



Participatory hygiene evaluation: a means to an end, or an end in itself?

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Some participatory methods allow local people to control data analysis and planning, and some are designed so that data is analysed at the project head office and comparisons can be made across different communities. This article outlines three methodologies, and compares their distinctive features. When project staff as well as local people are willing to learn, participatory evaluations can result in hygiene education projects that make a difference.

Community participation in water supply and sanitation projects continues to be widely advocated, although different people mean different things by 'participation'. In the context of water supply and sanitation projects, community participation can mean free labour for the installation of hardware (pipes and pumps, digging latrines); cash contributions for equipment for the protection of spring water, for watershed management, or rainwater harvesting; voluntary involvement of local women in hygiene and sanitation promotion activities; or indeed local decision-making on needs and priorities reflected in project proposals that get funded. The participation spectrum is wide and highly varied. In this article we look back on the development of participatory methods and tools for hygiene promotion and evaluation, and discuss their merits in the wider field of community development, knowledge transfer and learning for health. We address the question: is participation a means to an end, or is it an end in itself?

Assessment of water supply and sanitation needs, existing facilities and hygiene practices are often carried out for one or more of the following purposes at different times:

- to find out what the needs are and to decide how best to meet defined needs when planning a project
- to find out whether expected results are forthcoming, when monitoring the progress of an ongoing project
- to see how successful the project

Glossary

HEP – Hygiene Evaluation Procedures

PHAST – Participatory Hygiene and Sanitation Transformation

PRA – Participatory Rural Appraisal

MPA – Methodology for Participatory Assessment

MEP – Minimum Evaluation Procedure

SARAR – Self esteem, Associative strengths, Resourcefulness, Action planning, Responsibility

PROWESS – Promotion of the Role of Women in Water and Environmental Sanitation Services

has been in achieving its objectives at the end of the project.

The terms assessment and evaluation are often used interchangeably, but they are subtly different. Assessment can be confined to information gathering and analysis without necessarily making explicit decisions that follow from the results of assessments. Participatory assessments can thus remain participatory at the level of information gathering or analysis without necessarily yielding decision-making powers to the suppliers of information. Evaluation on the other hand conveys the weighing of information with intent to declare strengths and weaknesses of what is being assessed.

Much has been done over the last two decades to advance understanding and to develop improved tools and practical skills to maximize the benefits of participation. The questions 'Who participates in what?' and 'Who benefits and how?' continue to be asked, and the answers are as complex and wide ranging as is 'participation' itself.

Comparing HEP, PHAST and MPA

Building on the foundations of Lyra Srinivasan's work in adult education and community empowerment¹, several useful methodologies for social development, hygiene education, water supply and sanitation project management and impact assessment have been published over the last five to ten years. These are not as new as they might appear, nor as revolutionary as they claim to be. At best, they are variations on the theme of 'participation' designed to meet expressed needs of donors, service agencies or research institutions. At worst, these seemingly new and competing goods can confuse planners and practitioners, breeding a sense of inadequacy among those in the field who are constantly being bombarded with newly dressed-up tools they ought to acquire and get training for in order to remain competitive in the sector's job market. We discuss two of these variations on a theme, HEP and PHAST, and merely refer to a third one, the MPA (see Table 1 for a summary of their uses).

Box 1. The 'Chief's latrines'

The project in Kenya had a set of ten hygiene messages for the local volunteer, often a female community member with a designated role as water, sanitation and health educator, to promote in her village. Among these messages was the need for each homestead to have a pit latrine in the compound. During external inspections, often during cholera epidemics, every compound appeared to have a latrine, or at least a visible structure that looked like a pit latrine.

However, it was common knowledge that most latrines located inside compounds were just 'Chief's latrines' and not real ones. Sometimes, they had shallow pits, but mostly there wasn't even a pit. These were just structures for the external inspector to look at from a distance and assure himself that the chief's edict that every homestead should have a latrine was being adhered to. This information was provided during community mapping exercises in which individual homesteads were included on the map, with details of what each homestead had by way of hygiene and hygiene facilities promoted by the project. Upon questioning about why most if not all functioning latrines were located outside the compound, the participants explained that it was culturally unacceptable to have the latrine within the compound (unless it was just a 'chief's latrine') because in-laws are deemed to be undressing in front of each other if they share the use of a latrine situated in the same shared compound. If the latrine is located outside the compound, however, there is no question about sharing it with in-laws.

It was striking that the project staff, who themselves shared the local culture, had employed their PRA training to promote hygiene messages from outside and not to bring in local knowledge, cultural beliefs and practices relating to hygiene. This finding had a transforming effect on the project personnel's subsequent understanding of meaningful participation for the benefit of all.

Broadly speaking, The HEP and PHAST share the common purpose of engaging community members and external agents in informal processes of investigation and analysis. The goal is to create optimal conditions for information and knowledge sharing, to sensitize all concerned and to mobilize resources, human and material, for problem solving in a sustainable way. The participatory methods used are either the same or very similar, but the ends differ. The HEP is essentially focused on information gathering and on-site analysis for documenting of trustworthy qualitative (sometimes quantifiable) data which may or may not need further off-site analysis for use or action. PHAST, on the other hand, emphasizes mutual sensitization of community members and project staff to bring about sustainable action to prevent water and sanitation-related diseases as an end in itself. Therefore, little or no documentation of PHAST impacts on the health of participating communities has been done.

How have participatory evaluations influenced projects?

Drawing on one of the studies carried out during the development of the HEP,

we illustrate how meaningful participation can result in the transformation of existing beliefs and practices through knowledge sharing. A hygiene evaluation study was conducted in western Kenya in which I was involved in advice, training and application of Participatory Rural Appraisal (PRA) methods. The project had employed PRA-trained staff who were recruited from the locality and spoke the local language. Successive questionnaire survey-based evaluations of the project had produced glowing reports of the project's success prior to the study. However, the project management was left wondering why it had proved difficult, if not impossible, for the project to show reductions in disease and tangible improvements in the health of local children and adults resulting from the project's interventions to promote health and hygiene. Box 1 shows how a much less costly (both in terms of time and material resources) participatory hygiene evaluation study proved effective in finding out what earlier evaluations had missed.

The findings of this study were greeted with enthusiasm by the project managers who wanted to examine local beliefs and practices associated with hygiene promotional messages in order to bring about lasting change. This pro-

ject was open and sensitized enough to appreciate that learning is a two-way process and involves changes in attitude, behaviour and practice of both external and local parties. The following year, the same project personnel had relocated to a WaterAid-supported project in Tanzania and I was involved in another joint hygiene evaluation study that witnessed the application of lessons learned in Kenya, deemed transferable to Tanzania. Participatory discussions revealed that women preferred to wash clothes in the river, rather than at home, in order to save the time and labour required to haul the water to their homes. The study documented that WaterAid therefore provided washing slabs near rivers, situated so that the laundry wastewater drained away from the river, thus protecting the river from contamination.

User feedback indicates that the HEP has been used in a wide variety of settings, ranging from schools of nursing in the UK to *Medécins Sans Frontières* (MSF) staff training modules, well beyond its originally intended users. The majority of users, particularly those who had participated in regional and local training of trainers (TOT) workshops on when and how to apply the methods, have benefited from the book. However, some have limited the scope of their 'evaluations' of hygiene practices, due to limited resources or understanding of what the methods and tools really are about. Many of those who did not have the benefit of attending training workshops see the participatory methods only as means of data collection. On-site analysis of information on hygiene practices is central to the methods, but some practitioners tend to expect data analysis to take place off-site, away from the people who supplied the data.

Regardless of whether or not the results of participatory discussions involving investigation and on-site analysis are documented systematically and published in academic research or practitioner journals, it is clear that they are sustainable means to an end, and not ends in themselves. In the case of PHAST activities, the outcome has been to sensitize, to generate knowledge and to facilitate sharing of experiences between community members and project staff from different countries. All of these have the cumulative benefit of improving the social determinants of

participatory monitoring and evaluation

Table 1 Three participatory assessment tools: their background, connections and range of uses

Publication/ resource	Background research and institutional links	Users
HEP ³	<p>Developed by the London School of Hygiene and Tropical Medicine (LSHTM), field-tested and published:</p> <ul style="list-style-type: none"> ● in response to need expressed in an international workshop on methods for assessment of hygiene behaviour⁴ ● as a logical next step from the MEP⁵ developed by LSHTM a decade earlier ● involving a series of field studies in collaboration with WSP CARE (Kenya), WaterAid (UK and Tanzania); and DANIDA (Kerala) among others ● incorporating PRA and PROWESS/SARAR tools with anthropological methods ● with intent to equip field-level health and hygiene promoters with tools for evaluating hygiene practices for the purposes of project planning, monitoring and impact assessment ● including list of individual tools' strengths and weaknesses to enable users to mix and match different methods to maximize data quality and trustworthiness 	<ul style="list-style-type: none"> ● Originally aimed at field-level water and sanitary engineers, public health and community development workers, planners and trainers. ● Used by academic researchers, students and trainers in the wider field of qualitative and participatory research. ● Applied in both emergency and non-emergency, settings, most notably in Nicaragua, Eritrea, Ethiopia, Afghanistan, Zimbabwe, Botswana, Mozambique and Malawi.
PHAST ⁶	<p>Developed by WSP-AF (Water and Sanitation Program-Africa) in collaboration with WHO to:</p> <ul style="list-style-type: none"> ● enhance the activities of the WHO and Water Supply and Sanitation Collaborative Council's Sanitation Working Group ● implement the SARAR methodology in a specific way focusing on sanitation and hygiene ● empower communities to take charge of sanitation and hygiene promotion 	<ul style="list-style-type: none"> ● Rural and urban water, sanitation and hygiene promotion project staff in Africa, Asia and Central/South America.
MPA ⁷	<p>Developed by IRC and World Bank/WSP:</p> <ul style="list-style-type: none"> ● with the aim of addressing multiple (donor agency, project staff and community) needs and multi-level priorities ● rehashing the above two and more, with a new emphasis on quantitative data and management of change at all levels 	<ul style="list-style-type: none"> ● Water supply, sanitation, hygiene promotion and community/social development workers associated with World Bank and other projects. ● Those trained by the IRC.

health, even if the health impacts of improved facilities and the use of facilities remain difficult to prove by means of quantitative data. It is important to recognize that qualitative data is valid in its own right, provided that it is gathered and analysed with appropriate data quality and trustworthiness checks in place. The successes documented in the multi-country study conducted by WaterAid are good examples of this (see Blagbrough's article in this issue).

It is also equally important for the uninitiated reader to recognize the collaborative links and conceptual connections between the various methodologies and acronyms. For example, during the development of the HEP, WaterAid had played a key role in facilitating collaborative field studies, and later used the draft manuscript of the HEP (in pre-published form) to inform its hygiene promotion guideline document – now referred to as Participatory Impact Assessment. Similarly, the MPA methodology has built on earlier work by Deepa Narayani² and others to combine multiple interests and priorities: community, project and donor-level management of water supply, sanitation and hygiene interventions in a participatory fashion. Such links will reassure

readers who are familiar with earlier resources, without in any way shadowing the advances made in recent years to produce new resources.

It is clear that participatory methods for monitoring and evaluation are essentially means of adult education and community empowerment. Local people's involvement in the analysis of local problems can only benefit them, however, if external facilitators are prepared 'to hand over the stick', as Robert Chambers put it. These methodologies are complementary, and not the substitute for questionnaire-based surveys many continue to look for. It is accepted that some qualitative data is amenable to classification into categories and subsequent quantification. Caution is in order, however, when it comes to donor-driven participatory assessments that dictate that only quantitative data should be provided to inform policy.

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