Introduction

Taking CLTS to scale presents many challenges and opportunities for knowledge generation and management. At the community level, people and government and NGO staff need to know how individual households are progressing and so that they can take necessary action, for example to encourage those who lag behind and to help those who are too weak to help themselves: this requires participatory M and E. At local and higher administrative levels, governments need to be able to collect and aggregate timely data to be in touch and to take appropriate action to facilitate, encourage, support and intervene: this requires standardization and reporting systems. At national level, decision-makers (CLTS Task Forces, Coordinating Committees and the like), political leaders and donors need to monitor and assess progress comparing districts and regions. Both nationally and internationally, data on inputs, outputs, outcomes and impacts are increasingly demanded to justify the budget allocations vital if CLTS is to be taken quickly to scale. And at all levels, rapid realism, learning and adapting are essential if going to scale is to achieve and maintain quality and not fall into the common syndrome in which rushing to scale generates misinformation and leads to declining standards.

The headings in the rest of this note are:

- Monitoring and Evaluation at different levels
- Indicators
- Approaches to monitoring and knowledge management systems
  - Indonesia – Ethiopia- Kenya
- Establishment of learning systems
  - Kenya reflections– Malawi- CLTS newsletters- Kenya knowledge management and coordination unit
- Impact studies
- Challenges, and recommendations/ideas (which are also in the main text)
- Sources

Monitoring and Evaluation at Different Levels

The Community level

Basic questions are: whose M and E? and for whose purpose? Monitoring and Evaluation at the community level has to be community-led. Participatory monitoring and Evaluation methods which are well developed in the larger PRA/PLA approach can be the basis for developing M&E mechanisms for CLTS. After the development of action plans, one option is to facilitate communities to develop a vision of the change they want to see and indicators to assess the change. Baselines can establish the starting point. These need not be elaborate - they can build on the participatory mapping, sanitation profiles and household inventories that emerge from the initial CLTS triggering. Participatory maps are often used by communities to monitor their own progress. These
can enable them to set and track milestones toward ODF status, assess the progress and achievements towards their own sanitation goals, and draw lessons for improvement and take action. Those households that are laggards can be encouraged and social pressures can come into play. At the same time those who are too weak or poor to be able to help themselves in digging pits and building latrines can be identified and assisted.

**Local Administrative Levels**

Monitoring activities in the CLTS context have largely focused on tracking implementation progress. Data aggregated from communities can be used to monitor and compare progress between communities and between wards or their equivalents, with reaching ODF status as a primary goal.

Secondary data sources at district level can also provide useful information. Additional survey tools, such as knowledge, attitude and practice (KAP) surveys, can contribute. Data from KAPs can be used for the development of qualitative indicators with communities that can be used to measure outcomes.

**National Level**

At national level, up-to-date accurate monitoring data are needed to track progress with implementation, to provide early warning of things going wrong, and to point to problems and opportunities from which to learn. In most countries systems for monitoring progress with CLTS have not yet been devised or introduced.

Research and evaluation data are also needed to assess the relationships between CLTS interventions, ODF achievement, and the broader health, sanitation, livelihood, and well-being goals associated with the CLTS approach.

**Indicators**

Some top down indicators and aspects to monitor and evaluate are listed below. Views will differ as to their relative importance and utility. However, they are sometimes required, so here is a summary checklist.

**Objectives** can be to eliminate the negative impacts of open defecation and lack of hygiene (faecally-related disease and disability, indignity, embarrassment, inconvenience, costs of time taken, discomfort, risk of sexual violence etc)

**Baseline information** can include maps with households and areas of OD; households with latrines; facilities in public places; frequency of disease; and compliance with standards like latrine to student ratios in schools.

**Inputs** include community triggering; facilitating emergence of Natural Leaders; post-triggering visits by supporting staff; trainings provided; collective action; (mentioned as OUTPUT above) review meetings; and development of participatory indicators.

**Outputs** can include number of latrines constructed; # of facilitators trained; change in behaviour and attitude regarding latrine use; hand washing; identification and emergence of natural leaders; and above all declarations and verifications of ODF status and then sustaining it, with moves up the sanitation ladder.; households and persons gaining access to improved sanitation;

**Outcomes and impacts** can include reducing faecally-related diseases and disability (diarrhoeas, intestinal
parasites, hookworm, tropical enteropathy, schistosomiasis etc) and linked with this reductions in livelihood losses due to poor health, time lost to sickness, under-nutrition, school absences, costs of medicine and health care etc; improved quality of life and emotional well-being; aesthetic improvement of environment and community pride; and sustained hygienic practices through changed community norms and attitudes

Approaches to monitoring and knowledge management systems

CLTS knowledge management systems are often non-existent, disorganized, or difficult to access for practitioners and policy-makers. This makes it hard to share lessons learned and to undertake evidence-based planning. For example, most reporting systems and health databases simply count the number of latrines built. But CLTS needs process monitoring to include tracking the villages which have been triggered, those awaiting verification, those verified as ODF, and so on. Reporting requirements in some countries also make multiple demands and overburden implementers with having to report differently to different organisations. Relevant, accurate and timely monitoring and reporting systems are vital. Some countries have made good progress in developing these but there remains much to learn and far to go. Innovations in rural Kenya, Indonesia, Ethiopia and urban Kenya, below point to both the scope for developing systems and the potential and importance of horizontal South-South sharing.

**Indonesia**

*Monitoring with maps and SMS.* In East Java, communities are able and motivated to monitor progress towards ODF status using participatory community maps. But for reporting to the district, going to scale with the manual recording of progress from community maps became laborious and slow. So SMS reporting was introduced. The Sanitarian obtains information from village leaders or representatives and sends a monthly report to the District computer gateway, where monitoring information is updated and consolidated every month for use in program management and budgeting. The system is easier to operate than the earlier manual system, improves regular data flow, drastically reduces the time needed to process data at each level, and improves data quality in real time through automatic consistency checks. However, this requires district Health offices to invest in needed hardware and training for software management. WSP inputs have included software development and training of district government staff as well as Sanitarians whose cell phones are registered in the MIS. Source: Mukherjee et al *Managing the Flow of Monitoring Information to Improve Rural Sanitation in East Java,* February 2011.

**Ethiopia**

*Monitoring and reporting by school children.* In Shebedino in Ethiopia monitoring and reporting by school children is part of an integrated system of School-Led Total Sanitation ([insert link to website](http://www.communityledtotalsanitation.org/resource/school-led-total-sanitation-reflections-potential-shebedino-pilot)). After triggering by teachers in small communities, one member of the six-person Shit Eradication Committee that is formed is a schoolchild. On a weekly basis these children collect data and report for the approximately 30 households in their development unit. These data are collated by the Headmaster and passed on to the Head of the Kebele, the administrative unit which is roughly coterminous with the catchment of the school. The data are then passed on up to the Woreda (District) level. The head of the Kebele is able to monitor progress weekly, and to follow up with communities which are falling behind. The data are standardized on proformas and sent on to the Woreda (District) administration, and potentially to the Zone. Sources/contacts: Berhanu.Tunsisa@plan-international.org, Atnafe.Beyene@plan-international.org and for a fuller description [http://www.communityledtotalsanitation.org/resource/school-led-total-sanitation-reflections-potential-shebedino-pilot](http://www.communityledtotalsanitation.org/resource/school-led-total-sanitation-reflections-potential-shebedino-pilot)

**Kenya**

Lukenya Notes: M&E, Learning and Information Management Systems at Scale

September 2011
For Monitoring, in rural areas Kenya has a multi-tiered mixed ODF verification and monitoring and evaluation system. Beginning at the household level, data are collected to demonstrate progress towards achievement of ODF status, focused on the construction of latrines and hand-washing facilities, and the absence of evidence of OD. Community health workers, public health technicians, and district public health officers collect data at the household, village and district level, respectively. There is a weekly progress monitoring format to be filled in by the District Public Health Officer. This includes the number of villages assessed and selected, triggering sessions conducted, post-triggering follow-up visits made to villages, ODF village claims received, ODF villages certified by DPHO, villages certified by the third party, village celebrations held, and villages ODF achieved by Natural Leaders alone under incentive based performance contract. Eventually this aggregated data makes its way to the national level. Although the Kenya ODF 2013 action plan mandates monitoring of disease rates and other health impacts, current data collecting methods do not include this information.

ICTs and urban participatory mapping. Open street mapping by volunteer youths in the Kibera and Mathare 10 slums in Nairobi has used GPS, participatory GIS and mobile phones to make thematic maps. In Mathare 10 this has been part of the follow through on CLTS triggering. The location and intensity of usage of toilets, remaining areas of open defecation, and open drains are among the features recorded and can be monitored in time series to show changes. The maps are open source and promise to be powerful tools for advocacy and demanding and gaining the right to sanitation which is enshrined in the Kenya Constitution. Source: Samuel Musyoki.

**Recommendations/ideas**

- Proactively share innovations like those above between organisations and countries
- Strive to make sure that such developments are documented and shared. If necessary and feasible, convene writeshops (as was done for the Tales of Shit issue of PLA)
- Collect the same key information from all CLTS implementers, but leave each free to have its own information management tool as long as it can supply the national unit with what it needs

**Establishment of Learning Systems**

**Kenya: District level reflection: a key means for improving and horizontal spreading of CLTS**

Following a very successful training facilitated by UNICEF, Public Health Officers (PHOs), Public Health Technicians and Community Health Workers (CHWs) went to the villages with a passion to achieve their targets of triggering 10 villages each. They facilitated the triggering sessions very well. However, progress with ODF achievement was very slow. In order to help CHWs, PHOs and the district teams to understand what went wrong, several reflection workshops were organized at the district level. Representatives of District Public Health Offices(DPHO), District Education Offices, District Water Offices, NGOs and other donor-funded programmes were invited. These district-level reflection workshops became the means for learning, adaptation and horizontal replication of success. The workshops also provided a forum to discuss this challenge and possible solutions; and several local and international NGOs working in the districts expressed their commitment to be a part of the Ministry-led CLTS campaign in the districts. The district teams are now busy undertaking stakeholders mapping and exploring the contribution each stakeholder could make in its area of operation.

When participatory workshops were facilitated at the district level and the information analyzed was shared for reflection, the entire team realised that they had factual information on the number of villages triggered and number of new latrines constructed; however they did not have any idea why some PHOs/PHTs/CHWs performed better than others and why some villages became ODF faster than others. After discussing the lessons learnt, the importance of these district-level reflection workshops was appreciated by all. The review
workshops have become the venue for analysis, sharing and learning from the grassroots. They also take place at other levels (Chiranjibi Tiwari, Kenya).

**Recommendations/ideas**

1. **Horizontal sharing, learning and support:**
   - Establish quarterly review meetings for horizontal sharing and learning. These can provide a forum for partners to come together on a regular basis to harmonize the CLTS approach and provide expertise and input to fellow organizations, and to support overall implementation and coordination of their efforts.
   - Invite other Districts and their stakeholders to also come and share and learn.
   - Organise exchange visits at all levels to contribute to horizontal sharing, learning and support.
   - Hold these reflection meetings also at other levels - subdistrict and province or region.

2. **Vertical sharing, learning and support and feedback mechanisms**
   - Share insights between levels.
   - Build processes into the review meetings to bring together the national coordination unit, local managers (districts and other stakeholders), and extension staff, to provide feedback and technical assistance linked to supportive supervision.

**Malawi: Facilitation of feedback throughout the CLTS system in Malawi**

Feedback from multiple levels of CLTS implementation is seen as an important mechanism to establish for CLTS support. Since 2009, EWB programme staff have worked at multiple levels of the CLTS system to facilitate feedback and learning as an essential link between the multiple levels of implementation. Although their primary work focuses on districts, they encourage district staff to provide feedback both to their field staff and to their national counterparts including large NGOs and the relevant ministries. The capacity of district staff has been built to present information in an understandable way so that the national level can learn from their experiences with CLTS implementation. This has proven useful in bringing district realities to national policies, increasing the feasibility of national plans. The national level benefits from a better understanding of the reality of their programs on the ground, and is better able to provide support as needed, and correct course when programs are off track to achieving their goals. Clear, understandable feedback is also encouraged from the national level to the district level, to ensure that policies are interpreted to make sense for implementers and that any changes based on national evaluations are understood at the local level. EWB’s positioning at multiple levels enables them to play this liaison role. (Jolly Ann Maulit, Malawi)

**Recommendations/ideas**

**Documentation of Learning**

1. Every CLTS implementer to be undertaking innovations, learning and research.
2. All partners to be informed of their intentions before undertaking initiatives, thus promoting transparency and enabling ideas to be accepted.
3. Findings to be documented and presented to a wide audience so that information can be useful for moving forward.

**CLTS Newsletters**
The emergence of newsletters to share lessons learned in CLTS and sanitation implementation has increased over the last year. Several countries including Sierra Leone, Malawi, Kenya and Ethiopia produce and circulate newsletters to foster learning among practitioners and policy-makers. In Sierra Leone this is a quarterly WASH report which includes time series data by district and implementing partner. These newsletters in the several countries identify and report on innovations, celebrate champions and pioneers. They have generated favourable feedback from readers who say that through them they learn about progress, innovations and ways of dealing with challenges. They can also foster competition between Districts.

**Recommendations/ideas**

1. Encourage more newsletters, and increase their national and international circulation
2. Share experience and advice on how to set these up and manage them
3. Further exploit their capacity to support vertical and horizontal learning
4. Send them to [www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org) for posting on the website

**Kenya: Knowledge management and coordination unit established and strengthened**

When all six initial districts in the national CKTS programme aggressively started CLTS triggering processes, a wealth of information was collected and analyzed and lessons learnt at various levels. However, dedicated staff with time and skills in documenting the lessons and sharing with wider stakeholders was a challenge. To address this and to ensure needed coordination, quality control and support to the district teams, the MoPHS has established National CLTS Coordination Unit and Knowledge Management Hub and deputed 8 full time staff. SNV have provided a full time Technical Advisor. It is expected that this Hub will help improve knowledge management and coordination with wide range of stakeholders. (Chiranjibi Tiwari, Kenya).

**Recommendations/ideas**

- Structures for information flow from the field to national level and back can be established and updated regularly to enable decision making at all levels based on accurate information
- National coordination units may design a national process and outcome monitoring framework
- National coordination units can be set up to collect, document and distribute knowledge on CLTS, and build a knowledge management system. A national knowledge hub can be established and made accessible to all implementers in each country, with a national website and resource centre for CLTS in the key ministry.
- Resource centres in regions, provinces and/or districts can be considered.
- A database of core CLTS facilitators and experts, and of people and organisations that can be called on for support, can be considered as a resource

**Impact studies**

A number of long term large studies of the impact of CLTS are planned or under way.

**Mali**

*A health impact evaluation* will be conducted by a researcher team from three universities: Laval University in Canada, Stanford University in the USA, and CEDLAS University I in Argentina. It will be a control study, consisting of 60 villages receiving CLTS interventions, and 60 with no interventions at all. The study will focus on children’s health, using vital health statistics such as, morbidity, mortality, weight, growth, and other evidence of thriving. Livelihood, wellbeing, and other non-health impacts, will also be considered. The study will last for three years, financed primarily by the Gates Foundation.
**India, Indonesia, Tanzania**

*Research on impacts in partnership with country governments.* The Water and Sanitation Program (WSP) of the World Bank implemented rural sanitation scaling up projects in India, Indonesia, and Tanzania called “Total Sanitation and Sanitation Marketing” (TSSM) during 2007-10. These projects were an effort to improve the health and welfare outcomes of the poor through a large-scale CLTS intervention, combined with pro-poor sanitation market development. This project provided the opportunity to assess the cost, scalability and health and welfare impacts of CLTS+ sanitation marketing interventions. The findings of this study may in due course be a powerful advocacy tool for scaling up CLTS, if strong linkages with health and child development impacts are established. The communities participating in the program received TSSM support to promote ODF status. A randomly selected group of villages will constitute a control group and do not receive TSSM support (but may receive CLTS triggering by local government facilitators if they request it, as TSSM cannot control government programs). In both groups external development and health interventions will continue as before. To measure the impacts of these interventions, an integrated set of community, household and individual surveys are being conducted both pre- and post- intervention. The surveys reflect the program-specific requirements of each test country, but will also yield outcome indicators that are comparable to those being used in the other study sites. The evaluation study is receiving primary support from the Gates Foundation.

**Overall challenges, recommendations and ideas**
(others are at the end of sections in the text above)

**Challenge:** The development and use of effective and efficient national M and E systems to inform and enhance policy and practice at all levels.

**Recommendation/idea:** Monitor input and outcome indicators for CLTS. At all levels – sub-district, district, county, province or region, and national – institute regular reporting and monitoring of numbers and location of communities triggered, numbers claiming ODF but not yet verified, numbers failed in verification, and numbers verified as ODF. Include the duration between triggering and ODF.

**Recommendation/idea:** An international workshop to be convened in Africa to share and compare systems, innovations and experiences from those African countries that have developed or are developing such systems, participants to include senior representatives of countries which do not yet have such national systems (for instance India, Pakistan and Indonesia).

**Challenge:** Gaps become wide between communities triggered and those verified as ODF. This has been evident as a problem at different times in Ethiopia, Malawi and Nigeria. Many triggerings with few communities declared ODF may indicate for instance

- Poor quality triggering
- Inadequate follow up
- Backlog of verifications

**Recommendation/idea:** Where the gap between triggered and verified becomes wide, investigate the reasons and take remedial action such as in Eritrea where when the gap became wide, all new triggering was halted for a time in order to focus on follow up.

**Challenge** A very high proportion of verifications are positive or negative
**Recommendation/idea.** Probe the reasons. Explanations when very high may be
- Very high quality processes (learn from these)
- Lax verification (tighten up)
- Those verifying have an interest in ODF declarations
- There are rewards for ODF which influence the outcomes

Explanations when very low may be
- Poor quality triggering and/or follow-up (improve processes)
- Excessively strict verification

**Challenge:** Lack of sufficient data showing direct and causal links between CLTS approach and public health goals such as reduced morbidity and mortality.

**Recommendation/idea:** Additional health and livelihood impact studies (such as the one currently conducted in India, Indonesia, Mali, and Tanzania), and eventual use of specific health and livelihood indicators for the monitoring and evaluation of CLTS interventions.

**Recommendation/idea:** Further methodological innovations to find quicker and less costly approaches, including innovating and using participatory methods.

**Challenge:** Difficulty in monitoring hand-washing with soap.

**Recommendation/idea:** Try surveys with soap vendor(s) about changes in soap sales post-triggering as a method for verifying and monitoring hand-washing.

**Sources & follow-up contacts:**


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