<u>MEETING:</u> <u>FAMILY DATA TRACKING SHEET</u> Each Family's Behaviors in my sub-Group

SMALL-GROUP LEADER'S NAME:

GROUP No.:

DATE:

Family's Surname	How	do we tre	eat our w	vater?	How		re our dr ter?	inking	How do	o we serv	e drinking	g water?	When do we drink treated water?				Who drinks the treated water in our family?				
	-	En .	R	Č.				t d			and the second s			inter the	1		H			a 9	Received Bucket
	We don't treat it	SODIS	Boiling	Chlorinate	Without a lid	With a lid that doesn't fit well	With a tight fitting lid	With a tight fitting lid and 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, il people, elderly (vulnerable people)	Everyone (adults, children, babies)	
TOTAL																					

INSTRUCTIONS:

Fill in the boxes using the following symbols:

"X" : Current household behaviors

"O": Promised improved behavior

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

Signature

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

NEIGHBORHOOD COUNCIL LEADER'S NAME:

COMMUNITY NAME:

DATE:

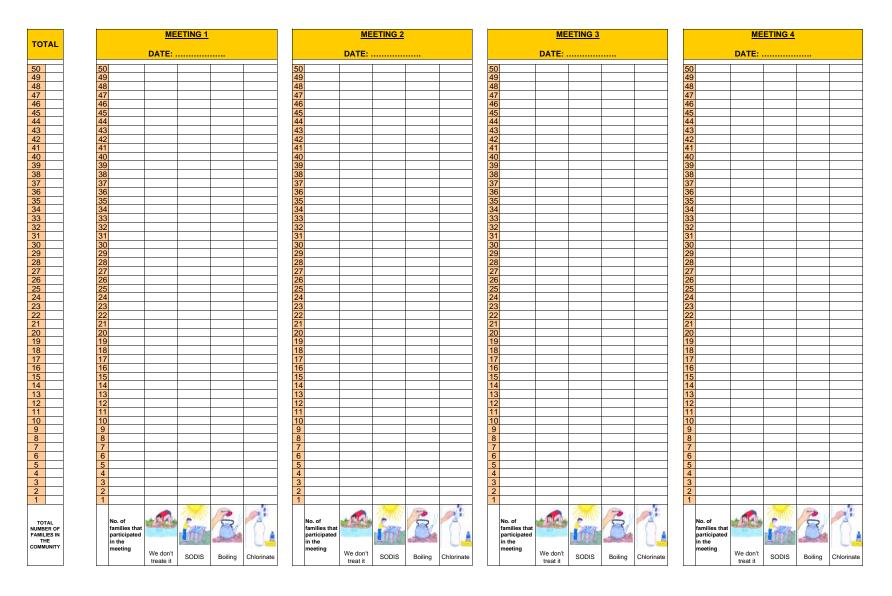
DISTRICT:

					How	do we tre	eat our w	ater?	How do we store our drinking water?			How do	we serve	ə drinking	g water?	When d	Who drinks treated water in our family?								
N	Small-Group Na	Lea ame	ader s	No. of families who participated in the small	Ś		R	Ċ		T	X	D t						T	1	đ	T		J.	9	Received Bucket
				group	We don't treate it	SODIS	Boiling	Chlorinate	Without a lid	With a lid that doesn't fit well	With a tight	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																									
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6																									
	тот	AL																							

INSTRUCTIONS:

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

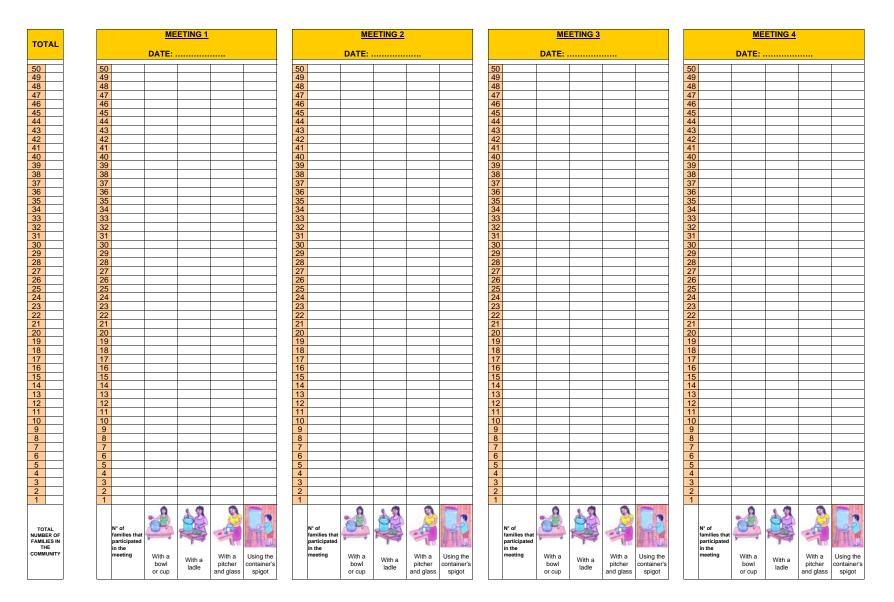
HOW DO WE TREAT OUR WATER?



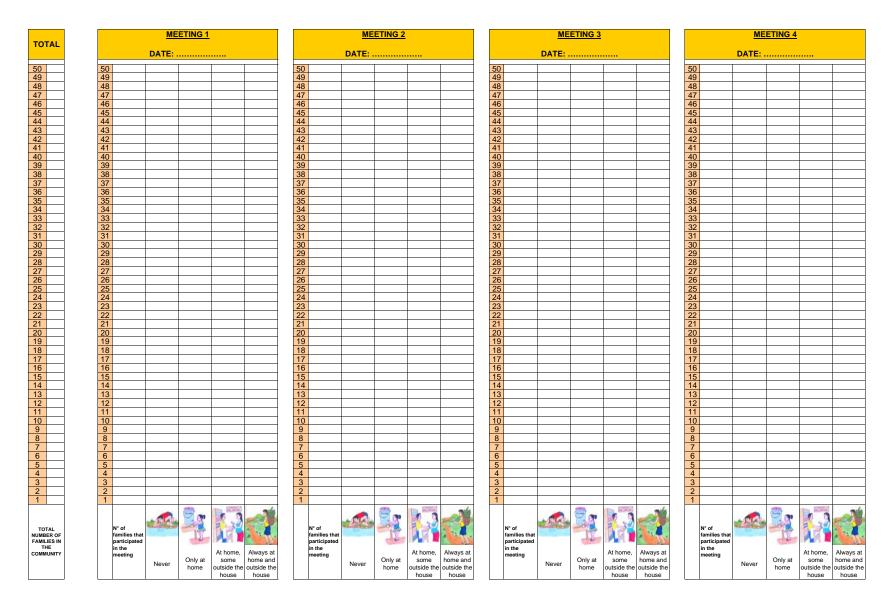
HOW DO WE STORE OUR DRINKING WATER?

		MEET	ING 1				ME	ETING 2					ME	ETING 3				ME	ETING 4		
TOTAL		DATE:					DATE: .						DATE: .					DATE: .			
50					50							50					50				
50 49	50 49				50 49						4	50 19					49				
48	48				48						4	18					48				
47 46	47 46				47 46							17 16					47 46				
45	45				40							45					45				
44	44				44						4	14					45 44				
43	43				43						4	43 42					43 42				
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TOTAL NUMBER OF FAMILIES IN THE	N [●] of families that participated in the		With a	With a		N° of families that participated in the		With a		With a		N* of families that participated in the		With a	X	C d	N° of families th participate in the	aat ed	With a	X	at at
COMMUNITY	meeting	Without li	id that	a tight		meeting	Without	lid that	With a	tight		meeting	Without	lid that	With a tight	With a tight	meeting	Without	lid that	With a	With a tight
		a lid de	loesn't tigl it well fitting	nt fuile list			a lid	doesn't fit well	tight fitting lid	fitting lid and spigot			a lid	doesn't fit well	fitting lid	fitting lid and spigot		a lid	doesn't fit well	tight fitting lid	fitting lid and spigot

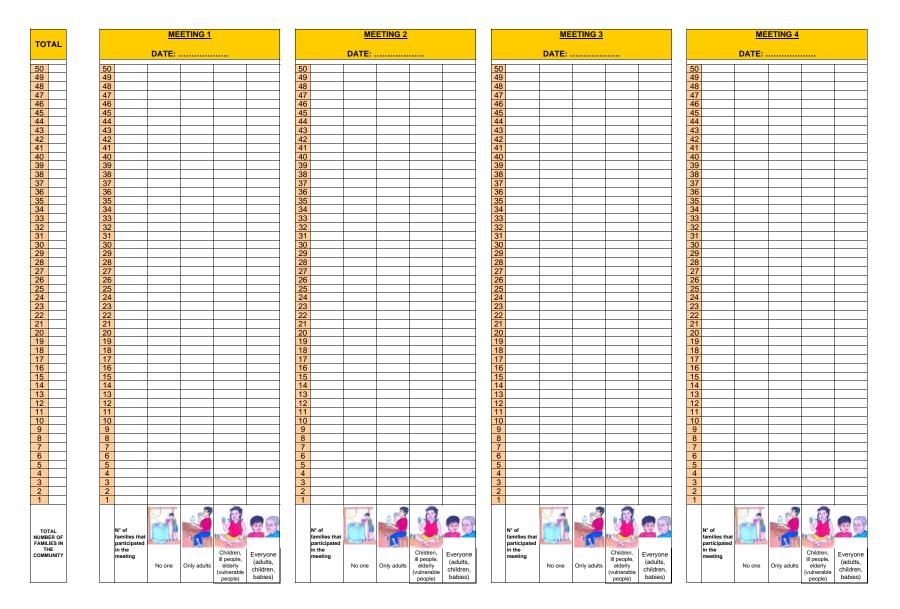
HOW DO WE SERVE DRINKING WATER?



WHEN DO WE DRINK TREATED WATER?



WHO DRINKS THE TREATED WATER IN OUR FAMILY?



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.

	ME	ETING 1		TING 2		TING 3	MEE	FING 4
QUESTIONS	I have yet to achieve it	Yes, I achieved	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?								