Environmental health promotion takes priority in Mpumalanga

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The Mpumalanga Provincial Sanitation Committee (Prosco) initiated and funded the Participatory Hygiene and Sanitation Transformation (PHAST) workshop for health promoters and environmental health officers. Mpumalanga is one of the nine provinces of South Africa and is situated in the eastern part of the country bordered by Swaziland and Mozambique. The Provincial Sanitation Committee comprised of government departments and NGOs including Mvula Trust. Its mandate is to formalise a planned and a strategic approach to sanitation policy and implementation, thus ensuring proper co-ordination of all programmes in the province.

PHAST is a participatory methodology that has been designed for the sanitation, water supply and environmental sector. It utilises visual materials, which allow people to explore water supply and environmental sanitation issues in a creative and learner centered way. It has been particularly effective at integrating meaningful health components into water sector based projects, increasing community participation in the analysis; design and implementation of water and environmental initiatives; and enhancing the potential for project sustainability in the long run. It is an adaptation of the SARAR (Self-esteem, Associative Strength, Resourcefulness, Action Planning and Responsibility) methodology, which builds on people’s innate ability to address and resolve their problems. PHAST promotes health awareness and an understanding that may lead to environmental and behavioral improvements in people’s lives. PHAST does not only promote hygiene and sanitation concepts but more importantly enables people to overcome constraints to behavioral change. This is achieved by involving all members of society, irrespective of their level of literacy or education in a participatory process including amongst others:

- Assessment of their knowledge base
- Investigation of their own environmental situation
- Visualising future scenario
- Planning for change
- Implementing change

To date PHAST has been particularly effective at:

- Health and hygiene promotion/behavior change
- Improving water quality management at community and household level
- Sanitation promotion
- Solid waste management
- Food hygiene
- Increasing local contributions to water supply and sanitation projects and
- Weaning communities off government infrastructure subsidies

Objectives of the workshop

The objective of the Prosco PHAST workshop was that at the end of the workshop, health promoters and environmental health officers would have the skills, knowledge and experience to carry out the following:

- Effectively facilitate outcomes-based PHAST processes in the field.
- Monitor and evaluate their work and outcomes of fieldwork, making use of PHAST tools.
- Familiarise themselves with and be able to use key PHAST tools when planning for fieldwork.
- Improve on facilitation skills and be able to understand the difference between facilitation and training.
- Understand the purpose, history and principles of PHAST

The workshop targeted health promoters because of their position within communities. Health promoters are linked to the Department of Health and are involved with health promotion at grass root level. The idea was to equip them with PHAST skills and incorporate PHAST in their day to day activities. It has been noted that in the past, skills were brought in to communities by consultants, and when they left communities were left without skills. The workshop’s aim was to bring skills to the appropriate level and make the transfer of such skills as cost effective as possible. Another aspect of the workshop was to broaden the scope of PHAST to cover all health related matters.

Since environmental health officers assume a developmental role it was therefore necessary to get them on board.

The Process

Prosco realised that there was a need to engage health promoters and environmental health officers in the broader concept of sanitation and environmental promotion. They decided to get the health promoters and environmental health officers under one roof. This was seen by Prosco as the first step towards better environmental health promotion in the province. Prosco wanted to make sure that most health promoters and environmental health officers do not miss out on the programme. So the programme was lined
up for a period of six months to enable everyone a chance to participate in the programme. The programme was divided into two blocks, the first was for the introduction to PHAST and the second block was for a report back on the field based training conducted in their respective areas. There were about 170 participants who were divided into 4 groups. Each group attended each block and they spent about 2 months practicing the tools in their respective areas. This was a comprehensive programme and participants were not allowed to leave the area until the end of the workshop. The purpose of this was to promote consistency.

Facilitators of the workshop came from Mvula Trust, AWARD and Contralit (locally based consultants). The lead facilitators have experience in using PHAST from 1998 when PHAST was introduced to the country. They have field-based experience of PHAST as a methodology used in the promotion of locally based management of resources.

The participants were taken through the process, initially by looking at the difference between facilitation and training. Facilitation is the cornerstone of participatory training and it is for this reason that the participants had to be clear on the difference between training and facilitation. The most notable principle underlying facilitation is openness and the belief that participants have the experience, knowledge, skills and points of view that are valuable and must be respected. Facilitation builds on participant’s experience and points of view and encourages participation of all involved and that listening is probably the most important skill for good facilitation.

Participants were also made to understand that one of the biggest differences between a PHAST-driven project and ones that are currently in operation would be that plans would come from the ground rather than from a “representative committee”. The insights of women (literate and illiterate) and children would take on greater significance because the project affects them most. Quotas would be done away with – they are token anyway – and one would most likely find a greater emphasis on volunteerism and financial contributions if the project was designed by local people to meet their real needs (besides just water delivery). Mass meetings for decision making (as currently structured) would evaporate, although mass meetings would likely continue as part of a communication strategy. Technology choices and management systems would vary across villages, in sharp contrast to the current state of affairs where all “participatory” projects look the same – same bookkeeping training, same management structures, same technologies (communal standpipes/ gravity fed schemes and VIPs), same health talks, etc.

The participants were then introduced to PHAST tools, their usage and how and when can each tool can be used. The tools were presented to participants as they would be presented in a community situation. Each tool presented was thoroughly unpacked by looking at its purpose, its efficacy and how it can be of use in the daily activities out in the field.

The participants were exposed to a number of PHAST tools, as indicated in Table 1 below:

<table>
<thead>
<tr>
<th>TOOL</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsersalised posters</td>
<td>Problem identification</td>
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<tr>
<td>Nurse T</td>
<td>Identification of diseases that are prevalent</td>
</tr>
<tr>
<td>Concepts of sanitation</td>
<td>Broadens the concept of sanitation</td>
</tr>
<tr>
<td>Contamination routes</td>
<td>Investigative and analytic of disease transmission</td>
</tr>
<tr>
<td>3-pile sorting</td>
<td>Development of problem solving and analytical skills</td>
</tr>
<tr>
<td>Story with a gap(SWAG)</td>
<td>Problem identification and causes</td>
</tr>
<tr>
<td>Pocket Chart</td>
<td>As an evaluation tool</td>
</tr>
<tr>
<td>Sanitation and Water Ladders</td>
<td>Choosing of appropriate technology choices</td>
</tr>
</tbody>
</table>

It was noted further that environmental health officers must support the health promoters by making periodic visits, in order to sustain the programme. In this process
they will assist each other by discussing field based problems and trying to get some form of solutions.

**Department of health in the forefront**

When the Department of Water Affairs and Forestry (DWAF) first initiated the Provincial Sanitation Committee, many departments viewed it as a DWAF affair and were reluctant to engage directly in the process. This meant that the activities of environmental health and sanitation were not co-ordinated since the Department of Health was engaged in its own programmes parallel to the DWAF process. Realizing that this was an obstacle Prosco requested the Department of Health to lead the committee and take charge of the co-ordination. This was achieved successfully, a dedicated coordinator was appointed to look into the sanitation co-ordination process and was housed within the local government offices and not DWAF.

**Modifications of phast tools**

Participants were also led through a planning session of tools’ modification. The emphasis was made for the need to concentrate on their areas of operation within the department. The tool modified was that dealing with the contamination routes and barriers. Instead of focussing on the diarrhoeal route only, they developed a malaria route and a hepatitis B route amongst others.

**Lessons learnt**

Good environmental health practices are important aspects in the prevention of disease outbreaks.

The workshop made environmental health officers realize that the didactic method used previously was not good for community participation and was too formal to enable group participation.

Making use of the PHAST methodology can make it easier for people to raise their feelings openly without fear of being stigmatized, when facilitated correctly.

When instructions are simple and clear, people respond positively.

PHAST as a methodology can be modified and utilized in various other areas such as environmental health, which require intervention and yield positive results.

For the EHOs more tools were developed that can be utilized in their field of operation, especially the malaria and the diarrhoea routes.

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