Participatory Hygiene And Sanitation Transformation (PHAST)

Part 1 Tool Manual

THE SECOND EDITION IN JUNE 2007

Lusaka District Health Management Team
Japan International Cooperation Agency-Primary Health Care Project
Table of Contents

<table>
<thead>
<tr>
<th>Foreword</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgement</td>
<td>iv</td>
</tr>
<tr>
<td>Preface</td>
<td>vi</td>
</tr>
<tr>
<td>Aim</td>
<td>viii</td>
</tr>
<tr>
<td>The “SARAR” Process</td>
<td>ix</td>
</tr>
<tr>
<td>List of Abbreviations</td>
<td>x</td>
</tr>
</tbody>
</table>

Chapter 1. INTRODUCTION

1. Background
2. Structure of This Manual
3. Prepare for PHAST Workshop

Chapter 2. PHAST TOOLS

1. Conceptual Tools
   1.1 Nine Dot Line................................................................. 10
   1.2 Resistance to Change Continuum ...................................... 12
   1.3 Johari’s Window ............................................................ 15
   1.4 Cup Exercise ................................................................. 17
   1.5 Identify the Leader ...................................................... 19
   1.6 Counting Squares .......................................................... 20
   1.7 Targeting the “BUTs” .................................................... 22
   1.8 Photo Parade .............................................................. 23

2. Investigative Tools
   2.1 Community Mapping (Social) ........................................... 27
   2.2 Community Mapping (Resources) ....................................... 30
   2.3 Venn Diagram................................................................. 31
   2.4 Pocket Chart ................................................................. 33
   2.5 Unserialised Posters ...................................................... 35
   2.6 Historical Timeline ...................................................... 39
   2.7 Mapping Defaecation Routes And Sites ............................ 41
   2.8 Social-Drama ................................................................. 42
   2.9 Nurse BWINO ................................................................. 43
   2.10 Diarrhoea Child ............................................................ 47
   2.11 Health Pictures ........................................................... 50
   2.12 Songs / Poems .............................................................. 51
   2.13 Focus Group Discussion .............................................. 52
3. **Analytical Tools**

3.1 Semi-Structured Interview ................................................................. 54
3.2 Transect Walk .................................................................................... 56
3.3 Gender Analysis (Task Target Analysis) ............................................. 58
3.4 Community Cup .................................................................................. 63
3.5 Story With A Gap (SWAG) ................................................................. 65
3.6 Strengths, Weaknesses, Opportunities and Threats (SWOT) .......... 67
3.7 Assessing Resources/Constraints ....................................................... 68
3.8 Seasonality Calendar ........................................................................ 69
3.9 Identifying And Blocking The Transmission Routes ....................... 71
3.10 Barrier Matrix ................................................................................... 73
3.11 Three Pile Sorting ........................................................................... 74
3.12 Community Resources Ownership Analysis .................................. 79
3.13 Daily Calendar .................................................................................. 83
3.14 Sender Cycle .................................................................................... 87

4. **Planning/Operational Tools**

4.1 Feasibility Analysis of Interventions ................................................. 90
4.2 Pair-Wise Ranking ............................................................................. 92
4.3 Force Field Analysis ........................................................................ 94
4.4 Solid Waste Ladder ......................................................................... 96
4.5 Hand Washing Ladder ...................................................................... 99
4.6 Hand Washing Times ....................................................................... 102
4.7 Sanitation Ladder ........................................................................... 104
4.8 Water Ladder .................................................................................. 105
4.9 House Construction ........................................................................ 111
4.10 Participatory Planning .................................................................... 114

5. **Monitoring and Evaluation Tools**

5.1 Body Mapping .................................................................................. 116

References ........................................................................................... 118
Appendices

1. List of Interchangeable Tools .............................................................. 119
Foreword

The Government of the Republic of Zambia formally adopted Participatory Hygiene and Sanitation Transformation (PHAST) as a methodology that should be used to promote Sanitation and Hygiene Education Programmes. This approach works on the premise that the community has associative strength and resourcefulness and can propel the National Water Supply, Sanitation and Hygiene Education (WASHE) development programmes once harnessed using PHAST concept.

The Production of this manual, intended for both the peri-urban and rural areas, will equip the frontline health workers with skills that will make them effective facilitators at district and community levels.

Dr. Victor MUKONKA
Director of Public Health and Research
Ministry of Health

June 2007
Lusaka District Primary Health Care project (PHC project) in collaboration between the Lusaka District Health Management Team (LDHMT), Ministry of Health, and the Japan International Cooperation Agency initiated the development of the “Manual on Participatory Hygiene and Sanitation Transformation (PHAST)”, which consists of “Part I: Tool Manual” and “Part II: Field Tool Kit”, after the initial successes of the PHC project in George Compound of Lusaka District.

The envisaged expansion of the PHC Project to other areas required further preparation in strategies, and this culminated into the establishment of the Task Force for Environmental Health. Two (2) Working Groups were identified to spearhead environmental health interventions, namely the PHAST Manual Development Working Group and Monitoring and Evaluation Guideline Working Group.

The production of this Manual was therefore made possible by the PHAST Manual Development Working Group. Special thanks go to the following individuals in the Working Group without whose contributions and commitment the production of this Manual would not have been possible: Mr. Fordson Nyirenda (Chairman: Environmental Health Specialist, Central Board of Health - Headquarters), Mr. Kennedy Njobvu (Co-Chairman: Environmental Health Technologist, Chazanga Health Centre), Ms. Mainess Kapaipi Maninga (Secretary: Lecturer of Water and Sanitation/PHAST, Chainama Hills College of Health Sciences), Ms. Mildred L. Miti Kanyenge (Co-Secretary: Environmental Health Technologist, Matero Reference Health Centre), Rev. Nixon S. Tembo (Chairperson, George Environmental Health Committee), Mr. Meetwell Cheelo (Environmental Health Officer, Lusaka International Airport Clinic), Ms. Charity Kamanga Nyambe (CHIF/HMIS Coordinator, Lusaka District Health Management Team), Mr. Tamara L. Mwamulowe (Environmental Health Technologist, George Health Centre), Mr. Burton Mukomba (Environmental Health Expert, CARE-Prospect), Mr. Frank Sibbuku (artist), Ms. Igarashi Kumiko (Secretariat: Community Health Expert, JICA-PHC), Mr. Fujino Yasuyuki (Secretariat: Participatory Approach Expert, JICA-PHC) and Mr. Dimas Chipalala (Secretariat: Programme Officer, JICA-PHC).

In 2006 the revision of the manual was prompted after scaling up the activities to other compounds (Kanyama, Chawama, Mtendere, Ng’ombe and Chipata). Seeing the positive results in these compounds, the Ministry of Health realized the need to scale
Up the methodology to rural areas hence the revision of this manual to include scenarios applicable to both urban and rural areas.

This was made possible by the Environmental Health staff working in the Project areas. Special thanks go to the following individuals whose contributions and commitment made it possible to have this manual revised:

Mr Meetwell Cheelo (Environmental Health Officer/ Liaison Officer LDHMT/JICA-PHC), Ms Matimba Chizongo (Environmental Health Technologist, Mtendere Health Centre), Mrs Tamara Longwe Mwamulowe (Environmental Health Technologist, George Health Centre), Annie Nakaonga Chisanga (Environmental Health Technologist, Chawama Health Centre) Ms Nora Banda Chileshe (Environmental Health Officer, Kanyama Health Centre), Ms Chola Chileshe (Environmental Health Technologist, Ng’dome Health Centre), Mr Reuben Zulu (Environmental Health Technologist, Chipata Health Centre), Ms Miyanda Mukelabai (Environmental Health Technologist, George Health Centre), Ms Dorothy Sitali (Environmental Health Technologist, Kanyama Health Centre), Ms Clevina Mizanda (Environmental Health Technologist, Kanyama Health Centre), Dr Sasaki Satoshii (Environmental Health Expert, JICA-PHC).

INUI Eiji
Resident Representative
JICA Zambia
The primary objective of this Participatory Hygiene and Sanitation Transformation (PHAST) Manual is to equip the health extension staff with skills that will make them effective facilitators at community level. This Manual has been developed for environmental health staff who work with communities in the peri-urban areas in the field of environmental health. Special emphasis is placed to sanitation and hygiene education programmes although PHAST can be applied to all other social economic initiatives where community involvement is cardinal.

The PHAST Manual is being developed in an effort to make easier (1) problem identification (2) problem analysis, (3) planning for solutions, (4) selecting options, (5) planning for new facilities and behaviours change, (6) planning for monitoring and evaluation, (7) participatory evaluation (see the Appendix 3). These procedures will be utilised in the implementation of the Lusaka District Primary Health Care Project - Phase II in new designated areas of project intervention.

This manual is developed in such a way that the health extension workers will guide the community into the planning cycle. The participatory tools in the manual are categorised under; (a) conceptual, (b) investigative, (c) analytical, (d) planning/operational, and (e) monitoring and evaluation.

**Conceptual Tools** are discussed first as they are intended to help the health extension workers visualize the implications of community participation in terms of attitude, behaviour and capability which communities may possess to become effective partners in development.

**Investigative Tools** expose the strength and resourcefulness of each community in their quest to probe the root causes of a particular identified problems. The tools are intended to assist both the health extension worker and the communities to investigate the issues in depth.

**Analytical Tools** give a further chance to the community to see the other side of problems as they try to plan for interventions.
**Planning/Operational Tools** help communities move developmental initiatives from an existing and unsatisfactory situation to a desired goal.

**Monitoring and Evaluation Tools** are usually process and impact indicators on the resultant intervention. Most sanitation and hygiene education programmes do not show results immediately but such tools assist the cooperating partners and other stakeholders to invest in these programmes once process and impact indicators are brought to their attention.

It should be noted that most tools can be used interchangeably especially those in the investigative, analytical and planning. But in this Manual, the most appropriate tools are reflected under each category.

The Lusaka District Health Management Team is grateful for the perennial support it receives from the Japanese International Cooperation Agency through Lusaka District Primary Health Care Project. The District is also proud to be associated with the production of this Manual.

Dr. Bushimbwa TAMBATAMBA  
District Director of Health  
*Lusaka District Health Management Team*
Aim

Participatory Hygiene and Sanitation Transformation (PHAST) seeks to help communities improve in their hygiene practices to prevent diarrhoeal diseases. It encourages community management of water and sanitation facilities.

It does this by demonstrating the relationship between sanitation and health status, increasing the self-esteem of community members and empowering the community to plan environmental health improvements and to own and operate water and sanitation facilities.

The PHAST Manual, therefore, seeks to guide the environmental health extension workers and other community-based extension staff on how the tools can be applied or used when unearthing the resourcefulness of the communities in implementing the water, sanitation and hygiene education interventions.
## The “SARAR” Process

<table>
<thead>
<tr>
<th>Self-esteem</th>
<th>The self-esteem on individuals and groups is acknowledged and enhanced by recognising that they have the creative and analytical capacity to identify and solve their own problems.</th>
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</thead>
<tbody>
<tr>
<td>Associative Strength</td>
<td>The methodology recognizes that when people form groups, they become stronger and develop the capacity to act together.</td>
</tr>
<tr>
<td>Resourcefulness</td>
<td>The methodology recognizes that each individual is a potential resource to the community. It seeks to develop the resourcefulness and groups in seeking the solutions to the problem.</td>
</tr>
<tr>
<td>Action Planning</td>
<td>The methodology recognizes that planning for action to solve problems is central to the method. Change can be achieved if groups plan and implement appropriate actions.</td>
</tr>
<tr>
<td>Responsibility</td>
<td>The methodology recognizes that responsibility for follow through is taken over by the group. Actions, which are planned, must be followed through. Only through such responsible participation do results become meaningful.</td>
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List of Abbreviations

CHIF Community Health Initiative Fund
CHW Community Health Worker
EHO Environmental Health Officer
EHT Environmental health Technologist
EHS Environmental Health Specialist
FCG Focus Group Discussion
GEHC George Environmental Health Committee
HMIS Health Management Integrated System
JICA Japan International Cooperation Agency
LDHMT Lusaka District Health Management Team
MOH Ministry of Health
NP Nutrition Promoter
PHAST Participatory Hygiene and Sanitation Transformation
PHC Primary Health Care
RTCC Resistance to Change Continuum
SARAR Self-esteem, Associative strength, Resourcefulness, Action Planning, Responsibility
SSS Sugar and Salt Solution
SWAG Story With A Gap
SWOT Strengths, Weaknesses, Opportunities and Threats
UNDP United Nations Development Planning
WASHE Water Supply and Sanitation and Hygiene Education
WHO World Health Organisation
Chapter 1. INTRODUCTION

1. BACKGROUND

Participatory methods recognize that the learner can also offer something to the effort of community development. This approach encourages the participation of individuals in a group process no matter what age, sex, social class or educational background. It works on the premise that all partners are equal. Participatory Hygiene And Sanitation Transformation (PHAST) is one such approach that does not pivot on the premise that knowledge is transferred from well-informed teacher to an eagerly receiving learner.

In 1992 the World Health Organisation (WHO)/United Nations Development Planning (UNDP)/World Bank Water and Sanitation group joined forces to develop and produce better methods for hygiene education by adopting Self-esteem, Associative Strengths, Resourcefulness, Action Planning and Responsibility (SARAR) methods to address issues directed to sanitation and hygiene behaviour.

A collaborative process to develop and test these methods was launched in 1993 in Africa and involved four countries, namely Botswana, Kenya, Zimbabwe and Uganda. This marked the birth of the PHAST initiatives. PHAST subsequently brought together and adopted a number of SARAR activities. The PHAST approach helps people feel more confident about them and enables them to take action and make improvement in the communities.

The previous community water programmes on Water Supply, Sanitation and Hygiene Education (WASHE) emphasis was placed on water programmes. However, UNICEF/WHO Consultative meeting on key hygienic behaviours influencing reduction of diarrhoea diseases identified the need to focus on sanitation in relation to the following issues:
- **Safe disposal of faecal matter**, including those of babies and young children.
- **Hand washing after defaecation**, after handling babies’ faeces, before handling food, before feeding and eating.
- **Keep drinking water free from faecal contamination in the home and at the source.**

The emphasis on tackling these three key behavioural issues meant change of focus onto sanitation and hygiene education strategies, hence the need to introduce PHAST in the programme.

Lusaka is the capital city of the Republic of Zambia whose population stands at 1.9 million. Most of the inhabitants live in unplanned settlements which are characterised by inadequate provision of sanitary services.

After the enactment of the National Health Services Act 315 of the Laws of the Republic of Zambia, the curative health services hitherto until now under the auspices of the District Council was transferred to the District Health Management Board. The provision of these services in the Lusaka District is done through 24 Health Centres which directly fall under the Lusaka District Health Management Team (LDHMT).

The Government of the Republic of Zambia and the Government of Japan agreed in 1997 to implement the Primary Health Care (PHC) project in Lusaka in order to improve the health standard of people in both unplanned and planned settlements. A baseline survey was conducted in the unplanned settlements in Lusaka and George Compound was picked as a pilot project site because of numerous health problems it had suffered from, such as high number of cholera cases. The main components of the project were (1) promotion of community-based PHC programmes; (2) improvement of referral systems between the Health Centres; and (3) promotion of school health services.

During the implementation of the project, cholera cases were still on the increase. This necessitated a needs assessment survey in environmental health problems using PHAST.
methodology in 2000. The survey gave birth to a community-based organisation of the George Environmental Health Committee (GEHC), which has several sub-committees charged with the responsibility of managing environmental health services and sustainability of programmes.

Observing tangible successes achieved using methodology of PHAST in George compound, the LDHMT and JICA PHC Project Team felt needs to standardise the methodology and to design PHAST operational manuals with field tools that have to be suitable to the social and cultural context of Zambia, moreover, Lusaka peri-urban areas. Through the PHAST workshop conducted in George compound, it was observed that visual tools used in the workshop were not always describing real situation of urban settlements of Lusaka. It was also deliberately considered that standardization of the methodology with field tools for Zambia makes it easy for fieldworker not only to plan and organise PHAST workshop but also to reach targeted achievements for improvement of sanitary and hygiene condition. In 2003, the implementation of water and sanitation activities using PHAST methodologies were scaled up to other Lusaka’s peri-urban areas, such as Kanyama, Ngombe, Chawama, Chipata, and Mtendere. After seeing the successes scored in areas that are using PHAST methodology, the Ministry of Health felt that it was imperative to standardize methodology tools to suit both urban and rural communities, hence the revision of the PHAST manual in July 2006.

The developed **PHAST Tool Manual** contains many other useful participatory tools besides the tools in original PHAST manual developed by WHO/ SIDA/ UNDP/ World Bank, so that the manual covers all the steps from concept building to monitoring and evaluation to be followed in the workshop (figure 1.1). The tools contained in the PHAST Tool Manual are also categorized in accordance with purposes and steps from the viewpoint of convenience to fieldworkers.

![Figure 1.1 Five steps to follow in PHAST workshop](image-url)
2. **Structure of This Manual**

This tool manual is designed to help facilitators to conduct the workshop taking steps and moving on gradually deepening the understanding and interests of participants. Though every tool has a variety of different objectives, they are broadly categorized into five groups, namely, 1. conceptual, 2. investigative, 3. analytical, 4. planning/operational, and 5. monitoring and evaluation, as shown in the table 1.1. The categorisation also indicates steps that the workshop should follow, in addition, that would allow more smooth and effective planning of workshop. The workshop can effectively involve participants in learning and action process for sanitary and hygiene transformation if the above-mentioned steps are followed.

1. **Conceptual Tools**

Conceptual tools are a group of tools for an introductory step with aim of concept building. The tools are designed to help participants set up their mind, attitude, behaviour and capability to be ready to take part in the workshop and community activities. At this stage, it is quite important to bring out participants’ motivation and interests to be involved in the workshop more positively. The tools also aim to promote more flexible leaning attitude of participants.

2. **Investigative Tools**

Investigative tools are categorised as a group of tools for problem investigation at the second stage after the conceptual tools. The objective of the investigative tools is to assist participants to investigate the issues in depth in relation to social, cultural, economical and health aspects. At this stage, both participants and the facilitators are encouraged to identify the real sanitary and hygiene issues facing communities, and understand their route causes.
3. Analytical Tools

The tools give the opportunity to participants to discuss actual conditions of their community and people's lives from diversified aspects and viewpoints. This stage is considered as an essential step for participants to realise the possible impacts of their future interventions and obstacles they may encounter, that would be also indispensable in order to design a more feasible and effective activity plan at the next stage.

4. Planning Operational Tools

The planning and operational tools are designed for participants to identify the most appropriate and practical actions to take to achieve desired goals. This planning step contains three phases; 1) identifying solutions, 2) selecting options, and 3) planning activities for behaviour change and new facilities. Among the planning tools, “Identification and blocking transmission routes”, “Barrier matrix”, “Pair wise ranking”, and “Feasibility analysis” are quite important tools in phase 1 and 2. Conducting these tools help participants and the facilitator enter into the discussion of other planning tools in phase 3.

5. Monitoring and evaluation Tools

The implementers and beneficiaries must know the changes and impacts caused by interventions. The tools indicate expected changes and impact of their interventions on individuals and the community and how hygiene and sanitation promotion activities can result in. It is helpful to make community be attentive/observant to monitor and evaluate those changes that may happen in the future.

It should be noted that the tools can be used in PHAST workshop to comprehend the changes caused by the intervention.

Among other tools for monitoring and evaluation are Johari’s window, Community Mapping (social), Mapping Defaecation Routes and Sites, Health Pictures, Gender Analysis and Story with a Gap.
1. CONCEPTUAL TOOLS

1.1 Nine Dot Square  
1.2 Resistance to Change Continuum  
1.3 Johari’s Window  
1.4 Cup Exercise  
1.5 Identify the Leader  
1.6 Counting Squares  
1.7 Targeting the “BUTs”  
1.8 Photo Parade

2. INVESTIGATIVE TOOLS

2.1 Community Mapping (Social)  
2.2 Community Mapping (Resources)  
2.3 Venn Diagram  
2.4 Pocket Chart  
2.5 Unserialised Posters  
2.6 Historical Timeline  
2.7 Mapping Defaecation Routes and Sites  
2.8 Social Drama  
2.9 Nurse BWINO  
2.10 Diarrhoea Child  
2.11 Health Pictures  
2.12 Songs/Poems  
2.13 Focus Group Discussion

3. ANALYTICAL TOOLS

3.1 Semi-Structured Interview  
3.2 Transect Walk  
3.3 Gender Analysis (Task Target Analysis)  
3.4 Community Cup  
3.5 Story With A Gap (SWAG)  
3.6 Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis  
3.7 Assessing Resources/Constraints  
3.8 Seasonality Calendar  
3.9 Identifying and Blocking Transmission Routes  
3.10 Barrier Matrix  
3.11 Three Pile Sorting  
3.12 Community Resources Ownership Analysis  
3.13 Daily Calendar  
3.14 Sender Cycle

4. PLANNING/OPERATIONAL TOOLS

4.1 Feasibility Analysis of Interventions  
4.2 Pair Wise Ranking  
4.3 Force Field Analysis  
4.4 Solid Waste Ladder  
4.5 Hand Washing Ladder  
4.6 Hand Washing Times  
4.7 Sanitation Ladder  
4.8 Water Ladder  
4.9 House Construction  
4.10 Participatory Planning

5. MONITORING AND EVALUATION TOOLS

5.1 Body Mapping

Table 1.1 Categorisation of PHAST Tools
CHAPTER 1. INTRODUCTION: PREPARE FOR PHAST WORKSHOP

3. **Preparing for PHAST Workshop**

1. **Read the manual carefully**
Read through the whole manual carefully and make sure that you understand the concept, purpose and expected result of each tool.

2. **Selection of participants**
PHAST workshop can most effectively work with participants of 15 - 30 people. Members should be selected carefully from several different groups such as local community leaders, health staffs, men, women, youth, elderly and people living in different zones in the target area to avoid being biased to particular groups’ opinions and benefit. When selecting participants, the following points need to be considered:
Participants should be;
- 25 years and above,
- permanent residents in that community,
- willing to work as a volunteer, and
- eager to improve their community

Therefore, it is important to sensitize community, conduct interviews and select suitable participants.

3. **Compose workshop program**
To organize effective PHAST workshop, it important to choose the appropriate tools from each step with consideration of the purpose of tools as well as design workshop program in order of five steps from concept building to monitoring and evaluation. The workshop requires 14 days for the tools to be administered effectively.

4. **Prepare tools and materials**
Visual aids contained in this manual are suitable for both urban and rural settings. Facilitator should select the visual aids suitable for their situation. Prepare at least 3-4 sets of each tool that you are going administer from PHAST Tool Kit and other necessary materials such as flip charts, pens, markers, etc.
5. What to do after PHAST workshop

Conducting PHAST workshop is not the end, but the beginning of implementation of activities to improve health and hygiene. Therefore, to achieve this, there is need for the following to be put in place:

1. Formation of environmental health executive committee
2. Formation of sub committees if necessary
3. Technical guidance/training in identified and prioritized activities
4. Implementation of planned activities
5. Monitoring and evaluation.

6. Motivation of volunteers

It is important to make sure that volunteers involved in the implementation of planned activities are motivated. The following are some of the ways in which a volunteer can be motivated

1. Conduct monthly meetings
2. Conduct monthly refresher courses
3. Provide identity cards
4. Involve volunteers in special events like sanitation week, malaria week and child health week
5. Initiate income generating ventures for incentives
6. Supervision by health centre staff to reduce the feeling of isolation
Chapter 2. PHAST TOOLS

1. Conceptual Tools

CONCEPTUAL TOOLS are a group of tools for an introductory step with aim of concept building. The tools are designed to help participants set up their mind, attitude, behaviour and capability to be ready to take part in the workshop and community activities.
1. 1

Nine Dot Line

DESCRIPTION

This tool is a conceptual tool, which helps participants to think broadly and see things differently. The tool is also used to indicate how challenging health and hygiene education can be.

PURPOSES

The purpose of this tool is that at the end of the session, participants will be able to realize how:

- Consultation broadens horizon through various ideas;
- Difficult it is to accommodate communities views;
- Solutions to problems may lie outside given framework i.e. there is need for flexibility. There is need to change their customs, habits and traditions for the better; and
- Importance creativity and willingness is to break away from traditional habits.

METHOD

Ask participants to join the nine dots using only four straight lines without lifting the pens, and should not be removed (lifted) from the paper and the four lines should be drawn through connecting all the nine dots in the array.

Participants are asked to perform the tasks individually on a piece of paper.

MATERIALS

Blackboard and chalk, flip chart, pens, markers and papers

TIME

20 to 30 minutes

TARGET GROUP

men, women, children

POINTS OF DISCUSSION

- What does the task given to them demonstrate?
- How easy is it to break away from traditional habits?
- Do people perceive problems differently?
- How can this exercise help communities resolve some of their problems?
CHAPTER 2  PHAST TOOLS:  CONCEPTUAL TOOLS

Nine Dot Line

(Example)
1.2

Resistance to Change Continuum

DESCRIPTION

This is a graphic representation to help participants analyse peoples’ reactions to the possibility of change, along a continuum form:

• Not recognizing the existence of a problem or any need for change.
• A willingness not only to act and share experiences with others but to be an advocate for change.

PURPOSES

• To enable participants realize that community members may have different and understandable reasons of not wishing to adopt to change.
• To demonstrate a simple way of categorizing resistance commonly met in the community so that differences in degree and types of resistance become clear.
• To enable participants to select approaches which would be most appropriate when working with people who are either receptive or resistant to change.

METHOD

Participants are asked to cite some examples when they observed resistance to a message from outside due to deep-rooted beliefs, traditions, norms and culture.

1. Examples from each group should be listed.
2. There is need for the Facilitator to point out the importance of airing and discussing beliefs in a respectful way. This helps to make room for an outsider’s point of view.
3. Proceed with one of the three methods and questions for participants

MATERIALS

A blackboard or flip chart on which a continuum diagram (poster) is drawn showing eight steps of resistance or openness to change as follows:
1. “There is no problem”
2. “There may be a problem, but it is not my responsibility”
3. “Yes. There is a problem, but I have my doubts”
4. “Fear of loss”
5. “I see the problem and I am interested in learning about it”
6. “I am ready to try some actions”
7. “I am willing to demonstrate to others”
8. “I have done it”

TIME  
1 hour

TARGET GROUP  
men and women

POINTS OF DISCUSSION

• Why do people want to change their behaviour?
• What are some of the cultural beliefs which people fear to break when they want to change their behaviours?
• What are the consequences of each belief when one breaks it?
• What is the most appropriate approach when working with such people?
Resistance to Change Continuum

1. Resistance
2. Skepticism
3. Indifference
4. Rejection
5. Doubt
6. Resistance
7. Skepticism
8. Acceptance
1.3 Johari’s Window

**DESCRIPTION**

This is in four different situations (unknown, blind, hidden, and open) and it involves the community and the extension worker to provide some insight about each other. “Windows” in this tool depict feelings inside people/community. It is a conceptual tool that addresses the issue of mutual understanding.

**PURPOSES**

The purpose of the tool is to bring awareness between the extension agents and the community about the differences in understanding each other.

The tool facilitates mutual understanding and interpersonal communication between field workers and the community.

**METHOD**

1. Display Johari’s Window pictures on the wall in any order.
2. Explain what each window represents or means in real life.

*Example: Blindfold a lady and let a man stand at one end of the room, tell the lady to walk towards the man. After that remove the cloth and ask her, how she was feeling and her fears. Also ask the man his fears. Relate this to the pictures on Johari’s Window.*

**MATERIALS**

Johari’s Window Pictures on the wall or drawn on a flip chart with four and scripts (Blind, Open, Unknown and Hidden)

**TIME**

30 minutes to 1 hour

**TARGET GROUP**

women and men

**POINTS OF DISCUSSION**

- How can the extension workers approach the unknown, hidden and blind windows?
- What common examples can be given in real life situations under each window?
- What do the unknown, blind, hidden and open windows represent?
Johari’s Window

( Example)

BLIND

HIDEN

UNKNOWN

OPEN
1.4  

Cup Exercise

DESCRIPTION  
This is a conceptual tool that provides participants with directive and non-directive approaches in different learning tasks and project planning and implementation.

PURPOSES  
It helps the extension worker to effectively facilitate community in project planning and implementation.

METHOD  
1. Divide participants into groups  
2. Ask the participants to arrange the cards in an orderly manner. Start with the most directive on the left and end with the most open on the right.  
3. Ask participants to list down some advantages/disadvantages of directive and non-directive approach.

MATERIALS  
Set of six cards each with a picture of a cup with different instructions as follows:

- Fill the cup to the brim with coffee  
- Fill the cup with coffee  
- Fill the cup with some liquid  
- Put something in the cup  
- Do what you wish with the cup  
- Decide whether or not you want to use the cup

TIME  
1 hour

TARGET GROUP  
men and women

POINTS OF DISCUSSION  
Ask the participants why they came up with those answers. (The material was designed in such a way that there could only be one “right” answer).

Let the participants comment on how the exercise can help them understand the difference between didactic teaching and participatory methods.
Cup Exercise

- Fill the cup to the brim with coffee
- Put something in the cup
- Fill the cup with coffee
- Do what you wish with the cup
- Fill the cup with some liquid
- Decide whether or not you want to use the cup
1.5  

IDENTIFY THE LEADER

DESCRIPTION  
The tool is designed to identify a leader of a group in a given community based on perceived leadership qualities.

PURPOSES  
It helps the extension workers to identify factors involved in finding out the leader of the community in each given situation.

METHOD  
1. Divide participants into groups
2. One person is asked to leave the room (later to return and identify a leader of a group).
3. The remaining participants are asked to choose leader among themselves, who is asked to give instructions to the group.
4. Another person is chosen to initiate instructions arising from the chosen leader (decoy).
5. The person sent outside is asked to come in and find the remaining persons behaving in a manner intended to sway him/her from making the right choice of a leader.

TIME  
30 minutes

TARGET GROUP  
men and women

POINTS OF DISCUSSION  
• What is the significance of the tool?
• Do situation depicted in this tool happen in the community?
• How can this arrangement enhance leadership skills?
• What are the different types of leaders you know?
1.6 Counting Squares

DESCRIPTION
This tool is designed to show how people perceive issues or problems differently.

PURPOSES
- To demonstrate how people perceive issues/problems.
- To demonstrate resourcefulness of the communities.
- To demonstrate capacities to accommodate other peoples ideas.

METHOD
1. 3 * 3 square box is drawn on the black board.
2. Participants are asked to indicate how many squares they are able to see.
3. Participants are asked to give out the various answers they come up with.

MATERIALS
A blackboard and chalk, markers and 3 x 3 square boxes (counting nine small squares)

TIME
30 minutes

TARGET GROUP
men, women, children

POINTS OF DISCUSSION
Ask participants:
- How many squares they were able to see and what they learnt from it.
- How easy is it to change people’s perceptions?
Counting Squares
1.7 Targeting the “BUTs”

DESCRIPTION

The tool encourages communities to identify obstacles to water/sanitation improvements and how they can reach their desired goals.

PURPOSES

The tool is designed to enable participants:

- To explain how communities and health workers can identify obstacles to sanitation/water/hygiene education progress
- To realize that they can overcome any given obstacle hence being able to achieve their desired goal and will require different interventions, one of which is the Resistance to Change Continuum (Tool No. 1.2)

METHOD

Participants are asked to construct sentences related to water and sanitation with the word “but”. In a given sentence, the word (BUT) represents some resistance. In a community, it depicts resistance to new ideas. It shows negative responses and explains why communities cannot reach required goals on sanitation.

MATERIALS

A flip chart stand, flip chart, makers, blackboard and chalks, set of visual aids of the Resistance to Change Continuum

TIME

1 hour

POINTS OF DISCUSSION

Discuss given examples and deduce the lessons learnt in each case.

- How can the “BUT” in each sentence be targeted to resolve an obstacle?
1.8 Photo Parade

DESCRIPTION
The tool helps participants to know how community perceive an effective style of training and distinguish between didactic and participatory (learner-centered) style of communication. It is a conceptual tool.

PURPOSES
The purpose is to help the participants to identify a good style of learning when working with communities. It also helps to identify the basic requirements for effective adult learning.

METHOD
1. Divide the participants in three groups of 6-8 people and give each group identical set of photographs.
2. Explain the Task: In your group please look closely at the set of pictures given and select two photos you like best and two you like the least in terms of communication.
3. Your choice should be based on the quality of learning communication that seems to be taking place in each case.
4. Let the groups post their photo of choice on the board two negative ones on the left and two positive ones on the right.
5. Each group should give reasons for categorizing their choices as positive or negative.

MATERIALS
A set of photographs representing a range of communication situations, ranging from highly directive to highly participatory board

TIME
1 hour to 1 hour 30 minutes

TARGET GROUP
men and women

POINTS OF DISCUSSION
- What is the difference between the pictures posted on the negative and those posted on the positive?
- Which pictures show didactic and participatory (learner-centered) ways of communication?
- What are the disadvantages and advantages of each?
Photo Parade
CHAPTER 2  PHAST TOOLS: CONCEPTUAL TOOLS

Photo Parade
Chapter 2. PHAST TOOLS

2. Investigative Tools

INVESTIGATIVE TOOLS depict the strength and resourcefulness of community in their quest to probe the root cause of a particular identified problem. The objective of the tools is to assist participants to investigate the issues in depth in relation to social, cultural, economical and health aspects.
2. 1

**Community Mapping (Social)**

**DESCRIPTION**

This is an analytical/investigative tool used to help communities visualise their overall situation and the situation to which they aspire. In this tool, participants are asked to draw a map of their community showing various areas of interest, i.e., water-supply sources, sanitary facilities, etc.

**PURPOSES**

To generate information on people and their households and how they relate to features in the community. Due to the complexity of the social map, the checklist is recommended that would have aspects like:

- number of households;
- water points;
- communal toilets;
- drainages;
- garbage collection points/heaps;
- football/ recreation facilities;
- Community Health Workers (CHW), Nutrition Promoters (NPs);
- projects that the community previously did; and
- household with latrines.

**METHOD**

1. Ask the group to draw/make a map of their community and tell them to include physical features, boundaries housing etc.
2. When the map is finished, ask the participants to divide into two groups with one group on your left acting as visitors and those on the right acting as tour guides. The guides should explain to the visitors the type of the community they are in, people- their lifestyle, features identified and the visitors should ask as many questions as possible to establish and capture the whole picture about the compound in which they are as asking questions will make them capture full aspect of life, both good and bad.
3. Use the points raised by the guides to facilitate a discussion on water and sanitation.
4. Mark the most important problems they have identified with colour markers.
5. Ask the group to display the map where it can be seen by everyone and tell them to keep for future references.
MATERIALS
A flip chart paper, markers, pens, paper and whatever is available

POINTS OF DISCUSSION
Let participants work without any suggestion and inputs from you.

- What is the importance of this map?
- Do you think that by drawing this map you would know the facilities in your community?
- Is the map going to be useful to you to identify problems?
Community Mapping (Social)

(Example)
2. 2

**Community Mapping (Resources)**

**DESCRIPTION**

This is an analytical tool used to identify the resources found within the community. The communities normally have more resources than they can visually ascertain unless brought to their attention.

**PURPOSE**

To identify the resources available in the community to assist implement interventions in the field of water, sanitation and hygiene education.

**METHOD**

Ask the group to draw/make a map of the community and then the map should be ‘dotted’ with various resources found in the community (sand, timber, gravel, animal etc.)

**MATERIALS**

A flip chart paper, markers, pens, paper and whatever is available

**TARGET GROUP**

men, women, children

**POINTS OF DISCUSSION**

- What materials or resources are found at local level?
- How can these be utilized to resolve problems in the field of water, sanitation and hygiene education?
2. 3  

**Venn Diagram**

**DESCRIPTION**  This tool is designed to identify external and internal organisations, groups, important individuals found in the community. It also indicates how close the contact and co-operation is among those organizations and groups.

**PURPOSES**

- To identify external and internal organisations, groups and important individuals active in the community.
- To find out how the different organisations and groups relate to each other in terms of contact, co-operation, flow of information and provision of services.

**METHOD**

1. Divide the participants into groups of 5 to 8 people
2. Ask the participants to write down all the institutions, organisations and groups that are working in the community.
3. Ask them to draw a big circle in the centre of the paper that represents themselves.
4. Ask them to draw circles inside which represents the institutions, organisations and groups. The size of circles differs depending on how important they are to their problems or activities concerned. The distance of circle from themselves indicates degree of contact/co-operation between themselves and those institutions by distance between circles.
   - largely distanced circle: no contact or cooperation
   - circle close to each other: only loose contact exists
   - touching circle: some cooperation
   - overlapping circle: close co-operation

**MATERIALS**  Pencils or markers, flip chart, rubbers and gum sticks

**TARGET GROUP**  men, women, children

**POINTS OF DISCUSSION**

- Which organisations are addressing issues of water and sanitation?
- What are the strength and weakness of those organisations which are reported as most important?
Venn Diagram

(Example)

- District health Office
- City Council
- Area Councillor
- RDC
- NGO
- Health Centre
- NHC
- Donor
- Community Volunteers
- Community Police
- Community School
- Donor

(Example)
2.4 **Pocket Chart**

**DESCRIPTION**  
This is a tool, which assists in investigating community/individual health and hygiene practices. It cuts across gender and age group. Participants are given the opportunity to vote for the health and hygiene practices that they perform. Voting is done in secrecy to help participants choose the practices without any external influences.

**PURPOSES**  
The purpose of the pocket chart is to help the group in collection and analysis of information based on individual health and hygiene practices in the community. Information collected at this early stage can be compared with information collected in the same way, later in the programme. By comparing the two sets of information, the group can see whether changes in behaviour are taking place. It also helps the group in the identification of the practices that the group would want to:

- Change
- Encourage and enforce
- Introduce into the community
- Collect and analyse information on individual sanitation practices

**METHOD**  
1. Show the participants the pocket chart and explain to them what it is and how it can be used to collect information confidentially.
2. Ask participants to identify behaviors on the chart and clarify on the behaviors/practices that are not clear.
3. Place the pocket chart in such a way that others do not see the one voting.
4. After everyone has voted, ask some volunteers to count the votes found in each pocket.

**TIME**  
2 hours

**MATERIALS**  
A pocket chart; voting materials e.g., slips of paper, seed, pebbles; blank paper and drawing materials for additional options that may be thought up by the group during discussion.; and drawings to put on the pocket chart; (the three-pile sorting drawings can often be used)
POINTS OF DISCUSSION

• Which behavior/practice is most common and why?
• Which behavior is least common and why?
• What effect has the most common/least common got on health or well being of the community?
• From the behavior/practices which ones need to be changed and why.
• Which behavior/practice is the most desirable in the community and how can it be attained.
2. 5

Unserialised Posters

DESCRIPTION
The tool is made of pictures or drawings depicting the lifestyle of people in a given community. Other pictures will show or depict common everyday community situations in an assorted fashion.

PURPOSES
- To stimulate group members to identify important issues and problems affecting their community.
- To help build a feeling of team-work (spirit) and mutual understanding.
- To stimulate discussions of relevant important issues among community members.
- To stimulate or generate group self-esteem and creativity

METHOD
1. Divide participants into groups of five to eight participants. Give each group a set of pictures/drawings.
2. Each group will choose pictures/drawings from the set and working together formulate a story about your/their community.
3. Give names to the people in the story and to the places where the story is taking place and the story should have a beginning, a middle and ending.
4. Give the groups 10-15 minutes to make up their story.
5. Ask each group to tell its story to the other participants either by
   - A single person selected by the group;
   - A number of persons selected by the group or;
   - Participants acting out their story.
6. After each presentation, invite the other participants to ask questions about the story and let the group answer them.
7. Once all the stories have been told, invite the group to discuss the main points of each story.

MATERIALS
Assorted pictures/drawings depicting peoples' lifestyles and common everyday situations.

TIME
1 hour 30 minutes to 2 hours

TARGET GROUP
men, women, children
POINTS OF DISCUSSION

- Find out if the stories are about the events happening in the community.
- Find out if there are other similar problems that could be resolved.
- Find out if there are other similar problems that the community is facing that did not come out from the stories.
CHAPTER 2 PHAST TOOLS: INVESTIGATIVE TOOLS

Unserialised Posters
Unserialised Posters

TOOL MANUAL OF PARTICIPATORY HYGIENE AND SANITATION TRANSFORMATION (PHAST)

38
2.6 Historical Timeline

**DESCRIPTION**

The historical timeline reveals important information for understanding the present situation in a community and for understanding current conflicts e.g. water management, sanitary facilities. This information can be collected through individual meetings with a sample of key informants who know the history of a place.

**PURPOSES**

- The purpose of this tool is to review key historical events and processes, when and how development interventions were brought in.
- Understanding community past problem, successes and initiatives (how they were addressed)
- Analysing how the past community experiences have influenced the present situation.

**METHOD**

1. Divide participants into smaller groups (for instance that of men alone, women and a mixture of males and females). An effort should be made to have in each group a person who has been in that area for a long time.
2. Ask the groups about significant events that occurred and when they occurred (pick an historical reference point which is relevant for the residents) each group should do historical timelines depending on issues e.g. garbage, water, drainages, toilets etc.
3. On a flip chart paper, draw two vertical lines. In the left hand column, write the “date” when an important event occurred, in the middle column indicate the “events” that occurred, and in the right hand column, indicate the “positive and negative impact” of the event on the community (women, men, children and youths).
4. The facilitator should probe as many questions as possible to solicit for more information on the issues.
5. Ask participants to indicate the impact on the community. Who were affected most?
6. If it is issues concerning water, questions like:
   - Is there a water source in this area?
   - When was the water source put in place?
   - Are there any problems with the water source?
   - When did the problem begin?
TIME 2 to 3 hours

MATERIALS Flip charts and markers

TARGET GROUP community members (adult)

POINTS OF DISCUSSION

- Have you experienced any natural or man-made calamities which affected your water and sanitation facilities?
- What is the difference in terms of water management before and after the calamity if any?
- How did the past community activities influence the present?
- Are there any changes in behaviour now compared to the past? If yes, in which way?
- Who were affected most in the past compared to the present?
- How did you solve health problems in the past?
2. 7  
**Mapping Defaecation Routes And Sites**

**DESCRIPTION**
It is a tool designed to generate information about excreta disposal practices amongst communities. It also helps to analyse behaviours of different people pertaining to Defaecation practices, by age, gender and social status. This information is important to plan interventions or improvements in sanitation facilities and behaviours.

**PURPOSES**
- Helps to analyse the Defaecation practices among men, women, youths and older children.
- It also assists the community to identify possible dangers and put in place interventions for minimizing or eradicating these risky practices.

**METHOD**
1. Divide participants according to sex and age.
2. Let each group produce a zone/unit map and where they go for Defaecation.
3. Ask volunteers to have a consolidated map.

**MATERIALS**
A3 papers, markers or pencils and rubbers

**TIME**
1 to 2 hours

**TARGET GROUP**
men, women, older children

**POINTS OF DISCUSSION**
- What are the dangers of using Defaecation sites indicated on the map?
- Are these practices good or bad and why?
- What interventions should be put in place to eradicate these practices?
- What changes have occurred in the community?
2. 8  

Social-Drama

DESCRIPTION  This is a participatory tool that can update the wider community on the success and constraints of a given programme from problem identification to evaluation. It helps the group/community/officials to identify:

• how much has been done in the community;
• how much of the plan still needs to be done;
• from the project’s activities, what has been successful;
• problems or difficulties encountered; and
• any corrective action that is needed.

PURPOSES  The socio-drama is there to update the wider community on progress made to date. It also creates an enabling environment that provides opportunities to celebrate the project success. The socio-drama also highlights the aspects of the project to visitors from other communities and to officials and donors.

METHOD  
1. Divide the group in four to eight people with invited Guests joining any of the groups.
2. Give them tasks to pick one part of the project and make up a short 10 minutes story. 30 minutes will be allocated for preparations and 10 minutes for presentation.
3. Ask members to perform what has been prepared.
4. After that, participants may discuss any particular significant of the events that were not performed.

TIME  1 hour to 2 hours

POINTS OF DISCUSSION  
• What lessons did you learn from the drama?
• Are there any successful project activities highlighted in the drama performance?
• What problems were encountered in the project?
• Is there any correct action that needs to be done? What is it?
• What are the particular events which were left out in the performance?
2. 9

Nurse BWINO*

DESCRIPTION

This tool is used to identify the health problems that are found in a particular community and discover which ones can be prevented through community actions. It gives a guide on how those health problems can be solved.

PURPOSES

It helps communities identify preventive strategies to control preventable diseases.

Nurse BWINO is a good tool to sensitise communities on water, sanitation and other health issues. This may be used as entry point to discuss the importance of using safe water, good excreta disposal systems and personal hygiene to reduce the frequency and occurrence of water borne diseases, which will eventually lead some community action to either rehabilitate their water point, establish a new protected water source, construct more latrines, manage waste disposal systems, establish new drainage systems and other environmental sanitation systems.

METHOD

1. Divide the group into five to eight people.
2. Each group is given Nurse BWINO poster and a series of other posters depicting various health conditions.
3. Participants place the posters in a queue and identify the reasons (conditions/diseases) why the patient has come.
4. Participants are asked which diseases are preventable.
5. Patients suffering from preventable diseases should be removed from the queue.

TIME

90 minutes

MATERIALS

- Poster depicting Nurse BWINO at a Health Centre
- Set of posters depicting different illness. The posters should also depict ordinary people
- Pins and colour stickers

POINTS OF DISCUSSION

- What are the health problems to be taken to Nurse BWINO?
- What health problems have been identified under Nurse BWINO?
• What are the health problems that can be prevented through community interventions and what could be cured at the Health Centres?

* N.B.: “BWINO” means “good”.
CHAPTER 2  PHAST TOOLS: INVESTIGATIVE TOOLS

Nurse BWINO
Nurse BWINO
2.10 Diarrhoea Child

DESCRIPTION
This is an analytical and investigative tool, aimed at assessing community’s knowledge on diarrhoea in babies/children.

PURPOSES
- To determine signs and symptoms of diarrhoea
- To determine remedies and treatment seeking behaviours in communities currently prevailing on diarrhoea.
- To assess community on prevention/causes of diarrhoea.

METHOD
1. Divide participants into groups.
2. Ask participants to mark on the picture where physical signs of diarrhoea can be seen on a diarrhoea child.
3. Show the participants the pictures depicting different treatment methods.
4. Using a pocket chart with these pictures ask the participants to vote against the common method.

MATERIALS
- Pictures depicting children/babies of different ages
- Pictures depicting normal and health children
- Pictures depicting different diarrhoea treatment/preventive methods available locally
- Oral Rehydration Salt (ORS) sachets
- Pictures showing treatment seeking behaviours, stopping breast feeding, tablets, traditional healing

TIME
2 hours

POINTS OF DISCUSSION
- What are the different types of diarrhoea identified by the Community?
- What should be done first when a child has diarrhoea?
- Do participants understand the need for ORS?
- What are the causes of diarrhoea?
- What are the preventive measures of diarrhoea?
Diarrhoea Child
2.11  Health Pictures

DESCRIPTION
The tool is designed to help the community realize that individuals perceive health issues differently and that group work is stronger than individual performances.

PURPOSES
It helps the facilitator to know that:
• people perceive health differently;
• individuals perceive health issues differently;
• group consensus is stronger than individual's; and that
• each community react to health problems differently.

METHOD
Participants will be required to choose and discuss and agree on which facility or activity would depict good health from the pictures given.

MATERIALS
A set of pictures depicting health or sanitary environment in relation to water supply or sanitation. Get pictures from other tools.

TIME
1 hour

TARGET GROUP
men and women

POINTS OF DISCUSSION
• Is there any difference in the pictures in terms of good health?
• What benefits have these health environments brought to the community?
• Do communities have the same approach to health problems?
2.12

**Songs / Poems**

**DESCRIPTION**
This is an investigative and informative tool that helps the community to get information directly from the peers.

**PURPOSES**
For identification of problems in the community:
- to demonstrate how communities can solve their own problem; and
- to inform community about their own behaviour towards hygiene and sanitation transformation.

**METHOD**
1. Divide participants into groups.
2. Ask each group to either compose a song/poem using the pictures.
3. Ask the participants to present/sing their poem/song to their friends.
4. Ask the participants what they learnt from the song or poem.

**MATERIALS**
Pictures depicting activities, situations related to hygiene and sanitation. Get pictures from other tools.

**TIME**
1 hour

**POINTS OF DISCUSSION**
- What did the participants learn from the song or poem?
- Did the message in the song or poem reflect their situation?
- What action would the community take to correct their situation?
2. 13

Focus Group Discussion

DESCRIPTION  Focus Group Discussion (FGD) is more of a concept than a tool in that it is simply a way of capturing views of people over a similar problem by virtue of either their age group or sex.

PURPOSES  
- To analyse how age and sex would influence perception of the same problems surrounding a given community.
- To enable outsiders understand why people behave in the way they do.

METHOD  
1. Divide the group into men, women, boys and girls.
2. Each group will be given a similar situation or problem to discuss under the guidance of a Facilitator and a note taker.
3. At the end of the group discussion, Facilitators will come together to compare notes and assess the outcome.

MATERIALS  flip chart, markers, pens, stick stuff and notebooks

TIME  1 hour 30 minutes to 2 hours

TARGET GROUP  men, women, boys, girls

POINTS OF DISCUSSION  
- How did the presenter feel during the plenary session?
- What participatory skills were applied during the plenary session?
3. Analytical Tools

Analytical Tools give a further opportunity to participants to discuss actual conditions of their community and people’s life from diversified aspects and viewpoints. This stage is considered as an essential step for participants to realise the possible impacts of their future interventions and obstacles they may encounter, that would be also indispensable in order to design a more feasible and effective activity plan at the next stage.
3. 1  

**Semi-Structured Interview**

**DESCRIPTION**  
This is an investigative, analytical and planning tool, aimed at collecting and analysing information on a given situation.

**PURPOSES**  
- To gather information from several individuals at the same time concerning their problems.
- To generate suggestions and recommendations on hygiene and sanitation improvements.
- To analyse problems and opportunities.
- To discuss implementation plans of identified and analysed problems.

**METHOD**  
1. Divide participants into small manageable groups of ten (division according to sex and age will be dependent on the topic to be discussed).
2. Introduce the topic to the discussants.
3. Ask questions relevant to the topic e.g.
   - What do you think are the main causes of community risk behaviours related to this problem?
   - What do you do in your community to prevent this problem?
   - Which of the prevention methods do you think are the most effective?
   - When a person is sick or affected with the problem stated, what do most people do as first step?
4. Probe into interesting issues and unlikely information.
5. Take note of useful information without creating suspicion to the audience.
6. Allow active participation by joking in between probes.

**MATERIALS**  
Pre-determined topics for discussion

**TIME**  
2 hours

**POINTS OF DISCUSSION**  
- For the problems identified ask the participants how they intend to solve them.
• For solutions recommended ask the participants whether they are able to implement.
• Ask the participants whether materials required can be locally obtained.
• How long will it take to solve the problem?
3.2 **Transect Walk**

**DESCRIPTION**

Transect walk is a walk determined by community members using the social map. It allows the community to physically check of what exists on the ground in terms of environmental conditions, facilities and behaviours. This walk is taken with special attention to the areas of interest.

There are three types of transect walk:

(a) Loop

(b) Spiral

(c) Zigzag

The type of transect walk will be determined by the type of village settlement and the health aspects of the community.

**PURPOSES**

- The tool can either be used at the beginning of the programme to establish what exists on the ground or better still at the end to check if what was planned has been done and done as planned or if there has been any change in certain behaviours.
- It serves as a base for community mapping and reference materials.

**METHOD**

1. Divide the group into small numbers preferably pairs to avoid attracting attention and each group will cover a portion of the area under surveillance.
2. Participants will carry notebooks and will record anything they come across that is relevant to the programme.
3. Recording can be done in any form either by writing, drawing or pictures if the group has a camera.
4. At the end of the walk each group will present their findings in any way the group deems fit. It can be in the form of a talk or acting out what they saw or even in a song.
CHAPTER 2  PHAST TOOLS: ANALYTICAL TOOLS

MATERIALS

Pens and notebooks, drawing material and camera if available

TIME

2 hours

POINTS OF DISCUSSION

• Find out the general impression on the transect walk.
• Seek clarification on peculiar issues reported.
3. 3  

**Gender Analysis**  
**(Task Target Analysis)**

**DESCRIPTION**  
This tool is designed to depict gender roles in water, sanitation and hygiene behaviours. The word GENDER refers to differences in sex that is male and female, their roles and responsibilities as well as the way they relate to each other. Gender roles (tasks) are duties given to male and female in a community which are interchangeable. These roles are learned behaviours in a given society.

**PURPOSES**

- Analyse the interventions that are gender sensitive and sustainable.
- Analyse if the interventions are addressing the real issues or superficial issues.
- Demonstrate the capacity to assist communities depict and examine gender roles in water, sanitation and hygiene behaviour.
- Identify who would be able to undertake additional tasks to introduce the changes necessary to prevent diarrhoeal diseases/ health problems.

**METHOD**

1. Divide the people into groups of five to eight people, ensure that men and women are in separate groups though you may need a group, which is mixed.
2. Each group is given a drawing of a man, woman and couple and a set of drawings showing different tasks.
3. Participants are asked to discuss in their respective groups, who does a given, then the task drawing is put underneath the drawing of man, woman or couple based on the consensus of the group.

**MATERIALS**

- Pictures of various tasks performed at household level
- Picture of a man, woman and couple

**TIME**

1 hour 30 minutes to 2 hours
TARGET GROUP    men, women, children

POINTS OF DISCUSSION

- Who does what task?
- How does differences in workload affect hygiene behaviour?
- Who would contribute to a given project if need arises?
- Who would make household decisions when it comes to hygiene and sanitation decisions?
Gender Analysis (Task Target Analysis)
Gender Analysis (Task Target Analysis)
Gender Analysis (Task Target Analysis)
3.4 Community Cup

**DESCRIPTION**
This tool is used by facilitators to share their vision about the type of people living in the community and to indicate how they can be of assistance to develop their communities especially areas where little is known.

**PURPOSES**
- To sensitise the leadership, community members especially the silent majority
- To inform the community about the facilitator’s role in the development process.

**METHOD**
1. You will need to explore the community by collecting data on the particular community. To do this cognitively do the following:

   A) look
   B) listen
   C) learn

2. Look at the records, reports, solicits support of the leadership of that community. You will need to win their favour before approaching the community then meet the community to share what you collected to confirm whether that could be true.

**MATERIALS**
A flip chart and markers

**TIME**
2 hours

**POINTS OF DISCUSSION**
- Who is the chairperson of this community?
- How many extension workers (nurses, teachers, and policemen) do you know in this area? Do you interact with them? Are they beneficial to this community?
- How do you collaborate with other members of this community when there is a programme like clearing of drains?
- What do you think of the role of every member of this community?
Community Cup
3.5 Story With A Gap (SWAG)

**DESCRIPTION**

This is an open-ended story designed in such a way that the story teller finishes prematurely at a point where decisions have to be made and participants are asked to contribute the finishing by making the decisions.

**PURPOSES**

- It helps participants to start identifying themselves with the character/s in the story because the stories should be real life stories and relevant to the subject or situation.
- To stimulate active and constructive thinking amongst the participants.
- To encourage sharing of ideas in decision-making.
- To empower participants to make decisions in problem solving.

**METHOD**

1. Facilitators should have a number of pre-arranged stories.
2. Where you (Facilitator) think the community is hesitating to make a decision or they want you to give them an answer to their problem- you then carefully select a story with a gap and give it to them for stimulation.
3. Allow the Participants to debate the best way of finishing the story.
4. Guide the debate so that it remains focused up to the end where at least the majority if not everybody agree to one thing.

**MATERIALS**

Pairs of pictures, a flip chart, markers and stick stuff

**TIME**

1 to 1 hour 30 minutes

**TARGET GROUP**

men, women, teenagers

**POINTS OF DISCUSSION**

- Refer to the story and find out if such things happen in their community.
- Ask them if they consider such things as problems.
- Find out if they can avoid such problems and how.
- Find out what lesson/s they have learnt from the story.
Story With A Gap (SWAG)
3. 6  

**Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis**

**DESCRIPTION**
This tool is aimed at highlighting group perception of the positive (strengths), negative factors (weaknesses), the possible improvements (opportunities) and constraints (limitations) during programme implementation.

**PURPOSES**
To identify problems and resources in the community.

**METHOD**
1. Separate women, men and youths.
2. Guide them to list down problems and strengths in the community according to the social groupings.
3. Collect the problems and strengths identified.
4. Merge the list and identify the problems common to all the groups.
5. Come up with a priority list. Allow women to present first, youths second last and men last.

**MATERIALS**
Flip charts and markers

**TIME**
30 minutes

**TARGET GROUP**
men, women, and youths

**POINTS OF DISCUSSION**
- What is/are the common problems to all the groups?
- Why is it problematic to each group?
- Compare the viewpoints and perceptions of each group.
- Ask how the common problems could be approached by each group and identify the particular role that each group has to play.
3. 7 Assessing Resources / Constraints

DESCRIPTION
This tool is aimed at getting to know the availability and limitation of existing resources in the community and expected constraints especially during programme implementation.

PURPOSES
- To plan in quantifying the required inputs
- To help to identify constraints expected
- To develop measures to eliminate constraints

METHOD
1. Divide participants into groups to identify resources/constraints using community maps.
2. Carry out an inventory/baseline survey on existing resources generating ventures/skills/assets.

MATERIALS
Questionnaires, paper and pencils

TIME
1 to 2 hours

TARGET GROUP
all community, men, women and children

POINTS OF DISCUSSION
- Realise that constraints exist but do not despair.
- Think of ways/options to limit or eliminate constraints.
3.8 Seasonality Calendar/chart

**DESCRIPTION**
This is an analytical and planning tool aimed at exploring seasonal changes of climate, disease, environment that are related to hygiene and sanitation.

**PURPOSES**
This tool is used to identify variations throughout the year that may relate to disease patterns, availability of safe water, accumulation of garbage (refuse).

**METHOD**
1. Explain the seasonality calendar/chart to the participants
2. Divide participants into groups of 4-8 people
3. Ask the participants to draw a chart and indicate by shading when various health problems occur. This may be done on the ground or a large piece of paper.
4. Upon completion, transfer the information onto A4 paper for record keeping (if drawn on the ground).

**MATERIALS**
A seasonal chart, A4 paper for symbols like water, garbage and diseases

**TIME**
2 hours

**POINTS OF DISCUSSION**
- What other health problems does the community encounter?
- Why do such health problems occur in those seasons?
- Why are those months associated with water shortages?
<table>
<thead>
<tr>
<th>Item</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td>Garbage problem</td>
<td></td>
</tr>
<tr>
<td>Water shortage</td>
<td></td>
</tr>
<tr>
<td>Climate</td>
<td>Rain season</td>
</tr>
<tr>
<td></td>
<td>Hot season</td>
</tr>
<tr>
<td></td>
<td>Dry season</td>
</tr>
</tbody>
</table>

Rain season
Dry season
Hot season
Cold season
3.9 Identifying And Blocking The Transmission Routes

DESCRIPTION

This is an investigative/analytical tool that helps the participants to discover ways to prevent or block diarrhoeal diseases from being spread via transmission routes.

PURPOSE

The tool is designed to assist participants in:

- Identifying actions that can be taken to block the disease transmission routes.
- Identifying risk behaviours associated with diarrhoea or other sanitary diseases.
- In planning for interventions.

METHOD

1. Divide participants into groups of ten to twelve members.
2. Give the participants a set of pictures.
3. Ask the participants to arrange the set of pictures in the way diarrhoeal diseases are transmitted.
4. Indicate possible faecal-oral transmission route using makers.
5. Ask the participants if there is any other homestead places or activities that are possible route of faecal-oral transmission.
6. Ask the participants to identify barriers to faecal-oral transmission and place the barriers on the diagram.

TIME

1 hour

MATERIALS

- Pictures/drawings depicting points in the faecal-oral transmission route
- Paper, flipchart, colour pens or markers, tape

POINTS OF DISCUSSION

- From the transmission chart, where do you think we can block to prevent the spread of diseases?
- What interventions can be put in place for those areas?
- Why have you chosen those interventions?
- Are physical barriers such as latrines the only solution.
Identifying and Blocking the Transmission Routes

(example)
3.10  **Barrier Matrix**

**DESCRIPTION**  
This is an analytical tool to assist the participants identify the barriers that make improvements challenging tasks. From the transmission routes, some interventions and/or barriers could be identified. Hand washing, construction of pit latrine and covering food are some of the examples illustrated below.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Scoring what is most difficult to change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Easy</td>
</tr>
<tr>
<td>Hand Washing</td>
<td></td>
</tr>
<tr>
<td>Food Covering</td>
<td></td>
</tr>
<tr>
<td>Latrine Construction</td>
<td></td>
</tr>
</tbody>
</table>

**PURPOSE**
- To assess communities’ reaction against change
- To identify interventions that are easily accepted by the community

**METHOD**  
The participants are asked to indicate (with stones for easiness) whether a particular barrier is easy, moderate or difficult to change

**MATERIALS**  
Pens, paper, stones, leaves etc

**TIME**  
30 minutes

**TARGET GROUP**  
all community member

**POINTS OF DISCUSSION**
- Are the barriers important in identifying health interventions?
- How can this tool be utilised to effect change in communities?
### 3.11 Three Pile Sorting

**DESCRIPTION**

The three-pile sorting is an investigative tool that provides a spirit of full involvement by the community. It reveals the depth and breadth of local health related knowledge as well as providing a context in arriving at behaviours and sanitary technologies.

It allows the communities to perceive behaviours /attitudes practiced in the community in a broader sense and categorise them in the columns of “Good”, “Bad” and “In-Between”.

**PURPOSES**

- It helps in discussing topics like personal hygiene practices and excreta disposal according to impacts on health.
- It also helps in identifying hygiene behaviours that the community/group will want to:
  - □ want to change;
  - □ want to encourage and reinforce; and
  - □ want to introduce in their community.

**METHOD**

1. Ask participants to form groups of five to eight people.
2. Give participants set of pictures (posters) and ask them to sort them into “Good”, “Bad” and “In-Between”.
3. After 10-20 minutes ask the participants to present their work to the group.
4. Facilitate the discussion by reaching an agreement about which pictures are the good, bad and in-between.
5. Facilitate further the discussion till the group reaches a consensus on which side the In-between pictures should be.
6. Be attentive in capturing the knowledge gaps, common behaviours and suggested solutions.

**TIME**

1 hour

**MATERIALS**

Three Pile Sorting drawings
CHAPTER 2  PHAST TOOLS: ANALYTICAL TOOLS

POINTS OF DISCUSSION

- What hygiene practices and behaviours can the community identify in the categorization?
- What common good behaviours can be identified in the category?
Three Pile Sorting
CHAPTER 2  PHAST TOOLS: ANALYTICAL TOOLS

Three Pile Sorting
Three Pile Sorting
3.12 Community Resources Ownership Analysis

DESCRIPTION

It is an investigative and planning tool, which helps the community to identify who owns resources in the community.

PURPOSES

- To determine ownership of resources in the community according to gender
- To identify impediments to water and sanitation and hygiene improvements
- To identify decision makers in the community on resources use

METHOD

1. Divide participants into small groups according to age and gender.
2. Distribute pictures depicting various resources and/or property in the community.
3. Ask the participants to stick pictures of male and female (from “Gender Analysis”).
4. Under these pictures let participants paste the resources/properly that belongs to men and women.
5. Ask each to present their work to each other.

MATERIALS

Posters (pictures) of various resources/property male and female

TIME

2 hours

TARGET GROUP

men and women

POINTS OF DISCUSSION

- Why does a particular sex own almost everything?
- What implications does it have on hygiene promotion and sanitation transformation?
- What resources are utilised for improvement of hygiene and sanitation?
Community Resources Ownership Analysis
Community Resources Ownership Analysis
Community Resources Ownership Analysis
**Daily Calendar**

**DESCRIPTION**
This tool is used to identify activities or work done in the community, the duration and the intensity—by gender. It is a tool that analyses sufficiently the activity profile and hence share the allocation of tasks between men and women.

**PURPOSES**
To analyse labour distribution by men and women or boys and girls per day. It will also stimulate the sharing of activities hence promote full community participation at all levels.

**METHOD**
1. Select a typical free day and divide into hours or periods like morning, afternoon, evening and night.
2. Create a column on the left side of the chart to indicate the hours or periods.
3. Column 2 is also drawn for activities done per hour/period as mentioned by men and women or boys and girls. For conveniences’ sake, separate the charts by gender.
4. Try to subdivide the activities mentioned into Triple Role classification like:
   - Productive for income generating;
   - Reproductive for routine; and
   - Community management for public/communal activities.

**TIME**
2 hours

**MATERIALS**
daily calendar chart or activity profile chart and colored paper stickers to represent different activities

**POINTS OF DISCUSSION**
- Who is burdened by the community work?
- How should gender roles be shared?
- Should women be assisted in the same tasks?
Daily Calendar
Daily Calendar
Daily Calendar
3. 14

**Sender Cycle**

**DESCRIPTION**

It is an analytical and conceptual tool used to investigate and identify the root causes of diseases and also to identify appropriate interventions where possible.

**PURPOSES**

- To assist participants identify root causes of problems/diseases
- To assist participants realise the need to change their behaviour and attitudes towards interventions which are based on traditional norms and culture
- To help planners evaluate the interventions which they have used before and have not worked to avoid going back to the same problem

**METHOD**

1. Ask participants to come up with groups of five to eight people
2. Give participants pictures that depict the vicious cycle of a given problem
3. After 20 to 30 minutes, ask the group to discuss

**MATERIALS**

Sets of pictures depicting various situations and interventions

**TIME**

1 to 2 hours

**TARGET GROUP**

community, community development officers, extension workers

**POINTS OF DISCUSSION**

- Can you explain what you think is happening?
- What can be done to avert the given problem?
- What are the common causes of diseases in your community?
- How would you prevent diseases in your community?
- What interventions would you put in your community to stop the cycle of problems?
- Is it possible to stop the cycle of problems?
Sender Cycle

(EXAMPLE)
Chapter 2. PHAST TOOLS

4. Planning/Operational Tools

Planning and operational tools are designed for participants to identify the most appropriate and practical actions to take to achieve desired goals. This planning step contains three phases; 1) identifying solutions, 2) selecting options, and 3) planning activities for behaviour change and new facilities.
4. 1

Feasibility Analysis of Interventions

DESCRIPTION

From the participatory problem assessment and analysis of the community, the community will come up with a number of solutions that they will want to be implemented. These interventions require analysis for their feasibility at the community level.

PURPOSES

To check whether the proposed interventions are feasible for implementation at community using a matrix as below;

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>CR</th>
<th>CO</th>
<th>SI</th>
<th>TM</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Keys and Ratings

1. CR: Community Response, High = 3, Medium = 2, Low = 1, Nil = 0
2. CO: Cost, Affordable = 3, Medium = 2, Not affordable = 0
3. SI: Simple to organize, Easy to organize = 3, Not easy = , Not difficult = 2, Difficult to implement = 0
4. TM: Time efficiency, Quick = 3, Medium = 2, Too much needed = 0

METHOD

1. Translate criteria into local language using words that are familiar to the community.
2. Discuss the above criteria and add to the list any if necessary.
3. Agree on scoring matrix for each problem list all suggested interventions.
4. Allow the group to score.
5. Choose interventions, which have the highest scores as possible ones to carry out for implementation.

MATERIALS

Flip chart and felt pens

TIME

1 hour 30 minutes

TARGET GROUP

men and women
POINTS OF DISCUSSION

- Does this tool assist in coming up with feasible interventions?
- Are the chosen interventions easy to implement?
4.2 Pair-Wise Ranking

**DESCRIPTION**
This technique is used when one wants to find out about reasons for a particular choice as well as rank the choices. It is most effective where the group has a small number of choices.

**PURPOSES**
- It helps to bring out the perceptions of people on certain problems.
- It also helps the community to think systematically about problems and their magnitude.

**METHOD**
1. Determine with the community what you want to analyse— to determine with the community the most pressing needs. (pick 6 to 7 of these)
2. Prepare a matrix on a flip chart, that indicates the issue on the top left side of the matrix.
3. Ask the groups to compare the first issue on the left side with all the needs listed on the top.
4. Repeat the process until all the issues have been covered.
5. Score the number of times each issue was preferred and rank them with summary of preferences accordingly

**MATERIALS**
A flip chart and markers

**TARGET GROUP**
Men, women, youths

**TIME**
30 minutes to 1 hour

**POINTS OF DISCUSSION**
- Does the tool assist in ranking the problems?
- Does the tool bring out consensus on ranking the problems?
- Are the reasons for selecting the choices agreeable?
Pair-Wise Ranking

(EXAMPLE)

<table>
<thead>
<tr>
<th>Issues/Problems</th>
<th>Garbage Collection</th>
<th>Drainage Cleaning</th>
<th>VIP Latrine</th>
<th>Vector Control</th>
<th>Safe Water Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Water Supply</td>
<td>Safe water supply</td>
<td>Safe water supply</td>
<td>Safe water</td>
<td>Safe water</td>
<td>Safe water supply</td>
</tr>
<tr>
<td>Vector Control</td>
<td>Garbage collection</td>
<td>Drainage cleaning</td>
<td>VIP latrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIP Latrine</td>
<td>Garbage collection</td>
<td>VIP latrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drainage Cleaning</td>
<td>Garbage collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage Collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Result of pair wise ranking of priority needs

<table>
<thead>
<tr>
<th>Issues/Problems</th>
<th>Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Water Supply</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Garbage Collection</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>VIP Latrine</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drainage Cleaning</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Vector Control</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>
4. 3  

**FORCE FIELD ANALYSIS**

**DESCRIPTION**  
The tool is designed to help participants understand the theory behind planning techniques they will use by identifying resources, constraints and actions to be taken that affect the achievements or desired goals.

**PURPOSES**  
To review with the community, how availability or lack of resources and the presence of obstacles influence the attainment of set goals.

**METHOD**  
Participants are put into groups of 5 – 6 people and asked to do the following:

1. Describe in detail the present situation in relation to water and sanitation and the desired goal e.g. present situation (lack of clean water), desired goal (access to clean water)
2. Ask the participants to identify the constraints and the positive ways and means they would meet in the given project

It is advisable to identify resources and constraints which apply in a particular case according to the given situation. It is also better to select only one constraint and identify steps that could be taken to counteract or eliminate it with one or more resources identified.

**TIME**  
1 hour to 2hours

**TARGET GROUP**  
men and women

**POINTS OF DISCUSSION**  
Find ways in which the Force Field Analysis tool would help in bringing about good hygiene practices.

- Are resources available to implement all interventions?
- What major obstacles exist in the community to impede programme success?
Force Field Analysis

Positive

Negative
4.4 Solid Waste Ladder

**DESCRIPTION**
This is an investigative and planning tool, which can help the community to know where they are in terms of solid waste management.

**PURPOSES**
- To determine where communities are in terms of solid waste management.
- To assist the health worker and community to reach a consensus on the direction and steps needed for making progression on solid waste management.
- To implement interventions which are meant to solve the identified root causes.

**MATERIALS**
- pictures depicting various solid waste management methods

**METHOD**
1. Divide participants in small groups of ten.
2. Ask them to arrange the pictures from the worst method of solid waste management to the best.
3. Identify the local common method of Solid Waste Management.
4. Identify the improvements in terms of behaviour.
5. Request participants to identify the practice they are using now and place it at the bottom.
6. Ask the community for ideal behaviour.

**TIME**
1 hour to 1 hour 30 minutes

**TARGET GROUP**
- men, women and children

**POINTS OF DISCUSSION**
- At what level is the community in terms of solid waste management.
- Why hasn’t the community moved from one step to the other along the ladder?
- Which stage would they want to be?
- How will they reach the step which is considered as the best?
CHAPTER 2: PHAST TOOLS: PLANNING/OPERATIONAL TOOLS

Solid Waste Ladder

- Image 1: Solid waste accumulation in a pile
- Image 2: Waste collection from a pile
- Image 3: Waste sorting at the household level
- Image 4: Waste segregation at the community level
- Image 5: Waste composting by hand
- Image 6: Waste composting using a machine
- Image 7: Waste recycling
- Image 8: Waste disposal in a landfill
Solid Waste Ladder

[Images of solid waste ladder stages]
4.5 **Hand Washing Ladder**

**DESCRIPTION**
This is a tool where a set of different pictures depicting good and bad methods of hand washing are arranged starting with the worst and ending with the best. It is an investigative tool which helps participants to analyse hand washing methods.

**PURPOSES**
- To help participants analyse their hand washing methods
- To help create awareness of participants on the dangers of bad hand washing methods

**METHOD**
1. Divide participants in small group of five to eight people.
2. Give the groups various pictures depicting different scenarios, e.g., a picture showing people washing their hands in one dish without soap and the one showing people washing their hands using pouring method.
3. Ask participants to arrange them in the order of improvements according to their wish.
4. Ask each group to present and stimulate full discussion and participation.

**MATERIALS**
Pictures depicting various hand washing methods

**TIME**
1 hour

**POINTS OF DISCUSSION**
- Where do the community want to be along the ladder?
- Are the current methods utilized by the community safe?
- Are resources available to meet the intended targets?
Hand Washing Ladder
CHAPTER 2  PHAST TOOLS: PLANNING/OPERATIONAL TOOLS

Hand Washing Ladder

![Hand Washing Ladder Diagrams]
4.6  Hand Washing Times

**DESCRIPTION**  
This tool is designed to encourage the community when to wash their hands in a bid to prevent diarrhoeal diseases. This tool also encourages methods that minimize the risk of contamination.

**PURPOSES**  
This tool is used for behaviour analysis, action planning and monitoring.

**METHOD**  
1. The community/participants are given a set of pictures and are asked to pick pictures showing/depicting critical times they wash hands.
2. Ask them to explain why they wash hands at those times they have picked.

**MATERIALS**  
A set of pictures depicting different times of hand washing.

**TARGET GROUP**  
men, women, youth

**TIME**  
1 hour

**POINTS OF DISCUSSION**
- What are the critical times of hand washing?
- What is the importance of hand washing?
- Does hand washing prevent diseases and what types of diseases?
Hand Washing Times
4. 7

**Sanitation Ladder**

**DESCRIPTION**
This is an operational/planning tool that helps the community members to identify their own situation on a scale of various sanitation options and to determine the merit and feasibility of varying levels of improvements. It also helps in identifying possible obstacles in implementing proposed sanitation improvements as caused by attitude and behaviour.

**PURPOSES**
- To help participants/communities to describe their own sanitary situation, where they are in terms of sanitation improvements.
- To help participants/communities to identify options for improving sanitation
- To create a sense of logic in participants in realizing that improvements can be done step-by-step i.e. improvement of sanitation from bad/ zero to a desirable stage.
- To demonstrate to extension workers that, people’s behaviour and practices together with taking incoming technologies may not need to be taken promptly and rapid.

**METHOD**
1. Divide the participants in groups of five to eight.
2. Give the groups various pictures (identical pictures) depicting different scenarios of sanitation e.g. bush Defaecation to VIP to water closets.
3. Ask your participants to arrange them in the order of improvements according to their wish, starting with the worst to the best situation or the desired one.
4. Ask each group to present and stimulate full discussion and participation.

**MATERIALS**
Sanitation pictures, pens, plain papers for additional pictures if the participants feels like fitting in something in the gap, sticky stuff / tape

**TIME**
1 to 2 hours

**TARGET GROUP**
men, women and youths
CHAPTER 2. PHAST TOOLS: PLANNING/OPERATIONAL TOOLS

POINTS OF DISCUSSION

- Are there any similarities and differences in the way the community have arranged the options?
- Are the pictures and sanitation options picked in conformity with the present/reality in the community?
- Discuss options that have been picked as the best by the communities.
- Discuss merits and demerits of each option
- Encourage the group to agree on one sanitation ladder.
Sanitation Ladder
4.8 Water Ladder

DESCRIPTION

This is an operational/planning tool that helps the community to identify their own situation on a scale of various water supply systems and options, determine the merit and feasibility of varying levels of improvements.

PURPOSES

- It helps participants/communities to describe their own water supply situation, where they are in terms of water sources.
- It creates a sense of logic in the participants in realizing that improvements can be done step by step.

METHOD

1. Divide participants in groups of 5-8 people.
2. Give the groups various pictures depicting water supply systems.
3. Ask participants to arrange the pictures in order of improvements according to their wish, starting with the present situation to the ideal one.
4. Ask participants to present their work and stimulate full discussion and participation.

MATERIALS

Pictures depicting various water supply systems, plain papers for additional pictures if they feel some sources have been left out, flip charts

TIME

1 to 2 hours

TARGET GROUP

men, women and youths.

POINTS OF DISCUSSION

- Are there any similarities or differences in the pictures arranged by the groups?
- Are the pictures of water sources picked in conformity with the present reality in the community?
- What are the merits and demerits of each water source?
- Encourage the groups to agree on one water source ladder and the best options?
CHAPTER 2  PHAST TOOLS: PLANNING/OPERATIONAL TOOLS

Water Ladder
Water Ladder
4. 9

House Construction

**DESCRIPTION**
The tool simplifies the project cycle using steps undertaken during house construction.

**PURPOSES**
The exercise is used to explain the project cycle to a community in a form that they can understand and use in their setting.

**METHOD**
1. Introduce the topic.
2. Break the participants into groups.
3. Ask each group to write steps that are undertaken to build a house from stage to stage including preliminary preparations before construction of the house is made.
4. Ask the group to indicate the material, human and financial resource required at each stage of building a house from slab level, window level, roof level and final completion.
5. Allow the group to present in plenary.

**MATERIALS**
serialised posters on building a house

**TIME**
1 to 2 hours

**TARGET GROUP**
community water and sanitation committee if formed

**POINTS OF DISCUSSION**
The following steps may feature in the group presentation.
- Reason or felt need for someone to having own accommodation
- Identification of site for building a house
- Consultation with relevant authorities e.g. village headmen, chief, family members
- Consultation with extension staff
- Assessment of ability to build a house – resource availability that will include building materials, tools, skilled and unskilled human resource
- Determination of size and shape of the house and inclusion of house accessories such as kitchen, latrine, bathing shelter, dish rack, rubbish pit, food storage and processing area
• Scheduling of activities and task allocation
• Progress monitoring at each stage ensuring the house construction process is satisfactory from foundation, roofing, completion of the house and other accessories

Once this is done, allow them to pick a water, sanitation and hygiene programme and allow them to plan a community initiative of these chances.

Begin with discussing with the group what takes place within the community when someone wants to build a house. Using serialized posters go through the process in-depth. At the end apply their process to the project that is being taken on by the community/group. This is to help make a project cycle more understandable to the community’s situation.

Emphasise the importance of community motivation to understand initiatives aimed at improving their well being such as ownership, pride, proper care and maintenance.
House Construction
4. 10

Participatory Planning

DESCRIPTION

It is a planning tool used in establishing the logical flow of activities intended to be done, the time frame, the responsibilities, sources of resources as well as resources required.

PURPOSES

- For identification of appropriate interventions to the problem.
- To encourage a sense of responsibility by community members.
- For identification of local resources and skill.
- To recommend cost effective solutions to the problems.
- To share knowledge and skill (capacity building).
- To create mutual trust between the community and external agents.

METHOD

1. Divide participants into small groups.
2. Give them an identified problem that requires a solution.
3. Ask the participants to draw an action plan indicating who is going to participate in the project.
4. Let the participants agree on the important point about their action. An example of the table for your convenience is show the below:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIME FRAME</th>
<th>RESPONSIBLE PERSON</th>
<th>REQUIREMENTS</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>INTERNAL</td>
<td>EXTERNAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MATERIALS

papers, markers and identified felt need of the community

TIME

2 hours

POINTS OF DISCUSSION

- What are the advantages of participatory planning?
- Should participatory planning be adopted in their communities?
- What are the disadvantages of participatory planning?
- What lessons have been learnt from the exercise?
5. Monitoring and Evaluation Tools

Monitoring and Evaluation Tools indicate expected changes and impacts of their interventions on individuals and how hygiene and sanitation promotion activities can result in. It is helpful to make community people be attentive to monitor and evaluate those changes which may happen in the future.
5.1 Body Mapping

**DESCRIPTION**
This is a monitoring and evaluation tool used to establish changes that have taken place before and after having access to water supply, sanitation and hygiene education.

**PURPOSES**
To show expected and unexpected benefits and results from people’s perspective in terms before and after situation in water use for personal hygiene.

**METHOD**
1. Let the participants draw a poster of one person (man, woman or child).
2. From the drawing, indicate conditions before and after a water supply and sanitation facility is provided to an individual as follows:

<table>
<thead>
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3. Ask individuals to write important changes.
4. Discuss these in small groups.
5. Put these on the picture and give reason for changes.

**TIME**
1 to 2 hours

**TARGET GROUP**
Different community groups

**POINTS OF DISCUSSION**
- What was the situation on personal and domestic cleanliness before?
- What has changed?
- What areas require further improvement?
Body Mapping
References


2. Commonwealth (2001), The common wealth of learning: Teaching and vocational teachers training co-curriculum B.C., Canada.


## List of Interchangeable Tools

<table>
<thead>
<tr>
<th>NAME OF TOOL</th>
<th>CONCEPTUAL</th>
<th>INVESTIGATIVE</th>
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<th>PLANNING/OPERATIONAL</th>
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