Community and community interventions

Peter Winch

Health Behavior Change at the Individual, Household and Community Levels
224.689
Today’s lecture

1. Perspectives on community in sociology and anthropology
2. Discussion of article by Demarest & Paul
3. Process for planning an intervention at the community level
1. Perspectives on community in sociology and anthropology
1. Perspectives on community in sociology and anthropology

- Community-level interventions in public health often carry embedded in them:
  - Models for what a community is
  - Assumptions for how communities function
- I will present some perspectives on community from anthropology and sociology, then look at the article by Demarest & Paul and see how they apply
1. Perspectives on community in sociology and anthropology

- **This class**: Dichotomies that have been proposed in the past
  - van Tönnies
  - Durkheim
  - Turner

- **Next class**: The current “anti-dichotomy” approach to thinking about community
  - Social capital
Community as form of social organization: van Tönnies and Durkheim
Early thinkers on community

- Early thinkers on community include Émile Durkheim and Ferdinand van Tönnies
- Although concepts are now dated, they continue to have influence on disciplinary boundaries and framing of questions
Ferdinand van Tönnies

- German sociologist, 1855-1936
- One founder of sociology as a discipline
- Best known for his book “Gemeinschaft und Gesellschaft” published in 1887
- Original German words commonly used to distinguish between everyday meanings of community and society
Gemeinschaft und Gesellschaft

- **Gemeinschaft** ~ Community
  - Gemein = common
- **Gesellschaft** ~ Society / civil society
  - Geselle = partner or stockholder in a company or firm
Gemeinschaft/community

- Small-scale groups
- Everyone knows everyone else, face-to-face relationships are paramount
- Family and kin ties are central
- Low to moderate division of labor e.g. all families are engaged in fishing or agriculture or hunting
- Relatively small-scale social institutions
- Collective sense of loyalty, shared values and shared aspirations
Gesellschaft/society

- Members may have little in common, don’t share values, but they share a project which serves self-interest of the individuals
  - Product or service
  - Citizenship
  - Protection against outside forces
- Elaborate division of labor
- Divergent aspirations
- Susceptible to class, racial and ethnic conflict
Significance of this dichotomy

- Contributed to the disciplinary division of labor starting in the 1800s
  - Anthropologists to study people living in a Gemeinschaft ('traditional' community)
  - Sociologists to study people living in a Gesellschaft (modern society)
- Although an older idea, even today captures assumptions many people make in design of community interventions
Significance of this dichotomy

Example: It is common for people to assume that communities have many characteristics of a Gemeinschaft, including:

- Everyone knows everyone else (dense social network)
- Small-scale social institutions
- Collective sense of loyalty
- Shared values
Early thinkers on community:
Émile Durkheim
Émile Durkheim

- French sociologist, 1858-1917
- Seminal studies on crime, religion, suicide
- Developed idea of organic and mechanical solidarity in The Division of Labour in Society (1893)
# Mechanical and organic solidarity

<table>
<thead>
<tr>
<th></th>
<th>Mechanical solidarity</th>
<th>Organic solidarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic example</td>
<td>All of the subsistence farmers in a village in a low-income country, have very similar working conditions, affecting by same climatic, ecological and economic conditions</td>
<td>Citizens of a modern, industrialized country who have very different jobs, that together contribute to the larger society through industrial production, provision of services etc.</td>
</tr>
</tbody>
</table>
# Mechanical and organic solidarity

<table>
<thead>
<tr>
<th>Structural features</th>
<th>Mechanical solidarity</th>
<th>Organic solidarity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on resemblances, shared aspirations</td>
<td>Based on division of labor, divergent aspirations</td>
</tr>
<tr>
<td></td>
<td>Clan-based, later territorial</td>
<td>Equal opportunity, individual rights</td>
</tr>
<tr>
<td></td>
<td>Little inter-dependence</td>
<td>Much inter-dependency</td>
</tr>
<tr>
<td></td>
<td>Social bonds relatively weak</td>
<td>Social bonds relatively strong</td>
</tr>
<tr>
<td></td>
<td>Relatively low population</td>
<td>Relatively high population</td>
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# Mechanical and organic solidarity

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<tr>
<td><strong>Compare to:</strong></td>
<td><strong>Gemeinschaft</strong></td>
<td><strong>Gesellschaft</strong></td>
</tr>
<tr>
<td><strong>Structural features</strong></td>
<td>• Based on resemblances</td>
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Differing view from van Tönnies
Identify the kind of solidarity: Scenario #2

- Obstetrician commiserates with other obstetricians at a conference about the many different pressures they all face in their work

- Obstetrician feels close to all the other health professionals working in the delivery ward, and recognizes the value of each one’s contribution
Identify the kind of solidarity: Climate change

- All people living on the planet
- Citizens of a small island state at risk due to sea level rise
- Citizens of USA
Identify the kind of solidarity: Climate change

- All people living on the planet
  - **Mechanical**: We are all on the same planet, breathe the same air, drink the same water
  - **Organic**: We are dependent on each other. We each have a different role to play in addressing the problem
Significance of this dichotomy

- Limitation of Gemeinschaft-Gesellschaft dichotomy is that you are in one or the other but not both.
- In contrast, Mechanical-Organic Solidarity dichotomy allows for people to experience both kinds of solidarity, and consequently to identify with multiple communities.
Significance of this dichotomy

- For public health, this suggests that
  - we should evaluate the type of solidarity that binds each community together,
  - and this in turn may inform our choice about which type of community we should work with
If we had to choose one or the other, which option is preferable for scenario #1?

- **Option #1**: Work through professional association (physicians, nurses)
  - Task force of the association analyzes the problem, makes recommendations
  - Have members commit to implementing recommendations of the task force

- **Option #2**: Work with health care workers in facilities to analyze the problem team-by-team and identify solutions
Final word on Durkheim

- The terms mechanical and organic solidarity are not found much in the current literature
- The underlying ideas have largely been incorporated into the social capital literature
  - Solidarity ➔ Social capital
Dichotomies that have been proposed in the past

• van Tönnies  ✔
  – Gemeinschaft and Gesellschaft

• Durkheim  ✔
  – Organic and Mechanical Solidarity

• Turner
  – *Communitas* versus hierarchy
Victor Turner: *Communitas* versus hierarchy
Victor Turner

- Scottish anthropologist, 1920-1983
- Studied Ndembu in Zambia
- Wrote on rites of passage and liminality
  - Initiation ceremonies for adolescents
  - Marriage ceremonies
  - Funerals
- Developed concept of *communitas*
  - *Communitas* contrasted with hierarchy
Victor Turner chose the Latin word to distinguish his concept from the everyday meaning of community.

Usual condition of people is hierarchy.

Communitas is a temporary state when members of a group have relations of equality.
Communitas

- *Communitas* is a state of being, rather than a geographic location or a group of people.
- People living in *communitas* are in a transitional or liminal state from one status or situation to another.
Communitas

- The emotional experience of *communitas*:
  - community spirit
  - solidarity
  - togetherness

- *Communitas* contrasted with:
  - Structure
  - Hierarchy (versus humility)
  - Secular, everyday life (versus sacred life)
Circumstances under which *communitas* can come into being

- Events affecting an entire group of people: Storms, wars, oppressive government
  - Tsunami/earthquake in Japan
- Revolutions, democratic movements, Arab Spring, Occupy Wall Street movement
- Rites of passage: coming-of-age rituals, weddings
- Holidays: Thanksgiving, Holy Week, Ramadan
- Pilgrimages
Communitas example: Jencson 2001

- Analysis of Red River Valley Flood of 1997
- Found that many aspects of communitas typically associated with rituals also occurred during the community response to the flood:
  - Shared hardship and sense of belonging
  - Simplification of life, regular activities on hold
  - Spiritual dimension to the experience
  - Erasure of normal hierarchical relations and gender roles
Difficult to sustain *communitas*

- Some seek to form broader social movements to sustain the *communitas*, but these quickly become hierarchical.
- Similar problem with attempts to "institutionalize" revolutions:
  - Mexico’s *Partido Revolucionario Institucional*
  - Occupy Wall Street
  - Arab Spring
Why doesn’t *communitas* last very long?
Turner: Why doesn’t *communitas* last very long?

- People find it stressful to remain in a permanent state of equality with others
  - Don’t know the rules, need to be constantly inventing the rules
  - Hard to make decisions
  - Difficult to achieve individual goals
- More willing to suspend the normal rules while threat is present. When threat recedes, tendency to go back to the rules.
Significance of the *communitas*-hierarchy dichotomy

- Suggests that there is no “steady state” for community interventions
  - Ebb and flow of community engagement should be seen as normal, rather than as a deviation
  - Unrealistic to expect that communities can be mobilized, and stay mobilized
  - Community-based interventions are not inherently sustainable
Significance of the *communitas*-hierarchy dichotomy

- Have a long-term vision for the role of the community
  - Plan for periods of both *communitas* and hierarchy
  - Knowing that *communitas* will not last forever, have necessary resources and materials in place to make the most of the moment ➔ establish a new pattern or new equilibrium
Significance for environmental protection interventions
2. Discussion of article by Demarest & Paul
Carrie in San Pedro la Laguna

- What is the model of community implicit in the approach?
- What is primary locus of change?
- What are obstacles to change assumed by the external change agent?
- What is strategy for change?
Schwartz 1981, Table 1: Community development, community study and conflict perspectives: A comparison

<table>
<thead>
<tr>
<th></th>
<th>Community Development and Community Study Perspective</th>
<th>Conflict Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Object of study:</strong></td>
<td>Local community in holistic, functionalist terms</td>
<td>Larger society and environment and their relations to local community</td>
</tr>
<tr>
<td><strong>Primary locus of change:</strong></td>
<td>Tradition, identity, and culture</td>
<td>Macrolevel political and economic structures and processes; environment</td>
</tr>
<tr>
<td><strong>Motivation and cognitive orientation:</strong></td>
<td>Culturally constituted, shared independent variables</td>
<td>Situationally determined, diverse dependent variables</td>
</tr>
<tr>
<td><strong>Obstacles to change:</strong></td>
<td>Intracommunity psychological, social, and cultural factors; change agents' ignorance of local culture</td>
<td>Macrolevel political and economic constraints; ecolocal system</td>
</tr>
<tr>
<td><strong>Type of change promoted and change strategy:</strong></td>
<td>Small-scale, reformist; based on local and cultural precedents; “consensus” strategy</td>
<td>Large-scale, radical; culture secondary to redistribution of political-economic power; “conflict” strategy</td>
</tr>
</tbody>
</table>

1 Although the table is schematic and no particular study would fall unambiguously on one side of the line or the other, most studies do seem to favor one of these perspectives more than the other.
Community development (CD)

- Around for a long time, tremendous diversity in actual methods and procedures
- Common elements:
  - Work with communities to develop plans based on their ‘felt needs’
  - Increase local self-sufficiency
  - Enhance local capacities for problem-solving
  - Use democratic methods
  - Build on cultural precedents/strengths
  - Improve quality of life
# Schwartz 1981, Table 1

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People who talk about community participation and participatory research often have a view of community that is close to Tönnies’ Gemeinschaft. This is in contrast to views of community among many social scientists who focus on hierarchy, conflict, power relations rather a homogeneous group with shared aspirations.
Recommendations to avoid Carrie-type situations (Paul 1984 p 192)

1. If a community’s need is already represented by competent leadership, accept their form of leadership; do not impose your own concept of proper representation.

2. Think twice before trying to create a community-wide committee, especially in the case of a politically-polarized community.
Recommendations to avoid Carrie-type situations (Paul 1984 p 192)

3. If a community committee is charged with decision-making, serve as its consultant, not its director.

4. If you are really the director with the ultimate authority, make your position clear at the outset; do not build up false expectations about community self-determination.
   - This is the most commonly-violated of the commandments
   - Common when you hire a young and enthusiastic project director
Recommendations to avoid Carrie-type situations (Paul 1984 p 192)

5. Community development specialists would do well to spend more time learning how the community is organized, and less time trying to organize it.
   – Formative research
Today’s lecture

1. ✓ Perspectives on community in sociology and anthropology
2. ✓ Discussion of article by Demarest & Paul
3. Process for planning an intervention at the community level
3. Process for planning an intervention at the community level
The challenges to implementing interventions at higher levels

- What does it mean to intervene at the community or other higher level?
- Do people even feel they are a part of these higher-level units?
- What is the best way to motivate groups, rather than individuals?
Decreasing awareness and ownership of problems at higher levels

- Individual
  - Greater awareness & ownership of problem, greater commitment to action

- Household

- Community
  - Less awareness & ownership of problem, less commitment to action
Decreasing awareness and ownership of problems at higher levels

- **Individual**
  - “My shirt is stained”

- **Household**
  - “The dishes are dirty”

- **Community**
  - “There is trash in the park”

Greater awareness & ownership of problem, greater commitment to action

Less awareness & ownership of problem, less commitment to action
Typical situation at the community level (or other higher level)

- **Low sense of identity with the group, low ownership**
  - “What do I have to do with these people?”
  - “It’s really not my problem”

- **Low awareness**
  - “I really don’t know how common it is”

- **Low commitment to action**
  - “I’m not going to do anything, the mayor/leader should do something”

- **Low perceived community efficacy**
  - “Nobody ever does anything about these problems anyway”
  - “The neighbors are lazy, they don’t do anything, they throw garbage all over”
How do we organize action at higher levels?

1. Build sense of identity and solidarity with the unit of implementation
2. Assessment/awareness-raising
3. Planning/decision-making/preparation
4. Implementation of plans/practicing behaviors
5. Monitoring/feedback

- Variants on this process known by many different terms e.g. Community Action Cycle in the Community Mobilization literature
FIGURE 2 | The Community Action Cycle

- **prepare to mobilize**
  - explore the health issue and set priorities

- **prepare to scale up**
  - organize the community for actions
  - plan together
  - act together
  - evaluate together
1. Build sense of identity and solidarity with the unit of implementation

- Sometimes public health works with groups/communities that are well recognized and accepted, and that people identify with.
- Other times, public health may choose to create a group/community that people did not previously recognize or identify with.
Choice of units of intervention

People already identify with
- Neighborhood
- Institution or employer e.g. health care facility
- Religious or ethnic group
- People in need of a service

People didn’t already identify with
- Catchment area for health facility or other administrative boundary
- People sharing an individual risk factor or an environmental risk
- People sharing responsibility for a problem
Example of non-identification with a community definition

- Watersheds are the obvious (to environmentalists) unit of action for improving water quality, decreasing hazardous runoff etc.
- Big problem: Very few people realize what watershed they are in. Even if they do know, it isn’t an important unit of identity for them.
Warner & Hanna's *Plan of the City and Environs of Baltimore, 1801*
Herring Run watershed
Watershed associations in Baltimore

- There were 5 watershed associations:
  - Jones Falls Watershed Association
  - Herring Run Watershed Association
  - Gwynns Falls Watershed Association
  - Baltimore Harbor Watershed Association
  - Baltimore Harbor WATERKEEPER

- Merged in 2010 into one association:
  - www.bluewaterbaltimore.org
How to build identity with a watershed?
How to build identity with a watershed?

- Maps
  - Created by outside experts
  - Community-created maps
- Focus on shared resources: Parks, areas of scenic beauty, fishing
- Focus on shared threats: Runoff, toxic waste
How do we organize action at higher levels?

1. Build sense of identity and solidarity with the unit of implementation ✓
2. Assessment/awareness-raising
3. Planning/decision-making/preparation
4. Implementation of plans/practicing behaviors
5. Monitoring/feedback
2. Assessment/awareness-raising
Assessment/awareness-raising: Purposes

- **Awareness**: Make people aware of the size or scale of the problem
  - “Empirical efficacy” idea ➔ Try to demonstrate visible impact of situation

- **Ownership**: Promote sense of ownership of the problem

- **Commitment**: Build commitment to do something about the problem
Assessment/awareness-raising: Methods

- Share existing data on the problem
- Have people/group collect their own data about the problem and analyze it
  - Best if problem is visible, can be assessed without specialized methods
- Collaborative data collection and analysis between people/group and outside expert
  - Hidden problems e.g. prevalence of viruses or parasites, presence of toxins
### Assessment/awareness-raising at different levels

| **Individual** | • Individual medical examination, HIV test  
|               | • Individual behavioral or risk factor assessment: In-person or online  
|               | • Increased knowledge ➞ self-awareness (?) |
| **Household** | • Survey for mosquito larval habitats in the home by MOH employee, adult or child  
|               | • Calculation of volume of feces contributed by each household (CLTS Bangladesh) |
| **Community** | • Sharing of data & results with communities  
|               | • Various forms of community-based participatory research e.g. CLTS and PRA (More later in this lecture) |
Individual online assessment: www.eatlowcarbon.org

IS MY LUNCH CAUSING GLOBAL WARMING?

Did you know, the food system is responsible for 1/3 of global greenhouse emissions?

With every meal you eat, you have the power to reduce climate change.

The Bon Appétit Management Company Low Carbon Diet Calculator is designed to allow you to compare the relative carbon impacts of your food choices.

Drag and drop menu items, ingredients or sample meals into your virtual pan and calculate the carbon emissions created by your meals. Try making food choices that reduce emissions by 25% and be part of the climate solution.

CALCULATE MY IMPACT NOW!

BON APPÉTIT
MANAGEMENT COMPANY
FOUNDATION

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Individual online assessment: www.carbonfootprint.com

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Sell More By Going Green
The Carbon Reduction Commitment (CRC)
And More ...

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Assessment/awareness-raising for different scenarios

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Malaria TZ</th>
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<tbody>
<tr>
<td>- Calculate number of cases treated incorrectly for malaria per month in health facility and cost of incorrect treatments</td>
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<table>
<thead>
<tr>
<th>Scenario 2</th>
<th>Micronutrients</th>
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</table>
| - Involve community members in conducting  
  o Nutritional/anthropometric survey  
  o Household food security survey |

<table>
<thead>
<tr>
<th>Scenario 3</th>
<th>Energy</th>
</tr>
</thead>
</table>
| - Inventory of household environmental impact: water use, waste & greenhouse gas production  
  - Measure cost to household of current pattern of energy use |
How do we organize action at higher levels?

1. Build sense of identity and solidarity with the unit of implementation ✔
2. Assessment/awareness-raising ✔
3. Planning/decision-making/preparation
4. Implementation of plans/practicing behaviors
5. Monitoring/feedback
3. Planning/decision-making
Planning/decision-making: Purposes

- **What/how**: Decide what needs to be done, how to do it, what supplies/commodities are needed
- **Who**: Decide who is going to do it
  - At household level, sometimes the new behavior does not correspond to any of the existing household roles, need to determine who is best person to do it
  - At community level, need to determine who will organize/supervise the action and who will do it
- **Support**: Decide how others can support the people taking the action
# Planning/decision-making at different levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>- Individual counseling, planning to change individual behaviors</td>
</tr>
<tr>
<td>Household</td>
<td>- Home visits, engage entire household in discussing situation and planning solutions</td>
</tr>
<tr>
<td>Community</td>
<td>- Community-wide meetings or meetings with community groups, development of plan to address community problems</td>
</tr>
</tbody>
</table>
What has to happen during planning and implementation to achieve behavior change

| Individual | • Increase self-efficacy and skills  
| • Information and skills appropriate to stage of change |
| Household | • Redefine/reallocate roles of different household members  
| • Changes in allocation of resources  
| • Reorganization of household space |
| Community | • Community committees to implement solutions, monitor progress  
| • Change in community norms, collective penalties for violating rules |
### Planning/decision-making for different scenarios

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<tr>
<td>✧ Who will do tests, and interpret results?</td>
<td></td>
</tr>
<tr>
<td>✧ Will test results be shared with patients, who will share results and how?</td>
<td></td>
</tr>
<tr>
<td>✧ What will be done with febrile patients who test negative for malaria?</td>
<td></td>
</tr>
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</table>

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<tr>
<th>Scenario 2</th>
<th>Micronutrients</th>
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<tr>
<td>✧ How to distribute, promote and explain proper use of micronutrient supplements?</td>
<td></td>
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<thead>
<tr>
<th>Scenario 3</th>
<th>Energy</th>
</tr>
</thead>
<tbody>
<tr>
<td>✧ What actions can be taken at the household level?</td>
<td></td>
</tr>
<tr>
<td>✧ Who will be responsible for taking these actions?</td>
<td></td>
</tr>
</tbody>
</table>
How do we organize action at higher levels?

1. Build sense of identity and solidarity with the unit of implementation ✓
2. Assessment/awareness-raising ✓
3. Planning/decision-making/preparation ✓
4. Implementation of plans/practicing behaviors
5. Monitoring/feedback
5. Monitoring/feedback
Monitoring/feedback: Purposes

- Track progress, indicate to people what has been done and what hasn’t been done
- Identify gaps/problems that need to be addressed
- Increase self-efficacy of people/group that they are able to implement the plan
- Demonstrate tangible benefits from practicing the new behaviors
# Monitoring/feedback at different levels

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<td>✷ Follow-up counseling to monitor progress</td>
</tr>
<tr>
<td></td>
<td>✷ On-going individual self-assessment</td>
</tr>
<tr>
<td>Household</td>
<td>✷ Follow-up household surveys or assessments</td>
</tr>
<tr>
<td></td>
<td>✷ Self-assessments by households</td>
</tr>
<tr>
<td>Community</td>
<td>✷ Feedback of data to communities</td>
</tr>
<tr>
<td></td>
<td>✷ On-going assessments and monitoring by communities</td>
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## Monitoring/feedback for different scenarios

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<tbody>
<tr>
<td>• Proportion testing positive and negative for malaria receiving treatment</td>
<td></td>
</tr>
<tr>
<td>• Savings from not treating negative cases</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario 2</th>
<th>Micro-nutrients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Distribution and consumption of supplements</td>
<td></td>
</tr>
<tr>
<td>• Child nutritional status</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Scenario 3</th>
<th>Energy</th>
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<tbody>
<tr>
<td>• Household monitoring of energy use ➔ Hasn’t proven popular</td>
<td></td>
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Question #2

Concepts & models
- Emic and etic terminology
- Models of illness etiology
- Standards of efficacy
- Individual and multi-level behavior change models
- Social networks, diffusion of innovations, social marketing
- Risk communication
- Household and kinship
- Community and society
- Social capital
- Health systems

Question #3

Assessment

Planning/decision-making

Monitoring
Methodologies that incorporate assessment, planning, implementation & monitoring steps

- Community level
  - Community Led Total Sanitation (CLTS)
  - Various forms of participatory research

- Health facility level
  - Various quality assurance approaches

- District and national level
  - Various assessment/planning approaches
Community Led Total Sanitation (CLTS)  http://www.eldis.org/go/topics/dossiers/livelihoods-connect&id=37507&type=Document
Community Led Total Sanitation (CLTS)

- Participatory process to incite a community-wide movement to eliminate open defecation, build latrines etc.

- Different ways of naming the stages
  - Pre-triggering, triggering, post-triggering
  - Ignition, facilitation, explosion

- Key innovation is to trigger disgust with lack of sanitation during assessment stage, leading to greater commitment to change
CLTS in Bangladesh (1)

**Ignition**: Assessment/awareness raising
- Defecation area transect with visitors ➔ Disgust triggers consensus for action
- Sanitation mapping, collective calculation and flow diagrams
  - Calculation of feces production by each household and by entire community
  - Diagrams of flow of contamination from sites of defecation to water and food
CLTS in Bangladesh (2)

- Collective planning
  - Formation of sanitation committee
  - Household plans to stop open defecation
  - Collective penalties for open defecation
- Innovative models for toilets
- Spread of innovations to other villages