



IFRC/PRCS Integrated Recovery Program (IRP)

PAKISTAN DELEGATION:

WATSAN/PHAST REVIEW

PROVINCES/UNION COUNCILS (UC):

- 1. Sindh (Shakipur & Kamber Shahdad Kot)**
- 2. Punjab (Mussafaragarh)**
- 3. Kyber Pakhtunkhwa (Kohistan & Shangla)**

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In co-operation with:
IFRC, PRCS



List of acronyms:

ARC: Australian Red Cross
CBHFA: Community Based Health First Aide
CHAST: Children's Hygiene and Sanitation Training
CHW : Community Health Worker
DPHO : District Public Health Officer
HP: Hygiene Promoter
IAW: In Accordance With
IFRC: International Federation of Red Cross and Red Crescent Societies
IRP: Integrated Recovery Program
KAP: Knowledge Attitude Practise
KPK: Kyber Pakhtun Khwa (Province)
KSK: Kamber Shahdad Kot (District)
M&E : Monitoring and Evaluation
MOE : Ministry of Education
MOH : Ministry of Health
MOPHS : Ministry of Public Health/Sanitation
NGO : Non-Governmental Organisation
PHAST : Participatory Hygiene and Sanitation Transformation
PHO : Public Health Officer
PHT : Public Health Technician
PLA : Participatory Learning and Action
PRCS: Pakistan Red Crescent Society
RCRC: Red Cross Red Crescent Movement
SWOT : Strengths Weaknesses Opportunities and Threats
ToR : Terms of Reference
ToT : Training of Trainers
VCA: Vulnerability Capacity Assessment
VC: Village Committee
WASH : Water Sanitation and Hygiene
Watsan : Water and Sanitation



1. General Overview

In response to the worst floods to hit Pakistan in recent history, affecting 20 million persons, the IFRC, on behalf of the PRCS launched a Monsoon Flood Appeal for the 3 most affected provinces (KP, Punjab & Sindh) in Pakistan.

1.1. Background;

1. Disaster Relief Emergency Fund (DREF): CHF 250,000 (USD 239,406 or EUR 183,589) was allocated on 30 July 2010 to support the National Society's response to the emergency.
2. A preliminary emergency appeal was launched on 2 August 2010 for CHF 17,008,050 (USD 16,333,000 or EUR 12,514,600) for 9 months to assist 175,000 beneficiaries.
3. An emergency appeal was launched on 19 August 2010 for CHF 75,852,261 (USD 72.5 mil or EUR 56.3 mil) for 18 months to assist 130,000 flood-affected families (some 900,000 beneficiaries).
4. A revised emergency appeal was launched on 15 November 2010 for CHF 130,673,677 (USD 133.8 mil or EUR 97.9 mil) to assist 130,000 families (some 900,000 people) for 24 months.
5. A second revised emergency appeal was launched on 3 August 2012 for CHF 92.6 million to assist some 130,000 families (900,000 people) for 36 months.
6. A third revised appeal was launched on 15 May 2013 for CHF 87.8 million to assist some 130,000 families (900,000 people) for 36 months

In the third phase of the 2010 Floods response operation, the Integrated Recovery Programme (IRP) was formulated in January 2011 to respond to the multi-sector needs and the appeal was extended to the end of July 2013, but field activities target to be completed by March 2013. WatSan was one of the components in IRP, together with shelter, livelihoods, health and DRR. Under Watsan, the following activities were undertaken: Latrine construction, Hand-pump installation, gravity water supply schemes, PHAST and CHAST. The implementing IRP team faced a range of specific challenges due to access difficulty, lack of human resources, natural disasters throughout phases as well as internal and external politics. This meant that targets and plans were adjusted along the way.

PRCS has had a WatSan capacity since the 2005 Earthquake recovery program and the staff involved with this recovery took the strength of WatSan into the flood recovery programs for 2010, 2011 and 2012. WatSan intervention in the IRP communities had a 3 phase approach with the use of both



'software' & 'hardware' components comprising of PHAST, CHAST, Latrine & Water Supply Construction.

1.2. PHAST as a program.

PHAST is delivered through local community-based volunteers and generally made of groups of 15 to 25 participants/beneficiaries within targeted communities. It consist of 17 activities organised into 7 main steps, with a single activity conducted weekly or when opted by the community and typically running from about 4 to 6months. The first 5 steps are about helping the group identify hygiene and sanitation behaviours while the remaining steps cover the monitoring, evaluation and sustainability as all members are encouraged to share their knowledge with families, friends, neighbours and the community as a whole.

PHAST requires a shift of emphasis from knowledge or message-based to practice-based communication supported by knowledge. As PHAST takes a grass-roots community-based participatory approach and doesn't require any level of literacy as all information conveyed is done using visuals through the use of flash cards and posters. Red Cross/Red Crescent Movement adopted this as a standardised practise approach to hygiene education across the globe. It has demonstrated its ability to promote hygienic behaviours, sanitation improvements, and community-based management of water and sanitation facilities.

1.3. Scope and Purpose

This review was conducted in accordance with the ToR (Annex 1) as an accountability tool in response to the flood affected provinces to determine the impact, appropriateness, success stories and lessons learnt through the PHAST process under the IRP WatSan programme in Pakistan. The process used throughout the program and during implementation in terms of the PHAST was reviewed in an effort to asses the viability to integrate or work CBHFA and PHAST simultaneously in communities.

1.4. Objectives and Criteria



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.

This review particularly focuses on:

- The relevance, efficiency and effectiveness of PHAST as a participatory methodology for hygiene and sanitation behavioural changes ;
- The appropriateness of the PHAST as part of the IRP in combination with pre-defined latrine and WatSan programmes.
- Provide guidance to the PRCS on future use of PHAST mechanisms for continuing the hygiene promotion messages in a community context.

1.5. Methodology

The particulars of this review, as presented in this report, are based on the following activities;

- A desk review of general and specific literature on PHAST for Pakistan, including history, implementation and all statistical documents provided by the delegation.
- A desk review on participatory tools utilised as part of the PHAST toolkit and the localised modifications made.
- Provincial, District and Community based discussion/focus groups and field visits to all operational areas.
- Visits to the district offices and relevant ministries (where possible).
- Village/Community observations of Hygiene Practices and WatSan infrastructure.

The key review tool used in the field was an informal questionnaire or topics for discussion broken into 8 main parts to provoke easy and open communication with stakeholders (annex 3). The topics are designed to cover all levels of PHAST program involvement.



Much of the review was based on group discussions, meetings, individual dialogues and PHAST activities conducted at Province, District, Union Council and Village level to gather the beneficiary perspectives through testimonies. This is a particularly useful way to gain a better understanding of the effectiveness of both aspects of the project including community understanding of key hygiene messages, the implementation of the activities, training effectiveness and a sense of how well the project addressed both gender and vulnerability issues. An example of the guiding questions and the recommended target groups is included in Annex 3. It focused on 3 Provinces and 5 Districts identified by the flood response IRP and VCA's conducted by PRCS. The areas are Sindh (Shikarpur & KSK), Punjab (Mussafargarh) and KP (Kohistan & Shangla). Volunteers, Trainers, Hygiene Promoters, Participants and Beneficiaries from these districts incl. many community members were notified of visits and focus group discussions and where possible met in community or villages where the PHAST programs were in operation.

1.6. Limitations

Where possible the limitations were managed within the context of Pakistan and PHAST, however in many cases the limitations were unavoidable and needed to be noted;

- *Timeframe* – The limited field and country time meant many review techniques had to be shortcut which meant such things as preparation with IFRC/PRCS staff was limited and therefore questions/discussion topics were not explored in detail. Often it took a full day to travel to a community of which we only had 20-30mins, much of which was taken up in the translating delays. Community walk-throughs and visual assessments of communities were limited and time with beneficiaries, volunteers and HP's was short but succinct.
- *Contract Expiration* – As PHAST program had already been 'phased out' in the communities it was hard to get beneficiaries, volunteers etc. together. Many staff contracts had expired as March 2013 was official end of programme implementation support and contracts and the rest were expiring end of the month so morale was generally rather low.
- *Internal Influence* – Selected group of reviewers were invited to attend. Staff and volunteers involved in the implementation were also involved in the review process. The participation of these directly involved persons in the programme implementation could introduce a bias in the results through for example wanting to over stress the limitations hampering their achievement of results as a manner to justify achievements. However they were open and candid about what they saw not only as the advantages but also the pitfalls of PHAST.



- *Gender Complication* – Where female only groups were engaged I found, being a male, that issues around health and hygiene were not openly discussed with me and found it hard to progress open informative discussion. Possibly the involvement on females with no connection with the program could have been sought.
- *Notifications* – All communities were aware of our visits as this had to be arranged, however this meant that communities more than likely were able to prepare for the visit of the reviewer, with for example cleaning of the latrines, and responses likely carry a degree of responder bias through for example pre- selection of those present.
- *Language Barriers* – Translator present, however often hard to capture all the verbal content in a group scenario. Sometime, especially in Sindh we had 3 way translation happening. This could have been prepared better to ensure only a two-way translation medium.
- *Limited External Participation* – Despite all our efforts we were not able to meet any external stakeholders such as government public health officers, district health representatives or education office etc. We therefore could not get an external view on the operation of PHAST.
- *School Holidays* – All the schools were on holiday for much of the 2 weeks of the review which meant the capacity to conduct an in-depth CHAST review was rather restricted.
- *Security Detail* – As security concerns were immanent in some areas we had to be escorted by armed police into small villages which meant our capacity for open un-hindered discussion was reduced. Armed escorts in Punjab imposed by the security forces, Sindh no security issues and free movement and in KP field visits were not possible as security would not allow.
- *Weather* – In some areas the temperature reached 50 degrees Celsius which meant beneficiaries, staff and the review team were rather parched sitting outdoors in the sun.

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 key assessment tool used in the field was an informal questionnaire used to provoke discussion. This was developed by reviewer prior to field visits and used to guide and direct conversation. In addition, focus group discussions and dialogues were held at provincial, district and community level with the volunteers, hygiene promoters, staff, community council members, men's groups, women's groups, community leaders and individual household members.



- Engaging with indirect beneficiaries was very challenging throughout this review. It was suggested, in Sindh, by PHAST teams that the toolkit have avenues for indirect observation as this was also an unexpected outcome of the program and required recognition. Basically they suggested utilising different tools for the direct and indirect participants, possibly having a different colour or designed kit distributed throughout the wider areas not directly connected to PHAST to indicate indirect involvement etc.
- Better waste management practices and facilities within communities. It was evident in areas involved in PHAST that internal street were cleaner and often noted centrally located rubbish receptacles.
- Selection of volunteers by PRCS was different across all districts as no set recruitment or retention policy in operation resulted in appointment of a number of volunteers which did not meet the optimal profile of community-based PHAST approach. In Sindh the volunteers initially appointed were not community-based, this was changed after step 5, bringing the programme closer to the communities however disrupting temporarily the programme
- Volunteers reported that the per diem received was insufficient given the work commitments required, and often waited months for their pay. Transport was also an issue for volunteers working in a few different UC's
- PHAST can change communities' perceptions and behaviour and therefore more training and community development in the area of hygiene is crucial as the continued support of the current trained volunteers is critical to PHAST being sustained. In many cases volunteers felt it was up to them to continue the PHAST programs as they were unsure of what the future held for PHAST in the villages as PRCS communication was unclear.
- More focus for kids and youth not engaged in schools or participating in CHAST or PHAST. It was identified through volunteers in CHAST that there is capacity to engage the youth that are not enrolled at school or connected with PHAST/CHAST by possibly running PHAST for youth with a more specific focus on youth. Possibly sporting clubs, youth clubs or the like.
- 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 with regular community contact. Often it was observed that volunteers were the only PRCS representatives present at the PHAST activities and they are often heavily engaged with the village and often not in a position to evaluate accurately.

The following was noted at district and community level.



- Handouts of hygiene promotion materials, the dedication of local volunteers and the expectation that their community may receive a water supply system or a latrine were the key forces in motivating beneficiaries to take part initially. This was evident throughout the review and became clear to me the initial expectations of PHAST were that of handouts. After time they realised the value in the program and its outcomes and intent to learn more.
- Males were harder to engage regularly as they had work commitments out of the village so often the group was not consistent in terms of participation. Farming seasonal requirements were often not considered which meant males were incredibly busy working the fields and unable to attend PHAST sessions.
- The PHAST facilitators, volunteers and HP's displayed good intent, knowledge and respect for the processes involved in PHAST.
- It was observed that the men only groups were a lot more vocal and active in their opinions and comment on the content and overall feedback. I also found, being male, it was also much easier to engage on an open health/hygiene discussion with men, being a male they tended to feel more comfortable.
- The evidence that men were using family dissemination to transfer the message to the women was not clear. The evidence that women were transferring the messages was also not very clear with the group discussions
- PHAST IRP had to employ a more multifaceted approach to engaging women in the Pakistan context by redesigning the toolkits, utilising female volunteers local to the village and gaining acceptance from the village males. It was initially difficult to develop a sense of expectation, however in the end the women proved to be more receptive of the program and open to participating.
- It was noted that female volunteers external to the community had a capacity to talk to wider groups and address more culturally sensitive areas as women from within the villages and connected to families etc. It was noted that the local volunteers within the village were accepted better within their village but due to family connections and social ties this often could make discussion about hygiene rather invasive.
- The inclusion of community events such as a game of cricket on 'World Hand Wash Day' was well attended and supported by the wider community and beneficiaries were still talking about it when I visited – great excitement. This reactivated the PHAST program on a another level by involving a wider range of community members on a less prescribed approach and introduced people casually to the PHAST groups, participants and volunteers helping create a better social connection.



- The involvement of PHAST teams in community clean-ups in Sindh was a well-constructed approach in terms of promotion and message portrayal.
- There was request for more WatSan materials such as soaps, buckets, towels, brooms, bins, toothbrushes etc. Often this was communicated directly with the volunteers who were attempting to assist by passing this request to PRCS, however it was unclear as to what the process or correct channels for the procurement were. Volunteers often had no means to action these requests. It was unclear as to whether PRCS engaged with beneficiaries or provided feedback on their requests.
- PHAST is not just theoretical but can trigger what actually happens in communities and the bad habits that can develop if knowledge of the situation is not acted upon.
- PHAST helps the community to identify safe drinking water and sanitation practices.
- As a participatory tool, PHAST, makes the promotion of hygiene and sanitation relevant to a community context using localised delivery methods.
- The volunteers and participants recognised that the pictures made it easier to understand the demonstrations, as PRCS/IFRC had modified for region. It was apparent a few modifications were made depending on regions, language and cultural sensitivities.
- PHAST has helped lead the community not only in identifying their problems (issues) but also in finding solutions to hygiene related issues as it operates in an open flexible format allowing people to offer their ideas, analyse them and understand the better way forward.

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

- More tools to address and track in-direct beneficiaries, possibly the use of colour-coded posters etc. There was visual evidence in villages that the program had a wider indirect beneficiary contact, however no means of interpreting this and possibly losing potential for further engagement.
- There were suggestions to use animation through DVD's or CD's to bring the program into the 21 century, however after discussion about the remoteness and level of poverty in areas where programs occurs, this would likely not be acceptable. Power/Lighting etc.
- Sporting, games or educational activities for events such as World Handwash Day should be included.
- Everyone from HQ level to community management need to be sensitised to the fact that PHAST is just a means, not an end.



- Expectation throughout may be a little high. Eg. Expectation that all drinking water be boiled to make it safe - wood is expensive, water containers not readily available and time-consuming.
- There is a need for goodwill and support and involvement from government structures as currently in Pakistan links with government were minimal and ineffective.
- Volunteers and HP's suggested on a number of occasions that they be supplied with PHAST merchandise such as bags to carry the toolkits, cameras to record activities etc. This was not enacted upon and reasons provided by PRCS were in relation to timeframe and funding.
- The availability and accessibility of PHAST tools need to be increased, many communities only had a single copy which stayed with the volunteer or VC's. It is suggested hard copies are distributed to males and females within the VC management structure with a soft copy (CD or thumb drive) provided at district level.
- Many requests for a more permanent poster style so they can be used outside for longer timeframes. Currently posters are flimsy unsealed paper and not designed for outdoors.
- PHAST implementation in the various districts was different and localised to what was expected in the different regions such as use of language and cultural context used in the toolkit.

The review involvement of CHAST as program and toolkit was limited due to school holidays, however did manage to meet a few people involved. The following points were identified at community school level:

- CHAST was operated under a limited timeframe, in this particular case the teacher (who is the volunteer) only delivered it for 1 month, however the strict structure of schools allowed the program to continue in different forms through assemblies and new student introductions.
- The schools were identified by the Department of Education along with the teachers and then recruited by PRCS for CHAST activities.
- The teachers found the tools very useful and appropriate with many pictures utilised in public areas around the schools.
- WatSan intervention was also noted in schools with CHAST. WatSan were involved in repairing latrines and taps etc.
- It was identified the teachers felt forgotten by PRCS

2.2. The effectiveness of the PHAST in generating a sustainable approach to behaviour change.



The following was noted at national/leadership level:

- No exit planning was a crucial shortfall in the sustained approach for PHAST.
- The change of behaviours was evident in the KAP surveys, however in community the covering of water containers, cleanliness of latrines and visual behaviours of community members upon consuming food was observed on a number of occasions.
- Who owns PHAST? Well ultimately it's a community owned process and program, however to operate PHAST effectively in community it requires support, mentoring and resources from PRCS. There were no signs of this support being provided at a community level as many volunteers had not been in touch with PRCS since the programs completion and didn't expect further engagement.
- PRCS experience gained through PHAST will not be utilised or value added if not continually supported by PRCS through their volunteers.
- Although all IRP districts in Pakistan have received PHAST, there has been no regular follow-up to determine its effectiveness and potential for continuum.

At district level, the following key issues were identified:

- PHAST/CHAST should be used in demonstration schools and then spread to others.
- Volunteers to be considered 'CHAMPIONS' within the community and the go-to person in relation to hygiene. This prompts a few concerns in terms of knowledge and connectedness with external health providers etc. As they are currently not well supported this may not be the best approach. Consideration may also be given to the integration of CBHFA as this may assist with a broader range of knowledge and experience.
- Ensuring the longevity of 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 it is of a high quality and has the desired impact.
- Households will pass PHAST on to other households which was continually reiterated, however evidence of this is difficult to obtain.
- Posters need to be discussed and explained before they bring about behavioural change, not just stuck on the wall.

The following practical key points to work on sustaining 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 may see it as a time-wasting exercise as no physical 'hand-outs').
- Developing M&E plans to be able to follow up on PHAST, e.g. developing a monitoring and evaluation plan on hygiene and sanitation.

3. General findings – What works, What doesn't

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. "Organisation of Angels".
- 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 such as CBHFA.
- Local adaptation in Pakistan of PHAST was done well to allow for language, cultural and social variations.

Weaknesses

- The methodology is quite time-consuming and is taught in a fixed order, which can limit its flexibility.
- There is no clear link with other health programs.
- There is a weak link of PHAST in relation to monitoring and evaluation as accurate data is difficult to tabulate as PHAST is qualitative.

3.1. Examples of the modification of PHAST based on workshop & field experiences

3.1.1. General aspects

- Scarce availability of tools within villages. They may only have some of the tools, and may not have the manuals to go with them for the volunteers or HP's as a refresher etc.
- There is more capacity and experience with PHAST at a grass-roots community-based level.



1.1.1. Practical aspects

- Duration of training: in many cases throughout the IRP in Pakistan timeframes were tight 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. This should be considered for further PHAST programs and setup throughout the entire process.
- There is a clearly identified need for more learning and sharing of good and bad practices among PHAST practitioners.

3.2. Review Findings

PHAST/CHAST, vital *'software'* components to the WatSan IRP program within Pakistan has demonstrated its ability to promote hygienic behaviour, sanitation improvements, and community management of water and sanitation facilities. PHAST was strategically developed and implemented by PRCS/IFRC staff and volunteers in 3 provinces and 5 Union Councils. This review depicts a strong level of commitment by volunteers, community's involvement, the particular suitability of PHAST techniques to resource-poor settings, and successes in terms of environmental and behavioural improvements.

Based on the complexity of this review, in an attempt to simplify, the following recommendations are divided into 3 levels: National, District and Community:

3.2.1. Successes

PHAST has had a huge influence in bringing about hygiene behavioural changes. During the field work, various success stories on the role of PHAST in the communities were cited 'Organisation of Angels' was mentioned by a community leader.

- PHAST empowers and encourages total participation among all involved and beneficiaries. There is a willingness/eagerness to be trained/capacitated/informed about the tool and the PHAST process at all levels.



- PHAST can be used alongside other programs (e.g. CHAST, Shelter, CBHFA, Livelihoods etc.) improving the cohesiveness of outcomes and sustained approach in community. Within PHAST there are many correlations in terms of hygiene based content with CBHFA, however opportunities for implementation alongside PHAST are obvious and definitely require further investigation on the links related to need for community based intervention.
- The methodology/training for PHAST/CHAST can be quite time-consuming if taught in the fixed order/process, which can limit its flexibility/audience and participation etc., however in Pakistan delivery has been done in a very cohesive manner with volunteers and hygiene promoters responding well.
- The identified long-term commitment from Village/Community-based volunteers has been astounding and is primarily due to their excellent training and support from IFRC/PRCS.

3.2.2. Weaknesses

- The absence of any National PHAST leadership/focus groups or learning/sharing platforms for PRCS/IFRC staff and other key stakeholders. This has meant Provinces/Districts have been somewhat disconnected in a coordination and operational context. Many branches operating based on direction from IFRC WatSan staff or village/community level input only.
- The initial VCA conducted by PRCS had some statistical shortfalls providing inadequate or in some cases inaccurate data. This made the response planning rather complicated and meant the staff implementing the PHAST had to make drastic strategic decisions on locations/sites for PHAST at village/community level based on the more accurate onsite figures.
- The beneficiary selection process seemed to be rather unclear.
- Often Hardware/Software not formally aligned or working in unison. Often leading to consequence of hardware without training or visa versa.
- Its apparent in community that they believe the IRP is being shut, similar to that of an exit door. Which is the case.
- No technical insight throughout Shelter latrines or handover. Presence of chemicals in toilet.
- PHAST delivery in Pakistan has programmatically come to an end and is currently being phased out, however PHAST is required to be sustainable and operate in a background context within the community. There is no real sense of structure or exit plan for this procession.
- Limited involvement from women in the planning and implementation phases.



- No defined management structure for PHAST staff, volunteers and hp's, many districts operating in silo's with many people unaware or removed from any PHAST involvement.
- Limited female involvement across the country. PHAST as a tool generally has areas of limited gender perspective in relation to cultural content, methods, processes and training. This was evident as Males were heavily involved with PHAST training and participation throughout the locations. Some of the feedback suggested many of the household related tasks, such as cleaning, caring for baby or collecting water was not their role.
- The limited PRCS policies around volunteer recruitment, retention, conditions and position descriptions etc. has meant in some areas the recruitment process has been hijacked and often volunteers left unpaid or inadequately supported as the system has failed them.
- Limited capacity for PRCS to support volunteers in the field is a primary concern for PHAST continuum. It is evident the PRCS resources are inadequate in responding to the residual needs of PHAST villages.

4. Recommendations

Based on the recommendations below, it is clear that PHAST/CHAST *does* have a role at all levels. The interviews, discussion groups, field visits, and feedback have clearly revealed that PHAST is an acceptable method that works well in the Pakistan context.

Below are the further suggested National recommendations;

- The involvement for PRCS/IFRC in coordinating PHAST learning and sharing (L&S) sessions/workshops around Pakistan would be recommended for further PHAST programs.
- The development of an exit strategy. This is done by identifying opportunities and especially strategies on how to hand over the responsibility for change to communities and households.
- There needs to be a shift from an institutional focus to a focus on community-based structures and the use of social context and cultural forms of communication.
- The cultural and social barriers are vast in Pakistan context and recognising them is crucial. PRCS need to increase engagement with women across the program.
- Tools to engage volunteers need to be stronger than limited pay and job satisfaction.
- Transparency in selecting PHAST groups in the future to ensure that the selection criteria are widely known and opportunity for corruption or false public perception is minimised.



- Without the financial and actual operational involvement of IFRC/PRCS in communities it is imperative that PRCS provides follow-up visits in an effort to re-engage the volunteers and 'remind/re-fresh' the community of their PHAST/CHAST communications and lessons learnt and importance of the message continuum.
- The implementation of PHAST requires detailed VCA, Post KAP and Baseline KAP data as this forms the platforms on which it works. It was clear that there are issues on the relevancy and accuracy of these documents.
- Latrine handover training whether built by WatSan or Shelter.
- There is a need to have better monitoring and evaluation systems for PHAST/CHAST in place to enhance better documentation of best practices and lessons learnt etc., however it was apparent the staff had issues with the changing of reporting requirements and the documentation requirement on them and the team members. Simple, easy, effective, efficient forms of reporting recommended. There is currently no avenue to record any qualitative data, all reporting mechanism lead to quantitative.
- The development and implementation of policies around volunteer recruitment, retention and defined position descriptions would limit deceit and improve clarity for volunteers and staff. It is advisable to include indicators which target gender and social inclusion.
- The gender balance issues were managed well by the PHAST teams using a family dissemination approach for the males taking the message home to females and children. Concepts of cleaning and household tasks are not culturally a male domain, however many volunteers utilised this in empowering males to take control of hygiene aspects and be concerned with their family well-being.
- The outstanding strength and commitment of the local volunteers is very clear and it has been discussed at each location that they will be the PHAST 'champions in the community' reinvigorating the message once the IFRC/PRCS have finished providing a more sustained exit.

District level recommendations;

- In order to enhance the awareness and inter-sectoral cooperation for the use of PHAST across the district, there is a need to setup a PHAST specific Working group for PHAST staff and volunteers to see what happens at district level and connect with other relevant RCRC programs and services such as government/private sector health services to further improve the opportunity for referrals/support etc.



- The coordination of other programs affecting PHAST should be realised and timely with the delivery timeframes for PHAST. For example having PHAST deliveries occurring during the construction of latrines or shelter is important for community level input and connection to the structures. This would develop a deeper understanding of the use and maintenance of latrines.
- Alongside CHAST in Schools there is a need for supply or support for hardware (latrines, tools and drainage) in schools and communities.
- For PHAST to gain strength and recognition, newly recruited District Public Health Officers and others (e.g. PHO, PHT, etc.) should be introduced into this methodology.
- Effective facilitation of PHAST requires a paradigm shift from lecturing/training type approach to that of facilitator/intermediary. Many at district level see PHAST as something that should be taught and applied, though the original idea is that it needs to be facilitated through participation. Inter-district learning and sharing platforms for PHAST could be setup, either through provincial offices, or through the District.
- 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. Adequate staff required in implementation phase to ensure that the appropriate monitoring and supervision is done with the highest commitment.
- PHAST tools should be animated and specifically made culturally sensitive for each district. This would allow a wider audience and assist volunteers in engagement techniques.

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 village notice boards indicating all relevant information. Follow-ups, visits etc.
- For PHAST to become an integral part of community life, it is critical that it be accepted in the local culture. This would require the program to be embedded in community which comes from longevity and timely commitment from PRCS and volunteers.



- Basic principles such as time availability, budgetary allocation and number of training courses should be given serious consideration by PRCS. Currently no planning or forethought put into this area for PHAST. No longevity or disaster preparedness planning for PHAST.

5. Further research questions

It is obvious that PHAST has raised awareness at community level, however at district and national level this is debateable. For example, community members involved in the groups are capable of repeating the lessons learnt during the PHAST training and the steps they took, e.g. in constructing latrines, and making work plans for biweekly clean ups etc. As one of the persons interviewed in the field stated: *"The latrines are very clean all the time, we can see that but are their hands clean, we can't tell"* 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 to make it more attractive to funding Government departments in terms of supporting the program through PRCS for a more sustained approach.

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

5.1. Acknowledgements

IFRC/PRCS management and local staff members in the field were instrumental in bringing the review into contact with a number of stakeholders at Province/District and community level. Key persons involved in interviews/discussion groups in the field were:

IFRC/PRCS WatSan/PHAST/CHAST members, PNS teams, local & international counterparts within the delegation, representatives, volunteers, hygiene promoters, CBHFA practitioner, participants, beneficiaries and community resource persons, including teachers and members of the community and council members.





TERMS OF REFERENCE

Integrated Recovery Program WatSan-PHAST Technical Review

1. SUMMARY

Purpose – Internal review to determine the immediate impact and appropriateness of the PHAST component under the Water and Sanitation (WatSan) programme of the Integrated Recovery Program (IRP) in Pakistan. The Review is commissioned as an accountability tool towards the targeted flood affected communities assisted as well as to inform technical standards and processes for future Pakistan Red Crescent Society (PRCS) WatSan activities.

Audience – PRCS, IFRC, PNS

Commissioners – The International Federation of Red Cross and Red Crescent Societies Pakistan Delegation

Reports – WatSan Coordinator Pakistan

Duration – 14 days

Timeframe – March/April 2013

Location: Sindh (Shikarpur & KSK), Punjab (Mussafaragarh) and KP (Kohistan & Shangla)

2. BACKGROUND

In response to the worst floods to hit Pakistan in recent history, affecting 20 million persons, the International Federation, on behalf of PRCS launched a Monsoon flood Appeal for CHF 130,000,000 for 24 months in August 2010 to assist with the relief and early recovery for a target of 130,000 families (910,000 persons) in 3 of the most affected provinces (KP, Punjab and Sindh) in Pakistan. An Integrated Recovery plan (IRP) was formulated in January 2011 to respond to multi-sector needs, and the appeal and budget were revised a second time, expanding the timeframe to the end of March 2013 to complete activities.

The PRCS first developed capacity in WatSan following the 2005 Earthquake recovery program. The staff and volunteers utilised in this recovery program helped develop Water and Sanitation to become a key strength for PRCS at the time of the monsoon floods in 2010, and later in the 2011 and 2012 floods responses. WatSan was one sector as part of the IRP, together with shelter, livelihoods, health and DRR. Budget variations between the sectors meant that the number of shelters planned exceeded the number of latrines. A solution was found whereby communities prioritised for the shelter program would also receive a cash grant to include a latrine. The WatSan intervention in all the targeted communities consisted of PHAST process, latrine construction and water supply.

3. PURPOSE AND SCOPE

3.1 Purpose

The review aims to give an account on the methodology used and the immediate impact achieved in the selected communities as a result of the PHAST interventions, and to give recommendations for future WatSan/PHAST integrate interventions benefiting all RC/RC partners in Pakistan.

3.2 Scope

- The evaluation will focus on the processes used during the entire period of implementation and shall include a review of the PHAST tools used.



4. OBJECTIVES AND CRITERIA

4.1 Objective

The review will focus on addressing the following objectives:

- a. Assess the application of PHAST as a methodology to achieve water and sanitation behavioral change in the targeted flood affected communities.
- b. Assess the appropriateness of PHAST in a recovery programme in combination with pre-defined latrine and water programmes.
- c. Provide guidance to PRCS on future use of PHAST tools, possibly in combination with CBHFA.

4.2 Criteria

The following criteria will be used to guide the evaluation recommendations, in accordance with the *IFRC Framework for Evaluation (Feb 2011)*:

a. Relevance and Appropriateness

- Was the PHAST as part of the WatSan component of the IRP in line with the PRCS strategy?
- How do the three different components of the WatSan Programme relate to each other, and how did the Water and Sanitation components planning process interrelate to the PHAST approach?
- What mechanisms promoting participation of the beneficiaries and stakeholders during the assessment, planning/design, implementation, monitoring and evaluation were employed? How were the needs of women and groups with special needs addressed?

b. Effectiveness

- How was the PHAST component implemented and did this lead (attribution) to the desired results? Record any outcomes/actions as a result of the PHAST process, intended or unintended.
- How well did the PHAST facilitators understand the processes involved and were the intended processes followed?
- What was the impact between areas with men only groups vs areas with men and woman groups?
- Were the approaches to volunteer selection and involvement in the programme optimal?

c. Efficiency

- Were the resources most efficiently utilized given the context, time-frame, human and financial resources involved and available?

d. Sustainability / Connectedness:

- What actions were undertaken by the targeted communities as a result of the PHAST process? And to what extent will the hygiene behaviour change, if any, be sustainable?
- Ownership of the PHAST process and any signs of continuation beyond the implementation timeframe?
- To what extent will the experience of PRCS in PHAST gained through this operation, be sustained?
- Has the program been integrated within the government structures or contributed to strengthening government community health programmes?

5. METHODOLOGY

- Review of key documents and records including:
 - ✓ IRP logical framework and plan of action
 - ✓ Monsoon Flood Appeals, 2 year progress report and latest operational update
 - ✓ IRP Mid-Term Review



- ✓ IRP Inter-sectoral Baseline report (Sept 2011)
- ✓ Pakistan RC PHAST CHAST tool kit – revised.
- ✓ IFRC water and sanitation Policy (2003)
- ✓ Monitoring formats/booklets and field visit reports, programme and progress data and documents.
- Interviews and focus discussion groups with key informants including:
 - ✓ PRCS HQ
 - ✓ PRCS branch PHQ & Districts
 - ✓ Beneficiaries in target area areas by means of semi-structured questionnaire check lists
 - ✓ PHAST volunteers
 - ✓ IFRC (Senior) officers and WatSan Coordinator HQ
 - ✓ IFRC field Office WatSan officers and field management.
- Direct observation from field visit to project sites

6. OUTPUT

- a. A feedback session outlining the key preliminary findings to Pakistan RC HQ and IFRC
- b. Review report of approximately 15 pages (excluding annexes), highlighting key conclusions and recommendations.

7. SCHEDULE

It is envisaged for the reviews to take place during March/April 2013 over a period of 14 days.

Activity	Time
Briefing, interviews etc Islamabad	Day 1
KP visit Besham	Days 2-3
Punjab review	Days 4-6
Sindh	Days 7-11
Islamabad preliminary findings presentation	Day 12
Final report	Within 30 days

8. EVALUATION TEAM

The preferred Review team composition is as follows:

- AP Zone WatSan Delegate (over all team leader)
- 1 IFRC Senior hygiene promotion officer NHQ
- 1 PRCS NHQ health staff
- 1 PRCS PHQ representative, preferably CBHFA



Technical WatSan

Education/Qualifications

Required Preferred

	Required	Preferred
Degree or Diploma in Water/Sanitation, Civil engineering, Public Health or in a Community/Social Development field	X	
Postgraduate education in public health in water and sanitation and/or public health		X
Experience	Required	Preferred
Experience working for the Red Cross/Red Crescent movement in Water/Sanitation/Hygiene Promotion, preferably in Asia Pacific		X
Experience working at field level with disaster-related and/or community development Water/Sanitation/Hygiene Promotion interventions	X	
Excellent understanding, practical as well as theoretical, of PHAST process.	X	
Experience working with a RCRC National Society	X	
Skills/knowledge		
Experience in conducting evaluations in particular related to water and sanitation or public health emergency response in a developing country context	X	
Strong analytical skills and ability to clearly synthesize and present findings, draw conclusions and make recommendations	X	
Leadership and coordination skills		X
Analytical thinking	X	
Cultural sensitivity and interpersonal skills	X	
Good communication and presentation skills	X	
Excellent verbal and written English	X	