Kasungu’s Story: Impact & Learning with CLTS

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This article briefly describes how Kasungu Health Surveillance Assistants (HSAs) are supported to take up the challenge of leading the communities towards total sanitation. It highlights successes, challenges and lessons from our experience. However, this information may not apply exactly to your context, and you should think critically before acting on it.

BACKGROUND
Kasungu has a total population of 627,000 people. Household access to safe water is 52% and households with any kind of latrine and improved latrines are 70% and 34% respectively. Diarrhea is #4 for out-patient attendance at health centres in Kasungu. In 2008 Kasungu registered 50 cholera cases and 7 deaths.

Kasungu, like many other districts in Malawi has already institutionalised the no-subsidy CLTS approach and we are observing the power and impact of local communities’ collective action in rapidly achieving “open defecation free”.

Kasungu has 600 HSAs with population ratio of 1:1,045 against a target of 1:1,000. Plan Malawi’s Kasungu office was the first to organise CLTS training for Kasungu extension workers, including HSAs. Thereafter the Kasungu District Coordinating Team (DCT) organized its own training in Traditional Authorities (TAs) prone to cholera. So far 70 extension workers have been trained in CLTS. Of the 130 villages which have been triggered by the DCT and field-based HSAs, 56 are ODF (43%).

Turn to page 3 now to read helpful tips from the Kasungu team...

SELF-REFLECTION IS IMPORTANT

Written By: C. Nyimba, Sanitation Specialist, UNICEF Malawi

Now that we have tried CLTS for slightly over a year in Malawi, it is important that we ask ourselves some pertinent questions as a way of self-reflection. This is the purpose of this article. The work that has already taken place in districts is very commendable. But, our experience is a learning process and we need to maximise that learning.

Triggering is obviously not an end in itself in CLTS. It is a necessary step but not sufficient for getting the results we all desire.

Taking a moment of reflection: What are the results we want from CLTS activities?

1. Triggered villages become ODF
2. Households that did not have a latrine; construct and use one
3. Households that already had latrines; improve them with covers and hand-wash facilities
4. And villages will be sustainably ODF; they must remain ODF if our efforts are to be meaningful

It is obvious that these results will not come on their own after triggering. The question is what else is required to ensure that these CLTS results are obtainable? This is a question that should constantly be on everybody’s mind.

POST-TRIGGERING IDEAS

First, ensure immediate and well thought out follow-up to triggered villages by HSAs, HSA Supervisors, DCT, etc. Also, be sure to actively and regularly engage the natural leaders to leverage this village-level force for change. You might even encourage selected skilful natural leaders to become champions of CLTS within their TAs.

How do we keep track of these CLTS results and learn from them? Our energy and enthusiasm should not end with triggering CLTS. Record-keeping for key indicators is required at village (in a simple notebook) and district level. CLTS leaders should ensure that everyone understands what the key indicators are. Transmission of information from village to district to central level will help everyone understand the actual changes and impacts of CLTS.

CONSIDER THIS TIP:
If progress is poor stop triggering. Pause for a moment and review the whole process. Use ODF communities as “learning laboratories”. When a very low percentage of triggered villages are becoming ODF and other indicators of progress are disappointing, it may be necessary to adapt training and/or follow-up support. Remember: mistakes can be great teachers, as we do not learn anything from what we already know!
Going to Scale with CLTS:
An Open Letter to CLTS practitioners and donors from Kamal Kar & Robert Chambers

Dear Colleagues,

Recently, there has been a rapid spread of understanding and acceptance that subsidies to rural households for sanitation hardware are counterproductive and inhibit collective local action. This presents opportunities and challenges. The accelerating spread of Community-Led Total Sanitation, and of understanding what it entails, is hugely encouraging. We hope that its enormous potential for reducing poverty, enhancing human wellbeing, contributing to the MDGs, and leading to other collective actions, can be realised.

We are writing this open letter because in our view this potential will only be achieved if quality is maintained as CLTS goes to scale. We write in our personal capacities, basing what follows on past experience and current trends.

With PRA [Participatory Rural Appraisal] in the 1990s rapid spread sponsored and demanded by donors, lenders and governments led to much bad practice. The label PRA was adopted in many places without the behaviour, attitudes and practices of good PRA. Demand for trainers far exceeded the number of good trainers available. The gap was met mainly by consultants, NGOs and groups who were not competent and did harm. We are concerned that the same should not occur with CLTS.

Unfortunately, there are indications that it has already begun. In our considered view, to prevent this and to maintain and enhance quality, three critical aspects deserve special attention: focus and restraint in funding; good CLTS training that is hands-on; and effective follow up after triggering.

1. For focus and restraint in funding, we urge donors, lenders and governments to avoid programmes driven by big budgets, targets and pressures to disburse, and instead to go to scale in a steady manner, focusing on good training and building up and supporting a cadre of dedicated and committed staff and local-level natural leaders. Much damage has been done by pushing too much money too fast at NGOs. Enough funding is needed but not too much.

2. For hands-on training, identifying good trainers is the key, and then supporting them to become full time, with all training hands-on with communities. Some of the best people are tied down by other jobs. Whenever possible, they should be allowed to be fulltime on CLTS. Deterioration of training quality due to fast scaling up has started in some places. It is vital that the quality of training be monitored and no organisations or individuals recruited who lack the experience, attitudes and behaviours that are essential.

3. For follow-up, triggering should never be a one-off event but the start of a continuous process of encouragement and support leading to communities becoming sustainably free from open defecation, and empowered and inspired to go further.

This is a critical time in the history of CLTS. If all those concerned ensure these three actions, the future should be bright indeed. And if they do not, a huge opportunity for gains for rural people will have been tragically missed. We appeal to whoever can influence events not to let this happen.

Please feel free to give this letter wide circulation.

Yours sincerely,

Kamal Kar & Robert Chambers

This letter was reprinted from the “Handbook on Community Led Total Sanitation” (2008—Appendix B, p. 80). It was originally distributed at the East Asia Sanitation Conference in Japan from 30th November to 1st December, 2007, and also at AfricaSan held in Durban South Africa from 18th to 20th February, 2008.

1. What would I say are the defining characteristics of a “quality” CLTS programme?
2. Which of these defining characteristics is my programme strong in? Which are we weak in?
3. How does my programme approach avoid the risk of CLTS triggering being a one-off event with no follow-up?
4. What are key knowledge, skills and attitudes for effective CLTS facilitation? How many of my staff meet these criteria?

FOOD FOR THOUGHT: Read the above letter by Drs. Kar and Chambers. Now let’s consider some of the issues they raise.
Connecting CLTS Leaders across Africa...and the world!

This is a website where CLTS implementers from 21 countries across the world are posting helpful resources for you to obtain! These resources include reports, pictures, videos and much more. You are also welcome to submit your own materials to help others learn the best practices and accomplishments from your district.

All issues of Malawi’s S.H.i.T.S. newsletter are posted on this website, along with the Chichewa Facilitation Guide, and a profile of Mchinji’s Programme. Ashley is happy to help you write and post something for the website; just ask. Don’t forget to visit the site today!

5 Training & Management Tips from Kasungu

#1 “Trigger” HSAs
To ensure successful implementation of CLTS, we make sure to drill our HSAs on the concepts of CLTS. We ask them questions and do exercises to understand the benefits of CLTS compared to past approaches. We believe that good understanding of the CLTS concepts will help HSAs to face any CLTS-related challenges.

#2 HSA Co-facilitator
For CLTS Training, one very clever HSA who is already trained is appointed to be a co-facilitator of training. This provides a role model from the field who can encourage their fellow HSAs to work hard.

#3 Support Groups
During training HSAs are teamed into “Support Groups”. HSAs in each group come from the same Health Centre catchment area and can support one another after training finishes. There is strength in numbers, so when they operate as a team in one village they are more likely to succeed with CLTS. They can also encourage one another to keep active after triggering with follow-ups and new triggerings.

#4 Stick to the principles
Field staff have pre-existing habits for how they interact with communities. And, the idea of talking openly about shit and provoking the community to do the same may make some HSAs initially uncomfortable. HSAs, and sometimes even trainers can be tempted to make short cuts and compromise the “Do’s” of the approach during the entire process of triggering. Therefore, it is a must to adhere to the principles of CLTS — even though painful — to learn the value of these principles towards stimulating analysis and action about open defecation by the village.

#5 Don’t trigger blindly
It is very important for facilitators to understand the history of environmental sanitation and common social behaviour in the village which is to be triggered. HSAs should develop this knowledge before triggering and share it with their teammates. This will always help the HSA to facilitate the CLTS process professionally and effectively.

Do you want to talk more with Kasungu about how they actually support teams of HSAs who trigger dozens of villages after training?

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A walk of shame with HSAs and community members in Kasungu.

Social mapping with HSAs and community members in Kasungu.
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 behaviour change. Currently EWB’s major focus involves providing technical assistance to the Malawi sanitation & hygiene sub-sector for government “Community Led Total Sanitation” programmes. Ashley Raeside is the EWB staff member who collaborates with District Coordinating Teams from 12 supported Districts in Malawi on their CLTS programmes: Chitipa, Nkhata Bay, Likoma Island, Mzimba, Kasungu, Dowa, Salima, Mchinji, Lilongwe, Mwanza, Mangochi, and Blantyre. She is facilitating the exchange of learning between all CLTS stakeholders in Malawi, developing monitoring & evaluation tools, and coaching district CLTS leaders to help them refine their unique CLTS approach for maximum community impact.

S.H.i.T.S. Newsletter

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

CLTS Leaders Answer: What has been most exciting about CLTS?

“I was trained in 2008 as a CLTS facilitator during a CLTS national training which was facilitated by Dr. Kamal Kar. Since then, I developed a deep interest in this approach and have triggered more than 56 villages in Lilongwe with my colleagues at Plan and Ministry of Health extension workers.

My memorable experience with CLTS is when we triggered Tumbi village in Group Village Headman Chiliza in TA Malili on 16th October, 2009. The villagers showed profound interest in the whole process from the beginning to the very end with its village headman on forefront. People scrambled to draw the map as everybody seemed to know the village better than others. During the mapping, people started talking about the issue of sanitation when the facilitator asked about the features in the village. They mentioned that the village has never had a borehole and people depend on shallow wells for water. They started talking about the dangers of drinking or using unprotected water as many people there have no latrines and they shit on the open. This made the session very interesting. The picture to the right shows Headman Tumbi stressing a point on the CLTS Action Plan.

The village was triggered during the mapping session. 16 households out of 46 that were recorded as having no latrines promised to start constructing latrines the following day. Within a week, all latrines were constructed and the headman called us to verify. They beat the agreed period of one month to have the latrines fully constructed. Now, the village is declared open defecation free and Plan is planning to drill a borehole in this village by mid-December this year. The people know where they want to be and why not support them!”

Christopher Masina (pictured at right): Community Development Facilitator for Health, Plan Malawi, Lilongwe Programme Unit.

“What was so impressive was the response of the people. Almost each and every household has a latrine now. We even helped the lame and the elderly. I think 74 new latrines were built here.”

Timothy Simango: Natural Leader, Kondoole Village, Mchinji District

“My favourite moment in CLTS is when the first natural leader emerges. Seeing and hearing their outrage towards the situation and their determination to make it better - these are the people that make CLTS so successful.”


“CLTS is very exciting because community members are motivated to construct a latrine of his/her standard. Thus, a wide variety of simple latrines may exist in one community. This is very exciting because as long as the latrine stops Open Defecation (regardless of the design), this is so much better.”

Chimwemwe Jella: Environmental Health Officer for WES, Mzimba District South