

Lukenya Notes

Taking Community Led Total Sanitation to Scale with Quality
Outputs from a workshop in Nairobi, Kenya, 24th-27th July 2011



Lukenya Notes

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Taking Community Led Total Sanitation to Scale with Quality

1. Preamble

Context and Challenge

Community-Led Total Sanitation (CLTS) was innovated by Kamal Kar, working with WaterAid and VERC, in Bangladesh in early 2000. Since then it has been spread to some 50 countries. Initially this was in Asia - in India, Indonesia, Pakistan, Nepal and Cambodia. The first major multi-country training in Africa was in early 2007 since when it has spread there rapidly. Now in mid-2011 it is found in some form in some at least 27 African countries. Worldwide 14 Governments have adopted CLTS as national policy for rural sanitation. 13 of these are in Africa - Cameroon, Eritrea, Ethiopia, Ghana, Guinea Conakry, Kenya, Liberia, Malawi, Mauritania, Nigeria, Sierra Leone, The Gambia and Togo, and one in Asia – Indonesia. Others are supporting and implementing CLTS but not as comprehensive national policy, and more are moving in these directions.

In consequence, CLTS is in many places being taken to scale, with a rapid increase in training and triggering. While in the early stages of introduction in a country NGOs are often in the lead (though not in India) once CLTS is established Governments take the lead in going to scale. In many countries now Governments and Government staff are the main actors. This has created a new situation with new challenges and opportunities. The major challenge is to find ways to go to scale, covering whole sub-districts and then districts, and even provinces and regions, in very short periods, and to do this while maintaining or enhancing quality and performance. Several countries in Africa aim to become ODF (Open Defecation Free) in rural areas in a few years starting from a low base, something which has never been achieved anywhere before. Madagascar has set 2018 as its target date for all rural communities to be ODF, Malawi 2016, Ethiopia, Mauritania and Zambia 2015, Kenya 2013, and the Northern Region of Ghana 2012.

Much is reported to have been achieved already. There are many challenges: with the quality of training and facilitation, with finding good trainers and enabling them to devote themselves full time to CLTS, with definitions of ODF, with methods and reliability of verifications, and with data about progress. When Governments have set targets and mounted campaigns in the past, there has been a tendency for over-reporting achievements, sometimes to an extreme degree. This has made it difficult to know the reality. Even allowing for this, it is clear that developments are now very rapid. The numbers of people reported to be living in communities that have with reasonable credibility been declared ODF (open defecation free) has been rising faster and faster. After discounting for inflated figures, a year ago one estimate gave about 10 million people in such ODF communities. In mid- 2011 it is possible that this figure may be as high as 15 million, with the proportion from Africa rising.

What has been happening, and is about to happen, is in contradiction to the earlier view that it was vital to expand coverage slowly and steadily in order to assure quality. This conventional view was

reflected in two open letters.¹ The fear was that as with PRA (Participatory Rural Appraisal) in the 1990s, rapid adoption would lead to much bad practice and would discredit CLTS. This danger was seen to be acute because for CLTS the training of facilitators and trainers has to be hands-on in real time in communities, and classroom-only training had begun with disastrous results. Also, any target-driven rush to scale was seen as liable to lead to triggering without follow up, failure to achieve ODF conditions, and inflated reporting of numbers of ODF communities. These concerns remain. But CLTS is now irreversibly being taken to scale with unstoppable momentum. Going slow is not an option. As a matter of urgency, therefore, we came together to brainstorm ideas, and compile and collate evidence and experience, and present these without delay.

There are few precedents for what is happening in many African countries. Relevant lessons can be learnt from campaigns in some Indian States, notably Himachal Pradesh,² and in the Province of East Java in Indonesia.³ But neither of these has achieved completely ODF conditions. At other levels, there has been experience of what works and does not work, some of which has been gathered and published from recent workshops in Lusaka (October 2010) – in the Lusaka Declaration,⁴ and in Bamako (November 2010) – in the Bamako Consensus.⁵ In an effort to draw additional lessons, share relevant experience from around the world, and make these accessible as a resource for policy-makers and practitioners, a small international workshop was convened at Lukenya in Kenya from 25 – 28 July 2011, with 21 participants from 13 countries in Africa, Asia and elsewhere. We benefitted from a visit to the Ministry of Public Health and Sanitation in Nairobi and the CLTS Information Hub which was set up in the Ministry in May 2011, and from the plans and approaches for going to scale rapidly in Kenya. We also drew on written sources, presentations and discussions at AfricaSan 3 in Kigali on July 19-21, and learnings from a CLTS sharing workshop convened before AfricaSan which brought together 65 people from Governments, civil society and international agencies from 22 countries.

The notes and experiences that follow present syntheses around themes that emerged from workshop brainstorming. They focus on issues of scale and quality. The themes are:

- **Institutional Support for Scaling up CLTS**
- **CLTS Training, Triggering and Follow-up**
- **Strategies for ODF Verification at Scale**

¹ Kar and Chambers, Open Letters <http://www.communityledtotalsanitation.org/resource/open-letters-clts>

² See Deepak Sanan 'The CLTS story in India: The sanitation story of the Millennium', in Lyla Mehta and Synne Movik (eds) *Shit Matters: the potential of community-led total sanitation* Practical Action Publishers, Rugby. UK 2010 : 87-100

³ See e.g. Nilanjana Mukherjee with others *Learning at Scale: Total Sanitation and Sanitation Marketing Project: Indonesia Country Update June 2009*, Water and Sanitation Program of the World Bank

⁴ Source for the Lusaka Declaration <http://www.communityledtotalsanitation.org/resource/lusaka-declaration>

⁵ Source for the Bamako Consensus <http://www.communityledtotalsanitation.org/resource/bamako-consensusle-consensus-de-bamako-pour-latpc>

- **Governments, Funding agencies and CLTS**
- **Pro-poor Sanitation Marketing and Sustainability beyond ODF**
- **Monitoring, Evaluation, Learning and Information Management Systems**
- **Emerging issues and scaling up CLTS into different contexts**

We, participants in the Lukenya workshop (see Annex A) hope that these notes will be of use to all who are engaged with the challenges and opportunities of taking CLTS to scale with speed and quality, in all countries and continents. The insights and options presented are based on evidence and experience. While not every participant might endorse every single point, there has been much cross-checking and consensus. The recommendations and ideas are addressed to policy-makers and practitioners. We present them in a positive spirit, hoping they will be useful and make a difference. We see them not as final received wisdom but as contributions to the shared struggle to which we are committed together with the champions of CLTS in Governments, international agencies, civil society and above all communities.

There is much to learn and far to go. We offer these notes as a modest contribution to the journey. We see them as living documents, and invite comments, corrections and additions. These should please be sent to CLTS@ids.ac.uk

Taking Community Led Total Sanitation to Scale with Quality

2. An Executive Summary of the Lukenya Meeting convened by IDS, July 2011

This document is a summary of the key recommendations from the IDS meeting of CLTS practitioners held in Lukenya Nairobi in July 2011, immediately after the AfricaSan3 meeting. The aim of the workshop was to focus on the key challenges we all face in taking CLTS to scale. In this context, seven focus areas were collectively chosen to concentrate our debate. This document provides an overview of the recommendations made in each section – the examples, discussion and more details can be found in the full report

(<http://www.communityledtotalsanitation.org/resource/lukenya-notes-taking-clts-scale-quality>).

1. Institutional Support for Scaling up CLTS

- Creation and 'enforcement' of a national policy for sanitation and hygiene with clear guidelines for implementers and donors.
- Agree upon outcomes and goals for the country in terms of CLTS, sanitation and hygiene: disseminate to all stakeholders to increase coordination
- Establish a national coordination unit to oversee all sanitation & hygiene activities
- Strike a balance between the need to aim high in order to achieve the MDG targets, and realism about what is feasible.
- Recognize and reward honest reporting of shortfalls and achievements.
- Include CLTS activities in job descriptions and performance contracts of relevant government staff at all levels.
- Make political leaders accountable for effective support for CLTS.
- Provide management capacity building/ coaching for CLTS managers at all levels.
- Advocacy needs to be strengthened for government officials to convince the relevant and decisive officials to be champions of CLTS.
- District level staff including extension workers, NGOs and decentralized structures to work together to make sanitation and hygiene part of their daily activities.
- Increase government allocation of resources for sanitation and hygiene in order to aim to meet the MDG targets.

2. CLTS Training, Triggering and Follow-up

- Hold a sanitation stakeholders' workshop to review the capacity of each stakeholder to implement CLTS, fill in any gaps and map out areas of work for each to facilitate scaling up.
- Encouraging governments to embrace CLTS and adopting it as national sanitation strategy gives the approach the necessary legitimacy that is conducive for scaling up triggering.
- Only train CLTS facilitators if there is an immediate plan to enable them to carry out the work for which they have been trained.
- Ensure that all training includes hands-on practice in real time in communities.
- Natural leaders and other CLTS facilitators should be passionate and committed about their work. They should be able to demonstrate that they practice what they advocate.
- Key trainers need to have track records of triggered communities becoming ODF.

3. Strategies for ODF Verification at Scale

- Plan ahead anticipating the need to go to scale with verification, including financial and human resources.
- Prefer third party verifiers, train and monitor, and reward for impartial thoroughness.
- Encourage community involvement as part of the learning process. Whether failing or passing, make verifications positive experiences, looking to pride, self-respect and sustainability.

- Do not treat verification as a one-off but part of a continuing process.
 - Probe very high overall rates of communities passing or failing in the country (over 70 per cent).
 - Use celebrations after verification to build community pride and confidence, and to encourage others. Masons and others may use the occasion to promote improvements.
 - Recognize that in going to scale, communities may increasingly have to organize their own celebrations with less outside involvement - provide encouragement and support.
- 4. Governments, Funding agencies and CLTS**
- Governments and funding agencies should be alert to new subsidy-driven projects and decisive in intervening to prevent or reverse any such commitments to household hardware subsidy, and to be proactive in developing proposals to take to funding agencies.
 - Investment plans to be clear about commitment to CLTS, and the dialogue could further consider how to convert former budgets for hardware to staff-intensive software support.
 - Governments can arm themselves with policies, evidence and champions to defend their strategies to banks and donors and help them in turn to change their policies and practices.
 - Enable key policy-makers to experience CLTS for themselves in the field, visiting and listening to ODF communities, and being present at triggerings.
 - Recognize problems of contrasting approaches between ministries. An interagency coordination involving all major stakeholders can provide a forum for national policy to be discussed and joint agreements be worked out.
 - Recognition that CLTS requires substantial funding, estimating multi-year requirements and working out how best these can be met.
- Sensitive awareness on both Government and funding agency sides of the need for government ownership.
 - Banks, donors and governments to be sensitive to field realities and the need to assure and seek feedback on the timely arrival of funds at the local level.
 - Urgent discussions about cost-effective ways of peer sharing and learning between governments. Promote exchange learning visits where promising practices are identified.
 - One or more workshops at appropriate levels for mutual learning, brainstorming, documenting, and identifying priorities for moving forward.
- 5. Pro-poor Sanitation Marketing and Sustainability beyond ODF**
- With CLTS, behaviour change has taken place – trust communities to maintain ODF and to upgrade their latrines as required
 - Support this social norm change through communication campaigns and the availability of low-cost sanitation improvement options in the local market
 - Undertake formative research and supply chain assessment to identify financially viable pro-poor sanitation marketing strategies – ideally participative with natural leaders/masons to have a full understanding of the various technology options already being promoted.
 - Market research should be begun before demand creation through CLTS, to allow time for the market capacity to be developed.
 - Sequence so that promotion and selling are not combined with CLTS triggering and post-triggering follow up, but begin only after the achievement of ODF status
 - Put in place a continuous follow-up mechanism to support sustained behaviour change and sanitation and hygiene improvements beyond ODF
 - Recognize that scaling up with marketing is likely to require financing mechanisms for both providers and consumers.

6. Monitoring, Evaluation, Learning and Information Management Systems

- Monitor input and outcome indicators for CLTS. Institute regular reporting at all levels – sub-district, district and national.
- Monitor the duration between triggering and ODF. Where the gap between triggered and verified becomes wide, investigate the reasons and take remedial action.
- Further health and livelihood impact studies are needed for the evidence base, and the development of specific health and livelihood monitoring indicators.
- Invest in innovative research methodologies and participatory approaches to gather evidence at lower cost, while scaling up learning by stakeholders about what works
- For monitoring hand washing with soap: try surveys with soap vendors reviewing sales before and after triggering.
- An international workshop is proposed in Africa to share and compare M&E systems for CLTS, innovations and experiences.

7. Emerging issues and scaling up CLTS into different contexts

a) Equity

- Issues of equity and access to be considered in every context and activity – in all stages of the CLTS approach.
- Accessible and convenient toilet designs for those who are disabled could emerge from participatory processes which can also heighten awareness.
- Special initiatives to offset or eliminate vulnerabilities and meet the needs of those at risk, especially women and girls.

b) Urban CLTS

- Use a Rights Based Framework and Government and municipal bye-laws strategically to support claims for services such as connections to sewers. Build on already existing public health instruments and human settlement laws.
- Create an enabling environment with all the many different stakeholders involved,

and convene meetings and facilitate exchanges and negotiations.

- Create a sense of awareness to ensure that citizens know their rights so they can claim them.
- Cluster or subdivide specific urban/peri-urban areas to reach ODF, as far as possible where there is a degree of community coherence.
- Mobilize and encourage youth groups to become involved (e.g. Muthare)
- Urban CLTS is a tough nut to crack: we need to share experiences to improve our approaches.

c) Emergencies

- Be bold in seeking to introduce CLTS in a range of conditions - document and compare the experiences.
- Learn from current practices and experiences with participation and self-help by affected populations.
- Strive for rapid and accurate learning about types of conditions and key parameters and develop a typology of situations which can be used prescriptively.
- Assess the requirements for going to scale in displacement conditions.

d) Nomadic populations

- Gain experience with CLTS where nomads and transhumants have settled communities where some live all or most of the time, and others return seasonally.
- Use media, especially radio, to communicate with nomadic populations.
- In CLTS follow up and triggering in places where passers-by, transhumants or migrants practice OD, encourage the practice of maintaining roadside or other latrines.
- Make it clear that shallow trenches and the cat method, may often be the best feasible solution, and can be acceptable and hygienic where other options are not realistic.

Executive summary compiled by J Bevan (UNICEF WCARO) with review by Jolly-Ann Maulit (EWB, Malawi), September 2011. For further information see the IDS website:
<http://www.communityledtotalsanitation.org/>

Taking Community Led Total Sanitation to Scale with Quality

3. Institutional Support for Scaling Up CLTS with Quality

Introduction

The environmental sanitation and hygiene sector typically has lacked a strong institutional set up. In many countries, it has been an institutional poor relation overshadowed by water. This has contributed to the extent to which many countries are off track to meet the MDG target for sanitation.

As in other development sectors, environmental sanitation and hygiene requires strong structure supported by clear policy commitment and implementation guidelines. Countries that have these in place are more likely to meet the MDGs. In the following paragraphs the challenges facing the sector, the experiences and opportunities to scale up CLTS and some recommendations are highlighted for governments and sector partners to transform the situation.

Key institutional questions that need to be answered include:

- What institutional structures and systems need to be in place to take CLTS to scale?
- How can the institutional set-up enable advocacy, mobilize resources, and bring field level innovations to scale?
- What is the role of the local (district) level and how can its capacity be built to better manage CLTS?

Three challenges are noted first: 1. Government Commitment, 2. Target setting, 3. Coordination and harmonization between implementers.

Experiences and ideas covers 1. Strategy development, 2. National Task Forces or Steering Committees, 3. Support systems for government, and 4. Country experiences, lessons and recommendations/ideas

Three Challenges

1. Government Commitment

Government commitment is crucial to take CLTS to scale nationwide and to sustain the behaviour changes that go with it. Challenges often exist within the current institutional structures which hinder this commitment.

Clear policy on environmental sanitation and hygiene

- Government commitment from all levels is key to building strong institutions that will take CLTS to scale. Absence of a clear policy to guide sanitation and hygiene activities reflects a lack of commitment from government to sanitation and hygiene initiatives through application of CLTS approaches. This hinders the harmonization of efforts leading to issues of sustainability and scalability of CLTS.

Enforcement of environmental sanitation and hygiene policies and guidelines (accountability)

- Even when government has environmental sanitation and hygiene policy which outlines specific guidelines for implementers, adherence to the provisions of the policies is often a challenge. For example, several countries have “no subsidy” policies, yet governments often do not have mechanisms in place to hold implementers accountable for sticking to this policy.

Strategic plans for CLTS

- Most countries do not have annual work plans which are followed and implemented for CLTS. Even when a work plan is created, it is sometimes difficult for governments to implement the plans due to their dependence on external funds for implementation; when no funds arrive, CLTS activities often do not take place. Such lack of strategic plans is in line with low government investment in sanitation and hygiene within the public line budget, and CLTS being seen as an approach to be implemented by outsiders as opposed to the government.

Champions within government structures

- Champions within government structures are necessary for CLTS to succeed. Commitment of government to CLTS is difficult to achieve without these champions in place at multiple levels of the government structure.

Numbers of Government Officials dedicated to CLTS, and their capacity development

- Even when champions exist, more capacity is needed to implement CLTS activities in most governments. The shortfall in capacity includes but is not limited to:
 - The small numbers of staff working on CLTS
 - Difficulty in finding creative ways to implement CLTS with limited resources, including the demands of finding and coordinating multiple sources of funding
 - Capacity to enforce national sanitation policies
 - Lack of monitoring and evaluation systems for CLTS programs and feedback of field level information

Inter-sector coordinating structures

- Some countries have effective National Task Forces but many do not have effective coordinating structures between the sectors involved in CLTS (usually health, water & education, amongst others). This lack of coordination sometimes leads to competition between sectors and stagnation of CLTS activities due to competing interests and demands within the government. In instances where coordination structures do exist (both at the national and local level), some are dysfunctional and not effective in coordinating all stakeholders involved in making CLTS successful.

Adequate Resources

- For most governments enthusiastic about CLTS, a bottleneck exists with getting resources to adopt CLTS as a nationwide program. CLTS is often introduced into a country through NGOs as specific projects as opposed to through the government structure as an approach to accelerate implementation of the country's sanitation and hygiene program. Government budgets for CLTS are often dependent on uncertain external funding rather than the national budget. This can present problems for example for preparing annual work plans. This has implications for the spread and sustainability of CLTS.

Recommendations/ideas

Creation and enforcement of national policy for sanitation and hygiene, and guidelines. Countries need policies for sanitation and hygiene which will provide the framework for all initiatives in the country.

2. Target setting

Organizations and governments are often pressured to set unattainable targets which can be harmful to the quality of CLTS implementation.

Donors and the international community sometimes urge countries to plan for ambitious and unrealistic targets. This can lead to risky management behaviours within governments and by other implementers in the country. Being set high targets and having to report on many activities often harms the quality of implementation and the realism of reporting. This is especially dangerous for CLTS which is so process-intensive and difficult to predict. And maintaining quality, so essential at all steps of the process, from pre-triggering to verification and certification and beyond, can be undermined. At its worst, extremely unrealistic over reporting of achievements, as has happened in some such contexts in Asia, generates illusions, misleads policy-makers, and for a time allows ineffective practices to continue.

Recommendations/ideas

Strike a balance between the need to aim high in order to achieve and surpass the MDGs, and realism about what is feasible

Recognize and reward honest reporting of shortfalls and achievements. Monitor the proportion of verifications that fail communities (see Verification and M and E sections).

Accept that it is in the national interest to know realities even if this means that ambitious targets are not achieved.

3. Coordination and harmonization between Implementers

Implementers of CLTS must coordinate and harmonize their approaches in order to attain collective impact. Current coordination structures in most countries need to be improved to support CLTS scale-up with quality.

NGOs and governments need to collaborate and coordinate their sanitation and hygiene implementation, avoiding duplication of efforts or NGOs undermining government-led initiatives and confusion amongst field staff and community members. Collaborative relationships must exist and be supported with mechanisms between stakeholders (government, implementers, NGOs, private sector, community members) to maximize resources. Partnerships among likeminded organizations are important to enabling this. Partnerships can also create peer pressure and horizontal competition, which can help in spreading CLTS.

Harmonization of approaches between all implementers working on sanitation and hygiene is very important. Incompatible approaches are still sometimes found co-existing in conflict. The contradictions between household subsidy and CLTS is now widely understood and accepted. Other lack of harmonization can lead to multiple approaches being used which sometimes counteract each other. For example, some countries are still using PHAST which is not compatible with CLTS, while others are starting with sanitation marketing without first achieving ODF.

Recommendations/ideas

For coordination

- agree upon outcomes and goals for the country in terms of CLTS, sanitation and hygiene
- disseminate these to all stakeholders to adhere to
- see also other sections below

For harmonization:

- Agree upon outcomes and goals for the country in terms of CLTS, sanitation and hygiene. Disseminate these to all stakeholders to adhere to
- Donors and governments to reach consensus on the government approach
- Encourage all engaged with CLTS to work together in a spirit of partnership, committed to national CLTS plans.

Experiences and Ideas

1. Strategy development

Malawi: creation of the ODF Malawi by 2015 strategy

CLTS has been shown to be an effective approach for eliminating the practice of open defecation in Malawi. Since its introduction over 2000 villages have been triggered in 12 districts, over 800 of which have been declared “Open Defecation Free” (ODF), a 37% triggering vs. ODF rate. Given its potential to promote significant health benefits, the government of Malawi decided to scale-up the approach in all 28 districts in 2011. The ultimate goal is to completely eliminate open defecation by the year 2015, creating an ODF Malawi. Key recommendations outlined in the National Sanitation Policy are in line with the ODF Malawi by 2015 strategy. This one comprehensive strategy helps harness all potential actors (including traditional institutions and natural leaders) for promoting sanitation nationwide working together towards the same outputs and outcomes and not contradicting each other in their efforts.

Various CLTS stakeholders met in March 2011 to create a strategy for achieving ODF Malawi by 2015 and noted that several changes had to be made to the approach that was current. These changes include scaling up sanitation and hygiene approaches including CLTS and sanitation marketing; increased involvement of traditional leaders; publicity for the strategy; resource mobilization; and better coordination. (*Ulemu Chiluzi, Plan & Jolly Ann Maulit, EWB Malawi*)

Kenya: CLTS Strategy and Supportive Processes

CLTS was introduced in the country in 2007 by Plan Kenya. Following that, the approach was embraced by many sanitation actors in the country. The key actor as in all countries has been the Government, in the Kenya case the line ministry, the Ministry of Public Health and Sanitation (MOPHS).

After being satisfied with the efficacy of CLTS in triggering behaviour change and improving latrine coverage, the Ministry approached UNICEF for support to enable it to scale up the approach, particularly in parts of the country where open defecation has been rampant and there is high incidence of diarrhoea outbreaks.

UNICEF accepted to support the MOPHS with financial resources for such a scale up. This included training of critical mass of facilitators at the districts where CLTS was to be taken to scale. UNICEF also supported MOPHS to establish a learning hub that would provide a forum for sharing of experiences of the ongoing CLTS implementation in the country, including the development of a website.

Since CLTS was fairly new in the country, and it was important that scaling up be done with quality, SNV who have wide experience in capacity building came on board to support quality assurance by monitoring the process of implementation and offering backstopping services.

CLTS which falls within the broader sanitation strategy of the country is discussed and reviewed from time to time in sanitation stakeholders' meetings in the country. The participating organizations take turn to host or sponsor such forums. They are useful in providing updates on what is happening about CLTS in the country. (*Philip Otieno, Plan Kenya*)

Recommendations/ideas

- Where it does not exist, establish a national coordination unit to coordinate and oversee all sanitation and hygiene activities in the country
- This unit should also harmonize information management systems, approaches, and reporting

2. National Task Forces or Steering Committees

West and Central Africa evaluation: Importance of National Steering Committee

A UNICEF evaluation was recently conducted in the countries in Western and Central Africa on the factors which must be present for CLTS success. One of the key factors found was the creation of a national coordination steering committee or unit which can be part of the existing WASH forum, including all those partners implementing the approach, and managed by the lead sanitation agency.

Stakeholders should include the relevant ministries (health, water, education) plus NGO/CBO partners. Some of the group's task would include holding regular meetings to assist national coordination, defining the strategy for implementation and criteria for verification. Other activities can include development of CLTS tools, M&E systems, ensuring quality assurance, and linking CLTS with related campaigns. **“National consensus for the CLTS approach needs to be reached to ensure that all stakeholders support the strategy and are part of the process to take it to scale – UNICEF cannot go to scale by itself.”** (Jane Bevan, WCARO)

Ethiopia: Harmonization of Approaches through National Hygiene and Sanitation Task Force

Harmonization is a process of aligning efforts and approaches to accelerate implementation of sanitation and hygiene through the application of CLTS, a National Hygiene and Sanitation Task Force (NHSTF) chaired by the Federal Ministry of Health. The forum is open for stakeholders directly or indirectly engaged in sanitation and hygiene. The Ministries of Health, Education, Water & Energy and major partners such as UNICEF, WHO, World Bank, WSP-AF International and National NGOs and others meet every month to discuss on issues related to approaches to Sanitation and Hygiene, CLTSH. This forum has been instrumental in harmonization of approaches to CLTS and coordination of efforts of the various stakeholders in the country. The NHSTF serves as an advisory organ to the Federal Ministry of Health in the planning, implementation and monitoring of CLTSH. (Muchie Kidanu)

Malawi: National ODF Malawi by 2015 Task Force

A key component of the ODF Malawi by 2015 strategy is coordination, and a national level task force for the strategy has been created to address this issue. There is a lack of standard reporting and data collection requirements leading to duplication of efforts and confusion at the district level. In addition, different districts implement CLTS approach in different ways and have differing standards for success, and some NGOs still provide subsidies which contradicts this approach. The ODF Malawi by 2015 strategy brings new components on board that are necessary for “scaling up” and hence coordinating activities become even more important. The national task force will coordinate all activities under the components of the strategy, and provide backup support to implementers nationwide. The task force is composed of members from the Ministry of Irrigation and Water Development, Ministry of Health, Plan Malawi, UNICEF, EWB (Engineers Without Borders) Canada, and CPAR. The key activities of the task force include organization of national events, coordination of implementation, ensuring quality assurance through district visits, monitoring the overall progress of the strategy, and providing technical assistance as needed to implementers. Some of the key outputs to be delivered by the task force are the finalization of the ODF strategy and dissemination to key stakeholders, production of progress reports on ODF status in the country, harmonization of data management and reporting tools, and leveraging of additional resources to support the strategy (Jolly Ann Maulit & Ulemu Chiluzi, Malawi).

Recommendation/idea

Create annual work plans for sanitation and hygiene at multiple government levels and by all stakeholders including NGOs, all these to be aligned with national policy and goals

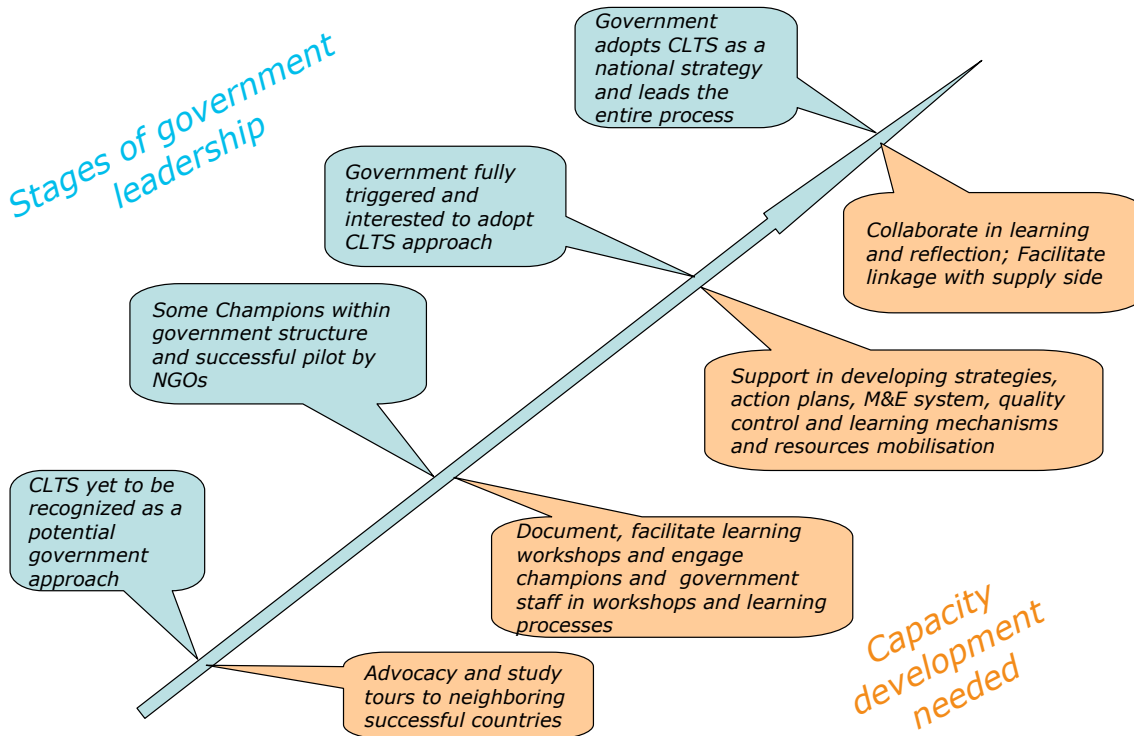
3. Support systems for government

Support systems for government are necessary for CLTS at scale. This includes capacity building on multiple levels of implementation.

Kenya: Government leadership - a pre-condition for vertical up scaling but with challenges

While government leadership is important for taking CLTS to scale, in most cases, traditional government structures lack the kinds of knowledge, skills, systems and procedures needed to institutionalize CLTS. In order to address this challenge, SNV uses a strategic approach to strengthen the capacity of mandated sector ministry and sub-national agencies to ensure that they are capable of taking CLTS to scale with quality. In Kenya, SNV in partnership with UNICEF has been supporting the Ministry of Public Health and Sanitation (MoPHS) on establishing and strengthening institutional mechanisms and capacity at various levels. Such support has included adaptation of CLTS training manuals, process monitoring tools and preparation and implementation of CLTS implementation road-map. SNV is also facilitating learning and reflection workshops at the district and sub-district levels. (Chiranjibi Tiwari, Kenya)

An Approach to Capacity Development (Source: Chiranjibi Tiwari)



Recommendation/idea

Capacity building for government staff and government coordination units

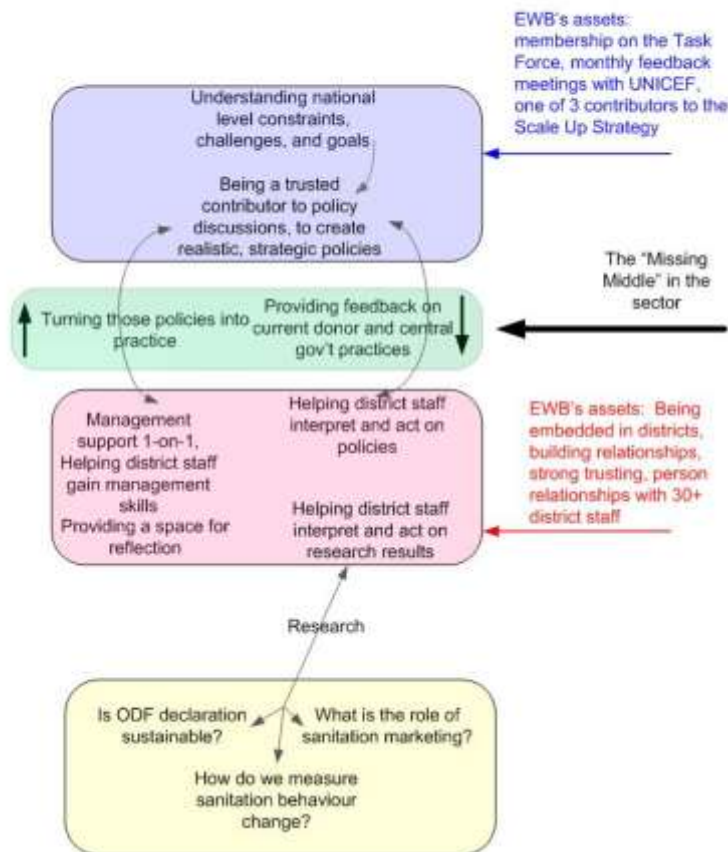
- Provide management capacity building/coaching for CLTS managers at all levels. Coordination units should also be revitalized and strengthened.

Malawi: EWB Canada CLTS District Support

EWB provides management coaching and organizational development support for better planning, coordination, and monitoring and evaluation of CLTS programs. They also work closely with District Coordinating Teams for water and sanitation to map out NGOs working in sanitation in the district, create a work plan which coordinates the NGOs and government efforts, and disseminate information of where CLTS support is needed. (Jolly Ann Maulit, Malawi)

Their capacity building role in the Malawi sanitation sector is illustrated in the diagram below.

EWB's Role: Filling the Missing Middle in the Sanitation Sector



4. Country Experiences, Lessons and Recommendations/Ideas

Indonesia: TSSM Demand Responsive Approach in Indonesia

In the highly decentralized Indonesian situation, getting district government buy-in was essential for the success and sustainability of new approaches. Thus, instead of selecting areas for project intervention, national policy makers and WSP-EAP (East Asia and Pacific) jointly devised a strategy to start at the Total Sanitation and Sanitation Marketing (TSSM) project at scale using a stakeholder demand-driven approach. All 29 East Java districts were offered the opportunity to participate in the TSSM project, which is a combination of CLTS and Sanitation Marketing. The opportunity was presented to them as a short term, 9 month learning opportunity for districts to know how to become open defecation free in the next few years. It was stressed that the onus was on the district governments to maximize the learning they could derive from the opportunity.

Not providing household subsidies and Investment sharing was made essential condition for participation in the TSSM opportunity. District administrative and political heads (Bupatis) were required to send in Letters of Commitment confirming their agreement with the conditions, and all districts did so. Thereafter road shows were held at district level, whereby district level stakeholders were invited to a workshop where the TSSM capacity building assistance was explained and stakeholder interest invited in operationalizing the Total Sanitation and Sanitation Marketing interventions. The district Health offices undertook to repeat the same demand-responsive process at sub-district level, and the sub-district government repeated the same with village chiefs. Village Chiefs who wanted a CLTS triggering interventions in order to help them become ODF, were asked to submit Letters of Interest. CLTS triggering was provided in response to LOIs submitted by village chiefs.

The TSSM project closed in December 2010, and all 29 district governments are continuing with the new approaches introduced by TSSM using their own funding. Most districts now have Strategic Sanitation Plans endorsed by the District Administration and district legislative bodies, ensuring multi-year funding for the new rural sanitation approaches (CLTS and Sanitation marketing). Two thirds of the districts followed the demand responsive process down to the community level, and are achieving far superior results in comparison to the rest of the districts- which did not implement TSSM demand-responsively. *(Nila Mukherjee, WSP Indonesia)*

Recommendations/ideas

Demand Responsive Approach

- Start working on CLTS where there is demand for the approach (favourable condition/demand responsive); provide technical assistance and support for those districts which demand it

Ethiopia: Supportive Systems in Ethiopia

Once triggering is done at a village or kebele monitoring and supportive supervisions are made to the villages to check whether or not the villages are constructing latrines as decided at the triggering workshop of the community. Where there are Plan CLTS coordinators, they with the HEWs and other kebele leaders visit the villages frequently and give encouragement and discuss with the committee elected as village shit eradication committee and with the kebele Health Extension workers. In this process village level meetings are held with the shit eradication committee and then with the kebele CLTS coordinating committee. In case of SLTS meetings are also held with the school CLTS technical committee. The head teacher is also a member of the kebele CLTS coordinating committee.

At the district level there is a monthly meeting of the District CLTS Technical group which reviews reports sent from the kebeles and also visits kebeles to give supportive supervision. At the district health office there is one HEW (Health Extension Worker) supervisor for every five kebeles or health posts and his or her responsibility is to give support in the implementation of the 16 health extension packages which 7 of the are environmental health.

The country office of Plan International CLTS coordinator also visits each program Unit every quarter to monitor activities and at the same time give support in the area required. During this visit villages and kebeles are visited and discussions made with the different actors to share experiences and at the same time respond to issues that may arise in the discussion. In such visits experiences of other Program Units are shared which contributes to a better way of doing things.

The zone Health department and the Health Bureau also visit kebeles and villages to see what is going on in the different districts and villages. (*Atnafe Beyene, Ethiopia*)

Zambia: The Case for CLTS Funding for ODF Zambia

The urgency of meeting the MDGs for water and sanitation by 2015 is a great opportunity to raise money for CLTS. As with other countries, so too with Zambia CLTS is one of the cheapest and most innovative approaches for meeting the MDG for Sanitation by 2015, including as it does hygiene (personal, handwashing, water hygiene and environmental sanitation) in its implementation. (*Giveson Zulu, Zambia*).

Recommendations/ideas for and from Zambia

- Strengthen government advocacy to create champions
- Advocacy needs to be strengthened for government officials to convince the relevant and decisive officials to be champions of CLTS. International community can influence governments to take on CLTS as national strategy
- Institutional structure to support sanitation policies may include:
 - Creation of a sanitation department or ministry to oversee and support implementation and set the ODF mindset for the country
 - Inclusion of NGOs in key technical working groups to foster collaboration
 - Setting up systems to make CLTS sustainable and enable moving up the sanitation ladder following ODF
 - Training a core team of CLTS facilitators at national, regional and local levels and supporting them when they plan to conduct activities
 - Setting up a system to hold trainees accountable for spreading CLTS and using what they've been trained on

Ethiopia: Local Level Implementation in Ethiopia

It is critically important that CLTS (CLTSH in the Ethiopian context to include Hygiene) is assigned a designated unit to coordinate and follow up the day-to-day activities at all levels. It is particularly

essential that CLTSH has strong structural arrangement at implementation level. In Ethiopian, the Health Extension Workers (HEWs) are the primary implementers of CLTSH particularly in the pre- and post-triggering follow-up that drives communities to ODF status and subsequently to climbing the sanitation ladder. The HEWs provide support to Natural Leaders and community volunteers in these processes and in the documentation of progresses. *(Muchi Kidanu, Ethiopia)*

Pakistan: Institutionalizing Recognition at Local Government Level

In some regions acceptability and appreciation at a local level means more than if these come from a higher level. So after verification and certification, the local government authority needs to allocate funds for incentive and rewards in terms of communal schemes and publicity. This is to ensure and express the buy-in of government and local and political leadership, create a sense of local ownership and generate competition. For achieving this, consensus among all parts of government is a must. *(Syed Shah Nasir Khisro, Pakistan)*

Malawi: Internalizing CLTS in Government structures at national, district, and community systems and levels

To make a meaningful contribution at central or national level, district and community levels the following are elements in the strategic position governments need to adopt to meet their ODF sanitation goals:

1. Clear policies on CLTS and other approaches
2. When CLTS is adopted a national policy CLTS to be internalized by all, from top officials to district and local level staff including extension workers. This helps to integrate all the activities needed for scaling up and sustainability of CLTS into their day to day work.
3. District level staff that includes government extension workers, NGOs and decentralized structures to work together to make sanitation and hygiene part of their day to day activities. This applies at the village level with follow-up and monitoring, supporting natural leaders and children and engaging with community leaders in socially inclusive dialogue circles on sanitation and hygiene.

(Ulemu Chiluzi, Malawi)

Malawi: TA Level Teams - an innovation for Decentralizing Implementation at Local Level

District driven implementation for CLTS is at times challenging due to inadequate resources to bring district staff to the field for triggering, follow-ups or verification. An innovation is about to be tested in Malawi where CLTS will be led by the community through the creation of CLTS teams at the Traditional Authority (TA) Level. Districts are divided into TAs, with a traditional leader called the TA (Chief) in charge of each. It is hypothesized that decentralizing the implementation to TAs will lead to more community driven action and lessen the dependency on external funding. Teams in several TAs will be trained in CLTS and with managing the whole CLTS process, from the pre-triggering through to verification. The teams will be composed of TAs (chiefs), extension staff from the catchment areas, religious leaders, natural leaders and other field level volunteers, as well as NGOs active in the area. With the CLTS training in hand, they will be encouraged to create their own systems and processes to ensure that their TA becomes ODF. The first TA to be declared ODF will receive a recognition ceremony. The incentive and motivation to implement and become ODF will be the recognition that they have a

clean, open defecation free village by key government officials. If proven successful, this local institutional set-up can be an effective way of scaling up CLTS in a cost effective manner. *(Jolly Ann Maulit, Malawi)*

Recommendation/idea

- Institutions at the grassroots where CLTS can be housed to be sought or established. These can be led by traditional leaders and government extension staff with support from local volunteers like natural leaders including women and youth.

Malawi: Sanitation Sector Financing

Malawi, which is supposed to be a decentralized country with water and sanitation implementation devolved to district governments, has less than 2% of a district budget allocated towards water and sanitation activities; most of this budget is spent on water. This makes it next to impossible to implement activities at all much less on a long term period without external project funding. Evidence on the ground shows that there is little financing to fully support all sanitation and hygiene initiatives including monitoring and follow-up. Budget support for government sanitation programs is essential to accelerate sanitation progress in Malawi. *(Jolly Ann Maulit & Ulemu Chiluzi, Malawi)*

Recommendation/idea

- Increase government allocation of resources for sanitation and hygiene in order to be on track to meet the MDGs

Kenya: Performance Tied to CLTS

In Kenya, ministers have to publish goals which they are held accountable to each year. The Chief Public Health Officer has sanitation (with CLTS as the key approach) as one of his areas to deliver on; each year his job security depends on his ability to improve the sanitation status in the country.

CLTS has also been integrated into the work plans of government staff and their job descriptions. This has followed early experiences in the field. While the leadership of MoPHS was crucial, there were also challenges. In all six first districts only a portion of the MoPHS staff were involved in CLTS process on a full-time basis. It was also observed that CLTS processes suffered during Malaria or Polio Campaigns as MoPHS staff had to shift their attention to these competing priorities. Learning from this reality, the MoPHS has reflected CLTS into Annual Operation Plans (AOPs) of MoPHS staff in addition to recruiting a full time Regional CLTS Coordinator. *(Chiranjibi Tiwari, Kenya)*

Recommendations/ideas

- Make political leaders accountable for effective support for CLTS
- Introduce performance contracts and indicators for CLTS

- Include CLTS activities in job descriptions and performance contracts of relevant government staff at all levels

Summary of Recommendations

In summary, the following points are recommended for institutional support for CLTS:

- Creation and enforcement of a national policy for sanitation and hygiene with clear guidelines for implementers and donors; this will provide the framework for all sanitation and hygiene initiatives in the country, including CLTS.
- Strike a balance between the need to aim high in order to achieve and surpass the MDGs, and realism about what is feasible. Accept that it is in the national interest to know realities even if this means that ambitious targets are not achieved.
- Recognize and reward honest reporting of shortfalls and achievements. Monitor the proportion of verifications that fail communities (see Verification and M and E sections).
- Agree upon outcomes and goals for the country in terms of CLTS, sanitation and hygiene, then disseminate these to all stakeholders to adhere to so as to increase coordination.
- Create annual work plans for sanitation and hygiene at multiple government levels and by all stakeholders including NGOs, all these to be aligned with national policy and goals.
- Include CLTS activities in job descriptions and performance contracts of relevant government staff at all levels
- Make political leaders accountable for effective support for CLTS
- Establish a national coordination unit to coordinate and oversee all sanitation and hygiene activities in the country. This unit should also harmonize information management systems, approaches, and reporting.
- Provide management capacity building/coaching for CLTS managers at all levels. Coordination units should also be revitalized and strengthened.
- Start working on CLTS where there is demand for the approach and provide technical assistance and support for those who demand it
- Advocacy needs to be strengthened for government officials to convince the relevant and decisive officials to be champions of CLTS. International community can influence governments to take on CLTS as national strategy
- Institutional structures which can be created to support sanitation policies may include:
 - Creation of a sanitation department or ministry to oversee and support implementation and set the ODF mindset for the country
 - Inclusion of NGOs in key technical working groups to foster collaboration
 - Setting up systems to make CLTS sustainable and enable moving up the sanitation ladder following ODF
 - Training a core team of CLTS facilitators at national, regional and local levels and supporting them when they plan to conduct activities

- Setting up a system to hold trainees accountable for spreading CLTS and using what they've been trained on
- District level staff that includes government extension workers, NGOs and decentralized structures to work together to make sanitation and hygiene part of their day to day activities. This applies at the village level with follow-up and monitoring, supporting natural leaders and children and engaging with community leaders and community members.
- Increase government allocation of resources for sanitation and hygiene in order to be on track to meet the MDGs

Follow-up Contacts and Written Sources

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 Shah Nasir, Pakistan
 Modibo Diallo, Government, Mali

For a full list of participants and contact addresses, please see appendix to the full set of Notes

Mukherjee, Nila (2009) *TSSM: Indonesia Country Update June 2009 - Learning at Scale*, WSP, World Bank
<http://www.communityledtotalsanitation.org/resource/learning-scale-total-sanitation-and-sanitation-marketing-project-indonesia-country-update>

Musyoki, Samuel and Chambers, Robert (2011) *Going to Scale with CLTS: What works?* July 2011, see
<http://www.communityledtotalsanitation.org/resource/going-scale-what-works>

Tiwari, Chiranjibi (2011) 'Role of district level reflection and government leadership in scaling up CLTS: Lessons from process monitoring of CLTS in Kenya', SNV Kenya
<http://www.snvworld.org/en/regions/africa/publications/the-role-of-district-level-reflection-and-government-leadership-in>

Taking Community Led Total Sanitation to Scale with Quality

4. CLTS Training, Triggering and Follow-up at Scale

Introduction

Many countries in Asia and Africa are now implementing CLTS and trying to take it to scale. Many issues have arisen about how to do this with both speed and quality, concerning:

- achieving and maintaining quality in training
- how triggering can be done at scale
- how to optimize follow up after triggering, and
- how Natural Leaders can be recognized and supported to play their part in spreading CLTS and achieving ODF conditions on a wider scale beyond their own communities.

The headings in this note are:

Challenges, constraints and opportunities

- Policy and priorities
- Bad practice
- Finding good trainers and facilitators and releasing them full-time
- Triggering with adequate and immediate follow up

Experiences and ideas

- Indonesia: action research on pre-conditions for achieving and sustaining ODF communities
- Ethiopia: scaling up through teachers and schools
- Ensuring that the right staff attend trainings
- Mali: hands-on selection for regional training teams
- Kenya: achieving scale through health extension staff
- Annual work plans and personal targets
- Mobilizing and sensitizing different kinds of leaders
- Zambia and Malawi: working with traditional authorities
- Ethiopia: shit eradication committees and business associations
- Recognizing the versatile potential of children
- Going to scale through Natural Leaders

Challenges, constraints and opportunities

Constraints are negative. But all of them present opportunities. All of them can release potential when removed. Some of the main constraints, each with its positive side, that have hindered effective scaling up of CLTS with quality have been:

1. Policy and Priorities

- Sanitation has been a low priority for line ministries. Many of those concerned have allocated more resources, and paid more attention to, scaling up water supply systems than to sanitation.
- Household hardware subsidy policies and mindsets have been entrenched. This has undermined the scaling up of CLTS. Despite all the evidence, there are still some governments and INGOs which persist with household hardware subsidies, impeding or preventing the non-subsidy interventions of CLTS.

2. Avoiding bad practice

Much bad practice takes three forms and should not be difficult to avoid.

- Consultants have claimed to be competent when they have no track record of triggered communities becoming ODF. This has set whole countries off in the wrong direction, needing refresher training.
- Classroom training has been conducted with role plays but no hands-on triggering in real time in communities. This simply does not work. Those being trained do not gain the confidence and hands-on experience that are essential.
- One-off cascade training (training trainers of trainers) without mentoring and follow up support hands-on in communities, leaving those trained to try to introduce CLTS on their own.

3. Finding good Trainers and facilitators and releasing them to be engaged full-time

Good trainers and facilitators are usually, perhaps always, the biggest constraint to taking CLTS to scale with quality. In most if not all countries they are a very scarce and absolutely vital national resource. This and its implications have rarely been adequately recognized and acted on. Some challenges are:

- Finding and engaging good CLTS facilitators who can be counted upon for quality CLTS training or implementation activities. Those who are most able are often those for whom other commitments are heaviest. Some government or NGO staff, having been trained as CLTS facilitators, go back to their duty stations and are assigned other responsibilities that are not CLTS related, or are overburdened with other work
- A lack of staff, freelancers and agencies capable of good really effective training of trainers. (India, for example, has only three or four organizations are known to be competent to conduct hands-on CLTS training. This has seriously slowed down the spread of CLTS).

4. Triggering with immediate and adequate follow-up.

This is a mega issue repeatedly requiring attention.

- A common mistake is to focus on triggering without adequate follow up. This shows up quickly in monitoring. The ratio of triggered communities to communities certified as ODF worldwide is low – often in the range of only 25-40 per cent. In part this reflects lag time in going to scale. In part it reflects low quality triggering. But perhaps most significant is failure to follow up appropriately post-triggering. Cases are also not that rare when there has been no follow-up at all.
- The experience of SNV in Kenya (chart below) shows that after a successful triggering ODF achievement requires a regular follow up and interaction with communities. The chart shows the typical situation one of the districts in Kenya (Source: Chiranjibi Tiwari (ctiwari@snvworld.org))

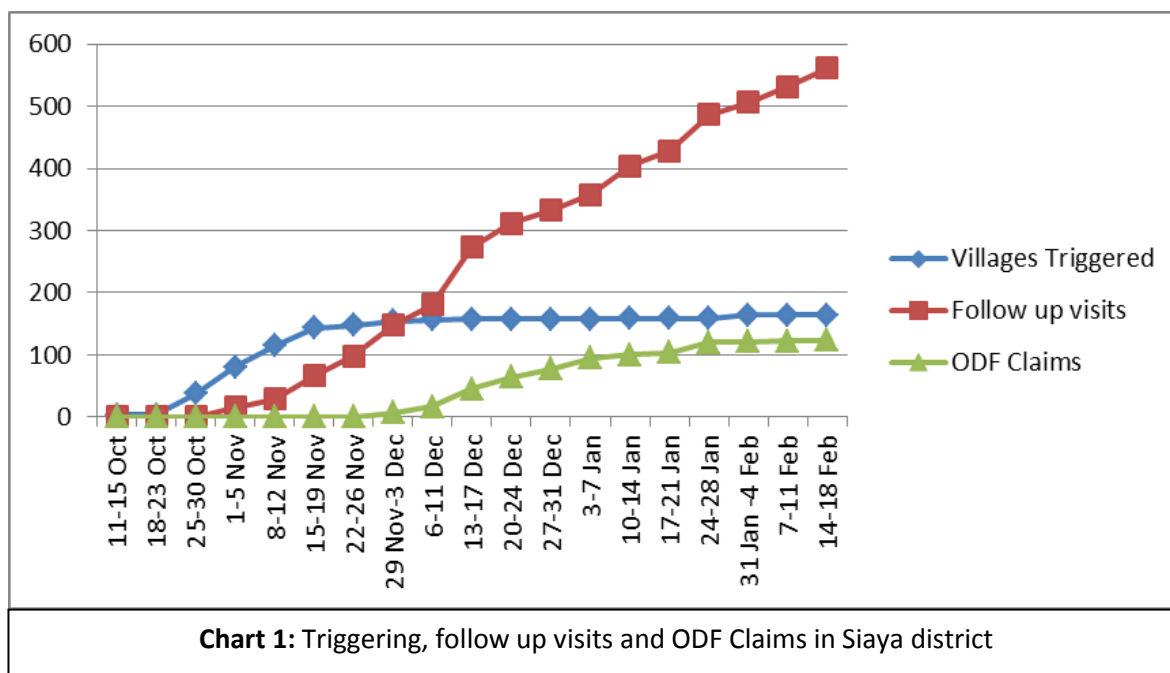


Chart 1: Triggering, follow up visits and ODF Claims in Siaya district

This points to just how significant follow-up visits may be in closing the gap between triggering and claims to be ODF. Whenever the gap is wide, warning bells should sound. Wide gaps have occurred at different times in Malawi, Nigeria and other countries. In Sierra Leone, UNICEF’s quarterly newsletter reports numbers triggered and numbers certified by NGO and by District, which gives good early warning when remedial action may be needed. In Eritrea when the gap became wide, the Government halted new triggering so that staff and other resources could be concentrated on follow up and achieving ODF in those communities already triggered; only when that had occurred would triggering be resumed.

Experiences and ideas

Indonesia: Action research on pre-conditions for achieving and sustaining ODF communities

Action research with 80 communities in East Java, Indonesia, which had experienced Total Sanitation and Sanitation Marketing (TSSM) interventions during 2007-2010 revealed that:

- *Communities which became ODF quickly sustained their ODF status much better than those that took much longer.* 95 per cent of those that became ODF within 2 months remained ODF 4-28 months after verification.
- *ODF outcomes that materialize late, many months after triggering should be subject to intensive verification and periodic re-checks.* Only 80 per cent of those communities that became ODF late remained ODF. Because sanctions against open defecation were rarely enforced in these communities, the actual percentage that remained ODF could be even lower.
- *Sanitation behavior change is difficult to ignite in riverbank and waterfront communities, and special strategies need to be developed for them.* Also, behavioral change communication strategies need to target latrine sharers differently from open defecators, as underlying motivations are quite different.

- *Poor quality CLTS triggering was invariably associated with lack of ODF achievement. However, good quality CLTS triggering alone did not guarantee ODF outcomes.*
- *Provided CLTS triggering was of sufficient quality, progress to ODF achievement and sustainability was hastened by*
 - *Community's social capital and leadership involvement in the change process, which ensured post-triggering follow-up, collective self-help action and monitoring.*
 - *Local availability and affordability of latrine attributes desired by consumers (Poor, Rich and In-between households).*
 - *Absence of externally provided subsidies to a few households.*
 - *Post-triggering progress monitoring and follow-up by external agencies in collaboration with communities.*

Source: Mukherjee, Nilanjana, Robiarto, Amin, Saputra, Effentrif and Wartono, Djoko (2011). *Achieving and Sustaining ODF Communities: Learning from East Java Communities. Water and Sanitation Program Research Brief*. Full report at www.wsp.org/scalingupsanitation

While many factors affect speed of becoming ODF, the fact that ODF was most sustainable in those communities that achieved it within two months reinforces the case for immediate follow up for rapid community action after triggering.

Ethiopia: Scaling up through teachers and schools

Ethiopia gave the example of scaling up CLTS through teachers and school children. Schools – teachers and pupils together, are first triggered with appraisal of the school itself. Then teachers are shown a live hands-on triggering in a community so that they can see how it can be done. On a day dedicated to health education, pupils convene their communities (Development Units of usually around 30 households) competing for who can bring most people. Two or three Development Units come together. Teachers divide up in pairs, each pair triggering one such meeting. A Shit Eradication Committees is formed for each Development Unit with six members including a youth and a child pupil. The pupils then follow up with weekly monitoring and reporting to the school, which passes the reports on to the local administrator. The teachers of one school, once trained, have proved able to trigger 30-50 Development Units in one day. Piloted in Shebedino Woreda, this approach is being scaled up.

Source: Berhanu Tunsisa Berhanu.tunsisa@plan-international.org Atafe.behene@plan-international.org and <http://www.communityledtotalsanitation.org/resource/school-led-total-sanitation-reflections-potential-shebedino-pilot>

Ensuring that the right staff attend trainings

CLTS trainings should be attended by staff who are expected to do actual CLTS triggering and facilitation and will be free to do this. It is often happens that organizations send administrative staff to attend CLTS training workshops, when will have no subsequent role in actual CLTS triggering. This is remarkably wasteful.

Mali: Hands-on Selection for Regional Training Teams

In Mali a team of national trainers conducts trainings at the regional level. During every CLTS training some 15 communities are triggered. The national trainers divide themselves among the different groups to supervise the triggering. They thus get to know who the natural 'triggerers' in the teams are. Those selected individuals are then asked to form the regional training team, and to go on to train other facilitators. The national team continues to support them as necessary.

Kenya: Achieving Scale through Health Extension Staff

Kenya also provided a good practice where CLTS triggering had been done through the line ministries' structures, which has brought on board the public health extension staff, and the Community Health Workers. This has resulted in reaching a wider geographical area, and better results in terms of ODF achievements. However, finding staff with passion and commitment to CLTS was a major challenge. In all pilot districts only a portion of the MoPHS staff were involved in CLTS process on full-time basis. It was also observed that CLTS processes suffered during Malaria or Polio Campaigns as MoPHS staff had to shift their attention to these competing priorities. Learning from this reality, the MoPHS has reflected CLTS into Annual Operation Plans (AOPs) of MoPHS staff in addition to recruiting a full time Regional CLTS Coordinator.

Annual Work Plans and Personal Targets

Development of annual work plans and 5 year strategic plans with clearly stated targets for the line Ministries has also helped in scaling up triggering in some of the Counties in Kenya. Such work plans are effective when the requisite resources (human, financial and material) are available to support implementation. This links with performance contracting for public health extension officers which requires them to trigger a specified number of villages and follow up until they become ODF. This has contributed to holding them accountable and to the success of CLTS.

Mobilizing and sensitizing different kinds of leaders

Community leaders and influential people such as religious leaders, landlords, leaders of Community Based Organizations (CBOs), and local politicians should be sensitized and encouraged to support the Natural Leaders in their work. Where there are political parties, CLTS has provided a common platform on which politicians can work together. The good will and where possible passionate support of all local leaders can be critical to the success of CLTS.

Zambia and Malawi: Working with Traditional Authorities

In Zambia, Chief Macha in Choma showed how powerful local leadership and an intensive campaign can achieve a lot in a short time. He has sought to inspire other Chiefs to do likewise. Similarly Malawi is piloting taking triggering to scale by working with decentralized structures known as Traditional Authorities (TA) found within districts to trigger and support their respective traditional areas to become ODF.

Ethiopia: Shit Eradication Committees and Business Associations

Another experience from Ethiopia is the formation of Shit Eradication Committees that hold weekly meetings together with religious leaders, community based organizations' leaders, and local politicians at villages. These link with the network of Natural Leaders established at village/ kebele/ peasant association/ levels, district level, and zonal level. This also ties in with and supports a network to establish business associations that promote and assess demands of households for sanitation products in line with their capacity to purchase. The product in demand can then be supplied to households through the network members rooted in each village.

Recognizing the versatile potential of children

The important part played by children in CLTS processes has been recognized since the early days of CLTS (see e.g. Handbook pp. 50-53). It is widespread good practice for them to be triggered separately at

the same time as adults, and then to present to adults. Their part in follow-up and monitoring OD is well known. Schools and school teachers influence parents' behavior and decision-making through their pupils. When schools are triggered, children can volunteer for active roles in the community. Children can become Natural Leaders. Beyond all this, and contrary to many adults' ideas of what children can do, children in Sierra Leone themselves conduct triggering of adults, adapting and selecting parts of the triggering routine. And then follow up. In triggering, instead of the transect walk, they bring shit to the community, and then use a lot of humour with local jokes. They also use drama and skits.

Source: Ramatu Jalloh, UNICEF Sierra Leone

Going to Scale through Natural Leaders

It has long been a dream that Natural Leaders might turn CLTS into a self-spreading movement, but this has not yet come about. There have been many cases where NLs have triggered and encouraged other nearby communities but rarely if ever have they continued for any length of time. There have been moves to provide NLs with contracts, and to post their photographs, names and contacts on internet. Even with this, however, they may not yet have really taken off. A large convention of NLs in Pakistan generated enthusiasm and energy but did not lead to a widespread and sustainable system of support. At the same time due to their acceptability in their communities, and good understanding of their local cultures, NLs ought to be significant players in taking CLTS to scale with quality. This area cries out for a breakthrough. This is more than ever vital in those countries like Malawi, Zambia, Ghana and Kenya that have set themselves ambitious targets for becoming fully ODF in rural areas.

Issues and constraints have proved to be many, including:

- Typically NLs have many other demands on their time
- It is not fully understood why neither NGOs nor Governments to date have been very successful in supporting NLs to take autonomous initiatives. This deserves reflection and analysis.
- If there is remuneration, it needs to cover follow-up and not just triggering
- The number of NLs able to devote substantial time to triggering and follow-up has not yet been significant
- There have been situations where some of the natural leaders have been recognized for their achievements by being taken for exposure visits and to conferences to share their experiences. However, this has sometimes generated resentment on the part of other community members who have felt left out. Those who felt left out have at times resorted to sabotaging CLTS activities in their villages or communities.
- High drop out rates among Natural Leaders due to unfulfilled expectations and the challenge of sustaining their motivation.
- Training suitable for NLs is in its infancy and needs to be evolved in a participatory way with their creative input. Government and NGO staff may need to develop their own abilities to facilitate or with NLs co-facilitate workshops to evolve suitable approaches and methods

The following are some of the good practices that can be of help in scaling up training, triggering and working with natural leaders. Sierra Leone has made progress: a training handbook for Natural Leaders has been developed to sharpen their facilitation and triggering skills; and NLs are also being recognized by being supported with bicycles, caps and T-Shirts. In Nigeria, NLs are also involved in sanitation and hygiene promotion, e.g. hand washing. They are also included in WASH committees with specific responsibility for CLTS and report on progress from their respective villages on ODF status.

Recommendations/ideas for Natural Leaders

- Make identifying NLs capable of spreading CLTS a priority in the early stages of triggering and follow up
- Build their capacity and confidence through appropriate training and practice
- Network and share relevant materials like the Sierra Leone guide for NLs
- Encourage trials of different approaches with NLs and the sharing of experiences
 - Contracts with different forms of remuneration or reward (daily rates, bonuses for communities credibly verified as ODF, provision of bicycles etc)
 - Field studies to assess such approaches and experiences, if possible with cross-country comparisons
 - Participatory workshops of NLs to brainstorm and strategize
 - Initiate and facilitate networks of NLs for their own sharing, learning and progress
 - One or more workshops, both nationally and internationally, involving NLs, to reflect on experience and to plan ways forward for amplifying their impact and sparking more of a self-spreading movement. They can also be supported to form network forums where they learn from each others' experiences regarding challenges, successes and opportunities created for scaling up CLTS.

Recommendations/ideas - general

- Review the experiences and ideas above to consider their practical relevance and possible application
- Where governments are not yet fully committed to CLTS, engage with key actors and invite them to witness a triggering in the field.
- Convene sanitation stakeholders' workshops to review the capacity of each stakeholder to contribute to CLTS, fill in any noted gaps, map out areas of jurisdiction, and build a team spirit and sense of shared purpose in scaling up.
- Ensure that
 - a. key trainers have a track record of triggered communities becoming ODF.
 - b. All training includes hands-on practice in real time in communities
 - c. New trainers and facilitators can start without delay after their own training, and are mentored and supported
- Select for training people who if suitable and enthusiastic will have good prospects of being able to work full time or for much of their time as trainers or facilitators. Devise ways of identifying those who have 'got it' and strenuously try to release them so that they can be full-time.
- Build up and support teams of trainers and facilitators at different levels
- Focus resources and attention on follow-up support and encouragement to communities and emerging Natural Leaders after triggering, and aim for early achievement of ODF
- Seek and pilot innovations, and share experiences

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Useful resources available on www.communityledtotalsanitation.org

Kamal Kar with Robert Chambers (2008) Handbook on Community-led Total Sanitation
<http://www.communityledtotalsanitation.org/resource/handbook-community-led-total-sanitation> IDS
and Plan International

Kamal Kar (2010) Facilitating “Hands-on” Training Workshops for CLTS: A Trainer’s Training Guide
<http://www.communityledtotalsanitation.org/resource/facilitating-hands-training-workshops-clts-trainers-training-guide>

Lusaka Declaration <http://www.communityledtotalsanitation.org/resource/lusaka-declaration>

Bamako Consensus <http://www.communityledtotalsanitation.org/resource/bamako-consensusle-consensus-de-bamako-pour-latpc>

Samuel Musyoki and Robert Chambers (July 2011) Going to scale: what works
<http://www.communityledtotalsanitation.org/resource/going-scale-what-works>

Sierra Leone Natural Leaders’ Guide <http://www.communityledtotalsanitation.org/resource/clts-training-manual-natural-leaders>

Uganda Training of Trainer’s Manual <http://www.communityledtotalsanitation.org/resource/training-trainer-s-manual-uganda> and Training Guide for Facilitators
<http://www.communityledtotalsanitation.org/resource/training-guide-clts-facilitators-uganda>

Taking Community Led Total Sanitation to Scale with Quality

5. Strategies for ODF Verification at Scale

Introduction

Verification is a process to assess the ODF and hygiene status of a community. Certification is the official recognition of the achievement of ODF and other required conditions. Verification and certification may take place at the same time, or they may be separated and undertaken at different times. They may be conducted by the same people or agency, or by different people and agencies. There is also a wide variety of practices in processes of verification and certification in different countries, and often within countries. In consequence there is experience of a range of options for who verifies, criteria for verification, and process.

This note lists challenges and opportunities in going to scale with quality, presents contrasting experiences and ideas from practices in six countries, and concludes with recommendations/ideas, sources for further information and an appendix on India.

Challenges and Opportunities

Going to scale with verification poses many challenges:

- Identifying and standardizing good practices for consistent application at scale
- Recognizing that good verification practices vary with country contexts, e.g. with the way *ODF* and *improved sanitation* are defined in the programme or country
- Determining who should conduct verifications. This is one key to the credibility of the process and becomes increasingly important as programs scale up
- Making the verification process a positive experience for communities so that they learn, are empowered and improve their practices
- Ensuring that verification and certification can keep up with communities' claims to be ODF without excessive waiting time
- Maintaining verification standards at levels which are not so strict that almost all fail, and not so lax that almost all pass
- Managing to go to scale while still encouraging celebrations of ODF verification and certification
- Ensuring resources and capacity to conduct verifications in a timely and effective fashion on a large and sometimes exponentially expanding scale. This critical challenge needs to be anticipated, confronted and planned for at the start of programmes.

Experiences and Ideas

1. India

The major lesson from Indian experience is that if verification is lax and linked with financial or other rewards, it is highly vulnerable to widespread abuse. This lesson and warnings come from Indian experience with the Nirmal Gram Puruskar (NGP - see Handbook pp54-5). Although the NGP is in most cases not connected with CLTS, it includes verification of ODF status. Since 2004 the NGP scheme has been giving awards to Gram Panchayats (GPs) (local government entities) that achieve ODF status and are environmentally clean. Leaders of successful GPs go to Delhi to be honoured by the President, and receive substantial financial rewards. Standards and processes were the same from 2004 to 2008. Initially their application was very strict: a GP in Mandi District which had made a great effort was failed because TOILET had been painted by mistake on the doors of two store rooms (and this despite the fact that the rooms had no toilet pans). Later as applicants for the award multiplied exponentially across India into thousands, verification and certification were contracted out to NGOs which in turn subcontracted to other NGOs which in some cases subcontracted yet again to individuals for a fraction of the original remuneration. There were many complaints that the evaluators had taken bribes from the GPs. The result was fake reporting, described by one well-informed source as a joke. Then in 2008 and 2009, a team led by Vinod Mishra, director of Training, Key Resource Centre, Nainital, was commissioned to verify, State by State, the ODF status of NGP communities. They inspected 1018 GP applicants in 6 States (Jammu and Kashmir, Punjab, Rajasthan, Himachal Pradesh, Kerala and Karnataka) and certified 417 GPs and 3 Block Panchayats. However, in 2009 the pass rate became minimal, with only 1 out of 621 applicants successful in Haryana, and none in Bihar. This high failure rate followed the adoption by Government of an on-line verification system in which third party verifiers from NGOs or research organizations from other States are required to stay in the communities overnight. They supply data to the computer programme which then determines pass or fail. Inspections are required to be rigorous, including for instance looking at the fingernails of children in school. Arguably India was too tough at first, then far too lax, and now very strict again, possibly too strict. The system seems to entail little community participation or learning.

See www.ddws.nic.in and appendix for more detail. A comprehensive account of the procedure can be found in *WSP Monitoring Systems for Incentive Programs: Learning from large-scale rural sanitation initiatives in India*, Water and Sanitation Program, World Bank, November 2010.

Recommendation: Close control and regular monitoring of the verification process as the country moves to scale

2. Ethiopia

In the past different institutions and organizations have had different verification guides. The Ministry of Health has now developed a verification protocol that will be used all over the country by all stakeholders. A draft guide prepared by the government-level CLTS Task Force is already in use. This will be finalized, approved and distributed by the end of 2011.

The sequence according to the draft verification guide is:

- Village self-verification.

- The Kebele (the smallest administrative unit) verifies and writes a letter requesting verification by the district.
- The district sends its own staff to verify, and give certification.
- Finally, the community celebrates its ODF status.

The verification protocol includes indicators to be used by the verifying bodies at the different levels, from village to national.

Recommendation: Development of national verification protocols in coordination with all stakeholders.

3. Indonesia

Local government facilitators organize ODF verification events. Verification teams include community health centre and sub-district level staff, together with community representatives from other ODF communities. Members and facilitators of the community being verified do not participate in verification. A standardized protocol is used which:

- explains definitions of ODF and improved/unimproved sanitation and the purpose and process of verification;
- provides a checklist for observation of the environment and household facilities, and
- lists questions to guide interviews with households and community leaders.

In addition, during its visit, the verification team checks indicators of the community's commitments. These include:

- village regulations/sanctions to check open defecation;
- the existence of a monitoring system involving key community leaders; and
- functioning school sanitation facilities.

ODF verification results are immediately shared with the community and, if needed, a time-frame for re-verification is set. (*East Java Total Sanitation and Sanitation Marketing project experience*)

Recommendation: Verification can include community commitments for maintaining ODF.

4. Malawi

There is no standardized verification method yet but the GoM is in the process of finalizing a strategy which outlines the verification process. A template for verification will be developed by the national coordination unit and distributed nationwide. The new verification process will be conducted jointly by community leaders, district representatives, and NGOs working in the area. In terms of physical facilities, verification criteria have two levels:

- Level 1 - ODF: Every household uses a latrine with privacy, there is no shit in the bush (100% latrine coverage, sharing is acceptable)
- Level 2 - ODF ++: Every household has a latrine with cover and hand washing facility (100% coverage, sharing is acceptable); all religious institutions, market centres and health centres in the catchment area have latrines with covers and hand washing facilities (100% coverage)

Recommendation: The verification process can include different stages of ODF.

5. Pakistan

A three-member Verification Committee consists of a community leader, a facilitation agency member and a nominee from local government. The committee holds meetings with stakeholders at the community level and with community institutions, and physically verifies OD eradication. It examines the streets and open spaces and randomly visits some of the households to check that facilities exist and are used properly. The ODF certification is issued by the local government. It expires after six months and the same team visits again to determine whether the community is still ODF.

Recommendation: ODF status can be time-bound and subject to re-certification.

6. Kenya

For its ambitious programme to achieve an ODF rural Kenya by 2013, the Kenya Government with partners has produced *A Practitioners Guide for ODF Certification in Kenya*. This guide includes training of enumerators to include handwashing, safe water chain, food hygiene, and household environment hygiene and sanitation. The initial large-scale verifications have been conducted by the NGO KWAHO in Nyanza and Western Provinces. Of 349 villages claiming to be ODF, 162 or 48 per cent were found ODF and 187 or 54 per cent not ODF. Verification criteria include latrine coverage, handwashing facilities and dish rack coverage.

The verification process in Kenya

The third party certification is to verify and include that:

- All homesteads have functional latrines
- There are footpaths leading to the latrines to confirm use
- The evaluators physically visit the latrines to establish usage
- The evaluators visit previous OD places like bushes, open fields, maize plantation, behind the houses etc
- Hold discussions with children to verify information provided by adults. Also randomly stop children on the way and ask them where they defecate.
- Use smell as a guide to places where there is bad smell to establish what is happening
- Water points are often sites for OD. Visit the community's sources of water within the village such as springs, streams, rivers, boreholes etc and certify that they are ODF

(KWAHO 2011:6)

The process of verification was oriented to be positive for the community, even when found to be not ODF. An injunction for evaluators was 'Do not be the bloodhound but rather a watchdog'. KWAHO reported 'The most critical aspect of the certification exercise was to encourage and celebrate sanitation progress and innovations attained by various communities. Even when the village had not attained ODF status it was our mandate to encourage the natural leaders, the CLTS teams towards attaining ODF

status. The approach also encompassed appreciative inquiry in to the way forward for those communities that had not attained ODF status.’ (KWAHO 2011: 7).

Recommendation: Make verification a positive and encouraging experience for the community even if it is found not yet to be ODF

7. Cote d’Ivoire

There are 2 major regions in Cote d’Ivoire where CLTS is currently being rolled out – Bouaké and



Tiassalé. Exchange verification missions are planned in advance between the two. The missions last for a few days to a week, and teams include members from the government, NGOs, local authorities and community representatives. The criteria are very clear and the evaluation teams take the role very seriously. At the end of each day, a debriefing session is held to compare notes and to make recommendations, and dates are set for any necessary re-verifications.

Latrine Inspection in Sileoule Community, Bouaké

After the final recommendations of the teams are made, celebrations are held to congratulate the successful communities. This inter-regional practice is not only more objective than using purely local teams but has also proved very useful for cross-fertilization and the exchange of practices and ideas.

Recommendation: Include CLTS practitioners from other regions in the verification process.

Indicators and process for verification

One option for verification is to ask communities to suggest their own indicators and to carry out their own verifications. This would fit before putting themselves forward for external verification.

Indicators vary quite widely between countries and organizations. However, some are very common if not universal:

- Everyone in the community has access to safe disposal of faeces. Latrine coverage is assessed, bearing in mind that a community can be ODF through sharing.
- Latrines have covers
- Latrines are used (there are paths to them, other indicators...)
- There are no OD areas and no evidence of OD
- Handwashing facilities with soap or ash are present and used
- Safe disposal of faeces of young children
- Satisfactory school sanitation and handwashing facilities, separate for girls and boys

Others which are not universal, or ‘secondary criteria’ include

- Latrines are clean

- Plate racks
- Household water cleanliness
- Environmental cleanliness - Solid waste disposal; Composting; Liquid drainage; Soak pit; General street cleanliness
- Latrines for passers-by and/or migrant labourers
- Distance from wells to avoid groundwater pollution
- Latrines in markets, public places, government buildings, transport centres...and these are kept clean.

The **Ghana verification guidelines** (Checklist for Community ODF Verification and Certification, 2010) include a second stage after ODF of the 'Model Clean Community', where the following criteria apply:

- At least 90% of all houses in the community should have an improved latrine
- An increase in hand washing practice (evidenced by hand washing facilities with soap or other agent) close to toilet facilities, in institutions such as schools and health posts
- An improvement in general environmental sanitation (evidenced by maintenance of refuse dump sites, waste water management, clearing of bushes, absence of animal droppings and clean lanes and alleys) in the community
- Evidence that initial rudimentary latrines are moving up the sanitation ladder

A good process often includes:

- Verification is by a third party
- The visit is an unannounced surprise
- Transects and visual inspections
- Household visits and discussions (often random, a percentage of the total)
- Discussions with children, also old people
- A positive and appreciative attitude, even when the community does not qualify, looking to the future and reinforcing actions to achieve or sustain ODF
- Subsequent follow up leading to re-verification and/or celebration

Recommendations/ideas

Drawing on the experiences and approaches above and other sources, our recommendations and ideas are:

- Plan ahead anticipating the need to go to scale with verification. Avoid the situation in one country where at one time there were over 200 communities waiting, and only some 20 had been verified. Identify who or which organizations will be able to handle rapidly expanding demands for verification.
- Ensure resources will be sufficient. Funds needed for verification at scale will be substantial and need to be budgeted for well in advance, especially when a programme is ambitious and expanding fast.
- Prefer third party verifiers. Those with interests in positive outcomes should not be involved. Verifiers should be rewarded for impartial thoroughness. Choices of participants present many options including – Natural Leaders and others from neighbouring communities, NGOs from other areas, local Health Workers, and other officials or volunteers. Verification should not be subcontracted.
- Train and monitor those in third party verification organizations. Make sure they are familiar with CLTS

- Encourage community involvement as part of a learning process. Whether failing or passing, make verifications positive experiences, looking to future pride and self-respect, sustainability and/or achievements. With participation and transparency in verification, a non- ODF community will learn what is needed to get ODF status and may be motivated to do that soon. Verification findings can be shared in open meetings, with care not to humiliate.
- Do not treat verification as a one-off but part of a continuing process. In Pakistan and some other countries, a verifying team revisits a community after a period such as six months. In Kenya, there is a revisit to confirm ODF status before celebration takes place. Some national protocols include different levels of ODF (eg Ghana, Malawi).
- Probe very high rates of passing (say over 70 per cent) or very high rates of failure (say, again, over 70 per cent). With very high failures, consider stopping triggering and concentrating on post-triggering follow up. With very high passes, raise questions whether criteria and their application are adequate
- Use celebrations after verification to build community pride and confidence, and to encourage others. Government officials, politicians, local leaders, and other stakeholders to be invited, and Natural leaders honoured. Press and TV coverage where appropriate. Masons and others may use the occasion, leading to moves to sustainability up the sanitation ladder.
- Recognize that in going to scale, communities may increasingly have to organize their own celebrations with less outside involvement. To the extent possible, provide encouragement and support.

Sources:

WSP 2010 *Monitoring Systems for Incentive Programs: Learning from large-scale rural sanitation initiatives in India*, Water and Sanitation Program, World Bank November

Mukherjee, Nilanjana, Wartono, Djoko and Robiarto, Amin (2011) *Managing the Flow of Monitoring Information to Improve Rural Sanitation in East Java*. Water and Sanitation Program

KWAHO 2011 *ODF Third Party Verification: Nyanza and Western Provinces*, Kenya Water for Health Organization and GOK-UNICEF WASH Program

GOK/UNICEF/KWAHO/IN TOUCH *A Practitioners Guide for ODF Certification in Kenya*

Kar, Kamal with Chambers, Robert (2008) *Handbook on Community-Led Total Sanitation* pp54-5

Chambers, Robert (2009) *Going to Scale with Community-Led Total Sanitation: Reflections on Experience, Issues and Ways Forward*, Practice Paper Number 1, IDS Sussex, pp28-30

Appendix 1: NGP verification and certification in India.

Verification can go for top down target approaches. NGP verification in India has motivated fake reporting because every district management wants to be able to report more achievements.

The Government of India has been doing ODF verification since 2004 and providing Nirmal Gram Puruskar (NGP) awards by the President of India to qualified villages. Any Gram Panchayat, Block Panchayat or District Panchayat which fulfils the criteria can apply for the award. A 15-member NGP

team from the Government of India selects verifying agencies at the national level and gives them responsibility for verification of ODF status.

From 2004 to 2009, the verifying agencies were also the recommending agencies. In 2008, the Government started a 10% cross verification of recommended panchayats by a third party, and in 2009 made this 100%.

From 2004-2009, the survey format contained four sections- Village Profile, Community Focus Group Discussion, School and Aganwadi (child care centre) Sanitation Facilities, Solid and Liquid Waste Management and General Cleanliness.

Significant, realistic and useful changes occurred in the process and indicators for the NGP in 2010 (see www.ddws.nic.in). The verifying agencies that carry out the survey are now separated from the recommending agency. Every verifying agency sends three persons (two investigators and one team leader) to each gram panchayat (GP), where they spend 24 hours. Five different formats for surveys have been created by GoI:

- General information about GPs - revenue of villages and habitations, and discussion with panchayat members, teachers, aganwadi members...
- Household survey- If households are below 500 then the investigator has to go to 50 households and if households are more than 500 then investigator has to go to 100 households for door to door verification.
- School survey- this is very descriptive, including number of students, classrooms, and sanitation facilities for boys and girls, availability of teachers etc. Investigators make a separate report for each school.
- Aganwadi survey- this is also very descriptive, including number of children, classrooms, sanitation facilities for boys and girls, availability of teachers etc. Investigators make a separate report for each anganwadi.
- Solid and liquid waste management and general cleanliness.
- Photographic proof that the investigators have been to the community takes the form of a photograph of them in the presence of a community leader and showing some landmarks.

After the survey, the survey agency completes the online entry. GoI has developed a software programme for the identifying those who qualify to be awarded the NGP. In case of failure, States have three weeks to appeal with proof. If GoI is satisfied with the appeal, then a second survey team visits the GP to check the facts.

The new process is stricter and more impartial, though still vulnerable to abuse because of the large financial rewards which follow certification. Many States still have a large number of NGP awards for GPs which are actually not ODF. There is no community involvement or empowerment in the verification process.

Source: edited from Annexure 5 NGP verification shared by Vinod Mishra, Director, Trainings, KRC, Nainital, in Knowledge Links *Mapping CLTS in India: terrain and trajectory*, June 2011 on CLTS website

Taking Community Led Total Sanitation to Scale with Quality

6. Governments, Funding Agencies and CLTS

Introduction

This section concerns funding agencies (especially banks and donors),¹ and governments and also NGOs to whom they provide finance for rural sanitation at scale. The focus is mainly Africa where finance is still sometimes tied to rural household hardware subsidies either fully or partly. Often the subsidy component is provided by free supply of external hardware on prescribed technologies. There is, however, overwhelming and widely accepted evidence of the ineffectiveness and counterproductive effects of such policies. This is critically serious because CLTS is difficult or impossible wherever subsidies have been or are being provided. The challenge is for governments to change their policies to eliminate such subsidies and strict technology prescriptions, to persuade funding agencies likewise to change, and if necessary to refuse funds where agencies are unwilling to change. This has already happened in Africa. The opportunity is to create conditions in which CLTS can be taken to scale with quality and for banks and donors to provide resources in a form which enables this to be done. At the same time, we recognize the need for subsidy in certain situations such as large urban infrastructure projects and institutional contexts such as schools.

CLTS without household hardware subsidies is already supported and promoted by at least a dozen banks and donors and over 20 major international NGOs. 13 governments in Africa – those of Cameroon, Eritrea, Ethiopia, Ghana, Guinea Conakry, Kenya, Liberia, Malawi, Mauritania, Nigeria, Sierra Leone, The Gambia and Togo, and one elsewhere – Indonesia, have adopted CLTS as national policy. Others are supporting and implementing CLTS but not yet as universal national policy, and more are moving in these directions. Several countries in Africa aim to become ODF (Open Defecation Free in all rural areas) in a few years in time scales that have never been achieved anywhere before. Madagascar has set 2018 as its target date for all rural communities to be ODF, Malawi 2016, Ethiopia, Mauritania and Zambia 2015, Kenya 2013, and Rwanda and the Northern Region of Ghana 2012.

Most of these countries listed above have made major changes to their national sanitation strategies in order to implement CLTS. Policy change and then implementation in many countries that have adopted or moved towards the adoption of CLTS have been facilitated and negotiated by national interagency

¹ 'Banks' here includes International Financial Institutions which are mainly lenders, and 'donors' refers to multilateral agencies and bilaterals that mainly provide grants. Funding agencies refers to all banks, donors and also INGOs and others who provide funds for rural sanitation.

coordination groups, such as the ICC (Inter-agency coordinating committee) in Kenya and its equivalents elsewhere. These involve all major stakeholders including relevant ministries, funding agencies and NGOs, and provide fora in which national policy can be discussed and joint agreements worked out.

Experiences, Challenges and Ideas

1. Coordination between the ministries within a government

One of sanitation's perennial problems is that it falls under the umbrella of several different ministries. Different orientations of ministries in a country can present challenges. In many countries such as Chad, Ghana and Zambia, sanitation comes within the purview of the ministries of Local Government and Rural Development, Public Health Engineering or Water, many of which naturally have a history of building infrastructure rather than of collective behaviour change. For them spending money on infrastructure at household level in the form of subsidized toilets and counting the number of newly created structures gets priority.

In contrast, in other countries such as Ethiopia, Indonesia and Kenya, sanitation falls under the purview of ministries of Health or Public Health. Professionals in those ministries often value the CLTS approach because of its health impacts, for example with significant reductions of diarrhoea and cholera patients in hospitals and health centres. In some countries one ministry has advocated and pleaded for household hardware subsidy while another supports CLTS and opposes it. Unfortunately the former is historically liable to be preferred by donors and lenders who seek easy and familiar avenues to disburse big loans or grants. These can also be attractive to any politicians who are more interested in short term gain and political mileage rather than long term and sustained improvements².

Ideally, a participatory process of sanitation policy/strategy development that includes all relevant stakeholders (in water, health, local government, education, housing, etc) and that equally addresses the challenges of domestic and institutional, urban and rural coverage would be initiated. In Tanzania, for example, there are a series of 'Memorandums of Understanding' written between all relevant ministries to set out their roles and responsibilities with respect to sanitation – these MoUs form a strong part of the newly negotiated national sanitation policy.

Recommendations/ideas

For CLTS champions

² India is a case where vast sums are spent with little effect on subsidies for individual household hardware, inhibiting and even preventing the spread of CLTS while some 6% of the country's GDP is lost due to poor sanitation.

- enable key policy-makers to experience CLTS for themselves in the field, visiting and listening to ODF communities, and being present at triggerings.

For governments

- recognize problems between ministries. If appropriate, arrange visits to neighbouring countries which have found solutions. Where not already in place, form an interagency coordination group such as the Joint Interagency Coordinating Committee in Kenya or a national task force as in Ethiopia, involving all major stakeholders including relevant ministries. These can then provide a forum for national policy to be discussed and joint agreements be worked out.

For banks and donors

- do not provide funds for individual household subsidies, and insist that loans and grants are for software, capacity development and other CLTS implementation costs

2. Persisting commitments to hardware subsidies

Bank and donor support to rural household hardware subsidy in African countries still survives in three forms:

- a) Projects sanctioned earlier before Governments adopted CLTS as policy and which are being implemented in specific areas of a country
- b) Projects near completion where new projects are being prepared for extension and/or multiplication of the project
- c) Projects where the basic preparation stages are complete, with sanctioning in the pipeline

Recommendations/ideas

The recommendation is that Governments, banks, donors and other funding agencies should identify these situations and to be alert and decisive in intervening in as timely a fashion as possible to prevent or reverse any such commitments to household hardware subsidy, bearing in mind the difficulties of changing policies and practices once they are set and agreed. This dialogue could ideally be convened and facilitated between like-minded African governments which have adopted CLTS as policy.

The dialogue could further consider how to convert the budgets for hardware in such projects to staff-intensive software support such as large-scale training of facilitators and Government extension staff, building the capacity of Natural Leaders, and the implementation of CLTS programmes. Funding agencies could be presented with the examples such as the 'WSLIC2' project in Indonesia, which

switched successfully in mid-implementation from a poorly performing revolving fund approach for hardware to CLTS without subsidy.³

3. Preparation of investment plans

Where banks or donors finance the preparation of sanitation and hygiene investment plans, there should ideally be a portion of these explicitly for CLTS. Current financing of plans tends to be more general without being directly about CLTS. The ODF Malawi strategy, for instance, is detailed on CLTS. AfDB is financing the sanitation and hygiene investment plan and UNICEF is supporting the preparation of the ODF Malawi strategy.

Recommendation/idea:

- Investment plans to be clear about commitment to CLTS.
- Governments to be proactive in developing proposals to take to funding agencies.

4. Budgeting and sources for funding.

More and more banks and donors have been adopting policies supporting CLTS without household hardware subsidies. At the same time CLTS needs adequate financing. CLTS is staff-intensive and requires substantial funds for staff, software support, capacity building and implementation. In some African countries with plans to go to scale, financial resources are now a binding constraint. Major items can be training, support for facilitators and Natural Leaders, campaigns, follow-up after triggering, verifications, celebrations and sanitation marketing (after ODF). Costs can be estimated, and to date are calculated in the range of \$5-\$10 per person. Mauritania, as an example, is seeking funding for its itemized budget for the remaining 5550 rural villages to become ODF by 2015 for a total of \$11.1 million. Financing, either by Government, banks or donors, or a combination of these, is now needed. The big question is where the funds will come from. If they come from the Government's own budget, this indicates ownership and commitment. But bank or donor support can be needed to get going or for a breakthrough.

Recommendations/ideas

- Recognition that CLTS requires substantial funding, estimating multi-year requirements and working out how these can be met.

³ See Nilanjana Mukherjee and Nina Shatifan 'The CLTS story in Indonesia: Empowering communities, transforming institutions, furthering decentralization' in Mehta and Movik (eds) (2011) *Shit Matters*, Practical Action Publishing pp145-159

- Sensitive awareness on both Government and funding agency sides of the need for government ownership, using its own resources, and also where appropriate the need for funding agency support including to overcome binding constraints
- Financing for pro-poor market development, to facilitate research, learning, documentation, sharing and developing for innovative and low cost sanitation solutions so that communities will be able to access low-cost and safe sanitation and enhance sustainability after becoming ODF.

5. Timeliness

When banks or donors do provide funding, the timeliness of its delivery is vital. CLTS triggering is often seasonal, to take advantage of times of the year such as after harvest when labour and cash are relatively available. Delays in donor funds reaching the users in the field have serious adverse effects on programmes and staff morale, and make planning difficult. As reported from Malawi ‘Chronic planning failure is a systemic issue. There are few incentives to plan because resource disbursement from donors is difficult to predict. This means that plans may fall through even if they are created...’⁴ Such undermining of CLTS is easily unseen by those involved in the delays who work in capital cities.

Recommendation/idea

- Banks, donors and governments to be sensitive to field realities and the need to assure and seek feedback on the timely arrival of funds at the local level. Research and other feedback can have a positive impact by pinpointing examples of damage to morale and planning resulting from unpredictable and late arrival of authorizations to incur expenditure in the field.

6. Conflicts of policy

A crucial area for taking CLTS to scale is where a Government is committed to CLTS as its policy, and funding agencies still finance or wish to finance programmes or projects involving household hardware subsidies or other approaches or conditions incompatible with CLTS. There are now more and more examples of Governments successfully declining such conditions and persuading banks and donors to change. Governments have found that they can say ‘This is our road map’ and that banks and donors will come to accept this through their commitment to following Government policy.

There are strong and inspiring precedents:

⁴ Maulit, J.A and M.Kang ‘Effects of program and institutional design on district-level CLTS management in Malawi, paper to 35th WEDC International Conference, Loughborough UK, July 2011, page 2

- In Ghana, the World Bank had sanctioned a project which included provision of subsidized sanplats, but after three months of Government resistance gave way and complied with the Government policy of no subsidy.
- States in Nigeria have been similarly successful. The AfDB negotiated with two states regarding support for rural sanitation, including subsidies for household latrine construction. Based on national adoption of CLTS in the scaling up strategy for rural sanitation in Nigeria, the states indicated that CLTS approach should be used instead. The AfDB representatives asked for official government documents stipulating the adoption of CLTS for rural sanitation. Presented with that evidence, it was agreed not to use the hardware subsidy approach.
- In Chad a similar situation occurred with the European Union in 2010. After the receipt of a letter from the Minister of Water, stressing the importance of community driven demand-led approaches, the EU agreed to adjust its funding to support the CLTS initiative.

A lesson from Nigeria is that this was possible because of evidence already generated and the potential shown by CLTS for achieving the scaling up of sanitation in the country. There had been constant sensitization of all relevant stakeholders on CLTS leading to general agreement amongst them on the non-subsidy CLTS approach.

Recommendations/ideas

- Governments in Africa can encourage the adjustment of funding agency proposals for household hardware subsidy, insisting that banks and donors comply with national policy.
- Evidence of the cost-effectiveness of CLTS compared with traditional hardware subsidies can be brought to the notice of all funding agencies, and further research carried out. In case of scepticism, agencies can be invited to conduct their own research.
- Governments can arm themselves with policies, evidence and champions to defend their strategies to banks and donors and help them in turn to change their policies and practices.

7. Sharing experience

The rate of transformation in an increasing number of African countries is without precedent. The territory ahead is largely uncharted and unexplored. The intended speed of implementation flies against the earlier received wisdom about the need to proceed more gradually and steadily build up momentum. The challenge of going to scale with quality at the planned speed is daunting. It raises a new imperative: for rapid and realistic learning and sharing on the run. This means honest and transparent recognition of what does not work – ‘failing forwards’ and what does - good ideas and practices. There are many of these already. For this peer sharing, special initiatives are needed. Who could organize these, and how, is for discussion. It may be most feasible for initiatives to be taken quickly and lightly with international convening and support.

Recommendations/ideas

- Urgent discussions about cost-effective ways of peer sharing and learning between governments. A first quick step could be to identify how much this already happens, and through which channels. A second could be to seek multiple channels and key people in governments (or international agencies, donors or NGOs, or free-lance consultants) who could be agents to actively link, learn and share.
- Exchange learning visits where there are identified promising practices
- One or more workshops at appropriate levels for mutual learning, brainstorming, documenting, and identifying priorities for moving forward.

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Taking Community Led Total Sanitation to Scale with Quality

7. Pro-poor Sanitation Marketing and Sustainability beyond ODF

Introduction

Communities triggered effectively with CLTS embark on a journey of rapid collective behaviour change. Achieving ODF status and getting certified as such are important milestones in the process rather than the end of the journey. Depending on a community's exposure to private sector-provided sanitation and hygiene products, economic ability and access to markets for sanitation supplies and services, people take action to confine human excreta in basic, self-constructed or improvised facilities or aspire directly to obtaining more durable, higher quality latrine options. The poorest usually fall into the former category. They often have to re-build their basic, unimproved facilities repeatedly as they do not last through prolonged usage, rains or flooding, which means the risk of their lapsing back into open defecation remains high.

Bringing improved sanitation within the reach of the poor requires markets to expand options at the lower end. Sanitation service providers tend to have no interest in doing this as they lack resources for market research and product development and believe that the poor will not be profitable customers. Government agencies do not do this either, as they lack expertise in market development. There is thus a lack of affordable sanitation improvement options for poor consumers in rural markets of most countries striving to reach the sanitation MDG targets. This can be a significant constraint to scaling up rural sanitation sustainably, despite the demand and momentum for change catalyzed by CLTS.

In this context, the participants in the July 2011 CLTS Lukenya workshop examined learning gained thus far globally about how CLTS could be complemented with sanitation marketing in scaling up rural sanitation improvements with more sustainable behavioural impact.

Challenges

Understanding of sanitation marketing

- A clear and common understanding of what Sanitation Marketing means is needed – it is not just a supply issue
- Sanitation marketing is not just the supply of slabs – demand creation, market supply and marketing are all needed to reinforce each other
- Markets are context specific, depending on local conditions, communications, purchasing power etc. Hardware in one setting may not be fitting in another
- Sanitation marketing in a typical 'WASH' programme context requires the input of marketing and business development skills – these are currently not usually available in govt/NGOs
- Sanitation marketing is a separate issue to CLTS, with different actors but linked. It cannot be assumed that facilitators will market

Pro-poor market development for sanitation

- There is a need for improved understanding among stakeholders about pro-poor market development. This must be based on strong evidence from country-specific formative research and supply capacity assessment
- Extending options for the poor - expanding existing markets for the otherwise unserved
- Financing: pro-poor financing arrangements may be needed (loans, instalments, capital credit, etc) both for consumers as well as sanitation service providers and producers.
- Providing information/a range of models and cost options and facilitating availability without being prescriptive or selling one pre-determined product.

Key considerations for Scaling up Sustainably

- Artisans/masons are available in all communities – need to be found and supported
- For going to scale, support may need to be provided at various levels of the supply chain from masons to entrepreneurs/vendors to aggregate supply and demand at regional/national level
- There is no one best model –if the development of the market in general is facilitated, models will emerge
- Formative research and supply chain assessment – needs to be supported (= public subsidy)
- Product options and business models for scaling up need to follow the research.
- Sanitation for the rural poor is a huge untapped market which could be very profitable.

Sector policies, strategies and institutional practices create enabling environments for pro-poor market development when they do not hamper the free growth of consumer demand and market supply e.g. by providing subsidized products.

Experiences and ideas

1. Uganda: Sequencing of CLTS and Sanitation Marketing

Once villages are ODF, link masons and core promotional teams to start marketing and selling and constructing latrines. Masons are recommended to only start selling latrines to communities *after they are ODF* as prior to that it has been found that they would distort and slow the natural CLTS processes and delay ODF attainment. During post-ODF review meetings, inform communities of the skills and services available. Support mason groups, monitor the quality of construction, and monitor progress alongside other post-ODF activities. (Carolyn Nabalema – *The Phasing of CLTS and Sanitation Marketing in Uganda*) Carol.Nabalema@plan-international.org
<http://www.communityledtotalsanitation.org/resource/phasing-clts-and-sanitation-marketing-uganda>

Recommendation/idea: Sequencing - Ensure behaviour change and ODF is reached *before* selling latrines. Otherwise it can delay ODF attainment (assuming ODF definition is not 100% 'improved'). Market development based on consumer and supply side research takes time and needs to begin in

tandem with/or before CLTS triggering, but actual selling should begin only after collective behaviour change to be ODF.

2. Indonesia: ‘One-stop Shop for Sanitation Consumers in Indonesia’– reduces costs for both supplier and consumer by having all materials available at one point.

Consumers tend to spend a lot of resources on sourcing supplies and services needed for sanitation improvement from a variety of suppliers. The “one-stop shop” model of service delivery brings it all together in one point, reducing costs for the consumers. In East Java this resulted in as much as 25-30% cost reduction, and has helped develop sanitation entrepreneurs who take orders and customise solutions on-site for households, on condition that they provide the unskilled labour for digging holes etc. They also offer further discounts if a hamlet is able to aggregate at least 10 orders. (*Nilanjana Mukherjee, WSP*) email bubul44@gmail.com

Recommendation/idea: A ‘one-stop shop’ reduces costs for both supplier and consumer by having all materials and services available at one point.

3. Indonesia: Spontaneous Developments in Markets sparked by TSSM (Total Sanitation & Sanitation Marketing Project, WSP) Interventions in Indonesia

Sumadi – a trained mason in Nganjuk District – developed three differently priced and progressively upgradeable improved sanitation options using locally available materials. His one page ‘Informed Choice Catalogue’ explains the pros and cons and prices. Sumadi is now (2011) a sanitation entrepreneur with a network of over 30 masons in Nganjuk and adjoining districts. This model has since been replicated in several districts of East Java. (*Learning at Scale, TSSM Indonesia Update: WSP Field Note, June 2009*) http://www.wsp.org/wsp/sites/wsp.org/files/publications/learning_at_scale.pdf

Recommendation/idea: Development of upgradeable models for progressive improvement, starting with models and costs that the poorest consumer can afford. Such information is not readily available to sanitation providers, but can be made available through market research

4. Vietnam: Accreditation - Endorsing Service Providers Through Accreditation

Village masons who had been trained through the International Development Enterprise project received formal ‘certified mason’ accreditation from the Ministry of Health, which helped to reassure customers of their credibility. (*Harnessing Market Power for Rural Sanitation: WSP Field Note, Feb. 2005*)

Recommendation/idea: Accreditation – certified trained masons by Health Ministry/equivalent authority trusted by consumers.

5. Uganda: ODF Celebration – a Marketing Opportunity

In the Ugandan CLTS/Sanmark approach, marketing is preferred to begin only after a community has become ODF and full behaviour change has been effected. Local masons are then invited to the ODF

Celebration event of a community to market their wares and to demonstrate how household latrines can be improved. (Carolyn Nabalema – [The Phasing of CLTS and Sanitation Marketing in Uganda](#)) **add link to website**

Recommendation/idea: Use ODF celebration as a forum for masons to market latrines

6. Uganda: Loans for Toilets

Financial institutions such as village savings and loans associations (VSLAs) and Savings and Cooperative societies (SACCOS) 's loan portfolios include home improvement loans to households to improve their houses with better roof, floor, etc. Plan Uganda is experimenting with engaging financial institutions to extent credit for latrine construction within the home improvement portfolio. (Carol Nabalema – Plan Uganda) email Carol.Nabalema@plan-international.org

Recommendation/idea: Base financing options on consumer behaviour research. Instalment payments or deferred payment until harvest time have been found to be more popular in Indonesia than loans for sanitation facilities. Loans for home improvement can be linked to include sanitation (e.g. in Uganda).

7. India: Market research and product development

In India the local plastic pour-flush pans developed by NAG & Co in Pune were developed over a period of 6-8 months of full engagement with ODF communities. The company realized that there was a need to redesign their pans in keeping with community preferences: steeper elevation to reduce water requirement for flushing; fibreglass coating on plastic pan in order to ease cleaning and to protect it from cigarette burns; U-tube converted to a small cup-sized pot to reduce water use. This type of research could not be done by facilitators. (Kamal Kar, CLTS Foundation) email kamalkar@yahoo.com

Recommendation/idea: Entrepreneurs who have technical skills and aptitudes in innovative designs have a vested interest in improving materials for a pro-poor market.

8. Pakistan: Community Resource Persons (CRPs)

Community Resource Persons are community activists (= natural leaders) who gain social mobilization capacity for CLTS through training from the master trainers. They often develop further into entrepreneurs or small and medium enterprises (SMEs) after assessing the gap between supply (of sanitation material and services) and demand (of building household latrines post CLTS/ SLTS triggering and hygiene promotion activities).

These activists will be given formal training on the development of business skills so that they become self-employed. They may get into the businesses such as selling pit lining material, latrines, slabs for use in latrine construction, pans, tiled concrete slabs with embedded ceramic pans etc
There may also be masons who have potential to assess the size of the market for latrines and be willing to self employ themselves to become local entrepreneurs. (Syed Shah Nasir Khisro, IRSP, Pakistan) email snkhisro@gmail.com

Recommendation/idea: Natural Leaders can become marketers but there is a need to carefully assess whether CLTS facilitators and marketers can be the same people or whether there are conflicts of interest. The roles appear contradictory but one may lead naturally into the other. People who function as both facilitators and marketers must understand that the two functions cannot be simultaneous, as selling interferes with the build up of momentum for collective behaviour change. Selling must come only after ODF.

9. Nigeria: Artisan Fairs - facilitating local communities to construct their own latrines and move up the sanitation ladder in Nigeria

Often when communities construct their basic latrines, they report one challenge or another with using them, such as a high water table (makes water splash on our buttocks when we defecate), or loose soil (the latrines can collapse within a couple of months). The Artisan Fair is based on the premise that the communities can and have the capacity to understand and find solutions to their problems. With the right facilitation, the community is able to analyze to the point of finding the solution to the challenges.

During the Artisan Fair the issues as experienced are documented, and communities then deliberate on what can possibly be done to address the challenges. Ideas are presented as sketches drawn with markers on flip chart papers by the individual community members or groups proposing the solution. They are then peer-critiqued by the entire community. This is done constructively and amendments are made to the design where necessary. The afternoon session then focuses on practical demonstrations of how the proposed technology works. This actual construction involves others beyond the designer and is done in an environment of fun, drumming, music and dance if this is appropriate. This really creates the right mood and is a way of ensuring people remain engaged throughout the process.

In Ujol community (Utonken, Ado LGA, Benue State), the Artisan Fair resulted in two seasonal designs – one traditional pit for the dry season, and an offset pour-flush for the rainy season when the water table is high. (*Ada Oko-Williams, WaterAid Nigeria*) email AdaOko-Williams@wateraid.org

Recommendation/idea: Artisan Fairs can help to improve latrine designs through a creative communal process, as with the development of seasonal latrines. Business models can then be developed for delivering options.

10. Ethiopia: Revolving Funds in the Community Led Total Sanitation and Hygiene approach (CLTSH)

Sanitation Marketing following ODF is promoted through local artisans/local service providers selected from communities and given training. In order to respond to the demands of communities for improved sanpats, the Government and partners have experimented with giving seed money to communities through their associations to purchase materials needed to produce slabs that are not available locally including cement, reinforcement iron bars, etc. This is then used as a revolving fund within the association to enable all households to purchase their own materials.

In two different regions of Ethiopia, Tigray and Southern Region (SNNPR), masons are developing popular latrine slabs chiselled out of the local stone. These are produced at about half the price of a cement slab. (*Muchie Kidanu, UNICEF Ethiopia*) email mkidanu@unicef.org

Recommendation/idea: Seed grants can be given to communities to produce and sell slabs, setting up a revolving fund to support all households willing to pay. Ocal market solutions may be found, as with stone slabs. For scaling up, it would be prudent to base such decisions on country/region-specific consumer research and supply chain assessment

11. Kenya: Promoting micro entrepreneurs as professional sanitation service providers in rural Kenya

In Kenya, CLTS has been adopted as a national approach to sanitation promotion. By July 2011, more than 1,000 villages have been declared ODF, including 746 villages from the UNICEF supported and Ministry led national CLTS programme. While CLTS has created demand for sanitation solutions, especially in Western and Nyanza provinces, the supply of sanitation solutions has been inadequately addressed till now. SNV is taking lead on developing a market based approach to sanitation solutions. The concept builds on the private sector promotion model developed for operation and maintenance of rural water points in Kenya under the DFID-funded Market Assistance Programme (to be launched in 2011). This involves i) market research, ii) strengthening technical and business development/management skills of local micro-entrepreneurs, and iii) facilitating forward (to communities) and backward (to supply chain actors at the regional/national level) linkages of these micro-entrepreneurs based on their business plans developed. The above programme further builds on the finding of the ongoing sanitation supply side study commissioned by International Finance Corporation and Water and Sanitation Programme of the World Bank. Several donors have been facilitating an approach called 'Making Markets Work for the Poor (M4P)' <http://www.mmw4p.org/dyn/bds/docs/detail/474/6> with a primary focus on economic sectors. Such approaches can be useful in promoting sanitation solutions for the rural poor (Source: *Chiranjibi Tiwari: ctiwari@snvworld.org*)

Recommendation/idea: A strategic approach is needed to develop market for sanitation solutions in rural areas. While no subsidies should be handed out to households, research and pro-poor market development do need external funding.

12. Uganda: What next beyond ODF?

In Uganda, Plan ensures considerable presence within the communities that are ODF through hygiene and sanitation activities relating to water management, food and personal hygiene and a continued promotion of hand washing and latrine hygiene. Plans are to follow up these communities with review meetings at least every 6 months to go on up to 2 years after ODF. In areas like Tororo district where the supply side of the sanitation marketing component has been developed, this includes selling of latrines

after ODF to enable households to move up the sanitation ladder. (*Carol Nabalema – Plan Uganda*)
email Carol.Nabalema@plan-international.org

Recommendation/idea: Undertake long-term planning for post-ODF

Recommendations

In summary, the group working on sanitation marketing recommends the following points for pro-poor marketing and scaling up beyond ODF:

- With CLTS, behaviour change has taken place – trust communities to maintain ODF and to upgrade their latrines as required
- Support this social norm change through communication campaigns and the availability of low-cost sanitation improvement options in the local market
- Undertake formative research and supply chain assessment to identify financially viable pro-poor sanitation marketing strategies (The 4Ps: products, price, place and promotion).
- Market research should be begun before demand creation through CLTS, to allow time for the 4Ps to be identified and market capacity developed.
- Sequence so that promotion and selling are not combined with CLTS triggering and post-triggering follow up, but begin only after the achievement of ODF status.
- Do not end facilitation with ODF but put in place a continuous follow-up mechanism to support sustained behaviour change and sanitation and hygiene improvements
- Recognize that scaling up is likely to require financing mechanisms for both providers and consumers.

Sources and follow-up contacts:

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Useful Resources:

Sanitation Marketing for Managers Manual (USAID): http://www.watershedasia.org/wp-content/watershed_resources/Sanitation_Marketing_for_Managers.pdf

WSP Online Sanitation Marketing toolkit: <http://www.wsp.org/wsp/toolkit/toolkit-home>

Taking Community Led Total Sanitation to Scale with Quality

8. Monitoring, Evaluation, Learning and Information Management Systems at Scale

Introduction

Taking CLTS to scale presents many challenges and opportunities for knowledge generation and management. At the community level people and government and NGO staff need to know how individual households are progressing and so that they can take necessary action, for example to encourage those who lag behind and to help those who are too weak to help themselves: this requires participatory M and E. At local and higher administrative levels, governments need to be able to collect and aggregate timely data to be in touch and to take appropriate action to facilitate, encourage, support and intervene: this requires standardization and reporting systems. At national level decision-makers (CLTS Task Forces, Coordinating Committees and the like), political leaders and donors need to monitor and assess progress comparing districts and regions. Both nationally and internationally, data on inputs, outputs, outcomes and impacts are increasingly demanded to justify the budget allocations vital if CLTS is to be taken quickly to scale. And at all levels, rapid realism, learning and adapting are essential if going to scale is to achieve and maintain quality and not fall into the common syndrome in which rushing to scale generates misinformation and leads to declining standards.

The headings in the rest of this note are:

- Monitoring and Evaluation at different levels
- Indicators
- Approaches to monitoring and knowledge management systems
 - Indonesia – Ethiopia- Kenya
- Establishment of learning systems
 - Kenya reflections– Malawi- CLTS newsletters- Kenya knowledge management and coordination unit
- Impact studies
- Challenges, and recommendations/ideas (which are also in the main text)
- Sources

Monitoring and Evaluation at Different Levels

The Community level

Basic questions are: whose M and E? and for whose purpose? Monitoring and Evaluation at the community level has to be community-led. Participatory monitoring and Evaluation methods which are well developed in the larger PRA/PLA approach can be the basis for developing M&E mechanisms for CLTS. After the development of action plans, one option is to facilitate communities to develop a vision

of the change they want to see and indicators to assess the change. Baselines can establish the starting point. These need not be elaborate - they can build on the participatory mapping, sanitation profiles and household inventories that emerge from the initial CLTS triggering. Participatory maps are often used by communities to monitor their own progress. These can enable them to set and track milestones toward ODF status, assess the progress and achievements towards their own sanitation goals, and draw lessons for improvement and take action. Those households that are laggards can be encouraged and social pressures can come into play. At the same time those who are too weak or poor to be able to help themselves in digging pits and building latrines can be identified and assisted.

Local Administrative Levels

Monitoring activities in the CLTS context have largely focused on tracking implementation progress. Data aggregated from communities can be used to monitor and compare progress between communities and between wards or their equivalents, with reaching ODF status as a primary goal.

Secondary data sources at district level can also provide useful information. Additional survey tools, such as knowledge, attitude and practice (KAP) surveys, can contribute. Data from KAPs can be used for the development of qualitative indicators with communities that can be used to measure outcomes.

National Level

At national level, up-to-date accurate monitoring data is needed to track progress with implementation, to provide early warning of things going wrong, and to point to problems and opportunities from which to learn. In most countries, systems for monitoring progress with CLTS have not yet been devised or introduced.

Research and evaluation data are also needed to assess the relationships between CLTS interventions, ODF achievement, and the broader health, sanitation, livelihood, and well-being goals associated with the CLTS approach.

Indicators

Some top down indicators and aspects to monitor and evaluate are listed below. Views will differ as to their relative importance and utility. However, they are sometimes required, so here is a summary checklist.

Objectives can be to eliminate the negative impacts of open defecation and lack of hygiene (faecally-related disease and disability, indignity, embarrassment, inconvenience, costs of time taken, discomfort, risk of sexual violence etc)

Baseline information can include maps with households and areas of OD; households with latrines; facilities in public places; frequency of disease; and compliance with standards like latrine to student ratios in schools.

Inputs include community triggering; facilitating emergence of Natural Leaders; post-triggering visits by supporting staff; trainings provided; collective action; (mentioned as OUTPUT above) review meetings;

and development of participatory indicators.

Outputs can include number of latrines constructed; # of facilitators trained; change in behaviour and attitude regarding latrine use; hand washing; identification and emergence of natural leaders; and above all declarations and verifications of ODF status and then sustaining it, with moves up the sanitation ladder; households and persons gaining access to improved sanitation.

Outcomes and impacts can include reducing faecally-related diseases and disability (diarrhoeas, intestinal parasites, hookworm, tropical enteropathy, schistosomiasis etc) and linked with this reductions in livelihood losses due to poor health, time lost to sickness, under-nutrition, school absences, costs of medicine and health care etc; improved quality of life and emotional well-being; aesthetic improvement of environment and community pride; and sustained hygienic practices through changed community norms and attitudes

Approaches to monitoring and knowledge management systems

CLTS knowledge management systems are often non-existent, disorganized, or difficult to access for practitioners and policy-makers. This makes it hard to share lessons learned and to undertake evidence-based planning. For example, most reporting systems and health databases simply count the number of latrines built. But CLTS needs process monitoring to include tracking the villages which have been triggered, those awaiting verification, those verified as ODF, and so on. Reporting requirements in some countries also make multiple demands and overburden implementers with having to report differently to different organizations. Relevant, accurate and timely monitoring and reporting systems are vital. Some countries have made good progress in developing these but there remains much to learn and far to go. Innovations in rural Kenya, Indonesia, Ethiopia and urban Kenya outlined below, point to both the scope for developing systems and the potential and importance of horizontal South-South sharing.

Indonesia

Monitoring with maps and SMS. In East Java, communities are able and motivated to monitor progress towards ODF status using participatory community maps. But for reporting to the district, going to scale with the manual recording of progress from community maps became laborious and slow. So SMS reporting was introduced. The Sanitarian obtains information from village leaders or representatives and sends a monthly report to the District computer gateway, where monitoring information is updated and consolidated every month for use in program management and budgeting. The system is easier to operate than the earlier manual system, improves regular data flow, drastically reduces the time needed to process data at each level, and improves data quality in real time through automatic consistency checks. However, this requires district Health offices to invest in needed hardware and training for software management. WSP inputs have included software development and training of district government staff as well as Sanitarians whose cell phones are registered in the MIS. Source: Mukherjee et al *Managing the Flow of Monitoring Information to Improve Rural Sanitation in East Java*, February 2011.

Ethiopia

Monitoring and reporting by school children. In Shebedino in Ethiopia, monitoring and reporting by school children is part of an integrated system of School-Led Total Sanitation. After triggering by teachers

in small communities, one member of the six-person Shit Eradication Committee that is formed is a schoolchild. On a weekly basis these children collect data and report for the approximately 30 households in their development unit. These data are collated by the Headmaster and passed on to the Head of the Kebele, the administrative unit which is roughly coterminous with the catchment of the school. The data are then passed on up to the Woreda (District) level. The head of the Kebele is able to monitor progress weekly, and to follow up with communities which are falling behind. The data are standardized on proformas and sent on to the Woreda (District) administration, and potentially to the Zone. Sources/contacts: Berhanu.Tunsisa@plan-international.org , Atnafe.Beyene@plan-international.org and for a fuller description <http://www.communityledtotalsanitation.org/resource/school-led-total-sanitation-reflections-potential-shebedino-pilot>

Kenya

For *Monitoring*, in rural areas Kenya has a multi-tiered mixed ODF verification and monitoring and evaluation system. Beginning at the household level, data are collected to demonstrate progress towards achievement of ODF status, focused on the construction of latrines and hand-washing facilities, and the absence of evidence of OD. Community health workers, public health technicians, and district public health officers collect data at the household, village and district level, respectively. There is a weekly progress monitoring format to be filled in by the District Public Health Officer. This includes the number of villages assessed and selected, triggering sessions conducted, post-triggering follow-up visits made to villages, ODF village claims received, ODF villages certified by DPHO, villages certified by the third party, village celebrations held, and villages ODF achieved by Natural Leaders alone under incentive based performance contract. Eventually this aggregated data makes its way to the national level. Although the Kenya ODF 2013 action plan mandates monitoring of disease rates and other health impacts, current data collecting methods do not include this information.

ICTs and urban participatory mapping. Open street mapping by volunteer youths in the Kibera and Mathare 10 slums in Nairobi has used GPS, participatory GIS and mobile phones to make thematic maps. In Mathare 10 this has been part of the follow through on CLTS triggering. The location and intensity of usage of toilets, remaining areas of open defecation, and open drains are among the features recorded and can be monitored in time series to show changes. The maps are open source and promise to be powerful tools for advocacy and demanding and gaining the right to sanitation which is enshrined in the Kenya Constitution. Source: Samuel Musyoki.

Recommendations/ideas

- Proactively share innovations like those above between organizations and countries
- Strive to make sure that such developments are documented and shared. If necessary and feasible, convene writeshops (as was done for the Tales of Shit issue of PLA)
- Collect the same key information from all CLTS implementers, but leave each free to have its own information management tool as long as it can supply the national unit with what it needs

Establishment of Learning Systems

Kenya: District level reflection: a key means for improving and horizontal spreading of CLTS

Following a very successful training facilitated by UNICEF, Public Health Officers (PHOs), Public Health Technicians and Community Health Workers (CHWs) went to the villages with a passion to achieve their targets of triggering 10 villages each. They facilitated the triggering sessions very well. However, progress with ODF achievement was very slow. In order to help CHWs, PHOs and the district teams to understand what went wrong, several reflection workshops were organized at the district level. Representatives of District Public Health Offices (DPHO), District Education Offices, District Water Offices, NGOs and other donor-funded programmes were invited. These district-level reflection workshops became the means for learning, adaptation and horizontal replication of success. The workshops also provided a forum to discuss this challenge and possible solutions; and several local and international NGOs working in the districts expressed their commitment to be a part of the Ministry-led CLTS campaign in the districts. The district teams are now busy undertaking stakeholders mapping and exploring the contribution each stakeholder could make in its area of operation.

When participatory workshops were facilitated at the district level and the information analyzed was shared for reflection, the entire team realized that they had factual information on the number of villages triggered and number of new latrines constructed; however they did not have any idea why some PHOs/PHTs/CHWs performed better than others and why some villages became ODF faster than others. After discussing the lessons learnt, the importance of these district-level reflection workshops was appreciated by all. The review workshops have become the venue for analysis, sharing and learning from the grassroots. They also take place at other levels (*Chiranjibi Tiwari, Kenya*).

Recommendations/ideas

1. *Horizontal sharing, learning and support:*
 - Establish quarterly review meetings for horizontal sharing and learning. These can provide a forum for partners to come together on a regular basis to harmonize the CLTS approach and provide expertise and input to fellow organizations, and to support overall implementation and coordination of their efforts
 - Invite other Districts and their stakeholders to also come and share and learn
 - Organize exchange visits at all levels to contribute to horizontal sharing, learning and support
 - Hold these reflection meetings also at other levels –subdistrict and province or region
2. *Vertical sharing, learning and support and feedback mechanisms*
 - Share insights between levels
 - Build processes into the review meetings to bring together the national coordination unit, local managers (districts and other stakeholders), and extension staff, to provide feedback and technical assistance linked to supportive supervision

Malawi: Facilitation of feedback throughout the CLTS system in Malawi

Feedback from multiple levels of CLTS implementation is seen as an important mechanism to establish for CLTS support. Since 2009, EWB programme staff have worked at multiple levels of the CLTS system to facilitate feedback and learning as an essential link between the multiple levels of implementation. Although their primary work focuses on districts, they encourage district staff to provide feedback both to their field staff and to their national counterparts including large NGOs and the relevant ministries. The capacity of district staff has been built to present information in an understandable way so that the national level can learn from their experiences with CLTS implementation. This has proven useful in

bringing district realities to national policies, increasing the feasibility of national plans. The national level benefits from a better understanding of the reality of their programs on the ground, and is better able to provide support as needed, and correct course when programs are off track to achieving their goals. Clear, understandable feedback is also encouraged from the national level to the district level, to ensure that policies are interpreted to make sense for implementers and that any changes based on national evaluations are understood at the local level. EWB's positioning at multiple levels enables them to play this liaison role. (*Jolly Ann Maulit, Malawi*)

Recommendations/ideas

Documentation of Learning

1. Every CLTS implementer to be undertaking innovations, learning and research
2. All partners to be informed of their intentions before undertaking initiatives, thus promoting transparency and enabling ideas to be accepted
3. Findings to be documented and presented to a wide audience so that information can be useful for moving forward.

CLTS Newsletters

The emergence of newsletters to share lessons learned in CLTS and sanitation implementation has increased over the last year. Several countries including Sierra Leone, Malawi, Kenya and Ethiopia produce and circulate newsletters to foster learning among practitioners and policy-makers. In Sierra Leone this is a quarterly WASH report which includes time series data by district and implementing partner. These newsletters in the several countries identify and report on innovations, celebrate champions and pioneers. They have generated favourable feedback from readers who say that through them they learn about progress, innovations and ways of dealing with challenges. They can also foster competition between Districts.

Recommendations/ideas

1. Encourage more newsletters, and increase their national and international circulation
2. Share experience and advice on how to set these up and manage them
3. Further exploit their capacity to support vertical and horizontal learning
4. Send them to www.communityledtotalsanitation.org for posting on the website

Kenya: Knowledge management and coordination unit established and strengthened

When all six initial districts in the national CKTS programme aggressively started CLTS triggering processes, a wealth of information was collected and analysed and lessons learnt at various levels. However, dedicated staff with time and skills in documenting the lessons and sharing with wider stakeholders was a challenge. To address this and to ensure needed coordination, quality control and support to the district teams, the MoPHS has established National CLTS Coordination Unit and Knowledge Management Hub and deputed 8 full time staff. SNV have provided a full time Technical Advisor. It is expected that this Hub will help improve knowledge management and coordination with wide range of stakeholders. (*Chiranjibi Tiwari, Kenya*).

Recommendations/ideas

- Structures for information flow from the field to national level and back can be established and updated regularly to enable decision-making at all levels based on accurate information
- National coordination units may design a national process and outcome monitoring framework
- National coordination units can be set up to collect, document and distribute knowledge on CLTS, and build a knowledge management system. A national knowledge hub can be established and made accessible to all implementers in each country, with a national website and resource centre for CLTS in the key ministry.
- Resource centres in regions, provinces and/or districts can be considered.
- A database of core CLTS facilitators and experts, and of people and organizations that can be called on for support, can be considered as a resource

Impact studies

A number of long term large studies of the impact of CLTS are planned or under way.

Mali

A health impact evaluation will be conducted by a researcher team from three universities: Laval University in Canada, Stanford University in the USA, and CEDLAS University in Argentina. It will be a control study, consisting of 60 villages receiving CLTS interventions, and 60 with no interventions at all. The study will focus on children's health, using vital health statistics such as, morbidity, mortality, weight, growth, and other evidence of thriving. Livelihood, wellbeing, and other non-health impacts, will also be considered. The study will last for three years, financed primarily by the Gates Foundation.

India, Indonesia, Tanzania

Research on impacts in partnership with country governments. The Water and Sanitation Program (WSP) of the World Bank implemented rural sanitation scaling up projects in India, Indonesia, and Tanzania called "Total Sanitation and Sanitation Marketing" (TSSM) during 2007-10. These projects were an effort to improve the health and welfare outcomes of the poor through a large-scale CLTS intervention, combined with pro-poor sanitation market development. This project provided the opportunity to assess the cost, scalability and health and welfare impacts of CLTS+ sanitation marketing interventions. The findings of this study may in due course be a powerful advocacy tool for scaling up CLTS, if strong linkages with health and child development impacts are established. The communities participating in the program received TSSM support to promote ODF status. A randomly selected group of villages will constitute a control group and do not receive TSSM support (but may receive CLTS triggering by local government facilitators if they request it, as TSSM cannot control government programs). In both groups, external development and health interventions will continue as before. To measure the impacts of these interventions, an integrated set of community, household and individual surveys are being conducted both pre- and post- intervention. The surveys reflect the program-specific requirements of each test country, but will also yield outcome indicators that are comparable to those being used in the other study sites. The evaluation study is receiving primary support from the Gates Foundation.

Overall challenges, recommendations and ideas

(others are at the end of sections in the text above)

Challenge: The development and use of effective and efficient national M and E systems to inform and enhance policy and practice at all levels.

Recommendation/idea: Monitor input and outcome indicators for CLTS. At all levels – sub-district, district, county, province or region, and national – institute regular reporting and monitoring of numbers and location of communities triggered, numbers claiming ODF but not yet verified, numbers failed in verification, and numbers verified as ODF. Include the duration between triggering and ODF.

Recommendation/idea: An international workshop to be convened in Africa to share and compare systems, innovations and experiences from those African countries that have developed or are developing such systems, participants to include senior representatives of countries which do not yet have such national systems (for instance India, Pakistan and Indonesia).

Challenge: Gaps become wide between communities triggered and those verified as ODF. This has been evident as a problem at different times in Ethiopia, Malawi and Nigeria. Many triggerings with few communities declared ODF may indicate for instance

- Poor quality triggering
- Inadequate follow up
- Backlog of verifications

Recommendation/idea: Where the gap between triggered and verified becomes wide, investigate the reasons and take remedial action such as in Eritrea where when the gap became wide, all new triggering was halted for a time in order to focus on follow up.

Challenge: A very high proportion of verifications are positive or negative

Recommendation/idea: Probe the reasons. Explanations when very high may be

- Very high quality processes (learn from these)
- Lax verification (tighten up)
- Those verifying have an interest in ODF declarations
- There are rewards for ODF which influence the outcomes

Explanations when very low may be

- Poor quality triggering and/or follow-up (improve processes)
- Excessively strict verification

Challenge: Lack of sufficient data showing direct and causal links between CLTS approach and public health goals such as reduced morbidity and mortality.

Recommendation/idea: Additional health and livelihood impact studies (such as the one currently conducted in India, Indonesia, Mali, and Tanzania), and eventual use of specific health and livelihood indicators for the monitoring and evaluation of CLTS interventions.

Recommendation/idea: Further methodological innovations to find quicker and less costly approaches, including innovating and using participatory methods.

Challenge: Difficulty in monitoring hand-washing with soap.

Recommendation/idea: Try surveys with soap vendor(s) about changes in soap sales post-triggering as a method for verifying and monitoring hand-washing.

Sources & follow-up contacts:

- Mukherjee, Nilanjana, Djoko Winarto and Amin Robiarto (2011) *Managing the Flow of Monitoring Information to Improve Rural Sanitation in East Java*, Water and Sanitation Program, World Bank, February
- Estrella, Marisol with others (eds) (2000) *Learning from Change: Issues and Experiences in Participatory Monitoring and Evaluation* Intermediate Technology Publications (now Practical Action Publications), Rugby, UK
- Barahona, Carlos and Sarah Levy (2007) 'The best of both worlds: Producing national statistics using participatory methods' *World Development* 35.2: 326-341
- Chambers, Robert (2008) 'Who counts? Participation and numbers' in *Revolutions in Development Inquiry*, Earthscan, London and Sterling VA, chapter 6, pp105-132
- Tiwari, Chiranjibi and Adam Mohamed Ali (2011) *Role of district level reflection and government leadership in scaling up CLTS: Lessons from process monitoring of CLTS in Kenya*, Government of Kenya, SNV and UNICEF

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Taking Community Led Total Sanitation to Scale with Quality

9. Emerging Issues and Scaling Up CLTS into Different Contexts

Introduction

It has been quite a few years since CLTS has been introduced and a lot has been learned since then. We have come to a point where we must ask whether what we have learned so far from CLTS in settled rural communities might be also practicable in other contexts. The importance of inclusion and of sanitation as a human right has also become better recognized. Questions have arisen about situations, areas and groups of people for whom CLTS may or may not be an option, or not the best option: in a range of urban areas; during emergencies and post-emergency mass refugee contexts; in deserts or extremely wet areas; with people such as nomads, transhumants and migrants when they are on the move; and with migrant workers. Hopefully this write up will encourage further exploration, innovation and documentation of CLTS approaches in such contexts, and the sharing of experiences and insights into feasible adaptations and coverage and going to scale with these.

The challenging and emergent contexts considered below are then:

- Inclusion, equity and the Rights Based Approach
- Urban applications in informal settlements and slums
- Emergency, post-emergency and post-conflict situations
- CLTS in nomadic, transhumant, migrant and migrant worker communities

1. Inclusion, equity and the Rights Based Approach

Introduction

The key question is this: is CLTS possible at scale to enable all people to practise safe sanitation and hygiene? Mere commitment to action will not work, unless policies, investments and actions are based on the principle of equity, which is essentially fairness. Equity involves recognizing that people are different and may need specific support and measures to overcome particular impediments that stand in the way of their being able to access, use and practice safe sanitation and hygiene and to do this sustainably. Sanitation is a right for everyone. This means that governments need to create the enabling environment for everyone to have access to improved sanitation. But it also means that people have the opportunity to claim their rights and to act on these rights, with in the end the ultimate goal of sanitation for all.

The implications need to be worked through for all people: children, women, men, and especially all who are marginalized, powerless, overlooked or unable to provide for themselves. The special difficulties, vulnerabilities and needs of many of these in connection with sanitation have rarely until recently been recognized, and recognition and action have a long way to go if anything approaching equity is to be achieved.

Challenges

Many less visible and marginalized groups of people are liable to be left out of CLTS applications and processes, or discriminated against because of their inability to provide for themselves. They include those who are:

- Physically or mentally disabled, very old, weak or sick
- Very poor
- Landless
- Women and girls, widows
- Transhumant or nomadic pastoralists
- Migrant workers, when migrating and when working on arrival
- Living in informal urban settlements and slums. (Exclusion may be more of a problem in urban areas compared to rural because of such factors as land tenure, lack of space, less community coherence, and difficulties preventing passers-by from open defecation)

Recommendations, experiences and ideas

- Issues of equity and access to be considered in every context and activity – especially in CLTS triggering (who is present and takes part, and who is not and does not), post-triggering follow up (who helps those who have difficulty helping themselves?), and post-ODF sanitation marketing (financial instruments, savings groups etc, for those who need them).
- The design of latrines to be accessible and convenient for those who are disabled. Such designs in rural areas could emerge from participatory processes which can also heighten awareness of the sanitation problems of those who are disabled
- A Rights-Based Approach in urban areas, especially where the right to sanitation is enshrined in a national constitution as in Kenya, to be used strategically to support claims for services such as connections to sewers and for enforcement of laws and bye-laws, for example that landlords must provide sanitary facilities.
- Special initiatives to offset or eliminate vulnerabilities and meet the needs of those at risk, especially women and girls (for an example, see box)

Hope out of conflict – How sanitation plays a vital role in protecting women and children from sexual violence in DRC

- Working in the North Kivu Province of DRC, the Programme de Promotion de Soins Santé Primaires (PPSSP) takes an innovative approach to addressing the needs of women and children. Sexual violence is a common tragedy facing women and children in eastern Congo. Diseases, such as cholera, diarrhoea and nematode infections resulting from poor water, sanitation and hygiene are also commonplace. The links between sanitation and sexual violence become apparent when, due to lack of access to private latrines, women faced no choice but to walk outside of their village, often at night, to defecate – increasing their exposure to sexual violence. Prior to this project, in 2009 only 20% of the local population had access to latrines, 60% had access to clean water, and there was no system for waste management. Victims of rape did not

have access to medical and psychological support and marriage of underage girls was acceptable by all. PPSSP responded with an integrated and holistic approach. Adopting a CLTS approach, and working in schools and health clinics, maternal and child health in the area has improved, and the increase in household latrines has reduced the vulnerability of women. In addition, through establishing community protection committees, survivors of sexual violence are able to speak out, receive counselling and seek justice. The involvement of women is fundamental to the whole process from the identification of water springs, to being part of water point protection committees, and community protection committees. They participate in community sensitization, mobilization and participation. This approach has enabled more victims to speak out about sexual violence.

- Source: Programme de Promotion de Soins Santé Primaires
<http://www.communityledtotalsanitation.org/resource/hope-out-conflict-how-sanitation-plays-vital-role-protecting-women-and-children-sexual-viol>

Sources & follow-up contacts

- <http://www.wsscc.org/resources/resource-publications/equity-and-inclusion-sanitation-and-hygiene-south-asia>
- Equity and Inclusion in Sanitation and Hygiene in Africa: A Regional Synthesis Paper by WaterAid (July 2011)

2. CLTS in urban informal settlements and slums

Introduction

By 2030 more than 2 billion people will be living in informal settlements or slums, and the number is currently (2011) increasing by 7% per year. The pressure this will put on urban settlements is immense. The fact that most of these settlements lack access to proper sanitation already creates huge problems which can be expected to become even more acute.

CLTS has been predominantly used in rural areas but there is increased interest to try it in urban areas.

Challenges

The challenges are enormous.

- There are multiple and powerful players with vested interests. These need to be targeted and engaged with differently to ensure that they are triggered and committed to working with the communities. Those involved in facilitating urban CLTS, therefore need to be strategic in building partnerships and alliances that will enable communities to address the politics surrounding urban waste management, service provision, urban planning, housing, land tenure, the enforcement of sanitation and hygiene bye-laws, leadership and governance.
- Busy household heads (mothers and fathers) lack time to attend triggering meetings or to follow up.
- Systems for physical services, such as sewerage, are expensive to construct, as are solid and liquid waste disposal and recycling systems

- Land issues with insecurity of tenure and lack of space often make self-help provision as in rural areas very difficult or impossible.
- Questions arise about alternatives and their management – household latrines, shared communal latrines, and various technologies like Ecosan, biodigesters, and the like.
- Community cohesion may be less than in rural areas
- The achievement of ODF problematical because of the many people who pass through.

Experiences

CLUES and the manual *Community Led Urban Environmental Sanitation*

A great presentation was made during the WEDC Conference at Loughborough in July 2011 by Christophe Luthi of EAWAG. The manual is about demand-driven approaches to urban sanitation. This gives the steps involved in the planning cycle, including developing the enabling environment, financial analysis and technical issues. More information can be downloaded at http://www.eawag.ch/forschung/sandec/gruppen/sesp/clues/index_EN

Urban CLTS Pilot in Mathare, Nairobi

In June 2010, Plan Kenya, in partnership with (CCS) Community Cleaning Services (a youth social enterprise) pioneered a CLTS pilot in Mathare 10, part of one of the largest informal urban settlements in Kenya. Four villages with a population of about 50,000 were triggered. The communities were galvanized and committed to taking collective action, but in contrast with rural areas, action to construct latrines and end open defecation could not be immediate through self-help. Much was done to clean up the area, particularly reducing and managing solid waste and reducing OD, but making progress with landlords, the municipality, government and other stakeholders has demanded a sustained effort over months and now years. The commitment, energy and enthusiasm of the Natural Leaders who have emerged has been even more important than in rural areas.

Urban CLTS in Zambia: the Legal Enforcement Approach

Choma, the Chiefdom of Chief Macha, was declared ODF in 2010 but this was only for rural areas while Choma town remained OD. So in 2010, UNICEF Zambia started with a (peri-) urban pilot in Choma and later also in Lusaka. The Joint Monitoring Programme Team for sanitation (JMPT) decided to adapt CLTS for urban areas. A cornerstone of this has been official institutions taking steps to become ODF, and legal enforcement of laws and bye-laws to address and confront “urban nuisances” related to sanitation as well as food and general hygiene. Following rural CLTS and this urban’ CLTS’. Choma has had no cholera in three years after first triggering, but Lusaka and other urban areas have continued to experience cholera. Urban ‘CLTS’ through legal enforcement was implemented initially as emergency preparedness and a response to cholera outbreaks in Lusaka, targeting most affected areas. Trainings have been held in other districts to sensitize the business community, government and public on adhering to public health and food safety laws. The specific target of ‘CLTS’ legal enforcement is public places, public buildings (e.g. government buildings, schools), food establishments and lodges in urban and peri-urban areas.

Sanitation in Peri-Urban Areas

Plan in the Netherlands is supporting a programme on sanitation in peri-urban areas in 4 African cities (Kabwe in Zambia, Mzuzu/Blantyre in Malawi, Arba Minch in Ethiopia and Parakou in Benin). The overall objective is to support local partner consortia in providing sustainable sanitation services to poor peri-

urban communities. A mid term evaluation was recently done. The focus of the programme so far has been mainly on the supply side (entrepreneurs and financial institutions). In order to stimulate demand the clients will be actively involved in the programme. This involvement will be through the participatory approaches of Urban-Led Total Sanitation, together with Social Marketing.

The obstacles facing urban CLTS are illustrated by the blog in the box by one of those who have been engaged in mapping Mathare 10 in Kenya. The maps, made by young volunteers using GPS and Open Street Mapping provide powerful tools which can now be used in advocacy, showing the location of latrines, the amount they are used, areas of open defecation, and open drains. These maps can be accessed at <http://www.mapkibera.org/blog/2011/02/14/base-map-of-mathare-is-complete/> Since the

Reflections on Conditions in Mathare 10 by a Mapping Volunteer

In the last two months we have been actively involved in mapping water and sanitation, open defecation areas and open drainages in Mathare number 10, Thayu, Mabatini, Mashimoni and later in the rest of Mathare. During this process I was surprised to see people shitting in an open ground, not worrying about people watching them.

Children in Mathare lack playing grounds and recreational facilities. This is because a lot of free space is being used by open defecation areas therefore forcing the children to play near roads which often leads to accidents.

I was touched by what I saw during mapping process. Because of it I started my own investigation. I wanted to find out why people still perform open defecation instead of using the toilets, which were built, at a very high cost, by the NGO's and the government through community development fund (CDF).

Here are my findings:

- **Maintenance Cost:** For the use of a toilet in Mathare 10 one needs to pay five or three shillings daily or a monthly fee. If one doesn't or can't pay he/she must look for other alternatives – like using open defecation areas or flying toilets which are scattered all over Mathare.
- **Poor housing facilities:** Most houses in Mathare 10, Mabatini, Mashimoni and Thayu lack toilets inside, forcing people to use flying toilets or open defecation areas
- **Poverty**
- **Lack of awareness to proper hygiene and sanitation**

Nowadays toilets are being constructed all over in Mathare. The area leaders have put out a request to the government and NGO's involved in construction of new toilets, to train community members on importance of clean sanitation and hygiene.

– Blogged by: Javin (Map Mathare) May 31st 2011

original triggering there has been an increase in the number of latrines in the communities.

Recommendations and ideas

- Use a Rights Based Framework and Government and municipal bye-laws. Build on already existing public health instruments and human settlement laws.
- Create an enabling environment with all the many different stakeholders involved – Natural Leaders and community members, landlords, administration, municipality, politicians and elected representatives, NGOs, the business community, people’s organizations, and others, and convene meetings and facilitate exchanges and negotiations
- Cluster specific areas to reach ODF, as far as possible where there is a degree of community coherence
- Mobilize and encourage youth.
- Create a sense of awareness and ensure that citizens know their rights and responsibilities, so they can claim them.
- Learn from experiences elsewhere, and facilitate lateral sharing, visits and exchanges

Sources & follow-up contacts

- [Blog on Mathare Urban CLTS Pilot by Sammy Musyoki](#)
- [Mathare Mapping Blog](#)
- [Mathare Blog](#)
- For more information on CLUES contact: christoph.luthi@eawag.ch or go to http://www.eawag.ch/forschung/sandec/publikationen/sesp/dl/sustainable_san.pdf
- [Revolutionising Sanitation in Zambia](#) by Giveson Zulu, Peter Harvey and Leonard Mukosha; PLA 61 [PLA 61 Tales of Shit: CLTS in Africa](#)
- CLTS Evaluation for Zambia –Leslie Iveson and Bonarventure Siantumbu
- One Pager by Giveson Zulu on Urban CLTS in Zambia <http://www.communityledtotalsanitation.org/resource/urban-clts-zambia>
- For more information on the Sanitation in peri-urban areas programme in Africa please contact Sharon.roose@plannederland.nl

3. CLTS in emergency situations and post-conflict/post-emergency conditions

Introduction

Emergency situations include civil conflict, floods, droughts, violent storms, earthquakes, tsunamis and other disasters which afflict and displace people. IDPs (internally displaced people) and refugees across borders number some 40 million. The conditions in which they find themselves vary widely: from severe physical disability from starvation and/or epidemics, to physical health and strength of many members; from being scattered in communities to being concentrated in camps and settlements; and from being largely on their own and self-reliant to having dependent attitudes as a result of the efforts of international agencies, NGOs and governments to provide for them. Generalizations about the relevance and feasibility of CLTS are therefore difficult. However, common experience is that it will be most feasible where people are together in numbers, physically able, with some social cohesion, and free of dependent attitudes. In the past it has been found that displaced people have more energy and more capacity to help themselves and be self-reliant than many NGO workers have understood.

Challenges and questions

- Are 'Emergency NGOs' with their reflexes of provision and delivery of subsidized sanitation hardware sometimes part of the problem, reinforcing a misleading image and so reality of helplessness among the affected population?
- Can CLTS contribute to self-reliance and self-respect? And to wider livelihood development in post-conflict or post-emergency situations?
- To what extent in what conditions may subsidized hardware be needed and desirable, and in what conditions should it be avoided?
- What can be done when dependence is already an institutionalized culture?
- What are the best ways to distinguish between different conditions, so that actions can be more fitting?

Experiences

Southern Sudan and DRC

In post-conflict situations in the Southern Sudan and the DRC CLTS has been introduced recently. This has proved challenging but possible. There will be much to learn from how this plays out.

Liberia

In Liberia CLTS is not yet really lifting off but it is difficult to judge to what extent this is the result of post-emergency conditions. Issues here revolve around the mobilization and training of facilitators. There are few trained trainers. Institutions at the county levels are weak and cannot provide strong support. UNICEF and WaterAid are the main supporters of CLTS. Though the Government of Liberia is committed, the modalities for rolling out to the regions and the coordination at the Central Government level need further strengthening. During the current emergency with a large influx of refugees from the Cote d'Ivoire post-election violence into border communities, all WASH NGO partners agreed to adopt a version of CLTS for emergencies. It remains to be seen how successful this approach will be.

Elsewhere

There is also experience of implementing CLTS in post-flood Mozambique, in post-earthquake Haiti, and in situations in Pakistan.

Recommendations and ideas

These are early stages in learning to what extent CLTS is feasible, even before trying to take it to scale. Scepticism can be expected from some external actors in emergency and post-emergency conditions. Recommendations and ideas are therefore to

- Be bold in seeking to introduce CLTS in a range of conditions
- Document and compare the experiences, and what works and what does not
- Learn from current practices and experiences with participation and self-help by affected populations
- Develop a typology of situations which can be used prescriptively
- Strive for rapid and accurate learning about types of conditions and key parameters and development a typology of situations which can be used prescriptively

- Assess the requirements for going to scale in mass displacement conditions. This may include reorientation of those in humanitarian agencies.

Sources & follow-up contacts

- See reports on [CLTS in DRC](#) and [South Sudan](#) written by Philip Otieno
- [CLTS in post emergency context in Pakistan](#)
- [CLTS adaptation in Haiti](#)
- [One pager by Frank Greaves, Tearfund](#)
- For Tearfund in the DRC see ppsspcic@yahoo.fr and <http://ppssp.org>
- [PLA 61 Tales of Shit: CLTS in Africa](#) (page 48-49)
- For more information on Liberia contact Ada Oko-Williams adaoko-williams@wateraid.org

4. CLTS in nomadic, mobile and migrant communities

Introduction

Nomads, transhumants, migrants and migrant workers tend to be marginalized and overlooked. But like all others they have rights. They pose special problems. For highly mobile nomads as in Niger latrines may not be an option. Where they are in sparsely populated hot and dry areas CLTS may be neither feasible nor much needed beyond encouragement of the cat method, or shallow trenches which are then filled in on leaving. Quite commonly, however, pastoralist women, children and those who are old and weak stay in permanent or semi permanent settlements and others practice transhumance. These settlements, as in Karamoja in Uganda, can be highly insanitary, sometimes with problems of hygiene accentuated by lack of water. Maasai manyattas in Kenya and Tanzania where people live with their animals and close to quantities of animal dung as well as human may present special problems. One consequence is the high rates of trachoma and blindness among pastoralist women and eye infections from flies among children. Yet another type of problem is when pastoralists are transhumant and pass through settled areas, as in parts of Darfur. Again, the cat method and /or shallow trenches may be the solution. Also serious is the failure of ODF communities, as in Himachal Pradesh in India, to provide adequate latrines for very temporary migrant workers, and persuading them to use them.

Challenges and questions

- What forms of sanitation and hygiene are appropriate and feasible, for whom, in what conditions?
- How relevant are variations in environment, climate, season and so on?
- Is conventional CLTS triggering the right approach, or is innovation called for to fit nomadic, transhumant, migrant and migrant worker conditions?
- Do such populations pose serious problems of defecation when they pass villages or cities?

Recommendations, experiences and ideas

- Use media, especially radio, to communicate with nomads, transhumants, migrants and migrant workers and their hosts

- Gain experience with CLTS where nomads and transhumants have settled communities where some live all or most of the time, and others return seasonally, and establish whether individual household or shared communal latrines are better
- In CLTS follow up and triggering in places where passers-by, transhumants or migrants practice OD, encourage the Ethiopian practice of constructing and maintaining roadside or other latrines for their use
- Make it clear that shallow trenches which are covered over regularly, and the cat method, may often be the best feasible solution, and can be acceptable and hygienic where other options are not realistic

Sources & follow-up contacts:

- For follow up on inclusion and rights, contact Sharon Roose Sharon.roose@plannederland.nl
- For more information on nomadic communities contact Ada Oko Williams adaoko-williams@wateraid.org
- For more information on the road side latrines contact Atnafe Beyene Atnafe.Beyene@plan-international.org

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Some Sources on Scaling Up Community-Led Total Sanitation with Quality

Bongartz, Petra, Musyoki, Samuel Musembi, Milligan, Angela and Ashley, Holly (eds) (2010) *Tales of Shit: Community-Led Total Sanitation in Africa*, Participatory Learning and Action 61, London: International Institute for Environment and Development

Chambers, Robert (2009) *Going to Scale with Community-Led Total Sanitation: Reflections on Experience, Issues and Ways Forward*, Practice Paper Number 1, IDS Sussex, March

Hanchett, S., Khan, M.H., Krieger, L. and Kullmann, C. (2011) 'Sustainability of sanitation in rural Bangladesh' Paper to 35th WEDC International Conference, Loughborough, UK

Kar, Kamal with Robert Chambers (2008) *Handbook on Community-Led Total Sanitation*, Plan International (UK) and Institute of Development Studies, Sussex

Kumar, Somesh (ed) (1977) *PRA – Going to Scale: Challenges for Training*, Report of the South Asia Workshop Report, Calcutta 13-16 May 1997, PRAXIS, Delhi and ActionAid India, Delhi

Maulit, J.A. and Kang, M. (2011) 'Effects of program and institutional design on district-level CLTS management in Malawi' Paper to 35th WEDC International Conference, Loughborough, UK

Mehta, Lyla and Movik, Synne (eds) (2011) *Shit Matters: The Potential of Community-Led Total Sanitation*, Practical Action Publishing, Rugby, UK

Mukherjee, Nilanjana with inputs from others (2009) *Learning at Scale: Total Sanitation and Sanitation Marketing Project: Indonesia Country Update*, WSP of the World Bank, August

Mukherjee, Nilanjana, Robiarto, Amin, Saputra, Effentrif and Wartono, Djoko (2011) *Achieving and Sustaining ODF Communities: Learning from East Java Communities*, Water and Sanitation Program Research Brief, WSP, World Bank, August

Mukherjee, Nilanjana and Shatifan, Nina (2011) 'The CLTS story in Indonesia: Empowering communities, transforming institutions, furthering decentralization' in Mehta and Movik (eds) *Shit Matters*, pp145-159

Patkar, Archana and Gosling, Louisa (2011) *Equity and Inclusion in Sanitation and Hygiene in Africa: A regional synthesis paper*, WSSCC and WaterAid, July

Perez, E.A. (2011) 'Sustainable rural sanitation at scale: Results and lessons from India, Indonesia and Tanzania' Paper to 35th WEDC International Conference, Loughborough, UK

Setiawan, E. and J. Parry (2010) 'Engaging with government to scale-up Community-Based Total Sanitation in Indonesia', Paper to 35th WEDC International Conference, Loughborough, UK

Taking Community Led Total Sanitation to Scale with Quality

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