

# eCBHFA Volunteer manual

## Module: Assessment for Healthy Community

### Topic 3: Community Assessment Tools - Part 1

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#### Overview

This topic introduces the four community assessment tools:

- Secondary information
- Community mapping
- Transect walk
- Seasonal calendar

#### Learning objectives

At the completion of this topic, you will be able to:

- Identify and list sources of secondary information
- Describe which information can be gathered from a transect walk, a community map and a seasonal calendar
- Draw a community map and seasonal calendar and practise how to use them
- Describe how the information gathered from these four assessment tools will help you to learn about the behaviours, life experiences and physical aspects of your community

#### Topic Content

There are many different assessment tools available to assess a community's needs, capacities and specific areas of vulnerability. The eCBHFA programme puts the focus on seven tools, divided across two of the topics in the Assessment module. They include a behaviour analysis tool.

In this topic, four different assessment tools are described, showing how they can be used to explore the community and to gather information. The information will be used to prioritize, plan and implement eCBHFA activities. Topic 4 of this module covers three other tools: key informant interview, household interview and doer-non- doer analysis.

Note that if a community has already conducted a Vulnerability Capacity Assessment (VCA) or a Disaster Risk Reduction (DRR) assessment, there is already a significant amount of information gathered, analysed and available about the community. If this is the case, review the results and look for data or information that are specific to health OR are a contributing factor to health issues. Look for clues where there might be obvious or undetected health issues. For example, if the DRR assessments of direct observation, household visits and focus group discussions indicate that people are cooking food on an open fire in their homes, there is a potential for respiratory problems, even if the community has not reported breathing problems to be an issue. If your team suspects that there may be potential issues or needs, consider conducting an additional assessment of the same type to better understand the problem and how it affects the people. Do not ask the same questions as the initial assessment – dig deeper into the identified issue to get a better idea of who is most affected, where they live, work and play and why this behaviour is continuing.

## Four community assessment tools

This module includes two topics detailing seven different assessment tools. The tools are presented in the order in which teams might consider using them. Each community and each assessment is unique, so it is up to the team and community members to decide if they want to use all tools or just a select few.

If a community has already conducted a full Red Cross Red Crescent VCA in the last year, we strongly suggest that the team review those assessment results AND what that information tells the team about health and safety issues in the community. Build off that information to identify how you can adapt these tools to identify specific health and safety issues for the eCBHFA programme to address.

### 1. Secondary information

#### What it is and why it is an important tool

It is important to review previous studies on health that may have been carried out in the area where you are working to find out what information already exists about the community's health. *Information that already exists for a different purpose is called "secondary information"*. This might be community information from the Ministry of Health, written reports or documents from clinics or other organizations.

Reviewing previous studies can help identify issues that affect the community and gaps in information that you would then consider during the community assessment. Reviewing the information can also help prioritize health, first aid and safety issues when eCBHFA programmes are developed. Sometimes there is no reliable source of data, but you might obtain information from different people in the community.

Here are some examples of the type of information the assessment team can gather from secondary information resources:

- **Population information** (number of people, births, deaths, age distribution, ethnic groups, etc.). Source: trusted government publication
- **Poverty levels**. Source: trusted government/UN publication
- **Equality of genders and disabled populations**. Source: local sources
- **Health issues** (malnutrition, infant mortality, immunization rate, etc.). Source: government/UN publication
- **Health services** (number of health facilities, services by health facility level, number of people served by each health facility, etc.). Source: government publication
- **Main economic activities**: Source: local sources
- **Employment levels** (formal and informal). Source: government and local sources
- **Schools** (number of schools and level, school-to- population ratio, access by gender, ethnicity, etc.). Source: government publication
- **Literacy rates** by gender and age group. Source: government publication
- Identification of **vulnerable geographic areas** and **vulnerable populations**. Source: government and local sources
- **Security** issues. Source: government and local sources
- **Cultural and religious considerations** (the activities a community undertakes as part of its culture or religion). Source: local sources

Secondary information should be identified and reviewed before developing the assessment tools to guide you in collecting other information that will need to be collected. This can also help the assessment team verify/confirm information that they collect during the community assessment.

Secondary information will help eCBHFA volunteers get an overview of the health, safety and first aid priorities, and will assist them to be informed about issues in the full community.

## Reflection

1. Can you think of any useful sources of secondary information relevant to your community?

## How to collect the information

**Statement of purpose:** The first step is to define the purpose of the information gathering. Having a clear purpose for the information and identifying what kind of information the team wants to collect, analyse and better understand will prevent the team from becoming overwhelmed with the amount of information collected.

**Who should be on the secondary information team?** All assessment team members should be involved with the secondary information gathering (volunteers and staff). The information you collect will contribute to the assessment, especially when you use the tools of focus group discussions and household interview.

**Information plan:** An information plan is a list of the types of data that the team needs to collect plus a list of information sources. Sources for such information may include the following (note that the sources include both written sources as well as people):

- local government organizations
- local and international non-government organizations (NGOs)
- health facilities
- libraries
- the internet
- newspapers
- national censuses
- school staff

## Reflection

1. Can you think of any other sources of information?

The following is an example of part of an information plan:

Topic	Key questions	Information sources	Where to collect	Responsible
Number of people in community	What is the population of Village Y?	Census statistics	Village and local government office	Team member A
Contraception - Use of modern methods	What percentage of women in Village Y use a modern form of contraception?	Village health administrator	Village health centre	Team member B
		Health surveys (of region where village located)	*Regional gov't office	"
			*Local NGO which recently completed a health survey	"

As you can see from the above example, for certain questions where information you collect might not be completely accurate (such as use of contraception, in the example above), it may be important to collect information from different sources.

## What to do with information collected

Recording the information that is collected is important. If there is more than one person gathering information, each team member should record the information in the same way so that all the information can be brought together easily to look for answers to some of the questions you have identified. The key question you want to answer, where you got the information, the date the data were collected or published and the information itself should be written down. The following is an example of a secondary information recording sheet, with examples:

**Team member name: Mohammed**

Key question	Result	Information sources	Date data gathered
What is the population of Village Willikies?	13,800	Regional census records	January 2015
What percentage of girls and boys in Village X attend elementary school in Willikies?	Boys: 64% Girls: 45%	Regional Ministry of Education records	July 2013
What percentage of women age 15+ use a modern contraceptive method in Willikies?	14%	Village Willikies Health Centre statistics	May 2016
	16%	Regional annual health statistics	December 2016
	11%	Family Planning Survey, 2016, Girls Empowered NGO	November 2016

Without even talking to the community yet, we already know a lot about it. We know that more boys go to school (and this is an area we want to explore further, as more educated girls mean healthier communities). We also know that family planning might be a health issue to explore. It is important to keep in mind that sharing information collected may be sensitive.

## 2. Transect walk

### What it is and why it is an important tool

A transect walk is a walk through the community to observe people, the surroundings and community resources. During the walk, it is important to note different areas and the landscape of the area.

A transect walk can help to identify issues and strengths (capacities) that exist in a community. It can give a good overview of the community, and can point out things that may require further study later on during other assessment activities, such as focus group discussions or household interviews. It can also be used to confirm that information gathered by other methods is accurate.

### Materials – participants – time when conducting transect walk

Materials:

- Small version of community map (two copies) showing transect line
- Clipboards and paper
- Informal interview questions
- Pens
- Camera
- Red Cross Red Crescent vests/hats/visible identification

Who should participate?:

- three facilitators (two branch staff, one volunteer)
- two observers/note-takers (volunteers)
- Between three and seven community members to accompany assessment team (two from the health committee, male and female). The community can identify who should participate in the transect walk. Ideally the community members would have participated in the community map exercise
- A member of the authorities (if possible)

Time needed:

- Three to four hours

### How to collection the information

It is suggested to conduct community mapping and the transect walk tools together. It is suggested to read the description of the community mapping and the transect walk tools guidance to best understand the inter-related aspects of these tools.

### Step 1: Identify the route to be taken

The transect walk route(s) can be decided by drawing a line on an existing map of the community or the CBHFA community map that goes through or “transects” all zones in order to have a representative view of the community. It is a good idea to look at the areas of high risk on the community map that were identified during the mapping exercise. The assessment team should make sure that their transect walk route passes through one or more of those high-risk areas, whilst walking across the whole community.

The team may choose to do two transect walks, each covering a different area (for example, one walk goes from north to south, and the other from the highest point to the lowest point, or from the mountains to the waterside. These walks could be done by the same team or two separate teams.

To ensure safety, it is a good idea to notify the authorities when planning a transect walk, and if possible to include a member of the authorities walking with the team.

In a dense urban area, perhaps when your community all live in an apartment building or in a camp, the transect walk will take just as long but will cover a smaller area. To conduct a transect walk in a densely populated setting, use the same method but go from floor to floor of the apartment building or within the limits of the camp where your community members live. You should also review the area approximately 30 metres from the boundaries of the camp or building to see what is bordering your community.

## Reflection

Why is it important to walk through all zones in the community?

### Step 2: Identify what you want to look for on the walk

Information that can be gathered during the transect walk(s) includes:

- Water sources for drinking water and for cleaning
- Waste/trash disposal areas and systems
- Public latrines/open defecation areas
- Distance people must travel to clinic(s)/health facilities
- Types/quality of housing
- Conditions that increase vulnerability (for example: soil erosion, large puddles, open wells, etc.)
- Kitchen gardens: sizes, types of crops/vegetables
- Markets and types of food available
- Small stores/shopping areas and types of food available
- Livestock types and areas where they are present
- Quality of roads, drainage
- Social environments/areas where people gather
- Transport – local and long-distance
- Areas where people gather for leisure-time activities: types of activities
- Other information that came up during the secondary resource research that the team would like to explore more deeply

### Step 3: Conduct the transect walk(s)

In addition to the transect walk team members listed previously in this topic, the transect walk teams should include community members who can provide the assessment team more background information during the walk. However, be aware that they may influence where you go, and that their presence may have an effect on the way people respond to you.

As the team is walking, observe carefully and write down what is seen. Stop frequently, look at the various features the team has selected (among the points listed above) and write your observations down.

*In a rural setting, it is also very important to take time for brief, informal talks with community members whom you pass during your walk.*

In an urban or densely populated setting, stop and introduce yourself and the Red Cross Red Crescent. Show them the logo and how you are working to better understand the issues that affect health in their community. Request permission to ask them questions to help their community live a healthier life and explain what you will do with the information.

You should speak with a broad range of people: young and old, men and women, labourers, professionals, shopkeepers, mothers with small children, etc. Explain what the team is doing during the transect walk and why. Share some of your observations and encourage people to express their own views on these observations and/or other health issues that are important to them. In the course of your discussions, try to include some of the questions in the transect walk information worksheet, i.e.

- What are the important, priority health, first aid, or safety issues that affect their lives?
- What do they feel the causes of these priority issues are?
- How do the priority issues affect their lives and the lives of others in their community?
- How do they deal with or cope with these priority issues?
- What are some ideas they have to deal with these priority issues?

Facilitators might want to have a copy of these five questions with them.

Finally, try to understand changes that have taken place over time. Has the situation become better? Worse? Why?

Be sure to take **detailed notes** of the highlights of these discussions.

## Reflection

1. Why is it important to speak to a broad range of people during the transect walk?
2. Why is it important to wear the Red Cross Red Crescent logo when you are doing the transect walk?

## What to do with information collected

### Step 4: Reviewing the notes and analysing the information gathered

Immediately after the transect walk, assessment teams should review their notes and those of the note-takers, as well as team members' recollections of key discussion points that they had with community members during the walk. They should confirm that they and the note-takers wrote down the important points.

This is a very important exercise and must be carried out immediately after the transect walk: details can easily be forgotten if notes are reviewed much later.

The facilitators and note-takers should write down their impressions and recollections of what they have learnt in regards to the following questions about the community:

### Transect walk information worksheet

<b>Key question</b> Based on your observations and discussions during the transect walk	<b>Response</b>	<b>Information "gaps"</b> Issues to follow up with during FGD* and household interviews
What health, first aid or safety issues were people concerned about in their community?  What is the cause of these issues or concerns?  How is the community affected by these issues or concerns?  How do people cope/deal with these issues or concerns?  What resources/ideas may be available to address these issues or concerns?  What risks exist in the community?		

\*Focus group discussion

Explain that the information gaps that the assessment team mentions in the right-hand column will be addressed when designing and conducting the key informant interviews and household interviews. Both of these will be covered in Topic 4 of this module.

Assessment team members should write down their responses to the above chart separately. The facilitator should then lead a discussion about what each team member wrote and develop one consolidated "Transect walk information worksheet" containing responses on which everyone agrees.

### 3. Community mapping

#### What it is and why it is an important tool

Community mapping helps to visualize resources/services, vulnerabilities, exposure and risks in a specific community, often a rural or semi-rural community. Features may include roads and bridges, health clinics, schools, water sources, markets and shelter, as well as other important features in the community. The community map is appropriate for identifying risks such as flood areas, health hazards, vulnerable locations and vulnerable groups.

Community maps can encourage discussion on important issues in the community. They help people to understand complex relationships and to compare visual information. Community maps can give an overview of topics including health, disaster and human resources that affect the community.

While mapping technologies exist that can link mobile phone technology, the internet and spatial analysis software, hand-drawn community maps work just fine and involve more of the community in their creation. It is always easiest to first draw the map on the ground or a whiteboard (any place that is big and which you can erase easily as you adjust the map to suit everyone's idea of their community). Once all are happy with the map, draw on big paper for posting for community view.

In urban areas, maps will be more time-intensive to coordinate and draw. Because so many people are living in a small area, it is important to gather people and discuss what the resources and risks are in a community because they will probably not be as obvious as if you were mapping in a rural setting where you can see and easily access each person's home and their surroundings. In a city centre, you will likely have apartment blocks where people are living closely together who are often from very different backgrounds and cultural groups. As a result, people tend to be more socially isolated because of these cultural differences, even though they are physically closer together. In this instance, the mapping requires a building of community trust to allow people to share more openly and to ensure everyone's concerns are heard. This sharing of information about which resources are available and what risks are present in each apartment or building in an urban area means that social barriers break down as people see their neighbours as part of their community and part of the resources needed for better health across the community. Urban community mapping often involves vertical mapping to reflect multiple families living in apartment blocks. While urban living is nothing new, the methods to draw vertical maps is evolving. For the purposes of this module, we suggest that eCBHFA teams in urban areas draw each floor of an apartment complex as a community, depending on the size of the building.

#### Materials - participants - time when conducting community mapping

Materials:

- Flipcharts or large sheets of paper
- Coloured markers
- Tape
- Camera or camera phone

Who should participate?:

- Two facilitators (volunteer and branch staff)
- One to two observers/note-takers (volunteers)
- Between eight and fifteen community members (including some from the health committee)

Who should lead the process?:

- One of the facilitators should lead.

Time needed:

- Two to three hours

### How to collect the information

Several types of community assessment maps can be made. The best map for eCBHFA work will combine characteristics of these maps:

- Start with the *visual map*:
  - *IN RURAL AREAS*, this map shows an overview of the main geographical features, such as where there are houses, fields, roads, rivers and other land uses, buildings and resources that are accessible and owned by the community and individuals.
  - *IN URBAN AREAS*, this map shows a smaller geographical area, usually limited to the building(s) where the people live and assorted landmarks nearby. Landmarks may include resources like the local school, a park, access paths to/from housing, local clinic/health facility, shops, etc.

Additionally, the map outlines the levels of the buildings where people live to show common resident areas such as hallways, yard, lobbies of buildings, fire exits, as well as the different homes of community members in the building.

In some urban settings, community members may set up a social media group where they can add features to their map via Twitter hashtag or Facebook group share.

This process should be led by the facilitator(s). Then, together with the community, draw the following features in the visual map (or draw separate maps if the maps become too complicated):

- *Capacity resource map* displays local resources used by the public, buildings that could serve a purpose in the community and people who provide services. Resources can include:
  - Community centres and meeting places (lobbies or courtyards of buildings, churches, schools, etc.)
  - Meeting places or locations of organized community groups, organizations and leaders
  - Clinics/health facilities/hospitals
  - Functioning public water sources
  - Location of trained people (trained midwife, Red Cross Red Crescent volunteers, community health worker, etc.)
  - Buildings that can serve as safe areas in case of a disaster
- *Vulnerable people map* indicates where people who are potentially vulnerable live, work or play. For example, schools, households with people who are disabled (blind, crippled, etc.), elderly people living alone, widow with small children, children with no parents, etc. In an urban setting, this may require volunteers conducting household visits to ensure all vulnerable groups are identified and included.

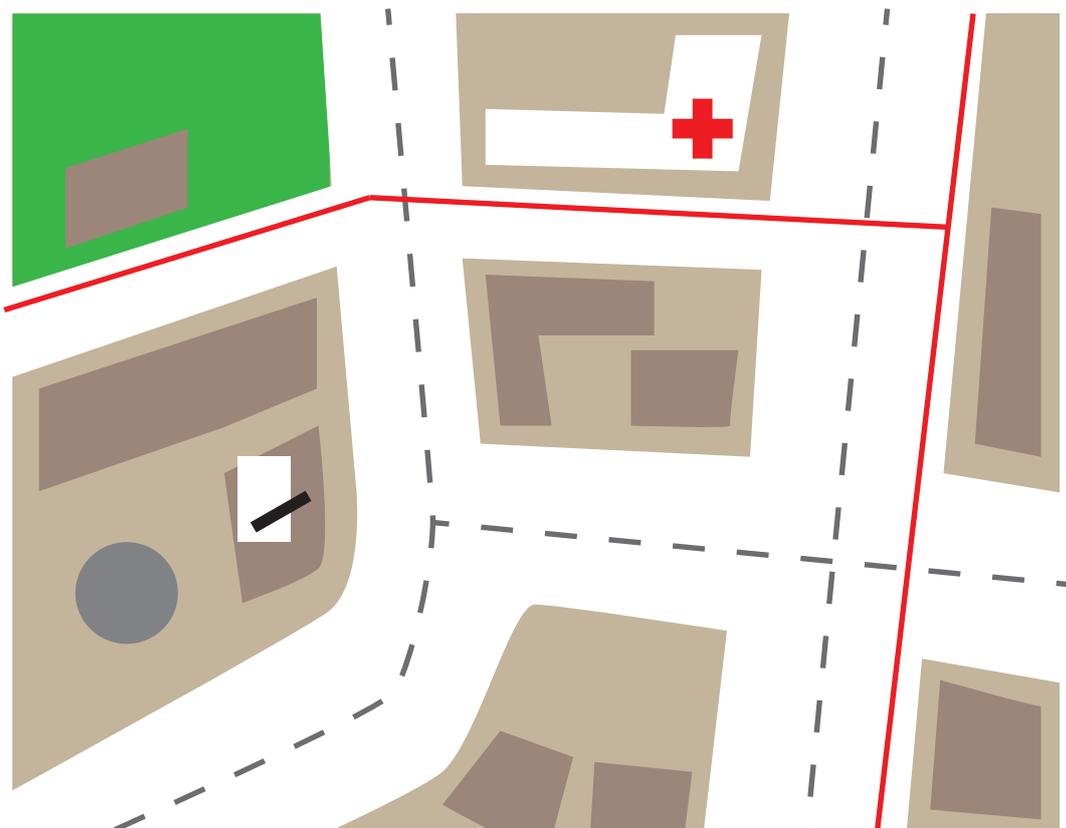
- *Risk and hazard map* shows areas where there are current hazards and the risks they pose, or where the community expects them to be

Hazard	Potential risks
Heavy rains	Landslides and/or floods
Stagnant/dirty water	Mosquito-borne diseases Water-borne diseases
Erosion/land degradation	Landslides, tsunamis, drought, lack of crops
Deforested areas or slopes	Drought, landslides
Waste dumps	Vector-borne disease
Places where people openly defecate	Water-borne diseases
Undrinkable water sources	Water-borne diseases, famine
High crime, drug use, high unemployment	Social violence
High use of fossil fuel, emissions, lack of recycling	Climate change and effects on health - disease, increased natural disasters

How to prepare the maps will depend on the skills and resources available to the eCBHFA volunteers. One suggestion is to gather some community members to help prepare, draw and validate the community maps. Listen to community members and use their feedback to improve the drawing. The maps can be drawn with community members on a large sheet of paper on the ground or on flipcharts. Keep in mind that additional features will be added to the map as more information is collected.

It is best to prepare the map out of long-lasting material or good quality paper, and to put the map on view for community members. Agree with the group on a central location where the map can be displayed, such as the community centre or government office.

Remember that this map will be referred to during the transect walk, which is discussed in the previous section.



## Reflection

1. Why is it important to have different community members help to prepare the map?
2. Why do urban communities require more time and consideration when conducting a mapping exercise?
3. Which type of community covers more geographical area – urban or rural?

### Reviewing the notes and analysing the maps

Immediately after the community map meeting, assessment teams which should include community representatives should review their notes and those of the note-takers(s) in detail, as well as team members' recalls of key discussion points. They should confirm that the team and any note-takers wrote down the important points. Other members of the team should help fill in any other essential points that may have been missed. If in a community setting where different groups (e.g. males and females) cannot sit together, the maps should be reviewed one group after another.

This is an essential exercise and must be carried out immediately after the community maps meeting: details can easily be forgotten if the notes review process is delayed.

Once all of the maps have been finalized, the assessment team (branch staff/facilitators and volunteers) will need to analyse the information and identify the most vulnerable sectors as well as what the most pressing health issues that are indicated in the information. The assessment team should answer the following question: what is the information collected on the maps telling us?

The following example identifies both negative and positive elements based on an analysis of maps:

*Vulnerabilities*

- Sections of the road have bad drainage resulting in large areas of stagnant water.
- Lack of waste disposal is resulting in rodents and pest infestation.
- People defecate in a large field adjacent to the village.

*Capacities*

- + Health centre is located close to the entire population of the community.
- + There is a new sanitation management team. They are now addressing waste collection in one section of town, and plan to expand collection services.
- + The market area is free from food scraps – it is cleaned after market day.

It is important to post the maps in a highly visible area for all community members to see and review well after assessment is finished. It is suggested to redraw the maps every six months or so to identify new resources and risks and how the community can address these.

## Reflection

1. What are we looking for when we review our community map?
2. How often should we review community maps once eCBHFA is under way?
3. Why is it important to review information as soon as the maps meeting is completed?

## 4. Seasonal calendar

### **What it is and why it is an important tool**

A seasonal calendar is a community assessment tool that helps explore seasonal changes taking place in a community over a one-year period. It can be used to show events such as hurricanes, floods or drought; periods when more diseases strike the community; periods of food shortages; and activities such as festivals, holidays and harvest. It can be made looking from the perspectives of men, women or children in the community.

A seasonal calendar can be used to identify periods of sickness, disease, hunger or vulnerability. Through discussion with community representatives during the seasonal calendar exercise, it identifies what people do during these periods, the way they cope with difficulties and when they have time for community activities. The calendar can act as a planning tool as it can help determine the best time to start a disease prevention campaign (for example, to begin a malaria prevention campaign prior to the high transmission season). A seasonal calendar can:

- Identify community members' workloads at different times of the year
- Record variations in availability of resources (such as food and water) throughout the year
- Examine the local relationship between weather, disease outbreaks and natural disasters

### **Materials – participants – time when conducting seasonal calendar**

Materials:

- Flipcharts or large sheets of paper
- Small sticky notes
- Coloured markers
- Tape
- Camera

Who should participate?

- Two facilitators (one branch staff, one volunteer)
- One to two observers/note-takers (volunteers)
- Between five and eight community members (including health committee member(s), clinic/health facility staff, farmers)

Time needed

- Two hours

### **How to collect the information**

Who should develop the calendar?

The group that develops the seasonal calendar should include the assessment team and a representative selection of community members. If possible, a clinic/health facility health practitioner and a member of the health committee should be in the group.

How to develop the calendar: prepare a chart similar to the example shown below. Write time intervals across the top. These can be the months of the year or seasons such as dry period and wet period. Then write four general categories along the side (seasonality, food availability, health/disease, other hazards). Underneath each of the general categories, decide which key events will be recorded on the calendar. These “events” are aspects of people’s lives that occur on a seasonal basis. It is especially important to encourage the group to talk about the events under the “health/disease” category, as the diseases that strike are different from community to community. Explain that during the discussion, other events can be added whenever necessary. These would also include cultural events which may have an effect on health and safety. For example, in some countries where their New Year festivities involve travel by many residents in and out and across the country, this can have an effect on health through spread of communicable diseases, increased obesity from overeating, etc.

After the event list is established, indicate in which months these events take place. Facilitators should discuss each event in turn and ask the group to put in “X” under each month or season when the indicated event occurs.

### **Reflection**

1. Think about your own community. Which events would you put on a seasonal calendar?
2. Which are some events that would be important in a rural area? An urban area? Are these two different? Why or why not?

Lead a discussion about the calendar: when the group has covered all the events they feel are important or relevant, the Red Cross Red Crescent facilitator/s should ask them to examine any patterns that can be seen and to indicate when there are high-risk times of the year.

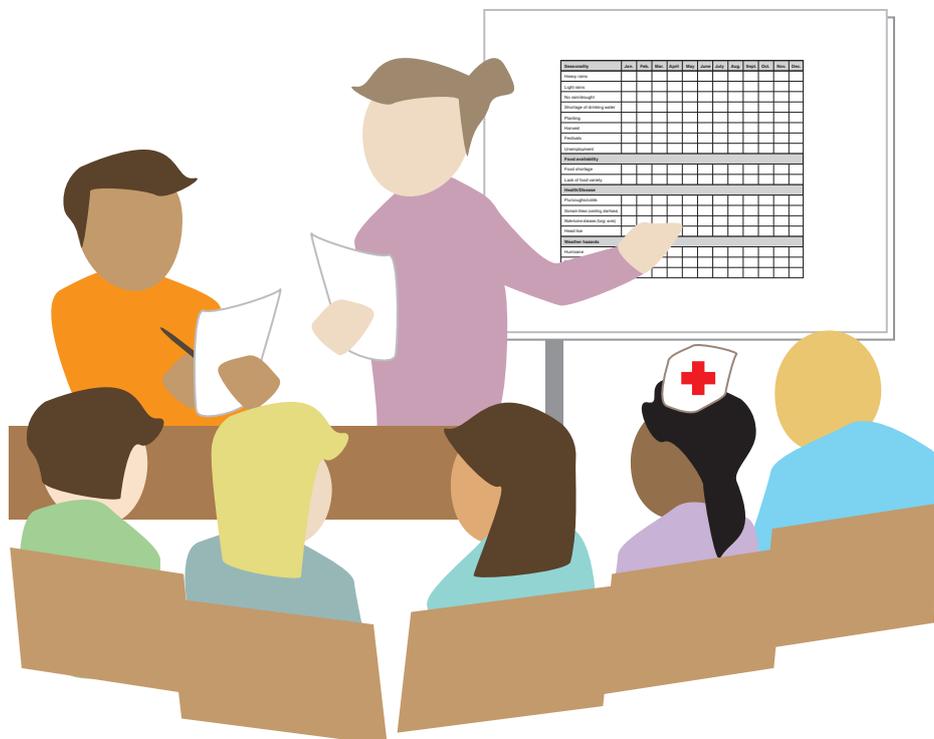
The facilitator/s should also lead the group in a discussion to identify the key trends in the calendar with questions such as:

- *Risk:* What are the times of lower risk to people's health and lives during the year? Higher risk?
- *Possible actions:* Which actions should be considered in the months of low and high risk?
- *Change in frequency:* Has there been a change in the timing of events in the past few years? How?
- *Impact of changes:* What effects did these changes have on your household and/or community?
- *Other questions:* The facilitator should note other important events and discuss with the group. Ask if there are any other events that they feel should be added.

It is important that one or two assessment team members be assigned to take notes on the discussion.

## Reflection

Think about times of high risk in your community. What does your community do to remain safe?



**Seasonal calendar**

Seasonality	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Heavy rains												
Light rains												
No rain/drought												
Shortage of drinking water												
Planting												
Harvest												
Festivals												
Unemployment												
<b>Food availability</b>												
Food shortage												
Lack of food variety												
<b>Health/Disease</b>												
Flu/coughs/colds												
Stomach illness (vomiting, diarrhoea)												
Water-borne diseases (fungi, sores)												
Head lice												
<b>Weather hazards</b>												
Hurricane												
Floods												
Temperature (high-low)												

## What to do with the information collected

### Review the notes and analyse the seasonal calendar chart

Immediately after the seasonal calendar meeting, the assessment team should thoroughly review their notes and those of the note-takers(s), as well as team members' recollections of key discussion points. They should confirm that they and the note-takers wrote down the important points. Other members of the team should help fill in any other essential points that may have been missed.

This is a very important exercise and must be carried out immediately after the seasonal calendar meeting: details can easily be forgotten if the notes are reviewed much later.

The facilitators and note-takers should then write down their key impressions of what they learnt during the seasonal calendar exercise in regards to the following questions about the community:

### Seasonal Calendar Information Worksheet

<b>Key question</b> Based on your discussions during the seasonal calendar activity	<b>Response</b>	<b>Information "gaps"</b> Issues to follow up with during key informant and household interviews
Which health, first aid or safety issues were people concerned about in their community?  What is the cause of these issues or concerns?  How is the community affected by these issues or concerns?  How do people cope/deal with these issues or concerns?  What resources/ideas may be available to address these issues or concerns?		

Explain that the information gaps that the assessment team mentions in the right-hand column will be addressed when designing and conducting the key informant interviews and household interviews. Both of these will be covered in topic 4 of this module.

Assessment team members can write down their responses separately. The facilitator should then lead a discussion about what each team member wrote and develop one consolidated "seasonal calendar information worksheet" containing responses that everyone agrees on.

*Fill in the "information compilation worksheet"*

Using the Information worksheet for each completed activity (transect walk, seasonal calendar, etc.), transfer the information to the corresponding boxes in the Information compilation worksheet.

### Information Compilation Worksheet

Examine the data you gathered during the community assessment. Record below the key recurring/repeating themes and patterns you have observed from the four tools ("you" refers to the community member(s) interviewed)

Tool	Which health, first aid or safety issues are you concerned about for you, your family, or your community?	What is the cause of these issues/concerns you raised?	How is the community or you affected by these issues/concerns?	How do you/other people you cope/deal with these issues/concerns?	What resources/ideas do you have to address these issues/concerns?	Information gaps
Secondary Information						
Community mapping						
Transect walk						
Seasonal calendar						

On the information compilation worksheet, review all the information by column across the different assessment exercises and identify repeating, common themes or patterns. For example:

- Ideas
- Behaviours
- Incidents
- Terminology or phrases used by community members

The five questions which head each of the columns provide the direction for your analysis of the data. The question the team should ask themselves throughout the exercise:

*What were the key ideas in relation to each of these five questions that were expressed or observed across the different assessment tools?*

Highlight/mark on the worksheet themes and/or patterns which repeat themselves and enter these on the draft summary information (topic 6)

### **Important note**

The information that is collected during the community assessment activities in this module will be used when developing the eCBHFA programme plan that will be covered in Topics 6, 7 and 8. In addition, this information will be used again and again as the eCBHFA activities grow and mature. Therefore, after recording information gathered from the secondary information research, the community mapping, the transect walk information sheet and the seasonal calendar information sheet, be sure the information is filed in a safe place where it can easily be found and reviewed.

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