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Sharing Highlights in Total Sanitation

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OTHER NEWS:

- A CLTS ODF Strategy stakeholders consultation meeting was held in June in Salima. This meeting gathered various stakeholders in the sanitation sector in order to provide additional input and feedback into finalizing the ODF Malawi by 2015 strategy (stay tuned for more news on this in the coming months).
- UNICEF funded a CLTS National Training of Trainers Workshop for the remaining untrained districts to learn about this sanitation and hygiene approach. District staff took part in triggerings where they participated in the facilitations.

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Total Sustainability in Funding Total Sanitation

Zomba Funds CLTS Activities Through Health Budget

Ever wonder how non-UNICEF funded districts fund CLTS? District officials from Zomba explain how they have rolled out CLTS and their sustainability in funding total sanitation.

Despite having sanitation coverage of 70% and the efforts of several NGOs implementing various sanitation interventions, the prevalence of water related diseases in Zomba District remains high.



"The CLTS concept in Zomba will be sustainable as the journey of a hundred miles starts with a single step. Thanks to the District Health Officer, Mr. Semba, and his management for showing interest in public health issues and funding CLTS activities. Indeed prevention is better than a cure." - Elizabeth Chingaipe, DEHO 0888 364 552

For this reason, Zomba was very excited to learn about a new approach to sanitation and hygiene at a Training of Trainers National Workshop on CLTS in December 2010. Funded by UNICEF, the workshop exposed the concept of getting people to understand the importance of constructing and using toilets on their own without subsidy. Although it was an exciting training, the funding from UNICEF ended there. The agreement was that from then on, each district would have to source its own funds if they wanted to continue with CLTS.

Funding Stream

The DEC was briefed to orient them on the concept of CLTS where the outcome was positive—all were on board. Since the initial ToT CLTS workshop, CLTS in Zomba has been funded by the district's ORT money with DHO and DEC support. CLTS triggerings and follow-ups have been done using ORT.

Their post-training motivation was the incentive to move forward. A few short months later, CLTS roll-out in Zomba was underway. With passion, motivation and determination, Zomba District took ownership of the situation and found alternative sources to fund their trainings. The District Health Office and World Vision International immediately accepted CLTS as a promising new sanitation and hygiene initiative. They have now funded four training sessions in Zomba since the national workshop.

Challenges

Even though there is funding through the district, there are still challenges with working with only ORT. For instance, one major challenge is covering the cost of fuel and lunch allowances to do follow-ups.

Solution

Integrating CLTS with other activities already happening in the same health cluster area was the solution. For example, a cluster supervisor who needs to oversee the TB program can combine it with CLTS activities in the same area.

This financial year, CLTS will be implemented as part of the Zomba Health Programme in its District Implementation Plan, with a large portion of ORT funds dedicated to CLTS. Momentum is only growing stronger, as triggerings have happened in 140 villages and counting.

HSA Health Teaching Tips

Quick tips for health teaching during a village meeting:

- Follow the same sanitation standards in your own home (HSA, Kameme Health Center).
- Encourage females to answer questions.
- Make questions, not statements.
- Perform a drama such as the "shit and shake" of using a latrine, not washing hands, shake hands with a highly respected member such as the village headman, and then encourage him to pass on your shit to his neighbours. This alleged shit could be passed to 20 people in a circle. Then supply the chief with ground nuts (or other easily accessible food), and encourage them to eat.
- Calculate the number of times community members shake hands with their neighbours. Similar to the shit kg calculation in CLTS triggering, this measures the number of other people's shit they could be eating because of the lack of hand washing facilities.
- Set the time and arrive on time.
- CLTS is community led, so allow the community leaders to choose the venue.
- Praise success with clapping.

Written by: Karina Redick, EWB

Triggering Reminders from Kasungu

Kasungu's EHO-WES, James Nyirenda, shares some tips for effective facilitation during CLTS triggerings:

Cultural Beliefs

- Good facilitation incorporates knowledge on cultural beliefs. In the North part of Kasungu District, there are patriarchal settlements where men have more influence and authority than women. For this reason, it is important that triggerings consider the cultural beliefs that it may be regarded as inappropriate for females to share latrines with males. During pre-triggering, assess the cultural make-up of the community; a matriarchal settlement may mean that it is more important that women are present during the triggerings than the males.

For more information on Kasungu's CLTS programme, please contact :
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Religious Beliefs

- A good facilitator should also observe religious beliefs of the targeted villages when triggering. For instance, in an Islamic community, avoid mentioning domestic animals like pigs or dogs as examples of animals that eat their shit and contaminate utensils. Even during oral-fecal route demonstrations, avoid using pork as food.

Time

- Time is also an important factor for a facilitator to produce quality end results. This should start from pre-triggering to post-triggering. The facilitator should negotiate with village members on appropriate time and a day to convene for CLTS. This means the facilitator should bear in mind their farming calendar and religious events in the community. For communities that are Islamic or Seventh-Day Christian, consider either Fridays, Saturdays or Sundays as their holy days and avoid planning for a triggering during these days.

- When triggering is in progress, facilitators should be reminded of the minimum and maximum time for triggering completion which is 2 hours minimum and 4 hours maximum. This helps facilitators stay on track and be aware of their goal, which is to produce a "match box in gas station" outcome.



Lead facilitator, Ntonga Robert, conducting a CLTS triggering at Yolamu Village, Kasungu

Chikwina's Story: More than Building Latrines

In August 2010, all villages that are part of the Chikwina Health Centre in Nkhata Bay were triggered. Many villages attained ODF status and the toilet coverage increased throughout the catchment area.

One HSA explains: "the message about the importance of latrines was already there, but the community was not putting in the effort to construct them".

With the introduction of CLTS, the communities were motivated to construct toilets with drop hole covers and hand-washing facilities. One community member, who already had a latrine, explained that with CLTS he realized the importance of using the drop hole covers and hand-washing facilities—something he did not necessarily think about before.



One year after the communities were triggered, "we see that many households are using the toilets properly, but some drop hole covers and hand washing facilities are not used regularly anymore". These are easy to spot: covers laying just next to pits, and buckets dry without water. "Now the focus is on behaviour change". The knowledge is present, however efforts must continue to ensure that covering toilets and washing hands become part of the daily routines.

These habits are essential to stop faecal-oral transmission of diseases such as cholera and diarrhoea. The cholera outbreak of 2008-2009 is still fresh in the memory of the population of Chikwina. Only the adoption of these behaviours will make outbreaks like that one something from the past.

Identifying Good Natural Leaders

- Punctuality means committed personality!
- Problem solver. One that is able to identify the core problem, then make the appropriate actions to solve those issues.
- The one with the best constructed answers may be educated, but he or she must be also willing to commit to sharing this knowledge.
- "Active participation" is not a strong guideline for choosing NLs! When you are triggering, NLs will become inactive because they do not understand their role, they have other commitments, or they are not satisfied with working without pay. HSAs and other extension staff must be able to identify such inactivity and make proper actions to find another person.
- Reading and writing is useful but not required.
- The NL is well known in the community.
- An unmarried female has a high chance of leaving the village.

Written by: Karina Redick, EWB

Phalombe's Take on CLTS: Sharing Insights from the South

For more information on CLTS in Phalombe, please contact:

Samuel Epiphi, District DEHO 0995262540 | Patrick Omar Nicks, Deputy DEHO 0999619868 | Marie Mapemba, Concern Universal 0999200949

Present for the Training of Trainers National CLTS workshop held in Mzuzu in early May were District and NGO representatives from Phalombe. Patrick Nicks, Deputy DEHO, and Marie Mapemba from Concern Universal, discussed their insights about the CLTS approach and their vision for its implementation as a new type of sanitation intervention in their district.

What are some important take-aways that you took from the training?

Marie - Being from the water and sanitation department already, I've seen that CLTS is not simply about having toilets but it is about stopping open defecation. I've taken home that a toilet without a cover is similar to open defecation because without a cover, the shit is still in the open and accessible for flies to travel from the toilet to our food.

Patrick - CLTS is a different approach whereby we don't impose solutions on the community, but instead let them decide their own solutions. What we emphasize is that people should avoid defecating in open places and that a toilet without a cover still has the effects of open defecation.

What do you like about the CLTS approach?

Marie - The CLTS approach is not about us appealing for communities to construct toilets but it is about them appreciating the need for a toilet and the dangers of eating shit or open defecation. After igniting the community, they are able to come up with their own action plan that comes from the members themselves. With CLTS there are no standards for toilet constructions and toilets may be shared, as long as nobody is open defecating - it's a simple approach.

Patrick - Phalombe is a district that has low coverage in terms of hand-washing facilities and latrines. This means that in Phalombe, after communities are triggered, there will be a big change. I like that CLTS identifies the natural leaders in the process and community work plans are presented.

Please describe your learnings and experiences from participating in the triggerings?

Marie - CLTS is about shaming and disgust. Usually people are reluctant to respond or give information that may reveal their OD areas. The challenge was to bring them to talk about their practices and feel free to mention their opinions about shit in the presence of other people. It was interesting to see that the triggering successes were mostly a "matchbox in a gas station" response. Competent facilitators are needed to trigger the community otherwise to follow up talking about personal issues such as shit, may not be welcomed the second time. It is also important to involve HSAs that work with the community.

Patrick - Triggering a community will make them realize that poor sanitation practices are unacceptable. You may see a tremendous change when you go for follow-ups. Also, I have learned that children are very important for CLTS implementation. Other sanitation and hygiene initiatives don't always involve children. With CLTS, we are using children to assist their parents in coming up with the solutions. The challenge was that if a facilitator did not have good skills, tempers could be lost and people could start to fight. If facilitation was poor, the community might not reach a solution.

Have your views on sanitation strategies or approaches changed after attending the workshop? If so, how?

Marie - It is very difficult to bring an idea or intervention to the communities, but with CLTS, they realize solutions themselves and the choice of technology is up to them. With CLTS, you start by getting the communities to appraise their own behavior - the moment they have accepted to change their behavior, the project will succeed.



Marie Mapemba,
Concern Universal



Patrick Omar Nicks,
Phalombe District Deputy DEHO

Patrick - My views have changed. Many times in the past, we tried to advocate for certain behavior change and wondered why people weren't following. But now after being trained in CLTS, we are just supporting the ideas of the communities themselves. I'm realizing that for people to start practicing a certain behavior, those ideas should come from themselves; they should be empowered.

Are you excited to implement CLTS in Phalombe? What kinds of actions do you think you will take?

Marie - Yes I am excited. I will report on this training and lobby for this approach to be included in all other water and environmental sanitation projects that we are involved with. I want to adopt this approach as an organization! Already we have submitted a GSF proposal to Plan for Balaka and Phalombe and this training will allow us to start facilitating immediately. We are also going to train our fellow WASH (water and sanitation hygiene) facilitators, funds allowing. It is to our advantage that we attended this CLTS workshop for our friends to benefit.

Patrick - Very much excited! The reason being that we have tried various interventions in Phalombe but they haven't always worked to our expectations. CLTS is a different approach whereby you are chatting with the people and they tell you what their current practices are by asking clever questions. This approach is also entertaining for them and for us - laughing is involved, it is fun. When we return, we need to train more extension staff in both the health and water departments, and even the DCT. We wished to do CLTS for a long time but we did not have trainers in the district, so this training in Mzuzu was a great opportunity for us! We will even put it in the DIP for Health.

Additional Comments?

Marie - CLTS is an approach that has won my heart. Every time during implementation of my sanitation project I was seeing some stage missing. If organizations would adopt CLTS as an entry point to Sanitation and Hygiene projects, they are going to achieve their targets in toilets and HWFs. If only we promote the use of shit for manure with all the support from specialists like Ministry of Health, Malawi will in few years time tell a success story. CLTS should come here to stay and I urge all players in Sanitation to adopt and use CLTS approach.

Patrick - I have really enjoyed the training. Most sanitation and hygiene trainings are rich in terms of theoretical content but this one emphasized the practical part of it and really made me realize that it is working with the community. We have made friends with other districts and government organizations, and if we share experiences and support, I think we will achieve the ODF goal at the national level and Malawi will be seen in the next 5 years as an ODF country!



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EWB'S WORK on SANITATION & HYGIENE

In Malawi, EWB collaborates with government, donor and NGO partners to enhance the sustained adoption of sanitation and hygiene behaviours. Currently EWB's focus involves providing technical assistance to the Malawi sanitation & hygiene sub-sector for local government "Community Led Total Sanitation" programmes. Jolly Ann Maulit, Chelsey Rhodes and Tessa Roselli from EWB are collaborating with District Coordinating Teams from 14 Unicef-supported WASH Districts in Malawi on their CLTS programmes: Chitipa, Nkhata Bay, Likoma Island, Mzimba, Kasungu, Dowa, Salima, Mchinji, Lilongwe, Mwanza, Mangochi, Blantyre, Chiradzulu, and Karonga. They are facilitating learning exchange between all CLTS stakeholders in Malawi, developing monitoring & evaluation tools, coaching district CLTS leaders to help them refine their unique CLTS programmes for maximum community impact, and providing district experiences to policy discussions at the central level.

S.H.i.T.S. NEWSLETTER

This newsletter, coordinated by EWB, reviews learning and experiences of Malawi local government CLTS implementation and their collaborating NGO partners. It includes many contributions from district and central-level leaders within the sanitation & hygiene sub-sector.

Salima Takes the ODF Challenge

Maganga declares it will be the first *ODF Health Center* in Salima

The Maganga Health Center has stepped up to the challenge of making Malawi Open Defecation Free (ODF) by 2015 by declaring they will be the first ODF Health Center in all of Salima! Mr. Chabinda, Assistant Environmental Health Officer, has challenged the HSAs of Maganga to trigger all villages in their catchments so they can become ODF.

The HSAs have accepted the challenge happily and Maxwell Chapweteka, HSA of Maganga, explains the new team-triggering structure in place at Maganga in an interview with EWB Officer, Alex Hockin.

Alex: Maganga has a new structure for triggerings, can you explain how it works?

Maxwell: Yes, the new structure is that we [HSAs] have divided ourselves into four groups. Each group has got five members, and two of them are trained in CLTS. We plan to trigger the villages that have not been triggered and we will trigger each and every Friday. That means 4 villages triggered each and every Friday. So times four Fridays in every month - that is 16 villages triggered! And since it is an ongoing process, that is a lot of villages triggered in a year.

Alex: Wow, that's great! It sounds like a lot of villages are on their way to being ODF.

Maxwell: Yes, I would be very excited for Maganga to be the first Health Center to be ODF. I think on behalf of my fellow friends, I can say we would be very happy.



Maganga HSAs featured (left): Samuel Mkoma, Happy Mlama, Madalitso Gulumba, Grevazio Kalimmawa, Peter Yesaya Mchira, Maxwell Chapweteka, Maclean Nkhoma, Salabina Jamu, George Muyanda, Zuzika Kamtokoma, Gift Banda, Edson Khombe

The Benefits of an ODF Health Center

Arthur Ngoza, Medical Assistant of Maganga Health Center discusses the advantages of Maganga being ODF.

Alex: If Maganga was to be ODF, do you think there would be any changes for your department?

Arthur: Yes, if Maganga was ODF it would mean automatically a reduction in some diseases, mostly those which are caused by oral faecal routes, like cholera, diarrhea and gastro-enteritis diseases. My department would receive fewer cases and tracing would be possible. This is not the case today because we have a lot of diarrhea cases now.

Alex: What is needed for a Health Center to be ODF?

Arthur: To be ODF will take a lot of dedication. The follow-ups are very important. If you trigger them and don't follow-up, the people will quickly forget what they have learned. So the follow-ups will be the most important step. If we cannot focus on the follow-ups, I doubt we can be ODF. But if we focus we can have success!

Exciting CLTS News at Maganga

HSA of the Month: HSAs are the facilitators of the CLTS process and it is important for them to feel motivated and excited by CLTS. Maganga will be hosting its first "HSA of the Month" competition this July. An HSA or small group of HSAs will be acknowledged at the end of July for their hard work in promoting sanitation as well as other HSA duties in their catchments.

Tracking CLTS progress: HSAs at Maganga have put a sheet up in the HSA office to keep themselves accountable to their CLTS duties. HSAs will record the date that each triggered village has declared it will be ODF by, so that everyone can see if that village has in fact achieved ODF status. If a village has not achieved ODF status by the date listed, then the HSAs will conduct a follow-up as a group to motivate the village to be ODF.