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Sharing Highlights in Total Sanitation

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OTHER NEWS:

- A CLTS Learning Workshop is being held in Zambia from 15-19 November. Participants will include CLTS implementers from the East and Southern Africa Region. The workshop will take stock of the accomplishments of CLTS in the region, as well as examining the many challenges it faces.
- At a recent CLTS training session held by Plan Malawi in Blantyre, Kamal Kar, the inventor of CLTS, posed the challenge of making Malawi the first ODF country to the district managers and central level stakeholders in attendance. This was met with enthusiasm from everyone and is in line with the plans of the national government, which intends to scale out CLTS to all districts this year.

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Ten Tips for Effective Facilitation from the Mzimba CLTS team

Tip 1: In the introduction, **clearly state or explain your objectives** to the community. This frees the community and arises interest so that they stay for your meeting. Be sure to emphasize that you are there to learn from them.

- Don't just specify that you are there to learn about hygiene and sanitation, but also about agriculture and forestry. That way, they will show you everything, even the bushes, which are common sites for "shitting"
- Have an energizer to build rapport with the community. One example is to get the community to perform a traditional song or dance that they commonly present when they are happy.

Tip 2: Try to **divide the participants** into groups. First take the children away to be triggered on their own. If there are enough facilitators, divide the men from the women since women are often voiceless around men.

- Women and children will normally tell the whole truth while men will try to cover the issues.

Tip 7: For the Food and Shit demonstration, take a piece of firewood, **roast the fish on the firewood so that it produces a smell which will attract flies.**

- Be sure that the shit is close to the food so that they see the flies going from the shit to the food. Then you can ask them if they will eat the food, to which they will say "No, because flies are getting shit on their food, even if the shit is in the bushes".

Tip 8: Show them the fecal oral route transmission so that **they are guided into realizing that they are eating their own shit.**

- Be sure that the community itself is the one who says they are eating their own shit, because when they realize it themselves they are more likely to make a solution.
- When the community realizes that they are eating their own shit, start clapping for them. Many of them will join with the clapping at first but will then stop because of shame.

• The children's facilitator should show the adult facilitator where the community goes to the bushes.

- Ensure that the elders don't see the children going to the bush so that they will not be resistant to visit the bush later.

Tip 3: When creating the map, ensure that **they show you all the relevant things** in the community.

- Insist that they show you where they get their firewood from (the bushes).
- Ask each household to show you where they defecate, even if it's in the bushes.
- Make the map very small so that the homes look congested and the bushes end up being close to the homes. When they show where they defecate later on, it will be close to their homes; some people might move their houses away when they see that the shit is close to where they live, which means that they are close to being ignited.

Tip 4: Conduct the **transect walk if the community does not seem to be ignited from the mapping.** Say "let's have a walk & learn some more about your village".

Tip 9: The health cost calculation can take place **near the end of the triggering or even during the mapping.**

- During the mapping, you can ask what common diseases the community experiences and probe on this subject. You can use this information later during the actual health cost calculation.
 - Ask the community where they go when they get sick, what the distance is to that place, how much it costs to get there (transport), how much it is for a family member to go with them, and if they are seriously sick, how much do they lose in services at home.
 - Add the lump sum together and ask the community, "what can you do with this money?"
- Tip 10:** For the Shit Calculation, **ask how much the children and the elderly shit at one time.**
- When asking for calculations, give them a measurement that they are familiar with. Maybe it's a cup or a container, or bags of maize or sugar (in kgs).

• It's important to say that you just want to learn more about their village, because they may not show you the bushes if they think you are going to take them there to shame them.

- Verify whether the map that was just drawn showed the truth about the availability of toilets.

• Go to the bushes shown by the children where fresh shit is available and attracting flies so that the community is disgusted.

- It should be a grown-up's shit so that they are triggered to build latrines.

• Pick up the shit with a stick and have demonstrations with it after.

Tip 5: Conduct the **walk of shame** (instead of the transect walk) **when the community is triggered** and you can take them straight to the bush.

- At the bush, have one or two demonstrations to trigger the community further.

Tip 6: For the Shit and Water demonstration, **show them the bottle of water and ask if they see anything inside**, to which they should respond "No".

- Take a small piece of grass or hair, dip it in the shit and in the water so that the water remains clear. Ask if the water is still good, to which they will say "No, we can't drink that water".



The Mzimba CLTS Team consists of enthusiastic field staff who lead CLTS planning and implementation.

From the left: Mr. Njikhoo (CDA), Mr. Mvula (HSA), Mr. Mphaka (HSA), Mr. Chuma (WMA), Mr. Maswaswa (WMA), Mrs. Nkosi (HSA)

Integrating CLTS into Existing District Structures

Mr. Sam Chirwa, Lilongwe District Deputy DEHO/EHO-WES (samchirwa2007@yahoo.co.uk | 0999 263 287)

An interview with Mr. Sam Chirwa, Deputy DEHO/EHO-WES for Lilongwe

Jolly Ann: Mr. Chirwa, the Lilongwe district council is taking the approach of integrating CLTS into existing structures. Can you please tell us more about how you are doing this?

Mr. Chirwa: In areas where we have triggered them (extension staff from education, health, water and community development), it's part of their job now. It has been integrated and put in their monthly work plans. For example, they put in triggering on such and such a day. This is happening in the facilities at TA Malili, Likuni, Chitedze, Chimwala, and Nathenje, where HSAs and other field staff are incorporating CLTS in their work plans

Jolly Ann: That's a very interesting idea. Why do you think CLTS should be a part of their work plans?

Mr. Chirwa: The first thing is that the Malawi government adapted it. Sectors and HSAs (Health Surveillance Assistants, extension staff for health) have been trained so that it's part of their work now. It's simply another approach amongst other approaches which extension workers are taught for sanitation promotion. Past approaches have failed to make people have pit latrines. CLTS approach is seen as being able to influence people to construct more latrines. It's basically not a totally new thing that should not be a part of them, since they are already using several approaches, but now there is this approach, CLTS, which is improving on sanitation. This is a thing which they have to continue doing to improve sanitation.

Jolly Ann: What are some benefits of having CLTS in the work plans of extension staff?

Mr. Chirwa: There are several benefits. Their work plan is a guide that this particular day, I'll do this. If they don't put CLTS in the plan, triggering will not take place and follow-up will not take place. As

a result, sanitation will not improve, the sanitation status of that catchment area will not improve. The failure to improve leads to outbreaks. Another benefit is that in the past, the work plans were monotonous, there was only one issue (like immunization or outreach clinics). With inclusion of other activities like CLTS, there are several activities in one particular month. Another benefit is that CLTS follow-up activities have improved the relationship between extension workers and the communities because of frequently visiting the villages. HSAs and the community know each other now. Before, the HSA comes once every 2 months, now HSAs go more often, and this improves relationships. Also, CLTS is beneficial in that it tries to improve the sanitation profile of the district, with



Mr. Chirwa facilitating a CLTS training session in Nathenje.

benefits like the reduction of diarrhea disease. This improves a health centre's status. Also, incorporating CLTS into work plans means that data will be regularly maintained, so this approach improves on the problem of data collection.

Jolly Ann: Wow, there seems to be numerous benefits associated with integrating CLTS into work plans. Can you please walk me through the process of how this occurs?

Mr. Chirwa: Basically, for example, the Lilongwe district is divided into health areas, with health sub-districts, of which there are 6 in Lilongwe. Each health sub-district has facilities within it. At the sub-district, there

is a supervisor. At the health area, at each facility level, there are also supervisors (Senior HSAs) entrusted with the responsibility of looking after HSAs. HSAs develop work plans, which goes to their SHSA. This is pasted on notice boards in their offices, so the SHSAs, together with the health area supervisor, ensure that those work plans are followed. They supervise them to make sure that 80-90% of the plans are implemented. At the health area level, an AEHO (Assistant Environmental Health Officer) supervises several SHSAs to make sure reports are submitted to the district. The district also makes plans for monthly supervision through the Environmental Health Office. The departmental health supervisors make a work plan for supervision and they make follow-ups here at the district. Basically, each HSA is supposed to produce a report to the SHSA, who compiles the report and submits it to the health area, then it goes to the district.

Jolly Ann: Thanks for the detailed information Mr. Chirwa! You mentioned that other sectors are also involved in CLTS. How do other sectors incorporate the approach into their work plans?

Mr. Chirwa: There is a general work plan concerning the health department. When it comes to activities relating to CLTS, it now comes to collaboration between the SHSA, CDA (Community Development Assistant) or WMA (Water Monitoring Assistant). Sometimes they produce joint work plans. Especially for CLTS, they incorporate it into individual HSAs' work plans. Suppose they agree that on this day we go for triggering. They then take these specific activities and the SHSA will incorporate into the work plan of individual HSAs.

Jolly Ann: That sounds like a promising approach Mr. Chirwa. It's great to know that districts are getting creative with their CLTS programme implementation. I'm sure many of the other districts can learn lessons from Lilongwe. Thanks for taking the time to discuss this topic with me!

Mr. Chirwa: Thank you too.

Task Force 101

Prepared by: Kate Middleton (EWB Short-term Staff) & Mr. Katundu (Primary Headteacher and Task Force Secretary for T/A Mkanda)
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What is a Task Force?

The basic definition of a Task Force is an official unit of CLTS-trained extension staff providing leadership at the sub-district level. It is a management unit, closer to the ground that can provide support to front-line staff, be a source of energy and positive role modeling for CLTS, and act as a communication bridge to help the DCT understand what is happening for CLTS in the T/A.

What are the favourable conditions for a Task Force?

- The coverage area has more than one health centre
- The number of CLTS extension workers exceeds 50
- Distance from the health facility is far from the location of the DCT and less likely to receive supervisory visits
- Members volunteering to be on the Task Force are truly motivated and active leaders
- Members understand CLTS principles and are passionate about the approach
- Members are genuinely excited to contribute to CLTS implementation and are not looking for incentives (allowances, recognition, being the boss, etc)
- The Task Force defines their own roles and responsibilities

What are the responsibilities of the Task Force?

The responsibilities of a CLTS task force cannot be explicitly stated. It is important that the responsibilities are defined and driven by the Task Force and that there is a mutual understanding between the Task Force and the DCT. In T/A Mkanda, the Task Force defined their own responsibilities as:

- Facilitate CLTS Meetings
- Plan, organize and coordinate all CLTS events and ceremonies in the T/A
- Budget CLTS activities and submit funding requests to the DCT
- Orient extension workers in CLTS, ensuring they are adequately triggered and trained
- Organize for new villages in T/A Mkanda to be triggered, supported and monitored
- Distribute monitoring forms to extension workers for CLTS follow up
- Encourage HSAs to perform immediate and on-going follow-ups in their catchment areas
- Receive and solicit data on CLTS progress from HSAs
- Compile data for the DCT
- Prepare summary reports for the Deputy DEHO and other DCT members
- Verify Open Defecation Free (ODF) status of CLTS villages before official recognition

T/A Mkanda Lessons Learned- One Year Later

- By forming a Task Force, there is the risk of decreased DCT support for CLTS activities. The DCT must not see the volunteers as entirely responsible for CLTS implementation and should remain fully engaged. Forming a Task Force is meant to increase the amount of human resources to improve CLTS implementation but it could result in the DCT stepping back from the program. It is very important that they act as a supporting body for implementation.
- There is a need to prepare a Task Force constitution. It is important that those volunteering to be on the Task Force only commit to what they can do well.
- There is a need to meet regularly with all extension workers. This is to ensure all extension workers are adequately motivated and prepared for CLTS activities.
- It is important that the Task Force and DCT perform constant reflection and program evaluation. Using these lessons to prepare for foreseeable challenges and solve current problems is key in maintaining the quality of the program. There is no point in triggering villages if we're not doing it well.

Statistics

-Formed in July 2009
-Coordinate CLTS activities for four Health Centres (all four Senior HSAs are involved in the Task Force)
-10 Members elected by 60 extension workers
-The Traditional Authority T/A Mkanda is an honorary member
-397 Villages Triggered
-71 Verified ODF Villages

What Knowledge, Skills and Attitudes does a task force need?

Knowledge

- Good sanitary practices
- CLTS principles

Skills

- Managing people
- Meeting and workshop facilitation
- Proposal writing
- Budgeting and proper fund allocation
- Data collection and compilation
- Reflection and program evaluation
- Strategic planning
- Organization

Attitudes

- Willing to work odd hours
- Deeply triggered
- Big picture thinking
- Eager to go in the field and be with villagers

From being used as a Toilet to a Tea Room

If you happen to pass through the Salima-Nkhotakota road, you may wish to pass through this road again because you can be surprised to see the locally made Hand Washing Facility (HWF) called Tip Tap than the ordinary taped buckets hanging outside Tea Rooms at Siyasiya, a popular Trading Centre in Salima North. It all started with Extension Workers trained in Community Led Total Sanitation (CLTS) visiting the area to learn how people live in their everyday life in terms of Hygiene and Sanitation. As an initiative to promote hygiene and sanitation in the district, the DHO deployed extension workers trained in CLTS to transform people living around this area. Using this behaviour changing sanitation approach i.e. demonstrating how despite having a latrine with a drop hole cover one might eat his or somebody's faeces, Extension Workers managed to transform the community. Communities realised that they were at risk of getting diarrhoeal diseases if they practice unhygienic behaviours such as defecating in the open and not washing hands. Later, from being practiced at household level the behaviour of hand washing moved to tea rooms.

When asked why most tea rooms in the area had mounted Tip Taps, one of the tea room owners said, **"titazindikila kuti munthu ungate kudy a bibi lako lomwe kapena lanzako ngati suzisamala, ife azogulitsagulitsa makamaka a ma tea room, tinagwirizana kuti aliyense ayike zosambira mmanja panja pa tea room yake kuti makasitomala akamabwera aziyamba asamba kaye mmanja tisanawathandize"**, "upon realising



that a person can eat his or somebody's faeces if he practices unhygienic behaviour, we, tea room owners agreed that we mount hand washing facilities outside our business premises so that customers should wash hands first before being served." CLTS has proven to be a very wonderful tool such that if adopted by almost all district in Malawi, sanitation will be greatly improved.

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*School children washing hands in preparation to be served in one of the tea rooms at Siyasiya.
Picture by Noel Khunga.*



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EWB'S WORK on SANITATION & HYGIENE

In Malawi and Zambia, 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 from EWB is collaborating with District Coordinating Teams from 12 Unicef-supported WASH Districts in Malawi on their CLTS programmes: Chitipa, Nkhata Bay, Likoma Island, Mzimba, Kasungu, Dowa, Salima, Mchinji, Lilongwe, Mwanza, Mangochi, and Blantyre. They are facilitating learning exchange between all CLTS stakeholders in Malawi, developing monitoring & evaluation tools, and coaching district CLTS leaders to help them refine their unique CLTS programmes for maximum community impact.

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.

EWB Research on T/A Mkanda CLTS Sustainability: Summary

To receive a copy of the full research report, please email jollyannmaulit@ewb.ca

OVERVIEW

EWB conducted a research study in TA Mkanda in order to ensure that the CLTS approach is truly effective in creating Open Defecation Free (ODF) villages and identify areas for improvement before scale out. It was also meant to assess whether the sanitation behavior changes realized through CLTS are sustainable one year after triggering.

DISCUSSION OF FINDINGS

Availability and use of pit latrines

Despite the intensive implementation of CLTS in TA Mkanda, poor sanitation and unhygienic behaviours are present in the studied area. A high proportion of households (45% of the sample size) do not have pit latrines, with slight differences between ODF and non-ODF villages. For households that had latrines in the past, 50% have reconstructed the structures after collapse. Of the current households without pit latrines, 71% have never had one in the past.

Defecation Practices

The practice of open defecation is still prevalent in TA Mkanda, with over 80% of those without pit latrines preferring the bush for various reasons; 46% of these respondents are satisfied with using the bushes around their compounds. One village that was triggered did not have pit latrines at all, not even the village headman, and all households still use the bush.

Reasons for Absence of Pit Latrines

Several reasons arose to explain the absence of pit latrines. One of the reasons cited was the frequent collapse of pit latrines (53%), yet observation showed that some households in the same village have had latrines which have not collapsed in 3 years, therefore this reasoning is inconclusive. It was also noted that few or no improvements have been made on the quality of the pit latrines in order to increase their resilience against rains and sandy soils.

Assistance to the Elderly and Disabled

It was found that communities do not assist the elderly and disabled, particularly those without close relations. However, influential leaders in the communities interviewed (including the CLTS Task Force), often claim that their communities assist these people. The information given by these leaders thus does not correspond with the results found on the ground.

Quality and Condition of Pit Latrines

Only 46% of the latrines observed meet the standards for an improved latrine as stipulated in the National Sanitation Policy. Many structures are on the risk of collapse due to termites and poor construction using temporary materials. Only 55% of the latrines available have an impermeable surface, and only 0.1% have drop hole covers, let alone a hand washing facility, even in villages declared as ODF. Thus, the area studied only has 24% improved latrine coverage according to the National Sanitation Policy. When using the standards for ODF stipulated by Kamal Kar (CLTS pioneer) of drop hole covers as an essential component for

stopping OD, it is doubtful that the triggered villages in TA Mkanda ever achieved ODF status.

Relationship between Triggering Attendance, Understanding of ODF, and Construction of Pit Latrines

The results indicate that 55% of respondents understood the importance of ODF status, yet the sanitation status is still poor despite the ease of access to latrine construction materials. It was found that 39% of the respondents did not attend the triggering and were unaware of the contents of the meeting. Village level politics also affected attendance, with certain village headmen discouraging community members from attending triggering. More females attended the triggering than men, which deterred males from building latrines. Of the latrines constructed, only 60% of the households stated disease prevention as their motivation, stating other reasons instead including prestige or advice from extension workers. Thus, the understanding of the value of ODF status does not necessarily result from triggering, since it has had an insignificant impact on the construction of latrines the studied area. In fact, only 31% of the available latrines were built after the triggering.

Triggering vs. Community's Reaction

Through discussions with the villagers in TA Mkanda, it was observed that essential steps were missed during the triggering which are key to eliciting the reactions of shame, fear and disgust that are essential for effective CLTS. Key CLTS tools like the Walk of Shame were skipped, and debate was not encouraged amongst the villagers. Instead, the facilitators focused on preaching the importance of constructing and using sanitation facilities, which failed to affect sanitation behaviour changes.

Additional Challenges

During discussions with the CLTS Task Force, it was discovered that the District Coordinating Team (DCT) does not reflect on CLTS progress with them in order to identify and address implementation challenges. Forms for data collection are not provided to the Task Force, and there is no specified date for the submission of monthly reports. The DCT demands reports only when pushed by UNICEF officials to submit their data, which makes it difficult for them to collect and monitor all the required data, leading to incomplete or false reporting of figures. Transport is inadequate to coordinate CLTS activities, conduct supervision to extension workers, or to verify the information provided to the Task Force, which means that villages that were declared as ODF have often not been validated by the team. Verification procedures for ODF status are also out of date, with extension workers declaring villages with 80% latrine coverage as ODF. Drop hole covers and hand washing facilities are not even considered in the ODF criteria. The decreased involvement of natural leaders also exacerbates the problem.

What is the status of previously triggered villages in your district? Is it time for a visit to assess CLTS sustainability?

CONCLUSIONS AND RECOMMENDATIONS

The study revealed that the efficacy of the CLTS approach in TA Mkanda is in question, much less the sustainability of ODF status in communities. Recommendations for key stakeholders are outlined below.

UNICEF

- Agree with the DCT on a specific date for submission of monthly CLTS reports

- Conduct annual evaluation visits on the ground to ensure that the financial support produces desired results

District Coordinating Team (DCT)

- Organize quarterly meetings to evaluate CLTS progress, analyze problems, and create mitigation strategies

- Set specific dates for submission of monthly CLTS reports by both the Task Force and extension workers (primarily HSAs) to ensure thorough follow-ups are conducted and valid data is collected from the field

- Ensure provision of monthly reporting forms to give extension staff adequate field time for data collection

- Allocate fuel specifically for monitoring CLTS activities and allow every member of the Task Force to access it

CLTS Trainers

- Review the training manual to ensure critical steps for the triggering process are highlighted for facilitators.

Task Force

- Conduct thorough verification of villages before declaring ODF status (not only rely on extension worker data)

- Adopt ODF verification criteria which ensures that all basic futures for improved latrines are in place

- Intensify supervisory visits to natural leaders to monitor CLTS activities

Community Leaders

- Encourage community members to construct latrines and lead by example

- Advise community members to adopt new pit latrine model that withstands heavy rains and sandy soils

- Encourage people to emulate the design of pit latrines which have stood in the same area for years without collapsing

- Ensure that community members assist the physically challenged and elderly