Community led total sanitation (CLTS) and Sanitation countdown approach: Addressing the challenges of scale and sustainability in Agago district

Case from Kotomor sub county, Arum sub county and Kalongo town council

1.0. INTRODUCTION

Community led total sanitation (CLTS) is a concept that revisits all the past approaches, particularly the promotion of household sanitation within the context of basic human dignity. CLTS emphasizes community facilitation to assess their sanitation situation and promotes natural leaders. CLTS supports community action plans developed under their leadership. The main yardstick of CLTS achievement is totally open defecation free (ODF) villages and not numbers of latrines. Both Amref and JESE have experience in promoting CLTS and PHAST approaches in rural communities in Pader district. However, the two approaches yielded less result on sustainability of latrine coverage and open defecation free zones. For example Lutini village in Awere Sub County had an unfortunate incident happened. During one of the community triggering sessions, a bottle demonstration was conducted and to surprise one of the volunteers of the sessions drank the bottled water with fecal content in it. He explained that triggering had been conducted several times and it was nothing new. A look at the villages that had been declared Open Defecation Free had instead deteriorated due to little or no follow up. What did this mean to Amref? A different strategy needed to taken to change community mindset. A sanitation countdown approach was adopted through a series of review meetings with relevant stakeholders from the health and water department of Pader district.

2.0. BACKGROUND

AMREF being existent in the Northern region has picked pointers factors that influence behavioral change. The experience is that initially AMREF employed CLTS and PHAST approaches in rural communities in Pader district. However, the two approaches yielded less result on sustainability of latrine coverage and open defecation free zones. For example, Lutini village in Awere Sub County had an unfortunate incident happened. During one of the community triggering sessions, a bottle demonstration was conducted and to surprise one of the volunteers of the sessions drank the bottled water with fecal content in it. He explained that triggering had been conducted several times and it was nothing new. A look at the villages that had been declared Open Defecation Free had instead deteriorated due to little or no follow up. What did this mean to Amref? A different strategy needed to taken to change community mindset. A sanitation countdown approach was adopted through a series of review meetings with relevant stakeholders from the health and water department of Pader district.

3.0. METHODOLOGY

3.1. Community Led Total Sanitation

The CLTS approach focuses on behavior change at a community level as a means of ending open defecation in a community, and it is going to scale. Community led total sanitation (CLTS) is a concept that revisits all the past approaches, particularly the promotion of house-hold sanitation within
the context of basic human dignity. CLTS recognizes an individual’s or a household’s right and responsibility of living in a totally sanitized environment. CLTS is participatory in nature and facilitates communities to take a decisive role in ensuring that each and every member internalizes the implication of poor sanitation (e.g. open defecation). The CLTS methodology unites the community to commit to using a latrine and hygienic behavior and the community understands that the process is a shift towards a zero subsidy approach rather than providing them with money to construct latrines. Once ‘triggered’, adults and children become passionately involved in the management of their own sanitary well-being. CLTS uses communication for social change and in the process community members are able to declare their villages as “Open Defecation Free” (ODF) as families gradually climb steps in the ladder of total sanitation. The process also leads to a development entry point to communities by identifying natural leaders who have the potential to take a more active role in planning, monitoring and implementation of sustainable community total sanitation. The process of planning for an open defecation community is jointly undertaken by all community members through their participation which is facilitated by AMREF and JESE.

3.2. Sanitation countdown approach

Sanitation countdown is scaling up and going beyond CLTS for sanitation ladder. CLTS efforts can be scaled up through building a resource base of trainers such as (VHTS, peer supervisors, health assistants and health inspectors), campaigns, advocating for village by laws, etc. The shifts in attitudes, behaviors and practices required by CLTS integrated with can be summarized as:

- From teaching and educating to facilitating communities’ own analysis
- From ‘we must subsidize the poor’ to ‘communities can do it’
- From ‘we persuade and motivate’ to ‘it’s up to you, you decide
- From top-down standardization to bottom-up diversity (‘they design’)

3.2.1. Implementation of sanitation countdown approach work

1. It involves naming and shaming all households without latrines in the village.
2. Drawing a sanitation map detailing households and Institutions with and without latrines facilities
3. Drawing timelines for latrine construction for those households without latrines
4. Law enforcement for Households that fail to comply with the sanitation ladder
5. The sanitation countdown then begin

4.0. CASE STUDIES

4.1. Addressing challenges of sustainable progress post-ODF: Role of government structures in monitoring, reporting and supervision

Agago district advocacy meeting of November, 2018 reported on the systems in use in their district that are already working at scale for “post-triggering” follow-up, verification, and post-ODF sustainability.

Agago district health Inspector described their challenging task of tracking voluminous amounts of data from village to the district and national levels and crunching it into meaningful reports. Reporting and Monitoring framework of CLTS and sanitation countdown is closely interlinked with community and government structures. Observably, the VHT plays an important role in ensuring that communities attain Open defecation free status and certification. VHTs report monthly on the household sanitation status update and progress. VHTS have follow up sanitation monitoring forms for reporting. The sanitation report is as well imbedded in the health monitoring Information system that the peer supervisors utilize while monitoring. Peer supervisors provide input and technical assistance to sub county health assistants. Sub county health assistants have helped to enforce bylaws in acted by the community with facilitation from local leaders and cultural leaders.

4.1.1. How can monitoring by communities and by local level staff provide realistic and comparable data for monitoring and aggregating higher up the system?

Agago district can’t do it alone: Health extension workers can spark sanitation and hygiene related behaviour change in the communities where they live. There needs to be a community level volunteer ship to make regular rounds to
check on neighbors and encourage practices like latrine building. The concept of clustering households can be adopted such that cluster heads can monitor their cluster groups households to have WASH facilities.

Uganda now also has Home Improvement Campaigns that have sought to promote good hygiene and sanitation practices at the household level including building: refuse pits, soak pits, ventilated improved pit latrines, separate, private bathing area, animal pens, wire lines to hang washing and drying racks.

4.1.2. Role of the community in attaining good results from CLTS and Sanitation countdown.

Key Informant – Apule Thomas-Owolo village (Village health team and peer supervisor of Agelec Parish in Arum Sub County)

Continuous home visits are the tool to facilitate and monitor the process of CLTS. In previous meeting 22 families committed to complete the latrine construction. Therefore homes were visited on November, 2018. While in consultation with household heads, none of the households completed the latrine as promised. Thus the VHT team visited those families who had not constructed Latrines. During the visit it was found that most of the families had prepared the pit. Superstructure was yet to be initiated. In discussion with them most of the families committed to complete with formal commitments with dates. And they promised to do just after the harvesting season. Apule says that before triggering Owolo village, only 38 households out of 103 households had latrines. After triggering in November 2018, only 7 households had no latrines but were sharing with neighbors.

4.1.3. Role of Local Leaders in Accomplishing the Sanitation countdown Approach

Case of LCI from Owolo village: Ogwang Alfred is the Local council 1 of Owolo village in Arum Sub County. Ogwang has mobilized the families in Owolo village together with VHTs and Peer supervisors for CLTS triggering sessions and sanitation countdown action. Ogwang has come up with a bylaw for Owolo village to aid success of sanitation Owolo village. “The Bylaw states that failure to have a household latrine results to a fine of Uganda shillings 50,000. If at all the culprit has no money at the time, the chairperson hires local masons to construct one for you at a fee that is paid on agreed terms with the culprit. If not, property in terms of a goat, chicken is sold to retrieve the money used to construct a latrine for you.” Ogwang says he lives by example as his household has a latrine and a hand washing facility. His household is located on the road side where passersby can view a clean home stead with a latrine. This by law is feared by the community of Owolo village and is respected as is both implied in the laws of the land.

4.1.4. Role of Health Assistant in accomplishing CLTS and sanitation count down

Case of Kotomor Sub County; Anguyo B. Baba is the health Assistant in Kotomor sub county attached to Odokomit health center two. He says during the CLTS triggering and sanitation countdown process, he works with a team. He facilitates the VHTs to collect baseline data on the sanitation situation in the villages. Anguyo works with the Community Development Officer of Kotomor Sub County to identify worse off households for assessments in terms of standard of living and livelihood. Such households that are worse in terms of livelihood and standard of living are always considered for government livelihood programmes to help them afford their WASH facilities.

The Health Assistant helps to prioritize help to households affected with HIV/AIDS to benefit from livelihood programmes from the office of the CDO so that they can afford their WASH facilities.

Anguyo does conduct occasional follow-ups on the progress of the sanitation count down in their respective parishes.
4.2. CHALLENGES ODF SUSTAINABILITY AND HAND WASHING BEHAVIOR

4.2.1. Social norms, ODF sustainability and hand washing behavior

The sampled parish reports of Oret and Alupere in Kalongo town council were with deeply rooted social norms. This suggests a clear correlation between the extent to which social norms are rooted in the communities and the sustainability of ODF practices. While latrine use has increased as a result of CLTS, the monthly sanitation reports showed that hand washing behaviour has not increased at the same rate. Only 27.1% of the households had a hand washing facility and this proportion was even less amongst households who had reverted to OD (8%). Soap or ash for hand washing was available in the majority of households but not always at the hand washing facility. Knowledge of hand washing behaviour is high and simple mechanisms such as leaky tins and tippy taps are popular. The main factor influencing hand washing behaviour appears to be the availability of water and specifically the burden of providing adequate water for hand washing, which normally falls on the women in the household.

4.2.2. Cases of reverse open defecation free

Case visit of Kalongo town council health department

AMREF and JESE have supported an extensive micro-planning exercise for CLTS and sanitation count down since November, 2018. This resulted in a complete database of village sanitation status, which later fed into the water and sanitation monthly report of the health assistant. The report findings have been used for monitoring progress towards ODF status for each Parish and for Kalongo town council as a whole. This indicated that more than 50% of the villages in the country had been triggered. The micro-plan also laid out the actions and resources required for each Parish to reach full ODF free status. According to the report, four parishes have reversed open defecation even after intensive CLTS triggering apart from Oret parish that increased latrine coverage from 90% to 94%.

Reason for reverse ODF in parishes of Akado, Town, Kubwor, Alupere is weak nature soils that are easily weakened in the rainy season, thus collapsing soils—For example Kubwor primary school has no latrines due to the heavy rainy season that has aided latrine collapse

The service provision pathway under the WASH ALLIANCE SDG Sub programme has utilised the opportunity of the sanitation problem by linking mason entrepreneurs to such potential market opportunity
4.2.3. Hand washing behavior after CLTS and sanitation count down.

Below is graph portraying change in behavior after CLTS and sanitation countdown implementation.

Despite change in behavior, for the two villages, during the field visit spot check, most hand washing facilities lacked soap and other facilities had no water. Sustainability of hand washing is difficult. The community pathway needs to utilize opportunity of using cluster heads to monitor hand washing behavior and practice for purpose of attaining open defecation free villages.

4.2.5. The poorest, subsidies and basic rights to sanitation

Despite examples that attest that CLTS can help to trigger solidarity, mutual help and collective action, the question of what happens to the poorest households in a community has not been fully resolved. There are instances of child headed homes, women headed families and the elderly in Agago district.

Case of Ogoyo from Tedago village: The health Assistant of Kotomor sub county says there is rampant polygamy in Tedago village as men have more than 2 wives which provide opportunity for many women headed families. Ogoyo shared an experience that he encountered a man with two wives and he had failed to have a suitable and conducive homestead for his second wife. His first wife had just got her proceeds in terms of money from her harvest of sim sim. Her husband took all the proceeds to the second wife’s new home. It was therefore impossible for the first wife to afford a latrine given that the burden on her was too much. The health Assistant of Kotomor says that such cases are referred to the office of the Community development officer for help and dialogue.

5.0. Facilitating factors for sustainability of ODF

Community Health Workers, Village health teams and peer supervisors working together had the greatest influence on motivating people to change their Open Defecation behavior and construct latrines. In all the villages where sanitation countdown follow up took place was done by local leadership, cultural leaders Community Health Workers, Village health teams, peer supervisors and sub county health workers. This suggests that institutional support for Open Defecation Free sustainability is mostly from institutional community and government structures rather than NGOs.
6.0. Lessons Learnt

1. Integration of sanitation count down and CLTS activities have resulted in considerable increases in latrine usage and put large numbers of people on the first rung of the sanitation ladder. The number of households reverting to Open Defecation behaviour is relatively low, especially in fully ODF sub-counties.

2. Households revert to OD when their latrines:
   - Some latrines have collapsed due to weak soils for example in Kubwor Sub County; are too difficult to use for the elderly or children.
   - Some latrines are shared with neighbors and are not close enough to be convenient.
   - Social Norms have a major influence on open defecation behaviour:

3. Active creation of new social norms is important for the sustainability of Open Defecation Free status. Key factors in creating the social norms were formal and informal sanctions agreed by the communities and enforced by a strong council of elders or other local administration.

4. Follow up and support are needed after Open Defecation Free certification to support the most vulnerable households to build safe, functional latrines and ensure that all households have sustained, secure and easy access to latrines.

5. The sustained and regular use of latrines by young children is difficult to promote, especially when children do not feel latrines are safe or convenient.

More attention to accessibility for children is required during the early stages of CLTS.

6. Some households are not using functioning, clean and private latrines. CLTS needs to be combined with more robust sanitation marketing where sanitation technology options to help households upgrade their latrines and ensure sustainability, especially where soil conditions do not favor latrine construction. Kubwor Primary school had no latrines at all because they had all sunk.

7. Similarly, the availability of affordable materials for latrine construction needs to be taken into account when initiating CLTS in villages with local materials.

8. Community Health Workers, local leaders and health assistants are the main motivators for behavior change and latrine construction and can determine success or failure of CLTS and sanitation countdown initiatives.

9. Hand washing practice is lagging behind Open Defecation Free behavior and more efforts are needed to promote hand washing alongside CLTS as well as reducing the distance to water. The affordability of soap is another constraint but there are opportunities to work with the private sector and service provision path way to make soap more readily available.

7.0. NEXT STEPS

The process documentation of integration CLTS and sanitation countdown approach shows the need for some revisions to the CLTS methodology to strengthen the sustainability of Open defecation free environments. Specifically, the SDG community pathway (demand creation) should consider:

- A focused campaign on disposal of children’s faeces
- Social norms analysis for areas where high numbers of villages have reverted to Open Defecation and more emphasis on including local leaders (councils of elders) and Community Health Workers, VHTs and health assistants in CLTS and sanitation countdown activities
- Inclusion of more hand washing training in schools to inculcate hand washing behavior in children.
- Adopt clustering of households approach to enable households support each other to construct WASH facilities but also adopt WASH best practices. Clustering households will lessen the work for Village health teams as cluster heads can compile their WASH status reports of cluster groups. The cluster head WASH reports can feed into the VHT health monitoring Information system
Annex 1: Monitoring framework of the sanitation countdown approach

- **Roles and Responsibilities**
  - Verification
  - Support supervision
  - Feedback to community
  - Data compilation
  - Declaration and certification
  - Record keeping

- **Roles and Responsibilities**
  - Monitoring
  - Data verification
  - Data compilation
  - Reporting
  - Record Keeping

**District**
- LCV, RDC, CAO, DH, DWO, DHI, DISO

**Village**
- VHTS, LCI, PDCs (Parish development Committee, Opinion Leader)

**Community**
- Roles and responsibilities
- Monitoring
- Data compilation
- Reporting
- Record Keeping

**Parish-LC2, Parish chiefs, Parish internal security officers**
- Roles and responsibilities
  - Monitoring
  - Data verification
  - Data compilation
  - Reporting to S/C health Assistant
  - Support Supervision
  - Record Keeping

**Sub county/Town Council**
- Sub county chief, LC3, Health Assistant

**Parish-LC2, Parish chiefs, Parish internal security officers**

ANNEX 1: Monitoring framework of the sanitation countdown approach

ANNEX 2. Sanitation countdown commitment sheet
Annex 3: Monthly water and sanitation

Annex 4: Wash monthly report per parish