



**Evaluation of
Community-Led Total Sanitation
in Vatambe and Emagnevy
Mahatalaky Rural Commune, Anosy Region, S.E. Madagascar**

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**ONG AZAFADY
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Executive Summary

Background

Less than 11% of the population in Madagascar has access to improved sanitation facilities (WHO/UNICEF, 2010). Open defecation contaminates food and water sources, posing a major health threat to already impoverished communities. The situation is particularly severe in the Anosy region of south east Madagascar where as many as 4 in 10 children in rural villages die before their fifth birthday (Ministry of Health, 2011). Often this is caused by easily preventable diseases in a cycle of open defecation, surface water pollution, poor hygiene practices and diarrhoeal illnesses which are linked to inadequate sanitation.

Community-led total sanitation (CLTS) is an innovative methodology for moving communities to take collective action to become totally 'open defecation free' (ODF) by building and using their own latrines. The approach taps into the motivating factors of pride and esteem, mobilising communities to eliminate open defecation using a variety of participatory and interactive tools, with no provision of subsidised infrastructure. CLTS reduces dependence on external assistance, building the capacity of communities to become independent in protecting their own health. It is currently being implemented in more than 40 countries across Asia, Africa, Latin America and the Middle East. The approach is endorsed by bodies including the UK Department for International Development, Institute of Development Studies and United Nations.



Madagascar's national WASH (Water, Sanitation & Hygiene for All) network recently started promoting CLTS across the country with support from WaterAid, and last year Azafady started piloting CLTS in two communities with a view to increasing the sustainability of its community health activities in the Anosy region. To date (July 2011) a total of 12 latrines have been completed by community members with 125 users from 37 households, and over 55 more latrines are in the process of construction. Although neither communities have achieved ODF status yet, that 12 households have been able to complete their own latrines using simple locally and freely available materials is testament to their determination and resourcefulness, and bodes well for the success of future CLTS initiatives in the region. This evaluation report documents the CLTS process as experienced in these two communities, including lessons learnt and discussion points that should feed into the approach that Azafady takes as it scales up CLTS within Mahatalaky Rural Commune over the next year and beyond.

Activities & Lessons Learnt

CLTS triggering in Agnalapatsy (Vatambe) and Emagnevy centre (Emagnevy) took place in November – December 2010, starting with transect walks through defecation sites along the river and under the coffee trees. Azafady's agents asked leading questions to the point that community members came to the collective self-realisation that due to their defecation habits they were eating and drinking their own shit ('tai' in Malagasy). Mapping exercises reinforced this by illustrating the extent of open defecation throughout these villages. Maps were drawn on the ground by community members, immediately transferred onto flip chart paper, and then painted onto wooden boards in February 2011. In the household interviews conducted as part of this evaluation, people reported being ashamed or disgusted about their defecation practices following the transect walk and mapping because they saw with their own eyes that their village was dirty and there was *tai* everywhere. These reactions moved people to address the problem of open defecation within their communities, and during the initial action planning 7 households in Agnalapatsy and 22 households in Emagnevy committed to building their own latrines. A possible barrier to more people participating in Agnalapatsy was the low literacy level since action planning involved writing down the names of people who wanted to build their own latrines and some people may have been put off if they couldn't understand what was being written. Meanwhile in Emagnevy the action plan was left with the community for several weeks as some households were added after they had time to discuss it amongst themselves, possibly discouraging early action-taking. This report therefore suggests ways that the action planning process could be made more accessible and immediate for future CLTS initiatives.

Although CLTS tends to be easier to trigger in communities with no current, previous or nearby programme of subsidised sanitation infrastructure provision to households, it's interesting to note that with this pilot CLTS initiative it was found that a history of prior health promotion efforts including subsidised sanitation infrastructure provision did not necessarily present a major challenge to triggering CLTS in Vatambe and Emagnevy, and in fact may have contributed to each community's high level of concern about their continued practice of open defecation. It seems that the CLTS triggering process may have actually built upon Azafady's

previous health promotion efforts, somehow reactivating the PHAST education (which made the communities understand the importance of latrines for protecting against diarrhoeal illnesses) while igniting a genuine and urgent concern about the need to address the ongoing problem of open defecation.

Despite high levels of community motivation, latrine construction proceeded slowly in January – February 2011 because households were busy with rice cultivation activities and it was the lean season in terms of food availability. Furthermore, heavy rains made it difficult to build latrines as pits quickly filled up with water during the construction process before shelters were completed, while locations from which to gather materials became inaccessible. A key lesson learnt from this pilot initiative is that CLTS should ideally be triggered at the beginning of a slack labour period when the community has sufficient time and energy to dig pits and build shelters, and when it is possible to do so in terms of weather patterns (not too rainy): the best time for building latrines has clearly been identified as July – August – September through the household interviews conducted as part of this evaluation. Encouragingly, of those households that had completed their latrines, two thirds had managed to build their latrine within 3 weeks, suggesting that were triggering to occur at a more favourable time (around July) then latrine construction could proceed more promptly following action planning, with communities making faster progress towards becoming ODF. Latrines were constructed using locally available materials and tools, with just 3 households needing to buy materials (nails costing 1,000 – 2,000 Ariary / 30 – 60p) as all other materials were freely available and tools could be borrowed from neighbours if necessary.

While the filthiness of *tai* had been highlighted in the household interviews as a significant bad thing about open defecation, it's interesting to note that likewise the cleanliness promoted by latrines was mentioned as a significant good thing about fixed point defecation in the household interviews, with well over half of people reporting the good things about using a latrine to include a cleaner village with less *tai* everywhere. Better health and protection from illnesses was also mentioned by over a quarter of households. Furthermore, while no smell had been reported as a good thing about open defecation, it's interesting to note that conversely the unpleasant smell experienced with self-made latrines was a bad thing reported by 10 households: this is certainly something that should be taken into consideration as a potential barrier to the sustained use of these latrines.

During the follow up to CLTS triggering, monitoring and support visits by Azafady's agents were found to be important in keeping community members engaged and involved. A visit by the head of community health (a doctor) and project development team (international *vahaza* staff) in April 2011 significantly boosted community motivation, with a public 'walk of praise' increasing the esteem of those households in the process of building their latrines. Another suggestion for maintaining community motivation is video recording and play back of pit digging, latrine construction, and children singing songs about the need for their community to become ODF.

School activities facilitated by Azafady's agents included making brightly coloured blue flags to plant where people defecate in the open. The flags were found to embarrass people who practice open defecation, driving them to build their own latrines or forcing them to defecate further away from popular defecation sites in the short-term. However, it's been noted that once planted at a defecation site, after a while the flags would generally fall down as the *tai* decomposed or got washed away, or the sticks would break, but they didn't tend to be reused because people didn't want to pick them up from where the *tai* had been. The sustainability of the flags is therefore something that should be addressed in future CLTS initiatives.

Drawing on lessons learnt from the initial triggering and follow up activities, the health education manager and community agents decided to re-trigger CLTS in Agnalapatsy and Emagnevy centre in May – June 2011. This was in order to do longer transect walks taking in more defecation sites with as many community members participating as possible, and then to facilitate larger action planning sessions by re-drawing the map boards to include all households within the hamlets. These re-triggering exercises benefited from the agents' greater practical experience of CLTS and achieved a higher level of community participation and animation as this time people understood more about what CLTS involved: following the re-triggering 34 households in Agnalapatsy and 56 households in Emagnevy centre committed to building their own latrines.

Around 8 'natural leaders' (NLs) emerged from the CLTS process in Agnalapatsy and Emagnevy centre. These individuals have been vocal about the need to eliminate open defecation within their community, were among the first to complete their latrines, have gone on to share their latrines with their neighbours, and are keen to encourage other community members to build their own latrines too. In June 2011 they approached Azafady's agents asking to be established as sanitation committees within their communities, responsible for monitoring and encouraging local action to eliminate open defecation. Looking to the future, the prospects for expanding CLTS beyond Agnalapatsy and Emagnevy centre seem promising: community members in hamlets across Farafara Vatambe have been asking Azafady's agent for months whether it will be possible to facilitate CLTS in their villages, while 1 household in west Emagnevy has already built a latrine with 3 other latrines in the process of construction within this hamlet.

Introduction

Background

Less than 11% of the population in Madagascar has access to improved sanitation facilities and the country is not on track to meet the Millennium Development Goal for sanitation in this century (WHO/UNICEF, 2010). Open defecation contaminates food and water sources, posing a major health threat to already impoverished communities. The situation is particularly severe in the Anosy region of south east Madagascar where as many as 4 in 10 children in rural villages die before their fifth birthday (Ministry of Health, 2011). Often this is caused by easily preventable diseases in a cycle of open defecation, surface water pollution, poor hygiene practices and diarrhoeal illnesses which are linked to inadequate sanitation. These exacerbate the pressures of an already fragile food security situation in which nursing mothers, pregnant women and infants are the most vulnerable to chronic malnutrition, and hinder economic and social development through the loss of 5 million working days and 3 million school days every year in Madagascar (World Bank, 2011).

What is CLTS?

Community-led total sanitation (CLTS) is an innovative methodology for mobilising communities to completely eliminate open defecation. Communities are facilitated to conduct their own appraisal of their sanitation practices and take collective action to become totally 'open defecation free' (ODF) by building and using their own latrines.

CLTS is essentially a low-cost, high-impact, community-led participatory exercise. 'Triggering' is the vital core of CLTS: facilitators convene communities and through participatory mapping of households and defecation areas (and conducting transect walks through these areas) the problem of 'shitting in the open' is quickly made visible. Community members use participatory rural appraisal methods to analyse their sanitation situation including the extent of open defecation and the faecal-oral contamination that detrimentally affects every one of them. The crude local equivalent word to 'shit' ('*tai*' in Malagasy) is always used and facilitators run exercises that shock and disgust, for example, analysing pathways between 'shit' and mouth. This leads to the 'ignition' moment when communities resolve to take action. Whole communities are mobilised as they realise the impact of their sanitation practices: that they quite literally will be consuming one another's 'shit' so long as open defecation continues. If facilitated properly CLTS therefore triggers community-led action to totally eliminate open defecation without the need for subsidised infrastructure provision. Community members are motivated to dig pits for the construction of self-made latrines according to their own designs and using locally available materials, with households making latrines within their means or sharing latrines in order to make sure their community becomes ODF. By raising awareness that so long as even a minority continue to defecate in the open everyone is at risk from diarrhoeal diseases, CLTS triggers the community's desire for change, propelling them into action and encouraging innovation, mutual support and locally appropriate solutions. The approach taps into the motivating factors of pride and esteem, mobilising communities to eliminate open defecation using a variety of participatory and interactive tools, with no provision of subsidised infrastructure. It reduces dependence on external assistance by focusing on local resourcefulness and empowerment, building the capacity of communities to become independent in protecting their own health. In response to the need to increase the sustainability of sanitation initiatives in the developing world, CLTS is being endorsed by bodies including the UK Department for International Development, Institute of Development Studies and United Nations.

The CLTS approach was developed in 2000 by Kamal Kar (a development consultant from India) together with a local NGO partner of WaterAid in Bangladesh. Kar, who had years of experience in participatory approaches across a range of development projects, succeeded in persuading the local NGO to cease top-down subsidised latrine construction. He advocated change in institutional attitude and the need to focus upon intense community mobilisation and facilitation to enable villagers to analyse their sanitation situation and take collective action to eliminate open defecation themselves. This approach proved highly successful and both local and international NGOs then adopted the approach: Plan, WaterAid and UNICEF have become important disseminators and champions of CLTS and today it is being implemented in more than 40 countries across Asia, Africa, Latin America and the Middle East. CLTS has great potential for contributing towards the Millennium Development Goals, both directly for water and sanitation (goal 7) and indirectly through knock-on impacts, particularly in terms of reducing child mortality (goal 4).

For more information about CLTS please refer to the Handbook (in English), Practical Triggering Guide (in English and French) and Trainer's Training Guide (in English and French) attached as appendices to this evaluation report.

CLTS & Madagascar

Madagascar's national WASH (Water, Sanitation & Hygiene for All) network recently started promoting CLTS across the country with support from WaterAid. CLTS was first piloted in the Amoron'i Mania region of central Madagascar in October 2008 by the regional WASH committee and CREPA (Centre Régional pour l'Eau Potable et l'Assainissement), with technical assistance from UNICEF Kenya, triggering 10 communities around Ambositra as part of USAID Madagascar's Hygiene Improvement Project. Since then CLTS has been facilitated across many regions of Madagascar by various agencies including by CRS (Catholic Relief Services) and ASOS (Action Santé Organisation Secours) in the Androy and Anosy regions.

CLTS & Azafady

Over the last 12 years Azafady has worked with 60 rural communities across the Anosy region in the provision of health education – an activity that has traditionally relied on the PHAST (Participatory Hygiene And Sanitation Transformation) approach through which communities are guided to identify their own health issues and potential solutions with a process of learning about disease transmission routes and modes of prevention. However, ongoing evaluations have shown that didactic education is ineffective in facilitating sustained behaviour change and that increased knowledge does not automatically result in improved hygiene practices. Within the Anosy region barriers to changing deeply entrenched habits, particularly with regards to the use of sanitation infrastructure, are often tied to long-standing cultural beliefs while motivating factors are more closely related to convenience and status rather than perceived health benefits. There are strong taboos around the subject of defecation within Antanosy society and the chronic poverty in which the majority of communities live compounds this situation as daily tangible survival needs (such as food security, access to drinking water, etc.) generally take precedence over consideration of microbacterial disease transmission which is neither visible nor necessarily immediate in its effect.



Azafady's health projects have typically included the provision of sanitation infrastructure, in particular communal and household latrines, however the role of subsidised infrastructure provision as a motivator or detractor with regards to sustained behaviour change has been questioned and continues to be evaluated. For example, communal latrines have been constructed as part of Azafady's school building programme, in overcrowded urban communities and adjacent to community health centres: while each of these interventions was in direct response to local requests for assistance and community motivation for the infrastructure was high at the time of project implementation, problems later occurred due to a lack of clearly assigned responsibility for the maintenance and cleaning of the latrines. The provision of household latrines avoided the issue of unclear responsibility but evaluations throughout these projects indicated that although local demand for latrines was high, when faced with a challenge to using the latrine – usually the pit becoming full requiring the latrine to be emptied or a new hole to be dug and the sanitation platform (SanPlat) moved – community ownership of the subsidised infrastructure was found to be lacking and several households reverted to open defecation.

These challenges to effecting sustained behaviour change have been recognised by the national WASH network in Madagascar such that it is now advancing CLTS as an alternative to the traditional PHAST methodology. In line with best practice as promoted by the national WASH network Azafady is therefore looking to adopt CLTS in order to increase the sustainability of its community health interventions in the Anosy region. In November 2010 Azafady launched a pilot CLTS initiative in two hamlets within the fokontany of Vatambe and Emagnevy in Mahatalaky Rural Commune. By July 2011 a total of 12 latrines had been completed by community members with 125 users from 37 households, and over 55 more latrines were in the process of construction. At this stage Azafady undertook a thorough evaluation of the CLTS activities that had been completed to date. Quantitative indicators were taken from monthly activity reports that included the number of latrines in the process of being constructed. Qualitative information was gathered through 18 household interviews (with those that had completed their latrine / were in the process of constructing their latrine / were sharing their neighbour's latrine / were not building their own latrine) that explored how sanitation attitudes and practices have changed through CLTS, and also provided further details about the latrine construction process. This evaluation report has been compiled by Theophile Zafison (Azafady's health education manager) and Laura Robson (one of Azafady's project development specialists).

Preparation

Training

In October 2010 a 3-day CLTS training session was held in Mahatalaky, facilitated by a local NGO called ASOS. The session was attended by the chefs de fokontany from across Mahatalaky and Mandromondromotra Rural Communes, agents from local NGOs Santenet and ASOS, and Azafady staff including the health education manager and community agents (Lea, Giona and Organes). The ASOS trainers had originally received instruction from UNICEF Madagascar, and had since gained experience triggering CLTS in the Androy region. During the first day of training the sanitation situation in Mahatalaky Rural Commune was analysed and then an overview of CLTS was given, including specific activities to be adopted as part of the facilitation process that encourages community members to draw their own conclusions as to the effects of their current sanitation practices and then take collective action in order to address the issues that they have identified. A booklet in Malagasy outlining how to trigger CLTS was distributed to all participants.

During the second day of the training participants were split into three groups and did a practical exercise, supervised by the ASOS trainers, triggering CLTS in three fokontanys (village clusters) close to Mahatalaky: Behatafa, Tsiharoa Ampasy and Tsiharoa Ambondro. This included gathering the community together, doing a transect walk through defecation sites, facilitating discussion about the community's sanitation situation, and equipping them with materials they could then use for action planning. ASOS took responsibility for providing follow up support for these three fokontanys. During the third day of training a few representatives from each of the fokontanys were present at the feedback session following the practical triggering exercise to share their thoughts about CLTS. A representative from Tsiharoa said that although they wanted to build their own latrines they thought that it would be easy to dig the pit but would like to be provided with SanPlats (a concrete slab with foot rest and drop hole). Azafady had previously distributed SanPlats to households in Tsiharoa in 2006 and the community wanted to know why this was not possible again. It was reiterated that CLTS is not about SanPlats, rather the delegation had come to their village to learn about their sanitation situation and it was up to the community to decide what they wanted to do next: continue with open defecation or stop this practice by building their own latrines using locally available materials. The fokontany representative accepted this and requested follow up visits to help maintain community motivation. Nevertheless it is important to note that the history of subsidised sanitation infrastructure provision within Tsiharoa presented a challenge to triggering CLTS here.

Following this 3-day CLTS training session Azafady's health education manager met with the head of community health and head of project development to discuss the approach and consider how it might fit into Azafady's strategy for ensuring sustainable improvements to community health in the Anosy region. It was agreed that a pilot CLTS initiative would be launched in two rural communities so that the organisation could gain experience with this approach and then make an informed decision as to whether to fully adopt it as the foundation of Azafady's subsequent sanitation promotion efforts.

Before planning the pilot CLTS initiative Azafady's health education manager assessed the capacity of the community agents to trigger CLTS following the 3-day training session led by ASOS that they had attended and found that they were not totally confident about the approach, being particularly concerned about 'talking *tai*' (discussing shit) with the community, especially with elders and opinion leaders. The health education manager therefore provided them with a 1-day intensive follow up training session in November 2010 with support from the head of project development, focusing on facilitation and communication skills, particularly drawing on the Practical Guide to Triggering CLTS, with sections translated into Malagasy for their reference. The health education manager also provided the community agents with further support, encouragement and advice throughout the triggering process as they increased their practical experience of facilitating CLTS.

Planning

Azafady's health education manager and community agents selected two hamlets (Agnalapatsy and Emagnevy centre) in Vatambe and Emagnevy as the target communities for this pilot CLTS initiative. These communities were chosen as they were considered to display a number of favourable conditions for CLTS:

- Small settlements – hamlets rather than large village clusters
- Socially and culturally homogeneous communities with good cohesion

- High incidence of diarrhoeal diseases and child mortality
- Lack of cover in the surrounding area / defecation constrained by lack of privacy – for example Emagnevy is surrounded by grassland so most people defecate under the coffee trees within the village
- Unprotected, vulnerable to contamination or currently polluted water sources – for example in Emagnevy centre most people defecate under the coffee trees about 100m up from the village's well so when it rains all the *tai* gets washed downstream to the well, while in the hamlet of Agnalapatsy in Vatambe most people defecate along the river where they also collect water, wash and do their laundry
- Where it is easy for people to see and analyse the links between their defecation habits and ingestion of faeces – see point above
- Progressive local leadership – for example community participation in other Azafady projects has always been exceptionally high in Emagnevy thanks to the endorsement of the village school's headmaster, a highly motivated and respected individual within the community, while the chef de fokontany of Vatambe is known to be particularly enthusiastic about CLTS, having built his own latrine following the 3-day CLTS training session he attended in Mahatalaky, and the chef de village of Agnalapatsy is a motivated WASH committee member
- Settlement patterns provide adequate space for latrine construction
- Soil is stable and easy to dig

These communities did display a key unfavourable condition for CLTS, namely past experiences with programmes of subsidised sanitation infrastructure provision to households, as Azafady had previously done PHAST health education in Vatambe and Emagnevy around 2005 – 2007 which included the provision of some household SanPlats. The challenges and opportunities that this history of subsidised sanitation infrastructure provision presented to triggering CLTS in these communities will be discussed below.

Prior to triggering CLTS in these hamlets, Azafady's health education manager and community agents met with the chefs de fokontany and chefs de village in order to explain CLTS and gain permission to hold community meetings with the aim of finding out about sanitation issues and defecation practices in these hamlets.

Triggering

Transect walks and mapping

Vatambe

Triggering in the hamlet of Agnalapatsy took place in November 2010, facilitated by Azafady's community agents (Lea and Giona) with support from the health education manager. The community meeting was organised for the afternoon at around 4pm because during the day people tend to be occupied with livelihood activities including rice cultivation and in the evening people are busy preparing and eating their main meal. Lea started by explaining the purpose of the session: to analyse the sanitation situation in Agnalapatsy by finding out about the community's defecation practices. Giona then asked people where they defecate. Nobody in Agnalapatsy had latrines so 100% of people reported practicing open defecation, mainly under the coffee trees and along the river. Giona asked if they could go to visit their defecation sites. Some people didn't want to as there was so much *tai* there. Giona asked why if it was their *tai* didn't they want to go and see it? Most people agreed to visit their defecation sites while Lea stayed behind with those who didn't want to or were unable to go (the elderly and disabled) in order to engage them in a discussion about their defecation practices while the others did the transect walk.

Giona and Theo did the transect walk through the coffee trees and along the river where people defecate. It was easy to facilitate discussion here as faecal-oral contamination was so evident: the community saw that they were drinking their own *tai* by defecating just next to the river from which they collected water. They stood around some piles of shit and Giona asked leading questions about faecal-oral contamination routes: enquiring about the flies buzzing around and landing on the *tai*, then buzzing around and landing on their food at home, would they carry on eating the food? They would, and so the community came to the collective self-realisation that they were eating their own *tai*. An initial reaction was different community members blaming each other, particularly since the men tend to go to the forest or fields to defecate when they collect firewood or are engaged in rice cultivation activities, while the women tend to go by the river to defecate when they do their laundry or wash there, so the

men blamed the women for making the village dirty. However, generally all community members took responsibility for the *tai* problem and resolved to take action to address it, for example deciding to clean the defecation site along the river by clearing the shrubs and planting cassava. This is because people do not tend to defecate where cassava and rice is growing (due to lack of privacy and because this is considered to be an unclean practice since they grow underground) whereas they do tend to defecate in shrubs or under coffee trees (due to greater privacy and because this is not considered to be an unclean practice since the coffee seeds grow above-ground).

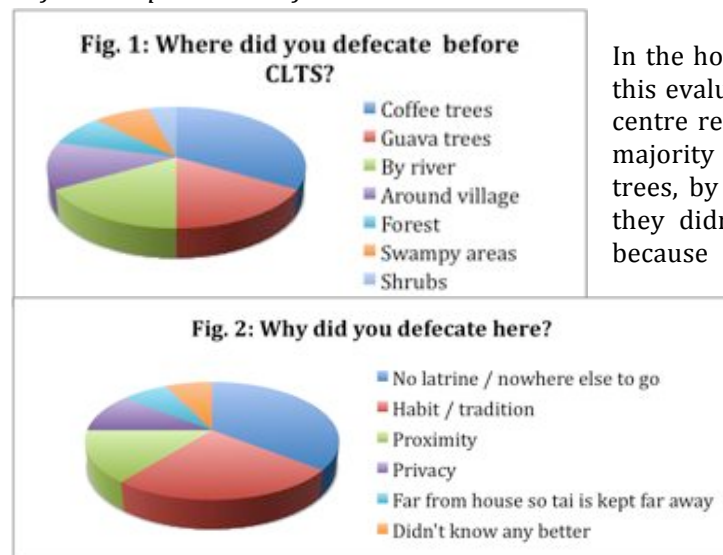
When the people who did the transect walk returned to the other group Lea facilitated a community discussion, asking them to feedback about what they saw and talked about during the transect walk. She then facilitated a mapping exercise, with community members marking on the ground the location of their households in relation to water collection points and defecation sites. The chef de village led a discussion about the map, particularly concerning the proximity of defecation sites to households and water collection points, while it was transferred onto a big piece of flip chart paper. The community could clearly see that they were drinking and eating their own *tai*, and when asked if they were going to do anything about this several households made the decision to build their own latrines.

Emagnevy

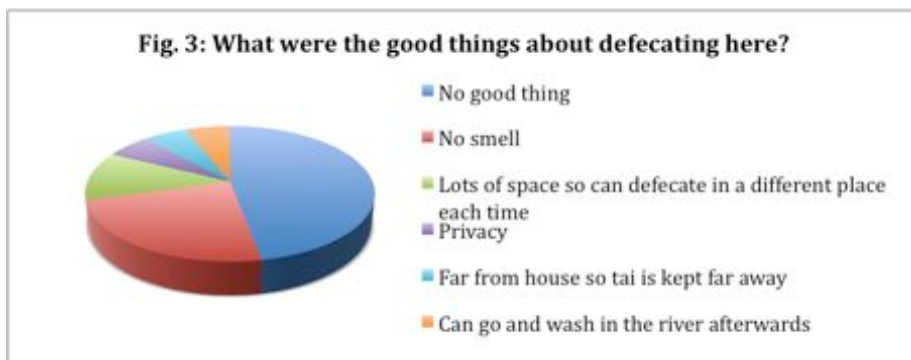
Triggering in Emagnevy centre took place in December 2010, facilitated by the community agents (Giona and Lea) with support from the health education manager. Like in Agnalapatsy the community meeting was held in the afternoon. After introducing the purpose of the session some people agreed to go on the transect walk to discuss the community's defecation practices. They went to the coffee trees near the village's well and Lea asked leading questions about faecal-oral contamination routes: enquiring where the *tai* goes when it rains, does it get washed away, isn't the village's well downstream from the coffee trees, so what? When the people who did the transect walk returned to the other group Giona facilitated a community discussion, asking them to feedback about what they saw and talked about during the transect walk. The community came to the collective self-realisation that they were drinking their own *tai*, and resolved to take action to address this problem, for example deciding to dig a channel across the land between the coffee trees and the village's well in order to keep it free from contamination.

Like in Agnalapatsy there was then a mapping exercise with community members marking on the earth the location of their households in relation to water sources and defecation sites. The whole community was very involved, and levels of animation escalated as people responded to the map and what it was showing. One man was particularly vocal about the need to build latrines: he's a retired army officer who was based up in the capital city of Antananarivo and when he returned to Emagnevy he built his own latrine which all his family uses. He explained to the agents that he had been speaking to people for a long time about the need to build latrines so he was delighted that Azafady was facilitating CLTS in Emagnevy, and is highly motivated to encourage people to take action to stop open defecation. Following the transect walk and mapping exercise the community could see that they were consuming their own *tai*, and several households decided to build their own latrines.

Defecation practices before CLTS and concern about sanitation

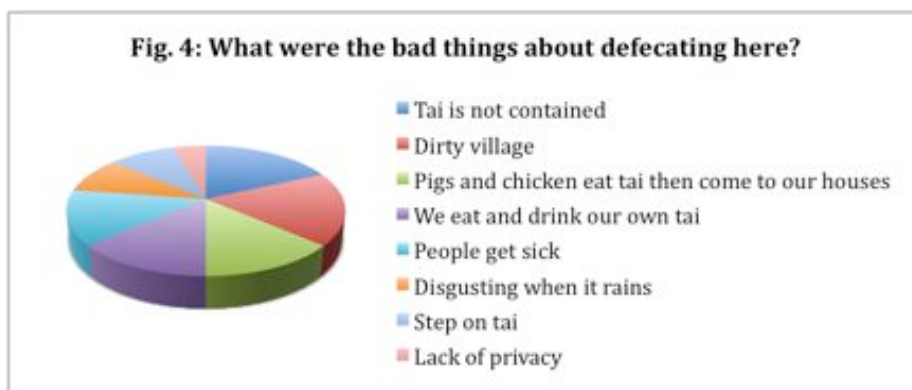


In the household interviews conducted in July 2011 as part of this evaluation, 100% of people in Agnalapatsy and Emagnevy centre reported practicing open defecation prior to CLTS. The majority of people said they went under the coffee and guava trees, by the river and around the village (Figure 1) because they didn't have latrines and had nowhere else to go, and because it was their habit or tradition to practice open defecation (Figure 2). It's interesting to note that some people – for example those going under the coffee and guava trees or around the village – chose their defecation site due to its convenient proximity to their homes, whereas other people – for example those going to the forest – chose their defecation site due to its distance from their homes as they didn't want the *tai* nearby.

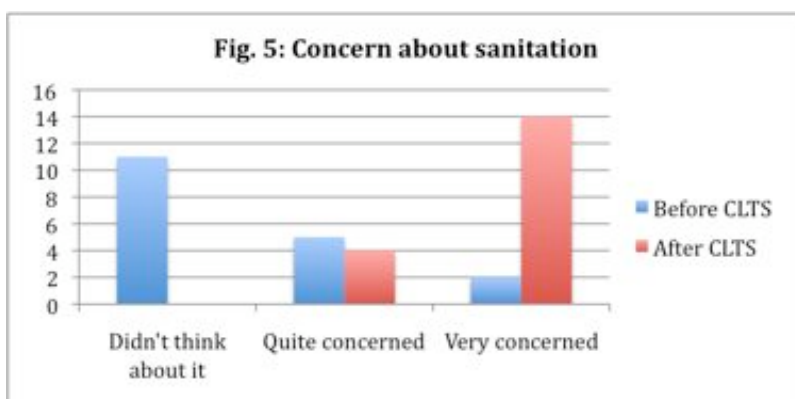


Households were asked to explain the good and bad things about their defecation practices prior to CLTS. 8 households out of 18 said that there were no good things about defecating where they did, especially those who defecated in the open because they had nowhere else to go, or because it was their habit or tradition (Figure 3). Meanwhile almost a quarter of

them said that they like defecating in the open because there was no smell, and several people also mentioned appreciating open point defecation because they could go to a slightly different place each time. Bad things about defecating where they did included *tai* not being contained, the village being dirty, pigs and chickens eating *tai* then coming to people's houses, and the recognition that open defecation results in the community consuming their own *tai* (Figure 4). It's very interesting to note that only 3 households out of 18 reported ill health as being a bad thing about open defecation (as typically advanced through PHAST education), whereas the dirtiness of *tai* was generally much more important, with several people even mentioning how disgusting it can be when it rains or when they step on *tai*. Likewise when asked about their reaction to the transect walk, the filthiness of *tai* was significant: people said it made them think (3 households) or made them more aware (2 households) about open defecation, but also made them ashamed (2 households) or disgusted (2 household) about their defecation practices. Reasons for these reactions included seeing with their own eyes that they were eating and drinking their own *tai* (5 households), feeling that their village was dirty (2 households), feeling that there was too much open defecation and *tai* was everywhere (2 households).



As part of the household interviews people were asked to describe their level of concern about sanitation before and after CLTS. This very approximated exercise suggested that before CLTS generally people did not think about sanitation issues (such as the effects of defecation practices, whether to use a latrine, etc.) very much, whereas



after CLTS people were a lot more aware and concerned about the '*tai* problem' (Figure 5). When asked about the reasons for their concern, it's very interesting to note that 4 households out of 18 mentioned the PHAST education they had received from Azafady in 2005-2007: it seems that the CLTS triggering process may have actually built upon Azafady's previous health promotion efforts, somehow reactivating that sanitation education (which made them understand the importance of latrines for protecting against diarrhoeal illnesses) while igniting a

genuine and urgent concern about the need to address the problem of open defecation. Indeed, following the transect walk in Emagnevy the president of FRAM (l'association des parents d'élèves) – a key opinion leader – expressed how ashamed he that there was *tai* everywhere especially since Azafady had already done sanitation education and provided SanPlats to community members several years ago. This therefore appears to be a case in which a history of prior health promotion efforts including subsidised sanitation infrastructure provision did not necessarily present a major challenge to triggering CLTS, and in fact may have contributed to the community's high level of concern about their ongoing practice of open defecation.

Action planning

Vatambe

In Agnalapatsy Lea asked the community when they thought they could build their latrines by, and facilitated a process of action planning with households setting their own targets including when they aimed to complete their latrines – generally around December or January. This was all noted down on a big piece of flip chart paper and a copy was made which was submitted to the Mayor of Mahatalaky for approval. 7 households committed to building their own latrines during the action planning exercise. Since this involved writing down the names of people who wanted to build their own latrines, it seems that some may have been put off or anxious about having their name written down if they couldn't understand what was being written: Azafady estimates that the literacy level in Agnalapatsy is less than 10% so because of the way the action planning exercise was conducted, this may have been a barrier to more people participating.

Emagnevy

In Emagnevy centre Giona facilitated a process of action planning with households setting their own targets including when they aimed to complete their latrines – many people said they needed to finish their rice cultivation activities before they would have the time to dig pits and collect materials for making latrines – so around February or March. 22 households committed to building their own latrines during the action planning session. Because the literacy level in Emagnevy is much higher than in Vatambe the same issue to do with people being concerned about having their name written down was not experienced. The action plan was left with the community for several weeks before being submitted to the Mayor of Mahatalaky for approval as some households were added after they had time to discuss it amongst themselves: since men traditionally make the decisions, if they did not participate in the transect walk and initial action planning session then it took a little time for whoever did in their household to explain what happened and ask them to get involved in the action plan.

Follow Up

Monitoring and support visits



Following CLTS triggering, Lea and Giona visited Agnalapatsy and Emagnevy centre every month in order to monitor and support each community's progress towards becoming ODF. In February 2011 large wooden boards were installed at the entrance to each of the hamlets and the communities painted their maps onto them showing the location of households who had committed to building their own latrines, water points and popular defecation sites. These map boards were updated by the chef de village or community agents when households completed their latrines and when popular defecation sites were no longer in use, providing a visual reminder and motivation to continue with the CLTS process.

During each visit Lea and Giona were sure to communicate clearly with all community members, re-clarifying the purpose of CLTS and sensitively encouraging them to construct their own latrines if they had made the decision to do so. They monitored household latrine construction

progress in relation to the action plans by conducting household visits in partnership with those who had completed their latrines (and were emerging as 'natural leaders') in order to motivate those who were in the process of constructing their latrines to continue. Community esteem and motivation was further bolstered by a special visit from Azafady's head of community health and project development team in April 2011 as they went to see each household that was either in the



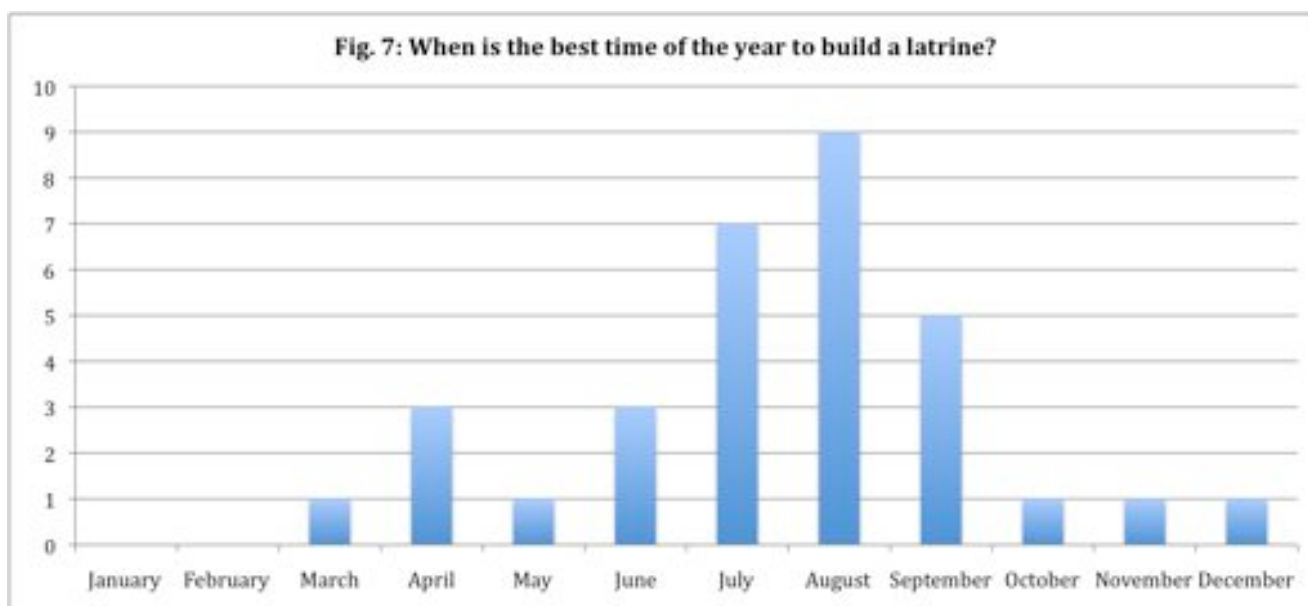
process of constructing their latrine or had completed their latrine, publicly praising community members for their efforts to eliminate open defecation. In the household interviews conducted as part of this evaluation, 100% of people said they appreciated these visits, especially due to the encouragement and motivational boost that Azafady’s agents provide, and the support they give to particularly enthusiastic community members (‘natural leaders’) who are trying to persuade their neighbours to build latrines (Figure 6). More generally these visits are valued for the opportunity to communicate with the agents, think through health and sanitation issues, and foster other locally-led community development efforts.



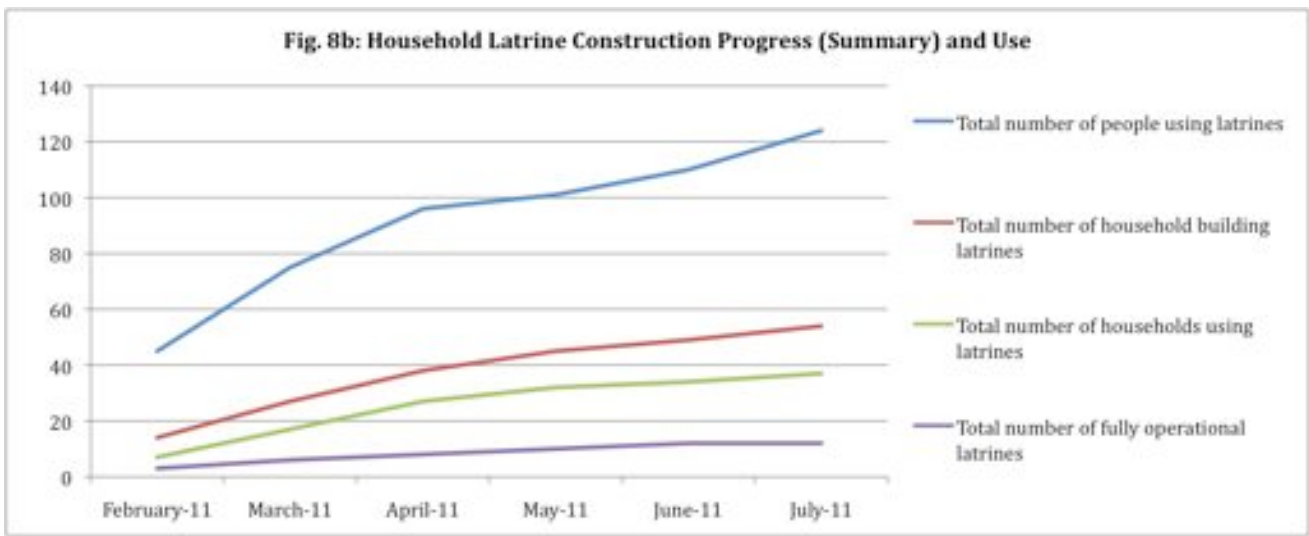
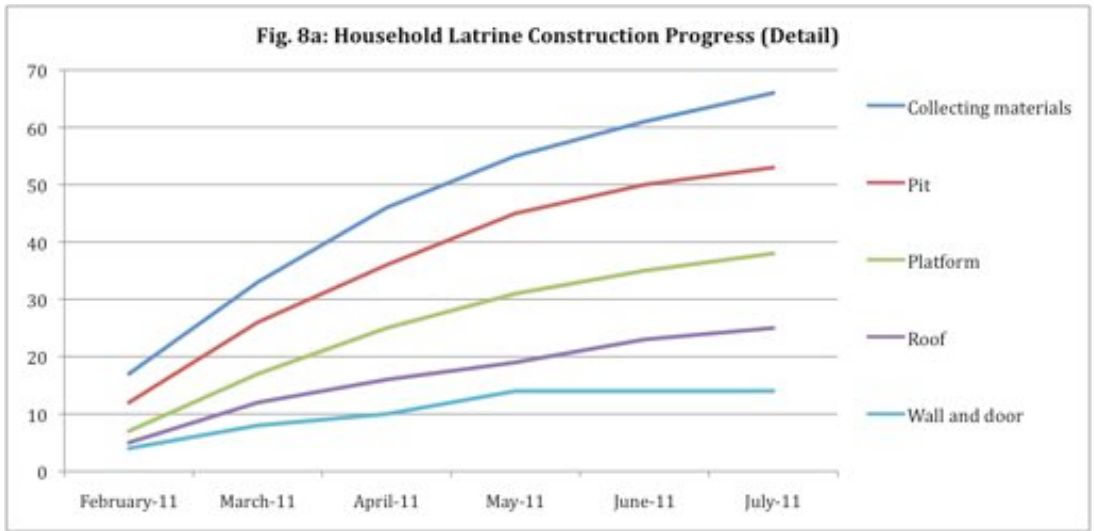
Household latrines

Following CLTS triggering in November – December 2010, household latrine construction in January – February 2011 was relatively slow despite high levels of motivation among participating community members. In Vatambe heavy rain (including that brought by Cyclone Bingiza in mid February) made it difficult for households to construct their latrines as the pits they dug were getting flooded and the river they needed to cross to gather materials was impassable. In Emagnevy heavy rain also made it difficult for households to make progress with constructing their own latrines, and some had not started due to poor harvests and a minor food security crisis forcing them to prioritise immediate subsistence needs. A major barrier to more people building their own latrines was time availability, as most people were occupied with rice cultivation activities: in the household interviews conducted as part of this evaluation, 12 out of the 18 households surveyed said that they didn’t want to build their latrines straight away after CLTS triggering because they were too busy with rice cultivation (7 households), it was too rainy (2 households), food was a greater priority than building a latrine at that time (1 household), and sickness / family bereavement made it difficult (2 households).

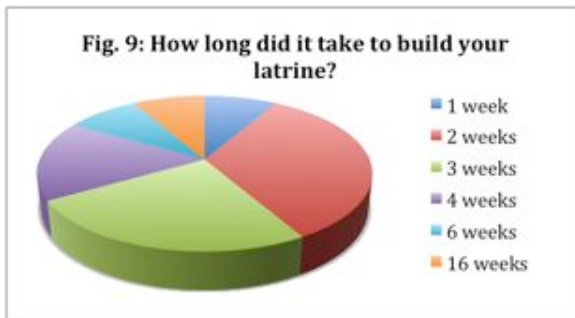
In the household interviews conducted as part of this evaluation, people were asked when they thought the best time to build a latrine would be. As Figure 7 indicates, the best time is considered to be July – August – September: 16 households out of the 18 surveyed explained that this is because it is easiest to build a latrine when they have free time and are not busy with rice cultivation activities, and also after the harvest when they have more food and therefore more energy. **This should be a key consideration when planning future CLTS initiatives: these responses strongly suggest that triggering around July would be best in terms of trying to mobilise communities to address the problem of open defecation at a moment when they have sufficient free time and energy to take action, and when it is not too rainy.**



Figures 8a and 8b show household latrine construction progress and use between February and July. To date a total of 12 latrines have been completed in Agnalapatsy and Emagnevy centre, used by 37 households with 125 people, and over 55 more latrines are in the process of construction.



It is clear that progress has considerably slowed since April – May, suggesting that early action following CLTS triggering is important. Indeed, of those households that had completed their latrines by July, two thirds had managed to build them within a 3 week period (Figure 9), although the main construction phase was around March, a few months after the triggering that took place in November – December during the busy rice cultivation period. This suggests that were triggering to occur at a more favourable time (like around July) then latrine construction could successfully proceed more promptly following action planning, with communities making faster progress towards becoming ODF.



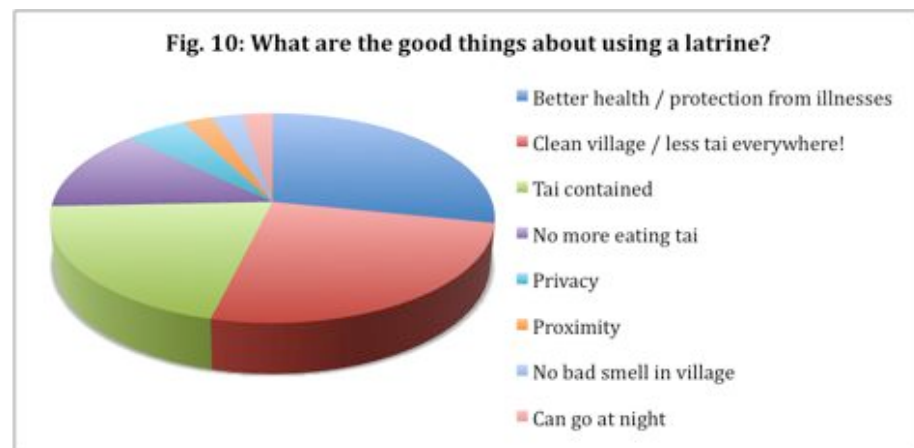
The latrine construction process was further investigated through the household interviews conducted as part of this evaluation. Tools and materials used for latrine construction were all locally available: *raty* palm (12 households), spades (10 households), wood (10 households), *falafa* stalks (8 households), rope (8 households), pickaxes (5 households), nails (4 households), machetes (2 households), jerry cans (2 households), buckets (2 households), flat stones (2 households), planks (1 household), hammer (1 household) and wooden beams (1 household) – taken from shrubs by village (8 households), around village (3 households), forest (3 households) and bought from a shop (3 households). Two thirds of households reported having some difficulty obtaining the materials though, the main reason being that they had to walk far to get them (for example around half a day walk to Sainte Luce for wood), or that it was difficult to make the beams and planks. Encouragingly only 3 households had to buy materials for their latrines,



spending 1,000 – 2,000 Ariary (30 – 60p) on nails, as all other materials were freely available and tools could be borrowed from neighbours if necessary. That 12 households have been able to complete their own latrines in Agnalapatsy and Emagnevy centre to date using simple locally and freely available materials is testament to their motivation, determination and resourcefulness, and bodes well for the success of future CLTS initiatives in the region.



In the household interviews conducted as part of this evaluation, people were asked to explain what they liked about using their latrines. While the filthiness of *tai* had been highlighted by households as a significant bad thing about open defecation, it's interesting to note that likewise the cleanliness promoted by latrines was then mentioned as a significant good thing about fixed point defecation, with well over half of households reporting the good things about using a latrine to include a cleaner village, less *tai* everywhere, *tai* contained, and no more eating *tai* (Figure 10). Better health and protection from illnesses was also mentioned as a good thing about using a latrine by over a quarter of households.



Furthermore, while no smell had been reported as a good thing about open defecation, it's interesting to note that conversely the unpleasant smell experienced with self-made latrines was a bad thing reported by 10 households. This is certainly something that should be taken into consideration as a potential barrier to the sustained use of these latrines. When asked if there was any way in which they would like to or were already planning to improve their latrines, 7 households mentioned installing a pipe to reduce bad odours (however metal pipes are expensive and not locally available so it remains to be seen whether it will be possible for households to do this), with a further 2 saying they thought their latrine should be built slightly further away from their houses (as mentioned above this is a case of weighing up convenient proximity to home vs. distance from house so *tai* is kept far away). Furthermore, when asked if they had any feedback for Azafady about CLTS, 6 households said that they would like to be provided with SanPlats and 3 households said they would like assistance with obtaining stronger materials, suggesting that although they are willing and able to build their own latrines, some people are still looking for external inputs in order to improve their structures.

School activities (flags)

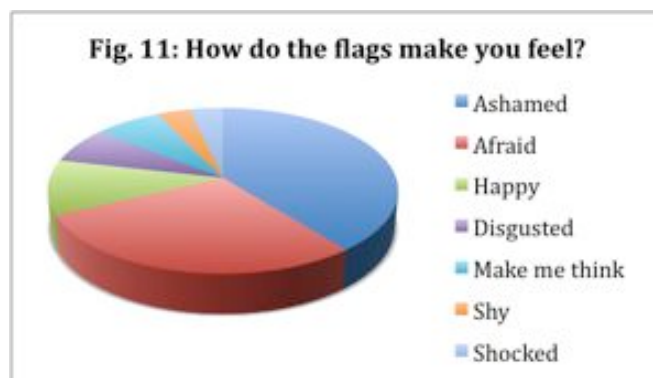
School activities to complement CLTS were facilitated by Lea and Giona in Vatambe and Emagnevy with the support of teachers and parents a few months after initial CLTS triggering. Students made brightly coloured blue flags to plant where they see people defecating in the open. In Emagnevy these flags were used all over the village, but in Vatambe many flags were made yet only some were used in the hamlet of Agnalapatsy as a lot of children attending the school were from other hamlets and when they took them home they didn't use them as intended to draw attention to the



practice of open defecation. The flags were found to embarrass people who practice open defecation, driving them to build their own latrines or forcing them to defecate further away from popular defecation sites in the short-term. In the household interviews conducted as part of this evaluation, people were asked how the flags made them feel: over two thirds of households reported being ashamed or afraid to continue defecating in the open, disgusted about their defecation habits, or said that the flags made them think (Figure 11), with 6 households considering the flags to indirectly prohibit open defecation and 4 households noting that the flags showed the village to be dirty with *tai* everywhere. 2 households mentioned being particularly ashamed about the flags since it was the children who were using them as a way of raising awareness about the ongoing practice of open defecation. Meanwhile 3 households reported being happy with the flags, particularly since they reduce open



defecation and encourage people to build latrines. It's interesting to note that landowners were particularly happy about the flags as they discouraged people from defecating on their land. This all suggests that the flags were a key component of CLTS in that they played an important role in motivating people to change their defecation habits. However, it's been noted that once planted at a defecation site, after a while the flags would generally fall down as the *tai* decomposed or got washed away, or the sticks would break, but they didn't tend to be reused because people didn't want to pick them up from where the *tai* had been. The sustainability of the flags is therefore something that should be addressed in future CLTS initiatives.



Re-triggering

Drawing on lessons learnt from the initial triggering and follow up activities, and as a result of discussions with Azafady's head of community health and project development team after their visit to Agnalapatsy and Emagnevy in April 2011, the health education manager and community agents decided to re-trigger CLTS in the two hamlets in May – June 2011. This was in order to do longer transect walks taking in more defecation sites with as many community members participating as possible, and then to facilitate larger action planning sessions by re-drawing the map boards to include all households within the hamlets (including those that were not committing to building their own latrines). These re-triggering exercises benefited from the community agents' greater practical experience of CLTS and achieved a higher level of community participation and animation because this time people understood more about what CLTS involved: following the re-triggering 34 households in Agnalapatsy and 56 households in Emagnevy centre committed to building their own latrines.



Natural leaders / sanitation committees



Around 8 'natural leaders' (NLs) have emerged from the CLTS process in Agnalapatsy and Emagnevy centre including the chefs de village, the president of FRAM and the retired army officer (both mentioned above). These individuals have been vocal about the need to eliminate open defecation within their community, were among the first to complete their latrines, have gone on to share their latrines with their neighbours, and are keen to encourage other community members to build their own latrines too. In June 2011 they approached Azafady's agents asking to be established as sanitation committees within their communities, responsible for monitoring and encouraging local action to eliminate open defecation.

Looking to the future, the prospects for expanding CLTS beyond Agnalapatsy and Emagnevy centre seem promising: community members in hamlets across Farafara Vatambe have been asking Azafady's agent for months whether it will be possible to facilitate CLTS in their villages, while 1 household in west Emagnevy has already built a latrine with 3 other latrines are in the process of construction with several households from this community attending the re-triggering transect walk in Emagnevy centre.

Lessons Learnt & Discussion Points

Over the past 9 months Azafady has gained considerable experience facilitating CLTS within two hamlets in Vatambe and Emagnevy. Funding has recently been secured from the Global Sanitation Fund and Silver Lady Fund for Azafady to trigger CLTS in eight communities within Mahatalaky Rural Commune. A number of lessons learnt and discussion points from the pilot CLTS initiative should feed into the approach that Azafady takes with these next communities.

Seasonality / timing of triggering

CLTS should ideally be triggered at the beginning of a slack labour period when the community has sufficient time and energy to dig pits and build latrines, and when it is possible to do so in terms of weather patterns (not too rainy). A key lesson learnt from this pilot initiative is that triggering CLTS in November – December is not ideal because this is when communities are busy with rice cultivation activities, and this is the lean season in terms of food availability. Furthermore, this is also a time when heavy rains make it difficult to dig pits and build latrines as the water table is higher and so pits quickly fill up with rain water during the construction process before shelters are completed, while locations from which to gather materials may become inaccessible.



Through household interviews conducted as part of this evaluation the best time for building latrines has clearly been identified as being July – August – September since this is when people generally have free time because they are not busy with rice cultivation activities, it is after the harvest so they should have sufficient food and therefore energy, and it is the dry season.

For discussion: Do we agree that the best time to trigger CLTS would be around July? Do we think that it would be worth trying to trigger CLTS during other times of the year too if we can't do it around July?

Time frame for different stages of CLTS

The time frame for different stages of CLTS varies according to local conditions. Nevertheless, urgency and early action in follow up are vital everywhere. Once communities are triggered then ODF status should be achieved within 3 weeks – 3 months as people decide once and for all that they're not going to carry on eating each other's shit. Triggering is based on stimulating a collective sense of shame and disgust among community members as they confront the crude facts about open defecation and its negative impacts on the entire community: the basic assumption is that no human being can remain unmoved once they have learnt that they are consuming shit.

Of those households that had completed their latrines in Agnalapatsy and Emagnevy centre by July 2011, two thirds had managed to build their latrine within 3 weeks, suggesting that were triggering to occur at a more favourable time (see point above) then latrine construction could proceed more promptly following action planning, with communities making faster progress towards becoming ODF.

For discussion: Why more than 6 months after triggering have neither Agnalapatsy nor Emagnevy centre achieved ODF status? Was it because CLTS was triggered during a peak labour period and rainy season (see point above)? Or could anything have been done differently during the transect walk, mapping, action planning and follow up in order to facilitate a more intense community self-mobilisation? For example, the CLTS Handbook suggests asking provocative questions during the action planning: "ask how long before they will stop open defecation completely - if the answer is more than 2-3 months then ask if 60-90 days of consuming each other's shit is acceptable?" Do we think this sort of approach might be effective in promoting a more urgent response? Should

we also be following up with more regular support visits (perhaps every other week in the few months after triggering) – so long as we’re sure that wouldn’t be inducing dependence / inhibiting local innovation and action?

An indicative time frame for different stages of CLTS

(Urgency and early action in follow up are vital everywhere. Much depends on local conditions, and there will be much variation in what is appropriate)

Stage	Indicative Time-frame	Staff and other requirements	Additional remarks
Pre triggering preparations	Anything between half a day to one week In villages where there are programme interventions of NGOs /institutions, a couple of visits should be enough	Normally, at least one or two field staff visiting village/ community 1-2 times in advance to fix up time of visit, place of meeting, explaining objectives etc.	Meet local leaders, village chief, visit all hamlets/sub-hamlets, get an idea of the size of the village, population, locate most dirty and filthy areas, and know about history of subsidy if any. See if favourable or challenging village for CLTS triggering. Must avoid overlapping of triggering session with village market day, marriage in the village, condolence meeting etc
Triggering	All within a day (often between 3 and 5 hours)	A team of at least 3-4 facilitators, at the most 5, but can be more in a hands-on CLTS training workshop	Facilitate with an open mind and don't go with a pre conceived mind-set of definite & positive triggering outcome. Leave happily even if triggering doesn't result into collective local action for some reasons.
Post- Triggering	ODF status is achieved any time between 3 weeks and three months. Six months or one year are too long. The bottom line is 'we are not going to eat each other's shit'. Everyone would make all out efforts to get out of that situation.	Depending on local situation 1-2 staff visiting the CLTS triggered community 1-2 times in the first week, and then perhaps at wider intervals, enough to encourage and support, but not too frequent. Remember it is a community-led and not outside institution-led approach.	Be supportive and encourage and don't dominate. If required arrange visit for the Natural Leaders/community members to successful CLTS villages, or local sanitary marts etc. Invite NLS from ODF villages as resource persons for demonstration of low-cost latrines.

Taken from the CLTS Handbook (page 17)

Natural leaders / sanitation committees

Around 8 ‘natural leaders’ (NLs) emerged from the CLTS process in Agnalapatsy and Emagnevy centre. These individuals have been vocal about the need to eliminate open defecation within their community, were among the first to complete their latrines, have gone on to share their latrines with their neighbours, and are keen to encourage other community members to build their own latrines too. In June 2011 they approached Azafady’s agents asking to be established as sanitation committees within their communities, responsible for monitoring and encouraging local action to eliminate open defecation. They also could be used as ‘community consultants’ when expanding CLTS beyond Agnalapatsy and Emagnevy centre.

From the CLTS Handbook: “Natural leaders (NLs) are enthusiasts and activists who emerge and take the lead during CLTS processes. Men, women and children can all be NLs. Some NLs even trigger and provide support to communities other than their own. Throughout the CLTS processes the facilitators should be watching for emergent NLs and encouraging them to speak up and take charge of ensuring that action plans are followed through and behaviour change is sustained. Their role is crucial at all stages of CLTS so continuous identification,



recognition and encouragement of NLs should be part of every support visit. Be proactive in encouraging NLs to assert themselves; this includes giving them a voice in public gatherings. Women NLs tend to be less visible than their male counterparts in latrine construction but more active and responsible in their maintenance, establishing usage norms, and sustaining hygienic behaviour change. NLs developed from the emergence of ODF villages can directly contribute to the spreading out and scaling up of CLTS to new areas, being used as 'community consultants' by NGOs who adopt the CLTS approach for their sanitation programmes."

For discussion: Could we develop a clearly defined strategy for proactively involving emerging NLs throughout the CLTS process and using them as 'community consultants' as we scale up and spread out to working with other communities? Could we enable emerging NLs to establish themselves as a sanitation committee within their community, and give them responsibility for monitoring and encouraging local action to eliminate open defecation? How could we promote their status within the community, for example: providing them with branded t-shirts, inviting them to share their experiences of CLTS at mass mobilisations and through multi-media productions (such as radio emissions, and see point below about video recording), etc?

History of subsidised infrastructure provision



CLTS tends to be easier to trigger in communities with no current, previous or nearby programme of subsidised sanitation infrastructure provision to households. During the CLTS training session held in October 2010 this was certainly found to be the case as a history of SanPlat provision in Tsiharoa presented a challenge to triggering CLTS there. However, with the CLTS pilot initiative it was found that a history of prior health promotion efforts including subsidised sanitation infrastructure provision did not necessarily present a major challenge to triggering CLTS in Vatambe and Emagnevy, and in fact may have contributed to the community's high level of concern about their continued practice of open defecation. It seems that the CLTS triggering process may have actually built upon Azafady's previous health promotion efforts, somehow reactivating the PHAST education (which made the community understand the importance of latrines for protecting against diarrhoeal illnesses) while igniting a genuine and urgent concern about the need to address the ongoing problem of open defecation.

For discussion: Do we think that the potential challenges of triggering CLTS in communities with a history of subsidised sanitation infrastructure provision outweigh the opportunities experienced through this pilot initiative? With this in mind, where do we think Azafady should look to expand CLTS in the future, beyond neighbouring hamlets in Vatambe and Emagnevy? Taking into account other favourable conditions for CLTS triggering, would a fokontany like Beandry where there is a history of PHAST education but no SanPlat provision be suitable?

Action planning

A possible barrier to more people participating in the action planning session in Agnalapatsy was the low literacy level since action planning involved writing down the names of people who wanted to build their own latrines and some people may have been put off or anxious about having their name written down if they couldn't understand what was being written. Meanwhile in Emagnevy centre the action plan was left with the community for several weeks as some households were added after they had time to discuss it amongst themselves, and this possibly discouraged early action-taking.

Ideally action planning should concentrate on immediate positive actions. From the CLTS Handbook: *"Activities might include: put up a flip chart and encourage early action-takers to come and sign up; as they come give them a big clap and say that they are leaders for a clean future; keep them standing in front of the crowd; take a photograph of the group as those who are going to transform the community's environment; identify 2-4 potential 'natural leaders' (NLs) from this process; facilitate the formation of a sanitation committee; write up the names of the committee; tell people about other actions by nearby communities and what they are doing; if the community is the first in an*



CLTS action planning facilitated by Hopitaly Vaovao Mahafaly (Good News Hospital), Mandritsara District, N. Madagascar

area stress the recognition they will receive and the chance of a special celebration if they become ODF (caution: don't make any commitment of benefits)."

For discussion: How could we make the action planning process more accessible and immediate? If writing down names intimidates people then could we think of a better way of noting who would like to commit to taking action, for example taking their photograph or asking people to raise their hands in front of the whole community? Could we facilitate more urgent action-taking by making the most of the ignition moment and asking people to make the decision there and then about whether they want to carry on consuming their own *tai*? If they don't want to consume their own *tai* anymore then could we ask them how much time it would take them to build their own latrine (hopefully as quick as possible – *malaky laky!*) / how much longer they are prepared to consume their own *tai* in the meantime?

Building esteem and motivation (support visits)

Maintaining community motivation is key to sustaining the CLTS process. In addition to identifying and supporting NLs, there are a number of other ways of encouraging communities as they work together to become ODF. Throughout this pilot CLTS initiative monitoring visits were found to be important in keeping community members engaged and involved. In particular, Azafady's agents noted that the visit by the head of community health (a doctor) and project development team (international *vahaza* staff) in April 2011 significantly boosted community motivation, with a public 'walk of praise' increasing the esteem of those households in the process of building their latrines. It was also an excellent opportunity for these office staff to learn about the CLTS process directly from the agents and community members themselves. It has been suggested by Azafady's agents that periodic visits (perhaps every other month) by 'outsiders' such as the head of community health and project development team would further promote the importance of CLTS within these communities.

For discussion: Do we agree that periodic visits by 'outsiders' would be effective in boosting community motivation and esteem?

School activities (flags)

The flags were a key component of the pilot CLTS initiative as they motivated people to change their defecation habits. However, there were issues around the sustainability of the flags because once planted at a defecation site, after a while they would generally fall down as the *tai* decomposed or got washed away, or the sticks would break, but they didn't tend to be reused because people didn't want to pick them up from where the *tai* had been.

For discussion: How could these sustainability issues be addressed in the future – could Azafady's agents pick up the flags during their visits and give them back to the school children for reuse and/or could more flags be made?

Household latrines

The unpleasant smell experienced with self-made latrines should be taken into consideration as a potential barrier to the sustained use of these latrines as it was reported as being a problem by several households. When asked if there was any way in which they would like to or were already planning to improve their latrines, 7 households mentioned installing a pipe to reduce bad odours (however metal pipes are expensive and not locally available so it remains to be seen whether it will be possible for households to do this). Furthermore, when asked if they had any feedback for Azafady about CLTS, 6 households said that they would like to be provided with SanPlats and 3 households said they would like assistance with obtaining stronger materials, suggesting that although they are willing and able to build their own latrines some people are still looking for external inputs in order to improve their structures.

For discussion: How could we encourage or support communities to do something about the bad odours associated with self-made latrines? Could we suggest that they make covers for their latrines and/or install a pipe if there are locally available materials that would be suitable (for example bamboo)? Are there any ways that we could support households to make their latrines stronger – without providing them with subsidised materials?



Conclusion

Azafady has been working to promote sustainable improvements to community health across the Anosy region for over 12 years. Given this extended history with various challenges that Azafady has faced in encouraging communities to start talking more openly about the 'tai problem' and take action to address their sanitation issues, it's incredibly exciting to be at a stage now where people are motivated enough to build and use their own latrines through CLTS. Although neither Agnalapatsy nor Emagnevy centre have achieved ODF status, that 12 households have been able to complete their own latrines using simple locally and freely available materials is testament to their determination and resourcefulness, and bodes well for the success of future CLTS initiatives in the region. This evaluation report has been compiled in order to fully document the CLTS process in these two communities, identify lessons learnt and introduce discussion points that should feed into the approach that Azafady takes as it scales up CLTS within Mahatalaky Rural Commune over the next year and beyond: it is hoped that Azafady will be able to build upon the experience gained from this pilot initiative in order to trigger CLTS more effectively in the future.

Appendices

These helpful resources are from the CLTS website: www.communityledtotalsanitation.org

1. *CLTS Handbook*
2. *Practical Guide to CLTS*
3. *Guide Pratique à ATPC*
4. *CLTS Trainers Training Guide*
5. *ATPC Guide de Formation des Formateurs*

Azafady is a British registered charity partnered with an independent Malagasy NGO working in the Anosy region of south east Madagascar to alleviate poverty and protect unique biodiverse forest environments by empowering the poorest people to meet their basic needs, improve their well-being and establish sustainable livelihoods for themselves. Azafady is a regional specialist in capacity building at the community level (empowerment, information, education, training, advocacy) and has been elected civil society representative for community health within the Anosy region. It is estimated that more than 100,000 people have benefited from Azafady's projects over the last decade. www.madagascar.co.uk

