

Annex A

Synopses of experiences in pilot countries

BOTSWANA

Collaboration

Botswana's PHAST pilot programme was a collaborative activity by the country's Ministry of Health and Ministry of Local Government, Lands and Housing, UNICEF and WHO. It was supported by funds from the government of Botswana, UNICEF, WHO and the Swedish International Development Cooperation Agency (Sida).

The sequence of events

Initially, in October 1993, six people were trained in the PHAST methodology at the Mukono workshop in Uganda. The Botswana national team was the only team in the four pilot countries that had not had previous exposure to SARAR. As it takes time to develop confidence in the methodology, the Botswana team, more than the others, had to struggle to overcome its lack of confidence while trying to carry out subsequent training of community-level extension workers.

In March 1994, with the support of experienced SARAR trainers from Kenya, Uganda and Zimbabwe, 72 trainers from six regions of the country were trained at two major training workshops, in Kasane (in the north) and Lobatse (in the south). Subsequently, in July and August 1994, district-level staff from Bobirwa and Gaborone were trained. The PHAST approach was piloted in seven community sites, three urban and four rural.

Changes observed in communities

The main achievements observed at community level were as follows:

- a) There was full involvement of the community, with everyone participating and contributing in some way.
- b) Communities developed confidence in themselves, diagnosed their own problems and felt committed to participating in making changes.
- c) Communities came forward with donations of local resources towards activities, planned by themselves, to promote hygiene education and behaviour change.
- d) Volunteer community members formed groups, called village health committees, which managed the hygiene education activities for the community in collaboration with school health committees, parent teacher associations, literacy groups and crime prevention groups.
- e) There was a definite change of attitude amongst community groups such as village development committees, parent teacher associations, literacy groups and crime prevention groups.

The future of PHAST in Botswana

The Botswana team would like to expand the PHAST approach to more districts. It wants to create a strong, laminated tool kit for wide use and to receive more training in participatory methods. There is a concern that the PHAST initiative may die in Botswana unless a strong, well-placed co-ordinator is assigned soon and the approach institutionalized. Ideally, the team would like to have a United Nations Volunteer, trained specifically in PHAST, to guide, co-ordinate and support its efforts over the next three years of programme development.

KENYA

Collaboration

The Kenya PHAST programme was, and continues to be, a collaborative activity by the Kenyan Ministry of Health, CARE-Kenya, Network for Water and Sanitation (NETWAS), Kenya Water and Health Organization (KWAHO) and UNICEF¹. Funding for the pilot phase was provided by the government of Kenya, CARE-Kenya, UNICEF, WHO and Sida.

The sequence of events

Initially, twelve people from Kenya attended the Regional Participatory Hygiene Education Workshop in Mukono, Uganda, in 1993 and participated in the development and testing of the prototype materials. Most had had previous exposure to the basic SARAR methodology.

Following the Mukono workshop, training was given to extension staff responsible for piloting and testing PHAST tools in field sites where they had on-going water and sanitation projects.

Pilot testing took place in six districts: Nandi, Baringo, Kisumu, Homa Bay, Siaya and Uasin Gishu.

In order to sustain the momentum of the initiative and to develop tools and indicators for monitoring the experience, several consultations were organized between the PHAST pilot programmes in Kenya and Uganda. These included a consultation in April 1994, a monitoring and evaluation workshop in August 1994, and a Kenya/Uganda PHAST review workshop in November 1994.

Staff in both Kenya and Uganda felt the need for a pool of SARAR-trained artists to call upon to help develop culturally appropriate tools for the varied field settings. As a result, the Participatory Learning Network (PALNET) organized a five-day artists workshop in Maseno, Kenya, in April 1994, which brought together 12 artists and seven resource staff from Uganda and Kenya.

¹Most of these organizations are members of the Participatory Learning Network (PALNET) in Kenya. PALNET's purpose is to share experiences and ideas from various participatory methodologies.

Changes observed in communities

Changes observed in Kenyan communities as a result of the application of PHAST tools and techniques were as follows:

- a) Communities decided to form health committees.
- b) Health committees decided to undertake house-to-house hygiene education.
- c) Community leaders requested PHAST tools (in colour) for use in local schools and by local health workers – an indication that community members enjoyed being trained in participatory methods and became competent in their use.
- d) Community leaders approached public health officers for information on the technical aspects of latrine building, protection of water sources and healthful housing.
- e) Health committees made plans for building latrines. Community members agreed to compile a list of people who did not build or did not use pit latrines and to prosecute such defaulters. As a result, latrine coverage increased.
- f) Health committees decided to take over the operation and maintenance of water points.
- g) Health committees created a system of community monitoring of water supply and sanitation.

Several of these outcomes, in particular d) to g), demonstrate how PHAST activities contribute directly to the promotion of community management of water and sanitation services.

The PHAST tools and approach generated great interest within other sectors. CARE-Kenya, in particular, used the approach to develop materials and methods for the prevention of AIDS, for youth employment generation, and in the field of agro-forestry.

Even before the end of the pilot phase, the methodology had spread to four new sites and was being tested by an additional major donor-funded programme, the Lake Basin Development Authority.

The future of PHAST in Kenya

The Kenya team has the following objectives for further expansion:

- a) To advocate PHAST among water and sanitation implementing agencies and to encourage adaptation of the tools to new sites, including those in the environmental health programme run by the Ministry of Health and funded by Sida.
- b) To build up capacity in the methodology at both grassroots and institutional levels, by including PHAST methods in standard training curricula for extension agents.
- c) To develop monitoring tools and indicators for determining the progress of the application and use of PHAST.

- c) To document and evaluate the application of PHAST country-wide.
- e) To hold a PHAST workshop for Ethiopia, Kenya and Uganda to share experiences on progress following the pilot phase.

UGANDA

Collaboration

The major partners in the Uganda PHAST programme are the Rural Water and Sanitation Project (RUWASA) of the government of Uganda, the Katwe Urban Pilot Project (KUPP), WaterAid and the Network for Water and Sanitation (NETWAS).

The sequence of events

In October 1993 the RUWASA Project hosted the Regional Participatory Hygiene Education Workshop in Mukono, Uganda. The six Uganda trainers and two artists who attended the Mukono workshop became the national PHAST core team.

In February 1994, the RUWASA Project, in collaboration with SARAR/PROWESS training experts from the UNDP/World Bank Regional Water and Sanitation Group in Nairobi, carried out PHAST training for its central staff and a core team of social mobilizers. The Katwe Urban Pilot Project and WaterAid participated in the training course.

The PHAST approach was piloted in Mukono district and, on the strength of its success there, the methodology was extended to cover the other districts where RUWASA is active (Jinja, Iganga, Tororo, Pallisa and Kamili). The training was not limited to hygiene education and sanitation, but included other areas of rural development dealt with by social mobilizers. Participants appreciated the value of the methodology and determined to train all district officers and community social mobilizers within their projects in the methods.

It was found that an important outcome of using this methodology was that the water-user committees and other community members were able to participate actively in discussions related to sanitation, hygiene behaviour, water-source maintenance, gender and planning. The use of illustrations facilitated and generated discussion.

Following the February 1994 training workshop, WaterAid organized two PHAST workshops for project teams, held in Mbwera and Mbale. These teams continue to use PHAST methods for the promotion of hygiene and sanitation.

PHAST was tested in just one urban site, the Katwe Urban Pilot Project (KUPP) in the city of Kampala. Here, five extension workers and 20 community members were trained in the methods. In both the WaterAid and KUPP programmes, community members are trained to train others.

Changes observed in communities

In the rural areas of Uganda, field workers had always had difficulty helping communities to prioritize their problems. However, with the use of

PHAST tools, it became easier for communities to focus on water and sanitation-related diseases as a main priority. Both field workers and community members appreciated that these participatory methods were superior to the ones they had used in the past.

Major achievements of the PHAST initiative in rural areas were as follows:

- a) Communities became willing to pay money for operation and maintenance of their water points.
- b) Communities became increasingly committed to the concept of community management.
- c) Communities requested extension agents to visit more often and, when they came, attendance at meetings increased.
- d) Communities had an increased appreciation and understanding of the value of water supply and sanitation facilities. This resulted in increased numbers of latrines and the installation of more hand-washing facilities.
- e) Communities wanted to monitor and evaluate their progress and designed billboards to monitor the hygiene practices and sanitation status of their communities.
- f) Communities requested to be given copies of the tools to use for mobilization of other community members.

In the urban site, the Katwe Urban Pilot Project, a great deal of success was also achieved. The Katwe project is seeking to improve environmental conditions in a largely artisan peri-urban community. The field workers used the PHAST methods to stimulate community involvement, to raise awareness about health risks and to set in motion some planning and action. At first the community, mostly men, was resistant even to meeting with field workers. However, little by little, community members began attending meetings and using the graphic materials to discuss their problems.

This resulted in the formation of four community-organized groups, trained in participatory tools and with the task of mobilizing the community and raising awareness of proper hygiene, sanitation, waste disposal and drainage. Within a few months latrines had been built, drainage improved and garbage collection instituted. The groups also embarked on income-generating activities.

The future of PHAST in Uganda

Following the December 1994 PHAST review meeting in Harare, where the four countries involved in pilot testing shared their results, RUWASA has expanded its use of participatory tools to the training of others involved in its projects. These include: community health workers; primary-school teachers, school management committees and parent teacher associations; communication campaign teams; and tutors at the School of Hygiene in Mbale and the School of Social Development in Nsamizi.

The various partners in the PHAST pilot project in Uganda have agreed on three lessons learned. First, the PHAST approach is costly in financial terms but certainly worthwhile when one considers the changes stimulated in communities. Second, institutional support, at every level, is vital to success at field level. Third, communities can monitor and evaluate their own hygiene status, creating the monitoring mechanisms best suited to themselves.

ZIMBABWE

Collaboration

The Zimbabwe PHAST pilot programme was initiated at the request of the Department of Environmental Health of the Zimbabwe Ministry of Health. The programme was, and continues to be, a collaborative effort by the Ministry of Health, UNICEF and the Institute of Water and Sanitation Development (IWSD). Although the bulk of the funding was provided by the government of Zimbabwe, UNICEF and Sida, support for the initiative has also come from a number of other institutions, including the Rural District Councils (RDCs), Agricultural Technical and Extension Services (Agritex), Ministry of National Affairs, Employment Creation and Cooperatives (MNAECC), Africare, PLAN International, Mvuramanzi Trust and the Lutheran World Federation.

The **sequence** of events

Following a pre-planning workshop facilitated by a PROWESS specialist from the UNDP/World Bank Regional Water and Sanitation Group in Nairobi, a national PHAST training workshop was conducted at Meteoric, Masvingo, in March 1994.

Initially, in order to test the approach, three pilot districts were selected for their ethnic and geographical diversity. These were two Ministry of Health programme districts supported by Sida, Goromonzi and Mutasa, and the UNICEF project area of Beitbridge. Beitbridge is in the semi-arid region of Zimbabwe near the South African border, whereas the Goromonzi district, just outside Harare, is in an area with above-average rains and plenty of surface and perennial underground water, which has contributed to a high incidence of water-related diseases.

A special focus of the Goromonzi programme was the use of PHAST training in tandem with the Mv-uramanzi Trust's programme to upgrade family wells. The Health and Hygiene Education in Schools project has also used a number of PHAST tools.

In June 1994 a first review workshop was held to identify indicators and to develop a monitoring plan. A second review workshop was held in November 1994, prior to the regional PHAST review workshop in Harare.

Within very little time demand for the methodology increased outside the pilot districts and within the first year the methodology had spread to four more districts. The approach was also highlighted at the UNICEF regional sanitation workshop in October 1994.



Changes observed in communities

In the eight months between the PHAST training workshop in March 1994 and the review workshop in November, the most important achievements were related to the management and implementation of the programme itself. It was agreed that community-level changes would have to be reviewed at a later time. However, one important achievement has been that communities can develop their own system for monitoring and evaluating hygiene and sanitation changes.

The future of PHAST in Zimbabwe

As from mid- 1995, the PHAST approach has been institutionalized in Zimbabwe and is now an official Ministry of Health programme. UNICEF has been actively supporting the Ministry of Health in the use of PHAST and has been garnering additional external support for the approach. Within the country, all provincial water and sanitation sub-committees have been trained in the PHAST methodology. Nearly one thousand extension workers are now trained. The Ministry of Health is currently producing a PHAST field guide for national use.

Annex B

list of collaborating institutions

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Uganda: Ministry of Health, Ministry of Natural Resources, Energy and Minerals, Rural Water and Sanitation Programme (RUWASA), Katwe Urban Pilot Project (KUPP), WaterAid

Zimbabwe: Ministry of Health, Department of Environmental Health, Rural District Council (RDC), Agricultural Technical and Extension Services (Agritex), Ministry of National Affairs, Employment Creation and Cooperatives (MNAECC), Africare, PLAN International, Mvuramanzi Trust Zimbabwe, Lutheran World Federation

World Health Organization (WHO)

UNICEF Botswana, Kenya, Uganda and Zimbabwe

UNDP/World Bank Water and Sanitation Program, Nairobi (PROWESS)

Network in Water Supply and Sanitation (NETWAS)

Institute of Water and Sanitation Development (IWSD)

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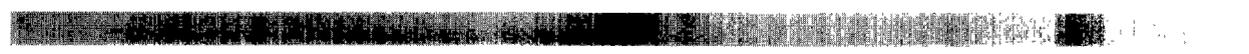
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Annex D

Participatory approaches to water and sanitation change: the roles of PROWESS and SARAR

What is PROWESS?

For a long time it has been recognized that women are the principal collectors, managers and often users of water in the home. They are also frequently the guardians of household hygiene and family health. Water collection and use and environmental sanitation may dominate women's daily lives, yet often they are denied a real role in decision-making about water and sanitation.

The PROWESS programme was created in 1983 to redress this situation. Its goals have been 'to demonstrate *how* women can be involved, the benefits this will bring to women and their communities and how this experience can be *replicated*'². PROWESS stands for Promotion of the Role of Women in Water and Environmental Sanitation Services. Initially the programme was based in the United Nations Development Programme (UNDP), Division for Global and Interregional Programmes (DGIP). Later, in 1990, the programme joined the UNDP/World Bank Water and Sanitation Program.

The PROWESS programme realized that mechanisms were needed to allow women to participate fully in decision-making about water and sanitation and to plan and monitor change. Many mechanisms for bringing about discussion and stimulating involvement and action were examined. It was felt that the SARAR methodology, which had originally been developed by Lyra Srinivasan, working with Ron Sawyer, Jacob Pfohl and Chris Srinivasan, would be particularly effective in achieving these goals. SARAR has been a cornerstone of PROWESS efforts to promote community participation, and particularly women's participation, in water and sanitation development.

What is SARAR?

As thinking in development, and in health, has evolved it has been recognized that sustained change at community level cannot be achieved without real commitment from and involvement of the community. It is considered that development must respond to the needs felt by the community and that not only should users be involved in the development process but they should choose, manage and own the facilities or services created. This is participatory development.

Participatory methodologies were developed to facilitate this process. The underlying *principle* is that the best way to promote change is to offer communities ways to take more control of their own development. The

² Srinivasan L. *Tools for Community Participation*. PROWESS/UNDP, New York, 1990.

methodology is the methods and techniques which allow this to take place. Participatory methodologies are not a universal panacea: many have been criticized as **extractive** techniques which seek to generate cheap labour rather than to empower people. They are sometimes confined to use with communities, rather than being applied at all decision-making levels. Equally, techniques intended to be participatory can be used didactically by community workers who have received inadequate training.

SARAR is a participatory methodology, developed since the 1970s, which has shown itself to be effective in enabling people to identify their problems, plan for change and implement and monitor that change. It is based on the philosophy of participatory development, the main beliefs of which are that:

- a high level of personal involvement in decision-making is the root of real, long-term commitment to change;
- people closest to the problem are the best ones to find the solution;
- self-esteem is a prerequisite to decision-making and follow-through;
- sustainable learning takes place best in a group context, which contributes to a normative shift;
- learning should be fun.

The SARAR techniques are not teaching tools which seek to impart knowledge. They are methods which seek to foster discussions among households and communities. SARAR uses visual materials and role play to facilitate the process. Trainers are trained and then, in turn, train community workers. They learn to use and adapt a series of tools which generate discussion and assist planning. Most importantly they rethink their interaction with the community. They begin to see the community as a source of wisdom — as a group that, when helped to identify its problems and to plan for change, is capable of acting independently to make the desired changes. In water and sanitation programmes, demand for and uptake of services has been seen to increase significantly, as has spontaneous action by the community to construct or upgrade latrines.

SARAR stands for Self-esteem, Associative strengths, Resourcefulness, Action-planning and Responsibility: the five human qualities that the methodology seeks to promote. Planners and community workers can choose to make women a particular focus, but the methodology is relevant to all community members, male and female, young and old. SARAR has been used in programmes addressing a wide range of health or development issues besides water and sanitation, including HIV prevention, diarrhoeal disease control and nutrition.

The implications of using SARAR

The implications for goals: Using the SARAR methodology means accepting that people may **well** identify problems other than those the trainer or manager hoped to focus on. As trainers and policy-makers, we have to ask ourselves whether we can be honestly open-ended in our approach and at the same time hope to generate an increased demand for the

particular services our sector offers. We cannot begin with a fixed idea of what the outcome will be. This may mean that different sectors have to coordinate the efforts in relation to the community and allow for multi-sectoral initiatives.

The implications for programmes: In order to be able to use SARAR, community workers need training and support. They also need time to interact fully with the community. As communities begin to take initiatives for their own development they will need further support. This may mean credit to purchase the materials they need, for example. Traditional systems of supply of facilities will no longer be relevant.

The implications for monitoring: Allowing people to define their development agenda and to plan for change takes time: annual coverage goals may no longer be a relevant way to monitor change. The programme must necessarily begin slowly and accelerate over time.

The political implications: The SARAR methods allow communities to improve planning skills. This is empowerment and has considerable political implications. Before applying an approach such as SARAR, community workers and policy-makers must decide whether they are ready to hand some of their traditional control over resources and decision-making to the community.

How to find out more about PROWESS and SARAR

To find out more about gender issues in water and sanitation development, contact:

Wendy Wakeman at PROWESS. She can be reached at the UNDP/World Bank Water and Sanitation Program, The World Bank, 1818 H Street NW, Washington DC 20433 USA.

The following books and tool kits provide further information about SARAR:

Srinivasan L. *Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques*. PROWESS/UNDP, New York, 1990.

This is perhaps the best-known publication about working with SARAR. It is distributed through PACT, Inc., 777 UN Plaza, New York, NY 10017, USA (Tel (+1) 212-6976222), price: US\$17.95. A video is also available (manual and video together priced at US\$45.95).

Narayan D. *Participatory Evaluation: Tools for Managing Change in Water and Sanitation*. World Bank Technical Paper 207, Washington DC, 1993. Available from the World Bank Book Store, Customer Service, 1818 H Street, NW, Washington DC 20433, USA (Tel (+1) 202-4732941), price US\$ 9.95.

Narayan D. and Srinivasan L. *Participatory Development Tool Kit: Training Materials for Agencies and Communities*. World Bank, Washington DC, 1994.

This publication includes a tool kit and guidebook. The guidebook contains a useful list of participatory trainers. Available from the World Bank Book Store, as above.

Other tool kits have been prepared nationally, particularly through the WHO/UNDP-World Bank/UNICEF PHAST initiative. To find out whether such a tool kit exists in your country or region write to the nearest World Bank International Training Network centre or SARAR NGO (see below).

Five NGOs have been established to assist groups who want to use SARAR in their programmes. They may be able to provide guidance on developing a programme, on obtaining training support or on developing a tool kit. For further information contact:

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Ron Sawyer (Latin American and African focus)
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