East Asia

South Asia

Southeast Asia　*Pacific*

Kuala Lumpur

Asia Pacific Zone

International Federation of Red Cross and Red Crescent Societies

Asia Pacific Water and Sanitation Software Workshop, Summary Notes
1-5 November 2010
Siem Reap, Cambodia

1. Opening, Welcome and Introduction

Opening and welcoming speeches were given by:
- Siem Reap Branch Director of CRC
- Preap Sodavuth, Senior WatSan Programme Officer, CRC
- Kathryn Clarkson, IFRC AP WatSan Coordinator

Introduction (Kathryn Clarkson, IFRC) and acknowledgement of workshop donors including New Zealand Red Cross, Netherlands Red Cross and IFRC Geneva WatSan and Asia Pacific Health & Care Units.

Get-to-Know-Each-Other activity was conducted using "drawing facial features" exercise.

Participants were briefed about the Field trip options:
Group (A) CLTS
Group (B) PHAST

Various:
- WatSan/HP IEC materials produced by the participants' national societies were displayed on tables and posted on the back wall to further elaborate on the WatSan soft component activities in community.

- Plastic water bottles have been distributed to the participants and ceramic water filters were mounted in the meeting hall in order to reduce using plastic water bottles.
  Evaluation - Daily evaluations apply different WatSan software tools e.g. pocket chart for secret voting.
- Videos
  Several videos were displayed by participants throughout the workshop as relevant to each session

2. Participant Expectations

- Share knowledge, exchange of experiences, share success, challenges and failures of different WatSan/HP software approaches, learn from other national societies in the region on how to manage and develop programmes
- Learn on how these methods can be applied in areas of diverse culture, background, economy situation, etc.
- Know about different tools use for WatSan and hygiene promotion activities
- Learn more about PHAST methodology, Facilitation (learn how to facilitate PHAST in community), share lessons learnt and experience in PHAST long term application, PHAST and CBHFA linkage.
- Clarify potentials, working modalities, challenges, future of the integration between WatSan and CBHFA
- Have a chance to look closely at, enjoy and understand about Cambodia and its heritage
- Get more knowledge on CLTS in different countries, learn and listen experiences of success about CLTS
- More understanding about SOFTWARE, Compare various methods and approaches, how to implement them in the field, Linkage between hardware and software
- Find out and create novel ideas on software and impact of software on target community
- Get clear understanding of the difference between WatSan software and hardware, and how to break barriers between software and hardware
- To obtain the idea of effective hygiene promotion methods,
- More understanding about WatSan assessment tools
- Know more WatSan friends from different countries, meet WatSan experts and build network with WatSan partners in RC/RC movements
- Reinforce coordination in RC/RC movement
- Share useful IEC materials with NSs
- Acknowledge differences in approach longer-term ; emergency and recovery
- Learn on how to apply WatSan software in emergencies, especially after disasters, and in case of ERU deployment
- Learn on how to measure impact , M&E and sustainability of WatSan projects
- Volunteer mobilization and community management
- Look at how to involve vulnerable groups (Disables, women, etc)
- Good understanding on WatSan cross cutting issues with other programs/sectors (DRR, DM and Health)

3. Session: WatSan Software Approaches, Tools and Resources
Jane Edgar

Group Exercise – "Communication & Communication Strategies"
Participants were asked to discuss statements presented to each group on slips

Statement: "Behaviour change takes a long time"
- The group agreed that behaviour change does take a long time in normal situation.
- The enabling environment needs to be considered such as clean safe water, soap, latrines, motivation and encouragement, enforcement/punishment, legislation

- There can be situations where the behaviour change may happen more quickly as in emergency (e.g. outbreak of cholera and people have witness the quick deaths of others; and when conducting hygiene promotion with children

Statement: "Once a person knows about germs, she/he will wash their hands."
- There may be other reasons for person to washing hands such as nice smelling hands, keep clothing soil-free from dirty hands
- The enabling environment needs to be present meaning the availability of knowledge, water and soap
- Knowledge does not necessarily lead to hygiene practices

Statement: "The two main reasons for changing behaviour are fear of sickness and the benefits to health."
- The promise to a better health includes economic gains, favourable social relationships, and removal of fear or shame.
- Hygiene promotion is important, but other needs such as clean safe water and other enabling factors need to be in place.

Communication is the sharing of information whereas behaviour change is communication with a purpose.

Behaviour change communication means working with individuals and communities to:
1. Promote positive behaviours that fit their circumstance.
2. Provide a supportive environment which will enable people to initiate and sustain positive behaviours.

Behaviour Change Process encompasses:
Ownership (own method)/practice/perspective/context/ ability (facilities, access)/trust/barrier (poverty)/focus group(mother & child)/motivation (economics, social status, disgust, shock, shame)/ opportunity (alternatives, traditional) /contributing factors/ enabling environment (empowerment)/knowledge vs. practice

Classic Steps for Behaviour Change
- Groups were given cards with the following words: intention, knowledge, advocacy, approval, practice; and asked to think through and arrange them in any order the group perceives relevant to behaviour change process.
- Example was given describing the classic steps to behaviour change:
    1. Knowledge – smoking is bad for health
    2. Approval – acceptance and believing the information that smoking is bad for health
    3. Intention – to quit smoking
    4. Practice – taking steps to quit smoking at every instance and achieving it
    5. Advocacy – promoting others to also quit smoking

Visual Literacy
A set of pictures were presented to the participants. Different interpretations of each picture were given.
Note: One cannot simply assume that others also see exactly as what you are seeing.

4. Session: Community Led Total Sanitation (CLTS) in the RC Movement
Ludovic Arnout

Presentation by Moeun Kongkea – Cambodian RC (see ppt presentation)
Presentations by Ludovic Arnout – French RC (see ppt presentation)

Main objective of CLTS is to stop open defecation.

CLTS is a methodology to show the bad practices pertained to open defecation in order to trigger change through sense of shame, disgust and/or shock.

Groups were guided through one of the 10 CLTS tools – "Shit Calculation" which served to bring awareness of the seriousness of open defecation to the health of a community by the volume of faecal waste generates over one-year period.

Issue of Social Structure, Dynamics & Gender
Often times, no anthropologist is consulted to understand the social demographics of the target community and how this can affect the successful implementation of CLTS.
Shame in some culture is not an appropriate trigger to induce behaviour change whereas self-disgust over faeces is universal.
In Cambodia, though more women attend the PHAST sessions, it is evident that information gained by women is effectively passed onto the men who do build the latrines. Also, when a woman is not available to attend the discussion sessions, her male partner willingly goes in her place.
In East Timor, the male dominates the households. Though CLTS focused on women, the women are not allowed to attend trainings, meetings and be part of community committees. So one solution was to direct sanitation at men, thereby enabling the communities to still have latrines built.

Creating Demand for Latrines
In Cambodia, CLTS is used to encourage rural populations to build latrines and this is followed up with PHAST to upgrade substandard latrines to hygienic latrines. When CLTS was first introduced in the community strong, active and committed village heads who were interested in CLTS had been first identified.
In East Timor, water supply systems are supported financially whereas latrines are not, community perceive sanitation has not having equal importance.
UNICEF has been active in promoting CLTS for its projects because of the low cost method since no facilitator is needed nor provision of construction materials.

Adaptation is the key to moving from strict application of CLTS according to its original design to a wider application where providing 'smart subsidies' such as construction assistance (both design & materials) may be included to bring about community members being able to build and hence have access to hygienic latrines.

Shit Calculator
Purpose of Activity: to quantify the amount of shit generated in a community
Strengths: simple math calculation, has shock value
Weaknesses: community needs to be stable
Does activity motivate or trigger behaviour change: no though can give some knowledge
Where does it fit in project cycle: planning stage
Timeframe how long to complete: half day activity
Target group: whole community
Type of level of facilitation needed: basic facilitation skills
Suitable for use in emergency: no since population is very migratory and changing

5. Session: PHAST

Rebecca Kabura

Acronyms and background of PHAST concept
The presentation created a useful discussion and several questions
1.   What is the difference between PHAST training in central and peripheral level?
2.   PHAST training is mainly conducted in 3 levels:
3.   Community level (Full PHAST)

4. RC Volunteers (Full PHAST – 10 days including introduction to RCRC movement and basic health definitions)
5. Programme Managers/coordinators, and local health authority staff (3days)
6. How fast does the transformation process occur?
7. We need to define the motive to encourage a community to make a rapid change.
8. How to monitor the progress of PHAST activities?
9. We should make a baseline survey with volunteers as reference point to measure changes. A check list is enclosed in the handout book.
10. Before conducting B/L survey, volunteers need to trained for one day training, and we have to supervise the data collection on the field (not to let them alone)
11. What are PHAST assessment tools?
12. Questionnaire
13. Transect walk
14. Photos to document the situation before and after PHAST
15. Why we have to apply many RC tools PHAST, CLTS, etc?
16. PHAST is not a RC methodology; it has been developed by UNDP and WHO.
17. Yet, every RCRC volunteers should have knowledge on CBHFA as a basic training. However, it is not recommended to overload volunteers with a lot of training and tools.
18. What is the entry point of PHAST?
19. 1st we need to carry out CBFHA in the community, if WatSan problems identified then we go for PHAST.
20. Are there major differences between PHAST in urban and rural areas?
21. Communities in urban area are not homogeneous as they have different life style and various job manners, hence difficult to mobilize, and it is more complex situation.
22. But still, it can be adapted to both context
23. Is there PHAST adapted for disables?
24. PHAST is a general methodology about WatSan /HP issues, if there is a requirement for disables, it should be considered in sanitation options.
25. How PHAST can be reflected in an exit strategy and how does a community sustain PHAST?
26. As PHAST is a process, the demands for external support (facilitation) should decline as community participation increases.
27. A comment form Cambodian RC
28. CRC has reduced PHAST to 5 steps only, as had been recommended by Ministry of Development to specifically focus on HP.

Response from facilitator (Rebecca):
It is up to the NS to modify PHAST steps/tools to suit the local context, for e.g. in Sri Lanka volunteers agreed that Nurse Tanaka Tool is not suitable for the community, hence dropped off the tools.
Exercise
Participants were divided into 3 groups of 15. Each group was given a visual tool community story, Nurse Tanaka and Three piles sorting to sort out pictures as they perceive.

Group presentation on some PHAST tools
Community Story
What this tool gives you? Create a discussion on various interpretation of the pictures
Comment: this tool is a general introduction and not a WatSan related issue/story

Nurse Tanaka
Was it easy to agree on some pictures? No
Pictures tell what diseases go to hospital, and why people go to hospital
Nurse Tanaka is again a general health problem tool and not a WatSan specific problem.

Three pile sorting

Pictures can be place in any of the three piles; it is a very involving tool in which bad and good behaviours among the community can be identified.
Note: if we get to eliminate one pile then it should be the in-between (not good not bad) behaviour pile.

6. National Societies' Presentation

6.1. Vietnam RC on PHAST
How to measure the impact and when, and the main indicator?
No. of HH with build latrine, cleanness of the surrounding environment, Families with access to drinking water

6.2. Sri Lanka RC on HP activities through PHAST
Questions
What were your initial entry point (CBHFA, BL), any stakeholder analyses, and sensitization?
We had the CAP surveys for each community, VCA, and B/L survey
Comment:
Partnership should be considered as RC doesn't work alone, there is local health and water authorities, Ministry of Education, etc
Can we have one master tool?
PHAST tools have to be adapted to suit local context, programme requirement. So, it is rear to implement standard PHAST tools.
Note:
PHAST resources checklist is filled by participated NSs.

6.3. CVTL Presentation
"CVTL Health programme"
6.4. Netherland RC presentation including an exercise
Discussion on the differences between CBHFA & PHAST
6.5. DPRK Presentation
"Addressing operation and maintenance issues in WatSan programmes"
6.6. Philippine RC Presentation
"Community ownership and partnerships in WatSan recovery"
6.7. PNG Presentation
"Cholera response operation"
Discussion
Behaviour changes quit fast in the community due to the impact of cholera and the community afraid of it

7. Session: CBHFA Introduction

Group discussion
1. CBHFA is an entry point
2. What is entry point?
3. Uncover multiple health issues
4. A long term programme
5. Community driven – sustainability
6. Solomon's Island links CBHFA with PHAST methodology

Challenges:
1. Adaptation of the tools
2. CBHFA is a guide only
3. Multi-skilled facilitator required

4.   Connection with communities
a.   Communication skills
5.   Overwhelming, extensive tools
6.   Collaboration
a.   Creating demands
b.   Working in partnership

8. Field Trip

Participants were given a choice between CTLS and PHAST implemented in some villages in Siem Reap District

Group A: CLTS
The trip facilitated by Cambodia RC/French RC staff and volunteers, where communities involved in CLTS and benefited through construction of different types, sizes and designs of toilets. The communities explained how the CTLS initiated and developed motives to build latrines.

Group B: PHAST
The trip facilitated by Cambodia RC/Danish RC staff and volunteers visited communities implementing WatSan programs using the PHAST methodology. The participants had the opportunity to become more familiar with some of the PHAST tools.

Groups made presentations on the field trips to answer the following questions;
1.   What were the software tools used
2.   Main challenges in changing behaviours
3.   Key motivators in BC
4.   What were the learning opportunities for your NS

9. Linking hardware to software

<div align="right">Hasan Hamou</div>

Objective:
Understanding the integration between hardware and software components of WatSan Programmes

Group discussion on "how do you understand the link between hard and software components?"

Followed by a presentation on Operation and Maintenance (O&M) highlights critical factors influence the O&M: role of RCRC in hardware and software, technology, community organization, management and training, dimensions of accountability and community financial management.

10.   Session: Hand Washing

<div align="right">Jane Edgar</div>

Practical group exercise demonstrating the disadvantages of dirty hands (no hand washing practiced after defecation and anal cleansing), a variety of hand washing methods and their efficiency.

The website for the Glo-germ products/Glitter bug products
http://www.glogerm.com/
http://www.glitterbug.com/

Suppliers for Asia Pacific:
Malaysia:
Steriline Sdn Bhd, Lot 5979, Jalan Teratai,
5 1/2 miles Off Jalan Meru, 41050 Klang
Selangor Darul Ehsan, Malaysia
Tel: 603-3393 1966, Fax: 603-3392 7130
Email: steriline@gmail.com

Australia: Numerous suppliers of food safety and hygiene products - such as Arrow Scientific.

11.   Session: WatSan Software in emergencies

<div align="right">Martina Cap</div>

Hygiene Promotion Components in emergency (group discussion)

Topics discussion
1. Communication with WASH Stakeholders
2. Identification/distribution and use of the hygiene kits; Cultural appropriateness
3. Participation and accountability; responsible use of power
4. Assessment and monitoring; simple, coordinate with existing system,

12.   WatSan Software in emergencies – Hygiene Promotion Box

<div align="right">Jane Edgar/Ludovic Arnout</div>

The HP Box contents were thoroughly examined and explained to the participants. Participants have been encouraged to use the HP Box whenever possible in emergency phase, and to duplicate some items as necessary to reach out all target beneficiaries.

13.   Session: Community Dreaming

<div align="right">Jerry Mua</div>

The purpose of this software exercise is to help a community to dream up a hypothetical situation of an optimal community environment: and therefore to motivate them to take actions towards this goal.

14.   Five Things to Take Back to NS to Implement

Cambodia RC	*5 Things to take back:*	
	1	WatSan common approach, guideline and policies
	2	Standardized integrated concept from CLTS, PHAST and CBHFA
	3	Conduct consultative meeting between program/project and PNS supported WatSan activities
	4	Train 2 focal person from each branch
	5	Meeting and coordination between health and disaster dept. when emergency response needed

Vietnam RC	*5 Things to take back*	
	1	Hygiene promotion in emergency - More HP Box; need financial support from IFRC and other PNS's for purchasing materials - Equip knowledge and skills for more facilitators of VNRC headquarters and chapters of coastal provinces in Vietnam; need technical and financial support from IFRC

	2	Apply CLTS in projects in the south of Vietnam (where water is accessible); need technical and financial supports from IFRC and PNS
	3	Extend PHAST in other provinces of Vietnam
	4	Integrate CBHFA into new WatSan projects
	5	Lesson learnt and experience in PHAST, CLTS, CBHFA of other NS

Philippine RC	*5 Things to take back:*	
	1	PHAST Training and implementation
	2	Integration of PHAST and CBHFA; entry point for health program
	3	CHAST; revision on existing school based HP, participatory
	4	CLTS; no need for expensive materials, community decision
	5	Impression for NS; good impression and feedback
	What will you need and who can support?	
	1	Train facilitators
	2	Tools (HP Box),
	3	develop guide/manual for CTLS, CBHFA, CHAST

Laos RC	*5 Things to take back:*	
	1	Importance of PHAST and CLTS and their integration.
	2	Steps of implementing CLTS
	3	Implementation of PHAST and CLTS in CBHFA
	4	
	Future plan	
	1	Clarification of PHAST and CLTS to LRC leaders
	2	Technical meeting with PNS supporting projects in Laos to discuss about integration of PHAST and CLTH in all projects
	3	Discuss with the Central Namsaat, MOH about CLTS

CVTL	*5 Things to take back:*	
	1	PHAST
	2	CBHFA
	3	HP in Emergency
	4	Some methods of CLTS
	5	Decentralization and capacity building
	What will you need and who can support?	
	1	Writing funding proposals; bilateral, multilateral, IFRC, ICRC and PNS's
	2	Communication training; IFRC, bilateral and multilateral (PNS)
	3	HP/WatSan in emergency (IFRC and PNS)
		Leadership and management training; IFRC, PNS's bilateral and multilateral
	4	To finalize WatSan guideline (IFRC, PNS)

Sri Lanka RC, Nepal RC, Myanmar RC	*5 Things to take back:*	
	1	WatSan software (PHAST, CLTS, CBHFA) ; Nepal, Sri Lanka RC
	2	Balancing of software and hardware activities; Nepal, Sri Lanka, Myanmar
	3	IEC materials reference books and WatSan HP Box (localization of the box); Nepal, SLRC and Myanmar
	4	Experience sharing and learning on WatSan from other NS (replication if possible; Nepal and Myanmar
	5	Activities during emergency response
	What will you need and who can support?	
	1	Capacity building of the NS in emergency response; Nepal, SLRC
	2	Capacity building of NS in prepositioning

	3	Updating and exposure on the software tools successfully implemented by other NS; Nepal RC, Sri Lanka, Myanmar
	4	Develop a strategy of WatSan, software and hardware, including CLTS; Myanmar

Cook Islands RC	5 Things to take back:	
	1	The concepts and principles on community participation approaches
	2	HP Box
	Support needed	
	1	Facilitator on PHAST, CLTS and CBHFA

PNG RC	5 Things to take back:	
	1	Low technology pump
	2	Field visit
	3	Introduction to RC/RC tools + methodology
	4	Expand network
	5	Experience of others e.g.; mobilization of volunteers + response

Samoa RC	5 Things to take back:	
	1	PHAST Tools
	2	CLTS tools
	3	Volunteer committee
	4	HP kit
	5	Participatory method
	What will you need and who can support?	
	1	Finance and technical support
	2	Training of trainer on the PHAST and CLTS

Fiji RC	5 Things to take back:	
	1	PHAST Tools
	2	CLTS tools
	3	Volunteer committee 8 member (from Cambodia example)
	4	HP box
	What will you need and who can support?	
	1	Technical Assistance
	2	ToT on PHAST, CLTS

Solomon Is RC	5 Things to take back:	
	1	Translate manual household water treatment
	2	CLTS linking with PHAST
	3	Door to door
	4	HP Box
	5	Pump (local pump) ; multi stakeholders partnership, synergizing peoples movement

Vanuatu RC	5 Things to take back:	
	1	PHAST
	2	Network/partnership
	3	Volunteer guideline
	4	Translate water and sanitation manual
	5	HP box

Japanese RC	*5 Things to take back:*	
	1	Sharing among JRCS what other NSs have as of WatSan resources and strategy
	2	Install HP box through IFRC in the ERU
	3	Conduct training for dealing with HP Box for JRCS delegates
	4	Conduct training the idea of CBHFA/PHAST/CLTS how to implement and assist NS for JRCS delegate
	5	Establish (or modify) the guideline regarding HP methodology
	What will you need and who can support?	
	1	JRCS would like NS's/IFRC to give us an opportunity and to accept implementation of BHC-ERU in emergency (JRCS just on the way to develop our strategy on WatSan hardware and software)

DPRK RC	*5 Things to take back:*	
	1	Hygiene box; support from IFRC
	2	New design of latrine with washing place; support from Cambodian RC
	3	Hygiene message to be posted on the door of HH latrine; support from IFRC/Ministry of Public Health

China RC	*5 Things to take back:*	
	1	HP in emergency
	2	Bring the concept of WatSan software to NS
	3	Mobilization of volunteers/capacity building of the community
	4	Application of participatory approaches
	5	Monitoring and evaluation
	What will you need and who can support?	
	1	Technical support on participatory approaches
	2	Enhance cooperation on adaptation of IEC materials/manuals/guideline/etc to local context

15. End of Meeting

Appendix A: Participant list
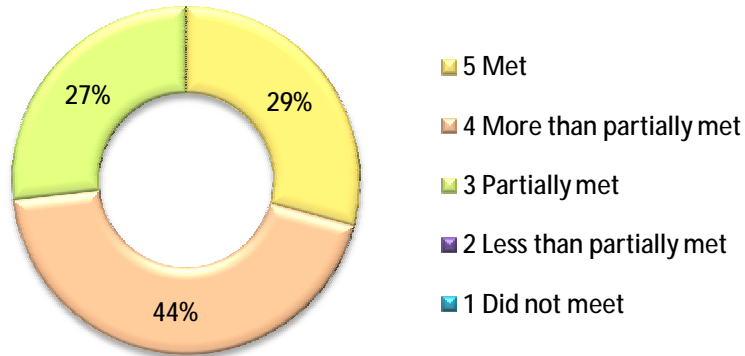Appendix B: Participant Feedback summarised

Appendix A: Participant List

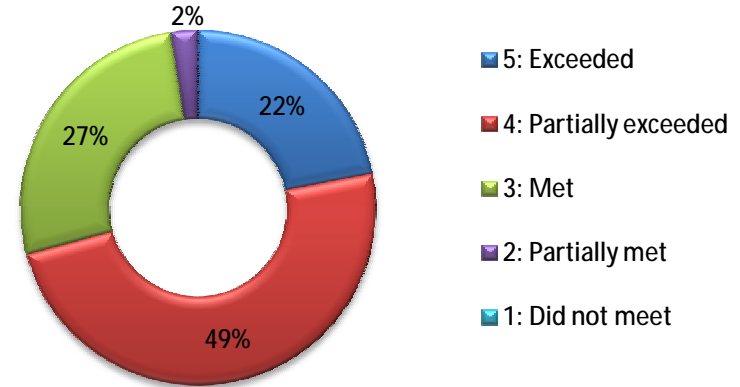| Asia Pacific Software Workshop Participant Details - 1-5th November 2010, Siem Reap, Cambodia				
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Japan	Yuko Kawai	F	y.cafe26@gmail.com	Health Delegate, Nurse

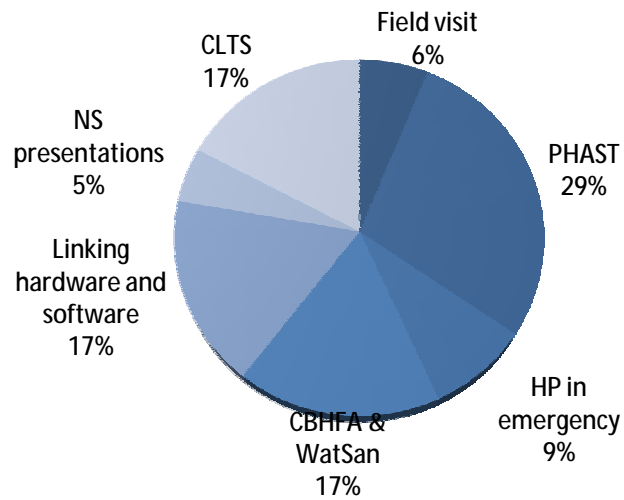| Laos	Bounma Xayasouk	M	Bounma_xayasouk@yahoo.com	Acting head of Health Promotion Department
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Vanuatu	George Worwor	M	Health-redcross@vanuatu.com.vu or Worwor.hec@gmail.com	Health Coordinator
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Appendix B: Participant Feedback Summarised

Did the workshop meet the objectives?

- 5 Met
- 4 More than partially met
- 3 Partially met
- 2 Less than partially met
- 1 Did not meet

29%
27%
44%

Did the workshop meet expectations?

- 5: Exceeded
- 4: Partially exceeded
- 3: Met
- 2: Partially met
- 1: Did not meet

2%
22%
27%
49%

What session was the most relevant?

Field visit 6%
CLTS 17%
NS presentations 5%
Linking hardware and software 17%
CBHFA & WatSan 17%
PHAST 29%
HP in emergency 9%

What session was the least relevant?

Field visit 0
PHAST 0
HP in emergency 1
CBHFA & WatSan 3
Linking hardware... 2
NS presentations 7
CLTS 3