



# Activating Field Level CLTS Stakeholders in Chikwina

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Chikwina Health Centre in Nkhata Bay District is a case study on how various field level stakeholders interact to promote CLTS in their villages. The stakeholders studied included Traditional Leaders (TLs), Health Surveillance Assistants (HSAs, extension staff for health) and Natural Leaders (NLs). It was found that the absence of role definitions for key CLTS players and the lack of regular follow-ups during the post-triggering period lead to crucial CLTS activities not being conducted, delaying the achievement of ODF status. It also led to non-sustainable sanitation behavior change, especially in relation to hygiene. Ideas and recommendations to address some of the issues identified are discussed in this briefing.

## Findings & Recommendations

Several challenges were identified with regards to the interaction between key field level sanitation stakeholders and community behavior change. These findings are listed below and coupled with ideas for recommended solutions.

### 1. Create role definitions to ensure CLTS activities are being conducted and stakeholders can be held accountable to performing their roles

It was found that role definitions were unclear between TLs, NLs, and HSAs. This made it difficult to determine whose duty it was to conduct ongoing CLTS activities and ensure communities continue working towards reducing open defecation. Accountability mechanisms were also lacking, with no one holding HSAs or NLs accountable to following up on triggered communities. TLs potentially have the ability to hold both HSAs and NLs accountable but it was observed that this was rarely done because most TLs had not considered using their formal authority to support CLTS.

**Recommendation:** The creation of clear role definitions and accountability mechanisms between TLs, NLs and HSAs will provide the framework for how these stakeholders can interact with each other constructively. These role definitions will help ensure that adequate follow-ups to communities are conducted, allowing for varying levels of involvement from each party. Ideally, these stakeholders will work together on CLTS. However, it's also possible that if one stakeholder becomes inactive, the others could buffer the effects of this inactivity with their involvement. Sharing of responsibility between stakeholders can help to provide continued follow-up support to communities.

Examples of role definitions could include:

- TLs ensure that HSAs and NLs are active in the community due to their position of authority and respect by providing encouragement, motivation, and public support
- NLs will encourage and monitor sanitation practices in the villages, with constant encouragement and motivation from both TLs and HSAs
- HSAs can play a role of managers in this system since they possess technical sanitation knowledge and respect from communities on issues of health, with TLs holding them accountable to playing this role and NLs can work hand in hand with HSAs to support village-level monitoring

## 2. Utilize TL reporting structure to hold stakeholders accountable

Currently, no one is holding NLS, HSAs or TLs accountable to conducting CLTS activities. There is little incentive for HSAs to conduct these activities as they have other duties to attend to which can sideline CLTS. NLS are usually active in the first few weeks after CLTS triggering, but observations showed that without something holding them accountable to continuously perform their role after the initial excitement, they often became inactive. TLs are also not held accountable to making sure their communities are ODF. This means that CLTS activities are often neglected by these stakeholders, leading to reduced success in reaching and maintaining ODF status.

**Recommendation:** One approach to ensure TLs, NLS, and HSAs are held accountable is to incorporate reporting on village sanitation status and efforts at the Village Development Committee (VDC) and Area Development Committee (ADC) meetings, which are the formal reporting structures used by TLs. This takes advantage of existing community structures without the need for additional meetings or funding. Each Village Headman/TL would report sanitation progress at the routine VDC meeting; then these reports would be included in the report the VDC submits monthly at the ADC meeting. This structure also provides an opportunity for districts to be involved with monitoring of sanitation status since ADCs submit meeting minutes regularly to the district. NLS and HSAs would be expected to contribute to the Village Headman's report at these meetings.

## 3. Increase social pressure to build and use hygienic facilities

In Chikwina, it was found that many households already had latrines before the CLTS triggering. This was due to Chikwina being a target area for a major NGO which had heavily subsidized latrines in the past. The main difference that CLTS triggering made in the health centre catchment was the construction and initial use of drop hole covers and handwashing facilities immediately after triggering. However, at the time of this study, it was evident that the majority of households were not using their drop hole covers or handwashing facilities. Drop hole covers were either unavailable, not used, or had flawed designs which did not prevent flies from getting in the hole. Many handwashing facilities were seen however they were mostly not used. The water was not filled regularly (if at all), and handwashing facilities were often broken as a result of children playing with them. Households did not seem to value the existence of the handwashing facilities. This all indicates a lack of real behaviour change. It was also evident that the villages were not provided the support or encouragement by the HSAs, TLs, or NLS to understand the importance of using these hygienic facilities.

**Recommendation:** One potential way to address hygiene behaviour change is through the introduction of a social norm which labels households without drop hole covers and handwashing facilities as unclean. A religious leader suggested that a new social norm can be introduced in the community through the TLs, NLS and HSAs working on CLTS. These parties could insist that it is unhygienic not to wash hands or cover toilets. The language that can be used to create this social norm follows the theory used during CLTS triggering - that it is necessary to provoke people into action through shame, as shown by the use of the word "shit" instead of "faeces". In Chikwina, "ukazuzi" is the word for "unclean" in the local language of Tonga. TLs, NLS, HSAs, and other sanitation stakeholders in Chikwina agreed to refer to households without drop hole covers and handwashing facilities as "ukazuzi" or "unclean". It is believed that this word is so shameful that households would be mobilized into creating these structures. If continuously used over the foreseeable future by NLS, HSAs, and TLs promoting CLTS, it could create a new norm for each household to have and use drop hole covers and handwashing facilities.

## Conclusion

Various field level stakeholders, specifically TLs, NLS, and HSAs, have potential to support the scale up of CLTS. Clear role definitions, use of decentralized reporting structures, and mobilizing social pressure are a few ways to ensure CLTS activities are implemented continuously and effectively. If provided with appropriate support, these stakeholders can contribute to making Malawi ODF.

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