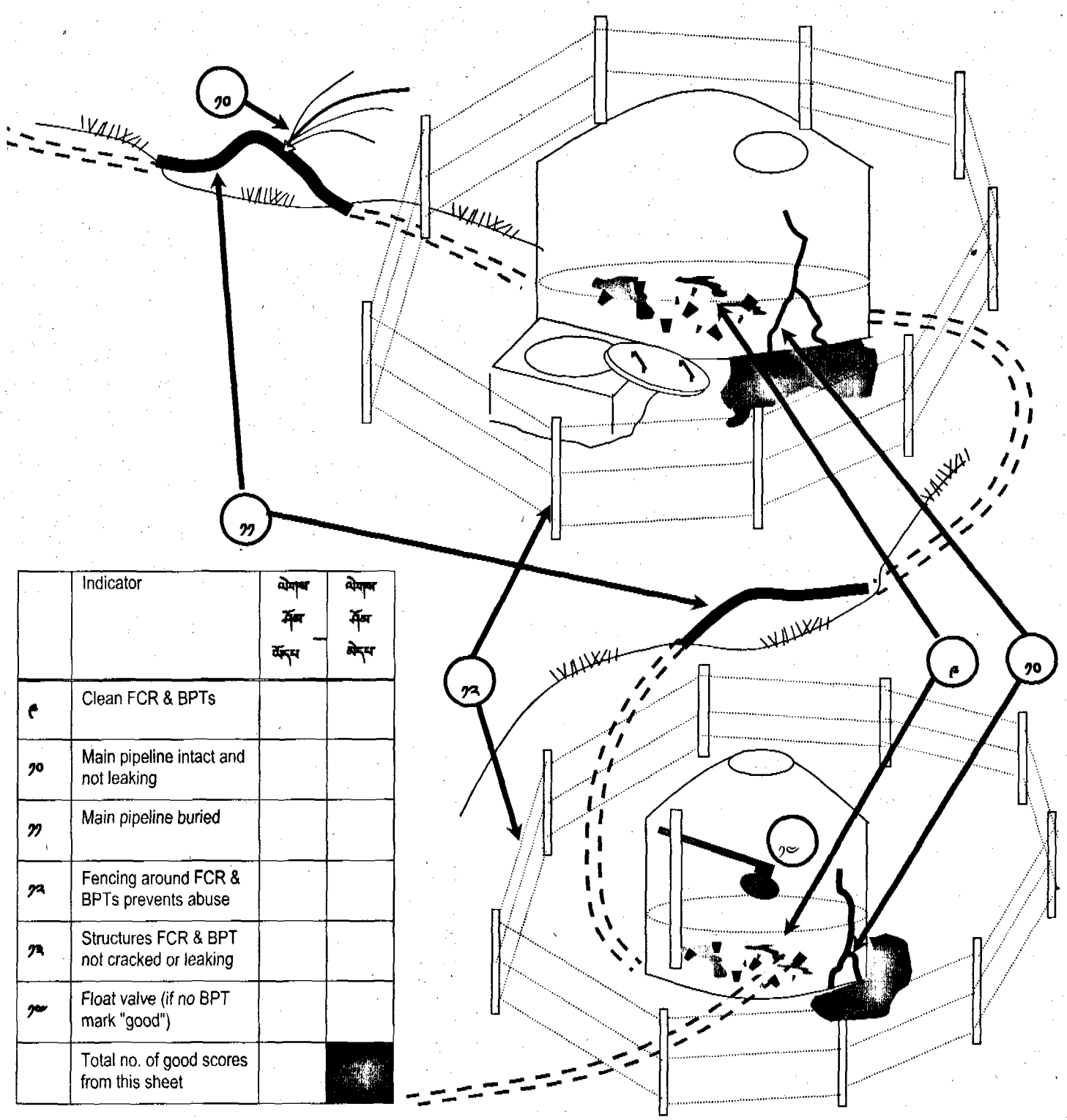
	Indicator		
๑	Source free from upstream contamination		
๒	Clean intake area		
๓	Source fencing protects water from contamination		
๔	Surface run-off contamination during rain. Uncapped springs and streams are usually bad.		
๕	Strainer keeps large contaminants out of pipeline and remains unclogged		
๖	Clean collection chamber		
๗	Quality of structure (free of cracks and leaks)		
๘	Valve box covered and all valves working		
	Total no. of good scores from this sheet		



Remedial Actions - *complete only after source, distribution and tapstand inspections are complete*

Actions proposed by community representatives to improve the scheme

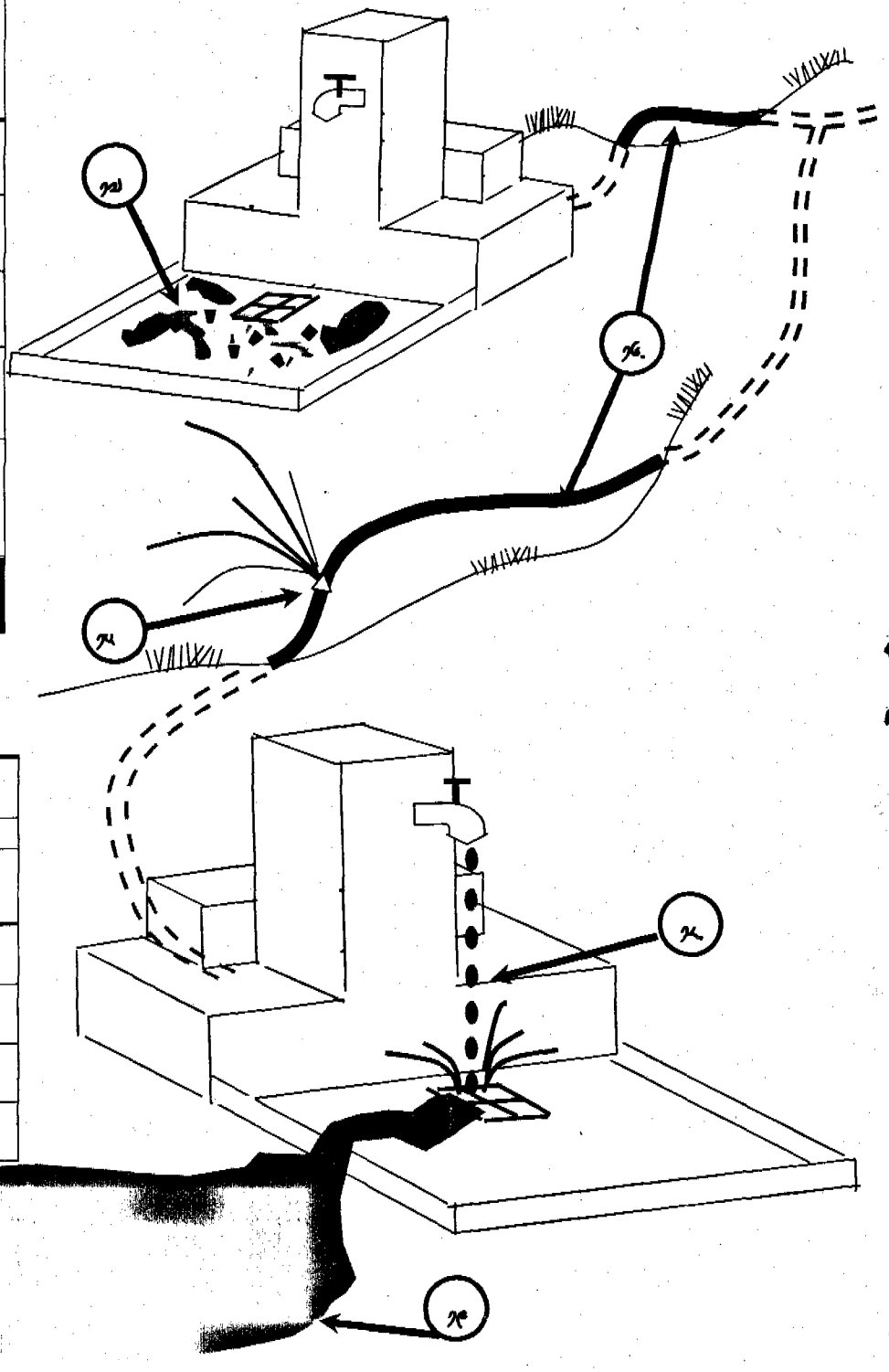
RWSS Sanitary and Functionality Inspection Form for Scheme Storage and Distribution System



	Indicator		
๑	Clean FCR & BPTs		
๑๐	Main pipeline intact and not leaking		
๑๑	Main pipeline buried		
๑๒	Fencing around FCR & BPTs prevents abuse		
๑๓	Structures FCR & BPT not cracked or leaking		
๑๔	Float valve (if no BPT mark "good")		
	Total no. of good scores from this sheet		

RWSS Sanitary and Functionality Inspection Form for Scheme Branches and Tapstands

	Indicator		
๑	Branch pipelines intact and not leaking (100%)		
๒	Branch pipelines buried (100%)		
๓	Plinths clean (in at least 80% of tapstands)		
๔	Bibcocks working without major leaks (at least 80%)		
๕	Wastewater drains away and does not accumulate (at least 80%)		
	Total no. of good scores from this sheet		



Evaluation of risk of scheme contamination and functioning

Total "good" scores from source, distribution and tapstand sheets	
Risk of water contamination or scheme failure	
16-19: Low risk	
11-15: Intermediate risk	
6-10: High risk	
0-5: Very high risk	

Karma Tenzin H.Q.

Rural Water Supply and Sanitation

Annexes to the Community Planning Workshop Facilitation Guide

Information, Education, Communication:
Embedding the linkages between Water, Sanitation, Hygiene & Health

and

Facilitating Community Self-Monitoring of the Sustainable Management and Effective Use of RWSS systems

Royal Government of Bhutan
Ministry of Health and Education
Department of Health
Public Health Engineering

September 2000

Information, Education, Communication:
Embedding the linkages between Water, Sanitation, Hygiene & Health
an annex to the Community Planning Workshop Facilitation Guide for 2000

Emphasising the Effective Use of RWSS systems

The rural water and sanitation programme has historically placed a heavy emphasis on expanding the coverage of water supply and sanitation facilities throughout the country. Improved water supply and sanitation facilities have been shown to contribute strongly toward improving public health through a reduction in the transmission of water borne disease. These diseases, diarrhoea, worm infestation, skin and eye diseases, and mosquito-borne diseases together contribute to the highest causes of illness and death in the developing world.

However, there has been less effort applied toward ensuring that these facilities are maintained and effectively used. As many of us have technical backgrounds, this is understandable. It is not however, excusable. There is little point in simply providing communities with facilities if they will not be maintained or used in a way that is beneficial to health. For example, some studies have shown that the improper use of latrines in places where people had previously defecated in their fields has actually increased the incidence of diarrhoea. Similarly with water supply: if a scheme's source or distribution lines are not adequately protected or if water from a stand post is not transported and stored free from contamination, water from the scheme can cause more disease than simply taking water from a nearby stream.

We should keep in mind that the main objective of our work is not to provide RWSS facilities, it is to improve the health of the rural population. We cannot do this by only concentrating on RWSS coverage while neglecting to ensure that schemes are maintained and effectively used. The following table illustrates this by showing the relative importance of certain behaviours on preventing disease.

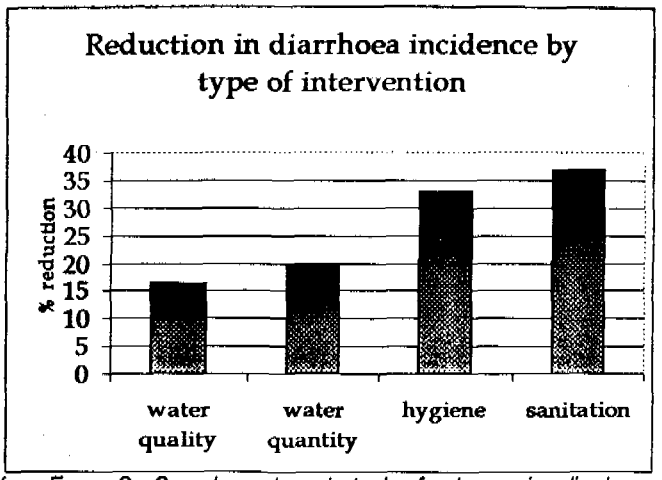
disease	**prevention strategy**			
	using safe drinking water	safe excreta disposal	personal and domestic hygiene *	wastewater disposal / drainage
diarrhoea	●●	●●●	●●●	
worm infestations, eg. ascaris (roundworm), tapeworm, hookworm, pinworm & others	●	●●●	●●●	●
skin and eye infections		●	●●●	
insect transmitted disease eg. malaria				●

Importance in preventing disease transmission:
●●● high
●● medium
● low

- clean household environments; washing; food cleaning and storage; collection, transportation storage and use of water. Many of the good personal and domestic hygiene behaviours require the availability and adequate use of water

Adapted from *Just Stir Gently, the way to mix hygiene education with water supply and sanitation*, M. T. Boot, IRC, 1991

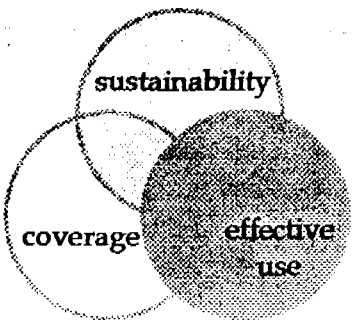
The information presented above should make us re-think the importance that water alone has on improved health. In fact, research (graph at right) shows that changing hygiene and sanitation behaviour will have a greater impact on reducing diarrhoea than improving access to better quality and quantity of water. **We need to continually remind ourselves that our core business is divided equally between assisting communities to increase RWSS coverage, by helping communities to organise themselves so that community managed schemes are sustainable, and by helping to create awareness within communities so that RWSS systems are effectively used.**



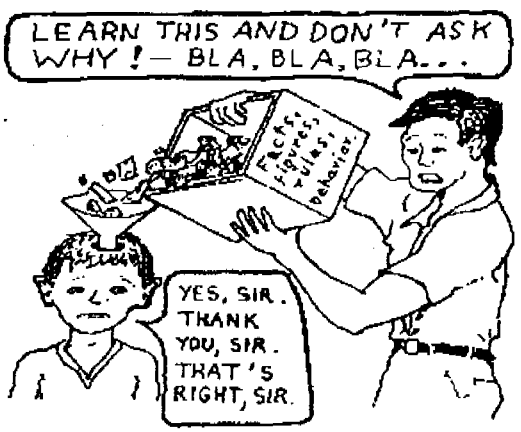
from Esrey, S., *Complementary strategies for decreasing diarrhea morbidity*, presented at Pan American Health Org., March 1994

The primary motivation for the Community Planning Workshop is to build ownership of RWSS systems within communities so that their **sustainability** will be better assured.

This year the CPW has been expanded to include information, education, and communication activities with which we attempt to improve peoples' hygiene behaviour, a large part of which requires that RWSS systems are **effectively used**.



This annex to the Community Planning Workshop facilitation guide describes how IEC activities can be practically applied in the CPW.



Improving peoples' hygiene behaviour is a very challenging undertaking. It is not as simple as telling someone about their unhygienic practices and expecting them to change them for the better. Unfortunately, IEC activities currently practised often do just that. We lecture people on what they should or should not do and as a result, we see very little change in behaviour. People are not just empty vessels waiting for us to pour knowledge and understanding into. They have their own knowledge and attitudes about water, sanitation and hygiene.

We are primarily concerned with the following behaviours:

- are people using water from RWSS schemes or are they using water from other sources that may be contaminated?
- are people ensuring that water sources are protected and that schemes are well maintained?
- are people collecting and storing water in clean vessels that are not easily contaminated?
- are people using water in adequate amounts to bath, clean clothes, wash food,..?
- are all men, women and children using hygienic means of disposing of excreta, be it in latrines or otherwise?
- are latrines being used and kept clean?
- are hands being washed after defecation or handling babies?

These issues are all concerned with how RWSS systems are maintained and used and are rooted in hygiene behaviour. If that behaviour does not promote the effective use of these systems so that their health benefits will be derived, how can we support changes in that behaviour? First we have to understand the causes of the behaviour.

Changing behaviour: Applying adult education principles to effect attitude change

Hygiene behaviour is influenced by two main factors, existing **attitudes** about an issue and **ability** to influence the existing situation:

Attitudes

Attitudes are influenced by a person's knowledge, experience, beliefs, and the behaviour of others important to that person.

Examples

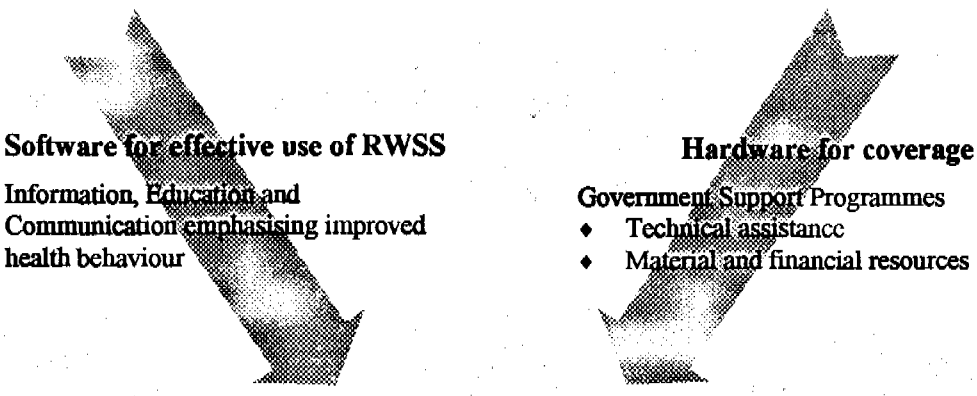
- a community may not feel the need of an improved water supply because they have traditionally used a contaminated source and believe that there are no health risks
- even if aware of the risks, people defecate in the open because everyone else in the community does
- domestic animals are kept in the house because they have been traditionally kept that way

Ability

Peoples' ability to exhibit good hygiene behaviour is influenced by the skills and resources that he/she has access to.

Examples

- a community may not have an improved water supply because of lack of resources and technical skills
- a household may not build a latrine or animal shed because of lack of time and money
- people may not frequently wash their hands or bodies with soap or ash because of lack of money or nearby water



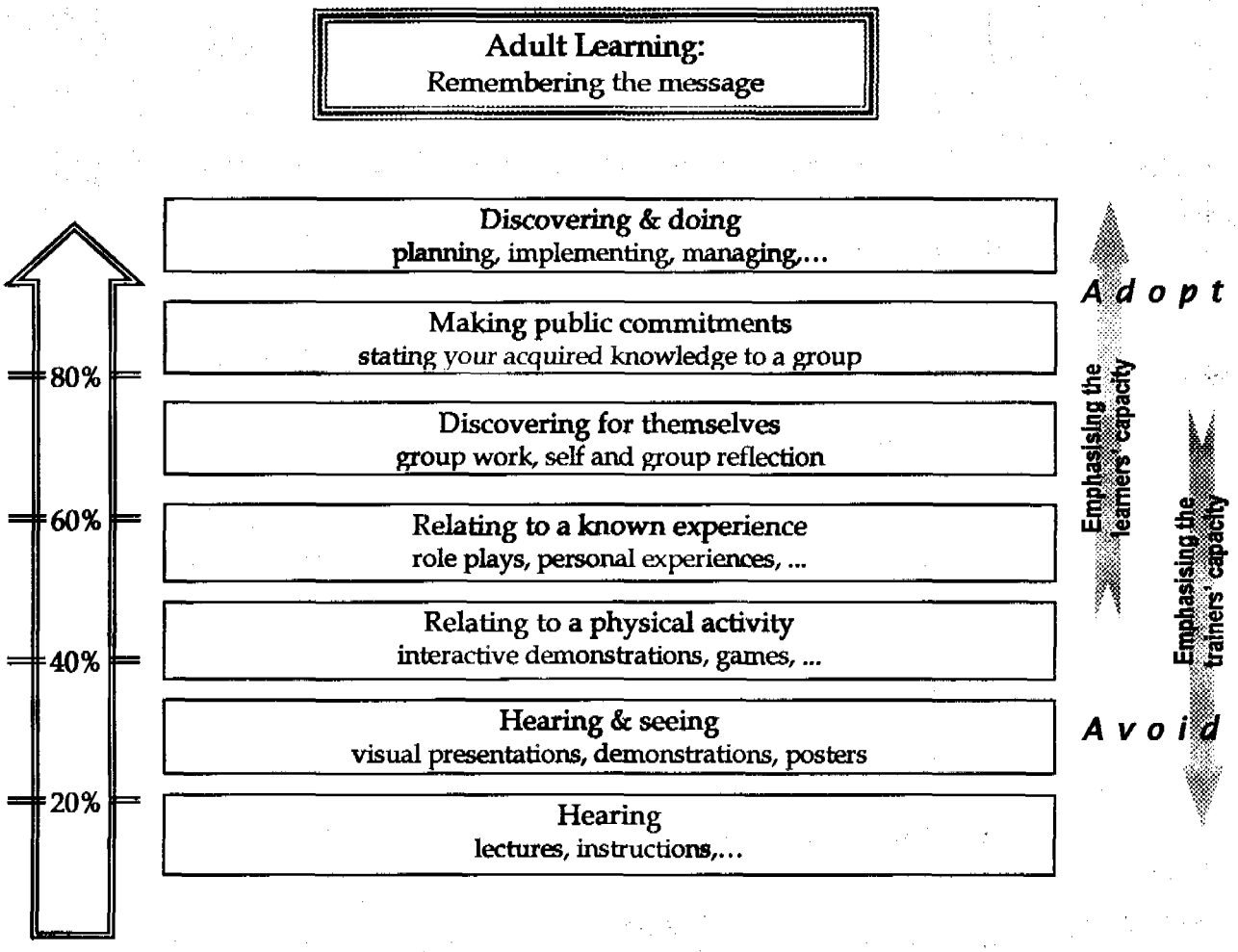
Effective use of RWSS:
water use, sanitation and hygiene behaviour that contributes to improved health

The linkage between hardware and software is critically important in the promotion of behavioural change. This guide describes one simple software activity designed to promote improved hygiene behaviour.

Borrowing from the CPW facilitation guide, the following figure depicts how adults remember concepts, how they learn in different environments. Most of us have limited experience in training and usually equate training with teaching. Our experiences come from our time in school, where a teacher stood in front of rows of students and attempted to impart his or her knowledge to the students through lectures. When we work with communities, many of us are more comfortable in training roles, roles in which we direct a transfer of knowledge to participants. The training done at the community level is typically a one way flow of information that does not necessarily translate into learning, simply because adults do not learn well under these conditions.

Adults learn in different ways than children do. As we grow older, our short term memory becomes less efficient and more easily disturbed. We find it more difficult to translate what we hear and see to our long term memory. In fact, the average person immediately forgets 50% of what he or she has heard. Lectures and demonstrations require good short term memory to absorb and any training method that relies too much on them is doomed to failure.

Adults learn through active involvement, through participating in the learning process. Just as with RWSS planning, the process of learning can be just as important as the message. So how do adults learn best?



If we accept the principles of adult education, we also have to accept that lecturing adults on the benefits of safe water, sanitation and good hygiene practice will not change their attitudes about these things enough to bring about improved behaviour. But how can we avoid lecturing, particularly when we have all the information and farmers lack it? The key to successful adult

education is to have faith and confidence in them as learners and allow them to learn in environments that work best for them. Help them to discover knowledge for themselves.

Often the knowledge that we try to "give" them, that we try to "make them understand" is already there, but expressed in different ways. For example, a mother may say that children get diarrhoea when their stomachs become dirty. It is not necessary that she fully understand the biological processes that cause diarrhoea, but only that she is aware of the various ways that stomachs become dirty. Instead of trying to transfer knowledge under the assumption that no knowledge previously exists, we should rather build upon existing knowledge.

An aspect of adult learning that was not covered in the Community Planning Workshop Guide is the concept of accepting responsibility for the knowledge that has been acquired. One way that people become responsible for the knowledge that they have acquired is by making a public statement about that knowledge. That statement should preferably include how that knowledge will be used in the future. Suppose for example, an individual or a group of people is aware that defecating openly nearby their houses puts their families at high risk of getting diarrhoeal disease. If they state that awareness to the community at large, they accept a certain amount of responsibility for it and will be less likely to behave in a manner (by defecating openly) that contradicts their statements.

Self-discovering linkages between water, sanitation, hygiene & health: a simple tool

The materials that support this tool are 4 sets of differently coloured illustrated cards. Each set was designed so that by putting the cards in order, they could be used to tell a story. An example of one set is shown here. For descriptive purposes, the set is called bad management.

Bad Management set

Split the participants into groups using your own method. Ideally, groups should be no larger than 8 people. Give ½ of the groups the same randomly ordered set of cards. The other groups will work with the sets of cards Bad Sanitation. Give each group 10 to 15 minutes to discuss what the cards mean to them and ask them to put them in an order so that they can tell a story. There is little or no need for group facilitators to guide the discussion unless after some time there is still confusion about what the pictures are illustrating.

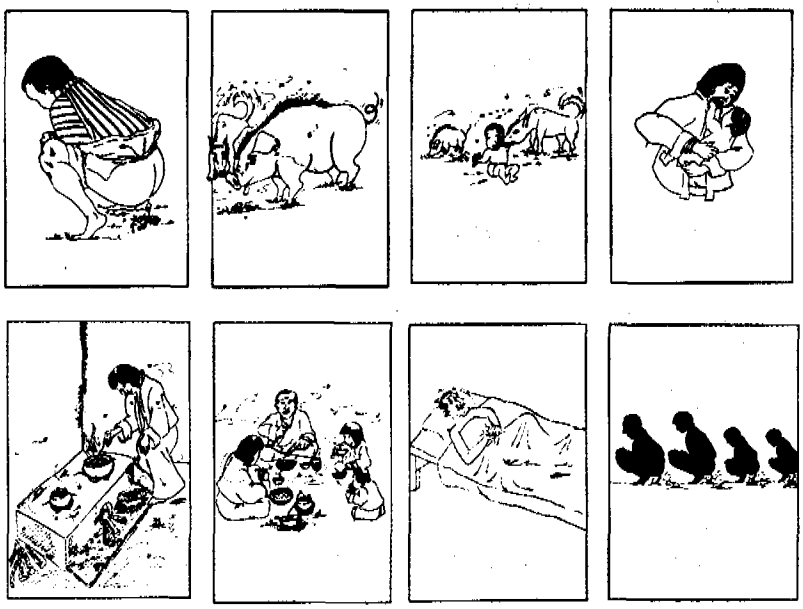
The order shown to the left was intended to tell a story about how a poorly managed scheme (no source protection) eventually results in no water flowing from the taps. People are forced to get their water from a contaminated stream. Children begin to get skin and eye infections and others are sick in bed with stomach pains and diarrhoea. Ultimately the whole family is affected by diarrhoea.

The group should take their time to agree upon the story that they want to present. **It is not necessary that the group has the same order of the pictures that is shown here.** Ask the group to place their pictures on the wall and to tell their story to the plenary in whatever way they choose,

either as a group or one person representing the group. Whatever story they tell, it will likely point out a linkage between maintaining their water supply and the health of the individuals in the community. **It is important to remember that by telling their story to the plenary, the group accepts responsibility for the message that it contains.**

If the workshop has many participants, there may be other groups that have their own story taken from the same set of cards. They should also present their story to the plenary.

Bad Sanitation set



The other ½ of the group(s) should be doing the same activity but with the Bad Sanitation set of cards. This set was intended to tell a story about a man who defecates in the open. Dogs and pigs eat the stool and the dog plays with a child. As the mother holds her child, she gets some of the man's (and maybe child's) faeces on her hands. This contaminates the food she prepares for the family's meal. The family eats the meal in an unclean environment and the father becomes ill. Eventually, the whole family is affected by diarrhoea. Again, it is not necessary that the story follow the order that is shown here. The main point is that without a sanitary means of disposing of faecal matter and by living in a dirty environment, the whole family will be at risk of becoming sick.

The "Bad Sanitation" group(s) can present their stories after the bad management groups or they can take turns. The groups should be asked if they believe in the stories that they have told and if they accept personal responsibility for the story's message.

After the group(s) have presented their stories, the facilitator should open a dialogue about the problems related to poor sanitation. It is not unusual to find communities that say that the reason that they become sick is that their water sources are not protected from contamination from animals. While this may be true, discussion along these lines can obscure the dialogue about how people themselves contaminate their own water, food and themselves. A good way to do this is by facilitating a dialogue using some of the ideas from the boxes shown here and below.

Human faeces: how "dirty" are they?

What do people use cattle or yak dung for in their households? Most likely it is used for house plastering, for manure or in some places as fuel. How do people collect dung? Typically they simply pick it up with their hands. If people can pick up animal dung, can they also pick up human faeces? While this question will probably be met with laughter by the participants, ask why they do not touch human faeces but do not hesitate to pick up animal faeces.

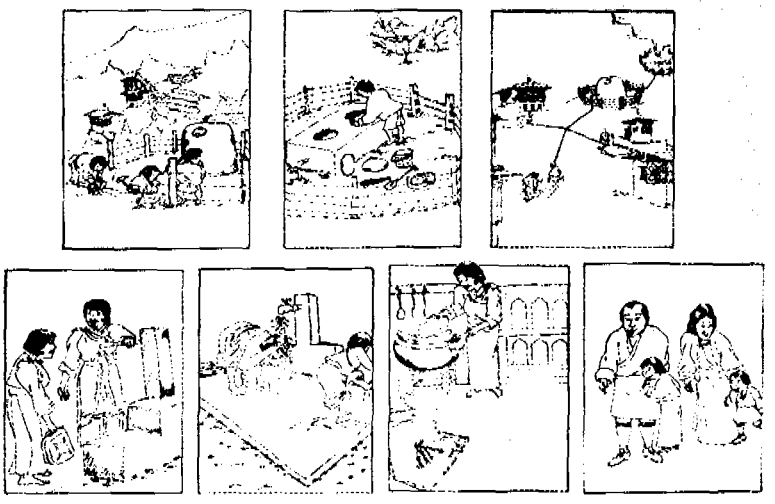
People consider human faeces to be much more "dirty" than animal faeces. Why is that? Are animals cleaner than people? The point is that while people are cleaner than animals on the outside, people are more "dirty " on the inside. Consequently, human faeces are more "dirty", and can be more dangerous with regard to health than contamination by animals.

Note that it is not important to define what "dirty" means, rather peoples' perceptions of what is dirty should be the basis for discussion.

It is likely now that people see the importance of their own sanitation practices. Protecting their water from animals is not enough if they do not protect it from themselves. Latrines are one way in which this can be done.

The groups that have worked with the Bad Management set should then be given the Good Management set and follow the same discussion and story telling procedure. The other groups that worked with the Bad Sanitation set should now work with the Good Sanitation set.

Good Management set



The Good Management set illustrates some of the activities that are done in a well-maintained water supply scheme and also the effective use of the scheme. The benefits all contribute to the making of a healthy family.

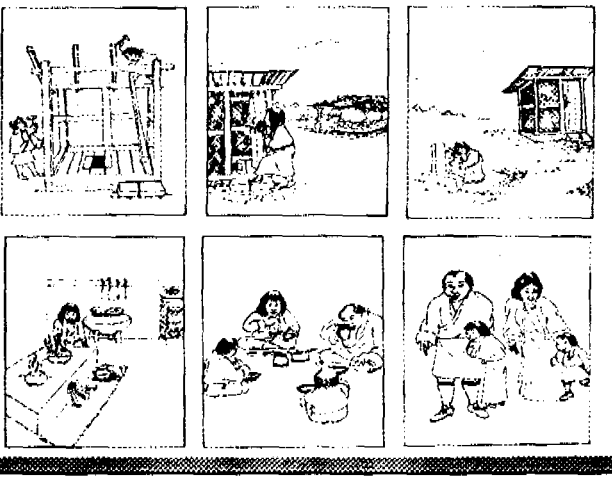
It is very likely that the order presented by the groups is not the same as shown here. That is not important as long as the group can relate a well-maintained and used water supply to good health.

The Good Management set should be displayed alongside the Bad Management pictures. After each group presents their story, ask them to contrast their two stories and to identify with the story that best describes the way they intend to manage their scheme.

Good Sanitation set

The Good Sanitation set illustrates some of the sanitation activities and hygiene behaviours that households engage in to promote the health of their families.

As before, the Good Sanitation set should be displayed alongside the Bad Sanitation pictures. After each group presents their story, ask them to contrast their two stories and to identify with the story that best describes the way they intend to promote household sanitation and hygiene.



Human faeces: do you eat them?

Che gi chabsa saonga? This is not considered to be an offensive question and is a good way to stimulate dialogue on how disease might be spread to people. Pick up some stones or dirt and tell people that it is faeces. Throw it away and ask if your hands are clean. If people see the dirt on your hands they will say no, there are still faeces on your hands. Rub your hands together and on your gho until they appear clean. Ask them if your hands still have faeces on them. Can something you cannot see still be harmful to you? If you were to prepare a meal now would you be serving your family faeces?

How would people get faeces on their hands in the first place? In an environment in which animals and people defecate openly, one could imagine that people would come in contact with small amounts of faeces, amounts that they might not be able to see, just by performing their typical daily duties. Mothers also come into contact with the faeces of their children, particularly babies. If you get faeces on your hands, how can you get it off?

While hand washing with soap or ash helps to remove faeces, what can people do to help prevent that their hands do not get contaminated in the first place? People know that faeces, particularly human faeces are dirty. By now they have probably stated that they make you sick. Refer to the IEC posters on the wall and emphasise that the main reason for building and using latrines and for adopting sanitary hygiene practices is to prevent themselves and their families from eating faeces.

To wrap up this exercise, ask the plenary who is responsible for the health of the community.

These exercises are relatively simple and do not require much input from Dzongkhag facilitators. Referring back to the diagram about how adults learn, it can be seen that this exercise capitalises of the following communication concepts:

Making public commitments
stating your acquired knowledge and your future behaviour to a group by telling a story with a message relevant for the community

Discovering for themselves
group work, self and group reflection on the linkages between water, sanitation, hygiene and health

Relating to a known experience
considering personal experiences with water, sanitation and health

As such, they rely more on the knowledge and capabilities of the community members than on the skill of the facilitators. This is an example of a learner-centred communication and education technique that contrasts somewhat with the more traditional trainer-centred techniques that rely on lecturing about water use and management, sanitation and good hygiene.

It is hoped that facilitators will experiment with this and other learner-centred IEC approaches and have positive experiences to further support them.

Facilitating Community Self-Monitoring of the Sustainable Management and Effective Use of RWSS Systems

1 Introduction

1.1 The Concept of Monitoring

There often seems to be confusion about what monitoring actually is. Some people might view monitoring as the maintenance of central databases that contain information on the RWSS schemes that have been constructed throughout the country. Others view monitoring from the perspective of financial accountability through checking budget expenditures. Still others see monitoring as checking up on the performance of the staff that they supervise. For water supply users, monitoring may simply imply turning the standpipe tap to see if water is available. All of these things are aspects of monitoring. Monitoring is simply checking. If confusion exists, it typically arises due to differences in the motivation that different people or agencies have for monitoring.

As of late, there has been much importance placed by PHE on the collection of information related to the coverage of RWSS throughout the country. This was particularly true during the time of the intensification proposal, when the RWSS programme set targets for universal coverage of water supply facilities. In this case, the motivation for monitoring was to satisfy the needs of national policy makers and donors supporting the programme. Now that the programme is putting greater emphasis on the sustainability and effective use of the RWSS systems, a new motivation for monitoring becomes apparent. But how can we monitor the sustainability and effective use of the RWSS systems that we help to implement? This is especially difficult since these issues are related to how communities operate and maintain schemes and our contact with communities is minimal after scheme implementation.

Monitoring is best carried out by those that want to use the information for improvement of the existing situation. Take for example a truck driver that travels throughout the country. He uses his various senses to monitor the condition of his vehicle as he uses it. He listens for sounds that may indicate engine problems, he feels how the vehicle travels so that problems with tyres or suspension are quickly detected, and he visually checks oil, water and tyre pressure periodically. If anything appears to be wrong, he will act upon it immediately. Failure to do so can result in a vehicle breakdown that will create severe physical and financial hardship. In this sense, monitoring is simply checking. Translating this example to rural water supply, it is clear that we hope that communities place enough value in their RWSS schemes so that they manage them sustainably and use them effectively. As the truck driver most immediately depends on the good performance of his truck and is therefore the most critical person to check that it is in good condition, so is it with communities and their water supplies.

The Community Planning Workshops (CPWs) aim to build ownership of schemes and to highlight the value they can have to communities. We now aim to help communities develop tools that they can use to monitor, or check, that their schemes are being managed and used well. Just as the CPW philosophy is to shift responsibility for scheme planning, construction and management from dzongkhags to communities, this principle should also apply to monitoring.

Note that for the purposes of this workshop we are using the dzongkha term ***yeship*** to describe monitoring. There may be a better word to describe it and facilitators should feel free to experiment.

1.2 Monitoring and Evaluation

The terms monitoring and evaluation are often used interchangeably. However, there is an important distinction to be made. Evaluation typically refers to an analysis of a certain situation taken after an extended period to judge whether that situation has been handled properly. In the case of RWSS, the implementation procedures to strengthen community management were only evaluated after several years of use. The evaluation indicated that the prescribed procedures of holding brief feasibility and survey meetings before scheme implementation did not sufficiently build ownership of RWSS schemes within beneficiary communities. Unfortunately, since that evaluation was only undertaken after 1800 schemes had been constructed, there was little that could be done to improve the community management within those schemes.

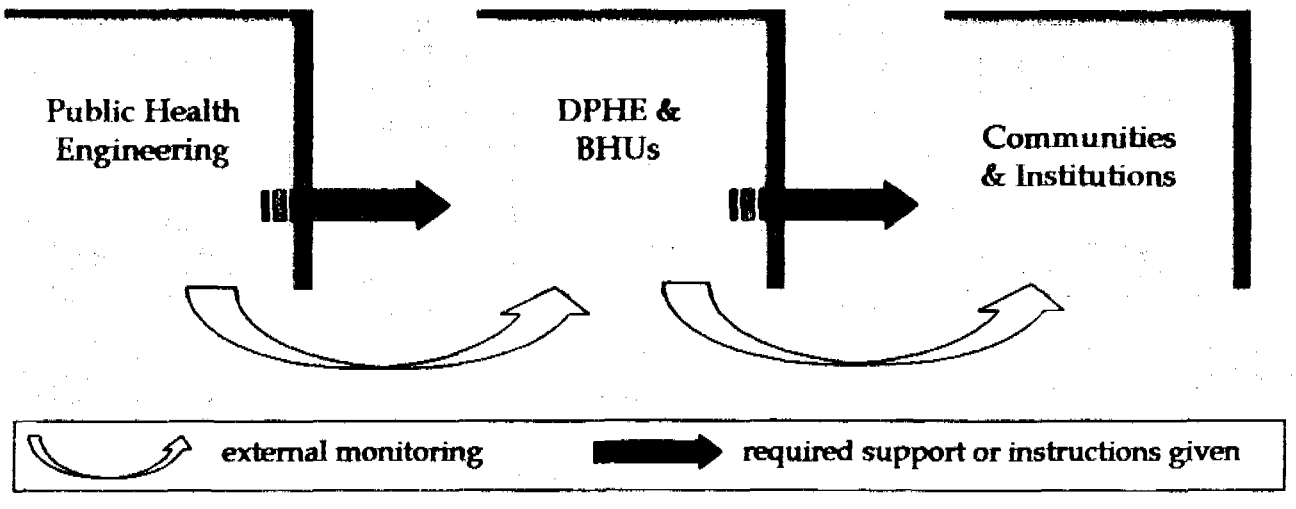
In the case of the truck driver, if he only evaluated the condition of his vehicle after one month of use he might find that because the oil level was so low, the engine had been damaged irreparably. Again, in the case of a community water supply, if monitoring is left to dzongkhags and dzongkhags can only visit a scheme once every few years, by the time they evaluate how the scheme is functioning, it may be too late for them to suggest any corrective actions to the community. The scheme would then need to be reconstructed. While evaluations can be useful, they have the weakness of only indicating problem situations after it is too late to fix them.

1.3 Monitoring and Action

While evaluations look at past experiences to determine future directions, the monitoring that this guide advocates is more concerned with the present. The primary reason why we monitor is so that we can find out when and where things are going wrong and can fix them. The sooner we detect problems, the smaller they will be and the easier it will be to solve them. **Our core business is to support the sustainable access to and effective use of safe water and sanitation facilities to rural communities**. Communities (and institutions) are our main customers and as such, they are closest to the end product of our work. They are far more capable of checking whether their water supplies are sustainably functioning are being used effectively. If they are committed to maintaining them, they can find the quickest and most appropriate ways of addressing problems. They are also best suited to define what effective use and sustainable functioning should be.

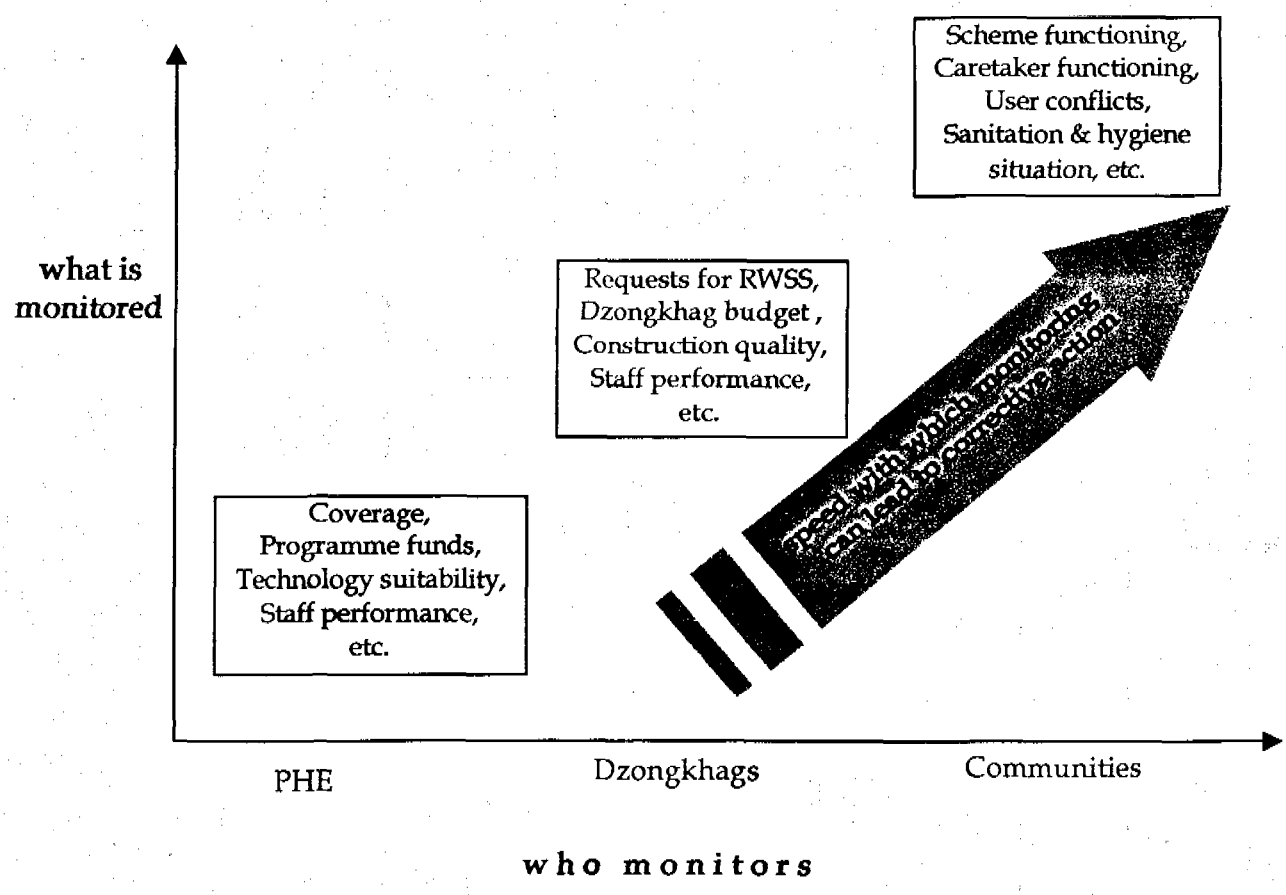
1.4 Monitoring: placing emphasis on communities

This does not mean that communities are the only ones required to monitor the RWSS programme. PHE and Dzongkhags also have a valuable role to play in the monitoring process. However, while PHE has made attempts to monitor the RWSS programme activities at the Dzongkhag level and Dzongkhags have similarly tried to monitor what is happening within communities, insufficient use has been made of the capacity of each of these levels to self-monitor their own programmes. The diagram below illustrates this:

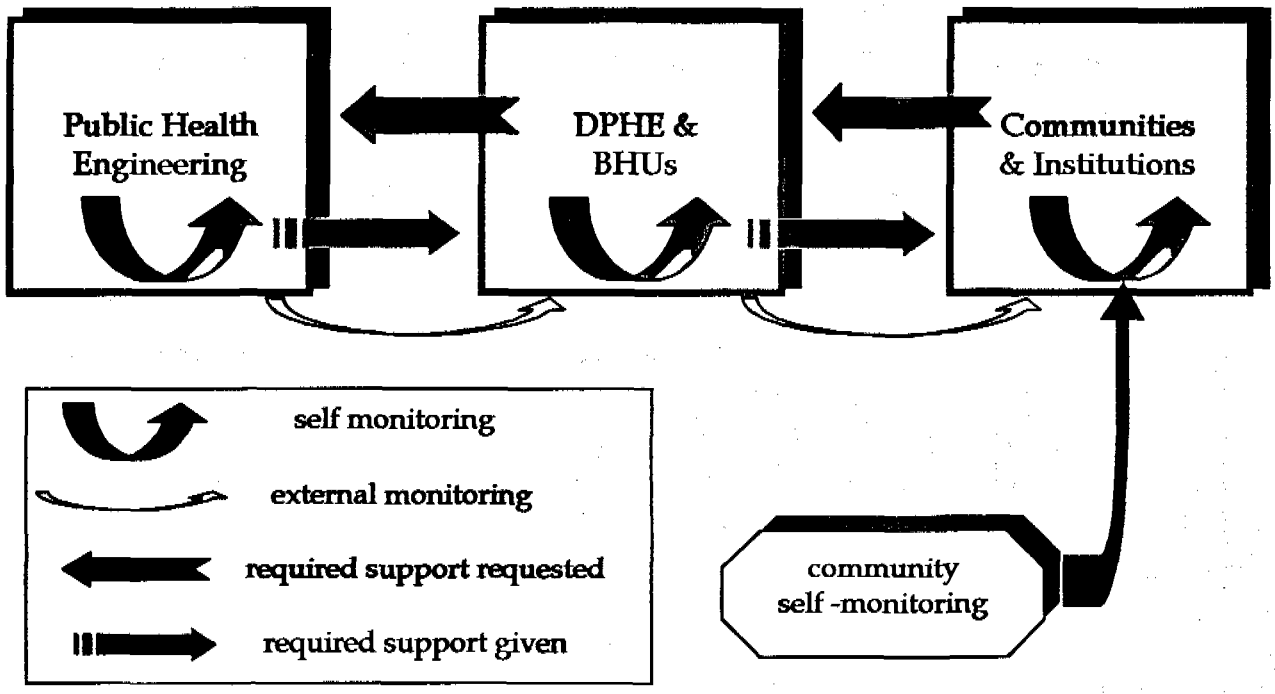


In this case monitoring is usually done by offices that check to see that the programmes at the level below them are functioning according to the standards that they have set for them. Based upon their observations, if those standards are not being met, they determine the support that is necessary or issue instructions to rectify the situation. For this system to be effective, significant financial and manpower resources must be allocated to monitoring. Those resources are not readily available in the RWSS programme.

Another disadvantage of this system is the time it takes to rectify problems. Consider the case described earlier in which Dzongkhag may only visit a scheme once every few years. If Dzongkhags were responsible for checking caretaker's performance, the functioning of the management committee, scheme intakes and the functioning of float valves, the management of maintenance funds, or hygienic practices, these issues might be ignored for a long time. We all know that these relatively simple to solve problems are the ones that lead to total scheme failure. So should Dzongkhag really play a major role in monitoring them? Obviously not. Communities can find the quickest and most appropriate ways of identifying and solving problems. This is illustrated in the following diagram:



A preferred monitoring system would better utilise community capacities to ensure that monitoring will lead to quick action if required. As opposed to the more traditional system that relies on one level checking the other, a preferred system shown on the following page emphasises self-monitoring.



In this system, while there is still some external monitoring by one level of the levels below it, it is much less that the traditional system would require. The emphasis is now more on self-monitoring at these levels. Self-monitoring, if done well can have great advantages over traditional external monitoring:

- In most situations, communities, dzongkhags and PHE are best suited to know what factors indicate whether or not their efforts are effective and sustainable.
- By designing their own monitoring systems (defining indicators, developing procedures, determining corrective actions), communities, dzongkhags and PHE will build internal ownership of them that will contribute to their sustainability and effectiveness.
- Most importantly, as opposed to external monitoring systems that often fail to indicate what kinds of actions should be quickly taken to rectify apparent problem areas, self-monitoring provides information that can be acted upon immediately.

Monitoring is often seen as a complicated process that requires much data collection and analysis. In fact, monitoring is simply checking that everything is going according to everyone's expectations. The Community Planning and Monitoring workshop makes simple analogies to monitoring and puts it in a perspective that communities can accept responsibility for. In particular, this guide lays out an approach that dzongkhag staff can use to do the following:

- to assist communities to develop their own self-monitoring systems
- to enable communities to apply that system periodically
- to enable communities to take immediate steps to rectify any problem issues that they may identify as a result of their monitoring or to get necessary support from Dzongkhag.

2 A community self-monitoring methodology

2.1 An extension of the Community Planning Workshop

This workshop builds on the foundations of the RWSS Community Planning Workshops. Continuing with the principle that it is communities' primary responsibility to carry out RWSS planning, construction management, and operation and maintenance, it follows that monitoring is a natural extension of these responsibilities. The exercises in the CPW that are designed to come to a common understanding on how communities can participate more fully in all phases of RWSS programming are extended to encompass monitoring. As such, this guide provides a flexible framework to extend the CPWs to become Community Planning and Monitoring Workshops (CPMWs). In terms of time requirements for Dzongkhag facilitators, developing community self-monitoring systems typically requires and additional ½ to a full day in excess of the activities in the 3 day planning workshop.

In the workshop participatory techniques are applied to facilitate the development of community-unique indicators for successful management. Indicators are simply the specific things that you want to check in your monitoring programme. For the truck driver, indicators could be tyre pressure, oil level, engine sounds, etc. For communities with water supply, community chosen indicators might include scheme functioning, caretaker functioning, conflicts about water, etc.

After having developed their own indicators, communities assess their *perceptions* as to how well those indicators are being met. One of the unique things about the design of this workshop's activities is that monitoring is not designed to collect hard data in the form of facts and figures. Instead, community perceptions about the indicators are monitored. Are they happy with the current state of the indicator? If not, what actions will they take, who will take them and when?

Why introduce monitoring during CPMWs?
Ideally, monitoring sessions should be held after a scheme has been in operation for 6 months to a year. Without having experience in managing the scheme, there is a danger that some of the monitoring concepts described here will be too abstract for communities at this time. This is especially true for new schemes whereas for rehabilitation schemes, that experience already exists. Nevertheless, including community self-monitoring in the workshop programme serves as a good introduction to the topic and will provide a sound foundation for BHU staff when they assist the community in monitoring RWSS in the future. In the future, community self-monitoring of RWSS will be expanded to include other health-based indicators now checked by BHU staff. Training for BHU staff is planned in 2001 with an aim to develop a comprehensive community self-monitoring system for water, sanitation and health.

2.2 Workshop outline

A basic outline of the self-monitoring development activities follows. This is followed by a more detailed description of each activity. **The activities shown are only suggestions. They should be adjusted to suit the needs of the specific situation. The strength of a participatory process is linked to how one activity derives from a previous one and leads into the next one. Activities should never be done and then forgotten. Each one opens up new ideas that should continually be related to other ideas during the workshop.**

A sample agenda of the programme is included here. Facilitators are advised to use their own judgement (and creativity) to develop each day's programme. **There is no set agenda.** Hopefully, Dzongkhag facilitators will develop improved methods of implementing these Community Planning and Monitoring workshops and new ideas about how to best work with communities to develop sustainable RWSS systems will naturally come out. These ideas can then be shared with other Dzongkhags through an annual review by PHE of the programme's effectiveness and additional training needs.

To further strengthen community self-management of RWSS systems by developing tools together with the community that they can regularly use to self-monitor (check) the effectiveness and sustainability of their efforts

Welcome

Overview of workshop objectives

Introductions and lessons learnt

Web of Co-operation
introduction and review

Participation Review

Community presentation on participation

The Neighbouring Village
role play

Participation in RWSS development phases
Construct flannel chart:
Assess anticipated participation
in planning, construction and management

Continue with
The Neighbouring Village

What is monitoring?

Checking Crops
visualised discussion

Monitoring in relation to everyday activities

Monitoring in relation to planning, construction & management

Blind Man
role-play and discussion

Who should monitor? *apply monitoring to participation posters*

Monitoring indicators

Community self-development of indicators
- Introduction on indicators
- Group work: drawing indicators
- Plenary presentations

Agreement on indicators *use prepared indicator illustrations where possible*

Monitoring: assessing indicators

Introduction: *Construct flannel chart*
Demonstrate pocket voting

Perception Metering
voting in plenary or by using pocket voting for sensitive issues

Perception metering

Plenary review of perception metering

Actions required as a result of monitoring

Recording monitoring information

Introduction to monitoring forms

Filling out form for today's session

Required support from Dzongkhag / BHU

Date of next monitoring session

Workshop Closing

3 Facilitation guidelines

3.1 A word of caution

Although these procedures have been tested in two Dzongkhags, they are far from perfect. Since the Community Planning Workshop was extensively tested and introduced in 1999, many of the Dzongkhag facilitators have made their own adaptations for improvement and will continue to do so. This is the sign of a healthy software programme. Like hardware, software should continually improve as we gain and apply new insights and face new challenges.

This is only a guide, it is not a standardised course curriculum. You are expected to use it to fit your specific situations, to improve upon it, and to share your new methods with your colleagues. The annual training programmes that PHE facilitates provide one such forum in which that exchange can take place.

In the case of the Community Planning and Monitoring Workshop, these activities would typically start on the morning of the 4th day. It could also be done separately from the CPMW, preferably about a year after scheme completion. One of the shortcomings of developing and implementing a monitoring system during the planning stage of a scheme is that people have no management experience related to the scheme. There have as yet been no problems that monitoring might detect and address. It is left up to the discretion of Dzongkhags when to hold the monitoring section of the CPMW. Due to manpower and time constraints, it is recognised that Dzongkhag staff may have little opportunity to visit schemes after construction.

What follows is a brief description on how the activities laid out in the outline might be implemented.

3.2 Welcome

Welcome the participants to the monitoring section of the workshop by congratulating them on their demonstrated ability to plan for the implementation and management of their RWSS schemes. But will this be enough to ensure that the scheme will fulfil the community's needs well into the future? If the community now pledges to sustainably manage and effectively use their RWSS scheme, in the future how will they periodically check to see that this is being accomplished? The objective of this workshop session is simply the following:

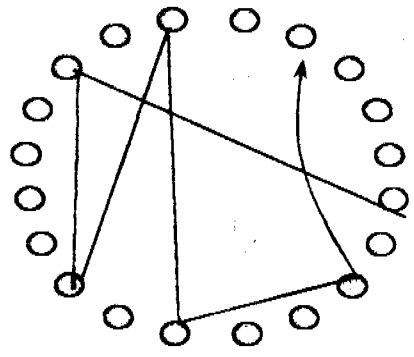
> To further strengthen community self-management of RWSS systems by developing tools together with the community that they can regularly use to self-monitor (check) the effectiveness and sustainability of their efforts

Whatever the starting point of the community self-monitoring part of the CPMW, it is beneficial to have a (re) introduction of the participants and a review of some of the issues that have come up in earlier workshop activities. An activity that can be done to facilitate this is called *the Web of Co-operation*. It only requires the use of a large (if the group is large) ball of string or yarn.

After arranging the group (including Dzongkhag staff) in a circle, the facilitator describes how the activity will be done. The facilitator can begin by introducing himself and by making a brief statement answering any one of the following (or others that you may consider important):

- what knowledge have I gained during the previous 3 days in the CPMW
- why is water supply and sanitation important to me

Then the first person holds the end of the string and throws the ball of string to someone else in the circle so that the string unwinds. The person catching the string then introduces him/herself and makes his/her own statement regarding the same issue. That person then holds onto the string and throws the ball to a third person. This process continues until everyone in the circle has received the string, has made an introduction and had made a statement. It will took something like this:



After the "web" has been completed, the facilitator can make analogies between the need to have all people involved in supporting the web and the need to have all people participate in the management and effective use of the RWSS scheme, or in general community development. As it is now, the web is strong enough to support a child but if one or more persons let go of the string, the web will be damaged and the child will fall. Similarly, if some people within the community fail to operate and maintain the scheme effectively, the scheme could begin to stop functioning properly and ultimately completely fail.

The facilitator should then ask the person holding the ball of string to respond to another question that might be similar to the following:

- who should be responsible for my community's development, what is government's role in my community's development?
- what will I do to ensure that my RWSS scheme is effectively used and maintained?

After responding, that person throws the ball back to the same person that threw it to him. This person winds the excess string back on the ball and responds to the same question. The process continues until the facilitator is left with the wound-up ball of string.

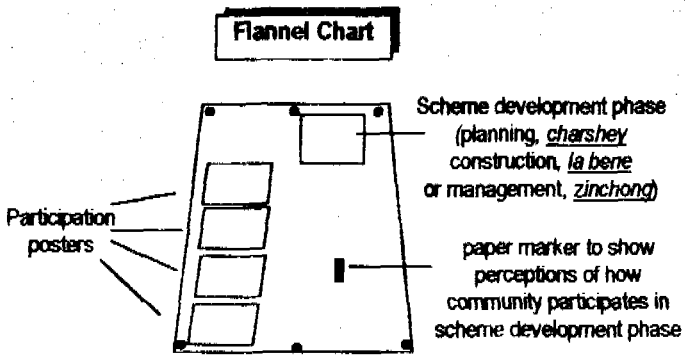
3.3 Participation review

New relationships between Dzongkhags and communities that stress new concepts of participation are at the core of the CPMW and as such, it is always beneficial to return to these topics. BHU staff can begin their support to monitoring sessions in the years to come by returning to the participation posters. A simple way to review the participation concepts is to enact the role play "The Neighbouring Village". The facilitators become residents of a neighbouring village in the geog that would like to develop a water supply. They have been told by Dzongkhag that before they can begin to work together, they would have to understand the concepts that are illustrated in a set of posters (they carry the 4 participation posters). They have met within their community to try to understand the meaning of the posters but have failed. They now come to seek assistance from this village because they have heard of the good understanding of development concepts that the people of this village hold. Could the community help them in understanding the meaning of these posters?

The "visitors from the neighbouring village" should then leave on an "errand" so that the community can discuss how to present their knowledge of the concepts shown in the posters to their visitors. Upon the visitors' return, the community will present their understanding while the visitor asks questions for clarity.

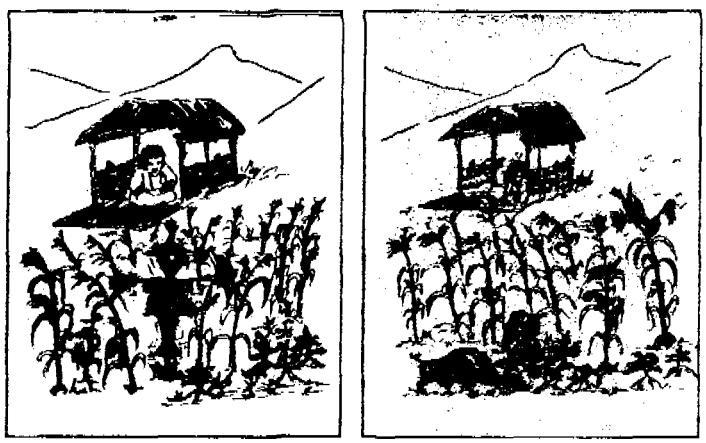
This role play can be continued one step further as the visitors show another set of posters given to them by Dzongkhag (project cycle posters: planning, construction, management). They ask for

further assistance to understand these posters and their relationship to the participation posters. The flannel chart can be set up to display all of these posters while the community describes to the visitors what they represent: RWSS planning, construction and management. The visitors can then ask, one by one, for each of the project phases (show poster), which participation poster illustrates how the community participated or will participate. Paper markers can be placed on the channel chart to illustrate community perceptions of how community participates in each scheme development phase.



3.4 What is monitoring?

Explain that it is now time to begin working on the main topic for the session: monitoring. Before beginning however, it is helpful that all have a common understanding about what monitoring is.



Display the 2 posters of the woman protecting her fields from damage from animals. In one she is sleeping (not checking) and in the other she is alert (checking). Without any introduction, ask the plenary to observe the 2 posters and begin a discussion on the differences are between them. Through their discussion, the participants should be able to relate what monitoring is. Relate the example of the truck driver periodically checking his vehicle to ensure it will function well in the future. Think of other community-level examples that illustrate monitoring: weaving a kira, building a straight house, brewing ara. Virtually everything we do requires monitoring to make sure that what we expect to happen will happen in the way we want it to. When we do not monitor, things can go wrong and since we do not realise it, we cannot correct them until it may be too late.

Refer back to the participation posters and recall how the community had pledged to participate in planning, construction and management. Then show the picture that represents looking, checking and monitoring. Ask people what it represents (*monitoring*). Now ask a very important question:

who should monitor that the RWSS scheme is sustainably being managed and effectively being used?

3.5 Monitoring indicators

Introduction to the topic of indicators

A good example of monitoring is how a parent checks the development of his or her child. Find out before this session a participant that has a child of school going age. During the session, ask that parent how he or she checks their child's development. By asking probing questions it will be revealed that the parent checks various things that may include:

- ⇒ whether the child is physically growing to expectations, e.g., is the child too thin?
- ⇒ is the child clean (*role play be checking if someone's nose is clean*)?
- ⇒ are the child's clothes clean, do the fit, are they warm?
- ⇒ does the child appear sick, have a fever (*role play be checking if someone's forehead is hot*)?
- ⇒ is the child doing well at school?
- ⇒ is the child happy?

All of these things (and many more) are the indicators that a parent uses to monitor their child's development. How they check these indicators is also important. Ask how the parent checks all these things. For example, the parent might check a child's health by visual observations or by feeling the child. The parent might check the child's progress in school by talking to the child's teacher. Further ask what would happen if parents did not monitor their children?

How do these examples relate to the need to monitor water supply, sanitation and hygiene in the community. **What will happen if there is no RWSS monitoring?** Explain that it is easy to say as a community that we will monitor the sustainable management and effective use of our RWSS scheme. What specifically will the community look at, what will they check as they monitor? Does monitoring simply mean checking that water is coming from the taps? What might cause water to stop coming from the taps? Caretakers or management committees not doing their jobs? Conflicts amongst the users? Earlier in the workshop when the community was describing the existing situation with regard to water, sanitation, hygiene and health, several areas of concern were brought out. Should some of these things be checked also?

Group work

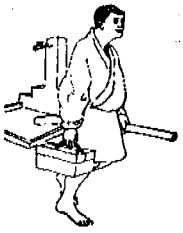
Ask the plenary to split up into appropriately sized groups. Their task is to discuss what kind of things they feel that they should check to see if their scheme is being managed sustainably and effectively used in the future. Ask them to reflect back on some of the currently existing problems in the community (perhaps from the *Existing Situation* exercise) and to think if they should be checking them to see if they improve. They should then draw the issues that they would like to monitor. The facilitators can monitor the discussions within the groups and only when necessary, help the groups develop their ideas. One of the indicators that does not usually come out is conflict within the community about water. This is an important indicator that is often overlooked but often leads to scheme failure. If it does not come up in the group discussions, ask the groups if they think it is an important issue to be monitored.

Plenary

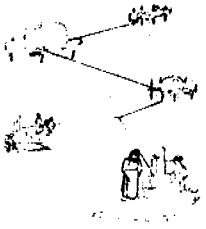
The groups should each present their work. After the presentations, the facilitator should place the indicators in similar groups. From our experiences in facilitating this session, a number of common indicators usually comes out of this exercise. An illustrated set of these common indicators has been included in the workshop materials (shown below). The facilitator can ask on a case by case basis if one of these illustrations can be used in the future to represent the indicators drawn by the groups. If there are indicators that do not correspond to those in the workshop materials, a community drawn indicator (with a description of it in dzongkha) should be used. **It is not necessary that all the provided indicators be used.** Communities typically come up with 7 to 10 indicators that are usually sufficient to check that their scheme is adequately maintained and effectively used. If there are too many, the process of monitoring will become tedious. **Remember, we are most concerned that the community becomes accustomed to the process of checking indicators and less concerned with the completeness of what they might check.**

Indicators related to Sustainable Management of RWSS

management committee functioning



caretaker functioning



scheme functioning

conflicts about water

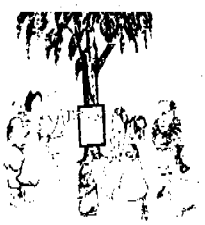
caretaker compensation

maintenance fund

accountability & transparency

getting spare parts & materials

misuse of scheme



support from Dzongkhag

Indicators related to the Effective Use of RWSS systems

sanitation

washing hands and bodies

animal sheds

water transport and storage

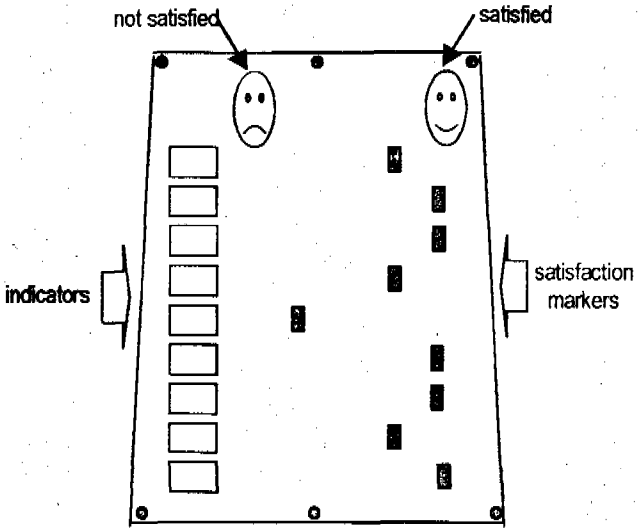
3.6 Monitoring: Assessing indicators

Now that monitoring indicators for this specific community have been developed, it is useful to apply them. If this session is held directly after the Community Planning Workshop (that is, a full Community Planning and Monitoring Workshop is being held), it will be difficult to assess some of the indicators because they may refer to something that does not yet exist or an activity that is not yet performed. Nevertheless, some of the indicators may currently be relevant and it is necessary to go through the monitoring process once so that the community will be better able to do it on their own in the future.

Assessing indicators in this monitoring design simply means checking peoples' feelings, their perceptions about whether the indicator being assessed is being performed or is in a state that meets their satisfaction. Measuring perceptions about indicators is deliberately chosen as opposed to more quantitative data gathering because of its accessibility to the mostly illiterate participants.

Additionally, perceptions about indicators, particularly when they change over time, typically correlate well with real measurable data. Measuring perceptions also allows communities to assess difficult to quantify indicators such as caretaker functioning and conflicts about water.

Perception metering can be done in plenary on flannel charts or if an issue is sensitive, through discreet pocket voting. Of great importance is the determination of actions to be taken if there are perceptions that an indicator is not being satisfactorily met. In line with the activities developed during planning, these actions should be clear about what needs to be done, who will do it and when.



Construct a flannel chart as shown. First only put up the two faces. Ask the plenary what the two faces represent. Summarise that they represent someone that is not satisfied or unhappy about something and someone who is satisfied. Explain that when you check or monitor something, you will either be satisfied or unsatisfied with what you observe. As an example, sketch a picture of the crops that are grown by the community. Make crop yield an indicator and place that picture on the flannel graph. Ask the plenary if they are satisfied, unsatisfied or something in between with this or last year's crop yield. If they are very satisfied, have them put a satisfaction marker under the happy face. If only a bit satisfied, the marker should move toward the left, etc. You can try more examples of satisfaction monitoring of other indicators.

Then put up the list of indicators that the community has developed about RWSS. Begin by helping them to assess the first one. Then let them do the rest. If it is seen that they require no assistance, the facilitators can leave the room. Some issues, like caretaker functioning, might require a more sensitive kind of satisfaction metering that cannot be done in public. If agreed, individual pocket voting can be done with the pocket voting kit given with the workshop materials. The results of the pocket voting can be transferred to the flannel chart. Still other issues such as caretaker compensation should only be judged by the caretakers themselves.

The facilitator can summarise the results of the satisfaction metering and stimulate discussion on why people may be unsatisfied with some of the issues they have monitored. Understanding the causes of dissatisfaction is the key to making decisions about how to improve the situation.

Monitoring is pointless if there will be no actions taken to rectify problems, problems that are highlighted by peoples' dissatisfaction. What will a parent do if her or she observes that their child is suffering from a high fever or if the child is doing poorly at school? A good parent will then take action to improve the situation. If not the child's future is threatened.

The next step is to facilitate looking at each of the RWSS indicators with which the community is either partially or wholly dissatisfied with and for the community to decide what action will be done to address the problem, who will be responsible for doing it, and when it will be done. **This is the most important link in this exercise, the link between monitoring and action.** Special emphasis must be put on it.

3.7 Recording monitoring information

The last step in this exercise is to record the outcome of the session. This should be done in the community self-monitoring booklets provided. The plenary should be made aware of how the forms should be filled out and after the session is complete, facilitators should sit with the management committee as guide them as they fill in the information from today's session. Before the session is completed, the threes most important pieces of information that need to be included in the forms are:

1. What are the necessary actions (if any) that need to be taken that have been agreed upon by the community, who will take the action and when it will be done.
2. What forms of additional support (technical support, management support or support to hold the next monitoring session) are required from Dzongkhag / BHU
3. When will the next monitoring session be held and who (perhaps someone from Dzongkhag / BHU) will attend.

Facilitators must necessarily channel any requests for support to the appropriate parties. Requests for support to hold the next monitoring session should go to the BHU or Dzongkhag. Requests to help solve a technical problem beyond the skills of community management must go to Dzongkhag. Requests for training programmes (bookkeeping/banking, caretaker training, etc.) must go to Dzongkhag and if beyond the scope of existing Dzongkhag training programmes they should be forwarded to PHE. PHE will then develop programmes to meet these specialised needs.

The monitoring booklets, a flannel chart with pins, community specific indicator pictures, faces, and satisfaction markers remain the property of the community. If there is a requirement for pocket voting within the community, BHU and Dzongkhag staff should find ways of supporting that a pocket voting kit is made.

The session can be closed but stressing the importance of on-going community self-monitoring of their RWSS scheme. Also make clear that this kind of monitoring can be applied to any community-based activity and encourage the community to develop monitoring indicators for other community development efforts.

The community has proven that they have the capacity to plan their own developments. There is every reason to believe that they will be able to manage and monitor them in the future. Self-monitoring is a sign of an empowered community and it addresses His Majesty's vision of a government where people are at the centre of the development process.