



Fill in the boxes using the following symbols:

"X" : Current household behaviors

"O" : Promised improved behavior

2. Count the number of "Xs" in each column and write the number in the row labeled "Total"























**MEETING: .....**  
**DATA CONSOLIDATION SHEET**  
**(Information on ALL the sub-groups)**

NEIGHBORHOOD COUNCIL LEADER'S NAME: .....

COMMUNITY NAME: .....

DATE: .....

DISTRICT: .....

№	Small-Group Name	Leader's	No. of families who participated in the small group	How do we treat our water?				How do we store our drinking water?				How do we serve drinking water?				When do we drink treated water?				Who drinks treated water in our family?				Received Bucket
				 We don't treat it	 SODIS	 Boiling	 Chlorinate	 Without a lid	 With a lid that doesn't fit	 With a tight fitting lid	 With a tight fitting lid and a spigot	 With a bowl or cup	 With a ladle	 With a pitcher and glass	 Using the container's spigot	 Never	 Only at home	 At home, some outside the house	 Always at home and outside the house	 No one	 Only adults	 Children, ill people, elderly (vulnerable people)	 Everyone (adults, children, babies)	
1																								
2																								
3																								
4																								
5																								
6																								
<b>TOTAL</b>																								





**INSTRUCTIONS:**





1. Fill in the boxes using the information from the "Total" row from the "Family Data Tracking Sheet"
2. Add up the numbers in each column and put the amount in the bottom row labeled "TOTAL"





## HOW DO WE TREAT OUR WATER?





COMMUNITY NAME: .....

TOTAL	
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TOTAL NUMBER OF FAMILIES IN THE COMMUNITY	

MEETING 1				
DATE: .....				
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1				
No. of families that participated in the meeting				
We don't treat it	SODIS	Boiling	Chlorinate	

MEETING 2				
DATE: .....				
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1				
No. of families that participated in the meeting				
We don't treat it	SODIS	Boiling	Chlorinate	





MEETING 3				
DATE: .....				
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2				
1				
No. of families that participated in the meeting				
We don't treat it	SODIS	Boiling	Chlorinate	





MEETING 4				
DATE: .....				
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No. of families that participated in the meeting				
We don't treat it	SODIS	Boiling	Chlorinate	





## HOW DO WE STORE OUR DRINKING WATER?





COMMUNITY NAME: .....

TOTAL	
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TOTAL NUMBER OF FAMILIES IN THE COMMUNITY	

MEETING 1				
DATE: .....				
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1				
N° of families that participated in the meeting				
Without a lid	With a lid that doesn't fit well	With a tight fitting lid	With a tight fitting lid and spigot	

MEETING 2				
DATE: .....				
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N° of families that participated in the meeting				
Without a lid	With a lid that doesn't fit well	With a tight fitting lid	With a tight fitting lid and spigot	





MEETING 3				
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N° of families that participated in the meeting				
Without a lid	With a lid that doesn't fit well	With a tight fitting lid	With a tight fitting lid and spigot	





MEETING 4				
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N° of families that participated in the meeting				
Without a lid	With a lid that doesn't fit well	With a tight fitting lid	With a tight fitting lid and spigot	





## HOW DO WE SERVE DRINKING WATER?





COMMUNITY NAME: .....

TOTAL	
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TOTAL NUMBER OF FAMILIES IN THE COMMUNITY	

MEETING 1				
DATE: .....				
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N° of families that participated in the meeting				
With a bowl or cup	With a ladle	With a pitcher and glass	Using the container's spigot	

MEETING 2				
DATE: .....				
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N° of families that participated in the meeting				
With a bowl or cup	With a ladle	With a pitcher and glass	Using the container's spigot	






MEETING 3				
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N° of families that participated in the meeting				
With a bowl or cup	With a ladle	With a pitcher and glass	Using the container's spigot	






MEETING 4				
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N° of families that participated in the meeting				
With a bowl or cup	With a ladle	With a pitcher and glass	Using the container's spigot	






## WHEN DO WE DRINK TREATED WATER?






COMMUNITY NAME: .....

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TOTAL NUMBER OF FAMILIES IN THE COMMUNITY	

MEETING 1					
DATE: .....					
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N° of families that participated in the meeting					
Never	Only at home	At home, some outside the house	Always at home and outside the house		

MEETING 2					
DATE: .....					
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1					
N° of families that participated in the meeting					
Never	Only at home	At home, some outside the house	Always at home and outside the house		

MEETING 3					
DATE: .....					
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1					
N° of families that participated in the meeting					
Never	Only at home	At home, some outside the house	Always at home and outside the house		





MEETING 4					
DATE: .....					
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N° of families that participated in the meeting					
Never	Only at home	At home, some outside the house	Always at home and outside the house		











## WHO DRINKS THE TREATED WATER IN OUR FAMILY?





COMMUNITY NAME: .....

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TOTAL NUMBER OF FAMILIES IN THE COMMUNITY	

MEETING 1				
DATE: .....				
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N° of families that participated in the meeting				

MEETING 2				
DATE: .....				
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N° of families that participated in the meeting				

MEETING 3				
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N° of families that participated in the meeting				

MEETING 4				
DATE: .....				
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N° of families that participated in the meeting				

# SELF-ASSESSMENT TOOL

## IMPROVING MY SKILLS AS A FACILITATOR

Self-assessment objective: To evaluate my progress to ensure continual improvement in my abilities

**Instructions:**

- a. Read each question and place an “X” in the box that corresponds with your answer.
  - I have yet to achieve it
  - Yes, I achieved it
- b. For questions that were answered “I have yet to achieve it,” think about how you can reach your objectives and discuss the problem with your colleagues in the Neighborhood Council.
- c. Repeat the same process every time you lead the group meetings.

QUESTIONS		MEETING 1		MEETING 2		MEETING 3		MEETING 4	
		I have yet to achieve it	Yes, I achieved it	I have yet to achieve it	Yes, I achieved it	I have yet to achieve it	Yes, I achieved it	I have yet to achieve it	Yes, I achieved it
1	Did I get every family to use some water treatment method?								
2	Did I help every family identify at least one behavior to improve?								
3	Did I finish the exercises within the suggested time?								
4	Did I convey all of the information for each of the exercises?								
5	Did I ensure that all of the participants actively participated?								
6	Did the participants ask questions?								
7	Did I maintain control of the group during training?								
8	Did I give reminder brochures to all the families?								
9	Did I work with all the families for whom I am responsible?								

