

PHAST IN THE RED CROSS/RED CRESCENT STUDY ON CURRENT PRACTICES & WAYS FORWARDS



RESEARCH BRIEF

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BACKGROUND

Participatory hygiene and sanitation transformation (PHAST)¹ is a methodology to engage with communities to prevent diarrheal diseases. In PHAST, a facilitator uses participatory methods to help local people to develop ownership and commitment for improvements in water, sanitation and hygiene (WASH). In the early 2000s, the International Federation of the Red Cross / Red Crescent Societies (IFRC) has defined PHAST as its central element in the software approach to long-term WASH programming². About 40 National RC/RC Societies (NS) apply PHAST as a tool for hygiene promotion and community mobilization in development projects.

STUDY ON PHAST IN RC/RC

In the last ten years, the WASH sector has seen the rise of new approaches that promote sanitation and hygiene such as CLTS (community-led total sanitation), sanitation marketing and social marketing. Several NS have already collected experiences on combining PHAST with new approaches. More NS are expected to follow. Given this development, there are now plans to revise the WASH software guidelines² in which the IFRC recommends standards for NS implementing WASH projects.

This paper summarizes the findings of a study³ on PHAST in the Red Cross/Red Crescent (RC/RC) context. The study looked at how PHAST has been implemented by NS, what worked, what did not and which adaptations might be needed. It is believed that collecting and reflecting on the RC/RC experiences can make a useful contribution to the review of the software guidelines.

The following research question was in the centre of the study: What adaptations to the RC/RC use of PHAST could be needed?

The study was not concerned with evaluating the efficiency of PHAST. A large amount of project reports and documents report a positive impact of PHAST. Thus, it is assumed that PHAST is generally able, if well done, to achieve positive changes in WASH. The focus therefore was rather at looking what "well done" could mean in the RC/RC context.

What adaptations
to the RC/RC use of
PHAST could be
needed?

1 | Sawyer, R., Simpson-Hebert, M. & Wood, S. (1998) *PHAST Step-by-Step Guide: A Participatory Approach for the Control of Diarrhoeal Disease*, WHO, Geneva.

2 | IFRC (2007) *The International Federation software tools for long-term water and sanitation programming*, IFRC, Geneva.

3 | Graf, J. (2015) *Participatory Hygiene and Sanitation Transformation (PHAST) in the Red Cross/Red Crescent: Assessment of Experiences and Ways Forwards*, MSc Thesis, University of Manchester, UK.



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METHODOLOGY

A qualitative approach was used with literature review and key-informant interviews. A literature search was conducted to gather and screen published and internal documents (evaluations, reviews, etc.) that dealt with PHAST in the RC/RC context. While many resources were found, only twelve could be identified that looked in sufficient depths on aspects of PHAST.

17 key-informant interviews were conducted with WASH sector experts and practitioners (10 RC/RC, 7 NGOs). The group of the RC/RC participants included almost all current and former IFRC WASH software experts from the last 15 years. Respondents from NGOs included developers of PHAST and hygiene promotion experts. They could provide insight on how other organizations dealt with PHAST challenges. The average interview duration was 56 minutes.

Selected literature and interview texts were processed with a thematic analysis¹¹. It is a method for identifying, analysing and reporting themes within data. Limitations to the study include that only grey literature on the subject of interest exists (not published in peer-reviewed journals). To compensate, the number of interviews was increased. Literature and respondents' experiences were concerned with different countries, project cases and time periods. This provided complex data and some degree of generalization, simplification and weighting of conflicting information was needed. With a qualitative approach, the data interpretation allows also more subjectivity. Consequently, conclusions are of the author and might not necessarily be shared by all interviewed respondents.

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

How PHAST is implemented in the RC/RC context

The analysis finds that NS use PHAST as a tool for hygiene promotion and mobilizing for community participation in construction and management of WASH facilities. But it does not go beyond that. Thus, the findings suggest that the RC/RC does not achieve the levels of community participation and empowerment that were originally aspired for with PHAST. The RC/RC does not use PHAST to enable people to make informed and self-determined decisions on hardware. Rather than the "real", a "light" version of PHAST is implemented on low (sometimes medium) levels on the participation ladder¹². Different reasons could be identified why this is the case, including limited capacity among project designers and NS implementers, logistical challenges, funding restrictions and the reliance on community based volunteers for the facilitation of PHAST.



After an extensive literature search, 12 key resources were selected for detail analysis.

17 experts and practitioners from RC/RC and NGOs were interviewed.

NS implement "light" versions of PHAST on rather low levels on the participation ladder.

¹¹ | Braun, V. & Clarke, V. (2006) 'Using thematic analysis in psychology.' *Qualitative Research in Psychology*, vol. 3, no. 2, pp. 77-101.

¹² | Arnstein, S. (1969) 'A Ladder of Citizen Participation', *JAIP*, vol. 35, no. 4, pp. 216-224.

What should be the response to these findings? Should the RC/RC continue to strive for highest levels of community participation and empowerment? Should the IFRC promote in its WASH software guidance to implement the “real” PHAST?

The author of this research argues that even though the “real” PHAST would be preferred the preconditions necessary for it are very difficult to create and partly beyond the control of the RC/RC. Current funding trends with costs per beneficiary calculations, field implementation challenges and limited local capacities and frequent turnover of key staff seem to make the “real” PHAST not realistic for many NS in the near future. This does not suggest losing any ambition in climbing higher in the participation ladder. However, for the present situation, the author suggests that RC/RC actors make a conscious and sincere admission that high participation levels can not be reached in many projects. This understanding might help project planners and implementers alike to reflect on what they realistically can achieve with PHAST and, most crucially, how they need to modify PHAST based on their goals and contexts. It seems better to concentrate efforts to implement a “light” version of PHAST in the best quality possible rather than investing resources to reach unattainable standards of the “real” PHAST.



Recommendation

Be realistic about what is possible to achieve with PHAST in terms of participation and empowerment in a given project. Define explicitly in the beginning of projects what purposes and objectives PHAST can have in the given context and adapt the methodology accordingly.

Advantages of PHAST in the RC/RC

Interviews & documents revealed several advantages of using PHAST in the RC/RC:

- The approach helps to improve hygiene awareness and practices.
- Uneducated and disadvantaged community members are enabled to meaningfully participate and express themselves.
- The approach is flexible and can be adapted to local needs and to new topics.
- Communities are mobilized to get involved in development initiatives.
- With PHAST, implementers get a tool at hand to link hardware with social and behavioural aspects of WASH. Having a standard RC/RC approach also helps project planners to design new projects.
- Since the RC/RC uses PHAST through a cascade system and volunteer facilitators, it is able to reach a large number of people.

The author argues that the benefit of reaching many beneficiaries comes with a price. Using training cascades and relying on community based volunteers as facilitators is hardly able to implement high-standard PHAST processes. This would require skilled facilitators amongst other factors. The requirements for PHAST might make it not suitable for typical volunteers with limited education who are first time facilitators. Thus, the increased beneficiary numbers means cutting on quality in terms of participation and empowerment. It is basically a trade-off between quantity and quality. The RC/RC as a volunteer-based organization might have made this decision when adopting PHAST for the use with volunteers. This could have implications for the adaptations proposed next. They might improve various quality aspects of the practice, but reduce the role of volunteers and possibly coverage.

PHAST has various advantages. By using training cascades and volunteer facilitators, the RC/RC is also able to reach a large number of beneficiaries. However, this might affect the quality of PHAST.

Improving facilitation of PHAST

The way PHAST is facilitated in communities seems to be one of the main weaknesses in the RC/RC context. Many RC/RC interview partners expressed their concern about that. The facilitators, usually community based volunteers trained by the NS, tend to use traditional didactic approaches in PHAST sessions rather than applying the PHAST tools in a participatory manner. In that sense, PHAST is not *facilitated*, but is rather *trained* and *instructed*. Three main causes that might be responsible have been identified: the capacity of the selected volunteers, poor training and follow-up and PHAST being rather time consuming and demanding to facilitate. Several potential adaptations that address these causes were identified.

Selection of suitable volunteer-facilitators could be improved by picking only the very best among PHAST trained volunteers for facilitation tasks. Even stepping away from relying on volunteers could be considered by employing skilled communicators for the sophisticated facilitation job for a couple of months. Volunteers could still play a role in the PHAST process, but would not be overburdened with the task of facilitating difficult PHAST activities in community sessions.

Suggestions were put forward how to enhance the training and follow-up of volunteer facilitators: One was to divide the volunteers' PHAST training in separate, smaller parts with in-between implementation. Facilitation training (ToT) should also be extended to several days. Another suggestion was to quantify the post-training follow-up tasks of staff in job descriptions, work plans, monthly/quarterly project monitoring reports and connect that to performance appraisals.

Finally, to make facilitation easier it might also be needed to revise the content of the PHAST process in the RC/RC context. Literature and respondents indicated that PHAST implementation takes rather a long time. This can lead to fatigue of volunteers and communities which might result in facilitators rushing through sessions. Long duration can also lead to dropping community attendance and interest. It is unclear if the PHAST manual will ever get an official revision, thus the RC/RC could internally advance and produce a shortened and easier to implement version of PHAST. This would be especially useful for NS with limited capacities among volunteers and project staff.

PHAST is often weakly facilitated in communities. Reasons are the capacity of selected volunteer facilitators, poor training and follow-up and PHAST being time consuming and difficult to conduct for lay people.

Recommendations

Increase the capacity of facilitators either by selecting only the best PHAST-trained volunteers for facilitation tasks or by even employing skilled facilitators.

Institutionalize follow-up duties of staff and consider arrangements to improve PHAST volunteer training (e.g. divide in separate parts with in-between implementation).

Simplify and shorten the PHAST manual, especially for contexts of low capacities among staff and volunteers.





PHAST is at times not well adapted to the specific needs in communities. Using KAP surveys and formative research could help to tailor PHAST and other hygiene promotion activities.

Customizing PHAST more to community needs

The research found that PHAST activities are often not well tailored to the contexts of local communities. While the activities might be facilitated “correctly” and in a participatory manner, they are just carried out as prescribed in the manual and in a mechanistic way. The volunteer facilitators are not meaningfully adapting the tools to the realities and problems in the communities.

The lack of customizing can also mean that toolkit picture cards, while principally suitable to the socio-economic context, were not adapted to the situations or behaviours which are most problematic in the communities.

Some interview partners also think that PHAST is generally taking a too broad stance on hygiene by addressing many kinds of behaviours and not concentrating on the few most critical and risky practices in each community.

There were voices that criticised that PHAST is focussing on health knowledge provision but does not address other behavioural triggers that might be more relevant to the communities such as social pressure or motivations like status, privacy or convenience.

Identified reasons for the non-adapted use of PHAST were very similar to the ones for weak facilitation, namely capacity of facilitating volunteers, issues of training and follow-up and factors inherent to PHAST. In addition, capacity of NS implementers plays a role.

Skilled facilitators are normally able to recognize the specific needs of communities and react to them by modifying PHAST activities accordingly and bring in elements from other approaches and methods. In contrast to them, first time and lay facilitators, which volunteers usually are, might often struggle hard enough to control a large group and facilitate the tools correctly. Thus, they do not have the skills to adapt the tools at the same time.

Identified responses were quite the same actions as proposed for dealing with weak facilitation including: working directly with professional facilitators, raising the capacity of volunteers (by better selecting and training them) and/or increasing the supervision of coaches and staff.



An additional suggestion was to strengthen the knowledge, attitudes and practices (KAP) assessment part of baseline surveys. Furthermore, formative research on the most effective behaviour motivations could be added. The results can then inform the tailoring of PHAST (activities and toolkit-drawings) and indicate which additional hygiene promotion activities could be beneficial.

In conclusion, the adaptation to the RC/RC use of PHAST could mean that a tailored, research-based hygiene promotion is conducted (of which PHAST is a part). It should consider also non-health motivators for behaviour change and build strongly on empirical analysis of specific situations. Elements of the social marketing approach should be integrated. PHAST would be adapted to each context and the process might look very different each time. In fact, PHAST might no longer be a process, but more just a toolbox from which different exercises are taken from, depending on needs. This modernized version of PHAST, however, would require strong capacity in project planners and implementers in NRCS.



Recommendations

Modernizing the RC/RC WASH software approach with the use of KAP surveys and formative research. This will allow tailoring the hygiene promotion activities (tools from PHAST, social marketing, etc.) to the specific needs in individual communities. However, this approach might only be suitable for NS with middle to high capacities.

Experts contracted to conduct KAP surveys and formative research should be stipulated (specified in ToRs) to deliver separate chapters in their reports that deal with interpretation of KAP results and propose tailored hygiene promotion activities.

Improving monitoring and follow-up

The research reveals that a common problem is insufficient follow-up of volunteer facilitators after their PHAST training and a lack of monitoring of PHAST activities in communities. Regular meetings or refresher trainings are not arranged. Monitoring consists sometimes only of collecting monthly forms, at times not even this is working. The effect is that project staff do not really know what is happening in the project area including how many PHAST meetings are arranged, with what difficulties the volunteers are struggling, how many men and women participated, what the outcomes of the meetings are, which actions have been taken, and so on.

Without supervision and mentoring volunteers might not be able to implement a qualitative PHAST process as they are not receiving assistance when faced with challenges. The lack of interest and support might lead to volunteers losing motivation and commitment altogether. This not only affects how and if planned PHAST activities are implemented, but also the chance that post-project activities are carried out by the volunteers, and thus sustainability.

Poor monitoring and follow-up is a common issue in PHAST programmes. As a consequence, implementers do not know what is happening in the field. Trained volunteers might lose motivation and stop being active altogether.

Interview respondents felt poor monitoring and follow-up is a general issue in projects. Staff put monitoring tasks second to operational needs, especially when there are not enough human resources for all the expected implementation outputs. In addition, there seems to be an understanding among less-informed staff that PHAST is merely a one-off training event. They might feel that after having trained the volunteers, their job is mainly done and it is now up to the volunteers and their motivation to serve their communities. However, it seems clear that follow-up, coaching and monitoring need to be seen as an integral part of PHAST. It can be decisive for real take-up and buy-in from volunteers and communities alike. Several potential actions to tackle this issues were identified in interviews and in the literature. The box contains a selection of them.

Recommendations

Follow-up meetings and refresher trainings should be planned and budgeted already in the design phase of projects.

PHAST training for volunteer facilitators could be divided into monthly trainings with implementation in-between, trainings could be used for coaching as well.

As an assisting tool, volunteer coaching and monitoring of activities could partly happen through mobile phone-based data management systems.



Creating better toolkits

Respondents reported that issues with the toolkits are a very common problem in projects. Often picture cards are of poor material quality, non-coloured and images are not adapted to the socio-cultural region or even country they are used in. Other problems with toolkits are that they are hard to be kept complete and sorted. Sometimes not all trained volunteers receive a toolkit. High production costs and non-availability of artists were identified as main reasons. Among the potential actions discussed were the proposal to enable NS staff more to adapt existing visual aids materials themselves with computer software. In addition, having a digitalized toolkit data base would allow quick search for suitable templates for further adaptation by staff, designers or artists.

Non-adapted toolkits are a common problem in projects. Digitalizing existing toolkits and make them available in a central database could help to find templates for manual or computer-based adaptation.

Recommendations

All toolkit picture cards should be digitalized for storage and sharing. If possible, drawings produced by designers should be obtained in computer graphic format so that they can be altered later.

IFRC should collect, sort and manage digitalized toolkits from projects and make them available through an internet data sharing service.

Opening up the RC/RC WASH software approach

The large majority of interviewed experts felt that practitioners needed to be flexible in their use of different software approaches and be able to mix them freely as context requires. So programming could be inspired by elements of PHAST, CLTS, sanitation marketing, social marketing and other methodologies. So far the standard RC/RC WASH software approach has been mainly centred on PHAST. The recommendations of RC/RC respondents to combine different software methodologies would in a sense mean that the RC/RC software approach opens up. This would not so much be a call for adaptation of PHAST, but for an adaptation of the general software approach.

Introducing various methodologies in the RC/RC WASH software approach would give implementers more tools in their hands to address specific needs and make hygiene promotion activities more tailored. However, NS staff would need to broaden their knowledge on all kinds of methodologies. For some NS this would necessitate a steep upgrade of capacities and some NS might struggle to retain staff with that developed capacity. At the same time, it might make planning for new projects more difficult as there could be less reliance on a well-known standard approach. Thus, a balance might need to be struck between enlarging and filling up the toolbox of methods while also making sure that enough understanding is present in NS on how to use each of them and how to combine them effectively.



Recommendation

Open up officially the RC/RC WASH software approach for long-term WASH software. Provide guidance for NS with less capacities how to combine different methodologies (PHAST, CLTS, sanitation and social marketing).

Connecting better RC/RC participatory approaches

Some RC/RC respondents expressed the need to better link the different RC/RC participatory tools (VCA, CBHFA, PHAST) that are used in integrated programmes. If parallel systems are built up and "silo thinking" prevents connecting the approaches meaningfully, this creates confusion and frustration among volunteers and communities. An option could be general software guidelines under the umbrella of health or resilience that integrate the different sectoral methodologies.

Recommendation

Harmonize and connect different RC/RC participatory approaches such as VCA, DRR, CBHFA and PHAST.

Failing to connect meaningfully participatory RC/RC approaches (VCA, CBHFA, PHAST) will bring confusion and frustration among volunteers and communities.

About this research brief

This document summarizes the findings of the following research work:

Graf, J. (2015) *Participatory Hygiene and Sanitation Transformation (PHAST) in the Red Cross/Red Crescent: Assessment of Experiences and Ways Forwards*, MSc Thesis, University of Manchester, UK.

To receive the full thesis, send an email to juerg.graf@redcross.at or watsan@redcross.at. The author is grateful to the Austrian Red Cross for supporting the study. All participating experts and practitioners are thanked for their time and sharing their experiences. The research project was inspired by field work in Ethiopia and Myanmar where all pictures were taken.

Abbreviations used in this paper:

CBHFA	Community-Based Health and First Aid
CLTS	Community-Led Total Sanitation
IFRC	Int. Federation of RC/RC Societies
KAP	Knowledge, Attitudes and Practices
NGO	Non-Governmental Organization
NS	National Red Cross / Red Crescent Society
PHAST	Participatory Hygiene And Sanitation Transformation
RC/RC	Red Cross / Red Crescent
ToRs	Terms of References
ToT	Training of Trainers
VCA	Vulnerability Capacity Assessment
WASH	Water, Sanitation and Hygiene