

## Hints of Gathering Information

### Exploratory Walk

The purpose of conducting an exploratory walk is to give a general impression of risk factors for water and sanitation related diseases.

What to look for:-

<b>Water</b> <ol style="list-style-type: none"><li>1. What are the available water sources, are they protected</li><li>2. Who collects the water</li><li>3. What utensils are used for collecting water</li><li>4. What activities take place at or near the water source</li></ol>	<ol style="list-style-type: none"><li>5. How long do people have to queue for water</li><li>6. How long does it take to fetch water</li><li>7. Is water available continuously</li><li>8. is there adequate drainage at water points</li></ol>
<b>Sanitation</b> <ol style="list-style-type: none"><li>1. Is there evidence of faecal contamination</li><li>2. What type of contamination, human, animal</li><li>3. Where is it observed</li><li>4. How many houses have latrines</li></ol>	<ol style="list-style-type: none"><li>5. Are the latrines clean</li><li>6. Where do people dispose of their rubbish</li><li>7. if there are the rubbish sites where are they placed, are they protected</li><li>8. Is their stagnant water about</li></ol>

### Key Informant Interviews

These are semi-formal interviews with, as the name suggest, key informants such as community leaders, traditional birth attendants, youth leaders, woman's group representatives, religious leaders, traditional healers, school teachers, etc.

The objective is to get an insight into the main problems and risks facing the community, know the population number, social structure, know the size of the community, the seasonal calendar, other agencies working in that community, what activities have taken place and when, ie food or seed and tool distribution, vaccination campaign, distribution of non food items, etc. Also try to find out about traditional festivals and practices common to the community

This can also be used for assessing people's views of HIV/AIDS

### Mapping

This is used to carry out a partial analysis of the communities' structure especially with regard to water and sanitation. This complements the environmental walk and can be conducted with key informants as well as in focus groups. It is a good idea to involve women and men in this exercise and may be necessary to do to separate exercises.

Maps are best made on a flat piece of ground. There is no need to use expensive materials for this exercise, it is usually to use locally available materials such as stones, sticks and bottle tops, etc to represent different structures.

The map should show water points, garbage sites, mosquito breeding sites, schools, churches, health posts (if any), TBA houses, traditional healers houses, the ZOE's and any other community leaders house, major roads in and out of the community, etc.

Sometimes people may think they cannot do this exercise as they don't have any schooling but encourage them to participate; you may need to start the process but should hand over the responsibility as soon as possible to the community members

The idea of this process is to give you an overview of the villagers perception of their community, it may also start to process or the community seeing their village from a new perspective and can open up a channel for discussion on how to deal with some of the problems facing them, such as the best place to site a garbage pit, a water hole or what to do about mosquito breeding sites.

Once the villagers have completed the exercise the facilitator copies this on to poster paper and checks the information with the community participants. This is then kept at the village for later comparison (a copy is taken back to the office)

### **Focus Group Discussion**

- Ø Initially the facilitator will probably decide on the topic to be studied but later on as people become aware of how the process works they may also decide on issues to be explored.
- Ø Prepare a framework of questions, these should be open ended, ask questions in the "third person", ie rather than ask "where do you go to the toilet" ask "where do women go to the toilet".
- Ø Invite suitable participants to attend the meeting at a venue and time suitable to them. Six to twelve participants is usually the ideal but do not turn people away.
- Ø Try to hold separate groups with men, women and children but ensure that you have perspectives from all groups.
- Ø Introduce yourself to the group and explain the objective of the exercise
- Ø Explain that there are no wrong or right answers to the questions
- Ø Stress the people should try not to interrupt others when they are talking and that everyone's point of view will be valued
- Ø Try to make the discussion as interesting as possible for the participants, use photographs or drawings
- Ø Reassure participants that they can also discuss amongst themselves and ask questions of each other
- Ø Do not interfere too much or put your point of view across. If people ask for your opinion say that you will participate more once you have heard their views.
- Ø The recorder (this is another person) should take as many notes as possible, or use a tape recorder. But ask the participants if this is OK to do.

- Ø If problems have been identified try to get the participants to think of possible solutions and how they might implement them.
- Ø Bring the session to a close when you feel the subject has been exhausted.
- Ø Thank the participants for their time and ask them if they would like to be involved in further discussions
- Ø At the end of the session ask whether they thought everyone participated or just the confident ones.

### **Three Pile Sorting**

This is a good way to assess people's beliefs and perceptions; it is visual and is conducted in a group. Participants are each given the same set of pictures which they are asked to sort into good and bad practices.

It enables you to see what community members think are good and bad practices. These can then be compared with what is really happening and a discussion can evolve in how to improve health practices carried out in the community.

This can be adapted to understand people's knowledge on HIV/AIDS

### **Household Interviews – Observations**

These are conducted, as the name suggests, at the household, preferable inside. It is usual to interview the woman of the house and normally households with children under five years are selected. This should be as random as possible and every effort should be made to conduct the interview with only the woman present (the children can remain) as there is a tendency for neighbours and men to take over answering the questions.

During the interview an opportunity is taken to make certain observations of the conditions of the household, ie water containers, sleeping arrangements, cooking equipment. There should be a standardised questionnaire and these interviews can take up to one hour each so you may only be able to conduct two or three a day.

If possible make prior arrangements with the women to avoid keeping her from other important tasks she needs to carry out in the day, let them tell you when the best time is and make sure to don't miss the appointment; if you do you could lose their interest and trust. Normally 10 to 15 interviews are conducted at the beginning of the programme and then 12 months later.

These interviews give a good indication of women's understanding of what causes illness in the community as well as some of the problems they face each day.

Household interviews can be conducted to gain an insight into people's knowledge, attitudes and practices surrounding HIV/AIDS. The target group will vary from situation to situation depending on whose views you are trying to gain, ie youth, elders, mothers.

### **Pocket Chart**

Pocket charts are a good way to explore people's practices, especially in regard to the use of water and defecation practices. People can 'vote' on what they do and also on

what they think others do. The exercise must reflect an honest opinion of the participants and is conducted in a confidential manner.

The pocket chart can be made by a tailor, tins or pots can also be used. Pictures or photos are used to depict each activity or location (or person) on two axes. The participants are then asked to vote on what they do for each activity.

	Latrine	Field/bush	Compound	Nr River
Women/girls				
Men/boys				
Girl < 8 yrs				
Boy < 8 yrs				
Old women				
Old man				
Babies faeces				

Example of pocket chart

### **Matrix Ranking**

This exercise gives an overview of what community members perceive as their greatest problems in order of significance. It can be conducted with key informants, in focus groups and at household interviews. It is good to compare this with the seasonal calendar and to notice if the priorities change over the months and years as conditions hopefully improve in the communities.

### **Seasonal Health Calendar**

Community members draw these. They are most useful when space for different variables is shown on the same poster, ie rainfall, food availability, sickness so that they can be seen side by side.

These can be useful to show when there is more sickness and if it relates to a certain season, for example when food is scarce or when there is much rainfall or very dry weather. This helps the community to plan in advance and think of strategies to prevent illness occurring.

### **Gender Analysis**

Women and men can be asked to list their daily activities. This gives a picture of village life, roles and responsibilities and raises ideas for discussion and action. Quite often there is a heavy work load for the women compared to the men on a continual daily basis although at certain times of year the men's workload is just as heavy. This can be compared to the seasonal calendar.