

## Overview

Community Led Total Sanitation (CLTS) is an approach to sanitation promotion which has been implemented in the 12 UNICEF WASH Districts in Malawi since 2008. It is an innovative approach which guides communities into stopping the practice of open defecation (OD) through the realization that they are eating their own feces<sup>1</sup>. Since 2009, Engineers Without Borders Canada (EWB) has provided technical assistance for CLTS in partnership with UNICEF. The government of Malawi intends to scale out the approach in the 16 remaining districts this year.

EWB conducted a research study in TA Mkanda<sup>2</sup> 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 behaviour changes realized through CLTS are sustainable one year after triggering<sup>3</sup>.

## Research Methodology

The study involved males and females of various ages from a sample of 10% of the previously triggered villages in TA Mkanda, representing 24 villages in total<sup>4</sup>. For each village, 10% of the households were randomly selected for interviews and observation, regardless of whether the households had latrines or not. Each latrine (if present at the household) of the selected households was visited and the researchers engaged in discussions with representatives from the chosen households. Latrine quality and usage was collected through structured questionnaires. Focus group discussions were held to probe further on sanitation behaviours.

## 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. 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.

<sup>1</sup> For specific details on the CLTS approach, please consult the website [communityledtotalsanitation.org](http://communityledtotalsanitation.org).

<sup>2</sup> In 2009, over 200 villages were triggered in TA Mkanda in Mchinji district, 21% of which were declared ODF.

<sup>3</sup> Triggering is one step in the CLTS process; this is where communities are gathered together and guided by trained CLTS facilitators into analyzing their defecation practices and coming to their own conclusions on the steps they want to take in addressing this issue.

<sup>4</sup> ODF status is declared by the CLTS Task Force in TA Mkanda, who have determined their own ODF criteria as the presence and use of pit latrines in each village.

### **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)<sup>5</sup> 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.

## **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 features 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

<sup>5</sup> The DCT is in charge of coordinating all activities related to water and sanitation in a district.