

## **Adapting rural CLTS for urban settings: Azafady UK's experiences in Fort-Dauphin, south east Madagascar**

### **Introduction**

Community Led Total Sanitation (CLTS) is a non-subsidy approach designed to support rural communities end open defecation and by doing so improve their health, livelihoods, dignity and wellbeing. The approach has resulted in thousands of people across the world taking their sanitation situation into their own hands without reliance on any external subsidies. The only external support advocated by the CLTS approach is in the form of motivation and, if requested, advice.

CLTS's success is reliant on people working together to achieve change across their community as a whole. It works particularly well in small, homogenous villages separated from one and other by some distance. With a non-subsidy focus, it is also important that even the poorest households have access to affordable building materials. These qualities are most often found in rural areas where communities tend to have distinct boundaries and natural materials are available for construction. Using the approach in urban settlements where these factors are less likely to be present therefore requires some adaptation.

This document outlines the urban CLTS approach taken by Azafady UK, a British charity working in partnership with local NGOs in south east Madagascar, in its three-year urban sanitation initiative, Project Malio. Project Malio's approach is rooted in learning from a two-year pilot, Project Soaiegna, as well as from Azafady UK's and others' rural CLTS work<sup>1</sup>. It uses CLTS techniques to stimulate demand for improved sanitation and an end to open defecation but also recognises that in an urban environment many people require technical, financial or material support to build a latrine; Project Malio's pilot revealed a large proportion of the population in the target town of Fort Dauphin, Madagascar, who were already motivated to use a latrine but didn't have the means to access one. The Malio team has therefore had to find a balance between motivating the unmotivated and supporting those who already have a strong desire for change.

Project Malio began in May 2014 and will run until April 2017. Azafady UK are learning many lessons along the way and are adapting activities accordingly<sup>2</sup>. As a result, the urban CLTS approach being taken is still evolving. It could be argued that the urban approach has deviated so much from its rural parent that it should no longer be referred to as CLTS. However, given the underlying themes of community-led action, collective behaviour change and elimination of open defecation, Azafady UK continues to use the term CLTS.

This is an overview of what Azafady UK's urban CLTS methodology looks like at Project Malio's half way point and how it differs from rural CLTS. We hope that this document will inspire others to try using CLTS in urban areas but also to realise the extent of the changes needed to rural CLTS before doing so. Although Project Malio is only operating in one town, Azafady UK believes that successful urban CLTS approaches are likely to look very different in different areas. Project Malio's approach has been developed in response to the specific situation in the small, isolated Malagasy town of Fort Dauphin. It is unlikely that an approach identical to Project Malio's would work in a bustling metropolis with a greater mix of services and income levels and vice versa. This should be considered when applying learning from Project Malio to other contexts.

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<sup>1</sup> Learning from Azafady UK's rural CLTS is detailed in the separate document "Learning from Azafady's rural CLTS projects", available online or on request.

<sup>2</sup> See Azafady UK's document "Lessons Learned in Year One" for more information, available online or on request.

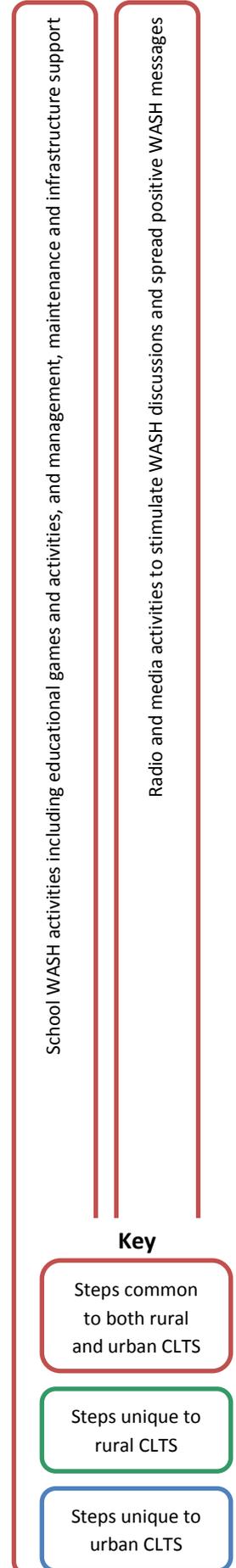
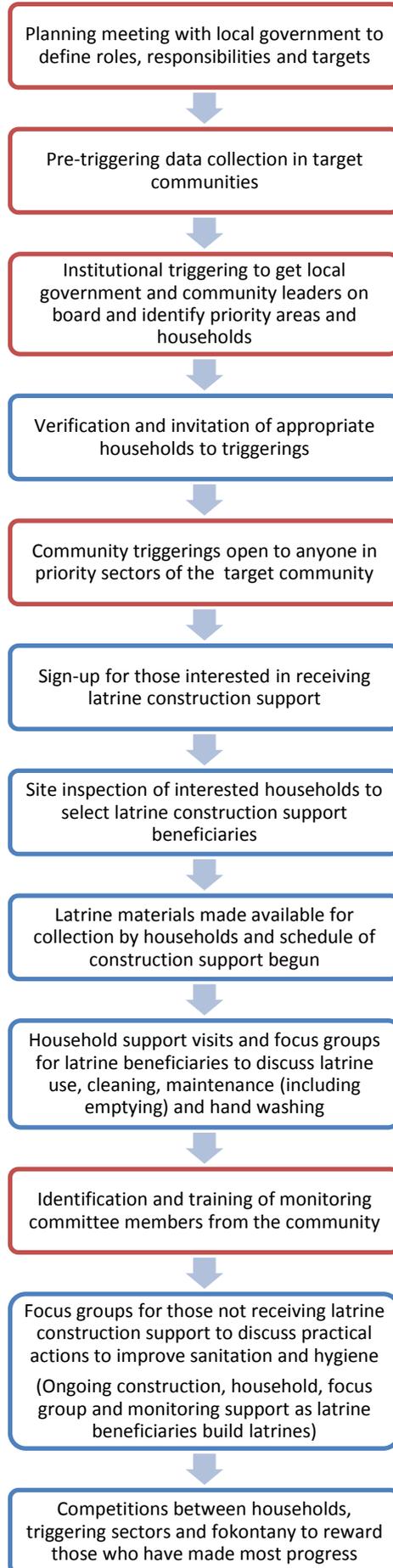


Figure 1: Outline of the main rural and urban CLTS steps as used by Azafady UK in south east Madagascar

## Key considerations at the planning stage

When Azafady UK began adapting its rural CLTS approach for use in the urban area of Fort Dauphin, some factors shaped decisions more than others. Early trials of the proposed urban approach highlighted which considerations proved particularly important. When it came to the detailed design and baseline phases of Project Malio, here's what we found ourselves asking:

### ➤ **Levels of pre-existing knowledge, attitudes and practices with respect to WASH**

*Where do most people currently defecate? Do they live nearby or do they travel from other parts of town to defecate there? Do they wash their hands? Why do they do what they do? (Is it out of choice or necessity?) How willing are people to discuss sanitation and hygiene issues? Are sanitation and hygiene something people seem interested in?*

These factors helped to identify priority sites and communities to work with. By asking these questions, it became apparent that particularly dirty areas of town are not necessarily solely due to poor sanitation practices by the surrounding community. For example, traders and shoppers defecate openly near market areas but often live in other, cleaner areas. So far Project Malio has largely focussed on targeting permanent residents rather than transient populations and its approach has been designed to reflect this. If the project were to target transient populations, the approach would likely need to look different. Asking these questions also revealed the existing levels of motivation and engagement with sanitation and hygiene issues amongst people in Fort Dauphin, enabling us to pitch activities appropriately.

### ➤ **Demographics**

*How old are most people? Are there any elderly or disabled people? What's the average level of education? Who are the main decision makers at the household level? What are the main livelihoods? Do people own or rent their land? And how do all these factors vary across different parts of the town?*

Having identified the priority target areas, these factors helped to shape triggering and household support activities to specific communities to make sure they were accessible to and effective for everyone. Triggering in different parts of Fort Dauphin have been quite different depending on who lives there. Factors that influence young people can be quite different to those that influence older people, for example. The same applies to education level, gender and livelihoods. Knowing if people rent or own their own land informed whether or not we needed to target residents and landowners, or just residents. In many urban areas a lot of people rent their land and so may be powerless to build on it. Similarly employers may not provide adequate sanitation facilities for employees. In these cases, we realised that triggering and/or other activities to encourage landowners and employers to improve sanitation facilities may be needed.

### ➤ **Popular past-times**

*When are people free and how much spare time do they have? What gets people excited? Is there any way of linking sanitation and hygiene to these things? Is anyone excluded from these? How can sanitation and hygiene changes be made fun and easy rather than difficult and awkward for everyone?*

These factors helped to tailor activities further. People are more likely to participate in and continue things they enjoy doing so if it's possible to make activities fun then so much the better. It sounds obvious but we also found it crucial that activities are run when people have the time to attend them. In Fort Dauphin where

people are engaged in a wide range of livelihoods, this needed careful consideration. Fishers, for example, have different day-to-day and seasonal schedules to market traders or hospitality workers.

➤ **Influential figures**

*Who do people respect? What form do they listen to them in? Radio, public speeches, interviews, household visits, television, community meetings? Are these people willing to engage with sanitation and hygiene improvements? Will they lead the way and provide good role models?*

These factors helped engage role models to lead sanitation and hygiene campaigns and get people talking and acting on these important – but often taboo – issues. People are more likely to engage if the issues are taken seriously by respected figures; if they can be made fashionable, even better.

➤ **Town planning**

*How much spare land do most households have? How big are the roads/paths to access residential areas? Are there any flood-prone areas or places particularly close to water sources? How sandy or rocky is the ground? Are there any regulations regarding the provision of sanitation facilities?*

These factors informed the type of sanitation infrastructure advocated. In particularly crowded areas, we found household latrines aren't always feasible. Similarly, access to households restricted latrine design as we needed to use materials and equipment that could be transported to them. On top of all this, anything built must adhere to local standards which further influenced designs.

**Step-by-step: Azafady UK's rural and urban CLTS approaches in detail**

The following table provides more detail on each of the steps outlined in Figure 1, including some of the reasons why Azafady UK feels each is important in a rural and/or urban context. Whilst the details given below reflect Azafady UK's work in the Anosy Region of Madagascar specifically, we hope that the points made will be useful for others considering urban CLTS responses elsewhere.

| Activity   | Rural CLTS | Urban CLTS |
|--|------------|------------|
| <p><b>Planning meeting with local government to define roles, responsibilities and targets</b></p> <p>Azafady staff meet local authorities and stakeholders including representatives from Ministries of WASH and Education, the Mayor's office and members of the national DIORANO WASH network to discuss the CLTS approach planned and how it supports government action plans, priority communities to work with, any specific contextual needs, the roles and responsibilities of each stakeholder, targets, and key dates/timeframes.</p>  | x          | x          |
| <p><b>Pre-triggering data collection in target communities</b></p> <p>Azafady staff meet the head of the target <i>fokontany</i> (village cluster/urban sector), village/sector heads from within the fokontany, and government health volunteers to collect relevant data on the target community. These include population, number and location of open defecation sites, water points, schools and households, an approximate map, the main livelihoods of the community, and any specific community dynamics/needs. These data are used to inform triggering times, groups and activities.</p> | x          | x          |
| <p><b>Institutional triggering to get local government and community leaders on board</b></p> <p>Azafady staff use CLTS tools to trigger local leaders before engaging the wider community. This helps</p>   | x          | x          |

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| <p>ensure support and leadership from influential groups and individuals. Activities are dependent on the level of education and pre-existing motivation (as judged by the facilitators) but often include village mapping and shit calculation exercises. Participants include the head of the fokontany, the leaders of any villages/sectors within the fokontany, teachers, health workers, elders and other particularly influential people. Local authorities such as the Mayor and/or representatives from the Ministry of WASH are present whenever possible – and if possible lead the session – to establish their leadership and lend weight to the issues being addressed. Successful institutional triggerings end with leaders making commitments to supporting the CLTS process in their villages, encouraging others to stop open defecation and setting good examples through the construction and use of latrines. If leaders do not commit to improving sanitation in their community, the rest of the community may prove difficult to trigger and proceeding with the approach is reviewed.</p>  |   |   |
| <p><b>Verification and invitation of appropriate households to triggerings</b></p> <p>Typical populations in urban fokontany and sectors are dense and diverse. Some people are already motivated to improve their sanitation but lack the means to do so. Others need motivating. Community triggering sessions (see below) aim both to motivate and to offer participants practical support to improve their sanitation. In order to ensure that those particularly in need of such support are present at the triggerings, Azafady staff work with the local authorities to identify and invite specific households to attend. Invited households may include the particularly poor or marginalised, disabled, and those known to practice open defecation. Engaging priority households increases the likelihood that they will attend the triggering whilst also enabling Azafady staff to ensure that any measures that need to be put in place to help people attend can be organised in advance.</p>   |   | x |
| <p><b>Community triggerings with everyone in the target community</b></p> <p>Azafady staff run multiple public triggering meetings in each fokontany, advertised through institutional triggering participants, posters and radio announcements, as well as specific invitations for priority households in urban areas. Households in target fokontany are broken up into manageable-sized areas (where possible corresponding to pre-existing sectors) with one meeting held in each. The meetings are held simultaneously/in quick succession to ensure the contents remain as much of a surprise for participants as possible. This is important as many of the CLTS tools rely on shock. CLTS tools run include mapping, shit calculations, food/shit/fly demonstrations, the glass of water demonstration and, in rural communities, transect walks<sup>3</sup>. In urban communities Azafady UK has found it is difficult to keep the attention of a large group walking down narrow alleys and busy roads; instead triggering meetings are held on or close to an open defecation sites to build the sense of disgust and virtual transects can be done by discussing routes through community-drawn maps. These activities are run until participants realise the link between open defecation and eating shit and express a desire to stop this.</p> | x | x |
| <p><b>Community commitments to end open defecation and build latrines</b></p> <p>Following the collective desire to end open defecation in rural community triggerings, Azafady staff ask participants to make firm commitments towards this. Households decide on specific actions and deadlines by which to carry them out. The majority of households commit to clearing open defecation sites and building latrines. These are documented and signed by each household and the records are kept for future reference by a local leader, usually the head of the fokontany or sector.</p>   | x |   |
| <p><b>Sign-up for those interested in receiving latrine construction support</b></p> <p>Following the collective desire to end open defecation in urban community triggerings, Azafady staff ask any participants who are interested in building a latrine with Azafady's support to sign up. Eligibility criteria<sup>4</sup> are explained, in particular that households must pay a 5,000Ar contribution</p>  |   | x |

<sup>3</sup> See the [CLTS Handbook](#) for more details on CLTS triggering tools.

<sup>4</sup> These include having enough land for a latrine, agreeing to contribute a minimum payment and level of labour towards building it, agreeing the location of the proposed latrine with neighbours, and committing to using and maintaining it. The full set of criteria at

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| <p>towards the latrine as well as providing the manual labour for its construction. Azafady staff record interested households' names, addresses and descriptions of how to reach each house.</p>  |   |   |
| <p><b>Site inspection of interested households to select latrine construction beneficiaries</b></p> <p>Senior Azafady staff visit each household which expressed interest in building a latrine with Azafady's support to determine whether they meet the eligibility criteria. This is to ensure that households which could not otherwise afford to build a latrine are prioritised for support and to check again that households agree to each of the criteria. From these assessments, latrines are assigned to the highest priority households which are then given one month to pay their financial contribution before construction begins (see below). A waiting list of the remaining households is drawn up and used if any of the latrine recipients subsequently drop out.</p>  |   | X |
| <p><b>Latrine materials made available for collection by households and schedule of construction support begun</b></p> <p>Once selected households have paid their 5,000Ar contribution, Azafady staff allocate them a date to collect construction materials from a collection point within their community. Checking payment receipts, Azafady's construction team sign out the materials to the selected households, providing each with instructions on how to store them securely. Times are scheduled with each household for Azafady's construction team to visit to provide guidance on the various stages of latrine construction, with households set tasks to complete independently between these visits (e.g. digging the latrine pit or finishing a task that has been started with the construction team's support – the exact tasks will vary depending on the level of construction skill amongst household members).</p>   |   | X |
| <p><b>Household support visits and focus groups for latrine beneficiaries to discuss latrine use, cleaning, maintenance (including emptying) and hand washing</b></p> <p>Alongside latrine construction, Azafady staff provide support to help people transition to latrine use. This is done through a combination of individual household visits and focus group sessions with neighbouring households. Topics including latrine cleaning, maintenance, emptying and hand washing are introduced in focus groups with participants encouraged to discuss their concerns and give each other ideas and advice. Each topic is then followed up in the individual household setting to support people to implement changes appropriate to their context. Once latrines are complete, Azafady staff support households within each focus group to conduct participatory monitoring exercises, visiting each other's latrines to assess them on criteria which they have determined is important (e.g. cleanliness and smell). Participating households write the results of these visits up on a board which is kept with the head of the sector or government health volunteer, updating it following each visit. This monitoring provides useful project data as well as another means through which households can motivate and support each other to look after and make improvements to their latrines.</p> |   | X |
| <p><b>Identification and training of natural leaders and monitoring committee members from the community</b></p> <p>Azafady staff invite people who prove particularly motivated during triggering and early follow-on activities to become natural leaders. These individuals take a leading role in motivating their neighbours to meet their commitments and monitoring the progress of their community. Full training is provided to help them do this and pictorial or very simple monitoring tools are used to make sure low literacy levels are not a barrier to being a natural leader.</p> <ul style="list-style-type: none"> <li>➤ In rural areas, natural leaders and monitoring committee members are sometimes separate people but often people are both a natural leader and monitoring committee member. They work independently, although Azafady staff may accompany them in the early stages as they get</li> </ul>  | X | X |

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| <p>used to their new role. All the natural leaders and monitoring committee members from a fokontany meet with Azafady staff approximately once a month to feedback progress.</p> <p>➤ In urban areas, the role of natural leader and monitoring committee member is combined. Natural leaders/monitoring committee members take a leading role in participatory monitoring exercises (see above). Together with the other natural leaders and monitoring committee members in their fokontany, they meet with Azafady staff approximately once a month to verify results from participatory monitoring exercises, assess progress within their area and identify the need for any additional support.</p>  |   |   |
| <p><b>Focus groups for those not receiving latrine construction support to discuss practical actions to improve sanitation and hygiene</b><br/> <i>(In addition to ongoing construction, household, focus group and monitoring support as latrine beneficiaries build latrines – see above)</i></p> <p>Focus group sessions are held with clusters of households which express interest in receiving Azafady support for building a latrine but are placed on the waiting list as others are deemed higher priority, or because they are ineligible for any reason. Practical ways to improve sanitation and hygiene without a latrine are discussed (e.g. burying faeces and washing hands). Households which may be able to help each other to construct latrines are also linked up and supported (e.g. if one household has land but nobody to build the latrine and another as no land but can provide labour).</p>  |   | x |
| <p><b>Ongoing follow-up support as community members build latrines, end open defecation and monitor their own progress</b></p> <p>Azafady staff visit each fokontany working towards becoming Open Defecation Free (ODF) on an approximately monthly basis. They meet with natural leaders and monitoring committee members at these times (see above) and verify their findings through household visits and open defecation site inspections. They provide any top-up training required by natural leaders and/or monitoring committee members and support them to support their peers overcome any particularly difficult problems. In some circumstances, Azafady staff provide direct support to households but usually this is channelled through natural leaders and monitoring committee members.</p>  | x |   |
| <p><b>Community self-declaration as Open Defecation Free (ODF)</b></p> <p>Once a village within a fokontany deems itself ODF, residents invite Azafady staff and natural leaders from neighbouring villages to inspect their community. If no sign of open defecation is found, the village is declared unofficially ODF which prompts the start of formal inspection visits (see below). If open defecation is found, however, this is shown to the community who are encouraged to continue their work to becoming ODF.</p>   | x |   |
| <p><b>Monthly monitoring of ODF claims over a six month period with natural leaders, neighbouring community members and local government and NGO staff</b></p> <p>Once a village is declared unofficially ODF, Azafady staff organise the first of six, monthly inspection visits. This is usually conducted by natural leaders from neighbouring villages and fokontany, the head of the fokontany and Azafady staff. The Mayor and Ministry of WASH and Education representatives usually join for the fifth and sixth visits, although are encouraged to attend as many as possible if they are available. To maximise efficiency, particularly in remote communities, all villages which self-declare in the same calendar month are inspected together. If a village passes six consecutive monthly visits it is officially declared ODF. Villages which do not pass a visit must regain their unofficial ODF status before restarting the six official verification visits again.</p> | x |   |
| <p><b>Competitions between households, triggering sectors and fokontany to reward those who have made most progress</b></p> <p>Throughout the time communities are working towards ODF status, individuals, households and sectors/villages which make particular contributions are rewarded. Prizes are awarded to those who</p>   | x | x |

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| <p>make particular achievements such as the first latrine constructed, the best quality latrine, the best kept latrine, the best hand washing station, the best latrine design, former users of the first open defecation site to be cleared, the first sector to be declared ODF, most improved household etc. This instils a sense of competition between participants, motivating them to make and sustain progress. Wherever possible, these competitions are continued until the new behaviours introduced through CLTS have become habitual.</p>  |   |  |
| <p><b>ODF celebrations with formally verified ODF communities</b></p> <p>Once villages have been officially verified ODF, Azafady organises formal ceremonies to mark their achievement. If not all villages in a fokontany have achieved ODF status, these are small-scale events in the successful villages to reward their efforts. Each officially ODF village is presented with a blue flag by local government officials to display prominently, whilst non-ODF sectors are given a yellow flag to mark their status. Prizes are awarded for competition winners (see above) and non-ODF villages are urged to follow their neighbours with encouraging speeches given by local authorities and residents of the ODF villages. If a whole fokontany has been declared officially ODF, larger fokontany-wide ODF celebrations are held to mark this significant achievement.</p>   | X |  |
| <p><b>Continued support for natural leaders and monitoring committee members to encourage communities to remain ODF</b></p> <p>Once a village or fokontany has been officially declared ODF, Azafady staff continue to visit the natural leaders and monitoring committee members to encourage them and check that progress is maintained. Support visits are initially held monthly but become less regular the longer the village or fokontany sustains their ODF status, with activities tailored to address the emerging needs of the community.</p>  | X |  |
| <p><b>Workshops with local artisans to design and market improved latrines made from locally available materials for community members who wish to upgrade their latrine</b></p> <p>The latrines households build prior to being declared ODF are often simple constructions that could be significantly improved. As households begin to form the habit of using a latrine, many decide to invest in their latrines to make them easier and more pleasant to use and/or maintain. To support this process, Azafady staff facilitate workshops with local artisans from each community who have design, carpentry, masonry or other relevant skills. These artisans brainstorm latrine designs which incorporate key features such as a solid floor, lid and adequate privacy. They then construct a series of prototypes which are displayed prominently within the community so that households can see the different designs to get ideas for their own latrine improvements. Some may choose to implement these themselves, whilst others will employ one of the artisans to improve their latrine, supporting the establishment of skilled latrine builders.</p> | X |  |

Figure 2: Details of the main rural and urban CLTS steps as used by Azafady UK in south east Madagascar

Alongside these community-based activities, Azafady UK’s rural and urban CLTS initiatives both incorporate work with schools and media to support the widespread dissemination and uptake of key practices. These activities include:

- **Educational workshops, games and competitions with school pupils** to ensure that they are aware of the importance of having good sanitation and hygiene and what this means practically. The Ministries of Education and WASH are also supported to engage teachers and parents in the **establishment and implementation of appropriate school sanitation plans** to ensure school latrines and hand washing facilities are well used, monitored and maintained. As many schools are built without sanitation facilities (or have facilities in dire need of repair), once strong plans for their care are in place Azafady UK supports schools to **improve school latrines and hand washing facilities**.

- Extensive use of **radio and media to spread sanitation and hygiene messages** beyond direct project participants and to stimulate discussion of these important but still taboo topics. The most effective ways of doing this are still being assessed through Project Malio but recent activities have included the development of a popular sanitation-themed radio drama set in Fort Dauphin in which easily relatable characters overcome common sanitation problems in their day-to-day lives; short radio advertising slots with catchy jingles of key WASH messages (latrine use, hand washing, and safe water storage); sanitation and hygiene-themed interviews with community leaders and popular figures; billboard and poster campaigns; and themed puppet shows.

## Conclusions

Azafady UK's experiences highlight the importance of really knowing the target communities when implementing CLTS. What works in one community may need to be tweaked in order for it to work in another. In rural areas, the information needed to select target communities and adjust triggering processes can largely be collected during pre-triggering and by working closely with community and natural leaders. In urban areas, however, a thorough understanding of the context will shape the entire approach (and budget) and is needed much earlier on in the programme development cycle. In the case of Fort Dauphin, for example, learning from previous projects and extensive baseline research indicated that without subsidies, the majority of households would struggle to gain access to a latrine, but also that latrines given for free were often not used. It was also found that, unlike in rural communities, construction skills were lacking in households across many parts of the town. As a result, material, technical and financial support was built into project proposals. In other contexts, however, this might not be necessary, or may be feasible through different approaches such as the use of micro-finance options. Without a clear-cut, one-size-fits-all approach, it is important to trial different ideas first to see how they work in practice. By running Project Soaiegna first, for example, Azafady UK realised how challenging it is to schedule practical construction support for households without making what should be a participatory approach too prescriptive. Through a closely monitored process of trial and error on a small-scale, we identified ways to achieve this which are now being rolled out in the larger-scale Project Malio. Coming across this challenge for the first time in the larger project would have been far more daunting!

Overall, Azafady UK strongly advocates taking time to research the target area, plan activities accordingly and trial them on a small-scale first. We're still figuring out what works and what doesn't, and we'll try to keep documenting and sharing learning from our urban CLTS approach. We'd love to hear about any other urban CLTS projects too so if you have anything to share, or want someone to bounce ideas off, please get in touch with us at [info@azafady.org](mailto:info@azafady.org).

### Appendix A: Latrine construction support beneficiary criteria

Beneficiary name and ID card number (head of household):

Address and directions to get there:

Scheduled construction group:

| CRITERIA   | HEAD OF HOUSEHOLD'S INITIAL AGREEMENT<br><i>(sign and date)</i> | AGENT'S VERIFICATION<br>(BY CONSTRUCTION DAY) | MEANS OF VERIFICATION               | COMMENTS |
|--|---|---|-------------------------------------|----------|
| Beneficiary has enough land for a latrine<br><i>(at least 2m x 2m)</i>   |   |   | Early site visit                    |          |
| Beneficiary has agreed a suitable site with their neighbours   |   |   | Early site visit                    |          |
| Beneficiary will have at least 3 people available to construct latrine at the scheduled construction times<br><i>(over 18 years old, at least 2 of whom are men)</i> |   |   | Early site visit                    |          |
| Beneficiary has suitable means to store materials securely<br><i>(5 rice sacks, tarpaulin 2m x 2m or equivalent)</i>   |   |   | Early site visit                    |          |
| Beneficiary will be responsible for storing materials during construction<br><i>(all construction materials, including moulds)</i>                                   |   |   | Early site visit                    |          |
| Beneficiary will respect the timetable set by Azafady  |   |   | Azafady records                     |          |
| Beneficiary will pay 5,000Ar by the relevant deadline  |   |   | Azafady records                     |          |
| Beneficiary will collect materials by the relevant deadlines   |   |   | Azafady records                     |          |
| Beneficiary will collect moulds by the scheduled construction time   |   |   | Site visit just before construction |          |
| Beneficiary will have 160 litres (8 x 20 litre jerry cans) of water available at the scheduled construction time   |   |   | Site visit just before construction |          |
| Beneficiary will dig a hole (approx. 1.5m wide x 1.5m long x 1.3m deep) by the scheduled construction time   |   |   | Site visit just before construction |          |