### WHAT IS PHAST

PHAST is an acronym that stands for:

**Participatory Hygiene And Sanitation Transformation**

As a Program, PHAST was initiated in 1993, by the Regional Water and Sanitation Group for East and Southern Africa (RWSG-ESA) of the UNDP-World Bank Water and Sanitation Program and the Community Water Supply Unit of the World Health Organization (WHO).

PHAST is a participatory approach that uses tools and techniques to stimulate the participation of women, men and children in the promotion of improved hygiene and sanitation. It relies heavily on the training of extension workers and tool-kits. The latter are developed on site to reflect the actual cultural and physical characteristics of communities. The production of PHAST tool-kits requires trained artists as well as extension workers.

### WHY WAS PHAST DEVELOPED?

For many years, sector practitioners have observed that conventional health messages are known and largely understood by people. However, these messages have had minimal impact on sustainable hygiene and sanitation behavior change and practice.

PHAST was initiated to empower members of society (young, old, female and male, of higher or lower economic status) in a participatory process. The process assesses people’s knowledge base, investigates the local environmental situation, visualizes a future scenario, analyzes constraints, plans for change, and implement an accepted program of action.

“Other than hygiene and sanitation, PHAST can be redesigned to deal with issues related to environmental health, such as AIDS.”

**PHAST Step-by-Step Guide: A participatory approach for the control of diarrhoeal disease**

Under a tree shade, community members analyze their hygiene and sanitation situation, and map out a way forward strategy.
PHAST OBJECTIVES

The main objective was to design and test participatory tools and techniques improving on the earlier developed methodologies, such as PROWWESS and SARAR. Additionally, PHAST evaluates the use of these methodologies in facilitating community self-assessment and advancing hygiene and sanitation improvements.

The overall goal of PHAST is to promote sustainable hygiene behavior and sanitation improvement in the sector.

PHAST teaches hygiene and sanitation concepts (where needed), but more importantly, it enables people to overcome constraints for behavioral change.

HOW WAS PHAST INITIATED?

The PHAST Program was officially launched in September 1993 at a pre-planning workshop in Nyeri-Kenya. This was followed a month later by a training of trainers workshop held in Uganda. Participants included experienced trainers of extension workers from Botswana, Ethiopia, Kenya, Uganda and Zimbabwe.

The workshop participants developed their own work plans for field application adaptation and assessments of hygiene promotion methods. The participatory tools and techniques were tested in pilot demonstration projects in the five countries. Later on, participants organized national and district training workshops and further adapted the tools and techniques to local situations in their respective countries.

The adaptive learning-process approach led to district hygiene-promotion projects in each of the participating countries.

All the participating countries documented evidence on the impact of PHAST at the community level as well as lessons learnt for future projects.

WHO ARE THE PHAST PARTNERS?

Partners in this collaborative regional learning initiative include ministries of Health and Water, the two ITN centers in the region (NETWAS and IWSD), UNICEF-ESARO and the country offices, bilateral donors (e.g., SIDA, FINNIDA, DANIDA and NORAD) as well as NGOs (CARE, KWALO, and Water Aid). NETWAS in Kenya and IWSD in Zimbabwe were instrumental in the monitoring and documentation of PHAST and continue to play an active role in the follow up activities.

WHAT HAS BEEN ACHIEVED?

Recorded achievements far exceed expectations of the Program.

Over 30 districts in four out of the five participating countries were involved in the program. Training of trainers was conducted in each of these countries with a total of over 25,000 people trained.

In a low income peri-urban community in Uganda (Katwe Urban pilot project), within six months of an initial visit by one field worker, the community built latrines, organized for operations and maintenance of neglected drains, collected tariffs to pay maintenance workers for the drains and water points and organized their own system for monitoring community sanitation.

A lot still needs to be done to scale up and support demands in the participating countries and within the region. Requests to support PHAST have come from Rwanda, Tanzania, Mozambique and even as far as Saudi Arabia. Concerted efforts with sector partners are required to meet the demand for improved hygiene and sanitation.

IMPACT ON COMMUNITIES

Kenya

An 84 year old Kenyan women said “All my life people have been coming here and telling us what to do. This is the first time any one ever listened to what we think”

- Communities undertook house to house hygiene education
- Communities requested for colored tools for use in local schools and by local health workers selected from the community
- Communities approached Public health Officers, for the technical aspects of latrine, water source protection and housing
- Communities compiled list of pit latrine defaulters in their community and instituted local prosecution for defaulters

1 PROWWESS stands for Promotion of the Role of Women in Water and Environmental Sanitation Services.
Uganda

In a Ugandan village, the community decided to make a map to track the growing number of family latrines and improved water sources. They asked a local artist to draw the village illustrating each household that had built or arranged for the building of a latrine and showing the water and sanitation problem areas in the village. The map hangs in the headman’s office and is brought out at village committee meetings for assessment of progress.

Acceptance of responsibilities:
- Communities are willing to pay money for operation and maintenance.
- Communities have undertaken management responsibilities.

Increased understanding and appreciation of the tools and techniques:
- Communities’ demand on extension agents have increased.
- There is an increase in community members’ attendance in village meetings.

Increased appreciation and understanding of the value of facilities:
- Hand washing facilities have been installed.
- Number of latrine has increased.

Community monitoring and evaluation:
- Communities have designed pin-boards to monitor hygiene and sanitation status of their community.

Botswana

- Some communities have started working independently of the extension workers.
- Communities are providing hand washing soap in schools and digging pit latrines.
- There is community involvement through contribution of labor, material and cash.
- Attitudes of community members are changing in terms of crime prevention and literacy.
- Relationship of extension workers has improved through inter-sectoral collaboration and cooperation.
- Flow of development information has improved.

Hygiene education and practice is receiving higher priority treatment by communities in the participating countries.

WHAT ARE SOME OF THE BENEFITS?

- As more village health committees are formed, there is an increase in training requests on how to use PHAST tools and techniques.
- There is increased awareness and knowledge on hygiene and health matters at household and community levels.
- Latrine coverage is on the increase.
- Community members appreciate training in the use of participatory methods and have become competent.
- Health committees are making plans for building latrines and ensuring operation and maintenance of water points. They have also created systems of monitoring water and sanitation in their respective communities.

WHAT LESSONS HAVE BEEN LEARNED?

Successful application of PHAST in water supply and sanitation depends on the following conditions:
- Policy commitment to adapt participatory strategy;
- Institutional structure supportive of participatory approaches;
- Allocation of adequate resources;
- Development of country specific materials for pilot projects;
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- Allocation of adequate resources;
- Development of country specific materials for pilot projects:
Provision of back up support from trainers and supervisors; and
Continuous monitoring and evaluation.

IS THERE A DEMAND FOR PHAST?

A recent prospective review in six countries of the region has shown that there is increasing demand for PHAST. The review has recommended need for sector support on the use of participatory hygiene and sanitation approaches in these countries.

REFERENCE MATERIAL AND DOCUMENTATION

- The PHAST Initiative - A new approach to Working with Communities
  WHO - Geneva and RWSG-ESA
- PHAST Video
  RWSG-ESA and WHO-Geneva
- A Step-by-Step Guide for Working with Communities
  WHO Geneva and RWSG-ESA
- PHAST Participatory Country specific Toolkits

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Regional Water and Sanitation Group - East and Southern Africa
Hill Park Building, Upper Hill
P. O. Box 30577, Nairobi - KENYA

Telephone: +254 2 260300/400
Facsimile: +254 2 260386/260881

E-mail: RWSG-EA@worldbank.org@internet

Author: Rose Lekonde, Editor: Brabille Linzumbia, Design and Layout: Njeru Sichuru