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Sharing Highlights in Total Sanitation

MALAWI ISSUE 9

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OTHER NEWS:

- A CLTS Scale-up Strategy meeting was conducted in Blantyre on the 24th and 25th of March, 2011. This meeting gathered various stakeholders in the sanitation sector in order to create a strategy and a plan to reach the goal of becoming an ODF country by the end of 2014.
- UNICEF WES (Water and Environmental Sanitation) department has welcomed a new chief, Mr. John Pinfold. Mr. Pinfold has worked in sanitation in various countries including Uganda and Vietnam. He has been in Malawi since the end of last year.

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Traditional Leaders Take on CLTS

Traditional leaders have an essential role to play in CLTS in Malawi. Over the last few months the role of traditional leaders has been discussed extensively at various forums, including the national CLTS Scale-up Workshop held in March in Blantyre. Salima district council recently conducted a 4-day CLTS training specifically tailored to traditional leaders.

The objectives of the training were to trigger traditional leaders into thinking that OD is harmful to their health, understand the CLTS approach, and advocate for the approach amongst their fellow leaders. Thirty traditional leaders were invited in total, including all the Traditional Authorities (TA) in Salima, as well as at least two Group Village Headmen (GVH) from each TA.

The training was deemed a success by both the district staff who conducted the training and the participating traditional leaders. At the end of it, the traditional leaders had generated a list of roles which they will play in each step of the CLTS process. Each TA also created action plans based on their learning which they will implement upon returning to their communities.



The training was opened with a Shit & Food demonstration to trigger the traditional leaders. Shit was found near the training venue, and fish was cooked beside the shit. They watched as flies moved back and forth between the shit and the fish.



Traditional leaders reacting with disgust, shame and laughter at the demonstration.

More on this training on page 2

TA Kalonga: CLTS Champion



TA Kalonga has taken a leading role in promoting CLTS within his community. In Salima, his area is No. 1 health-wise amongst the 10 TAs in the district. He takes an active role in monitoring the sanitation progress of his villages.

He says, ***"We want every chief, anyone, every person, to take it seriously, we are bringing the death to our countries, and we are creating the germs ourselves because we are going to the bush."***

Go to page 3 to find out more about how TA Kalonga works on CLTS

Exciting News! New CLTS Staff

Two new staff members joined the EWB CLTS team in Malawi. They have recently arrived and are gearing up to provide more intensive support to implementing districts.

Look inside to get to know them better!

If you'd like to get to in touch with them, please don't hesitate to contact them.

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Traditional Leaders & their Roles in CLTS

For more information on Salima's CLTS programme, please contact the main facilitators:

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 Mr. Chabinda, AEHO - 0999207090
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The CLTS fire has spread throughout the country and traditional leaders in Salima have also been ignited. During their training, they outlined the various roles and responsibilities that they can play in promoting CLTS. These roles were broken down into 5 categories: communication, pre-triggering, triggering, post-triggering, and verification.

Communication

- Write invitation letters to the community for triggering
- Make announcements for the meeting day
- Gather people to the meeting (get them to come close)
- Try to find out if people received the communication properly
- Prior to the meeting, try to consult with the chief advisors about the meeting so these elders can help the chief ensure the meeting is successful

Pre-triggering

- Responsible for coming up with the agenda for the meeting
- Responsible for arranging a venue
- Make sure extension workers have necessary materials (maize husks, papers, ash, etc.)
- Responsibility of village headman to confirm the date with the extension worker



Above: Traditional leaders listening to a presentation of a TA action plan and providing feedback

Triggering

- Tell the people to be punctual (time conscious)
- Conduct welcoming remarks

Follow-up

- Take the lead in monitoring the progress of the action plan along with the village natural leaders

Verification

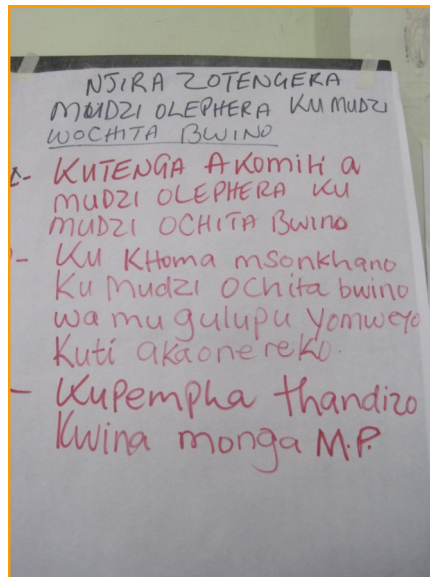
- For a village that has done better but are not ODF, provide encouragement
- For villages that are ODF, encourage them to sustain their status
- Punish communities that have failed
- Continue advising failing villages to reach ODF in a participatory manner
- Take failing villages on exchange visits to ODF villages
- Have tight rules (bylaws) to those who are failing continuously

After coming up with these roles, the traditional leaders were prompted to come up with very specific activities which they can initiate to carry out these roles.

Some of these activities included setting a specific date for follow-ups in their villages once



Above: Traditional Authorities brainstorming ideas on why previous sanitation projects have failed



Above: One of the flip charts created by the traditional leaders on the specific actions they can take to work on CLTS

action plans are done. Others included putting up posters in their communities condemning open defecation, and mobilizing school children to shout at people found open defecating.

These specific activities were then included in the TA level action plans created by them at the end of the training. The initial items included in the action plans were the calling of VDC (Village Development Committee) and ADC (Area Development Committee) meetings. They will then follow-up with their respective chiefs to see if these meetings have been conducted the meetings in their areas.

Overall, the district facilitators deemed the training to have been successful. They are excited to see where the traditional leaders will take CLTS next.

Questions for Reflection

- Have you piloted an approach for working with traditional leaders on CLTS in your district?
- If yes, what methods have you tried and what lessons have you learned? Would you be able to write a learning document to share with other districts?
- If no, would it be useful for you to start working with the traditional leaders in your area? What information or resources would you need to get this process started?

Please send your thoughts on these questions to jollyannmaulit@ewb.ca or chelseyrhodes@ewb.ca. We'd love to hear from you!

TA Kalonga (continued from p.1)

To contact TA Kalonga, call: 0995210898

TA Kalonga has taken it upon himself to tell his people about the benefits of health through sanitation. In the 3 years that he has focused on promoting sanitation, more than 7 GVHs (group villages) in his area are considered model villages. His people are now coming to know the danger of diseases like diarrhoea and cholera. Cholera surveillance is ongoing in his villages.

Every Tuesday, TA Kalonga, village volunteers and health extension staff (HSAs) visit every household to check if they have toilets and other sanitary facilities. They also check the surrounding bushes in the villages. Each village has 3 volunteers who work together with the HSA. TA Kalonga is one of the volunteers because as the TA, he is the chairman of all development activities in his area through his role as the chairman of the ADC (Area Development Committee). Some days he checks the households with the other volunteers, while other days he just receives notices. The volunteers will give him notice if someone does not have a toilet, then he goes with the volunteers to visit the household.

First they talk to the household about the goodness of having a toilet. A timeline is given for the household to construct a toilet, and if that fails, then a punishment is given. TA Kalonga says that this is similar to God's system, "First God must teach through people, then (if they don't learn), jahena (hell or punishment)". When asked what kind of punishment he gives, the chief says, "I tell them, when we have a funeral, don't come to our funerals because your a creator of diarrhoea, so we don't want to give the disease to the people, you are too careless so don't come to the community". In Malawian culture, not attending a funeral means you are not a real man, because real men must be able to gather with their people.

TA Kalonga is spreading the word of CLTS to his fellow chiefs. The 10 TAs in Salima gather together every month to discuss issues at the DC's office (District Commissioner). During these gatherings, they share challenges and lessons learned with each other. TA Kalonga has talked of CLTS to his counterparts, especially after attending the CLTS Scale-up Workshop held in Blantyre in March. Since that meeting, he has put together a rally and gathered surrounding villages, encouraging them to not go to the bush. Next week he is going to another side of his TA for another rally with traditional dances. At this rally, he will tell his fellow chiefs that every man should have a toilet since they don't want to go the bush. According to him, CLTS has been received very well, with people clapping hands and becoming very excited at the rallies.

When asked what advice he would give to other TAs in Malawi, he said that it is important to take CLTS very seriously. A serious person doesn't just hear about CLTS, they must also do. He encourages all traditional leaders to do what they learn about CLTS in the coming years. If they are serious, he believes that Malawi can be ODF by the end of 2014. **"This (CLTS) system is giving us a life, so if we don't do this, we are bringing death to ourselves."**



TA Kalonga (2nd from the left) with an HSA and several community members.

INTRODUCING: NEW CLTS STAFF!



Hello! My name is Chelsey Rhodes and I'll be working for EWB Canada on CLTS in Malawi with the UNICEF districts. My educational background is in biology, with a graduate degree in public health. I grew up on a farm in rural southern Alberta, and have spent time studying and working in various places in the U.S. and Canada. I have worked in Malawi in the past in both the health and education sectors, totalling about one year. At that time I was mostly based in Nkhata Bay District. I will be returning to Malawi at the end of April, and I hope to get the chance to meet all of you very soon. I'm excited to hear more about the great work that you're doing, and I look forward to collaborating with our partners on the implementation and scale up of CLTS in Malawi.

Regards,
Chelsey



With an extensive academic background in the environmental sciences and a passion for international water, Tessa Roselli has joined Engineers Without Borders (EWB) to help improve basic sanitation practices and hygiene in rural Malawi. Having lived and worked in Canada's capital city, Ottawa, she has gained diversified experience in field research, and data collection and analysis through working within the Canadian government system. During her tenure at Health Canada she was involved in identifying baseline heavy metal contaminant concentrations in indoor residential environments. Her most recent professional experience includes working as an Environmental Engineer in Indonesia on environmental impact assessments in the private sector. Now in Malawi, she will be involved in the scale-up of community-based total sanitation, or CLTS, in hopes of driving the sanitation sector forward. At the district level, she will assist in managing CLTS projects by providing the technical assistance and tools needed for districts to effectively implement and maintain sustainable sanitation projects.

Thanks,
Tess



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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.

HSA Insights: Interview with Maganga Health Centre Staff

Ever wonder what HSAs actually do on a regular basis and how they might work on CLTS? We did, which is why we went to the Maganga Health Centre in Salima to interview several HSAs about their work.

EWB: Please describe the work that HSAs regularly perform.

HSAs: On a regular basis, we tell people to dig toilets and to clear their surroundings. Within the villages, we mainly work on prevention of diseases, which includes telling the villagers rules on how to prevent diseases like cholera, diarrhoea and malaria. Some of the things we do to prevent diseases is deliver health talks. In relation to sanitation, we talk to villagers about washing their hands before eating anything, after visiting the toilet, and after removing babies' nappies.

EWB: Describe the behaviours which a model HSA exhibits.

HSAs: Behaviours which a model HSA exhibit include making sure that they interact with the village leader and the communities in their catchment area regularly. Going to the village leader is important because they are the ones who gather and disburse information to their community. Regular meetings with communities in his or her catchment area is also very important. This is often done because an HSA should stay in his or her catchment area, so it is very easy to interact with their community. The only time they leave the community is when they go to the health centre to conduct immunizations and nutritional clinics.

EWB: What do you think of CLTS?

HSAs: CLTS is a very nice approach to prevent disease like diarrhoea because it lets to community to take part in the construction of toilets. There is no subsidy with this approach if you follow the procedures of CLTS, since the community members can construct toilets with their own materials. It's actually a great approach because it helps us with one of our main goals, which is the prevention of diarrhoea diseases. It also allows us to interact with the community on a regular basis (through follow-ups). When it's effectively done, it means that we are free to work on other projects in our communities.

EWB: How do you incorporate CLTS into your regular work?

HSAs: Once we want to go for triggering, we sit down as the team of CLTS trained health workers (there are 6 of us) and the CDA for the catchment area we are triggering. We plan which village to trigger, make sure we have papers, writing materials, and send a message to the village to be triggered so that the community leaders can tell their people about our meeting. If the community leaders allow us to go to their village for the triggering, we have an appointment and go for triggering. If they are triggered well, they give us a date for when they will have toilets built in their village, then on the selected date we visit the village again and keep on going until everyone has toilets. This last part is the follow-up - when we reach the village, others have constructed toilet while others have not, and those who are not constructed toilets, we trigger them into constructing toilets. The main part is following up, because they can say that they will change but we need to follow up on them.

EWB: How often do follow-ups get conducted?

HSAs: Each week, we conduct around 2-3 days of follow-ups as part of our village inspection work. The follow-ups can sometimes take up to 3 or 4 hours. We include these in our work plans that we write each month, submit to Mr. Chabinda (Assistant Environmental Health Officer, for Maganga Health Centre), and he sticks it on the board in the office with the work plans of the other HSAs. **However, it is important to note that follow-ups, even if conducted at least once a week, you can still be successful with CLTS.**

EWB: How is the data collected from the field?

HSAs: We write data on plain papers if they are available from our health centre. There were forms that we were supposed to fill out but we have not received them for some months in the district. We are all supposed to have "village health registers" which counts the latrine coverage in the villages we supervise but not every HSA has them, so we rely on plain papers. We fill out the information on the plain papers (or the forms if they are given to us), then we submit the information as part of the monthly reports we submit to the health centre. Mr. Chabinda then collects the information and consolidates it into a quarterly report that is submitted to the district health office.

Seems like there are some great things happening at the Magangga Health Centre!

Top 3 Tips for extension staff working on CLTS from the Maganga team

1. Take his or her community slowly and move them through changes step by step. Be very humble. Sometimes when he goes he's rude or tough, he is showing superiority which is not good. But being humble means being part of the community.
2. Be very friendly with the community, take part in the activities, attend the funerals, take part in community events to show that you are part of the community.
3. Be sure to praise the community when they do something well, congratulate



Left: Members of the Maganga Health Centre CLTS team, clockwise from top left:

Wezi Phiri, HSA (09996660980), Owen Chabinda, AEHO (0999207090), Zuzika Kamtokoma, HSA (0999041912), Maclean Nkhoma, HSA (0992951715), Ruth Phiri, HSA (0999014244), Edson Khombe, HSA (099395217)