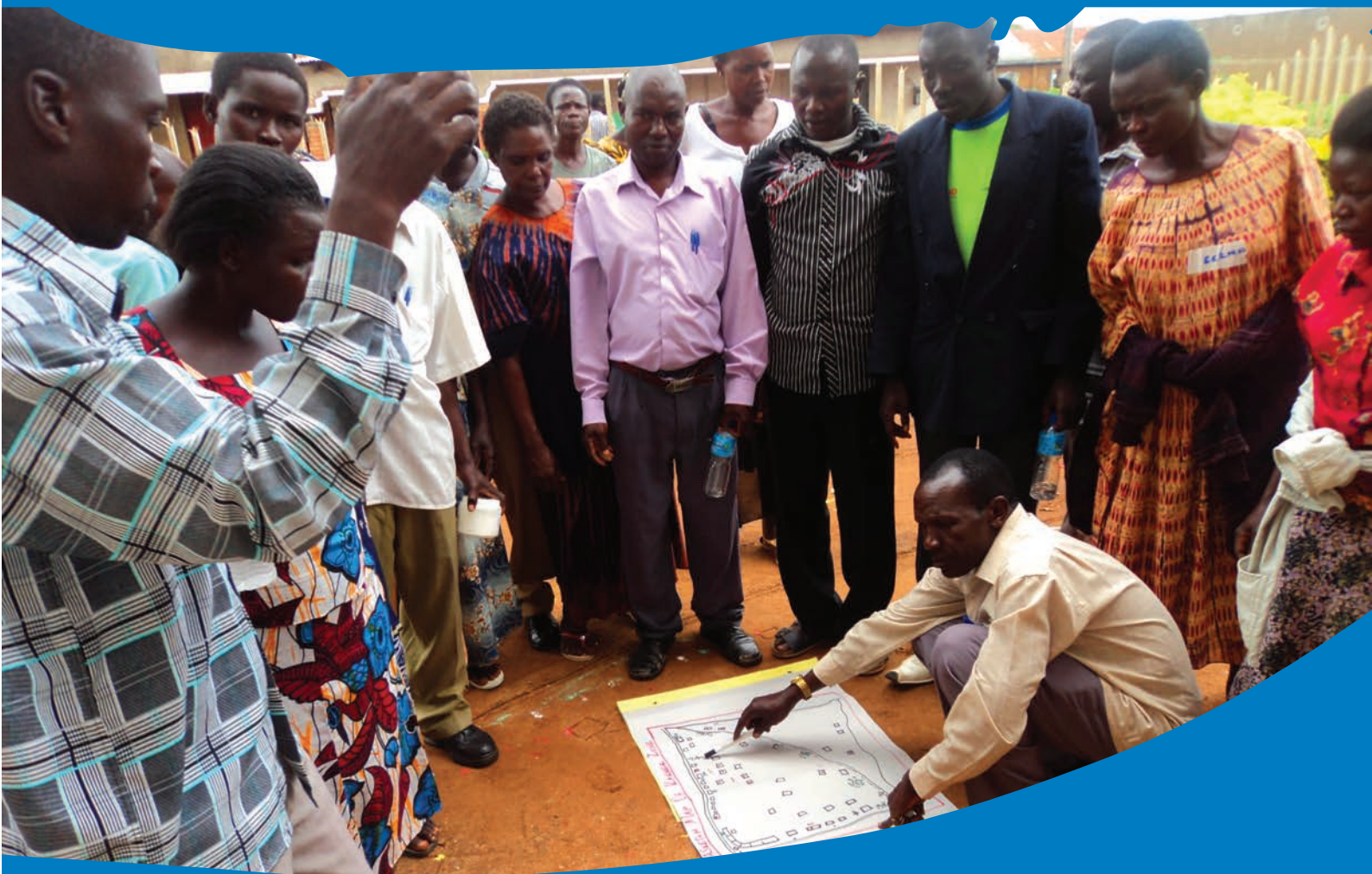




**Plan**



## **GOOD PRACTICES IN COMMUNITY-LED TOTAL SANITATION**

**Plan's experience in Uganda 2007 - 2010**

**May 2011**



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## Acronyms

<b>AMREF</b>	African Medical And Research Foundation	<b>ODF</b>	Open Defecation Free
<b>CDD</b>	Community Driven Development Grants	<b>PHASE</b>	Personal Hygiene And Sanitation Education
<b>CHAST</b>	Children Hygiene And Sanitation Transformation	<b>PHAST</b>	Participatory Hygiene And Sanitation Transformation
<b>CLTS</b>	Community Led Total Sanitation	<b>PHC</b>	Primary Health Care
<b>DHI</b>	District Health Inspector	<b>SANMARK</b>	Sanitation Marketing
<b>EHD</b>	Environmental Health Division	<b>TOT</b>	Training Of Trainers
<b>ISH</b>	Improvement Of Sanitation And Hygiene	<b>TSU</b>	Technical Support Unit
<b>MDG</b>	Millennium Development Goals	<b>UNICEF</b>	United Nations Children Fund
<b>MWE</b>	Ministry Of Water And Environment	<b>UWASNET</b>	Uganda Water And Sanitation NGO Network
<b>NETWAS</b>	Network For Water And Sanitation	<b>WASH</b>	Water Sanitation And Hygiene
<b>NORAD</b>	Norwegian Assistance For Development	<b>WSP</b>	Water And Sanitation Programme/ World Bank
<b>NUSAF</b>	Northern Uganda Social Action Fund	<b>WUC</b>	Water User Committee



A boy at a handwashing facility at Aputiri Primary school in Tororo



## 1.0 INTRODUCTION

### The Global picture on sanitation and children

Worldwide, inadequate sanitation facilities contribute to the deaths of thousands of women and children. Globally, 2.6 billion people do not have access to improved sanitation, with a big percentage from the sub-Saharan Africa. Over nine million children under the age of 5 die annually largely due to preventable water, sanitation and hygiene-related diseases. This calls for improved access to safe water and sanitation services in order to improve people's health.

### Plan's global and regional approach to sanitation

Plan's overall goal on water, sanitation and hygiene (WASH) is to see children and youth meet their right to safe, reliable and affordable drinking water supplies, to hygienic sanitation, and to a clean environment. Since this is critical for the survival and development of children, as well as for the economic well-being of their families and communities, Plan pursues this goal by promoting high-impact low-cost approaches for sanitation improvement, such as Community-led Total Sanitation (CLTS), and by supporting community and school-led efforts, as well as those of government, the private sector, and civil society partners.

Plan introduced CLTS in the country in 2007. Later that year, the initiative was launched in Uganda with training support from Plan Kenya and Network for Water and Sanitation (NETWAS) a Ugandan networking organisation in the water and sanitation sector. This started with a national level training programme targeting district-level government staff, Village Health Teams (VHTs) and selected community members. Plan Uganda then introduced CLTS within supported communities in the districts of Lira, Kamuli, Tororo, and Luwero. There has been a high level of community enthusiasm

and, to date, more than 50 villages supported by Plan have been declared Open Defecation Free (ODF) – where every household uses a latrine as a safe method of excreta disposal.

There was no documentation of good practices and lessons learnt in the application of CLTS among these communities. With support from Norwegian Assistance for Development (NORAD), Plan therefore commissioned a grassroots assessment of this approach in 2010. Its results have yielded useful information that can inform Government and development partners on CLTS, as a feasible approach to enhance rural sanitation. This document presents a summary of the main findings.

## 2.0 THE COMMUNITY-LED TOTAL SANITATION APPROACH

CLTS is an approach that involves mobilising communities to completely eliminate open defecation. It focuses on sanitation and hygiene behaviour change, in contrast with conventional approaches to improved sanitation - typically involving household subsidies for infrastructure - which have proven neither scalable nor sustainable. CLTS empowers communities to take collective action to analyse their sanitation and waste situation, and to bring about collective decision-making to stop open defecation, using locally available resources, rather than focus on outside interventions such as hardware subsidies.

CLTS promises great potential to contribute towards meeting the Millennium Development Goals (MDGs), both directly on water and sanitation (Goal 7), and indirectly through the knock-on impacts of improved sanitation on combating major diseases, particularly diarrhoea (Goal 6), improving maternal health (Goal 5) and reducing child mortality (Goal 4).



VHTs in a CLTS review meeting in Nakikoota Village Luwero

Where it has been introduced, CLTS has been integrated with other development initiatives. Besides ending open defecation, the focus is on a more comprehensive package which includes wastewater management, solid waste disposal, overall hygiene and more. The approach has also been modified in some countries to ‘School-led Total Sanitation (SLTS)’, whereby schools are the prime drivers in achieving ODF status. This has widened the spread of CLTS and its impact, both among adults and children.

Plan, Water Aid and UNICEF have become important disseminators and champions of CLTS. Today, it is present in many countries in Asia, Africa, Latin America, the Middle East and Africa (Box 1). In sub-Saharan Africa, it has taken root in 28 countries and gained the support of decision makers and professionals, who have recognised it as a successful, cost-effective approach and have issued a declaration to urge governments to take more decisive steps to ensure ODF environments among local communities.

**Box 1: CLTS spreads throughout Africa**

UNICEF has introduced CLTS in its various country programmes with promising results. In Mozambique, CLTS was introduced in 2008 with the training of facilitators. By the end of December 2008 173 communities had been ‘triggered’, resulting in 34 of them declared ODF. By the end of 2009, 693 communities had been triggered, 151 had achieved ODF status, and over 154,000 latrines were built or improved without subsidy. CLTS communities were often ‘triggered’ by local NGOs and mainly in rural areas.

### 3.0 THE SANITATION SITUATION IN UGANDA

The sanitation situation in Uganda and PLAN Uganda programme areas. As of October 2010, 65% of rural Ugandans had access to safe water, while in urban areas the figure stood at 67%. Improvements have been achieved with respect to sanitation and hygiene but in the same year, 30% of the Ugandan rural population still did not have access to latrines and thus continued to practice open defecation. The national average sanitation coverage, according to the 2010 Joint Sector Review meeting (JSR),

stood at 70% while the rural coverage was only 49%. The national hand washing coverage stood at only 28%. In rural community schools, the pupil/stance ratio was 208:1, while the effective national coverage was 54:1, both below the national guidelines which recommend 40 children per stance. In the Plan programme areas (Kamuli, Tororo, Lira and Luwero districts), the 2010 WASH Sector Performance Report places all four districts at over 70% sanitation coverage. Kamuli is mentioned as among the best, with Tororo and Luwero lagging behind. Limited funds are however allocated by the districts for sanitation activities e.g. Tororo district allocates UGX 54,000 monthly from the Primary Health Care (PHC) funds to finance sanitation activities at Health Centre III or sub-county level” . This is insufficient to cause any significant sanitation improvements in the community.

### 3.1 The institutional framework on sanitation in Uganda

#### Policy framework:

Uganda has a well-developed policy framework, stemming from a Constitutional provision that every Ugandan has the right to a clean and healthy environment and that it is the duty of every citizen to create and protect such an environment. Several laws, regulations, policies and strategies are in place, including the Public Health Act (1964, updated 2000), with provisions in the areas of prevention and suppression of infectious disease, sanitation and housing, as well as the protection of foodstuffs. The 1999 National Health Policy emphasises sanitation and hygiene promotion as a key public health intervention. The 2005 National Environmental Health Policy establishes environmental health priorities and provides a framework for the development of services and programmes at national and local government levels. There is also a national “Improvement of Sanitation and Hygiene (ISH) strategy”, based on a three-pronged approach of increasing demand for improved services, developing the supply of services to help households benefit from better sanitation and having an enabling environment. This strategy serves as the

roadmap to achieve national sanitation targets. The Universal Primary Education Policy also emphasises that all primary schools shall have health programmes, and aims at a rapid expansion of facilities, including sanitation infrastructure to support increased enrolments.



A woman fetching dirty water from a dirty pond in Nkolongi, village Nakikoota parish, Luwero district.



Lukwago James collecting water from a pond in Nakinyama village Kikube parish (2)

The 1997 Kampala Declaration on Sanitation (KDS) that was endorsed by district political leaders is considered an indicator of the political will to see change: it defines ten areas of action to improve sanitation at district and other local government levels.

The 2010-2015 National Development Plan (NDP) recognises CLTS as one of the hygiene and sanitation promotion approaches in the country, although there is no specific policy direction in the country to guide the adoption and application of CLTS per se.

#### Approaches used:

These include government initiatives, such as PHAST (Participatory Hygiene and Sanitation Transformation) and CHAST (Children Hygiene

and Sanitation Transformation), with training carried out either by the Ministry of Health or other agencies for district and sub-county level personnel, and for WASH sector NGO staff and primary school teachers responsible for hygiene.

Government has also spearheaded annual Home Improvement Campaigns, often entailing the unpopular enforcement of existing bye-laws and other sanctions to ensure, among others, that households construct latrines. A National Sanitation Week is also commemorated annually across all districts; this involves a series of community wide cleaning activities, drama and song events, and radio talk shows meant to highlight sanitation issues. The four districts visited have been involved in these events, with Plan (U) giving support to the environmental health offices.

NGO-led programmes include PHASE (Personal Hygiene and Sanitation Education). This was promoted by the African Medical and Research Foundation (AMREF) in several districts and centred on hygiene and sanitation training for pupils, teachers, parents, and government officials. It also supported schools and communities to provide and improve hygiene and sanitation facilities such as latrines, water tanks and hand-washing facilities.

#### Stakeholders in CLTS promotion:

These include government ministries (of Health, Education, and Water and Environment), development partners supporting WASH programmes, NGOs and district health staff. They are involved in policy influence, practical implementation of CLTS, documentation of sanitation promotion efforts, and capacity building. Information on sanitation is shared in national fora e.g. the annual Ministry of Water and Environment - Joint Sector Performance review (JSR), as well as at regional WASH meetings. The 2010 JSR reports that over 192 district extension workers were trained on CLTS, 675 villages were triggered with a 25% ODF attainment between 2009 and 2010. A Memorandum of Understanding exists between ministries responsible for

Health, Water, and Education where the Ministry of Health (MoH) took responsibility for household sanitation, the Ministry of Water and Environment (MoWE) for sanitation in urban areas and rural growth centres, and the Ministry of Education and Sports (MoES) for school sanitation. The MoH is responsible for giving guidance on the promotion of sanitation and hygiene in the country, but has no institutionalised arrangements for the implementation of CLTS, although senior environmental health staff carry out periodic district and sub-county level training for government and NGO staff on CLTS. The Technical Support Units (TSUs) of the MoWE also promote the use of CLTS in the districts, although no concrete plans exist for scaling it up. The TSUs train district extension staff on how to apply CLTS and support its monitoring.

The World Bank Water and Sanitation Programme (WSP) in Uganda working closely with Plan (U) and other members of the National Sanitation Working group (NSWG) has commissioned the development of National CLTS training manuals which will act as a 'standard' guide for professionals and policy makers to implement the approach and to incorporate indicators as benchmarks for declaring communities ODF – an aspect recognised as important in the NDP.

There have been other efforts by non-governmental agencies, such as Water Aid Uganda, GOAL Uganda, GIZ, that assist local partners in the promotion of sanitation, using a combination of Participatory hygiene and sanitation Transformation (PHAST) for establishing baselines, cluster systems, CLTS to trigger communities, and Sanitation Marketing to support post-trigger periods in communities (providing information on technical options for sanitation and on sources of technical advice and construction materials).

Several networking mechanisms also exist. The National Sanitation Working Group (NSWG) is a coalition of sanitation sub-sector actors among government and donor agencies, NGOs and other partners. It has set up a discussion forum to share experiences and facilitate the shaping of sanitation-related policy. The Uganda Water and Sanitation Network (UWASNET) is a network of water and sanitation sector





VHT members drawing a community map to identify the resources in their community

organisations and some of these have implemented CLTS with varying degrees of success, though largely limited to their programme areas. The Network for Water and Sanitation (NETWAS) is a capacity building instrument in the WASH sector. NETWAS organised a learning forum on CLTS for the NSWG and a learning journey 2008 for selected WASH sector participants. NETWAS staff were trained in a Training of Trainers (TOT) organised by Plan and they in turn trained others in events commissioned by WSP and Plan Uganda, for national level master trainers. The capacity building role of NETWAS presents much potential for scaling up the institutional adoption of CLTS.

#### 4.0 CLTS IN THE PLAN UGANDA PROGRAMME AREAS

Plan's assessment and documentation exercise on CLTS took place in triggered villages and communities that were declared ODF. It started with the districts of Tororo, Kamuli, and Luwero in 2007 and Lira in 2008. The survey involved 530 households randomly selected across the four districts. Case studies

Case studies were also recorded to highlight specific aspects of the application of CLTS. The implementation processes were assessed against what professional practitioners have established as standard CLTS procedures. The study also examined other sanitation and hygiene approaches that were used alongside or before the application of CLTS – law enforcement, PHAST, home improvement campaigns - and whether they impacted on the success of CLTS.

#### 4.1 Approach and Achievements

CLTS was introduced to the 4 programme areas through the participation of Plan staff responsible for WASH in a TOT organised in 2007. A similar training was organised in 2010. Various government staff such as Health Inspectors and Health Assistants from the four districts also participated. This core group of facilitators later trained other health personnel and VHTs on 'triggering' communities in the programme areas. District and sub-county government staff have not only been involved in joint training (with Plan Uganda), but also in follow-up activities and monitoring the progress of sanitation in triggered and ODF villages. There have been scanty independent efforts by trained

government staff to carry out CLTS programmes outside of Plan-supported communities.

### Approach used:

Implementing CLTS involves bringing together sub-county authorities, Village Health Teams (VHTs), local community leaders and members of a given community. Baseline surveys to register the number of latrines and use are conducted in all the areas before CLTS triggering is done. The process usually starts with stakeholder meetings, followed by training for Health Assistants (HAs) and VHTs organised at the sub-county level. The training exposes participants to the standard CLTS community process. Plan programme unit (PU) staff, who are well experienced, are also actively involved in the triggering process at community level with the support of VHTs. This can be implemented alongside other health education campaigns, school health programmes and the training of Water Users' Committees (WUCs).

**Box 2: The 'standard' community triggering process, as used in Apala sub-county, Lira district**

- a) Introduction and rapport building whilst telling communities the blunt truth about open defecation
- b) Defecation area transect walk (walk of shame)
- c) Community mapping and discussion of local defecation practices- including emergency defecation areas
- d) Calculation of excrement and household expenditure on poor health related expenditure
- e) Discussion of faecal-oral contamination, water and excrement calculation and
- f) School children's participation through slogan and presentation to the adult group.

### Achievements:

The approach was generally found to be effective by the survey respondents: out of 414 household respondents who had heard of CLTS, 75% regarded it as effective. Further, from October 2007 to December 2010, 56 villages in the Plan programme areas were declared ODF, and many others, have made substantial progress to ODF status. While still modest, these results are unprecedented as a self-spreading sanitation drive in recent times, as previous efforts have hinged on enforcement and enticements with subsidies. The following improvements were reported:

### High level of awareness and 'spread' effect

In all the 4 districts, the level of awareness of sanitation and hygiene issues was found to be high, ranging from 91% to 98% of the respondents. The study also noted that households and communities that practiced what they had learnt produced a knock-on effect among their neighbours.

### Improved hygiene behaviour

Across the 4 districts, positive changes were noted in critical hygiene behaviours (Box 3) and these were attributed by the respondents to the application of CLTS. Over 90% of the households in the study area reported practicing all the major hygiene practices, including covering food, washing raw food or fresh fruits, washing utensils and washing hands before eating. A smaller proportion (60.6%) reported washing hands with soap.

### High latrine coverage

In all the triggered villages, household latrine coverage stood at 92% on average. Promoting the use of locally available materials accelerated the spread of latrines at household level, because of its cost effectiveness and simplicity of construction.

### Impact

There was an increased appreciation for privacy, prestige and the health benefits of belonging to an ODF community, including an increased use of latrines, cleaner homesteads, improved general sanitation, and a decline in incidence of diseases, especially diarrhoea in children.

### Low cost

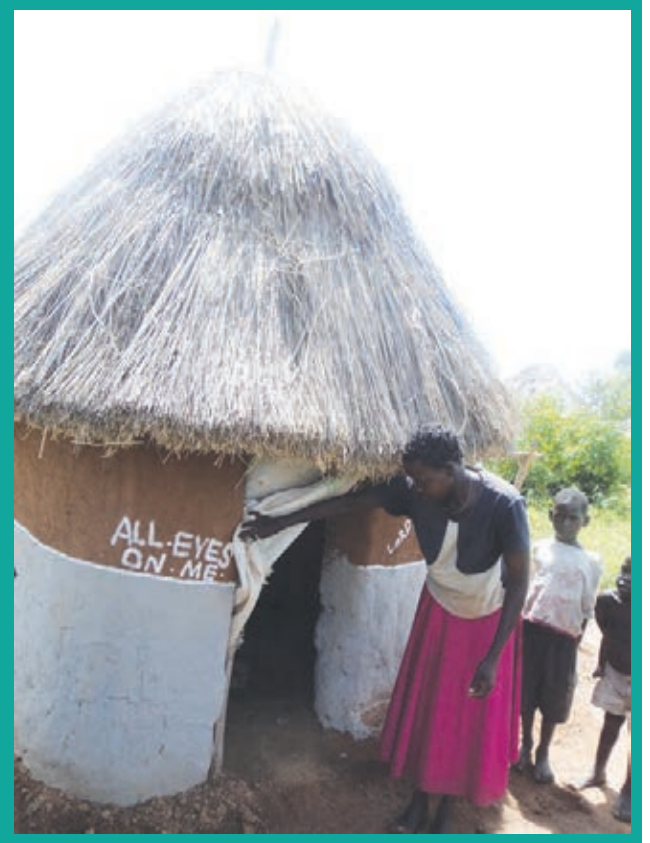
Plan's inventory of its CLTS activities in 22 countries, including several countries that have scaled-up their programming, indicates a low average programme funding cost of about \$1 per person in the target population.

**Box 3: Comparison of behaviour changes before and after triggering with CLTS in survey areas**

	Oct '07	Dec '10
Always use a latrine	44.7%	79.2%
Always wash hands before eating food	75.1%	85.3%
Dispose children's faeces in latrine	22.7%	50.0%



Kabayi Lordman showing off his newly constructed latrine in Nakinyama village in Luwero district



A woman showing off a toilet to the VHT Members.



ODF Celebrations for Morukatipe parish Tororo district.



A boy shows off the household latrine in Moru 'A' Village



A woman poses next to her latrine in kajarau north village in atiri parish



Pit digging after triggering in Atiri parish, Tororo district.

## 4.2 Challenges encountered

Since Plan Uganda started implementing CLTS in 2007, less than 50% of the triggered villages have been declared ODF. This is due to challenges faced. They include:

### Weak documentation and information management systems:

Clear information on the progress and impact of CLTS implementation in the environmental health departments of districts and sub-counties is not readily available. Facilitators often relied on memory to recall when and where triggering took place or which villages were declared ODF. Information collection formats vary from district to district and from one Plan programme area to another.

### Fragmented coordination and implementation efforts:

There is inadequate coordination of sanitation actors in government, districts and NGOs/CBOs for the implementation and roll-out of CLTS. This is especially when Plan staff work directly with the sub-county HAs without passing through the District Health

Inspector (DHI). Districts lack adequate CLTS implementation guidelines and budget from the relevant ministries majorly because CLTS has not been institutionalised. Rigid conditions are imposed by Government, including on the recruitment and deployment of sanitation promotion staff at sub-county and district levels.

### Inadequate funds for follow-up of triggered and ODF communities:

Sustaining support for triggered villages until they become ODF is difficult due to poor budgetary support at district level, yet CLTS requires constant follow-up. The current achievements of CLTS application may therefore not easily be sustained.

### Limited sensitisation of leaders on CLTS:

Political pressure for better district performance drives leaders to interfere with community work-plans and timeframes to achieve ODF. Enforcement is at times introduced for 'being slow' in putting up latrines.

### Limited skills for CLTS:

The capacity to implement CLTS is limited to a few actors e.g. Plan, UWASNET and CBOs. The Environmental Health Division (EHD) at the MoH only has two senior officers to conduct CLTS training at district level. Further, government functionaries often resist new approaches, such as CLTS, even if the district has a sanitation policy which encourages the use of effective approaches. Partner organisations may also adopt ineffective training methods, such as lectures. In one district, training centred on home visits, rather than the CLTS ‘walk of shame’, resulting in ‘business as usual’ by sub-county HAs, rather than a ‘trigger’.

### Weaknesses in the CLTS approach:

The role of women in promoting CLTS is not sufficiently recognised, yet it is key. There are cases where women have spearheaded the digging of latrines. The most disadvantaged households may also not be in a position to respond to CLTS. Communities in Lira/Alebtong and Luwero districts face unique situations, resulting from years of strife and displacement. In Luwero, although the war ended 20 years ago, the result of numerous humanitarian agencies providing emergency services has left communities in a state of dependency, waiting for free aid.

### Inadequacy of sanitation options:

When asked why they did not have a latrine, survey respondents mentioned having no money, a destroyed or collapsed latrine, local cultural taboos, being in a wetland, and having no land. Lack of money was a major determinant. Among the 484 surveyed households with latrines, 70% had temporary ones, but 61% showed a desire to upgrade theirs. Some communities face problems such as rocky ground and water-logging; they need appropriate and affordable technical solutions.

Triggering communities indeed leads to an increased demand for sanitation solutions, preferably provided by local artisans supported by local technical staff. Sanitation marketing has not yet been sufficiently developed as part of this support. The challenge is even greater in peri-urban settings

where there is little land for latrine construction and where tenants do not have much of a say in the matter.

## 5.0 CLTS GOOD PRACTICES ARISING FROM PLAN'S EXPERIENCE

Both the implementation of CLTS and its post-implementation challenges have given rise to several ‘good practices’:

### 5.1 Building on community ‘buy-in’

CLTS has generally been adopted because it seeks to creatively harness a commonly-held perception of a known community problem (open defecation) into a momentum of locally-synthesised solutions. CLTS confronts people with their own analysis and drives them to take action with minimum outside incentives (Box 4). Using the CLTS motivators of self-driven initiative, shame and disgust brings more sustainable results than relying on subsidies and/or coercion. Some local authorities and agencies however still rely on the use of enforcement to achieve results quickly, but without lasting effects. In Lira/Alebtong district, some agencies used incentives (subsidised slabs and vent pipes). Although the sanitation coverage increased, community members who did not benefit ended up waiting for such an opportunity to return and did nothing to improve their status. Using coercive methods is however a matter of continuing debate, justified at times when a few disobedient individuals endanger the health of the entire community.

#### **Box 4: Community initiative in Buwanuka village, Luwero, declared ODF in 2009**

After CLTS triggering, the Buwanuka community introduced their own deadlines, by which time each household had to have completed a latrine or at least began on construction work. Village committees were appointed to monitor homes without latrines through regular “accountability visits”. Children were also involved from the start and were asked to compose songs and slogans on open defecation, which they sang as they walked through the village. This brought about a general sense of urgency, as all age groups were actively involved in promoting the initiative.

The CLTS approach is noted for its frank references. By labelling a household as the only one “still eating faeces”, if it had defaulted on latrine construction efforts, sufficient social pressure is mounted to construct one. This underscores the effectiveness of exploiting perceived repugnance, as expressed in a local dialect, to implement cost-free CLTS promotion.



**A girl from Kyampisi village in Luwero district handwashing after using the latrine.**



VHT member talking to children during a CLTS triggering in Mulukatipe parish

## 5.2 Involving/engaging men, women and children

Men were from the onset considered important for CLTS implementation because it is culturally their role to dig the family latrine, while women and their children are not in a position to make the final decisions on this. Men also set the pace for the adoption of new behaviour. Reaching household heads who are males should therefore be considered critical in the CLTS triggering process.

Results from this study however show that women and children are the major players in maintaining household hygiene, with only 8% of households reporting that men are also involved. In places like Luwero where 30% of the households reached were headed by females, latrine construction proved difficult because of the cost of construction and the hard labour required to dig pits. Nevertheless, in Kamuli, there were cases where

women spearheaded the digging of latrines.

Children are also key, as they act as spokespersons and change agents in their homes and communities, especially once they have been exposed to CLTS at school. They pass on sanitation and hygiene messages to their parents, and to other children, both in and out of school.

## 5.3 Collaboration between community, local authorities, and broader coalitions

The involvement and buy-in of local authorities is indispensable to the success of CLTS. Natural leaders are also instrumental because they provide a strong leadership base in the community. So far, all CLTS endeavours have elicited constructive community responses characterised by the formation of local taskforces/monitoring groups, setting up of attainable, deadline-driven goals, and unique

between elected leaders, role models and community-appointed facilitators. This kind of collaboration has aided household monitoring of CLTS, exchange of knowledge, and a mix of locally applicable solutions to emerging challenges. It has also offered the necessary political goodwill to enforce some of the decisions agreed upon by communities.

Beyond this, partnership between government, NGOs and other development partners is critical in marshalling the resources needed to scale up institutional efforts. It is also necessary to work with other stakeholders to avoid undermining sustainable results, such as when CLTS “implementer” organisations address emerging problems themselves and end up hindering community adoption of CLTS practices. Advocacy among professionals helps to build a consortium of likeminded people and institutions, and eventually to reach a critical mass for the promotion of CLTS nationally, sub-nationally and internationally.

#### 5.4 A high quality process, with suitable social and technical solutions

Good prior planning, effective communication and continuous follow-up are key in helping communities to attain ODF status. Facilitator expertise is therefore a prerequisite for success and it is important to engage experienced staff to support those whose skills are still to be developed or who have not been trained in CLTS.

High quality facilitation goes hand in hand with flexibility: reaching out to all members of the community, irrespective of age group, for instance, demands extra effort. Post CLTS support could entail sanitation marketing promotion to help communities acquire durable latrines and community support for the extremely poor to improve their latrines harnessed. In Luweero, child-headed and elderly headed households that do not have the financial and human capability to construct latrines are a case in point. This demands an incremental improvement approach that allows households of different economic abilities to provide for themselves the option they can afford. The use of “threats of force” backed by local authority

also hints at the need for flexibility as long as these sanctions are initiated by communities and further points to an opportunity for the introduction of more sophisticated disgust/shame techniques, such as village notice boards.

The process also needs to be well documented and analysed: CLTS scaling-up cannot be done effectively if baseline survey data, for instance, is not collected and analysed in a timely manner. Natural terrain and other environmental conditions, such as termite invasions, undermine the sustainability of the CLTS approach, as it leads to relapsing into OD after latrines collapse. More technical resources on managing latrine construction in water-logged areas would serve to ensure the sustainability of this practice and know-how on putting up latrines in these types of areas also needs to be incorporated in CLTS initiatives.

#### 5.5 Reflecting local characteristics

Plan’ experience shows that each district bears its unique foot-print in the implementation of CLTS, which has largely been shaped by geophysical and socio-cultural factors. A post war history and water logged locations in Lira, the prevalence of HIV, food security needs and recent jigger epidemics in Kamuli, a big disparity in household income and post conflict effects in Luwero as well as hard, rocky terrain in Tororo, all have emerged as factors that influence CLTS implementation and its sustainability.

In communities where food and health problems take on an urgency that supersedes CLTS in priority, a synchronised approach that addresses both these issues alongside the CLTS campaign needs to be implemented if CLTS is to succeed. The approach ought to address the pressing problems first, presenting CLTS as part of a secondary phase.

Land tenure can also act as a deterrent because it takes away responsibility for the construction of latrines from tenants, yet some landlords are unwilling to shoulder it. A customised implementation of CLTS, this time in complex urban and peri-urban communities, may involve the use of behavioural change communications such as radio.





A lady using a rack in Morukatipe parish.



Mr. Emmanuel Osuna, the LC5 Chairman of Tororo district, planting a tree after the ODF Celebrations of Morukatipe parish

### 5.6 Focus on the sustainability of the effort

Continuous follow-up and monitoring, especially at household level, is also key to the success of CLTS and eventual ODF status. Multiple triggering, unless backed by sufficient capacity for follow-up activities, may undermine CLTS results. The CLTS planning cycles should include budget for follow up for up to 2 years post ODF and targets should focus on ODF, not triggering. Above all, the perceived and real benefits at the household level are crucial in sustaining the gains made by CLTS. Natural leaders emerging from CLTS triggering must therefore be involved in monitoring the CLTS process and in following up community action plans for attaining ODF. They need to be trained on monitoring and evaluation and mentored to support the efforts of VHTs and other resource persons in the community.

#### Box 5: Community workers union fosters CLTS sustainability

The decision by Plan Uganda to suspend the payment of field allowances to facilitate hygiene and sanitation programmes did not discourage Luwero community development workers. Instead, it motivated the group to form an association, Community Based Health Alert (CBHA), which is at the core of training and raising awareness on sanitation and health programmes in Luwero district, including CLTS. “We decided not to lay down our tools. We formed an association to continue with the work,” says its chairman, Mr. Edward Kibuuka. Consistent follow-up and monitoring of CLTS activities in the triggered villages is important to ensure the success of the initiative since many beneficiaries tend to relapse into old habits after some time. Yet the lack of qualified manpower in follow-ups and monitoring was a common challenge echoed by all facilitators and resource persons in the Plan programme areas. In some districts, for instance, one VHT has to cover up to 250 households including triggering, follow-up and post triggering activities. Building capacity at community level to handle these activities is therefore central to the success of CLTS. Formed in 1997, the 35 member CBHA brings together the different supervisors in the Plan programme area in Katikamu sub-county. It now forms the cream of the CLTS Trainer of Trainers. Mr. Kibuuka is proud to have been among the first to be trained in CLTS in Tororo and has since been training other community workers in CLTS. He also serves as a VHT. Working in partnership with the district HAs, CBHA works on a voluntary basis to train volunteers in the villages, who qualify as VHTs. The VHTs are then allocated a maximum of 20 households to monitor after the triggering process, until the entire village attains ODF status. To date, the Association has trained more than 150 VHTs. For quicker results, CBHA combines the CLTS approach with School-led Total Sanitation. This targets 40 children per school, preparing them to be hygiene and sanitation spokespersons and to become change agents in their schools and communities.

## 6.0 THE WAY FORWARD

### 6.1 CLTS can address health and sanitation challenges in Uganda

Plan's experience has not only shown that CLTS can make lasting changes in the sanitation situation of many communities, but also that its successful implementation gives an opportunity to address other development needs in an integrated manner. Survey results show that CLTS is powerful enough for its effects to be felt beyond the triggered villages and creates 'self-spread', thus providing an opportunity to scale up sanitation coverage without additional costs, and to rely on community initiatives to learn from their neighbours. Similarly, CLTS has been adopted by Tororo district authorities and political leaders are actively engaged in promoting its launch in other areas. But it is evident that the people – the initial innovators, champions and supporters – are key to this spread.

CLTS can also act as a 'post-trigger' to already existing hygiene and sanitation initiatives, such as a hand washing campaign and PHAST. Among the surveyed households with temporary latrines, 61% showed a desire to upgrade theirs. This provides a good starting point for future programmes, which could use SanMark and avail products for improving latrines. Other opportunities for scaling up CLTS exist. The approach is mentioned in the NDP, alongside the use of SanMark, a recognition that should be followed up by implementers at all levels. The existence of national capacity building networks, such as NETWAS, provides important resources for the development of the required human capacity and knowledge management. Political will and administrative support are also present in many districts and offer a good opportunity for scaling up, as does the willingness of Plan, UNICEF, Water Aid and other development agencies to invest in CLTS implementation and promotion.



Triggering CLTS among the children's group in Atiri B village in Tororo district. Children are always separated from adults during CLTS triggering sessions.

## Recommendations for practitioners

**Don't mix CLTS with other approaches** during the triggering process. Some actors have however found it useful to use PHAST for baselines before CLTS and SanMark for post-triggering support.

### **Do not rush communities:**

Any tendency by leaders and technocrats to hurry villagers should be discouraged as community pressure is more useful in attaining results than external force. Flexible funding that can be switched between uses in an evolving situation to support varied activities and processes will help in this respect.

### **Facilitators' skills are critical:**

CLTS needs skilled facilitators, willing and able to be flexible and innovative. Facilitators need to synchronise their plans with communities' time-frame and abilities. Where necessary, their skills need to be strengthened; as well as those of natural leaders emerging out of CLTS triggering sessions.

### **Regular follow-up is critical**

to support communities during the post-triggering period – it helps to build their confidence and provides the necessary technical support and information, such as on sanitation technology options (Box 5). Regular reviews of CLTS implementation should be held as part of the normal performance monitoring of the district WASH sector. Translating during implementation into the local language eases monitoring.

### **Involve champions and local NGOs:**

The identification and involvement of champions and NGOs to go to new programme areas and introduce CLTS plays an important role in its spread. Hands-on field-based training provides direct exposure and learning, and quickly wins people over.

### **Involve the local authorities:**

Helping leaders understand the CLTS process is key to securing their support for community efforts to improve their sanitation at a pace they can manage. This includes joint activity planning with the local authorities, strengthening

strengthening district and sub-county information management systems, and harmonising formats to avoid duplication and to help government staff monitor CLTS activities and outcomes.

### **Advocate for CLTS:**

This must focus on local leaders and technical staff, who need to understand how CLTS works, to increase funding for sanitation, to support local organisations dedicated to CLTS (Box 5) and to recognise the role played by women in sanitation and hygiene improvement. Advocacy efforts should be done at both national and local levels.

## Recommendations for policy makers

### **National policy development:**

CLTS fits within the ISH strategy. There is however a need to derive a policy on CLTS from this, as well as to operationalise the ISH itself. The formulation of a CLTS policy would bolster national, district and sub-county level efforts. Whereas the MWE (SPR, 2010) lists ODF attainment as one of the district performance indicator, the NDP does not explicitly articulate the adoption of CLTS for bench marking sanitation: this needs to be clarified and disseminated to the districts to guide implementers. This should be led by the MOH and involve key WASH stakeholders.

### **Harmonised CLTS approach:**

While CLTS has shown its effectiveness, a prerequisite for its affective application - no subsidies or incentives for attaining ODF status - should be agreed upon by all sector actors. This should be done through coordinated advocacy efforts, e.g. through UWASNET, district WASH sector coordination fora and the national WASH sector performance review forum.

### **Advocacy:**

Advocacy will have to focus on increased funding for CLTS expansion in country. The cost effectiveness of CLTS therefore needs to be documented and shared with WASH fora and the relevant ministries, local governments and development partners. Local private production of sanitation technology options also needs to be promoted to respond to demand created in the

triggered communities. Districts, with support of partners, should showcase success stories, e.g. during the WASH sector performance reviews, district sanitation weeks or other events, to encourage new communities to learn from the ODF villages.

#### Improved district capacity and uptake:

Skilled facilitators are critical for effective CLTS implementation and it is therefore important to build capacity for scaling-up in this respect. A CLTS training guide needs to be made available. The environmental health staff at sub-county and district levels need support, including joint planning with agencies working on WASH to monitor and replicate the use of CLTS in new areas; equipping their departments with data management tools; and regularly involving them in ODF verification exercises. This is important for improved planning at those levels and to provide regular feedback to districts, sub-counties and other stakeholders in the WASH sector. The MoH and district personnel also require support to harmonise tools for data collection on CLTS/ODF. Finally, given their influential position, increased investment is needed to involve and sensitise political leaders on CLTS, to convert them into spokespersons for the approach. Similarly, district councils and Line ministries need to be lobbied to allocate increased budgets for CLTS (especially since, at national level, the District Water and Sanitation Conditional Grant mechanism allocates 8% to sanitation software activities).



## Plan's WASH Programme

WASH is one of the programmes Plan is implementing in Uganda.

### Our Goal

To see children and youth in Uganda meet their right to safe, reliable and affordable drinking water supplies, to hygienic sanitation, and to a clean environment.

### Our Strategy

Plan promotes integrated community and school-led water and sanitation initiatives through implementation of high-impact low-cost approaches for sanitation improvement. The approaches used are Community-led Total Sanitation (CLTS) and Sanitation Marketing. Through these approaches, Plan mobilizes communities to stop open defecation, buy sanitation products, build and use latrines by themselves.

Plan supports the provision of safe water to schools and communities through the delivery of simple, appropriate technology. Communal water source management is fostered through capacity building and technical support for the operation and maintenance of local water user committees and development of spare part supply chains at district level. Multiple use of water is encouraged at the household, community and in schools.

Improving school WASH remains a priority to reduce the drop out rates and improve class performance by creating a conducive learning environment. School WASH programs focus on promotion of hand washing, personal hygiene, increasing access to latrine facilities and water while prioritizing the needs of girls and children with disabilities.

### Our Strengths

Plan works directly with communities and children. This enables us to be closer to households, which in turn allows us to learn and respond well to emerging water and sanitation issues.

With a strong local presence, Plan empowers communities to sustainably manage WASH

infrastructure and make informed behavior change decisions for improved hygiene and sanitation.

Plan has also established strong relationships with government, national and local-level networks and civil society organizations to improve the sanitation situation in the country. At the district level, leaders have trust in programs spearheaded by Plan due to the success stories from the communities where we have worked before.

### Our Achievements:

Plan Uganda has supported improved access to safe water and hygienic sanitation practices for over 172,440 households and 1,437 communities across the districts of Lira, Kamuli, Alebtong, Tororo, Luwero and Kampala.

Plan initiated pilot studies to test the replicability of the Community Led Total Sanitation (CLTS) and Sanitation marketing approaches. Over 70 communities were declared open defecation free across four districts and 168,360 households obtained access to hygiene information.

The School WASH program has reached over 100 primary schools and Early Childhood Care and Development (ECCD) centers.

### Future Direction:

- Scale up School WASH programs to increase access to safe water and hygienic sanitation with special focus on the needs of girls and children with disabilities.
- Expand sanitation marketing initiatives and replicate viable marketing models to other districts of operation to support sanitation ladder improvements at household level.
- Implement Community Led total sanitation (CLTS) to increase numbers of open defecation free communities and empower communities to sustain ODF status.
- Scale up water supply initiatives and empower communities to operate and maintain water facilities for sustainable access to safe water.



School children fetching water from a borehole in Luwero west parish in Luwero.



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