

Adapting the PHAST¹

Ideas to adapt and combine the Participatory Hygiene and Sanitation Transformation (PHAST) methodology with other tools.
A water and sanitation project experience in rural Malawi.

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Context

The Inter Aide Chiseka water and sanitation project (WASH) targets poor rural communities in the Central Region in Malawi. The population is mostly from the Chewa tribe (speaking Chichewa). The following activities are implemented:

Hardware:

- constructions of 25 hand-dug shallow wells per year, with a strong focus on their sustainability through maintenance
- 1,000 san-slab casting per year and an introduction to eco-sanitation,

Software:

- A strong focus on behaviour change in hygiene through the PHAST methodology in 35 communities per year
- Pilot test: Introduction of Community Led Total Sanitation (CLTS)².

1 Valuing the PHAST

1.1 Constructions spoiling the PHAST

Initially, the PHAST was implemented to encourage people to:

- first analyze water-borne related problems in their community, and
- Secondly, prioritize the required construction work (wells or slabs).

This makes sense but on this project, it worked differently. Things happened as follows:

- Communities always requested for construction (slab or well) but never for PHAST. Initially only construction was perceived as valuable. When introduced to the PHAST process, they stuck to their initial choice. From their perspective, other factors are considered as more important than hygiene, e.g. women's workload for the collection of water and the social status of owning a slab.

¹ PHAST: Participatory Hygiene and Sanitation Transformation: a participatory approach to help communities to improve their environmental health through a project cycle.

² CLTS: Community Led Total Sanitation. An approach based on self-respect versus shame and disgust, and targeting the eradication of all kind of open defecation at community level, on a large scale, and without any kind of subsidies. More information is available on <http://www.communityledtotalsanitation.org/>



- The project team was under pressure to reach the construction objective in time. Building is more rewarding than the long-term behaviour change process. On a daily basis, the facilitation is monitored through the daily attendance check. The team had to induce participation in the PHAST sessions: construction will only take place if the community participates in the PHAST sessions. (At least, the Chiseka project did not pay allowances!). However, we felt we were far from the PHAST participatory approach!

Consequently,

- As communities already know what they want BEFORE the PHAST process starts, the team felt that the PHAST did not bring any transformation!
- The facilitators themselves undervalue their work. From their perspective, the PHAST is a means to provide construction sites to the technical team.

Yet this is an inaccurate way of analyzing the situation: as the project is known in the area, the communities set their priorities before they meet the Project Team. All the preliminary steps of the decision to have a protected well are actually conducted by the community beforehand. The communities set their own priorities — and women's workload for water collection is a legitimate priority! — and they seize the opportunities that are available in their environment, such as the Chiseka Water Project... This is called... wisdom!

So to take into account the communities' prior preparation, the Chiseka Water Project adapted the PHAST methodology.

This note give a presentation of this attempt to adapt the PHAST methodology, which is still being tested and improved: it's an experimentation which is still under progress.

1.2 Elevator versus ladder

We could compare the project activities to two different ways of going upwards:

- *With an elevator* - Subsidized constructions (slab or well) are in the “*Elevator*” category. People receive a lot of assistance through material subsidies for building wells.
- *With a ladder* - Hygiene behaviour change and equipment that are not provided by an external resource (hand-washing facilities, 2 cup system...) are in *Ladder*. People have to make an effort to climb their hygiene ladder step by step. This is obtained only through facilitation and can be very rewarding for everyone.

On the Chiseka project, the way the PHAST was implemented shifted from the *elevator* to the *ladder* focus.



1.3 PHAST without construction

To make sure the PHAST approach does not get pervaded with construction issues, let's disconnect it from it! On the Chiseka project, communities were engaged in (or had completed) wells and slab construction *before* starting the PHAST. Surely, this sounds like an offense to the PHAST but... it has several advantages:

- Once people know they can have their construction (which is their legitimate priority), their mind is freed from worrying about it. They can focus on something else: hygiene.
- People attending the PHAST are not constrained. They are interested in it. They want it. Consequently their participation is very good.
- Facilitators no longer are “site providers” for the construction team. This gives more value to their work and they focus only on their *ladder* objectives. Eventually, this mindset gives value to hygiene behaviour change.
- In addition: the construction team can work according to their own constraints, e.g. digging wells during the dry season (no need to wait for the PHAST to be done).

Results:

- Attendance was carefully checked for years: it remained constant.
- Impact was cautiously assessed: the PHAST remains very powerful.

1.4 Team training to the PHAST

Informal and on the job trainings are very good. Yet formal training with a master trainer was organized. The latter very much improved the self-confidence of the facilitators and the understanding of the PHAST spirit: more especially the *participatory approach*. However, activities themselves were not mastered (how to implement barrier chart, pocket chart...). So a detailed training was done for each tool used. This resulted in huge improvement.

2 Enjoying the PHAST

2.1 Combining CLTS with PHAST

The PHAST methodology is powerful to help the people understand as long as dynamic and practical activities, based on rural communities' daily life and concerns, are included in it. The Chiseka project combined the PHAST with the CLTS (Community Led Total Sanitation³), as a pilot test. The CLTS approach is based on powerful **emotions**: self-respect versus shame and disgust. As deep understanding leading to behaviour-change can only happen when one is connected to its emotions, we combined affect (emotional) and mental understanding!

The root of the word emotion is motion. Let's start by having the community in motion!

³ <http://www.communityledtotalsanitation.org/>

The first day of the CLTS constitutes the “triggering”. On the Chiseka project it consists in:

- Visiting open defecation areas and looking inside the pit latrines (with a torch light!), asking for extended explanations (“we are here to write a report”);
- Mapping;
- The glass of water, the flies going back and forth from the faeces to the food... & other tricks, until somebody start shouting “we are eating and drinking one another’s shit!!!”.
- Latrine construction action plan.

This is an unforgettable experience for the villagers. At the end of the session, after feeling disgusted, ashamed and depressed, they are eager to welcome the PHAST so they can start acting with self-respect.

Team management when introducing CLTS:

- Facilitators put themselves in such a tense situation! They must be provided with strong support.
- Start by gradually introducing some CLTS tricks as demonstration: latrine visit, the glass of water, faeces and food... This way, facilitators have time to master these tricks and overcome their own disgust.
- Mastering the whole process takes time, so set up a list of things to do, avoiding optional ones and have facilitators focusing on their behaviour (like asking, apologizing and making jokes).



Awareness ... will lead to changing hygiene practice

This approach is harsh. However the point is that in many cultures and in particular in Malawi, people tend to hide problematic situations and shameful truths (even to themselves!). The “triggering” phase of the CLTS using shame and disgust addresses this problem as people have to acknowledge their sanitary status. After that, they cannot ignore their own reality anymore. It also makes them eager to change. Then, when coming to the PHAST sessions, they recognize their situation on the posters and exclaim:

“We don’t want this in our communities anymore!”

Whatever the motivation of the people, they need support and follow-up to implement and change their behaviour on the longer term. Follow-up using a participatory approach (without creating a dependent attitude) highly improves the impact. It is more important especially in the days and weeks following the triggering step and for the *natural leaders*⁴. Indeed, their motivation may still be fragile and the rest of their community may still be inactive. On the Chiseka project, follow-up is done with the “natural leaders” while visiting the latrines under construction. They are openly praised. They also get an official recognition as they become the exclusive members of the Latrine Construction Committee, approved by the chief. In addition, follow-up is mandatory as the CLTS

⁴ “Natural leaders”: in the CLTS methodology, natural leaders are the most motivated members of the community. Although they have no special status, they can take the lead of the change.

progresses towards the Open Defecation Free Certificate: “*long is the road, let’s travel together!*”.

However, the CLTS focuses only on sanitation. The PHAST implementation will raise awareness on other major hygiene messages: e.g. water safety and hand washing. So, each future PHAST meeting is an opportunity to show our support to the latrine construction (while waiting for the people to gather: time management!).

2.2 Selecting PHAST activities

The PHAST cycle of analyses, action and evaluation are very coherent. However implementing it fully may require for each community a minimum of 15 meetings spread over more than one year. But resources are limited, communities’ motivation may deflate and the project has time constraints. This is why in practice Chiseka projet took short cuts. The PHAST methodology has many useful tools: they have to be selected and adapted to the context. The Chiseka project works with small communities composed of subsistence farmers where there are no existing infrastructures, and where many people are illiterate. They are often experience food shortage and are threatened by epidemics such as cholera — among others.... In this context, there is no need for long analyses or sophisticated plans. *Let’s bring them straight to the point.* For the Chiseka project, the PHAST is split into two main parts (four meetings each): *basics and follow up.*



Children’s activities: here a hand-washing demonstration.

Gender is a cross-cutting issue which is often mentioned as important for WASH projects. Because women are directly responsible for the health and hygiene status of the family, more women come to the PHAST than men. In respect of social norms, they are also subordinated to men. So to foster women’s involvement in the decision process, men and women are segregated during the sessions.

Children have their own activities, adapted to their needs. Moreover, they leave their parents in peace for a while! (And vice and versa ☺!).

2.2.1 Basics activities

The basics are made of four meetings spread over (about) two weeks. The work is done in focus groups. The objective is a fast understanding of how hygiene and waterborne diseases are related. To make it easier, practical activities precede theories:

- Day 1: **Triggering**⁵ (looking closely at faeces)
- Day 2: **Transmission routes** (mainly about faecal pollution transmission routes)
- Day 3: **Demonstration** (how to make and use domestic equipment)
- Day 4: **Blocking the routes** (why and when to use equipment for blocking the routes).

2.2.2 Follow-up activities

Once sensitised about hygiene, the people should be prepared to change their behaviour. So here, the objective is to reach hygiene status improvement through community empowerment (more especially women, see chapter “Gender group”). During the next step of the PHAST approach, the people first establish their implementation strategies and then assess themselves (step 7).

There is about one activity a month, for a total of four, as follows:

- Day 5: **Barrier Chart**, to set up priorities, strategies and objectives for the *equipment* constructions.
- Day 6: **Three piles sorting**, targeting *behavior changes*, e.g. using run and waste⁶, but also educating children...



Bad behavior: washing hand in the same bucket

Good behavior: the "Run and Waste" technique

- Day 7: to have **self-assessments** done (by the community) for both equipment and behaviour.

First, for equipment, they choose freely how to do it (what, how, who...). They usually decide on data collection to be implemented door to door. They will do that on their own another day (whenever they want but without a facilitator). *Second*, for behaviour, the **Pocket Chart** tool is explained. Then they are immediately asked to choose two or three questions related to the behaviour they want to assess and then... let's vote (immediately)!

- Day 8: called **Feed-back meeting**, data about both equipment and behaviour are shared. People debate, comparing results and objectives previously set-up, problems encountered, etc.

⁵ Triggering: the first day of CLTS methodology. It consists in triggering the need of change in the community.

⁶ Run and Waste: pouring water for washing and rinsing hands. Avoid washing in the same bucket.



2.2.3 Village Health Committee and Gender Groups

According to the community specificities, the follow-up activities can be done with two different kinds of group: either with the committee members only (Village Health Committee), or with one women's group and one men's group (Gender Group).

Committee Follow-up

The committee follow-up activities are done only with committee members:

- *Advantages*: it empowers the committees. It doesn't require many resources as it can be done without appointment and with only one facilitator. So it's interesting when targeting numerous and remote communities.
- *Disadvantages*: it relies on committee members only. They are few people and may not be active and/or available.

According to the data collected for the feed-back meeting (by the committees themselves), the impact of these follow-ups was low. However, similar data collected one year after these feed-back meetings showed good progress. So, according to these two different results, it seems that committees have activities of low intensity, but once empowered they can work in the long term. This seems very possible and is encouraging.

Gender Group Follow-up

In each community, the gender group follow-ups are done with one group of men and one of women. Both groups are doing the same activities simultaneously. It is based on the idea that women are more concerned by hygiene, easier to mobilise, but need to be separated from men to speak freely and be able to make decisions. This can make the men feel excluded which could jeopardize the women. This is why the men's group was also organized. Eventually, some men were also very active!

The way groups are organized is informal: e.g. they can decide to establish committees and rules. Similarly, they can decide about their own activities. Each group is supposed to meet between two activities implemented with the project (the fact is that they rarely do it):

The longer the cycle of activities is, the better the impact is.

- *Advantages*: the whole community is targeted and women are empowered. So the short-term impact is more important than with committee follow-up (the long term impact was not assessed).
- *Disadvantages*: gender group needs more resources. It needs appointments and two facilitators. So only a few communities can be targeted simultaneously. Sometimes meetings are cancelled due to low attendance.

2.2.4 Work completed

Follow-ups are implemented as follows:

- Committee follow-up targets remote communities
- Gender group follow-up is always done after the PHAST basics (it became a full cycle of 8 days)
- Some communities, which had only benefited of a 4-day PHAST made a new request, and benefited from a follow-up

In reality, it often takes up to five to six months to complete a follow-up cycle. Over six months, with eight facilitators, the project has completed:

- 17 PHAST basics with new communities
- 35 gender group follow-ups and seven committee follow-ups with both old and new communities.

2.3 Using drama with the PHAST

2.3.1 Theatre

Theatre is a terrific means of expression. It is especially true in Malawi where:

- There is an oral tradition and many people are illiterate
- People have a gift for drama
- Social constraints forbid people to be different from the group or to speak about adversarial situations.

Surprisingly when acting, individuals can do what is socially forbidden in the real life (“*it is not me, I am acting!*”). People find it great fun (not everybody) and grasp the opportunity to raise main issues. In turn, these issues can be better understood and addressed. Appropriation by the communities is higher when they are given such an opportunity to create and participate in the activity.

2.3.2 Forum theatre

Both participatory approach and theatre are great tools of communication. Combined they are very powerful! Also known as the “*theatre of the oppressed*”⁷, the project calls it “*participatory theatre*” — it is better understood. The idea is to have spectators involved in the play and trying to change the catastrophic initial scenario. More sophisticated than the “normal” theatre, it requests specific training for the team.

There are different ways it can be done. On this project, it has been extensively used in Gender Group follow-up. It was adapted to the project objectives and constraints for both the men’s and women’s groups, as follows:

⁷ The theater of the oppressed was created in Brazil in the 70’s by Augusto Boal
<http://www.theatreoftheoppressed.org/en/index.php>



2.6 Specific hygiene messages

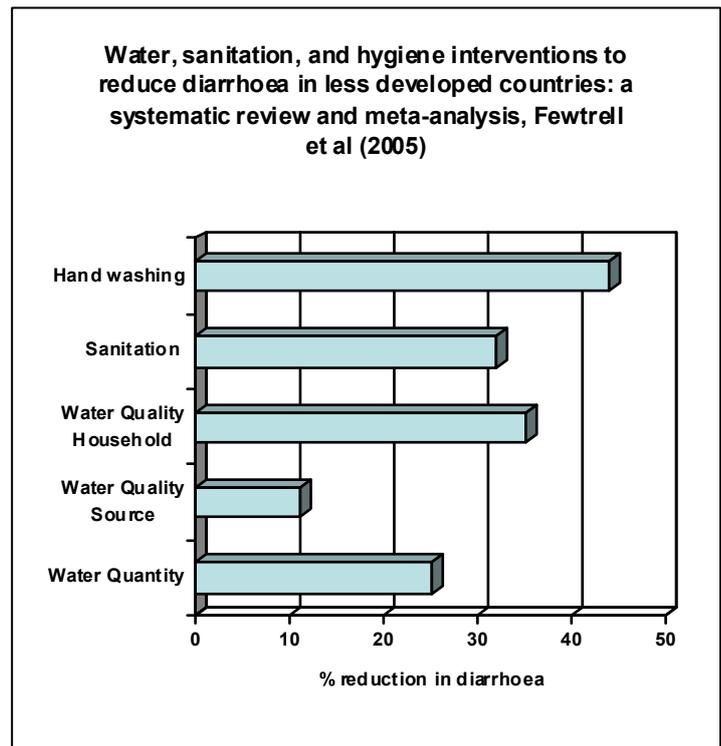
It is always good to remind that the main points of a WASH project can be counted on the finger of one hand.

The *very first* one is **hand-washing**:

- Hand-washing technique: run and waste technique and using soap or ash
- Hand-washing at the six crucial times to avoid “*having faeces in the mouth*”: after defecating, before cooking, before eating, before drinking, after cleaning baby and before feeding him/her.

After hand-washing, come in decreasing order of importance:

- Drinking water quality
- Sanitation: use of latrine and cover on the pit
- Volume of water used – even of poor quality
- *At the very end* comes access to protected water: the well.

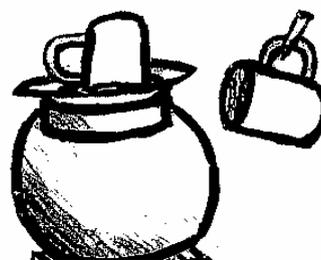


NB : on the graph above, if water treatment is not taken into account, the quality of water at the source and in the household are linked,

It is very easy to diversify messages. Eventually, the people are confused and don't often catch the most important ones. So in this project, the focus was put on the main ones – which already represent a huge task - and some were avoided. In the frame of this focus, some messages were more particularly stressed.

2.6.1 Double cup system⁸

A study was done to check the quality of the drinking water stored in households. Samples were taken in three different villages, in a total of 36 different water pots, and checked with the Delagua Water Testing Kit⁹. In each village, the households were taking water from a protected water



The double cup system: one cup to dip in the water, one to drink.

⁸ Double cup system: to avoid contamination from mouth to water pot, one cup is exclusively used to dip into the pot and used to fill the other cup which is used for drinking.

⁹ Delagua Water Testing Kit <http://www.delagua.org/>

point. The water quality at the outlet of the pumps was excellent. This study revealed that the quality of water stored was good with the double cup system and highly polluted without it.

Consequently, this project strongly re-enforced the double cup system message, insisting on the fact that it is very effective, and that covering the pot was not enough. Pollution during transport was not stressed on.

2.6.2 Respiratory infection

Respiratory infections cause more deaths than diarrhoeas among children below five years of age. People obviously suffer a lot of it, so they themselves perceive it as a serious health issue. As it is often spread through dirty hands and through drinking in polluted cups, appropriate messages were introduced. Doing so certainly helped people change behaviour as they see a double advantage in proper hand washing and the double cup system.



2.6.3 Ash if no soap

All over the world, washing hands with soap is very difficult for people as it is considered as expensive. As ash sanitises and is easily found for free in poor rural communities, this project insisted that, if people don't use soap, then they should use ash.

3 Impact of this project

3.1 KAP data before activities

Communities have similar hygiene status before intervention. However, some very simple data are collected before any intervention in every household. Indeed, this gives the opportunity to observe community's specificities: chiefs, geography, specific habits and activities, etc. It also gives an exact figure of the number of households, and thus the facilitators' team is also known by the community.

3.2 Monitoring activities

On the Chiseka project, the team is not requested to spend much time in reports writing, which in any case are hardly ever read. However, monitoring the numerous activities is done carefully. To do so, the team writes weekly data reports containing dates, locations, activities, attendance. The data clerk spends no more than one hour a week to enter those reports in a computerised data base. To make it easier, paper and computer forms are exactly similar.

Printing data synthesis (for example monthly and per community) gives a good picture of the situation and helps to plan the activities.



3.3 Evaluation principles

When it comes to PHAST impact, the feeling of the team can be misleading — it has a lot of bias. The project management should be based on tangible results: on data. Interestingly, assessing enhances the constant questioning and learning process among the whole team. Share the analyses with everybody: it is also their work!

The baseline makes the comparison possible between “*with and without*” the project. It reduces the biases found when evaluating “*before and after*” the project (such as seasonal or other changes which are independents from the project activities). So, when trying a new tool, it is better to not try it in each community: to keep some as a baseline “*without*” (even though there will be some bias too are there are other influences that are independent from the project activities).

Data collection should be conceived as simple as possible: to save time for everybody, to have good quality data for the most important ones, and above all to use all the results! Indeed, so many data are never even analyzed. Once again, a WASH project impact evaluation should focus first on the *five* main WASH keys towards better health.

Type of data:

In this project, data collected are of different kinds.

- ⇒ *Visual checking*: fast to collect and straightforward, they are the most reliable, and very useful.
- ⇒ *Knowledge checking*: it is difficult to assess behaviours as people naturally tend to give a good image of themselves! For example, to check how and when people wash hand is difficult. To check their knowledge about it is easier. In addition, answers can vary a lot according to how the question is asked. So the question should be well defined, precise, and never changed. For a better uniformity, use few facilitators and homogenize their work. Once they started, they should never change their way of doing.
- ⇒ *Health impact*: this is the objective of the project! Yet, as there are so many biases, it is impossible to measure properly. However, the Chiseka project attempts to do it by asking the simple question: “*which diseases affected the children under five years old for the last 2 weeks?*”

Qualitative assessment can also be done to assess empowerment, appropriation, dynamism. The Chiseka project practiced semi-directive interviews of small groups of women.

3.4 Results on the Chiseka WASH project

On this project, internal evaluations were done for the PHAST and for the Gender Groups. **CLTS activities were not specifically assessed.** Results are as follow.



Time after PHAST	Constructions		Committee follow-up		Gender group follow-up 2009	Latrine		Hand washing knowledge		Water	
	Well	Slab	2008	2009		In use	cover	With HWF*	Run and Waste	Soap or Ash	PWP **
- 3 months	-	-	-	-	65%	15%	5%	13%	19%	1%	4%
Feb. 09 asses- ment	-	-	-	-	65%	26%	21%	56%	34%	91%	25%
> 1 yr	Yes	-	-	-	83%	45%	28%	37%	30%	100%	23%
> 3yrs	Yes	-	-	-	75%	29%	17%	31%	17%	46%	18%
> 3yrs	Yes	-	Yes	Yes	71%	28%	19%	36%	17%	96%	23%
> 3yrs	Yes	Yes	Yes	Yes	81%	41%	24%	35%	29%	100%	24%
Nov. 09 asses- ment	Yes	Yes	Yes	Yes	78%	56%	21%	85%	14%	92%	54%
> 3yrs	Yes	Yes	Yes	Yes	79%	39%	25%	63%	17%	94%	44%
> 3yrs	Yes	Yes	Yes	Yes	88%	61%	37%	86%	21%	94%	57%

*Main results of two different assessments done on this project in 2009. For both assessments, the first line is the baseline.
Note how high the baseline is in Nov. 09.*

*: hand washing facility in use by the latrine

**: protected water point (with cover and pump)

PS: Timing of the new tools introductions:

- PHAST methodology was introduced in about 2001, and was implemented in 3 to 4 days.
- In 2003 and February 2008: proper PHAST training of the team
- In March 2008: introduction of committee follow-ups
- In September 2008: introduction of the forum theatre
- In March 2009: introduction of improved posters, gender group, re-enforced respiratory infection and double cup system messages (note the encouraging results in Nov. 09 for the double cup system).
- August 2009: introduction of the CLTS. Data were not collected by concerned villages. So, the CLTS was not assessed



PRATIQUES

Network for the exchange of ideas and methods for development actions

<http://www.interaide.org/pratiques>

To go further:

PHAST guide:

http://www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/index.html

African transformation / Malawi BRIDGE project:

Creative and inspiring, working in the field of HIV/AIDS, using interesting participatory approach and theatre, providing tool kits and facilitator guide:

<http://www.jhuccp.org/africa/>

Theatre in Malawi:

Nanzikambe

<http://www.nanzikambe.org/>

P.O.Box 1252, Blantyre, Malawi

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Global Water Partnership – Tool Box

<http://www.gwptoolbox.org/>

CLTS: Community Led Total Sanitation. Kamal Kar with Robert Chambers (2008) [Handbook on Community-led Total Sanitation. IDS and Plan International](#) also available in [French](#) at <http://www.communityledtotalsanitation.org/>

Other references:

The theater of the oppressed - Augusto Boal

<http://www.theatreoftheoppressed.org/en/index.php>

Games for Actors and Non-Actors, Augusto Boal (see Google Books)

Jeux pour acteurs et non acteurs, **Augusto Boal** - Editions La Découverte

