

Report of the Evaluation of the PHAST tool for the promotion hygiene & sanitation in the GOK/UNICEF programme of cooperation



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List of acronyms

AMREF	: African Medical and Research Foundation
BMGF	: Bill and Melinda Gates Foundation
CBO	: Community Based Organisation
CEDS	: Community Empowerment and Development Services
CHAST	: Children's Hygiene and Sanitation Training
CHW	: Community Health Worker
CLTS	: Community Led Total Sanitation
DPHO	: District Public Health Officer
ESHWG	: Environmental Sanitation and Hygiene working group
GOK	: Government of Kenya
IDP	: Internally Displaced Person
IIED	: International Institute for Environment and Development
IRC	: International Water and Sanitation Centre
KMTC	: Kenya Medical Training College
M&E	: Monitoring and Evaluation
MOE	: Ministry of Education
MOH	: Ministry of Health
MOPHS	: Ministry of Public Health and Sanitation
MOWI	: Ministry of Water and Irrigation
NGO	: Non Governmental Organisation
NORAD	: Norwegian Agency for Development Cooperation
NORWASP	: Northern Region Water Sanitation Project
PHASE	: Personal Hygiene and Sanitation Education Program
PHAST	: Participatory Hygiene and Sanitation Transformation
PHO	: Public Health Officer
PHT	: Public Health Technician
PLA	: Participatory Learning and Action
PRA	: Participatory Rural Appraisal
PUA	: Participatory Urban Appraisal
RWSG-ESA	: Regional Water and Sanitation Group for Eastern and Southern Africa
SARAR	: Self-esteem, Associative strength, Resourcefulness, Action planning, Responsibility
SIDA	: Swedish International Development Cooperation Agency
SWASH+	: Sustaining and Scaling School Water, Sanitation, and Hygiene Plus Community Impact
SWOT	: Strengths Weaknesses Opportunities and Threats
TB	: Tuberculosis
ToR	: Terms of Reference
ToT	: Training of Trainers
UNICEF	: United Nations Children's Fund
UNDP	: United Nations Development Programme
WASH	: Water Sanitation and Hygiene
Watsan	: Water and Sanitation
WESCOORD	: Water and Environmental Sanitation Coordination Committee
WSSCC	: Water Supply and Sanitation Collaborative Council

PHAST Evaluation Report- Executive summary

PHAST stands for Participatory Hygiene and Sanitation Transformation. It is an exciting and relatively new approach, based on an innovative set of participatory techniques. It has demonstrated its ability to promote hygienic behaviour, sanitation improvements, and community management of water and sanitation facilities. PHAST was carefully developed and tested in both urban and rural areas in four African countries: Botswana, Kenya, Uganda and Zimbabwe. The results of these tests indicate an unprecedented level of involvement by communities, the particular suitability of PHAST techniques to resource-poor settings, and remarkable success in terms of environmental and behavioural improvements.

The findings of this PHAST evaluation, as presented in this report, are based on the following activities:

- A review of general and specific literature on hygiene promotion and sanitation for Kenya, including relevant sector and programme documents provided by the Ministry of Public Health and Sanitation
- A desk study on the promotion of hygiene and sanitation with a specific focus on participatory tools
- A preparatory workshop on the role of PHAST at national, district and community level with the goal of developing a questionnaire on the role of PHAST to be used in the field
- Field visits to five districts: Kwale, Garissa, Turkana, Kisumu and Nairobi
- Visits to the head offices of some organisations that have worked with PHAST as an integral part of their programmes in these districts, plus visits to relevant ministries.

Methodology:

The evaluation was based on strategies and activities at national, district and community level. It focused on five districts, namely Kwale, Garissa, Turkana, Kisumu and Nairobi. Persons from these districts met at a preparatory workshop in Nairobi in the beginning of January. Together with the team, they developed a questionnaire that would be used in the field to evaluate PHAST. UNICEF and district staff members in the field were instrumental in bringing the two study teams into contact with a number of stakeholders at district and community level. Key persons interviewed in the field were: district officers from relevant ministries; NGO representatives, practitioners and community resource persons, including public health technicians, teachers, and CBO representatives; and members of the community.

Based on the evaluation, the following recommendations are divided into four levels: general, national, district and community:

General findings

Successes

Based on the field work, it is clear that:

- PHAST does have an influence in bringing about hygiene behaviour changes. During the field work, various success stories on the role of PHAST in the communities were cited.
- PHAST empowers and encourages total participation among all stakeholders.
- There is a willingness/eagerness to be trained/capacitated/informed about the tool at all levels.

- PHAST promotes collaboration between stakeholders in the planning and implementation cycle.
- PHAST can be used alongside other participatory methods (e.g. CLTS, etc)
- Local adaptation of PHAST is easy and user friendly.

Weaknesses

- The methodology is quite time-consuming and is taught in a fixed order, which limits its flexibility.
- It has no explicit gender perspective in content, methods, processes or training.
- There is no clear link with HIV/AIDS mitigation: for example for HIV-affected households.
- There is weak link of PHAST in relation to monitoring and evaluation.

Recommendations

Based on the recommendations below, it is clear that PHAST *does* have a role at all levels. The preparatory workshop, field visits, and feedback workshop have clearly revealed that PHAST is an acceptable method that works well in the Kenyan context.

Below are the further suggested recommendations at the national, district and community level.

National level recommendations

- The Environmental Sanitation and Hygiene Working Group plays an active role in coordinating learning and sharing around PHAST. This critical working group at the national level should continue to be strengthened and supported. Also of importance is that all the members of the working group be trained in the PHAST methodology. In addition, the national working group should develop clear guidelines for the district level working groups (and lower) on how to work with PHAST.
- Effective external financial support should continue to be made available by the government, donors and the project teams to enhance PHAST (e.g. training, technical advice, support and mentorship).
- There is a need to have monitoring and evaluation systems for PHAST in place to enhance better documentation of best practices and lessons learnt.
- There is a need for PHAST to be integrated into educational institutions of learning at all levels (e.g. universities, colleges and schools).
- PHAST should be gender mainstreamed at all levels. In addition focus on diseases such as HIV/AIDS should be included in the PHAST tools.

District level recommendations

- PHAST is under the responsibility of the District Environmental Sanitation and Hygiene Working Group. In some districts, this working group is already established. However, in districts where this is not the case, these need to be formed, strengthened and supported. Also of importance is that all members of the working group be trained in PHAST. In

addition, the working group should get clear guidelines from the national level on how to work with PHAST. This entails that PHAST should have harmonized guidelines in terms of how it is used at the district level.

- In order to enhance inter-sectoral cooperation for the use of PHAST at the district level, the District Environmental Sanitation and Hygiene Working Group needs to be strengthened.
- For PHAST to gain strength and recognition, newly recruited District Public Health Officers and others (e.g. PHO, PHT, etc) should be trained in this methodology.
- Effective facilitation of PHAST requires a paradigm shift from didactic/training approaches; many practitioners lack confidence in their ability to shift from the position of expert/teacher to that of facilitator. They see PHAST as something that should be taught, though the original idea is that it needs to be facilitated. Training of facilitator skills at district level is essential.
- Inter-district learning and sharing platforms for PHAST should be set up, either through provincial offices, or through the District Environmental Sanitation and Hygiene Working Group, which can play a critical role in this respect.
- Local monitoring and impact measurements (e.g. baseline information) need to be strengthened at the district level through better documentation of best practices and lessons learnt.
- PHAST tools should be animated and specifically made culturally sensitive for each district.
- PHAST tools should be electronically available (e.g. DVD, CD Rom) and also in laminated picture sheets (e.g. A4 sets) at the District Public Health Offices.

Community level recommendations

- There is a need to strategically explore ways of using PHAST to create demand for better hygiene and sanitation at the grass root level. This entails using methods like animation, sanitation marketing, etc.
- There is a need to develop criteria guidelines for selecting persons to be trained as ToTs for PHAST.
- Information flows should be encouraged right from the village level through, for example, the use of chalk boards indicating all relevant information.
- For PHAST to become an integral part of community life, it is critical that it be accepted in the local culture. Basic principles such as time availability, budgetary allocation and number of training courses should be given serious consideration.

1. Introduction

Background of the assignment

PHAST stands for Participatory Hygiene and Sanitation Transformation. It was launched as a tool for sanitation and hygiene promotion at a workshop in Kenya in 1993 by the Regional Water and Sanitation Group for Eastern 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-Geneva Office. Five countries (Botswana, Ethiopia, Kenya, Uganda and Zimbabwe) were invited, through UNICEF-ESARO, to pilot the methodology.

Piloting in Kenya started in 1993. PHAST was used as a tool in the Government of Kenya/UNICEF hygiene and sanitation programme and has since passed through several phases. The transition between the different phases was prompted by annual reviews and lessons learnt. Over the past eight years the GOK/UNICEF program has spent over USD 500,000 on PHAST, including support for hardware (latrines, tools and drainage) in schools and communities.

The programme adopted an operational research approach, in which the results of each activity are used to design and refine subsequent initiatives. This required objective analysis of results against a model, and identifying opportunities and especially strategies on how to hand over the responsibility for change to communities and households. The programme learnt a lot from the communities and made progressive improvements. Significant changes included (a) a shift of emphasis from **knowledge or message-based** to **practice-based** communication supported by knowledge; (b) a shift from an institutional focus to a focus on community-based structures and the use of **social context** and **cultural forms** of communication.

From March to May 2005 the GOK/UNICEF programme conducted a detailed review of the conceptual basis of PHAST based on Grounded Theory Method and the implications of how it should be used and linked up with hygiene and sanitation marketing. The insights gained from the review were used to modify the original terms of reference and the geographical target area.

The GOK/UNICEF programme now believes that it has reached a point where it would like to scale up PHAST applications to communities, whole districts and the country.

Purpose of the evaluation assignment

The evaluation of PHAST was carried out in the context of the GOK/UNICEF 2004-2008 programme of cooperation, *where large-scale approaches are required to accelerate* progress towards achievement of the Millennium Development Goals in hygiene and sanitation.

Scope of work

The evaluation included an overview of the GOK/UNICEF Environmental Sanitation and Hygiene programme over the last five years in terms of inputs, GOK capacity, approaches and deliverables. This took the form of a desk review and key interviews with Public Health Officers, other government officials, and representatives of NGOs, CBOs and the community, who are using or have used PHAST as a training methodology.

The evaluation particularly focused on:

- the relevance, efficiency and effectiveness of PHAST as a participatory training tool for hygiene and sanitation practitioners;
- the effectiveness of the PHAST approach in generating sustainable behavioural change among communities and practitioners in hygiene and sanitation practices (evidence of sustained behavioural change);
- the influence of PHAST on the promotion of hygiene and sanitation practices in the communities in which it has been applied or used;
- mechanisms for spreading and scaling-up the PHAST approach in terms of both location coverage and geographical expansion;
- PHAST's acceptability/adoption rate among practitioners and funding agencies;
- cost-benefit analysis: PHAST's suitability in terms of time, ease of application and the costs of training;
- a SWOT (strengths, weaknesses, opportunities and threats) analysis of PHAST at institutional, organisational and community level.

Limitations

One of the key elements in this evaluation was the opportunity to hold a preparatory workshop before the actual fieldwork took place. This was largely thanks to the excellent contacts and relationship UNICEF has built up with local WASH stakeholders. A carefully selected group of stakeholders were invited to attend a two-day meeting in the second week of January. All those who attended made time to help us with this important evaluation. They were open and candid about what they saw not only as the advantages but also the pitfalls of PHAST. The key activity at the workshop was to develop a 'realistic/applicable' tool in the form of a questionnaire to be used in the field. In this manner the workshop results provided a solid base for the fieldwork. A number of those attending the workshop (see the preparatory workshop report) also helped to arrange the visits of key stakeholders in the field. Despite all this goodwill, however, we were not able to reach all the key people from NGOs, local government and other stakeholders due to limited time and unavailability. Among the important stakeholders who were missing were the Ministry of Education.

Despite these limitations, we believe that we were able to obtain a clear understanding of PHAST at national, district and community level. Stakeholders at each of these levels gave us an insight into their motives to continue using PHAST as a means to achieve healthier lives.

The findings of the evaluation, as presented in this report, are based on the following activities:

- A review of general and specific literature on hygiene promotion and sanitation for Kenya, including relevant sector and programme documents provided by the Ministry of Public Health and Sanitation
- A desk study on the promotion of hygiene and sanitation with a specific focus on participatory tools
- A preparatory workshop on the role of PHAST at national, district and community level with the goal of developing a questionnaire on the role of PHAST to be used in the field
- Field visits to five districts: Kwale, Garissa, Turkana, Kisumu and Nairobi
- Visits to the head offices of some organisations that have worked with PHAST as an integral part of their programmes in these districts, plus visits to relevant ministries.

- A feedback workshop on the further roles of district to integrate PHAST into their district plans of action

The following stages in the consultation process can be differentiated:

Literature review and desk study preparations

The team reviewed the Terms of Reference (ToR) of the assignment and the project document as well as other documents related to the assignment. Based on the ToR and these reviews, the team developed a literature review focusing on all relevant sources with specific reference to Kenya. In addition, a desk study was conducted focused on issues related to the promotion of hygiene and sanitation with specific reference to participatory tools.

Field visits to stakeholders at district and community level in Kwale, Garissa, Turkana, Kisumu and Nairobi

UNICEF and district staff members in the field were instrumental in bringing the two study teams into contact with a number of stakeholders at district and community level. Key persons interviewed in the field were:

- district officers from relevant ministries
- NGO representatives
- practitioners and community resource persons, including public health technicians, teachers, and CBO representatives
- members of the community.

The key assessment tool used in the field was a questionnaire developed by stakeholders at the preparatory workshop. In addition, focus group discussions and dialogues were held at district and community level with young people, women groups, women from the villages, community leaders and individual household members.



We are not staying together in the faeces anymore. Things have changed due to the PHAST training. Natole community, Turkana Central

The questionnaire and group discussions focused on the following questions:

- What is PHAST?
- What is the importance of PHAST?
- What are the benefits of PHAST?
- What are the pitfalls of PHAST?
- How can PHAST be improved?
- Can PHAST be scaled up in other districts around the country?

For the questionnaire format refer to Annex 1.

Debriefing with district and national stakeholders

To acquire a better understanding of the programme and key issues of concern, briefing and orientation discussions were held with a number of district and national stakeholders who were present at the preparatory workshop. A number of additional interviews were also held in Nairobi with other national key stakeholders after the field visits.

Preparatory workshop on how to evaluate PHAST

So that they could work efficiently and effectively, the workshop participants were divided into groups, some with people from the same district and others with people from different districts. The first day focused on reflecting on PHAST as a whole, eventually moving towards the development of an evaluation questionnaire. On the second day, the results from the first day were formulated in an integrated questionnaire. This draft questionnaire was then once again revised by all the participants. A final version of the questionnaire which would be used in the field was put together at the end of the workshop.

It can be concluded that the participants in the preparatory workshop were an enthusiastic, high-energy group that produced a useful evaluation tool. A critical element in the exercise was that everyone felt they were a part of developing the tool and therefore shared ownership. One of the key factors in the success of the first workshop was the critical selection of the participants by the UNICEF WASH section. The group of around 30 participants were from national, district and community levels. This ensured fruitful discussions and useful input for the evaluation questionnaire.

Feedback workshop based on evaluation of PHAST

With the assistance of NETWAS, IRC facilitated a workshop in Nairobi on 1-2 April 2009 for all the districts who sent participants to the preparatory workshop, to reflect on the results based on the data analysis from the field. This meeting was of critical importance in ensuring that the PHAST evaluation becomes an integral part of the work of GOK/UNICEF programme of cooperation. A total of around 30 participants took part in the workshop, most of whom attended the preparatory workshop in January.

2. Why sanitation and hygiene?

Very many ‘facts and figures’ have been bandied around over the years to illustrate the shameful results of neglecting water, sanitation and hygiene improvements in national development programmes, including in Kenya. Some of the statistics have been highly debatable and advocacy campaigns have been jeopardised when the statistical foundation has been shown to be fragile. As part of the WASH advocacy campaign, the Water Supply and Sanitation Collaborative Council (WSSCC) has assembled a collection of validated facts and figures which can be used with confidence. They paint a powerful enough picture of our dirty world and the death, disease and indignities it imposes on huge numbers of its poorest people. Our global message is stronger if we stick to these validated figures and add to them only when the extra statistics can be substantiated.

Some of the facts:

- The number of children dying from diarrhoeal disease is equivalent to twenty jumbo jets a day crashing, with the loss of around 300 lives in each.
- Sixty percent of the population of the Third World, some 2.4 billion people, have no access to hygienic means of personal sanitation; 1.1 billion of them do not even have access to a supply of safe drinking water.
- Improved water quality reduces childhood diarrhoea by 15-20% BUT better hygiene through handwashing and safe food handling reduces it by 35% AND safe disposal of children’s faeces leads to a reduction of nearly 40%.

Overview of sanitation and hygiene in Kenya

The Kenya Government recognizes the importance of safe water and improved hygiene and sanitation towards the improvement of people’s health and development, which it is committed to attain by the year 2015. It has set a number of initiatives as enshrined in the major reform activities including policies on water as well as on hygiene and environmental sanitation. Some of the major strategies adopted nationally include promotion of hygiene and sanitation using various participatory methodologies such as PHAST, CLTS, to any a few. Other strategies include advocacy to raise the awareness of policy makers in increasing budget allocations, partnership building.

Kenya now boasts of an Environmental Sanitation and Hygiene Promotion Policy which was signed in June 2007 and was launched in October 2007. In this policy, the government commits itself to ensure that 90% of households will have access to sanitation by 2015, rather ambitious but doable. While Kenya appears to be on the right track to achieve the water MDGs, hygiene and sanitation is still lagging behind. Environmental Sanitation coverage in Kenya declined in the decade up to 1990 and saw modest gains thereafter. According to a rapid assessment of water and sanitation carried out by the Ministry of Health in 1983, the national sanitation coverage was 49 percent. A UNICEF situation analysis of children and women in Kenya, dated 1998, estimated the national sanitation coverage to be 45 percent in 1990 and 46 percent in 1996, an increase of 1 percent. Differences in access to adequate sanitation between urban and rural environments still persist, with the formally planned urban areas being better served than rural areas, urban slums and informal settlements.

3. Participatory hygiene promotion tools

3.1 Participatory tools & techniques

There are many participatory tools/techniques available. Four of the most popular approaches (overlapping rather than exclusive) are:

- PHAST, which was developed in Eastern and Southern Africa in the mid-late 1990s and specifically focuses on toolkits for programmes to bring about behavioural change in hygiene and sanitation.
- SARAR (Self-esteem, Associative strength, Resourcefulness, Action planning, Responsibility), which stimulates involvement in community-based activities of all kinds, not only by the more prestigious and articulate participants (such as community leaders or senior staff), but also by the less powerful, including non-literate community members.
- PRA (Participatory Rural Appraisal), one of the best known participatory tools, covers a wide range of techniques especially aimed at involving communities in decision-making and self-assessment and in the development of stakeholder partnerships.
- CLTS Approach (Community-Led Total Sanitation) which is seen as being able to realize rapid results and reaching larger numbers of people in a shorter time.

Other useful participatory tools or activities include:

Focus group discussions

A skilled facilitator assembles representative groups from the community and creates an atmosphere where individuals feel free to express opinions openly on topics such as the environmental problems caused by excreta and how they can be mitigated. The facilitator is armed with key questions, but the conclusions emerge from the groups' open discussions and lead to ideas for action. Focus groups are helpful in the formative research phase, identifying the target practices and key messages for the different groups.

Neighbourhood social maps

In open meetings, local women and men make a social map of their whole settlement (in small communities) or neighbourhood (in large communities). The techniques used depend on the level of development. People draw in the soil, finger-paint or draw on paper, or use cut-and-paste techniques. Techniques that require implements such as pens and scissors are less suitable for people without or with low literacy, often the women and the poor. Mapping can be used for many things, from what kind of families have and use what types of latrines, water sources or hygiene-related skills to whether women and men from different classes and sections have equal access to education and training.

Transect walks

A local team of women and men systematically walks through a cross-section of their settlement, reviews good and bad situations and notes them in a cross-section diagram.

Household and/or school hygiene self-surveys

These surveys are planned and implemented by a team of local women and men (residents, parents, teachers and/or students) helped by a local health or NGO worker.

Lists and tables (matrices)

Another technique is to list households which, for example, have or do not have certain improved water supply, sanitation or hygiene facilities and show them in a large table. Numbers may be written as figures, but non-literate or mixed groups usually use markings (e.g. tally marks), matchsticks, beans or pebbles. The table is sometimes adjusted for poverty. The group analyses the findings ('who are the haves and have-nots, and why?') and makes plans for improvements. They set priorities, decide on strategies, analyse human and financial resources, list activities to implement the plans, identify women and men to carry out these activities, divide tasks based on skills and workloads, draft work plans and start implementation. For all these activities, other participatory tools/techniques are available.

All these approaches are based on a wealth of experiences in working with communities and households. There is a wide range of techniques that ensure the involvement of groups who may otherwise be excluded. Here are a few examples:

- PLA Notes, a periodical published by the International Institute for Environment and Development (IIED), has regular features about tools for PLA (Participatory Learning and Action) in a range of different situations. One issue is devoted to PLA in Community Water Management (<http://www.irc.nl/page/1866>)
- A very interesting specific example of a methodology for increasing awareness of hygiene issues in a participatory way is described in case studies. Zimbabwe's 'Health Clubs' give free courses on health and hygiene issues to anyone wishing to attend. They generate commitment and spread awareness of critical risks, resulting in measurable improvements in hygiene behaviours.
- The NORWASP project in Ghana uses a 'Health and Hygiene Game' to stimulate awareness.
- IRC's Technical Paper 29 (Just Stir Gently) includes a table (page 106) giving the pros and cons of different visual tools that can be prepared in advance for facilitating community group discussions.

3.2 The PHAST approach

As mentioned earlier, PHAST stands for Participatory Hygiene and Sanitation Transformation. It is an exciting and relatively new approach, based on an innovative set of participatory techniques. It has demonstrated its ability to promote hygienic behaviour, sanitation improvements, and community management of water and sanitation facilities. PHAST was carefully developed and tested in both urban and rural areas in four African countries: Botswana, Kenya, Uganda and Zimbabwe. The results of these tests indicate an unprecedented level of involvement by communities, the particular suitability of PHAST techniques to resource-poor settings, and remarkable success in terms of environmental and behavioural improvements.

The **goal** of the PHAST methodology is to improve the health and living conditions of people, especially the poor, who face the highest risks. Its **objectives** are to improve sanitation and hygiene behaviour, prevent diarrhoeal diseases and encourage community management of water use and sanitation. This is pursued through participatory **activities** that: (i) emphasise the relationship between sanitation, hygiene and health; (ii) increase the self-esteem of community members; (iii) empower communities to assess hygiene and sanitation conditions and practices and plan and monitor improvements; and (iv) encourage communities to own, operate and manage water and sanitation services.

4. Key messages from the preparatory workshop and the field

This section presents the most relevant information obtained through the fieldwork. It is categorised according to the key questions specified in the terms of reference for the PHAST evaluation and divided into donor/national, district and community level. A total of 54 persons included 10 focus groups were interviewed in the field.

Total persons interviewed (excl. communities)	54
Total Focus Group Discussions in Communities	10
Total District Officials (incl. representatives of MOPHS, MOE, MOWI, DDO, DSDO, DWO)	31
Total other representatives (incl. MTC Lodwar, Municipal Councils, Coastal Water Services Board)	6
Total NGO representatives	14
Total national representatives	3

For detailed information on the interview schedule and results, refer to Annex 2 and 3.

4.1 The relevance, efficiency & effectiveness of PHAST as a participatory tool

The following were identified as key issues by interviewees at national level:

- PHAST can change communities' perceptions and behaviour and therefore training officers (PHO/NGO staff) and community development committees (CDC) is critical.
- PHAST can be a means of monitoring and evaluating community perceptions and behaviours over time but this will require using trained staff in this methodology.

'At the ministry we have supported the initiative from the very beginning. Blanche Tumbo, who now is part of the team of evaluators, was one of the very first at the ministry to support PHAST. We have had many lessons learned. We all know the strengths and weaknesses of PHAST. At the end of the workshop we should be able to decide: should PHAST continue or not? Or should modifications be made? Some partners no longer want to support PHAST as they say it is too expensive. All that has been said, but we have never had it clearly documented, what the good and best practices with PHAST are and what the effectiveness is. Maybe we ought to look for another methodology or initiative that can support PHAST. From all the experience at the ministry we have had a lot of ideas, but we are not going to mention these now, as we do not want to influence your ideas. We are here to hear about your ideas and recommendations.'

John Kariuki, Deputy Chief Public Health Officer at the Ministry of Public Health and Sanitation
Opening Preparatory Stakeholders Workshop, 15 January 2009

At district and community level, a number of issues are of relevance in all four districts. The following is a summary of responses from persons interviewed at district level on the relevance, efficiency and effectiveness of PHAST as a participatory tool:

- It is not just theoretical but triggers what actually happens in communities
- It helps the community to ensure safe drinking water and sanitation practices
- As a participatory tool, it makes the promotion of hygiene and sanitation relevant
- The pictures make it easy for communities to understand the demonstrations
- It helps me to lead the community not only in identifying their problems (issues) but also in finding solutions
- It allows people to offer their ideas, analyse them and understand

In terms of creating more effective and efficient PHAST tools, however, the following points were also identified at district and community level:

- People need to be sensitised to the fact that PHAST is just a means, not an end
- PHAST should be incorporated in water and health curricula through health policies
- There is a need for goodwill from government structures
- PHAST needs to be integrated in other ongoing programmes or services, e.g. community strategies
- The availability and accessibility of PHAST tools need to be increased
- PHAST implementation in the various districts (e.g. training packages) needs to be harmonised
- PHAST should be a part of the performance contract (indicator) in GOK
- Scaling up needs to be advocated among donors
- Services need to be decentralised (accountability)

4.2 The effectiveness of the PHAST approach in generating sustainable behaviour change

At national level the questionnaires reveal the following main concern:

- Although all districts in Kenya are slowly receiving PHAST training, there has been no major follow-up to determine its effectiveness.

The outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST is that it has helped to reduce the incidences of cholera outbreaks in the district

Aggrey Chemonges, CEDS

At district level, the following key issues were identified:

- A limited number of health workers have been trained in PHAST and limited resources, in terms of funds and logistics, are available.
- UNICEF has a strong presence only when there are regular cholera outbreaks (e.g. in Kisumu). UNICEF actually works with NGOs more than with the DPHO; it works with them independently and most of the time does not inform us. Its major focus is on cholera control and not on promoting hygiene. That means we do not work with PHAST.

In addition, a number of false assumptions about PHAST were identified, especially at district and community level:

- Trainers will train others
- Hygiene practitioners know what PHAST is
- Households will pass PHAST on to other households
- Posters will automatically bring about behavioural change
- PHAST implementation requires specific funding
- PHAST is complicated, difficult, tedious and only for the elite



What is the value of a PHAST certificate, if you do not have tools to work with?

Natole community, Turkana central

4.3 The impact of PHAST on the promotion of hygiene sanitation practices

&

At national level the following key points were identified:

- PHAST is an important participatory tool as it empowers and promotes social and health benefits

- It is a useful tool that generates a lot of participation and brings out critical issues in the community
- Compared to other tools, PHAST was rated ‘good/useful’ (100%)

At district and community level the following points were identified:

- Compared to other tools, PHAST was rated ‘excellent’ (80%) and ‘good’ (20%)

A number of false assumptions were also stated:

- PHAST can be used in isolation
- PHAST training can be used inappropriately
- The line ministry will follow up (it is assumed that PHAST is a UNICEF project) and M&E and supervision will automatically occur
- The community will accept PHAST after training, adapt it and spread it (replicate). Community health workers will roll it out without requiring any support.

4.4 Mechanisms for spreading & scaling up the PHAST approach

At national level, the following concerns were identified:

- PHAST training needs to be included as part of the water and sanitation investment package in rural areas.
- Funds for scaling up PHAST are not systematically incorporated in overall water and sanitation investments. In addition, funds are not even directly given to schools, which could contribute to scaling up PHAST.

At district and community level, the following key points were noted:

- PHAST has been scaled up to three districts, as the tools are being adopted to solve different health problems. However, no extensive scale up has occurred.
- PHAST should be localised into the Swahili language to make it more accessible.
- PHAST should be used in demonstration schools and then spread to others (e.g. this has been done in 67 schools in Kwale, which is larger).
- PHAST has been also been adopted in refugee camps run by the Red Cross and taken up by these communities.
- PHAST has also been disseminated through public gatherings.



Scaling up PHAST in Nyangande community, Kisumu District
Trained community health workers are responsible to train ten households each, and preach the gospel on PHAST. ‘We were given the pictures, but they were few’

- CEDS consultants have helped in scaling up PHAST, which has created a multiplier effect through the training of trainers.
- Scaling up PHAST remains a challenge, however, as minimum funds are required. We need to ensure that all staff have tools and receive frequent training and guidance to ensure that scaling up is of a high quality and has the desired impact.

The following practical key points to work on scaling up PHAST were identified:

- Mainstreaming PHAST in projects/programmes and at institutional level.
- Budgetary allocations which include logistical support/funding.
- Advocacy targeting donors (as some donors see it as a time-wasting exercise).
- Developing M&E plans to be able to follow up on PHAST training, e.g. developing a monitoring and evaluation plan on hygiene and sanitation.

4.5 Acceptability/adoption rate among practitioners & funding agencies

At national level:

- The outcomes of the last five years of the GOK/UNICEF programme show that PHAST has been accepted and is considered an important element in information sharing workshops aimed at the district, community and household levels.
- Larger districts in Kenya have trained staff on how to use PHAST and many changes have occurred in communities which can largely be attributed to this training.

At district and community level key challenges to acceptability include:

- The cost of materials and production (e.g. materials are not being substituted / use of local materials)
- The cost of training
- PHAST is slow in achieving end results (e.g. it is time consuming as compared to other methods)
- Limited number of participants
- Limited number of culture-specific artists
- Difficult to adapt the methodology in nomadic areas
- Durability/portability of the tools
- Lack of political goodwill at district level.



Example of tool used in PHASE, adapted to the Turkana culture and habits
Picture: AMREF Lokichoggio

4.6 Cost-benefit analysis of suitability in terms of time, ease of application & cost of training

This question was specifically asked at district and community level. The following table shows the average costs specified at district level.

Costs	In %
Costs of producing material	11%
Costs of distributing material	8%
Costs of travel for fieldworkers	23%
Costs of PHAST training	28%
Costs of adoption to cultural context by artist	8%
Costs of market promotion	13%
Other costs	5%

These percentages show that the costs of training are considered highest, followed by the costs of travel for fieldworkers.

At community level the following costs were specified:

Costs	In %
Costs of producing material	30%
Costs of distributing material	10%
Costs of travel for fieldworkers	20%
Costs of PHAST training	10%
Costs of adoption to cultural context by artist	5%
Costs of market promotion	10%
Other costs	10%

The key assumptions at community level are that 30% of the costs are for producing materials and for travel for fieldworkers.

4.7 SWOT analysis of PHAST at national, district & community level

To obtain a clear idea of the kind of issues that are of importance a SWOT exercise was carried out at the preparatory workshop in January. Questions related to SWOT were also asked during the interviews at district and community level. The table below shows the key issues at national and donor level.

<p>Strengths</p> <ul style="list-style-type: none"> • Coordination mechanisms • Availability of trained facilitators in PHAST at provincial level • Availability of human resources • Availability of a national level hygiene and sanitation policy 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Weak inter-sectoral collaboration • Inadequate funding • Inadequate documentation: a lot has been done, but little has been written down • Weak follow-up mechanisms • Inadequate logistics
<p>Opportunities</p> <ul style="list-style-type: none"> • Integration in other programmes • Mainstreaming policies/strategies • Public service reforms 	<p>Threats</p> <ul style="list-style-type: none"> • Overriding priorities e.g. food security, wars • Competing methodologies • Political interference

One of the key issues that emerges here is the lack of inter-sectoral collaboration, meaning that links with other departments at the ministry are minimal. However there is a clear opportunity to mainstream PHAST in relevant policies/strategies and make it an integral part of water and sanitation programmes at district level.

At the district level, the following issues emerged from the SWOT analysis.

<p>Strengths</p> <ul style="list-style-type: none"> • PHAST promotes collaboration between stakeholders in the implementation cycle, planning • PHAST promotes sharing resources • PHAST is used for financial mobilisation • PHAST promotes equity • PHAST is easy to apply 	<p>Weaknesses</p> <ul style="list-style-type: none"> • No framework/structure for M&E • Slow in progress • Capacity is a weakness • Training and tools are expensive • Donor initiated • Viewed as a project • No policy that addresses PHAST • Not institutionalised in training curriculum
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<p>Opportunities</p> <ul style="list-style-type: none"> • PHAST can build on collaboration for effective M&E • Sources for resources locally (district) • Incorporate other participatory methodologies • Advocates adaptation of PHAST into governance and policy formulation • 	<p>Threats</p> <ul style="list-style-type: none"> • Donor withdrawal in funding • Other competing methodologies (e.g. CHAST, PHASE) • User fatigue • Corruption • Socio-political instability
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Clearly, as at national level, there is no institutional framework (or policy) that systematically integrates PHAST. However, at this level, there is an opportunity to work with PHAST as a means of effective monitoring and evaluation.

At community level, the following issues were identified:

<p>Strengths</p> <ul style="list-style-type: none"> • Total participation (includes. men, women, children, disabled, poor, etc.) • PHAST empowers • On-site training, in community environment, where people are comfortable and familiar • Ownership and sustainability 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Time consuming • Misinterpretation of posters • Tools lack durability • Too many tools • Irritation with ‘know it alls’ • Slow in triggering community action
<p>Opportunities</p> <ul style="list-style-type: none"> • Availability of trained community environmental health officers • NGO availability and willingness • Availability of low cost artists to develop the materials • Availability of manpower (teachers, nurses, health workers) • Goodwill from government • Demand for water and sanitation promotes use of PHAST. It becomes applicable 	<p>Threats</p> <ul style="list-style-type: none"> • Competing methodologies e.g. CLTS • Donor reluctance to fund • Cultural taboos • Rising cost of living is a threat to implementation. A toilet is not a first priority.

Although the tool itself is said to be time-consuming and at times slow in triggering community action, it does reflect the availability and willingness of a number of key stakeholders in implementing PHAST.



In Kanamkemere (Turkana Central) the community developed bi-weekly work plans to clean up the environment. The community was trained in PHAST in 2005.

5. What works and what does not work?

5.1 Examples of successful aspects of PHAST

General findings

Successes

- Based on the field work, it is clear that PHAST does have an influence in bringing about hygiene behaviour changes. During the field work, a number of success stories on the role of PHAST in the communities were cited.
- PHAST empowers and encourages total participation among all stakeholders.
- There is a willingness/eagerness to be trained/capacitated/informed about the tool at all levels.
- PHAST promotes collaboration between stakeholders in the planning and implementation cycle.
- PHAST can be used alongside other participatory methods (e.g. CLTS, etc)
- Local adaptation of PHAST is easy and user friendly.

Weaknesses

- The methodology is quite time-consuming and is taught in a fixed order, which limits its flexibility.
- It has no explicit gender or pro-poor perspective in content, methods, processes or training.
- There is no clear link with HIV/AIDS mitigation: for example for HIV-affected households
- There is weak link of PHAST in relation to monitoring and evaluation.

5.2 Examples of the modification of PHAST based on workshop & field experiences

General aspects

- PHAST is very much a MOPHS project. The Ministry of Education and the other offices visited had hardly heard of it (e.g. the MOE in Kisumu), though they expressed great interest in having these tools as they would also be of use in their work (e.g. DDO Kisumu)
- Capacity is scarce within government offices (in terms of numbers of trained and good quality staff). It is mostly found at the DPHO, but even there only one or two people have received PHAST training. Capacity problems also mean that government officials are constantly being transferred, which hinders sustainability.
- Scarce availability of tools within government offices. They may only have some of the tools, and may not have the manuals to go with them.
- There is more capacity and experience with PHAST in NGOs. The government should make more direct links with these stakeholders.

Practical aspects

- Duration of training: the 14-day community training seems to be the original standard, and people still refer to it. Yet in many cases the number of days has been decreased, sometimes to as little as five days. It is not, however, about the number of days and

rushing through the different steps. It is the quality of the process that is important, and meeting the needs of the community and the circumstances.

- Refresher courses for facilitators (but also for communities or community resource persons) do not seem to be a common practice. It is recommended that refresher courses be considered, as some practitioners speak of *teaching PHAST*, which goes against the whole philosophy behind PHAST.
- Most people only use certain tools rather than the entire toolbox, carrying out all the steps in a cycle. Favourites are the sanitation ladder and the faecal oral routes picture.
- There is a clearly identified need for more learning and sharing of good and bad practices among PHAST practitioners.

6. Conclusions and recommendations

Based on the recommendations below, it is clear that PHAST does have a role at all levels. The preparatory workshop, field visits, and feedback workshop have clearly revealed that PHAST is an acceptable method that works well in the Kenyan context.

National level recommendations

- The Environmental Sanitation and Hygiene Working Group plays an active role in coordinating learning and sharing around PHAST. This critical working group at the national level should continue to be strengthened and supported. Also of importance is that all the members of the working group be trained in the PHAST methodology. In addition, the national working group should develop clear guidelines for the district level working groups (and lower) on how to work with PHAST.
- Effective external financial support should continue to be made available by the government, donors and the project teams to enhance PHAST (e.g. training, technical advice, support and mentorship).
- There is a need to have monitoring and evaluation systems for PHAST in place to enhance better documentation of best practices and lessons learnt.
- There is a need for PHAST to be integrated into educational institutions of learning at all levels (e.g. universities, colleges and schools).
- PHAST should be gender mainstreamed at all levels. In addition focus on diseases such as HIV/AIDs should be included in the PHAST tools.

District level recommendations

- PHAST is under the responsibility of the District Environmental Sanitation and Hygiene Working Group. In some districts, this working group is already established. However, in districts where this is not the case, these need to be formed, strengthened and supported. Also of importance is that all members of the working group be trained in PHAST. In addition, the working group should get clear guidelines from the national level on how to work with PHAST. This entails that PHAST should have harmonized guidelines in terms of how it is used at the district level.
- In order to enhance inter-sectoral cooperation for the use of PHAST at the district level, the District Environmental Sanitation and Hygiene Working Group needs to be strengthened.
- For PHAST to gain strengths and recognition, newly recruited District Public Health Officers and others (e.g. PHO, PHT, etc) should be trained in this methodology.

- Effective facilitation of PHAST requires a paradigm shift from didactic/training approaches; many practitioners lack confidence in their ability to shift from the position of expert/teacher to that of facilitator. They see PHAST as something that should be taught, though the original idea is that it needs to be facilitated. Training of facilitator skills at district level is essential.
- Inter-district learning and sharing platforms for PHAST should be set up, either through provincial offices, or through the District Environmental Sanitation and Hygiene working group, which can play a critical role in this respect.
- Local monitoring and impact measurements (e.g. baseline information) need to be strengthened at the district level through better documentation of best practices and lessons learnt.
- PHAST tools should be animated and specifically made culturally sensitive for each district.
- PHAST tools should be electronically available (e.g. DVD, CD Rom) and also in laminated picture sheets (e.g. A4 sets) at the District Public Health Offices.

Community level recommendations

- There is a need to strategically explore ways of using PHAST to create demand for better hygiene and sanitation at the grass root level. This entails using methods like animation, sanitation marketing, etc.
- There is a need to develop criteria guidelines for selecting persons to be trained as ToTs for PHAST.
- Information flows should be encouraged right from the village level through, for example, the use of chalk boards indicating all relevant information.
- For PHAST to become an integral part of community life, it is critical that it be accepted in the local culture. Basic principles such as time availability, budgetary allocation and number of training courses should be given serious consideration.

7. Further research questions

It is obvious that PHAST has raised awareness at national, district and community level. For example, people are capable of repeating the lessons learnt during the PHAST training and the steps they took, e.g. in constructing dish racks and latrines, and making work plans for bi-weekly clean ups. As one of the persons interviewed in the field stated: *‘The latrines in Natole, for example, hardly show any sign of use. They say that diarrhoeal diseases have reduced, but how do we know for sure? They say they learned to wash their hands, but do they actually wash their hands?’* This shows where certain research gaps remain which may need further work, including:

- The need to further research on a cost-benefit analysis of PHAST at all levels (e.g. to get it out of its negative perception).
- A stronger focus on understanding the role of scaling up PHAST with quality. This includes proper monitoring and evaluation at all levels.

In other words, the issues described above are further possible avenues that could be explored in terms of the role of PHAST at all levels.

Based on this PHAST evaluation it is clear that the key stakeholders who took part in the preparatory and feedback workshop as well as those who contributed at the field level are making PHAST successful and helping to improve the health of people across the country.



Annex 1: Field questionnaires used at national, district and community level

**EVALUATION QUESTIONNAIRE
DONOR/NATIONAL LEVEL**

Background information

Name: _____
Female/Male: _____
District (if relevant): _____
Education: _____
Organization: _____
Profession: _____
Number of years of experience in current position: _____

Donor/National level

What is PHAST in your professional experience?

What experience have you had in PHAST?

What activities do you do in relation to PHAST?

What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?

How would you rate PHAST as a participatory tool in comparison to other tools?

Excellent Good Fair Weak Poor

What other tools have you worked with?

Have there been funds available, in the past five year, to incorporate PHAST? And if, how?

What is effectiveness of PHAST as a participatory training tool for hygiene and sanitation practitioners in terms of number of district service?

What has been the outcome over the last 5 year GOK/UNICEF programme in relation to PHAST in your profession opinion?

What have the major cost items in the promotion of PHAST?

Who have been the current key stakeholder at the national level (e.g. government departments , donor, national NGOs, etc) involved in PHAST?

EVALUATION QUESTIONNAIRE

DISTRICT LEVEL

Background information

Name: _____
Female/Male: _____
District (if relevant): _____
Education: _____
Organization: _____
Profession: _____
Number of years of experience in current position: _____

District level

What is PHAST in your professional experience?

What training experience have you had in PHAST?

What facilitation experience have you had in PHAST?

Once a training has been done in district (or area of operation), what have you done with the training that you have received?

Have you been able to utilize the skills of PHAST in your work?

What activities do you do in relation to PHAST?

What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?

How would you rate PHAST as a participatory tool in comparison to other tools?

Excellent Good Fair Weak Poor

What other tools have you worked with?

Have there been funds available, in the past five year, to incorporate PHAST? And if, how?

What has been the outcome over the last 5 year GOK/UNICEF programme in relation to PHAST in your profession opinion?

What has influenced the promotion of hygiene and sanitation practices in the communities in which PHAST has been applied or used in the past?

Have you scaled up PHAST within your district (or area of operation)? If is, how?

Please fill in the following table stating the strengths and weaknesses of PHAST:

Strengths 1. 2. 3.
Weaknesses 1. 2. 3.

Since the training has been applied, have the trainees had a refresher course?

What are the major cost items in the promotion of PHAST?

In terms of financial costs, please state the quantitative amounts (in PERCENTAGE% of total allocation):

- Cost of the producing the material: _____
- Cost of the distribution of the material _____
- Cost of travel for the field workers _____
- Cost of the training of PHAST _____
- Cost of the artist to adapt the culture specific material _____
- Cost of market promotion of PHAST _____
- Other costs _____

EVALUATION QUESTIONNAIRE

COMMUNITY LEVEL

Background information

Name: _____
Female/Male: _____
District (if relevant): _____
Education: _____
Organization: _____
Profession: _____
Number of years of experience in current position: _____

Community level

Have you heard about PHAST?

Has PHAST helped your community? How?

Please fill in the following table stating the strengths and weaknesses of PHAST:

Strengths 1. 2. 3.
Weaknesses 1. 2. 3.

What is PHAST in your personal opinion?

What training experience have you had in PHAST?

What facilitation experience have you had in PHAST?

Once a training has been done in district (or area of operation), what have you done with the training that you have received?

Have you been able to utilize the skills of PHAST in your work?

What activities do you do in relation to PHAST?

What has changed since PHAST was introduced?

Annex 2: Field survey schedule

Date	Activities Survey Team 1 Modesta N. Maitho & Petra Brussee	Activities Survey Team 2 Blanche K.M. Tumbo
Sunday 18/01/09	Travel to Kisumu (Kenya Airways 652- departure 7.10 – arrival 08:00 hrs)	Travel to Mombasa – Kwale (departure 08:30 hrs – arrival 09:30 hrs)
Monday 19/01/09	Visits & interviews with district officials Kisumu	Visits & interviews with district officials Kwale
Tuesday 20/01/09	Visits & interviews with NGOs/communities and travelling back Nairobi (Kenya Airway 659- departure 18:40-arrival 19:30)	Visits & interviews with NGOs/communities
Wednesday 21/01/09	Travel to Loki Turkana (East African Safari Airlines B5 803 departure 15:15 arrival 16:15)	Travel from Mombassa to Nairobi
Thursday 22/01/09	Visits & interviews with district officials/NGOs in Turkana	Travel by car from Nairobi to Garissa
Friday 23/01/09	Visits & interviews with district officials/NGOs in Turkana	Visits & interviews with district officials Garissa
Saturday 24/01/09	Visit & interviews with communities in Turkana	Visits & interviews with NGOs/communities
Sunday 25/01/09	Visits & interviews with communities in Turkana and travelling back to Nairobi (East African Safari Airlines B5 804 departure 17:00 arrival 18:00)	Travel from Garissa to Nairobi by car
Monday 26/01/09	<ul style="list-style-type: none"> • Meeting team 1 & 2 (Planning of Nairobi survey visits, etc) • Debriefing meeting at UNICEF • Petra going back to the Netherland (evening flight) 	
Tuesday 27/01/09	Visits & interviews with district officials Nairobi	
Wednesday 28/01/09	Visits & interviews with NGOs and communities in Nairobi district	
Thursday 29/10/09	Visit to national level persons	
Friday 30/01/09	Visit to national level persons	

Annex 3: Field survey results of Nairobi, Garissa, Kwale, Kisumu and Turkana

Accumulative Evaluation questionnaire- Donor/National Level- Nairobi

Background information	Male Ministry of Water and Irrigation headquarters Education: MSc Organization: KWSP Profession: Engineer # of years of experience in current position: 5 years	Male Ministry of Public Health and Sanitation Education: MPH Profession: Environmental Health (Public Health) # of years of experience in current position: 2 years	Female Ministry of Education Headquarters Education: Graduate Profession: Educationalist # of years of experience in current position: 8 years
What is PHAST in your professional experience	An approach of developing a plan that enables ones to enhance personal health and be able to handle issues related to hygiene behavior and sanitation.	PHAST is a tool used to improve the living standards of community through participatory approach. It is a step by step approach mainly focusing on sanitation, hygiene, water, housing, nutrition and environmental management	This is a tool/method used to promote hygiene and sanitation to schools and the general community.
What experiences have you had in PHAST?	Participated in PHAST training.	I have trained officers (PHO/NGO staff) and community development committees (CDC) on PHAST. I have also used the tool to change community's perception and behavior.	No much experience as the programme was implemented by the partners
What activities do you do in relation to PHAST?	Facilitation of PHAST training by the provision of TA	Train staff on the tool and measure the effectiveness during this period (M&E)	Hygiene education/ hygiene promotion
What is the importance of PHAST as a participatory training tool for your work?	Empowerment; promotes personal growth; promotes social and health benefits	It is a good tool that has a developed tool guideline. It involves a lot of participation and its interest to the facilitator and participates. It brings out critical issues in the community.	I have not gone through the PHAST training and therefore not in a position to comment
How would you rate PHAST as a participatory tool in comparison to other tools?	Good	Good	Good
Please explain	Empower and personal growth enhances sustainability and promotes at the local level.	PHAST tool had a lot of impact in communities. However its time consuming and	I think it is visible and can work well because it involves pupils who are really agents of change.

		relatively expensive.	
What other tools have you worked with?	CHAST	PRA< SARAR< PHASE, Child to Child and now CLTS	Personal hygiene and sanitation education (PHASE) School water hygiene and sanitation (SWASH) water and sanitation programme (WSP)
Have there been funds available in the past five year, to incorporate PHAST? And if so, how?	Yes, inclusion of PHAST training in the rural areas, water and sanitation investment package	Not from my employer (MoH/MoPHS) but from other partners in the sector like AridLand, Oxfam GB, Merlin, AAH USA< Islamic relief, UNICEF. The need for PHAST comes during training needs analysis, conducted at community level and hence partners sponsor the training.	Funds are not given directly to schools that are on this programme.
What is the effectiveness of PHAST as a participatory training tool for hygiene and sanitation practitioners in terms of number of districts served?	Monitoring and evaluation needs to be undertaken and impact assessment done	At least all districts in Kenya had training on PHAST but follow up of its effectiveness has not been impressive. No major follow up has been done.	/
What has been the outcome over the last 5 years GoK/UNICEF programme in relation to PHAST in your professional opinion?	No sure, documentation showing the use of PHAST, information sharing at workshops	At least all districts (the larger districts) have trained staff on PHAST and a lot of change has occurred in the community that can be attributed to training conducted by the officers.	I have not been involved at the national level. I have not participated in any planning meeting or monitoring. This has been a gap.
What are the major cost items in the promotion of PHAST?	TA inputs, training costs	Development of the tools For effective training, the trainers spend a lot of time and therefore costs go up.	N/A
Who have been the current key stakeholders at the national level involved in PHAST?	Development partners, AMREF, UNICEF	MoPHS/MOH, UNICEF, WHO	It is applicable, but I am not sure

Accumulative Evaluation questionnaire- Nairobi

Background information	Male District: Nairobi Education: Diploma in E.H.S Organization: City Council of Nairobi Profession: Public Health Officer # of years of experience: 6 years	Female District: Nairobi East Education: College Organization: C.C.N. Profession: Public Health Technician # of years of experience: 22 years	Male Nairobi West Education: Higher National Diploma Organization: MOPHS Profession: Public Health Officer # of year of experience: 28 years
What is PHAST in your professional experience	Participatory hygiene and sanitation transformation is a tool used by health workers in helping the community to achieve better health by incorporating them (community) to participate in the efforts of hygiene and sanitation	Participatory hygiene and sanitation transformation	Participatory hygiene and sanitation- transformation- this entails sanitation practices within the community
What training experiences have you had in PHAST?	Certificate (2 week workshop) organized by Plan International	Involving the community in their developments	The officer has not been trained on PHAST but has some encountered in PHAST in his daily activity
What facilitation experience have you had in PHAST?	ToT- I have trained youth groups in Kawangware	Various seminars in the community	Training the community on hygiene, nutrition and water supply to the community Give advice to the community on good housing and sanitation
What have you done with the training that you have received?	I have disseminated the skills to my colleagues at work and the community in my area of work	Implementing what has been learnt	It has not been done
Have you been able to utilize the skills of PHAST in your work?	Yes- In primary health care unit where I am attached. My duties include inspection of schools, children homes and medical clinics	Yes	It has not been done
What activities do you do in relation to PHAST?	Giving health talk to school going children	Health education of the community, health promotion, initiation of projects	Response as before
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	It helps in making the community or the target group realize that they are responsible of their health and they can improve it by participating in efforts geared to improved hygiene and sanitation	For the betterment of their lives and ownership and improvement of their problems	Sanitation ; attending barazas and talking to the community on water treatment, e.g. boiling and use of aqua tabs, hygiene and sanitation
How would you rate PHAST in comparison to other tools?	Good	Good	Assist the community in improving their hygiene standards, disease prevention and control, improving health behavior Improved knowledge on

			hygiene, help in creating ownership
What other tools have you worked with?	Health education (legal compulsion)	Projector machine, flip charts, desk tops, felt pens, stand	PHASE- conventional way
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	None	No, it has not been channeled	No
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	It hasn't achieved much due to a limited number of health workers trained in PHAST and limited resources in terms of funds and logistics	Negative	No
Have you scaled up PHAST within your district? If so, how?	Yes- but with a lot of hurdles	Yes, health education, barazas, community strategy	No
Please mention two/three strengths of PHAST	Motivates the community to participate Tool is workable and attainable It improves the health status of the individuals	Community involvement Community ownership	If properly utilised it can help in controlling diseases It is a better tool to educate the community on their health needs
Please mention two/three weaknesses of PHAST	Limited funds for disseminating the idea Only achievable where there is a donor Its more targeting the literate member of community due to the numerous tools	Lack of funds Migration Infrastructure	Staff have not been trained therefore impact on the community participation has not been there
Since the training has been applied, have the trainees had a refresher course?	None	None	None
What are the major costs items in the promotion of PHAST?	Transport and logistics Teaching aids and other stationery Allowances for the field officers	Personnel, venue, material, tools, money	
State the Financial costs in quantitative amounts			
Cost of producing material	10%	15%	
Cost of distribution of material	20%	5%	
Cost of travel for the field workers	30%	10%	
Cost of training of PHAST	20%	50%	
Cost of artist adapt to cultural context	10%	5%	
Cost of market promotion of PHAST	5%	5%	
Other costs	5%	10%	
Further points	Suggested recommendations: Train more officers on PHAST	Funds to be made available	

	<p>Organise refresher workshop for the already trained officers so as to acquire updates on the PHAST tool if any</p> <p>Incorporate the community elders, youth and other stakeholders into the programme by facilitating their training</p> <p>Review the various tools in PHAST to compress the programme into a shorter session</p> <p>Include the programme into KMTC curriculum</p>	<p>Proper co-ordination of personnel from bottom to top</p> <p>Personal motivation</p> <p>Monitoring and evaluation to be conducted</p>	
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Accumulative Evaluation questionnaire- District Level- Nairobi

Background information	<p>Male</p> <p>Nairobi East</p> <p>Education: HND- Waste management</p> <p>Organization: City Council of Nairobi</p> <p>Professional: Public Health Officer</p> <p># of years of experience: 27 years</p>	<p>Male</p> <p>District: Nairobi</p> <p>Province</p> <p>Education: /</p> <p>Organization: Ministry of Public Health & Sanitation</p> <p>Profession: Public Health</p> <p># of year of experience: 4 years</p>	<p>Male</p> <p>District: Nairobi North</p> <p>Education: Higher diploma in environmental health</p> <p>Organization: Public Health Officer</p> <p>Profession: Public Health Officer</p> <p># of years of experience: 24 years</p>
What is PHAST in your professional experience	Participatory hygiene and sanitation. Entails exposing community officer to identify health gap and need with the sanitation ladders	It is a participatory approach for the control of diarrhoeal diseases	It is a working tool
What training experiences have you had in PHAST?	I've been trained on PHAST and also provide ToTs.	None	None
What facilitation experience have you had in PHAST?	I've trained officers and community members	None	None
What have you done with the training that you have received?	Facilitation in various tools Charted way forward	No training has happened in my current station during my stay	No training has been done
Have you been able to utilize the skills of PHAST in your work?	Yes, able to train groups of community members in hygiene	No	N/A
What activities do you do in relation to PHAST?	Food quality and safety control; public health education	N/A	N/A
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	It assist in the assessment of level of education in relation to public health	PHAST empowers the consumer in a way he/she is part of and hence the retention and practice is very high	N/A
How would you rate PHAST in comparison to other tools?	Good	Good (If seriously rolled from policy holders through other	N/A

		levels of service delivery down to the consumer)	
What other tools have you worked with?	Knowledge attitude and practice tools; P.R.A., TB case training		LEPSA
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	Yes, through donor/government arrangements	No	No
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	The targeted groups have realized the need of assessing health gaps within their level ad how to fill the time.	Not know since the implementers (CBOs) retain the information to themselves (no forms for sharing the roll down)	N/A
Have you scaled up PHAST within your district? If so, how?	Yes, information dissemination in public gatherings	No	N/A
Please mention two/three strengths of PHAST	Interesting tools Discovery by learners Not easy to forget the lessons learnt		N/A
Please mention two/three weaknesses of PHAST	Few trainers available It's not incorporated in the normal government funding		N/A
Since the training has been applied, have the trainees had a refresher course?	No	N/A	N/A
What are the major costs items in the promotion of PHAST?	Tools application e.g. malaria control; follow-up of the trained persons	Has not undertaken any promotion activities so far	N/A
State the Financial costs in quantitative amounts Cost of producing material Cost of distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adapt to cultural context Cost of market promotion of PHAST Other costs	30% 10% 10% 40% 5% 5%		N/A
Further points	PHAST should be given a regular funding to help disseminate public health information to the community who should be responsible for their own health. We are in an eve of preventive and promotion health care and this can go well with PHAST inputs. Capacity building the	For the new concepts and ideas to get rooted and be tried and finally adopted a clear roll down process should be adopted. Through the idea of multiple implementers in very good and well defined	It's an important tool which should be used in all areas of performance of work in promotion of health and prevention of diseases in our communities. Therefore Public Health Officers and Technicians should be equipped with

	<p>community through PHAST is an additional advantage to the government as the caretakers of its citizens. Increasing the number of trainers in this field is of paramount importance</p>	<p>co-ordination by the line ministries is of crucial importance for any tangible results of PHAST promotion to be included. Best practices include the role down of National immunization days and routine immunization among other many implemented interventions which use the flow of national trainers-provincial trainers-district trainers-operational actors. Try this training and monitoring chain and I believe the tool will work very well. The PHAST promotion should form part of the essential package and appear in the line ministries strategic plans to be planned for and sold to partners to attract funding. PHAST should form part of the training in public health institutions of learning and the lectures be well trained. For sustainability when NGOs and CBOS and the implementers let government departments be stakeholders so as to push and advocate for the concepts and ideas long after the NGO have left.</p>	<p>this important work tool in order to offer quality service to the people within their working environment. The training on use of this tool (PHAST) is long overdue, and it is necessary that the training be used more often.</p>
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Accumulative Evaluation questionnaire- District Level- Garissa

Background information	Male Garissa Education: Graduate Organization: Ministry of Water and Irrigation Profession: Water engineer # of years of experience: 6 years	Male District: Garissa Graduate Organization: Ministry of Education Profession: Teacher DEO # of years of experience: 2 years	Male District: Garissa Education: Graduate Organization: Red Cross Profession: Public Health Officer # of years of experience: 2 years
What is PHAST in your professional experience	Promotion of sanitation and hygiene to the community level in schools and other institutions	Enhancement of school health programmes	Participatory hygiene and sanitation transformation Participatory methodology where communities are meant to focus on participation problem identification and solution
What training experiences have you had in PHAST?	No training on PHAST but some training and sanitation and water/hygiene quite a number of training but not specifically PHAST	Not yet trained	ToT- 2 week training
What facilitation experience have you had in PHAST?	Never facilitated as a facilitator. But as a trainer in sanitation and water may have touched on some components of PHAST	Co-ordination of PHAST activities in our area of jurisdiction	Facilitating on and off, as Red Cross and collaboration with MoH in most of the training.
What have you done with the training that you have received?	N/A	N/A	Any training carried out has objectives as the overall plan Used the skills to benefit the community- communities have been trained in Dadaab. ToT and the practice of PHAST with the community members. They have also been given tools like “Wheel for Waste Management”
Have you been able to utilize the skills of PHAST in your work?	N/A	N/A	Been able to disseminate to other stakeholders
What activities do you do in relation to PHAST?	Provision of water in good quality and quality and provision of sanitation for everybody, sewage. In rural set up when community water supply, there has to be provision of toilets. Water points in Mayatta need pollution control also in schools.	In school health activities although not formally trained	WASH campaigns in the communities Construction of demonstration latrines Solid waste management Capacity building of other people besides the community Refresher training Used ORS as an intervention
What is the importance of PHAST as a participatory training tool for	To improve the health of the people such that diseases are reduced. Education on basic hygiene	Improvement of hygiene and sanitation	It is participatory in nature where everybody is involved Ownership, ownership of

hygiene and sanitation practitioners in your work?	Improved excreta management, handwashing after the call of nature. Contamination- cooking (faecal oral in layman's language. H/hold hygiene. These are all related to PHAST- change behavior. Sanitation is the major component.		decisions Empowerment of community Able to enhance hygiene at the community level and reduce prevalence of diarrheal diseases
How would you rate PHAST in comparison to other tools?	Good- But requires follow up, monitoring and evaluation. The officer should follow up to see whether what was trained is actually being implemented.	Good- It has not been applied systematically do not able to rate well	Good
What other tools have you worked with?	We are confined to water issues- just use own manual. We train WUA/WRUAS	Spread seminar- CFBT- Center for British Teachers Programmes- also addressing hygiene, HIV/AIDSs. Similar to what PHAST is doing (teachers + DEO) and applied in schools	Medical outreach using MOH Participatory Rural Appraisal Community Lead Total Sanitation (CLTS) C to C in schools and CHAST methodologies in schools
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	N/A	No- what we get is very minimal and well marked. The ministry facilitated in the buying of water tanks 2004/5	There has been funds- Quarterly allocation for PHAST. Mostly not sufficient
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	No	Culture are a bit conservative. Girls are shy and became of the encouragement girls have really changed. Washing sanitary pads they can use in school, disposal encouraged school attendance- girls used to disappear for 5 days but with introduction of pads girls can stay in school.	There has been reduce diarrhea prevalence through this collaboration The communities and much more involved in hygiene and sanitation Lead to behavior modification and also improvement in health seeking behaviors
Have you scaled up PHAST within your district? If so, how?	N/A	Not been able to scale up	Red Cross has project sites which are refugee camps and sometimes limiting (7 locations of Dadaab) PHAST has been embraced in communities
Please mention two/three strengths of PHAST	N/A	It has impacted positively on school enrollment costs. It has been able to build self-confidence amongst boys and girls Been able to acquire new skills which they did not have initially	It is participatory Community empowerment It enhances behavior modification

Please mention two/three weaknesses of PHAST	Yet to analyze	Lack of enough materials and are not regular	It is expensive- toolkits and making sure that people have the kits It is laborious taking 14 days for one workshop – if shortened it can serve the same purpose.
Since the training has been applied, have the trainees had a refresher course?	N/A.	N/A	Yes there have been 2 refresher courses, since Red Cross Garissa started training in PHAST
What are the major costs items in the promotion of PHAST?	Transport, construction of demonstrations, workshop, facilitation and logistic issues, training of CHW.	Transportation, accommodation, meals, training materials and facilitation allowance	Toolkits, lamination of tools, photocopying, training (refresher); buying soap and handwashing facilities
State the Financial costs in quantitative amounts			
Cost of producing material	20%	35%	60%
Cost of distribution of material	5%	20%	5%
Cost of travel for the field workers	30%	15%	2%
Cost of training of PHAST	20%	10%	5%
Cost of artist adapt to cultural context	10%	5%	25%
Cost of market promotion of PHAST	10%	5%	2%
Other costs	5%	10%	1%
Further points	There are quite a number of UNICEF programmes but the approach should be (undertaken) by consultant, GOK officers Many times, the results of PHAST are not shared UNICEF may times does not tell whether people are moving in the “right” direction Continuous monitoring and evaluation by independent consultants not government if we have to be result oriented.		

Accumulative Evaluation questionnaire- District Level- Garissa

Background information	Male District: Garissa Education: Graduate Organization: Municipal Council of Garissa Profession: Accountant # of years of experience: 10 years	Male District: Garissa Education: Graduate BSc Organisation: Care Kenya Profession: Public Health Officer # of years of experience: 1 year	Arap Male District: Garissa Education: A level Organization: MoPHS Profession: DPHO Garissa
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What is PHAST in your professional experience	Has not been trained on PHAST	Basically it is a behavior change tool, simple, easy to understand and participatory tailored for use when teaching adults on its participatory nature	Participatory hygiene through participation of the people Hygiene and sanitation can be transformed
What training experiences have you had in PHAST?	Not trained	Was trained Used PHAST- Plan International & KWAHO	Not trained in basic training but through participation, I have know about PHAST
What facilitation experience have you had in PHAST?	No related to PHAST but there has been training on hygiene and waste management. Some officers have been trained by NETWAS and dealing with NETWAS directly.	Used the tools Adopted some tools looking at sanitation and tailored a few tools Facilitated in a number of PHAST training workshops	Many times worked with community in improving sanitation and hygiene Co-ordinating PHC activities in greater Garissa Co-coordinating nomadic primary health in greater Garissa
What have you done with the training that you have received?	N/A	Liaison with colleagues in the GoK when in the PLAN training.	Trained in subsequent PHAST training (extension workers)
Have you been able to utilize the skills of PHAST in your work?	Yes, but not PHAST directly	Yes	Training of communities on proper hygiene and sanitation
What activities do you do in relation to PHAST?	There are activities on sanitation and hygiene but use the conventional hygiene education methodologies	At the moment not much. Currently CARE is not using this tools- CARE has support via its own strategies	Yes
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	Working with the community with CBOs, women groups. It will be great to sue participatory approaches, participatory approaches are global	The way the audience receives the information is the visuals triggers transformation. The way the tools are arranged is logical making somebody understand faster. SARA-a action plan puts responsibility to the people you are training for them to use the knowledge	The communities can easily understand through pictures Demonstration for ease of understanding Can be sued to prioritize in ranking the technologies as well as improvement
How would you rate PHAST in comparison to other tools?	Excellent (from the face of it)	Good- Quite innovative tools that can be adapted to different cultures. It is not prescriptive- there are options to take e.g. problem diagnosis you have a choice as compared to CLTS you have to follow the instructions as they are. Safe water system strategy- you have to use them as they are	Excellent

What other tools have you worked with?	Creating awareness- forms, FM radios, stakeholder workshops, educating- post, talk shows- FM and conducting workshop- regions, business, women and youth, mosques	CLTS, Safe Water System, PHASE, C to C	PRA
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	Not PHAST but sanitation and hygiene. In or budget there is budget every year- huge sums, more than 50% of our operational expenditure, but there is need to increase.	Like in Plan, I did a lot of investment in PHAST- there was money allocated. CARE- No funds are allocated to PHAST but “Safe Water System”	Yes, there were funds through UNICEF provision of girl friendly latrine Provision of sanitation tool (e.g. Wheelbarrow etc. for clean ups)
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	N/A	Innovative nature of the tools as part of changes in latrine provision can be attributable to PHAST PHAST- other methodologies borrowed a lot from PHAST e.g. CLTS and PHASE	The tools together with collaboration this district and the municipality was 3 rd ranked in cleanliness in the whole of Kenya in 2005
Have you scaled up PHAST within your district? If so, how?	N/A	Geographically- PLAN is spread in 3 district Tools can be adopted to solve different health problems e.g. sanitation	Yes, spread to many communities Communities have used polythene waste to make useful items like ropes, caps, and bags
Please mention two/three strengths of PHAST	Its good when people are involved they move faster The culture supports hygienic living	Adaptability Its captivating	The community themselves, if they participate can do anything Many people who are trained in PHAST. The tool can be applied by educated persons It motivates people to participate
Please mention two/three weaknesses of PHAST	Due to some lifestyles, it does not go well with some groups Reach out to works department and sensitization and community Law enforcement where necessary	IF there are many trainers there is need for pre-training consultation as compared to CLTS The tool kit is quite bulky- if there would be one standard tool for each level and having the tools laminated	The production of the tool is not easy in every area (photocopying) The tool is bulky The tool can be destroyed easily
Since the training has been applied, have the trainees had a refresher course?	N/A	Yes, a number of refresher courses in Plan International	Yes, one refresher course for some members after a long period
What are the major costs items in the promotion of PHAST?	One day demonstration in cleaning, allowances, advertisements on the radio, transportation costs, venue and food	The tool kit, meals for participant, stationary	14 day retention, facilitation, development of the tool for every participant to have transport costs

State the Financial costs in quantitative amounts			
Cost of producing material	30%	8%	20%
Cost of distribution of material	5%	1%	10%
Cost of travel for the field workers	15%	30%	20%
Cost of training of PHAST	20%	18%	30%
Cost of artist adapt to cultural context	10%	18%	10%
Cost of market promotion of PHAST	15%	25%	10%
Other costs	5%	/	

Accumulative Evaluation questionnaire- District Level- Kwale

Background information	Male District: Kwale Education: O level Organization: Coast water services board Profession: Superintendent water # of years of experience in current position: 4 years	Male District: Kwale Education: Graduate Organization: Plan International Profession: Area manager- Community development # of years of experience: 5 years	Male District: Kwale Education: Graduate teacher Organization: Ministry of Education Profession: Teacher- quality assurance and standards officer # of years of experience in current position: 19 years
What is PHAST in your professional experience	Participatory hygiene and sanitation transformation- one way of sensitizing the community on how they can participate in keeping the environment clean and have the concept of hygiene in their hear or in their undertaking. Motivation of communities to bring their views and solutions pertaining to hygiene	PHAST- entails participatory process where communities are exposed to tools and a bottom up approach is used for issues related to hygiene and sanitation	Programme introduced in schools to improve sanitation and hygiene- Children are trained on how to improve hygiene e.g. hand washing and keeping food clean and person/environmental cleanliness. Key issues are around toilets and water.
What training experiences have you had in PHAST?	One week training workshop in 2005. There was to be a follow-up but this never happened	None but observations when opening and closing workshops (PHAST workshops)	Not trained but on the job experience and training
What facilitation experience have you had in PHAST?	No other training after 2005,	Giving key notes address and some basic information of PHAST Have read about PHAST on the job experience	Participated in joint mission with various guests who were coming to monitor the projects. My role was to promote replication of the practices.
What have you done with the training that you have received?	Advising communities on improvement of water hygiene	N/A	Although not trained- purpose as MOE in to use the experiences to reach teachers on standards and remind them of hygiene practices
Have you been able to utilize the skills of PHAST in your work?	Yes- advising communities to avoid water contamination. This was as	Skills very useful in providing support to health, water and	Yes- though not properly trained

	a result of PHAST training Hand washing, fruit washing	helped in advocating for budgetary allocation (plan)	
What activities do you do in relation to PHAST?	Water projects are related to PHAST. When you construct water facilities, it should stay free from contamination; storage facilities should be clean-every one month.	Water related, VIP construction, training. VIP- Artisans are trained in PHAST Child friendly models- peer advocates Ambassadors of health education to control diarrheal diseases.	WASH clubs were started in schools to remind children on hygiene practices.
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	Whatever we do our focus is on the community.	Sustainability- what one learns as a child sticks Ownership is the whole idea Stimulates innovations without waiting for facilitation	Once you involve somebody to do something themselves, it is like planting a seed.
How would you rate PHAST in comparison to other tools?	Good	Good- because it gives people opportunity to participate in san. & hygiene related issues.	Excellent
What other tools have you worked with?	PRS, FLA, FFS- former field school	PHASE- personal hygiene and sanitation education CLTS Child to child approach	Deworming, vaccination, PHAST approach is used for all these components
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	No	There is money in the budget for IEC. When communities are specific on PHAST, they give IEC. Use PHAST because it has worked elsewhere to solve certain health problems	No funding has been made available.
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	There was no follow up so most of the skills have evaporated There was no communities trainings, so not much has been achieved	Some families put up latrines Children in schools making leaky tins Hand washing incidences higher than before Net treatment for malaria control	The safety standards manual for Kenyan schools borrowed a lot of PHAST in its material.
Have you scaled up PHAST within your district? If so, how?	Not much has been done	Started in one location- scale up. Spread to the whole district and sharing across the board and at the national level through networks Localizing the tools- Swahili language- has been used Application of relevant tools in health	The emphasis was placed on clusters in the wider Kwale area. Apart from the demonstration schools another 67 schools in the larger Kwale area benefitted.

		interventions	
Please mention two/three strengths of PHAST	It is a good tool to educate the communities PHAST focuses on school children as a multiplier effect at the community level Facilitates behavior change in school populations	More in touch with health issues. There had been several outbreaks of diarrheal diseases but after the use of PHAST the situation has changed. Encourages a lot of participation and ownership. The whole range of tools gives one a whole range to suit local situations.	Promotes clean school environment extended to the home It is a practice/way of changing the community Child friendly schools, they have borrowed heavily from PHAST especially in school health and nutrition promotion.
Please mention two/three weaknesses of PHAST	Tools are not readily available to the communities- they are kept by the facilitators	Cannot be used along It did not change the relationships in the community	PHAST does not emphasis much on maintenance PHAST does not talk about ratios only the methods and practices UNICEF only demonstrates and expects people to replicate “health schools” The WASH schools were established in school but it was not linked very well with the homes “healthy homes”
Since the training has been applied, have the trainees had a refresher course?	No refresher course	No refresher course	Not trained
What are the major costs items in the promotion of PHAST?	Stationery, hiring of a hall, transporting depending on where you want to train the community	Accommodation and meals, facilitation, transport, lamination of the tools	Construction of toilets, installation of water systems, stationery- for drawing, organization of training other teachers, children and community members
State the Financial costs in quantitative amounts			
Cost of producing material	10%	20%	20%
Cost of distribution of material	10%	15%	10%
Cost of travel for the field workers	20%	20%	15%
Cost of training of PHAST	30%	35%	30%
Cost of artist adopt. to culture con	10%	5%	10%
Cost of market promotion of PHAST	10%	5%	10%
Other costs	10%		5%
Further points	If communities don't participate we are bond to fail in our efforts		Most of the schools do not have water and toilets 60% of schools do not have adequate water and latrines according to standards

			A safe and protective school- all this is borrowed from PHAST UNICEF introduces good things and an idea but then leaves- they should not divorce the ideas, they should continue.
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Accumulative Evaluation questionnaire- District Level- Kwale

Background information	Male District: Kwale Education: Health education officer Organisation: Ministry of Public Health and Sanitation # of years of experience in current position: 9 years	Female District: Kwale- Larger Kwale Education: A level Organization: Red Cross Society- Kwale Profession: Treasurer of the branch also a teacher # of years of experience in current position: 5 years	Female District: Kwale Education: College Organization: Ministry of Public Health and Sanitation Profession: Public Health Officer # of years of experience in current position: DPHO- 3 years
What is PHAST in your professional experience	Had a session in college in PHAST, not trained but on the job training	Preventive measures to enhance health How to cope with culture Excreta disposal, safe water free from contamination	It's a methodology of hygiene and sanitation education. It is a tool that we have been using to increase knowledge at the community level by using tools and graphs
What training experiences have you had in PHAST?	Not trained in PHAST	Several training sessions Trained as a ToT	Have been trained twice by WHO By district ToT twice
What facilitation experience have you had in PHAST?	Learned through other trained staff and by carrying out activities in the field	Currently training the community and used PHAST in trying to understand the community. They are able to listen and understand hand washing- why it is useful Sanitation ladder- improvement of hygiene practices	I have participated in trainings of community groups. GoK extension workers, teachers, ECD and primary school children
What have you done with the training that you have received?	N/A	There are volunteers in Red Cross so we train them. Train community members Water project- PHAST is normally used	Presented a paper with Kemri on PHAST in 2004 October. ICEMRI international conference. Paper entitled "Developing positive attitudes about latrines- nursery school children in Kwale district"
Have you been able to utilize the skills of PHAST in your work?	Have managed to use the skills in training. Have used the tools when training	Yes, many times in training the community members	Yes, almost all the time
What activities do you do in relation to PHAST?	Hand washing before taking a meal and after toilet Personal hygiene Contamination routes	Community education, disease prevention, provision of safe water from boreholes	Planning of monthly activities .e.g. malaria, HIV/AIDS prevention, food control, training of school committees, school

			health activities. CLTS with Plan Kenya in areas where PHAST interventions have been applied. Follow up is still PHAST.
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	Very important to the users and the recipients because they come out with their problem and the solutions to prevent infection	Get to know the people, what they practice, how they practice, give solutions to some health problems	PHAST is participatory oriented allowing the community to come up with the solutions
How would you rate PHAST in comparison to other tools?	Excellent	Good	Good
What other tools have you worked with?	CLTS	Teaching the community during different events	CLTS CHASE PHASE
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	It was mostly sponsored by UNICEF.	Yes, but donor funded	Cost sharing has been our major source. Recurrent costs for travel and accommodation Plan Kenya has also funded the district office Red Cross has also funded community PHAST training UNICEF-2005 was the last funding
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	The communities that have been exposed to PHAST have improved in responding to their hygiene status. Children in school are also more aware of sanitation and hygiene related issues	Diarrhoea and cholera has been reduced. Community members are putting up latrines and cleaning the bushes. There is improved hand washing.	The collaboration with UNICEF has weakened The tool is in place and is used Other partners appreciate PHAST and are supporting it
Have you scaled up PHAST within your district? If so, how?	With interaction with other officers- a lot of improvement of the BCC component of PHAST	In areas where there is WASTSAN projects, the approach has been expanded to these areas	No
Please mention two/three strengths of PHAST	There are some schools and communities that serve as a show case Transfer of knowledge to teachers	If it is a continuous process, it is good to the community for disease prevention. Can be used during functioning (local) giving a speech on, for example hand washing Can also be used by local leaders like chiefs	PHAST can be used for research in different settings and in different components It is all inclusive Applicable in cross cutting manners, It is adaptive in terms of audience
Please mention two/three weaknesses of PHAST	Dependency syndrome. PHAST depends very much on donor funds Very few officers were exposed to PHAST The tool should be durable	Tools should be area and culturally specific	The ToT training costs The production of the tools- not user friendly e.g. when it rains
Since the training has been applied, have the	Not trained	Yes, there have been refresher courses around 4	No refresher course but they apply PHAST at

trainees had a refresher course?		times a year. Once every week they have lessons about PHAST	their different levels
What are the major costs items in the promotion of PHAST?	Preparation of the tools so that each participant had one. Lamination which makes the tool expensive. The entire training itself is expensive	Processing (adopting) this tool, getting an artist, accommodation, facilitation, volunteer allowance, transport and meals	Tot, production of tools, M& E expenses, documentation of reports at different levels, transport and fuel for implementing at community level
State the Financial costs in quantitative amounts Cost of producing material Cost of distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adopt. to culture con Cost of market promotion of PHAST Other costs	25% 10% 15% 45% 5%	20% 5% 20% 40% 10% 4% 1%	15% 20% 30% 20% Not tried 10% 5%
Further points		Other activities where PHAST is applied: HIV/AIDS activities; first aid training, blood donation activities	

Accumulative Evaluation questionnaire- District Kisumu

Background information	Group discussion at DPHO Kisumu <ul style="list-style-type: none"> • Male; Diplomas in public health related subjects; Public Health Officer; 30 years; • PHO; Male • PHO; Female; 7 years • Deputy head; Male 	Male Kisumu MSc Water and Environmental Management CARE Civil Engineer/ School WASH Programme Coordinator 1,5 years in this position (18 years in watsan)	Male Kisumu Higher Diploma in Environmental Health Science CARE Public Health Officer/ Field Officer in CARE 1 year in CARE/ 28 years in water and sanitation
What is PHAST in your professional experience	<ul style="list-style-type: none"> ▪ Diverse, it involves hygiene and sanitation ▪ A participatory approach promoting hygiene and sanitation ▪ It's just a methodology of passing on hygiene and sanitation information and messages 	It is a participatory methodology on hygiene and sanitation transformation training. Whatever you do is geared towards the transformation of people, their daily environment.	<ul style="list-style-type: none"> ▪ A concept that is a participatory approach that draws on the strengths of the community, their resourcefulness, and challenges to improvements on water and sanitation ▪ Creates awareness of existing hygiene and sanitation conditions. Things that have been taken for granted.

			<p>Awareness about normal daily things (read: behaviours/diseases) that can be improved.</p> <ul style="list-style-type: none"> ▪ PHAST may sound like a new idea. It has been with us for a long time, but it wasn't well identified.
<p>What training experiences have you had in PHAST?</p>	<ul style="list-style-type: none"> ▪ a ToT training in PHAST of 1 week, in 2007 ▪ a training some 10 years ago in 1998 ▪ a training some 10 years ago in 1998 	<p>He never experienced PHAST training.</p> <ul style="list-style-type: none"> ▪ He received a 2 weeks training on PRA, given by the Catholic Diocese of Kitui on 1997, which contained practical assignments in the villages. ▪ worked on the change of PHAST into CHAST in 2004 in Somalia. 	<ul style="list-style-type: none"> • Trained in PHAST in the late nineties. • The number of days has been scaled down to e.g. 5 days, as it is very difficult to engage a community for 14 days, and costs are high. He thinks a 3 day training is too short to cover all the subjects.
<p>What facilitation experience have you had in PHAST?</p>	<ul style="list-style-type: none"> ▪ I have trained in communities and schools, so that the teachers would use PHAST in their daily activities. Though I must say that in schools we use PHASE, which is a more child friendly approach than PHAST, as that is focusing on everybody ▪ I have mainly worked with community resource persons 	<ul style="list-style-type: none"> ▪ Six months of experience in facilitating PRA in communities. ▪ Right now, when the need arises, he picks a tool of the PHAST toolbox to work with it. 	<ul style="list-style-type: none"> ▪ has trained a lot of communities (and saw a lot of success), and health workers. ▪ used to follow the steps mentioned in the step by step guide. He was a real facilitator and not a teacher. Though the community expects that they are going to be taught.
<p>What have you done with the training that you have received?</p>	<ul style="list-style-type: none"> ▪ applied it immediately in the period April to July, though it was a combination of PHAST and PHASE ▪ gave feedback on PHAST to the DHRT, district executive committee and WESCORD and staff members ▪ was able to apply it in my day-to-day activities, and in a project with World Vision. But I only apply some of the tools. I do not go through the 	<p>Identify and prioritise the needs of the community and make community action plans.</p>	<p>I disseminated the information received after the training to my colleagues and participated in ToTs and trainings for communities</p>

	entire cycle, favourites are sanitation ladder and faecal oral routes		
Have you been able to utilize the skills of PHAST in your work?	<ul style="list-style-type: none"> ▪ Yes, but there were challenges. When I went to a school to teach PHAST, I was given a very short time. I used the tool not entirely the way it is expected to be used. If you want to do the training properly, it is costly: long time. Meals need to be provided. ▪ the main challenge in applying PHAST are the costs 	<ul style="list-style-type: none"> ▪ Certainly when it concerns CHAST ▪ For PHAST he is able to use his skills (although he did not have a training). He uses mostly the sanitation ladder, planning for prioritization. 	Yes. In trainings and in making follow ups and for monitoring. We normally facilitate the communities in monitoring activities: they help to organize a structure where they can have their meetings and capture the information: home visits, checking latrine structures etc.
What activities do you do in relation to PHAST?	I conduct monitoring activities, to see if the objectives have been reached by using PHAST/PHASE (if people are hand washing etc.)	<ul style="list-style-type: none"> ▪ Solid waste management ▪ Latrine construction ▪ Action planning 	<ul style="list-style-type: none"> ▪ You carry out PHAST after an initial mobilisation of the community. ▪ Hygiene promotion through formation of School Health Clubs ▪ Training of school management committees, through PHAST ▪ Training of communities in implementing sanitation and hygiene.
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	<ul style="list-style-type: none"> ▪ the tool is of assistance. The community can identify its own health shortcomings. The tool helps to design the way forward. It doesn't require external assistance. ▪ the tool is important. It makes the participants understand their problems better, by using the pictures. Lecturing would be less effective. 	<ul style="list-style-type: none"> ▪ It allows people to give their ideas, analyse them, and understand. ▪ It should be consolidated to a shorter time ▪ Follow up should be strengthened and we should think about how to motivate and facilitate for this. ▪ We should think about, how to motivate the practitioners. 	<ul style="list-style-type: none"> ▪ It makes promotion of hygiene and sanitation relevant, as it is a participatory tool. ▪ It makes trainings fun. We used to have a good time. ▪ It creates a bond; it brings a kind of relationship. The community members easily come to our offices. The community opens up to you. ▪ It opened up my eyes, communities are so resourceful. They only need to be encouraged, and they are able to do so many things. When we introduced PHAST, things changed completely. There are communities where people don't like

			latrines. It's confined. They'd rather go to the bush. In the early day's government used to use force. They even gave materials for free, for latrine construction, but they didn't use them
How would you rate PHAST in comparison to other tools?	<ul style="list-style-type: none"> ▪ Good, if all components are included. In PHASE for example the faecal oral routes are not explained. So if we use PHASE, we take the PHAST tool to complete ▪ Good, if follow up takes place 	<ul style="list-style-type: none"> ▪ Good: the tools are good and useful ▪ Fair: Behavior change does not take a short time ▪ Poor: It relies on trained/skilled people who are on a pay role; these people have other jobs, then only facilitating PHAST 	Excellent: There is no tool that can be compared to PHAST
What other tools have you worked with?	<ul style="list-style-type: none"> ▪ PHASE ▪ CLTS, we have heard about it and worked on it in other forums. In terms of implementation the MOHS has not put fully in it. Not much people are trained in CLTS. 	<ul style="list-style-type: none"> ▪ CHAST ▪ PRA ▪ Child to Child ▪ SWS (Safe Water Systems): which includes hand washing with soap, facility maintenance 	<ul style="list-style-type: none"> ▪ PRA ▪ PHASE (in schools, but every time I implemented PHASE, I was actually doing PHAST) ▪ Initially we used a dictating/pushing methodology telling the people to use a latrine.
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	<ul style="list-style-type: none"> ▪ GOK has not made funds available for PHAST, but UNICEF did. ▪ Some NGOs give trainings, but not full (read 14 day trainings) trainings ▪ There is no standard PHAST training; there is neither coordination on the standards on training/execution/implementation of PHAST 	<ul style="list-style-type: none"> ▪ There were no specific funds as they did not apply specifically for PHAST. They applied for behaviour change. They did apply and got funds for CHAST, Child to Child, SWS. ▪ SANA has been applying for funds for PHAST, and did get funds and used the method. 	<ul style="list-style-type: none"> ▪ Yes, for training. It normally comes included in a package for water and sanitation. In SWASH Plus, there are funds allocated for PHAST (SWASH Plus is a project funded by the BMGF, which also includes a research component, which is carried out under the responsibility of the Emory University, and within Kisumu by one of their branches the Great Lakes University of Kisumu) ▪ There have been enough funds, but it has never been clear if we can assemble the toolkit with these funds. (he

			mentioned that complete toolkits are very scarce in Kisumu and that organisations are used to borrow kits from one another. He does not have his own toolkit).
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	<ul style="list-style-type: none"> ▪ UNICEF has come in strong into Kisumu only when we started to have regular cholera outbreaks. In fact UNICEF, more then with the DPHO, they worked with the NGOs (World Vision). They work with them independently and most of the times do not even inform us. Their major focus is cholera control: NOT promoting hygiene. This programme as such does not support this unit with working with PHAST. ▪ There are the WESCORD meetings for coordination, the NGOs are coming there, but not all activities of NGOs are being reported. 	N.a	<ul style="list-style-type: none"> ▪ In the last five years I haven't come across PHAST funded initiatives by GOK/UNICEF. ▪ In 1997/1998 he participated in a GOK/UNICEF funded project in Nyando: <ul style="list-style-type: none"> ○ Big improvement in latrine coverage ○ Increase in knowledge in latrine construction ○ Local artisans were trained in building slabs.
Have you scaled up PHAST within your district? If so, how?	PHAST has been diversified. In 2007 we trained 200 health club members in five schools (40/school) and 60 village health committees, plus the patrons of schools (3 per school). Also quite a number of community health workers. This activity was funded by UNICEF and channelled through World Vision. World Vision lacked the expertise and hired MOHS as facilitators. There is however a problem with the trainings, people are being trained, but they do not get the tools. There are no funds for follow up. World Vision now has come up with their own policies (they reduced the days of training; some of the tools are not being ; they do not receive the kit; follow up is not being	<ul style="list-style-type: none"> ▪ No scaling up for PHAST. ▪ They did scale up CHAST. When it was developed, many organisations were involved (Save the Children, Oxfam etc.); therefore it was recognised as a way to behaviour change, by the government, the donors, European Union, UNICEF. NETWAS also took it up. Recognition by the government was key. 	<ul style="list-style-type: none"> ▪ We haven't scaled up PHAST. The way the project (SWASH PLUS?) is designed we are still in the initial schools where we started. ▪ SWASH+ (SWASH is focusing on schools, the PLUS is referring to community impact) is divided into phases: baseline study, selection of schools, partnering up with government and other stakeholders is planned for the next stage. From here on we will be able to scale up: doing more schools and more communities, and carrying out more trainings. The

	facilitated)		plan is to cover ALL the schools in Nyanza by the year 2011.
Please mention two/three strengths of PHAST	<ol style="list-style-type: none"> 1. Easy to understand (pictorial) 2. Learning is participatory 3. Friendly to adult learning 4. Stimulates thinking 	<ol style="list-style-type: none"> 1. Easy to use tool for trained personnel 2. Steps are very clear 	<ol style="list-style-type: none"> 1. Easy to apply 2. Applicable in any community (PHAST is sensitive to all) 3. It can be adaptable. You can design to any local set-up. It is not rigid 4. It encourages community participation: they discover themselves, their strengths. 5. It changes community attitude. Instead of asking for help, to doing it themselves, with minimal assistance.
Please mention two/three weaknesses of PHAST	<ul style="list-style-type: none"> ▪ It's expensive ▪ Time consuming ▪ Requires regular follow up ▪ Requires a coordinator (e.g. this office does not have a toolkit, and no funds to make one. ▪ Tools need to be updated time and again (different societies: tools of the lake are not suitable for a district like Wajir) ▪ So many different CBOs and NGOs have brought in PHAST, this creates confusion ▪ People hide/steal the tools, so components get lost 	<ol style="list-style-type: none"> 1. Materials are not adaptable, but should be adapted to local circumstances 2. It is presented/pushing it as a blue print methodology (by the promoters like UNICEF), but it should not be taken as such 3. Required skilled personnel 4. It takes long 5. It is not institutionalised 	<ol style="list-style-type: none"> 1. It is expensive to conduct the trainings; meeting costs (but they are only high, when a training is organised outside the community, but normally we do the trainings within the community) facilitators are a bit expensive 2. PHAST has been viewed as if it belongs to certain people/organisations (like UNICEF). PHAST is of all of us. 3. PHAST is not well defined (doesn't have its own identity). People are not clear about that they are in a PHAST training. But do people really need to know what PHAST means? 4. There are no policy guidelines at district level (read: to support PHAST) 5. The tools don't last long 6. People expect that they get the tools from somewhere
Since the	No refresher course	<ul style="list-style-type: none"> ▪ He has not been trained. 	He never participated in one,

training has been applied, have the trainees had a refresher course?	Apiyo: some stuff we have learned has never been applied	<ul style="list-style-type: none"> ▪ He is not aware that refresher courses take place 	and never carried out one.
What are the major costs items in the promotion of PHAST?	Toolkits Mobilisation Follow up/supervision Refresher course Transport Training in itself Venue costs (food, transport for multi-village training) Vitamin M (Money)	Skilled personnel Transport for the 14 days training Follow up/ monitoring & evaluation Photocopy of the materials Cost of the consultants (the people who facilitate	<ul style="list-style-type: none"> ▪ Tools (and assembling them) ▪ Mobilising for the training, getting people together, transport: airtime; materials for the volunteers, like for their report writing and recording activities ▪ Communication costs for communicating with partners ▪ Monitoring/supervision
State the Financial costs in quantitative amounts Cost of producing material Cost of distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adopt. to culture con Cost of market promotion of PHAST Other costs	We do not know, because we have never had allocation of funds for this	<ul style="list-style-type: none"> ▪ Cost of the producing the material: this is not a major cost item ▪ Cost of the distribution of the material: ▪ Cost of travel for the field workers: this is one of the major cost items (+++++) ▪ Cost of the training of PHAST: This one is relative: there are trainings where people are staying in very nice places. Bu these costs can be reduced. ▪ Cost of the artist to adapt the culture specific material: not a major cost ▪ Cost of market promotion of PHAST: ▪ Other costs: 	<ul style="list-style-type: none"> ▪ Cost of the producing the material: 30% ▪ Cost of the distribution of the material: 10% ▪ Cost of travel for the field workers: 20% ▪ Cost of the training of PHAST: 10% ▪ Cost of the artist to adapt the culture specific material: 10% ▪ Cost of market promotion of PHAST: 2% ▪ Other costs:
Further points	Other information received: In Kisumu, there is currently a cholera outbreak. The problem in Kisumu is that water tables are very high. People use the canal waters for bathing, washing and domestic use. In most areas there are no pit latrines. And if there are pit latrines, there are some cultural practices, that make use of the pit latrine difficult (e.g. in some	Observations/Recommendations <ul style="list-style-type: none"> ▪ Identify key messages for behavior change and focus on these. From here on tools can be used to reach this stage. ▪ Segregate those services that <u>have to be provide by the government</u>: such as: 	Recommendations <ul style="list-style-type: none"> ▪ There has to be a policy framework for the implementation of PHAST. It needs to have its place as it's the methodology which creates success. ▪ Those who are implementing PHAST should be closer together

	<p>areas it is not seen good to use the same pit latrine as your father in law, as when he would see the faeces, he would see the nakedness of the daughter in law) Kenyan law says that every household needs to have at least a pit latrine. But in most households it is not there, and if it is there, there are many problems when the rains come.\</p> <p>Food hygiene is a problem (selling food on the streets is a new business in Kisumu. Hygiene standards are not being taken into account. Poverty is a problem</p> <p>Hierarchy: District Public Health Office Divisional Public Health Office Location Public Health Office Community Health Workers</p> <p>Recommendations:</p> <ul style="list-style-type: none"> ▪ For PHAST to be effective you need to train all the community resource persons; CHWs need to be informed ▪ PHAST should be integrated into the community strategy ▪ We as PHOs need a training on construction of common sanitation technologies, some of us do not have the knowledge of the different options ▪ It's a good methodology. It's mentioned in our national hygiene and sanitation policy. It is therefore recognized and needs more budgets and be given more priority by the ministry. UNICEF should honor proposals and give direct funding to the districts instead of via the NGOs ▪ UNICEF should train more PHOs ▪ Local artisans should be identified to adapt the 	<ul style="list-style-type: none"> ○ Provision of clean water ○ Access to roads ○ Garbage collection <ul style="list-style-type: none"> ▪ Communities cannot constantly participate in everything, you can only request for their participation for a specific phase ▪ Law enforcement: the government has to take commitment (some things should not be over-participatory-discussed with the community, for some things there are laws, if you break them, just fine them. ▪ PHAST is only based in one ministry; it is not as such recognized by the entire government. <p>CARE is involved in SWASH+, a project funded by the BMGF, and a collaboration with Water Partners, KWAHO, Emory, Great Lake University (research component), Global Water Challenge (providing technical advise)</p>	<p>and harmonise and achieve more. Bring the experiences together for greater impact. Sharing of information (to avoid duplication) and evidence to show that PHAST is working</p> <ul style="list-style-type: none"> ▪ Need for more coordination. ▪ Either reduce the number of days or the number of trainees. <p>PHAST has been successful because</p> <ul style="list-style-type: none"> ▪ It changed people's attitudes and practices, especially in latrine use. ▪ Some of the benefits are not attributed to PHAST, but they are there (openness of the community etc.)
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	<p>tools</p> <ul style="list-style-type: none"> ▪ A refresher course is needed ▪ There must be an appointed person to coordinate the use of PHAST. UNICEF used to monitor, but gave responsibility to government, but nothing happened. Programmes like SWASH do monitor 		
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Accumulative Evaluation questionnaire- District Kisumu

Background information	<p>Female/Male : Male District : Kisumu Education : Higher Diploma in Water Engineering Organization : District Water Office (DWO) Profession : Civil Engineer/ District Water Officer Number of years of experience in current position: 32 years</p>	<p>2 Females District Office of Education - Kisumu DEO Quality Assurance Officer</p>	<p>Male DDO District Development Office Kisumu</p>
What is PHAST in your professional experience	<ul style="list-style-type: none"> ▪ It has something to do with hygiene ▪ When the acronym was explained to him, he remembered 	<p>Both were not aware of PHAST. They were aware and heard of WASH in schools and know that monitoring around this subject is going on. One of two attended meetings on WASH and was aware of PHASE. Both were very new to this office. In the DOE there is no specific person dedicated to WASH in schools (or not that she knew about)</p>	<p>He had not immediately heard of PHAST. He is aware that when it comes to hygiene promotion sensitization is used as well as demonstration sites (with eco-san toilets) as well as on-site trainings.</p>
What training experiences have you had in PHAST?	None	None	N/a
What facilitation experience have you had in PHAST?	None	None	N/a
What have you done with the training that you have received?	<p>N/a Most of the health people have been trained. We do partner with the ministry of Health in promotion of hygiene. We have been attending seminars organised</p>	N/a	N/a

	by NGOs about hygiene.		
Have you been able to utilize the skills of PHAST in your work?	N/a	N/a	N/a
What activities do you do in relation to PHAST?	(We changed PHAST into hygiene promotion here) <ul style="list-style-type: none"> ▪ He promoted hand washing ▪ He was not involved in some areas of latrine construction ▪ He is of the opinion that the different district offices should work together more. 	N/a	In relation to PHAST none, but in terms of In terms of coordination on environmental sanitation the DDO teams with the MOPHS, SANA International and PLAN Kenya.
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	N/a	N/a	N/a
How would you rate PHAST in comparison to other tools?	Fair: (We changed PHAST into hygiene promotion here) Not much emphasis has been put on it here	N/a	N/a
What other tools have you worked with?	The WASH Movement has only been introduced into Kisumu, some months ago	They heard about PHASE	N/a
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	He has not heard of any money/funds available for hygiene promotion	N/a	N/a
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	He is involved in this new programme that is funded by the Dutch government and in this programme the DWO shall work closer to Public Health.	N/a	N/a
Have you scaled up PHAST within your district? If so, how?	The knowledge on hygiene promotion has been scaled up. Communities are requesting next to water, also sanitation.	N/a	N/a

Please mention two/three strengths of PHAST	(We changed PHAST into hygiene promotion here) Sense of ownership	N/a	N/a
Please mention two/three weaknesses of PHAST	(We changed PHAST into hygiene promotion here) People shy away and think about the money first.	N/a	N/a
Since the training has been applied, have the trainees had a refresher course?	N/a	N/a	N/a
What are the major costs items in the promotion of PHAST?	(We changed PHAST into hygiene promotion here) <ul style="list-style-type: none"> ▪ Transport is a major hindrance ▪ Communication 	N/a	N/a
State the Financial costs in quantitative amounts Cost of producing material Cost of distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adopt. to culture con Cost of market promotion of PHAST Other costs	<i>Not answered</i>	N/a	N/a
Further points	<p>Recommendations</p> <ul style="list-style-type: none"> ▪ At the national level all ministries are involved, but this has not trickled down to the districts ▪ He confirmed that WESCORD is alive, though it should be strengthened: <ul style="list-style-type: none"> ○ Funding for agreed activities ○ Transport <p>They should target the communities as a team.</p> <p>What is currently the</p>	None	<p>There are major problems in the peri-urban areas:</p> <ul style="list-style-type: none"> - issue of land ownership - Waste management (lack of disposal sites) - Drainage management - Mushrooming of latrines (MoH gives directions of how to deal with groundwater – some latrines are built to close to the wells) <p>In rural areas there are hardly any latrines</p> <p>Recommendations:</p>

	<p>biggest issue at the water department? Underfunding (there is an amount of 7 million shillings allocated, but up till now, he has only received an amount of 500.000 shillings.</p>		<ul style="list-style-type: none"> • Share the tools with other offices. The officer expressed he would very much like to have a set of tools. • There is need of training of various partners on the ground • MOPHS needs enforcements • Have a fresh look on the role of the municipalities. Local Authority needs to be brought on board and their role needs to be clarified. They need to be a true prefect, not a partner. • Strengthen CBOs by capacity building to manage solid waste • Monthly check-ups/monitoring by the MOPHS (action based monitoring) • Ensure the MOPHS is well facilitated in terms of transport to attend the actions • Government staff capacity building, from line ministry to main • When constructing buildings, the right water and sanitation facilities need to be in place.
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Accumulative Evaluation questionnaire- District Kisumu

Background information	SANA (NGO) Water Resources Manager Finance manager Community manager PHO- Kisumu	District Social Development Office – Kisumu DSDO Female	Background information	Nyangande Community Kisumu District
What is PHAST in your professional experience	PHAST means Participatory Hygiene and Sanitation Transformation. It is used as THE tool of entry to a community within SANA. It encourages group processes, no matter sex and age. In SANA we <u>believe</u> in PHAST	She did not know PHAST.	Have you heard about PHAST?	Yes, we have heard about PHAST
What training	Everyone coming new	N/a	Has helped your	• It has helped

<p>experiences have you had in PHAST?</p>	<p>to SANA gets training in PHAST.</p> <p>Water Resources Manager attended a workshop on PHAST in 2001, given by UNICEF (in West Poket)</p>		<p>community? How?</p>	<p>our community</p> <ul style="list-style-type: none"> • Before we were trained most of us, did not have latrines, dish racks, a bathing area. No some people build bathrooms in their homes • Now, we know we have to drink treated water and boil water. If there is no fire wood, you can use Waterguard or Aquatab
<p>What facilitation experience have you had in PHAST?</p>	<p>At SANA PHAST is an ongoing process. They use the UNICEF training manual (Susanne received a TOF training which has strengthened her work in PHAST. Community manager attended four trainings and a lot of facilitation</p>	<p>N/a</p>	<p>Strengths of PHAST</p>	<ul style="list-style-type: none"> • Around the beach, we have many people coming from different places to fish. Now latrines have been built, people see the importance going to the latrines. People are aware that they are eating faeces. • We experienced a lot of change. Even in the schools. PHAST has helped us to see the connection. • People did not see the good in washing hands. People after training are using tippy taps.
<p>What have you done with the training that you have</p>	<ul style="list-style-type: none"> ▪ It is our main entry point in working with communities ▪ We normally only 	<p>N/a</p>	<p>Weaknesses</p>	<ul style="list-style-type: none"> • Some people do not feel any taste and get stomach

received?	use a few tools out of the kit: sanitation ladder, faecal oral routes. We also would like to include components like wealth ranking			<p>ache, using Aquatab or Water Guard.</p> <ul style="list-style-type: none"> • Some do not have wood for building latrines, they use small wood, and then it collapses after three months and rainy seasons. • When it is dry we can build latrines, but when it rains they collapse. It would be nice if the organisation can provide us with mobilets. • The training did not come up with sustainable solutions: water tables were only given once.
Have you been able to utilize the skills of PHAST in your work?	Yes, in everything we do with the community we use PHAST and participatory approaches	N/a	What is PHAST in your personal opinion	<ul style="list-style-type: none"> • We learned how we can prevent local diseases and how we can use water for drinking and about the benefits of having a latrines • It has taught me how I can live longer, how you can sustain your life. You start with yourself in your home and house and then you bring it to the community. It's all about change
What activities	▪ Mobilisation	N/a	What training	We received a

do you do in relation to PHAST?	<ul style="list-style-type: none"> ▪ Implementation ▪ Awareness creation ▪ Organisation of the community ▪ Planning 		experience have you had in PHAST	five days ToT training from World Vision in collaboration with MoH..
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	<ul style="list-style-type: none"> ▪ It's participatory: whether you are educated or not, you can participate ▪ It builds self-esteem for decision making ▪ It creates team work ▪ It recognizes the importance of gender ▪ It doesn't disaggregate. ▪ It opens up people. It triggers. ▪ Encourages participation ▪ It makes them to understand the communities better 	N/a	What facilitation experience have you had in PHAST	We have trained others. Go and walk around and you can see the changes.
How would you rate PHAST in comparison to other tools?	Good	N/a	Once a training has been done what have you done with the training	They do a lot of follow up.
What other tools have you worked with?	<p>The entry point used to be PRA in SANA, but it was focusing on more than only hygiene and sanitation. Compared to PRA, PHAST is much better.</p> <ul style="list-style-type: none"> ▪ PUA – Participatory Urban Appraisal ▪ PHASE (SANA works with PHASE in schools) 	N/a	Have you been able to utilize the skills	People are practicing. They are able to put it into practice.
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	In their budget lines there are <u>always</u> funds for PHAST	N/a	What activities do you do in relation to PHAST?	Every Community Health Worker has 10 homes to look after, where they preach the gospel. They were given the pictures to share, but these were few.
What has been the outcome over the last 5 years with	<ul style="list-style-type: none"> ▪ Since government has introduced performance contracts, he tends 	N/a	What has changed since PHAST was introduced	We never become sick as like before. Malaria and diarrhea have

<p>GOK/UNICEF programme in relation to PHAST in your profession opinion?</p>	<p>to assume that GoK has planned outputs for PHAST</p> <ul style="list-style-type: none"> ▪ I do not know if some organizations have separate sessions on PHAST funded by GoK/UNICEF ▪ What we do know is that at government level they do not carry out 5 day trainings ▪ The collaboration with GoK is very valuable to SANA. Although SANA is not aware of how government gets its funding ▪ At government level there is not such high staff turnover, therefore a lot of experienced people. 			<p>gove down. People have latrines and dish racks. They bathe at home. There was a cholera outbreak last year, but the impact was minimal.</p>
<p>Have you scaled up PHAST within your district? If so, how?</p>	<ul style="list-style-type: none"> ▪ We did. We have many sub-committees that are in charge of spreading the gospel of PHAST ▪ We scale up by training 10 Village Health Workers (VHW) who are each responsible for 10 households ▪ We have clear indicators to look at progress: # of dish racks constructed, # of latrines built, # of handwashing devices built. ▪ Hygiene Promotion is also scaled up by the use of competitions between schools 	<p>N/a</p>	<p>Recommendations</p>	<ul style="list-style-type: none"> • We need refresher courses • CHWs are volunteers. Motivation (incentives) is necessary (gum boots, bicycles), or something that would help to identify them as CHWs (a bag for carrying the documents/ a t-shirt) • Different NGOs are active here, so we have to avoid duplication. They have to clearly define which area they are targeting.
<p>Please mention two/three</p>	<ul style="list-style-type: none"> ▪ Empowers ▪ Increases self- 	<p>N/a</p>		

strengths of PHAST	<ul style="list-style-type: none"> esteem ▪ No schooling is needed ▪ It's instrumental: relevant to what we do ▪ Sense of ownership 			
Please mention two/three weaknesses of PHAST	<ul style="list-style-type: none"> ▪ Interpretation of the pictures (can be difficult) ▪ The manual & tools are expensive ▪ Number of days/duration (it is a five day training in the community: on the 3rd day the no of participants goes down ▪ It could use more tools of PRA, for example transect walks 	N/a		
Since the training has been applied, have the trainees had a refresher course?	Refresher courses for SANA staff are planned for next month February	N/a		
What are the major costs items in the promotion of PHAST?	<ul style="list-style-type: none"> ▪ Incentives for the community (tokens) ▪ Transport ▪ Facilitation fees ▪ Allowances for staff/government officials ▪ Production of the tools ▪ Community arranges the venue (under a tree) ▪ Stationary (pens/markers) ▪ Theatre groups ▪ Exchange programmes 	N/a		
State the Financial costs in quantitative amounts	30%	N/a		
Cost of producing material	Nil (incl. in transport)			
Cost of	20%			
	-			
	10%			
	10%			

distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adopt. to culture con Cost of market promotion of PHAST Other costs	Staff time: 20%			
Further points	<u>Recommendations:</u> <ul style="list-style-type: none"> ▪ It's important to constantly review the impact for using this tool. See the gaps, how they can be improved. All in all PHAST is a good tool for hygiene promotion ▪ Bring all stakeholders together for review and refresher courses, and have the tool harmonized: organize quarterly lessons learned workshops ▪ Keep giving incentives to the communities: e.g. pay the Village Resource Person (VRP) to keep on preaching the gospel 	Recommendations: We have to go to the community and do more advocacy and capacity building. We have not done that sufficiently. The main responsible is the Public Health Office.		

Accumulative Evaluation questionnaire- District Turkana

Background information	Male CEDS University graduate Sociologist 20 year experience	Male Turkana North, Lokichogio BSc in Environmental Health AMREF PHO	Male Turkana North Diploma in Environmental Health & sanitation MOPHS Public Health Officer 10 years in this position
What is PHAST in your professional experience	This is an important tool kit that helps the community trainer actively engage with participants.	Methodology used for adult learning especially for issues in the community. You give them the power to make their own decisions, related to water and sanitation	It is a methodology to identify problems in the community and a way of solving community health problems by involving the community in health education
What training experiences have	Have attended several PHAST training workshops	<ul style="list-style-type: none"> ▪ A training in college (an extra course that was 	Trained through seminars and workshops

you had in PHAST?		<p>organized, not included in the regular curriculum)</p> <ul style="list-style-type: none"> ▪ A training he received when working with IDPs in Nairobi (organized by AMREF, just after post-election emergencies) 	
What facilitation experience have you had in PHAST?	Have facilitated PHAST in 5 Districts of Turkana, West Pokot, Kwale , Tana River and Nairobi	<ul style="list-style-type: none"> ▪ In college he trained junior students on PHAST ▪ PHAST is used in working with the communities by AMREF, but somehow silently, it doesn't make any sense using the word/acronym PHAST with e.g. pastoralist communities 	Community facilitation
What have you done with the training that you have received?	Disseminated the gained knowledge to grassroots communities.	<ul style="list-style-type: none"> ▪ Any training they carry out with communities, they do a refresher training. ▪ At the end of each training they design a work plan for actions, so they are also able to plan and budget for follow up ▪ He uses the WHO step by step guide. There is no specific AMREF adapted manual. He makes his own adaptations where necessary. 	He has helped in knowing the perception of the community concerning health issues in relation to sanitation in the area of work
Have you been able to utilize the skills of PHAST in your work?	Yes	Obviously. We try to make the decision making process as fun as possible. Turkana people like singing and dancing. They are very powerful storytellers. They try to include these media as well. Using some of the tools is difficult with adults (like pocket voting), as they are very proud people and do not appreciate childish stuff.	Yes
What activities do you do in relation to PHAST?	Community mobilization and training in WASH	<ul style="list-style-type: none"> ▪ Community mapping (even useful for pastoralists as they maintain the same village structures though they move)- when you do mapping, they realize only one side of the village has water ▪ Use a lot of posters ▪ Behaviour change through explaining transmission routes 	Facilitating the community in identifying safer sanitation methods in their daily activities
What is the importance of PHAST as a	<ul style="list-style-type: none"> • The participants get actively engaged in the training process. 	<ul style="list-style-type: none"> ▪ It creates awareness ▪ It gives the community the chance to make their 	<ul style="list-style-type: none"> ▪ The tool assists to attain your objectives without imposing your

<p>participatory training tool for hygiene and sanitation practitioners in your work?</p>	<ul style="list-style-type: none"> • It helps participants including the illiterate understand their WASH situation. • It galvanizes the participants into action to improve their WASH situation. 	<p>own decisions</p> <ul style="list-style-type: none"> ▪ You don't teach, you facilitate ▪ It's crosscutting, you look at life style and cultural relations ▪ With PHAST you can create understanding on the importance on using a latrine. (where DPHOs tend to be very strict, but this approach doesn't work, they will not use the latrine) 	<p>own known ideas to the community without knowing their own level of understanding</p> <ul style="list-style-type: none"> ▪ It helps to get the community solve their own problems
<p>How would you rate PHAST in comparison to other tools?</p>	<p>Good</p>	<p>Good</p>	<p>Good; The tools help you to get the ideas of the community freely.</p>
<p>What other tools have you worked with?</p>	<p>Animated Video</p>	<p>PHASE (this is his favorite approach, as it is child friendly – adult learning is very difficult especially when there is no water in the area, he believes that kids are still flexible and can move away from this area to better places where they will be able to practice good hygiene behavior. PHASE does not have pocket voting, but he uses it when working with school children.</p>	<p>None</p>
<p>Have there been funds available, in the past five years, to incorporate PHAST? If so, how?</p>	<p>Yes. UNICEF has supported the use of PHAST methodology at community levels and in schools</p>	<p>In AMREF they work parallel on the water part. Projects have funding and PHAST makes part of the approaches used in the projects, but is not described explicitly in project proposals. It is just their normal way of working</p>	<p>No</p>
<p>What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?</p>	<p>It has helped reduce the incidences of cholera outbreaks in the district The realization that the poor WASH situation can be improved through behavioural change</p>	<p>He joined AMREF last year. No UNICEF funds have gone into any PHAST related project of AMREF last year. He has seen evidence (handwashing) of UNICEF efforts, but cannot really evaluate it.</p>	<p>UNICEF trainings on PHAST have changed people's lives</p>
<p>Have you scaled up PHAST within your district? If so, how?</p>	<p>Yes. Through social marketing events both at community and school levels</p>	<p>Yes, through:</p> <ul style="list-style-type: none"> ▪ Community health workers ▪ Hygiene promoters ▪ Sanitation group <p>They all use it indirectly as they were part of the bigger picture. They know how to do community mapping and</p>	<p>No, there has not been finance e.g. for transport to scale up PHAST and even to go do follow up</p>

		<p>develop tools themselves by providing them with flipcharts and markers.</p> <p>There is no platform for learning and sharing experiences on PHAST</p>	
Please mention two/three strengths of PHAST	<ul style="list-style-type: none"> • Easy to apply even to illiterate participants • Triggers self realization of own WASH situation • Triggers action for self improvement 	<ul style="list-style-type: none"> ▪ Behavior change within the community ▪ Informed decision making ▪ Community participation ▪ Ownership 	<ul style="list-style-type: none"> ▪ Self explanatory ▪ It encourages sharing of ideas ▪ It helps the community to express themselves freely
Please mention two/three weaknesses of PHAST	<ul style="list-style-type: none"> • Is costly and requires a lot of time to conduct well. • Tools development and management is critical • Does not provide follow up on appropriate technological options 	<ul style="list-style-type: none"> ▪ PHAST was designed in a way that you teach it as a methodology, and not as a means to reach your initial project objectives ▪ Some of the tools are not appropriate in some areas (ref. comment on proud Turkanans) 	<ul style="list-style-type: none"> ▪ It requires finances to train ▪ Requires follow ups ▪ It does not fit some communities
Since the training has been applied, have the trainees had a refresher course?	No	Yes, see previous	No
What are the major costs items in the promotion of PHAST?	Tools development; Facilitation requirements; meals /accommodation for participants	<ul style="list-style-type: none"> ▪ Writing materials, different color pens, stickers ▪ Facilitators ▪ Posters (are expensive) ▪ Story telling/songs (are not expensive) 	<ul style="list-style-type: none"> ▪ Transport to do follow up ▪ Workshops and seminars (refresher courses) ▪ Printing of the tools/training materials ▪ Artist to make the tools adoptable to the locals.
State the Financial costs in quantitative amounts Cost of producing material Cost of distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adopt. to culture con Cost of market promotion of PHAST	<ul style="list-style-type: none"> • Cost of the producing the material: 20% • Cost of the distribution of the material 10% • Cost of travel for the field workers 20% • Cost of the training of PHAST 30% • Cost of the artist to adapt the culture specific material 5% • Cost of market promotion of PHAST 10% • Other costs 5% 	<p>Cost of producing material and adapt to culture specific material 50%</p> <p>Distribution: 15%</p> <p>Travel: 20%</p> <p>Training 0%</p> <p>Market Promotion: 0%</p> <p>15% for Recording of songs and stories for monitoring, control, adaptation and project reporting</p>	Not done

Other costs			
Further points		<ul style="list-style-type: none"> ▪ A lot of noise has been made about PHASE. It has been incorporated in the national school curriculum. PHAST has not reached this stage. ▪ He was lucky he received training, but most people do not have this opportunity ▪ PHAST is a very important tool for adult learning ▪ It is his life 	<p>Recommendations:</p> <ul style="list-style-type: none"> ▪ Fund for PHAST to be used as planned ▪ Train all health workers (educators) ▪ PHAST to be incorporated in the training curriculum in KMTC

Accumulative Evaluation questionnaire- District Turkana

Background information	Female Turkana Central Diploma in Environmental Health Sciences MOPHS Public Health Officer 21 years	Male Turkana Central 0 Level MOPHS Public Health Technician 28 years experience	Male Turkana- South BSc in Environmental Health MOPHS DPHO 2 years as a DPHO. Active since 1993 in Public Health
What is PHAST in your professional experience	<ul style="list-style-type: none"> ▪ A tool that can be used for training, information, data collection. It is an investigative tool that can target risky health behavior. ▪ An instrument for change. 	A participatory tool for hygiene transformation	It is a strategy that is participatory, initially focusing on water and sanitation, but now also including AIDS and malaria
What training experiences have you had in PHAST?	14 days training received	<ul style="list-style-type: none"> ▪ Training of trainers by NORAD community based health care. ▪ SIDA training ▪ Water ladder ▪ Household water treatments 	Provincial training, ten years ago, given by MOPH and SIDA (though he never got a manual; <i>Petra sent digital step by step guide on 06/02/08</i>)
What facilitation experience have you had in PHAST?	<ul style="list-style-type: none"> ▪ Several times. In most cases with adult groups (on food handling), Community Health Workers. ▪ The tool she normally uses are the 5 F's tool, sanitation ladder, malaria routes ▪ She uses it in schools, but it takes a lot of time. The tool creates fun and discussion. Sometimes the type of pictures are not relevant, or the children do not recognize what the pictures are ▪ Due to time she 	<ul style="list-style-type: none"> ▪ Community training of 6 villages in Turkana ▪ Additional 4 villages ▪ Did marketing with the tools within the community 	At district level, he is one of the key people in PHAST. Due to high staff turnover you do not find many people trained in PHAST.

	sometimes prefers the lecture method.		
What have you done with the training that you have received?	She trained communities. After the training she kept some tools for herself. Normally they go to the DPHO. The tools get mixed up, they are not serialized. She has laminated them herself.	<ul style="list-style-type: none"> Trained communities, did competitions Help communities identify their problems 	PHAST requires a lot of inputs. Without the tools people only do a little. It requires better follow up.
Have you been able to utilize the skills of PHAST in your work?	Yes, e.g. in trainings with food handlers.	Yes, in training the community	<ul style="list-style-type: none"> Yes. In Public Health PHAST is a requisite. You need to report on it and ensure that PHAST is well adopted! It's used when it comes to things like cholera
What activities do you do in relation to PHAST?	Right now she does PHAST at small scale. She does: <ul style="list-style-type: none"> Handwashing promotion by constructing leak-it-in with children Works on improved fireplaces 	<ul style="list-style-type: none"> Come up with fortnight (each 14 days) activities with the communities to do hygiene activities Designed a follow up programme for community resource persons 	Mostly PHAST is used in barazas (public community meetings). A PHAST tool can also be injected in any other training or meeting/women groups etc.
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	<ul style="list-style-type: none"> It helps me to promote positive health behavior. It helps in discovering risky health behaviors in the area. It gives you the touch with the community and the knowledge of the community and where it is, and what taboos there are. 	It helps me to lead the community to identify their problems and get solutions	<ul style="list-style-type: none"> To enhance quick understanding If you know how to use it, you can easily hit the point You have to be persistent though, <u>change goes gradual.</u> You need to make follow ups.(what is hampering are the transport facilities)
How would you rate PHAST in comparison to other tools?	Good, Though the pictorial part should be changed. PHAST is very widely applicable, whereas PHASE can only be used in schools.	Good. It can be used by even the illiterate members of the community	<p>Fair: when it comes to the other requisites (follow ups)</p> <p>Good: though an artist is required and enough copies are needed.</p> <p>PHAST is wide. It has many tools and you might only fancy a few.</p>
What other tools have you worked with?	<ul style="list-style-type: none"> Normal lectures She has been trained in PHASE but got ill in the middle of the week 	<ul style="list-style-type: none"> Sanitation ladder Faecal oral routes Water ladder 	General talks (<i>read: lectures</i>)
Have there been funds available, in the past five years, to incorporate	<ul style="list-style-type: none"> No, she has been seconded to Oxfam, where she was able to use the tool. Sometimes she gets 	<ul style="list-style-type: none"> No funds have been given to the office directly UNICEF through CEDS has supported PHAST in Turkana 	<ul style="list-style-type: none"> Not specifically for PHAST, but whenever you plan something, you try to budget for PHAST and maybe for

PHAST? If so, how?	invited by NGOs and the she works with it (e.g. 2 workshops by World Vision in which she trained Community Health Workers)		some tools. <ul style="list-style-type: none"> ▪ They have actually adapted some of the tools
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	She could not indicate	<ul style="list-style-type: none"> ▪ There is behavior change towards positive hygiene practices ▪ Level of understanding o sanitation has raised ▪ The community has owned up hygiene and sanitation. It has created demand for sanitation 	<ul style="list-style-type: none"> ▪ The only NGO that I have seen that uses PHAST is Merlin ▪ When you propose a training with an NGO they soon take it up, but with UNICEF it can take a lot longer.
Have you scaled up PHAST within your district? If so, how?	<ul style="list-style-type: none"> ▪ With the trainings with food-handlers you try to get two persons from each village. Whenever they have group meetings, these two can spread the message ▪ She together with the DPHO are the only ones who know PHAST. This is tiresome and hectic. She feels alone. There is nobody to share experiences with. If you facilitate, you are on your own. 	Yes	It's challenge. What is required are funds. You need to ensure that all staff has the tools and get frequent trainings and guidance, because many staff members are new and don't know PHAST
Please mention two/three strengths of PHAST	<ul style="list-style-type: none"> ▪ The tool can be used in community set up groups, women groups, school set-up depending on the subject you want to handle ▪ If you use the PHAST tool, people <u>will</u> remember it ▪ Information is nicely passed on to the recipient ▪ It's informative, interesting and the person gets to see if for himself 	<ul style="list-style-type: none"> ▪ Participatory ▪ Self explanatory ▪ Can be used by all people ▪ Can be adapted 	<ul style="list-style-type: none"> ▪ Quick learning ▪ Local, adaptable to local scene, it's not fixed ▪ Cost wise it's affordable ▪ Acceptable
Please mention two/three weaknesses of PHAST	<ul style="list-style-type: none"> ▪ Pictures are not relevant to the set-up of the place (dressing, trousers, enormous magnified fly, houses are not the ones as built in the region) ▪ It needs mobilization and you need a venue (hiring a venue takes time - if you do it outside, you get too big a crowd) 	<ul style="list-style-type: none"> ▪ Requires regular follow up ▪ Requires refresher course. 	<ul style="list-style-type: none"> ▪ You need frequent updates of tool kit parts ▪ Cost is a hindrance (for photocopying/hiring a qualified artist) ▪ Cost for training personnel ▪ We have been practicing in pieces, if you feel like using it,

			you use it (some of the tools) the transect walk tool is a problem = villages in Turkana are very wide.
Since the training has been applied, have the trainees had a refresher course?	None	No	He received a refresher course, but this happens on low scale. There was a major training in the district, but there has been none like that again.
What are the major costs items in the promotion of PHAST?	<ul style="list-style-type: none"> ▪ Venue ▪ Mobilising ▪ Lunches ▪ Time ▪ Money ▪ Transport (transport is always difficult – only with cholera outbreaks you go in full swing and wake up at 6) 	<ul style="list-style-type: none"> ▪ Training of public health staff on PHAST ▪ Transport ▪ Materials or tool production 	<ul style="list-style-type: none"> ▪ Producing ▪ Design relevant, practical, real-life tools ▪ Photocopies (to be distributed to various in the region) ▪ Training ▪ Frequent updates of training (new officers come in and do not know this tool)
State the Financial costs in quantitative amounts Cost of producing material Cost of distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adopt. to culture con Cost of market promotion of PHAST Other costs	<p>30%</p> <p>No cost</p> <p>50% (lodging/food)</p> <p>Nothing, lunches only</p> <p>You only have to adapt some things</p> <p>Nil, they do not do that</p> <p>Laminating one A4 would cost around 100 shillings</p>		<p>Materials/tools: 10%</p> <p>20% (big district)</p> <p>10%</p> <p>Training/facilitation: 5%</p> <p>5%</p> <p>5%</p> <p>Accommodation/food – 50%</p>
Further points	<p>Recommendations:</p> <ul style="list-style-type: none"> ▪ Training of more people is necessary. In Turkana only a few people are trained ▪ The tool should be revised. Some of the pictures confuse the communities. Let it suit the environment ▪ There is need to <u>more</u> finance – specifically allocated funds, so that promotion can be done. ▪ PHAST needs to be diversified, so that in 	<p>Recommendations:</p> <ul style="list-style-type: none"> ▪ The tool has to be exposed to public health workers and other community workers (extension workers) ▪ Regular refresher courses for officers/community ▪ Attach resources to PHAST ▪ Staff/community motivation 	<p>Recommendations:</p> <ul style="list-style-type: none"> ▪ This tool is good, but efforts to enhance it have been minimal: frequent trainings are necessary ▪ Manuals are <u>not</u> there, so you depend on ancient information ▪ The tool <u>requires frequent updates</u>. If you discuss the same pictures constantly ▪ <u>Support it logistically</u>, like by providing

	<p>schools it can be done in simplified forms. (songs, drama)</p> <p>Taboos in this area:</p> <ul style="list-style-type: none"> ▪ You cannot use the same toilet as your in-laws ▪ Hygienic pads cannot be burnt (with menstrual blood), as it will give bad-luck. In school latrines pads are being thrown behind the latrines. 		<p>motor bikes (to easily go to the barazas)</p> <ul style="list-style-type: none"> ▪ The PHAST we know is only the one we received many years ago. There must be more recent updates.
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Accumulative Evaluation questionnaire- District Turkana

Background information	Male Turkana Central Form 6 Ministry of Public Health and Sanitation Public Health Officer 2 Years	Male Turkana Central Higher Education on Water Engineering District Water Office District Water Officer (chairman of WESCOORD) 17 years working for MoW 1,5 years in this position	Male Turkana Central A level MOWI Site Manager 15 years
What is PHAST in your professional experience	It is a participatory tool that leads to hygiene and sanitation desired changes through training.	Methodology to disseminate hygiene and sanitation messages to communities	Practiced in many ways in the community
What training experiences have you had in PHAST?	I have had a PHAST ToT training in 1992 and trained trainers and communities thereof	Yes, in the late nineties, given by CEDS - 2002	Field experienced
What facilitation experience have you had in PHAST?	Facilitation has been from trainers to groups, communities, individuals and in meetings	He trained communities	Has facilitated in workshops
What have you done with the training that you have received?	I internalize the gained skills to my regular activities with a view to achieve targeted results with my means and means available.	He has been mostly working in the communities, training community resource persons. Wherever something was done on water, they also do sanitation. The tool gave him the capacities	Used the experience in the community around water wells within Turkana District
Have you been able to utilize the skills of PHAST in your work?	Yes	<ul style="list-style-type: none"> ▪ Sanitation ladder for safe human waste disposal ▪ Faecal oral routes ▪ Despite their education people internalize and understand more of the water transmission routes 	Yes
What activities do you do in relation to PHAST?	<ul style="list-style-type: none"> ▪ Hygiene and sanitation promotion ▪ Prevention and control of HIV/AIDS ▪ Levelizing the ground in terms of gender role disparities 	He is still using it. No total replacement possible of other tools. You can integrate other tool components in PHAST	<ul style="list-style-type: none"> ▪ He insists that the area around the well must be hygienically kept and protected ▪ Proper drainage of runoff water

	<ul style="list-style-type: none"> Prevention and control of diseases 		
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	It helps open up the eyes on the ears of the participants and stimulates participation from thetelling and leaves a permanent impression of what is learnt	<ul style="list-style-type: none"> Encourages active participation during the sessions Practical. It triggers what actually happens in the communities: it's <u>not</u> theoretical Highly participatory 	<ul style="list-style-type: none"> Help the community to maintain the hygiene around the water wells Ensure safe drinking water for their families
How would you rate PHAST in comparison to other tools?	Good	Good, though there is a limitation. The tools cannot be easily adapted to challenging environments (over here in Turkana the soil is very loose)	Good
What other tools have you worked with?	Community Let total sanitation	CLTS is being adopted now. They are in the process of launching it. The structures have to be put in place and have to be adapted to the local situation (no external hardware supplies needed)	No
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	No specific funds for PHAST. But the methodology has been used. In 2005 and 2007 UNICEF empowered CEDS using PHAST as a methodology with funds for hygiene and sanitation promotion. GOK funding through AIE is inadequate	Yes. The MoW, through its water sector reforms, has prioritized sanitation. It has to be implemented next to water always. In their budget allocations there is space for PHAST.	No
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	<ul style="list-style-type: none"> Hygiene and sanitation promotion to 10.000 households PHAST tool was used to control cholera in 2007 and has sustained the control to date Latrine coverage was 13.5% but now is beyond 18.6% CBO and NGOs are now interested in hygiene and sanitation Municipal council of Lodwar has allocated 3.4 million to hygiene and sanitation from nil 	<ul style="list-style-type: none"> UNICEF normally gave their funds through partners. They did receive for household water treatment, aqua tabs, water treatment, water filters, and tanks for water storage. There has been good cooperation. The problem is that when they channel money through government (treasury) it can take really long. It was eased by having a UNICEF local field office in the neighborhood (<i>but this one was closed end December 2008</i>) 	Has not been involved
Have you scaled up PHAST within your district? If so, how?	<ul style="list-style-type: none"> Yes, by applying its methodology to all staff and encouraging them to use By sustaining in the trained groups toand replication by.....and implementation 	It was scaled up through consultants of CEDS. They scaled up PHAST in several communities. There was a multiplier effect by training of trainers	No, he has not capacitated

	<ul style="list-style-type: none"> By reporting on the outcomes 		
Please mention two/three strengths of PHAST	<ul style="list-style-type: none"> It's very stimulating It relies on simple pictures which are common It brings out the actual feelings for permanent reflection 	<ul style="list-style-type: none"> No theory, all is practical (with demos included) Pictures show real life situations Suitable for everyone despite education level. Even the very illiterate can participate 	<ul style="list-style-type: none"> It involves everybody in the activities It improves the hygiene of the community
Please mention two/three weaknesses of PHAST	<ul style="list-style-type: none"> The tools easily tear easily unless laminated Requires some skills of and when entering a community Requires financial resources for follow ups and holding the participation for a long period before targets are realized. 		<ul style="list-style-type: none"> It needs funds to scale up Needs training Needs a coordinator
Since the training has been applied, have the trainees had a refresher course?	No refresher courses due to lack of financial resources	No, it was planned, but never executed. But it is necessary. Due to high turnover of staff, many do not have an idea on what PHAST is.	No
What are the major costs items in the promotion of PHAST?	<ul style="list-style-type: none"> Providing and maintaining the tools Training of participants Follow up of the trained participants and documentation Coordination of the other logistics 	<ul style="list-style-type: none"> Transport Meals Accommodation\ Stationary (IEC materials) 	<ul style="list-style-type: none"> Transport Allowances Stationary
State the Financial costs in quantitative amounts Cost of producing material Cost of distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adopt. to culture con Cost of market promotion of PHAST Other costs	<p>10% 3% 30% v 30% 5% 20% 2%</p>	<p>To go the communities is not that expensive</p> <p>IEC materials +++ Meals ++</p>	
Further points	<p>Recommendations</p> <ul style="list-style-type: none"> Hygiene and sanitation 	In 2002 water was decentralized to the	<p>Recommendations:</p> <ul style="list-style-type: none"> A need for

	<p>should receive prominence in terms of funding then the tool will have to be employed for results</p> <ul style="list-style-type: none"> ▪ Certification should be done for those trained and recognition should be there for those practicing and best implementing communities ▪ Funding should be tied on the means of achieving the targets of tool to be used ▪ Provide transport and subsistence to reach remote areas that highly need the application of the tool ▪ Provide for updates of the tool regularly ▪ Encourage PHAST competitions and rewards to best performers ▪ Advocacy on social budgeting to all concerned as hygiene and sanitation is a cross cutting issue ▪ Ensure documentation, reporting, analysis and dissemination ▪ Support coordination of hygiene and sanitation at all levels ▪ Launch and enforce the environmental hygiene and sanitation policy at all levels ▪ Inadequately of staff in the area needs to be addresses ▪ Supply of working tools, e.g. cleaning tools and replacements 	<p>communities.</p> <p>WESCOORD was formed after the ASAL emergency</p> <p>Recommendations:</p> <ul style="list-style-type: none"> ▪ Review IEC materials (at national level) used and adjust to be used by field officers ▪ Scale up training of trainers (Tots). Most do not have the knowledge ▪ Sanitation to be prioritized in water and education sector and in their education and budgets sanitation should be budgeted for. 	<p>collaboration of all stakeholders in PHAST</p> <ul style="list-style-type: none"> ▪ A fund to support PHAST ▪ Training of all stakeholders in PHAST ▪ Appoint a coordinator for PHAST
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Accumulative Evaluation questionnaire- Community Turkana

Background information	Napetet Community Turkana Central Community Members	Kanamkemere Community Turkana Central Community members,	Nakwamakwi Community Turkana Central Community members	Natole Community Turkana Central Community members
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Have you heard about PHAST	Yes	Yes, by using pictures	Yes. UNICEF has come to the community and brought us PHAST.	Yes
Has helped your community? How?	<p>Improve our hygiene</p> <p>Reduced disease</p> <p>Faeces were all over the place</p> <p>Our environment was bad</p> <p>Mosquitoes were many</p>	<ul style="list-style-type: none"> ▪ It has served the community ▪ To learn how to clean and sweep the community ▪ To learn how to construct dish racks reverse pits and toilets 	<ul style="list-style-type: none"> ▪ Diareal disease reduced ▪ It has helped us to construct dish racks for utensils and food ▪ It assisted us to make our houses clean ▪ They received plastic slabs from UNICEF to construct a pit latrine ▪ They were trained to treat and boil the water ▪ It assisted to wash hands before eating ▪ It assisted to use the cat method there where a latrine is not available. ▪ Wash hands and breasts before feeding a baby ▪ Cut nails ▪ The homesteads are cleaned by individuals 	The training was OK. The learned about washing hands, building dish racks, building latrines, using water filters, how to breast feed, sweeping the compound, burying faeces, they learned about water treatment
Strengths of PHAST	<ul style="list-style-type: none"> ▪ It helps the people know their problems ▪ Helps differentiate good and bad behavior ▪ Helps in knowing how to prevent diseases 	<ul style="list-style-type: none"> ▪ Reduces rabies ▪ Scabies has gone down ▪ They now filter their water ▪ Since they are trained they now clean their homes and wash their hands ▪ Diseases are going down (cholera, TB, diarrheal diseases) ▪ Flies have reduced 	It brought information on the importance of using a latrine, but then only a few people were given slabs, others would have liked to receive the slabs as well	<ul style="list-style-type: none"> ▪ Reduces diseases ▪ We are able to clean up our compounds and take refuse to refuse pits ▪ Proper disposal of faeces is leading to reduction of worms ▪ The pictures contained what I expected ▪ The pictures assist you in seeing somebody diahreeing – they give practical

				<p>examples.</p> <ul style="list-style-type: none"> Water filters are still working
Weaknesses	<ul style="list-style-type: none"> Needs refresher courses Requires follow up Needs a long period to learn 	<ul style="list-style-type: none"> HIV/AIDS was not included Construction of toilets was not in the plans Uniforms provided were few. Just like the panga's 	<ul style="list-style-type: none"> They were promised working tools, but these did not come. They need the tools to clean the no-man's land, as everybody has abused it. They need income generating activities, as they were now disturbed by this meeting It needs refresher course 	<ul style="list-style-type: none"> People had promised during the training to help in building the latrines, but after the 1st one was built, they didn't show up to build the other ones You cannot work with an empty stomach The weakness is that what is <u>not</u> in the pictures The PUR got finished They wanted 6 latrines, but only two have been built. It was claimed that money had been given, but it never reached them
What is PHAST in your personal opinion	A tool that teaches about hygiene and sanitation		One of the women remembers that all letters of PHAST have a significance, but she doesn't remember which one, just that it has to do with hygiene	<ul style="list-style-type: none"> It teaches us to maintain hygienic It taught us on latrines and they went to practice how to use them It has helped reduce diseases Water filters, refuse pits, sweeping The women never used go for delivery to the hospital. Or wash the baby after delivery and feed it immediately. As 1st the father had to be there, to give the baby a name. This has changed.
What training experience have you had in PHAST	A two days training	Five persons of the community were trained as trainers in 2005 (among them	They received a training by CEDS, UNICEF and the Ministry of Health	One who was trained as trainer had the responsibility to train another nine

		Gladys the chair and the treasurer of the group)	in 2005 at the church grounds. Some 100 persons were trained, among them four leaders. A 2 nd training took place in 2007, when they were divided in various training groups; this was done because the area is very wide.	persons
What facilitation experience have you had in PHAST	Trained 9 members of my community	<ul style="list-style-type: none"> ▪ They have the pictures ▪ They have made a work plan 	<p>Each trained trainer had to train another nine persons.</p> <p>They trained on: construction of toilets, dish racks, water jerry can for washing hands, personal hygiene, washing dishes, stagnant water, bushes around the compound (mosquitoes), filter water</p>	<p>One of the participants showed the certificate of the training, which claims he can train others. The certificate is useful if he wants to get a job.</p> <p>He feels like training other communities, but he understands that these first need to get socialized; you need to understand them and step into their shoes.</p>
Once a training has been done what have you done with the training	<ul style="list-style-type: none"> ▪ Train other community members ▪ Keep the environment clean ▪ Treat drinking water 	Last August a competition was organized in Lodwar between different communities. This community ended as number 2.	<ul style="list-style-type: none"> ▪ They are still continuing. They are still training others; ▪ The mosquitoes are the only problem that is left. 	<ul style="list-style-type: none"> ▪ They are using the toilets ▪ They advise those without a toilet to do the cat method ▪ The training has authorized them to visit others and sensitize them, e.g. on how to clean their babies and houses. ▪ Some of them are now consultants in constructing latrines and get something small for it; they are charging 300 shillings to dig one foot.
Have you been able to utilize the skills	Yes		The skills have improved their lives. The do not longer live like North-Easterners!	
What activities do you do in relation to	<ul style="list-style-type: none"> ▪ Clean the village ▪ Clean the town, show ground 	<ul style="list-style-type: none"> ▪ Income generating activities 		<ul style="list-style-type: none"> ▪ They have a weekly

PHAST?		<ul style="list-style-type: none"> ▪ They clean up areas and get water ▪ They are planning to write up a proposal to strengthen the group 		<p>programme</p> <ul style="list-style-type: none"> ▪ They advise people in other villages
What has changed since PHAST was introduced	<ul style="list-style-type: none"> ▪ Diseases have reduced ▪ The environment is clean 	<ul style="list-style-type: none"> ▪ Diseases like cholera were controlled. It came never to this town. ▪ The group as a whole has extended their services to clean up the streets of Lodwar ▪ Since the training women became cleaner in terms of personal hygiene ▪ The village used to be too congested, people lived too close to each other ▪ To keep clean the trees, so that they can grow. ▪ This group did not exist before the training 	<ul style="list-style-type: none"> ▪ Health has improved ▪ One of the things that have changed is that we now wash our hands after using the toilet. We use a jerry can with water and a stick (<i>to tap the hole in the jerry can</i>) ▪ It has changed us, since the training we are not the way we used to be. They do communal work twice a month to do clean ups. They do this on the 1st and 3rd Friday of the month ▪ Awareness level has changed ▪ Toilets, dish racks, boiling of drinking water, homesteads are kept clean, and diarrhea has gone down. ▪ Although slabs were not provided to all, replication of sanitary construction did take place. (<i>note: we did not check</i>) 	<p>(A round was carried out to get feedback of each participant in this meeting)</p> <ul style="list-style-type: none"> ▪ Things have changed, before the training, they used to drink the lake water. ▪ Diahreal diseases reduced ▪ General cleanliness has improved ▪ These days they don't stay together in the faeces ▪ The women can go to the clinic now and deliver in the hospital ▪ After the training they do proper management of faeces even that of children ▪ Mothers breastfeed now immediately after delivery ▪ A dog's tongue was used as cleansing material. They now use water or paper to wash the baby ▪ They clean their eyes ▪ They learned how to use a toilet
Further points	<ul style="list-style-type: none"> ▪ They need water treatment ▪ More working tools e.g. gloves ▪ Need latrines <p>Recommendations:</p> <ul style="list-style-type: none"> ▪ Advocacy – apron, t-shirts which have the 	<p>The tools that are being used for the cleaning up in this community have been provided by UNICEF</p> <p>Recommendations:</p> <ul style="list-style-type: none"> ▪ Refresher courses ▪ Train more 	<p>Recommendations:</p> <ul style="list-style-type: none"> ▪ They need incentives (tools), but also for the leaders as they have to close their businesses to do the communal work ▪ More training: 	<p>This community is the one from the UNICEF/CEDS film It is located next to Lake Turkana and the people do seem to be a bit better off as they have the fish to live from. Structures for</p>

	<p>name PHAST printed on them</p> <ul style="list-style-type: none"> ▪ Give more days for training ▪ Support to help scale up. 	<p>people</p> <ul style="list-style-type: none"> ▪ Tools are too few: incentives are needed: panga's/masks for sweeping/gloves/gum boots ▪ A centre is needed from which activities can be organized (meaning no more meetings under a tree) ▪ Motivation is needed ▪ The competitions between communities need to go on ▪ Adult learning (reading and writing) is needed ▪ Small business loans are needed ▪ Those who are most active requested some work in the hospital ▪ Give feedback 	<p>the training needs to be done 2 x year</p> <ul style="list-style-type: none"> ▪ We need continuous support: without support we will fall. The facilitators should be near the community. ▪ HIV/AIDS is still a problem ▪ Provide long lasting water filters ▪ Long lasting latrines ▪ A better solution for the plastic slabs – as they sink into the sand. 	<p>sustaining the pit were made with soil. The problem with the surroundings (for privacy) is that poles are being used from a tree that is actually protected. We saw two latrines, having the blue UNICEF slabs. The latrines seem to have been used hardly up till now. The community is frustrated about the fact that up till now, nobody from UNICEF came to check on the latrines.</p> <p>Requests/recommendations:</p> <ul style="list-style-type: none"> ▪ Clean water supply is needed. They are tired of drinking the lake water ▪ We need uniforms that show who are the trained people ▪ We need mosquito nets ▪ They would like to build a school in which people can learn about hygiene ▪ They need cleaning tools: what is the use of a certificate if you cannot work without tools (applause!!) ▪ Now that we have the certificate we want jobs ▪ They want the DPHO to send food ▪ They want a chairman for this group. All other groups have chairmen. Why can't this group
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				have a chairman
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Accumulative Evaluation questionnaire- Community Turkana

Background information	Male Turkana central Graduate Bachelor of Education MOE Quality Assurance Officer 10 years in this position – 26 years with MOE	Male Turkana North Oxfam GB Public Health Engineer 20 years	Male Turkana North BSc.Environmental Health MoH Public Health Officer 3 years experience
What is PHAST in your professional experience	He never heard of PHAST He heard of PHASE and WASH	A tool for training communities on hygiene and sanitation issues	It stands for participatory hygiene and sanitation transformation
What training experiences have you had in PHAST?	He was trained in Eldoret in a UNICEF training (on PHASE)	<ul style="list-style-type: none"> ▪ He was trained as a trainer in 2000, with facilitators of the MoH in Tanzania. ▪ He received a refresher training in 2002 by AMREF in Tanzania. ▪ End of 2003 he was also trained in Asmara, Eritrea. 	None apart from the lessons I got while doing my BSc course
What facilitation experience have you had in PHAST?	We inducted field officers on PHASE and head teachers	In Tanzania, he was responsible for both water and sanitation and made sure that people were trained in PHAST. He is convinced that before you can do PHAST/ or do PHAST effectively, you first need water! Once he had a group that requested him to postpone the sanitation training as their priority was water.	None at all
What have you done with the training that you have received?		<ul style="list-style-type: none"> ▪ You make sure you make follow ups and monitor. It is a tedious job, but you have to do it frequently. ▪ When they know you are coming they start to use the Oxfam latrine. You need a lot of software in the community. Go there a lot and as these people are illiterate, go slowly. 	N/A to me cause I never been trained on it in the district.
Have you been able to utilize the skills of PHAST in your work?		Yes, in the areas where he has been	
What activities do you do in relation to PHAST?		Currently he doesn't have any budget for PHAST trainings. He does some hygiene promotion in IDP camps	<ul style="list-style-type: none"> • Community mobilization of phast • sanitation days in villages • Distribution of IEC material • Marketing of technology to various groups

What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	The importance of PHASE is to keep the school environment healthy. A transitional school	<ul style="list-style-type: none"> ▪ You involve the community. It is two ways, and different from the class room. You can share views. ▪ It is the appropriate methodology, even for water we use PHAST ▪ What is required is a skilled facilitator 	It makes implementation of health programs easy because the target communities are fully involved from the start and thus assume ownership of such projects. In this case the programs can be sustained
How would you rate PHAST in comparison to other tools?		Good; I have tried it in Muslim areas, it was accepted. I tried it with Catholics, it was accepted	Good
What other tools have you worked with?	<ul style="list-style-type: none"> • WASH • School infrastructure improvement programme sponsored by DFID through the MoE 	PHAST is <u>the best</u> way to promote hygiene. The objectives of the other tools are the same, but PHAST is more appropriate. You need to check the culture to adapt. He did use the child-to-child approach in parallel with PHAST when working in Wajir, and this was working a lot better.	PHASE and PRA which use the same principle as phast
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	<p>For PHAST not, but:</p> <ul style="list-style-type: none"> ▪ 30 out of 69 primary school in the area get funds for infrastructure and hygiene and sanitation education. This is a five year programme and they are currently in the 2nd year. ▪ Before putting up a new school, they try to ensure that handwashing and sanitary facilities are included in the plan as well. 	In 2006 and 2007 he had funds available from ECHO, SIDA (Canada) and Germany for PHAST, when he was working in Wajir.	It has been routine work but I got involved in an evaluation conducted by kemri/unicef in 2007-2008
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?		<p><i>No direct answer on the outcome</i></p> <p>We are collaborating with the ministry and the facilitators are from the ministry. They are very cooperative.</p>	<p>Poor implementation strategies have been employed where people who are not conversant with the local situation are tasked with this activity. at the end little or no impact has been felt by target communities</p> <p>PHAST is provider driven (use of community health workers by NGOs and Moh)</p>
Have you scaled up PHAST within your district? If so, how?		Currently not, as there are no specific funds. We did cut funds deliberately as we found many locked latrines. There is no reason for cheating ourselves, so we spend the	No

		budget on other issues.	
Please mention two/three strengths of PHAST	<p>PHASE:</p> <ul style="list-style-type: none"> ▪ The do not only talk about promotion, but also about provision (promotion should go hand in hand with improving facilities) ▪ Change of attitude 	It involves both community and facilitators	<ul style="list-style-type: none"> • sustainability can be achieved • .accepted by community because they are involved from start • uses appropriate technology that fits the local situation
Please mention two/three weaknesses of PHAST	<p>Problems with hygiene promotion:</p> <ul style="list-style-type: none"> ▪ Traditional attitudes make it difficult to have breakthroughs ▪ Lack of funds for the facilities ▪ Lack of continuity: children do not take their behavior to home (as there are no facilities over there) 	<ul style="list-style-type: none"> ▪ It needs time (some of the projects only take a year, this is <u>not</u> enough to mobilize a community) ▪ You need skilled personnel 	<ul style="list-style-type: none"> ▪ people are too busy to get involved ▪ facilitators must be people who are conversant with the local setting
Since the training has been applied, have the trainees had a refresher course?		He received a refresher course (<i>see previous answer</i>)	N/a
What are the major costs items in the promotion of PHAST?	<p>Cost items in Hygiene Promotion:</p> <ul style="list-style-type: none"> ▪ Water (drilling, putting up a pump) ▪ Putting up a pit-latrine ▪ Incineration (sanitary towels for girls) 	<ul style="list-style-type: none"> ▪ Allowances for the trainers (major cost item) ▪ Fuel for transport (especially for areas like here) 	<ul style="list-style-type: none"> ▪ IEC materials ▪ transportation
<p>State the Financial costs in quantitative amounts</p> <p>Cost of producing material</p> <p>Cost of distribution of material</p> <p>Cost of travel for the field workers</p> <p>Cost of training of PHAST</p> <p>Cost of artist adopt. to culture con</p> <p>Cost of market promotion of PHAST</p> <p>Other costs</p>		<p>10%</p> <p>10%</p> <p>40%</p> <p>20% (allowances)</p> <p>10%</p> <p>5%</p> <p>5%</p>	<p>Cost of the producing the material: 30</p> <p>Cost of the distribution of the material :15</p> <p>Cost of travel for the field workers:15</p> <p>Cost of the training of PHAST 15</p> <p>Cost of the artist to adapt the culture specific material 5</p> <p>Cost of market promotion of PHAST 10</p> <p>Other costs 10</p>
Further points	Recommendations:	Observations/Recommendatio	

	<ul style="list-style-type: none"> ▪ Strengthening of sanitation and hygiene through part of the curriculum that will be examined ▪ Provision of basic sanitation and hygiene facilities including toilet and handwashing should be part/under the responsibility of the government (just like free education) ▪ Basic facilities should be put in place before a new registration (construction of a schools) – this is overlooked in many cases ▪ Sensitization of communities should be continuous (and not a once off action) ▪ Looking for opportunities in promotion in order to change attitude (getting some commissions, incentives) <p>Remark: As this person was not known with PHAST we geared the questions more towards general hygiene promotion</p>	<p>ns</p> <ul style="list-style-type: none"> ▪ The broad problem in this area is that most of the people here depend on relief aid. ▪ Or they either live from wild fruits ▪ You need to create demand for sanitation ▪ Introducing PHAST in areas where there is no water is useless ▪ Collaboration with MoW is necessary ▪ Do not confuse communities with different methodologies, mainstream something in the policy ▪ You need to check the culture to adapt. ▪ Introduces PHAST gradually ▪ We need to discourage the per diem business (it can even cause divorces) It creates dependency ▪ Views and experiences need to be shared (e.g. WESCOORD) to find out who is doing what and how, UNICEF comes in with materials, while we are promoting and motivating communities to use local available materials as much as possible. ▪ Change even the sanitation ladder to local circumstances. The best here is not the brick one, but the best will look like the Turkana houses. 	
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Accumulative Evaluation questionnaire- Community Turkana

Background information	Group discussion with DDOs Turkana North, Central and South Male	DSDO Male	PHO & Tutor in Kenya Medical Training College (KMTTC), Lodwar Male
What is PHAST in your professional experience	The three of them did not know PHAST and never attended any training. One of them has seen the animation on hygiene that has been made by CEDS and Unicef.	He had heard about PHAST	N/a
What training experiences	None	None	He has not been trained in PHAST. PHAST is not part of

have you had in PHAST?			the curriculum at KMTC. Food hygiene is, but has been narrowed down to food in shops and hotels.
What facilitation experience have you had in PHAST?	None	None	N/a
What have you done with the training that you have received?	N/a	N/a	N/a
Have you been able to utilize the skills of PHAST in your work?	N/a	N/a	N/a
What activities do you do in relation to PHAST?	N/a	N/a	N/a
What is the importance of PHAST as a participatory training tool for hygiene and sanitation practitioners in your work?	N/a	N/a	N/a
How would you rate PHAST in comparison to other tools?	N/a	N/a	N/a
What other tools have you worked with?	N/a	N/a	N/a
Have there been funds available, in the past five years, to incorporate PHAST? If so, how?	N/a	N/a	N/a
What has been the outcome over the last 5 years with GOK/UNICEF programme in relation to PHAST in your profession opinion?	N/a	N/a	N/a
Have you	N/a	N/a	N/a

scaled up PHAST within your district? If so, how?			
Please mention two/three strengths of PHAST	N/a	N/a	N/a
Please mention two/three weaknesses of PHAST	N.a	N/a	N/a
Since the training has been applied, have the trainees had a refresher course?	N/a	N/a	N/a
What are the major costs items in the promotion of PHAST?	N/a	N/a	N/a
State the Financial costs in quantitative amounts Cost of producing material Cost of distribution of material Cost of travel for the field workers Cost of training of PHAST Cost of artist adopt. to culture con Cost of market promotion of PHAST Other costs	N/a	N/a	N/a
Further points	<p>They all agreed that an introduction to the tool would be useful to them as it is crosscutting to what they do. It would help them in their planning with the communities.</p> <p>Their job is to do planning and policy dissemination. They give policy guidelines. In essence they do not work directly with communities,</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> ▪ All stakeholders need to be involved ▪ DSDO officers, some of them are very good community mobilisers, their involvement in PHAST activities should be key. ▪ DSDO officers need training in PHAST ▪ There needs to be leadership 	<p>The Ministry of Health and KMTC are not reading from the same script. It should be harmonized. It will be cheaper to include PHAST training in KMTC then wait for an NGO to come in and might give a PHAST workshop. Including it in the KMTC can result in some 500 trained students in PHAST per year (in Kenya)</p>

	<p>although they do carry out M&E. And they do participatory planning with communities. The Divisional Development Committees assist in the planning. They make a matrix and identify the needs and specify them and propose for specific planning.</p>	<ul style="list-style-type: none"> ▪ A latrine is the first structure that should come up, when settling somewhere. 	
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Annex 4: Feedback workshop- District Plans of Action

PROPOSED ACTION PLAN FOR GARISSA District					
Weakness: Capacity					
Activity	When	Who responsible	who involved	expected results	resources needed
Training of facilitators on PHAST	June-July 2009	DPHO	UNICEF A.C.F.	PHO & PHTS trained on PHAST	Funds facilitators PHAST tool
Development of simplified PHAST tool/culturally friendly	August-September 2009	DPHO partners	UNICEF, Care, Red Cross, etc	Simplified PHAST tool available (in use)	Funds, personnel
Conducting stakeholders workshop on PHAST	September-October 2009	DPHO/ partners.	Partners in the district	Stakeholders capacity building on PHAST	Funds, facilitators
Community training at local tribal leader	November-January 2010	DPHO, partners identified	NGO partner community	Community members trained and can act on their own initiative	PHAST tools, facilitators, funds
Monitoring and evaluation	October 2009-February 2010	DPHO/partners	ACF ARID land	Report of findings	Facilitator, funds, digital camera

PROPOSED ACTION PLAN FOR WIDER KISUMU District

Weakness: Capacity

Activity	When	Who responsible	who involved	expected results	resources needed
Carry out capacity assessment of PHAST in Kisumu, Nyando, Rachuonyo & Suba Districts	April 09	Care, WPI, KWAHO, Emory	MoE, MoPHS, MoWI, Africa Now, Plan Kenya, World Vision, LVSWSB, SANA, Unicef	Identify capacity gaps for implementation of PHAST methodology Propose strategy for bridging the gaps	Funds Personnel Stationery Computers Assessment tools
Identify & train PHAST promoters at District & zonal levels	May 09	Care, WPI, KWAHO, Emory, SANA, MoPHS	MoE, MoWI, Africa Now, Plan Kenya, World Vision, Unicef	PHAST structures established at District & Zonal level M&E mechanism established	Funds Personnel Revised PHAST tools

Weakness: Lack of institutionalization of PHAST

Activity	When	Who responsible	who involved	expected results	resources needed
Advocate for inclusion of PHAST methodology in KMTC & KEWI	May	Care, WPI, KWAHO, Emory	Unicef, Netwas, MWA	PHAST mainstreamed in training curriculum	Funds Personnel IEC materials

Weakness: Training and tools expensive

Activity	When	Who responsible	who involved	expected results	resources needed
Increase PHAST facilitators at local level	May 09	Care, WPI, KWAHO, Emory, SANA, MoPHS	MoWI	Number of local facilitators increased Drop in facilitation charges PHAST workshops done at local level	Funds Personnel Revised PHAST tools

Acquire and Burn PHAST tools on CD	April 09	Emory	Care, WPI, KWAHO, Emory, SANA, MoPHS	Secure and safe storage of tools Ease of adapting the tools to varied environments	Funds IT personnel Computers
Develop laminated PHAST pictures (size A4) for the community level	April 09				
Engage consultant to review PHAST tools	April 09	Care	WPI, KWAHO, Emory, SANA, MoPHS	Shorter PHAST process proposed	Funds
Hold stakeholders workshop to refine proposed process	April 09	Care	WPI, KWAHO, Emory, SANA, MoPHS	Build consensus on the new approach	Funds Stationery Venue Airtime
Launch new approach	May 09	Care, WPI, KWAHO, Emory, SANA, MoPHS	MoE, MoPHS, MoWI, Africa Now, Plan Kenya, World Vision, LVSWSB, SANA, Unicef	New approach adopted	Funds Stationery Venue Airtime
Weakness: Inadequate access to safe water and basic sanitation					
Activity	When	Who responsible	who involved	expected results	resources needed
Mobilisation of target schools	March-April	Care, WPI & KWAHO, SMCs	MoE	Consensus on the intervention	Personnel, money
Planning workshops with SMCs	April - May	Care, WPI & KWAHO, Emory, SMCs	MoWI, MoE, MoPHS	WASH Action Plans	Money, personnel
WASH technical survey	May	Care, WPI & KWAHO, Emory, SMCs	MoWI, MoE, MoPHS, MoPW	Verification of needs, Proposed technology options	Money, personnel

PHAST training	May-Jun	Care, WPI & KWAHO, SMCs	MoE, MoPHS, MoWI	Create linkage btn poor hygiene & WS related diseases Gain commitment to WASH process Technology choice	Money, personnel
Construction of Watsan facilities in 30 schools	May- June	Care, WPI & KWAHO SMCs	MoWI, MoE, MoPHS, MoPW	Increased access to WASH facilities & services	Construction materials, personnel, money, designs
Provision of Safe water systems in 30no.schools	May/June	Care, SMCs	MoE, MoPHS	Handwashing, & safe water practices improved	Personnel, SWS vessels, money
Monitoring & Evaluation	April - June	Care, WPI & KWAHO, Emory SMCs	MoWI, MoE, MoPHS, MoPW	Efficient delivery of the targets, documentation of the project process, capture lessons	Money, personnel, camera, computers, stationery, email

PROPOSED ACTION PLAN FOR MANDERA District

Weakness: Capacity

Activity	When	Who responsible	who involved	expected results	resources needed
Train PHOs/ NGO staff on PHAST methodology	May 2009	DPHO	MOPHS UNICEF Local NGOs	Increased number of ToTs	PHAST tools Venue Meals Transport
Create district resource centre for hygiene sanitation training tools	June 2009	DPHO	MOPHS UNICEF NGOs	Availability of training tools	Complete copies of all tools
Create culturally acceptable PHAST tools	July 2009	DPHO	MOPHS UNICEF NGOs	Easy understanding and adoption of PHAST tools	Venue Meals Artist Stationeries
Draw guide lines on the minimum package for PHAST training	May. 2009	DPHO	DPHO/MOPHS DWO DEO UNICEF NGO's	Harmonised training curriculum	Venue Meals Stationeries
Formation & strengthening of M&E at district on PHAST	Aug. 2009	DPHO	DPHO DWO DEO NGOs	Identify gaps and impact of PHAST training in the district	Transport

PROPOSED ACTION PLAN FOR MOMBASA¹, MSAMBWENI, MSA District and municipality

Weakness: Capacity					
Activity	When	Who responsible	who involved	expected results	resources needed
Capacity building DHMT's for larger Mombasa and Kwale	April 2009	Responsible: DPHO, UNICEF, Plan International	Involved DHMT:	Trained M/DHTSs (ready to implement)	Venue, stationery, lunches, stipends, (PHAST tools: air time, report writing & dissemination)
Training/refresher for all PH staff in district	1 st week May	DPHO (Msambweni) CPHO (Mombasa) UNICEF Plan International	About 50 each from larger Mombasa & Kwale	Trained PH staff Developed action plans	
Social mobilisation	Last week May	Trained public health staff APHIA II Aga Khan	Involved: administration; politicians, partners, Schools	Strengthened district & divisional health fora on PHAST Developed work plans; action plans	
Evaluation	June	MoPHS		Latrine coverage; usage, reports	

¹ Mombasa municipal entails municipal engineer, municipal education, and Mombasa water and sewerage

PROPOSED ACTION PLAN FOR NAIROBI District

Weakness: Capacity

Activity	When	Who responsible	who involved	expected results	resources needed
Refresher courses for trainers	July 2009	MOPHS	All stakeholders in WATSAN	Up-to date trainers	Financing, venues, training material, trainers, curriculum
Develop guidelines to make PHAST users friendly and cost effective	Last quarter 2009	MOPHS	All stakeholders in WATSAN	Accessible & flexible PHAST	Financing experts, dissemination
Make PHAST compulsory in WASH programmes provisions	April 2009	MOPHS, donor agencies & practitioners	All stakeholders	Wide usage of PHAST	Financing communication
Mainstream gender in PHAST	April 2009	MOPHS, donors, GWA	All stakeholders	Differential impact on hygiene promotion	Financing experts
Introduce PHAST as a key agenda in the hygiene thematic group	2 nd Quarter 2009	ESHWG, MOPHS, donor agencies, practitioners	ESHWIG, MOPHS, donor agencies, practitioners	PHAST major tool used in hygiene promotion	Financing communications
Standardization of training opportunities (govt, NGOs) in PHAST	2 nd Quarter 2009	Government, ESHWS	All stakeholders	A pool of PHAST trainers	Financing experts, curriculum
Include criteria for PHAST trainers	May 2009	Government, ESHWS	All stakeholders	Clear guidelines & criteria for all WATSAN	Curriculum, financing experts
Digitize PHAST	2 nd Quarter 2009	Government working group	All stakeholders	PHAST in soft (easier process)	Finance, experts, curriculum

PROPOSED ACTION PLAN FOR TURKANA/WEST POKOT

Weakness: Capacity					
Activity	When	Who responsible	who involved	expected results	resources needed
Conduct sensitization meeting for stakeholders	April 15, 2009	GMS-Kenya DPHO- Turkana	DEO, WESCOORD, DSOO, Religious groups	Information/sharing of PHAST district Plan 40 stakeholders sensitization Dissemination of PHAST Plan Establish- 4 persons working team for identify & target communities	Copies of district PHAST action plan Refreshment, fuel, stationeries
Mobilisation of target communities	April 16-19, 2009	GMS- Kenya Public Health Team Assistant chief	PTA members, school health clubs, women & church groups	10 communities with 3000 people mobilized/sensitised on PHAST process Established community based working group on PHAST (60 people)	Stationeries PHAST hand outs Logistics for district team members
Community training on PHAST methodology focus on hygiene & sanitation promotion	May 2-7, 2009	GMS- Kenya DPHO	District ToTs, NGOs, Churchs, schools, UNICEF	60 community members trained Community action plan developed	Training materials ToTs logistic support Stationeries
Implementation of community action plans	May 9-July 14 2009	Community PHAST team	GMS- Kenya, DPHO, NGO, Churches, Distirct ToTs	Hygiene awareness improved Hand & face washing with soap increased Latrine coverage & utilization improved	PHAST tool kits (60) Logistic for demonstration

Monitoring, supervision and evaluation	May 24- July 30 2009	GMS- Kenya DPHO- Turkana	-District (4) working team - 60 community PHAST members	3 series of review meeting at community level conducted 2 series of feedback meeting at district Monthly progress (report submitted) Complete documentation process Learning insights	Stationaries Logistics for M&E Equipment for documentation
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PROPOSED ACTION PLAN FOR WAJIR District

Weakness: Capacity

Activity	When	Who responsible	who involved	expected results	resources needed
Training of PHOs/PHTs and partners as ToT's	2 nd week of May 2009	DPHO	UNICEF, KRCS, Oxfam (GB) ALRMP, OOP, DWO, DEO	Increased facilitation skills Instil ownership Increase confidence	Allowances, stationaires, hall hire, hiring of LCD project, drivers, vehicles
Sensitization meeting for key stakeholders	1st week of May 2009	DPHO	“	Increase knowledge Create awareness Create demand	“”
Developing messages relevant to local situation	3 rd week of May 2009	DPHO	“”	Messages relevant available Instil sense of ownership Create demand in BCC Low cost	“”
Roll out national environment sanitation and hygiene policy	1st week of May 2009 to 4 th week of May 2009	DPHO	“”	Understanding role of actors	“”
Harmonization of PHST methodology with guidelines by partners	1st week of June 2009	DPHO	“”	Have a uniform guideline for implementation in place	“”
Awareness creation to the communities by public bazaars	2nd week June 2009	DPHO	“”	Create demand on BCC	Allowance, Pas, vehicles, fuel