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Leveraging local actors for sanitation behavior change using CLTS

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Testing CLTS Approaches for Scalability

Project Summary

Partners

- Bill & Melinda Gates Foundation
- Plan International USA, Ghana, Kenya & Ethiopia
- The Water Institute at UNC

Focus

- Combined implementation and research on CLTS
- Linked activities in learning, capturing and sharing

Status

- Year 4 year project

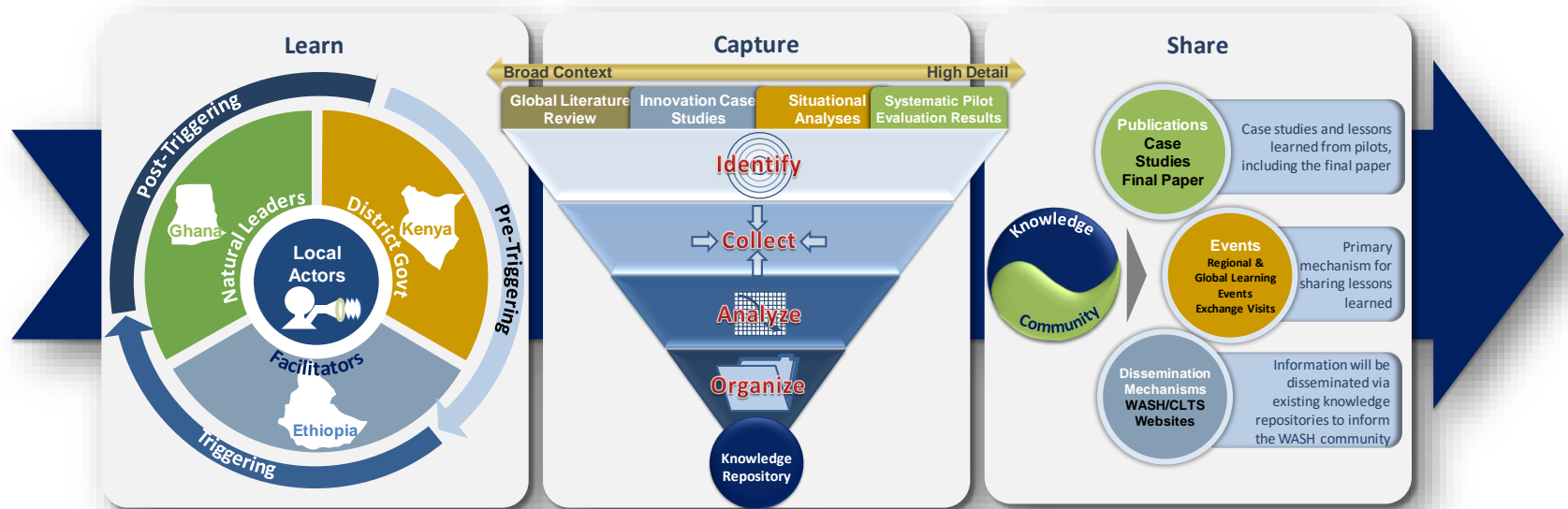


Research Questions

- Researching the the roles of local/internal actors at the community, facilitator and government levels in CLTS implementation



Multiple Components



Outline

1. Background
2. Training local government in CLTS management, Kenya
3. Teachers as CLTS facilitators, Ethiopia
4. Training natural leaders, Ghana
5. Discussion



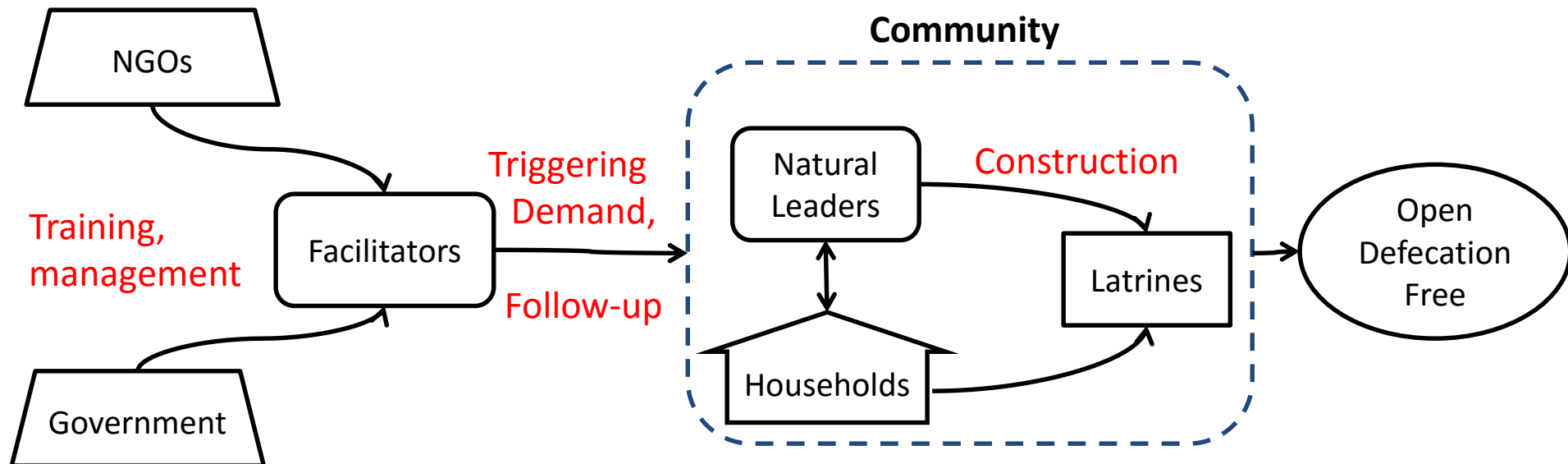


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1. Background

The CLTS Approach

- NGOs and government train and manage facilitators
- Facilitators visit a community meeting to “trigger” demand for sanitation and hygiene
- Natural leaders emerge
- Households construct latrines
- Communities become Open Defecation Free (ODF)



Designing our project: relevancy & rigor

- April 2011: Meetings in Ghana, Ethiopia, and Kenya
- Discussion between Plan and UNC:
 - What are the main challenges each country faces in implementing CLTS?
 - How can we address these barriers?
- Matched the most rigorous research design that fit



Three project evaluations

Kenya

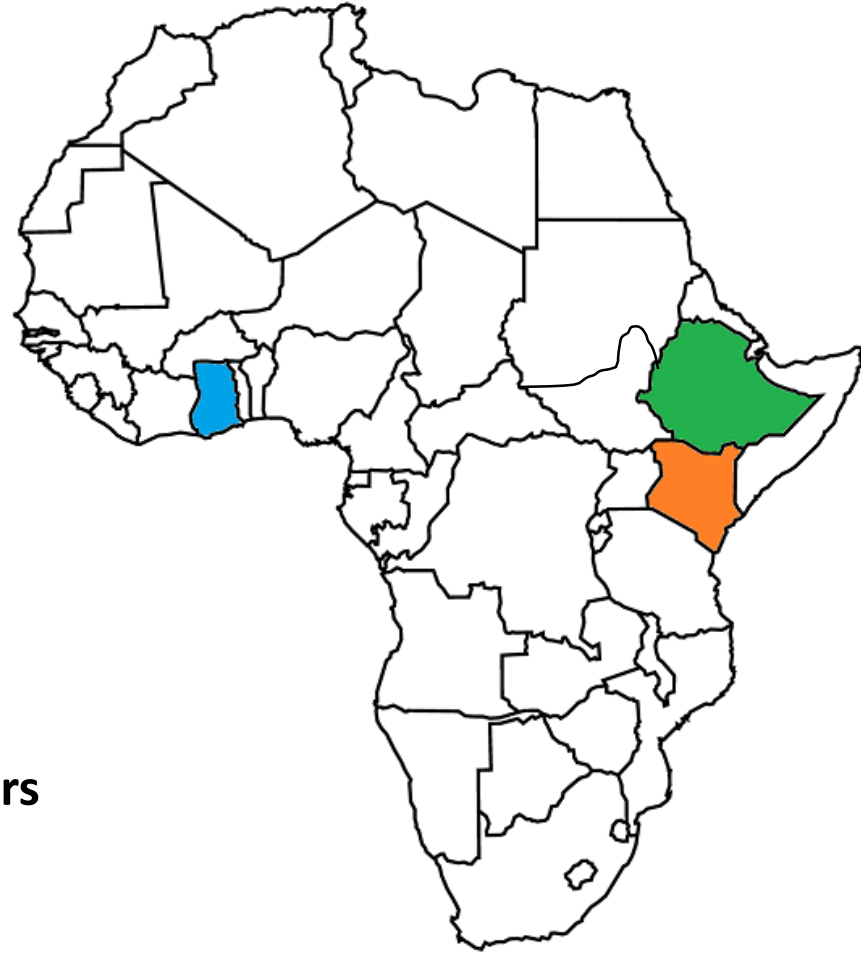
Assess the influence of training **district government** in CLTS program management

Ethiopia

Assess **Teachers** as CLTS facilitators

Ghana

Evaluate the impact of training **Natural Leaders**





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Background – CLTS in Kenya

- CLTS arrives in Kenya in 2007, in policy in 2011
- Shift in local government mandate and responsibilities
- Local government lacks resources for CLTS, and some skills for managing complex CLTS programs
- NGOs support government, or serve as an alternative, which is not a scalable or sustainable model
- Government devolvement and restructuring in 2013
- Plan Kenya proposes training local government in management of CLTS programs



Training program

Target learning outcomes:

- Knowledge
 - CLTS process and steps
 - CLTS enabling and constraining factors
- Skills
 - Partnership
 - Supervision
 - Resource mobilization
 - Monitoring



Two districts:

- *Homa Bay*
- *Kilifi*

Study design

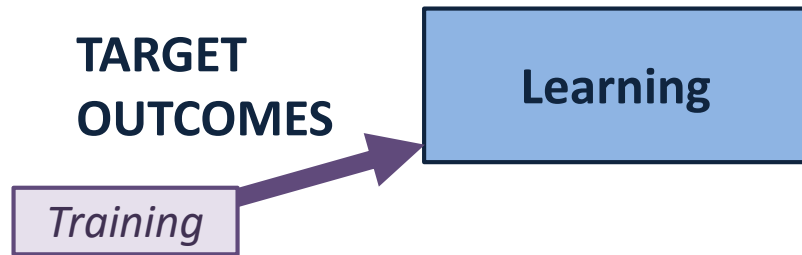
Main features

- Conceptual framework developed
- Semi-structured interviews at two weeks and seven months after training
- In-depth analysis of interview transcripts

Research questions

1. What were the trainees' experiences with the training program
2. What did trainees learn?
3. How have the trainees applied their learning in their work?
4. What factors influenced—positive or negatively—trainees' learning, and application of learning in their job?

Learning outcomes

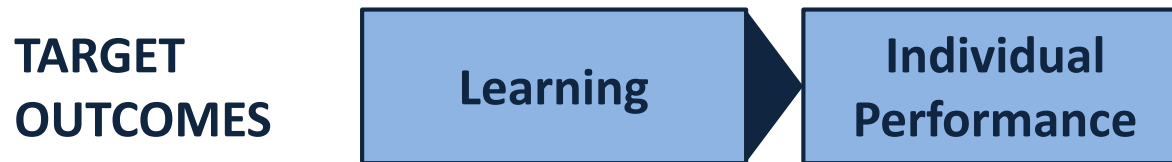


Learning outcome: knowledge and skills gained

- **Outcome:** High recall of CLTS implementation process and steps
- **Outcome:** Partnership and supervision skills
 - Trainees described plans to form an inter-ministerial committee to **supervise field staff**: “Now everybody is incorporated from the district down to divisions and now to the field, I just think the gaps have been sealed and now some work can be done.”
- **Outcome:** Resource mobilization and monitoring skills



Individual performance outcomes



Individual performance outcomes

- **Partnership**
 - Better cross-ministry collaboration and programs
 - Improved communication and planning
- **Supervision**
 - More democratic management styles
 - Increased focus on teamwork
- **Resource mobilization**
 - Coordinated budgeting
- **Monitoring:** Not much change



Improved programming outcomes

**TARGET
OUTCOMES**

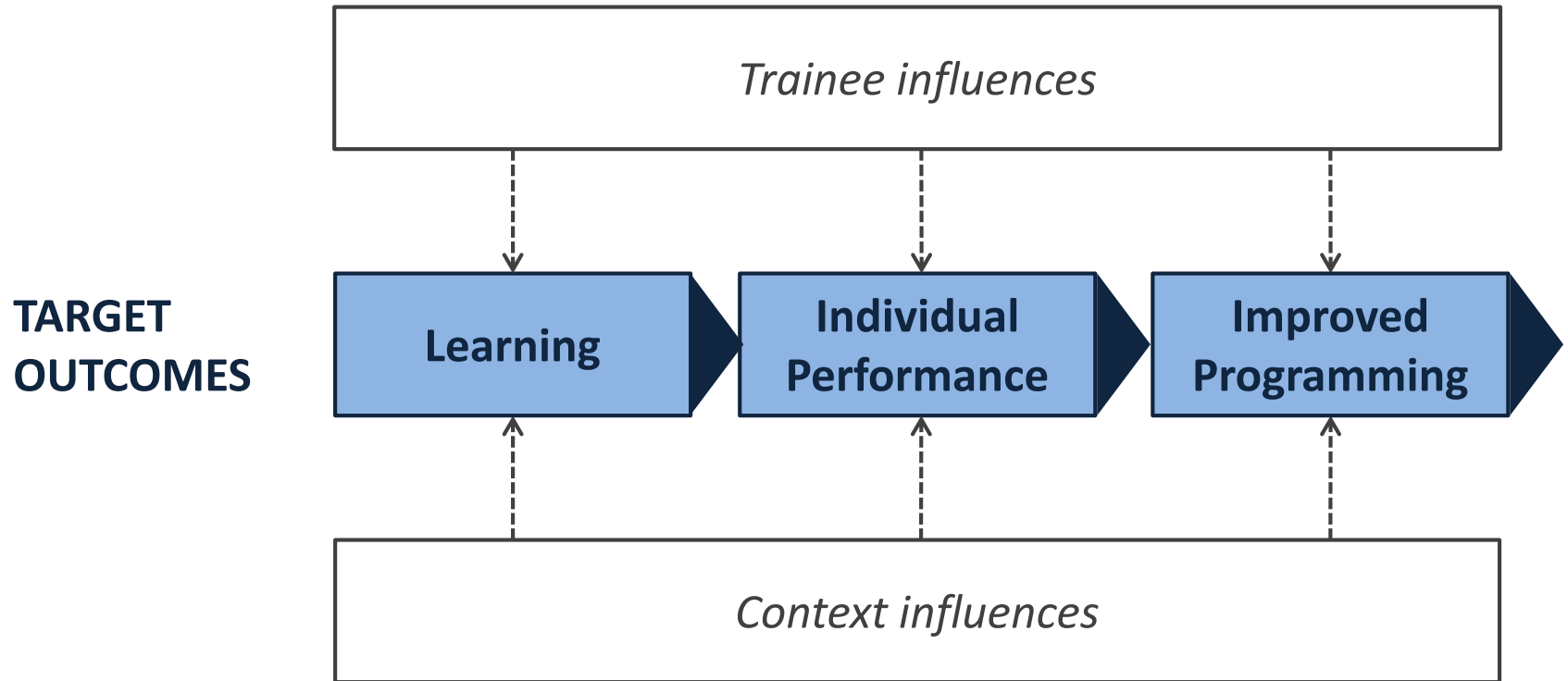


Improved programming: indications of outcomes

- Increased sense of responsibility within trainees' organizations
- Change in organizations' policies
- Cross-ministry collaboration
- CLTS incorporation into existing programs



Influences on training outcomes



Influence on training outcomes

- **Training design:**
 - participatory structure, group work, field training
- **Organizational factors:**
 - Supervisor inflexibility, fixed budget allocations
 - *Training activities directed at these constraints:*
 - *Advocacy training, “sensitizing” supervisors*
 - *Resource mobilization training, lobbying county government for a sanitation budget*



Discussion

Summary

- Conceptual framework for training evaluation in WaSH
- Training led to learning and improved individual performance
- Improved programming constrained by resource limitations and rigid organizations
- Advocacy and resource mobilization training addressed these constraints

Enhancing training outcomes:

- Adapt training content to the setting





1. Background

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4. Training natural leaders, Ghana

5. Discussion

Background

- CLTS introduced to Ethiopia in 2007
- Health Extension Workers (HEWs) facilitate CLTS
(2 per kebele, which is 20-30 villages and 5000 people)
- HEWs overburdened, can't do adequate follow-up
- Plan Ethiopia trained teachers previously with good results
- Prior studies of teachers supporting WaSH in schools are promising
- Plan Ethiopia proposes training teachers as CLTS facilitators, as they are more numerous than HEWs, and well recognized within communities

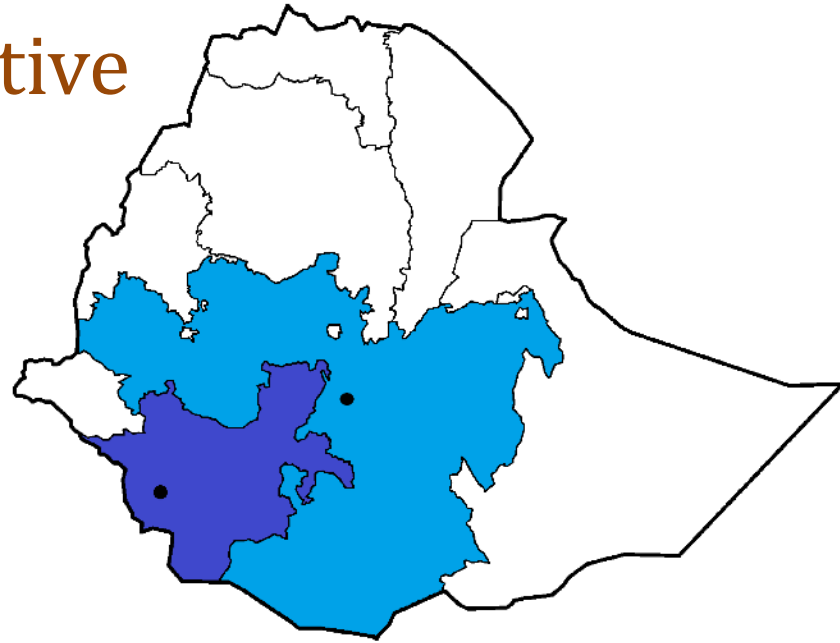


Ethiopia Setting

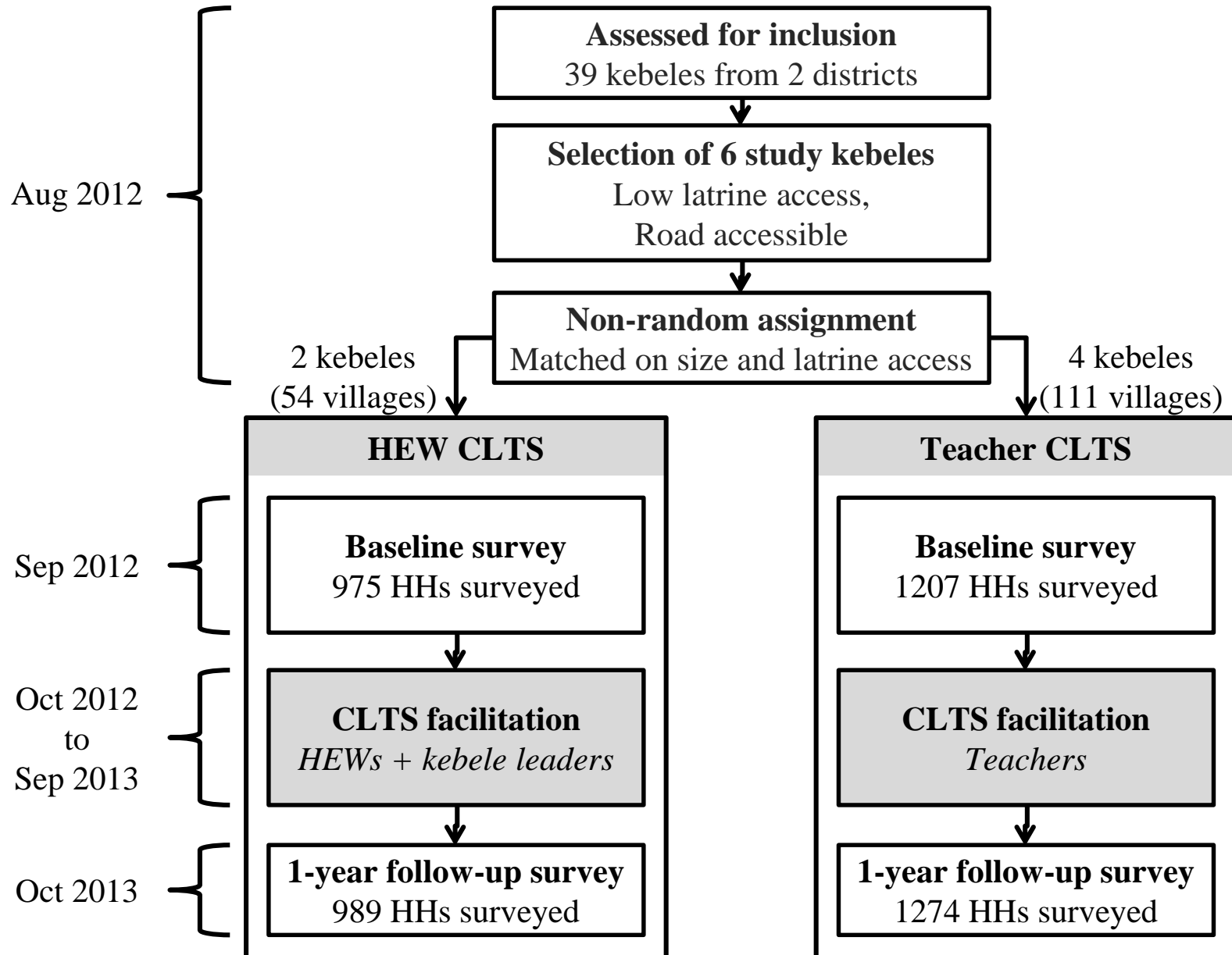
Project focus: **Assess Teacher-facilitated CLTS as an alternative to conventional CLTS**

Two regions:

1. SNNP region, Dara district
2. Oromia region, Deksis district



Study design – Ethiopia / teachers



Project description - Ethiopia

Intervention 1: HEW CLTS

- Health extension workers lead facilitation
- Kebele leaders support facilitation

Intervention 2: Teacher-facilitated CLTS

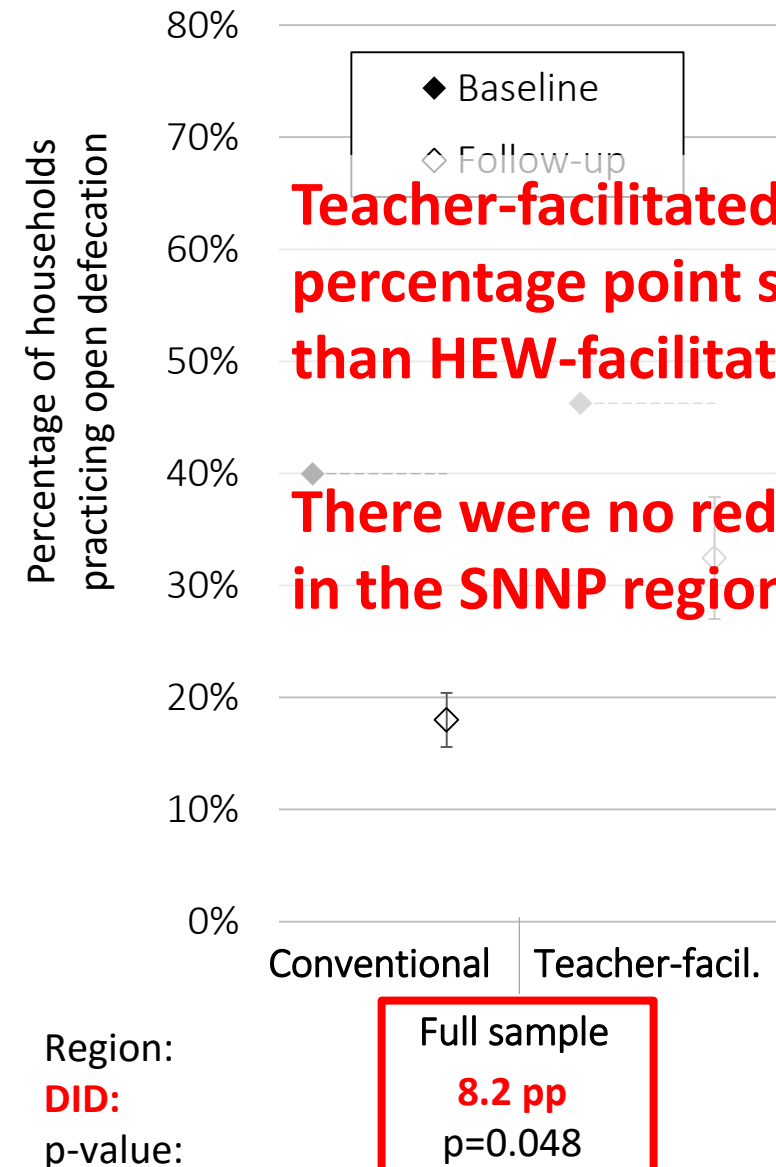
- Teachers facilitate CLTS
- Kebele leaders support facilitation

Plan International Ethiopia's role

- Train HEWs, teachers, and kebele leaders
- Guide trainees during facilitation, and occasionally visit kebeles

Intervention	Kebeles	Villages	Teachers trained, per kebele	HEWs trained, per kebele	Kebele leaders: trained, per kebele	at triggerings, per village
HEW CLTS	2	54	0	2	8	1.6
Teacher CLTS	4	111	17	0	2	0.3

Change in open defecation during CLTS interventions, Ethiopia



Teacher-facilitated CLTS was associated with a 8.2 percentage point smaller reduction in open defecation than HEW-facilitated CLTS.

There were no reductions in open defecation in villages in the SNNP region

Local actors' experiences

Teachers

- Appeared to be effective, motivated, and engaged CLTS facilitators
- Very fast at triggering their kebeles
- Lacked support from kebele leaders initially
- Paused CLTS activity for school exams and breaks

Health extension workers

- Pre-established relationship with kebele leaders
- *“HEWs are seen using the kebele structure more effectively ... [they] have got an already established relationship.” – Plan staff member*

Comparison of regions

Variable	Oromia	SNNP
Village size (households)	29	39
Household size (people)	6.1	5.6
Average tenure (years in village)	25	21
Baseline open defecation	70%	27%
Prior village WaSH aid	0%	0%

**Prior WaSH history is based on a situational assessments in 2012



Change in latrine ownership during CLTS, Ethiopia

Variable		Latrine ownership at:		Interpretation
		Baseline	Follow-up	
Infrastructure	Any observed latrine	79%	77%	No change in latrine ownership
	Stable and safe flooring	54%	62%	Increase in <i>usable</i> latrines
	Improved	17%	16%	No change in improved latrine ownership
Upkeep	Hole covered	2%	8%	Slight increase in hole coverage
	Clean (no feces on floor)	48%	53%	Slight increase in cleanliness
	Less than ~10 flies	56%	61%	Fewer flies
	Available handwashing materials	14%	18%	Slight increase in handwashing materials



Conclusions

- Teachers may be more appropriate in supporting role rather than lead role
- Kebele leader support was important for CLTS success
- CLTS seems most appropriate in settings where baseline open defecation is high
- CLTS was associated with increased use of clean latrines and handwashing, but no increase in more durable “improved” latrines



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Background

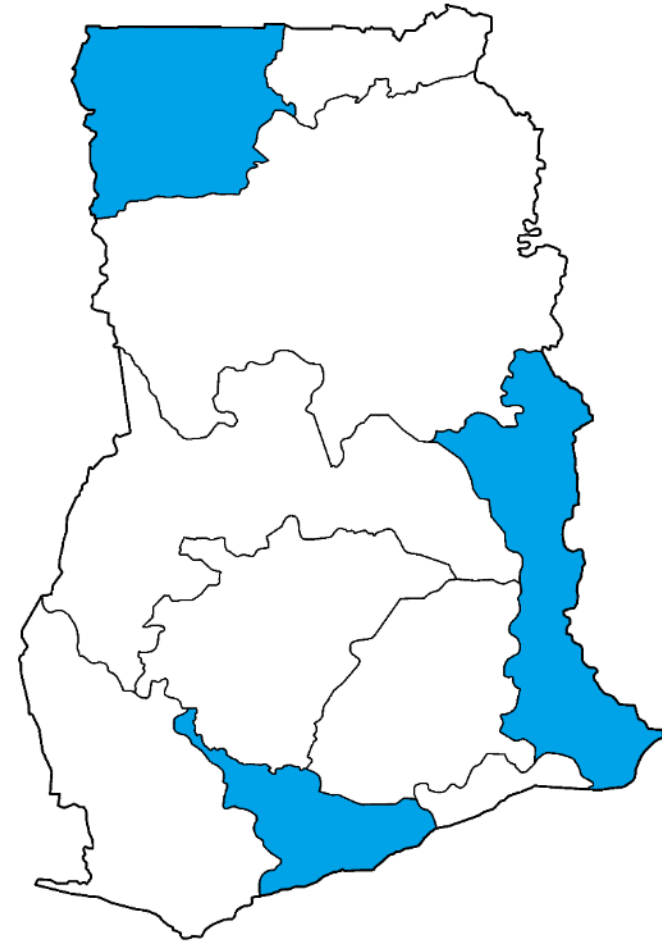
- CLTS introduced to Ghana in 2007
- NGOs lead; long-term intensive follow-up needed
- Low response by communities
- Natural leaders frequently cited as core aspect of CLTS in gray literature
- Peer-influence has been found to affect latrine adoption decisions
- Plan International Ghana proposes training natural leaders: to build capacity within communities, and improve community dynamics and cohesion



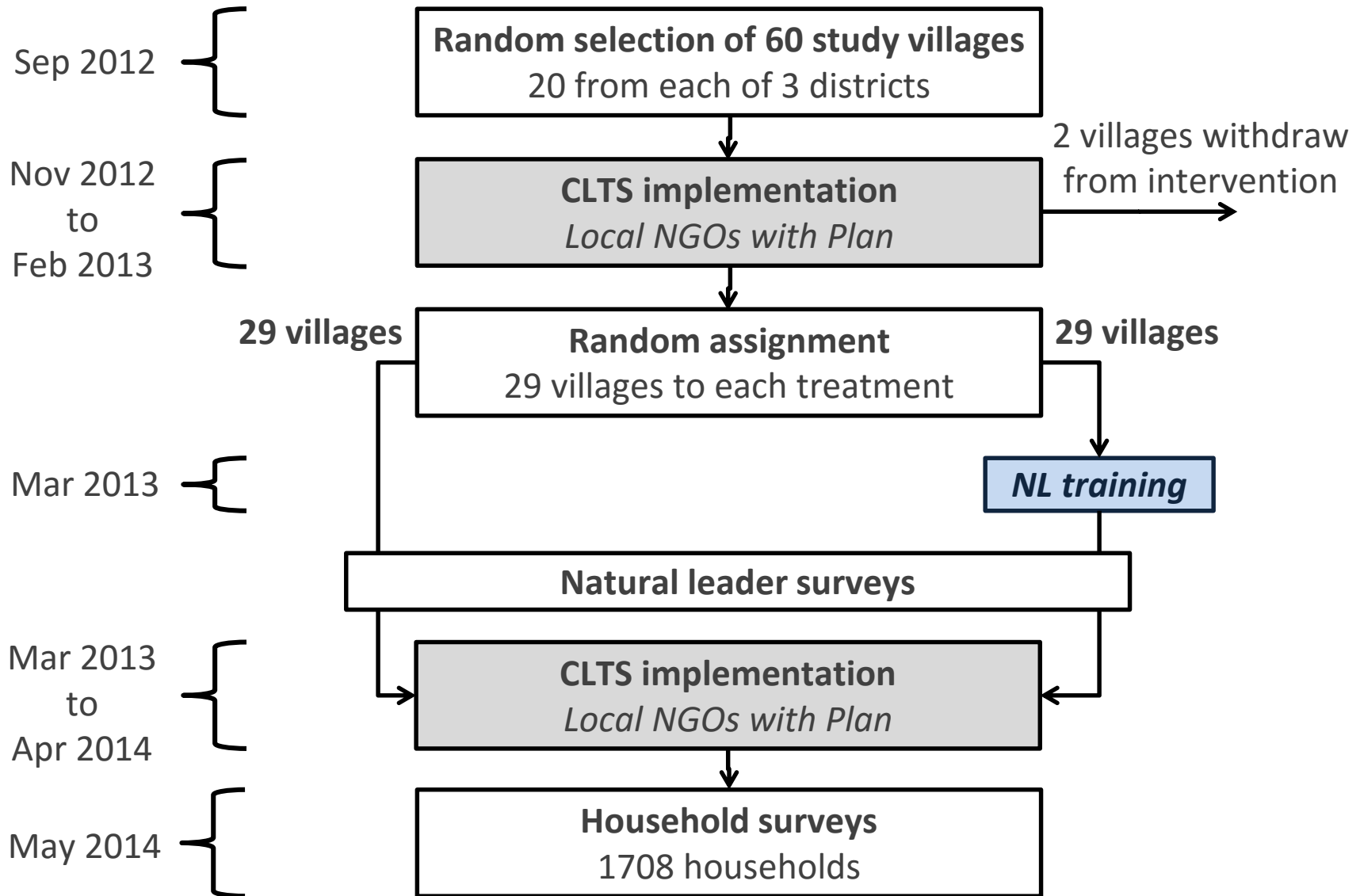
Ghana setting

Three regions:

- Central
- Volta
- Upper West



Study design



Project description

Intervention 1: CLTS

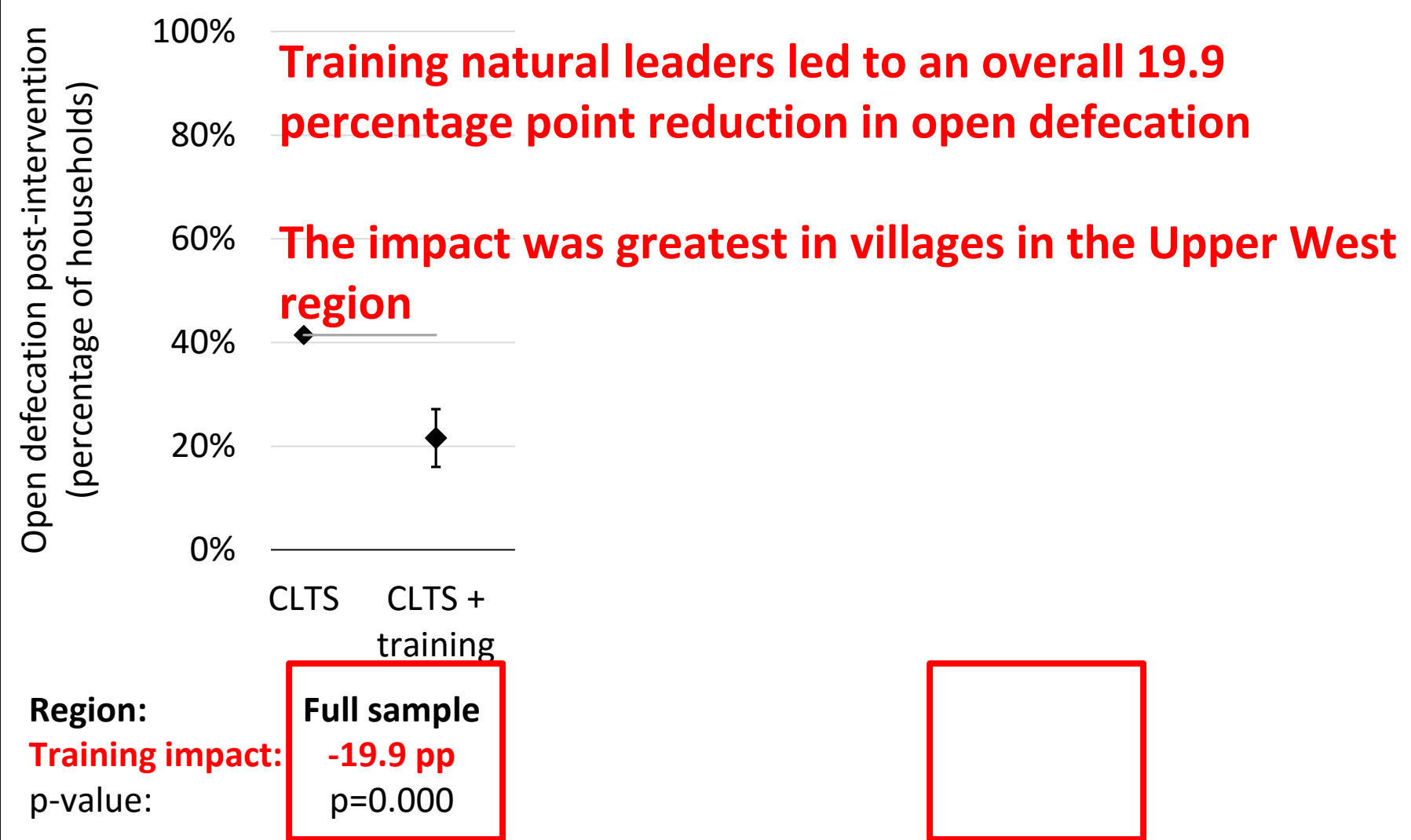
- Plan facilitates CLTS for 18 months

Intervention 2: CLTS + *Natural Leader training*

- Plan facilitates CLTS for 18 months
- Plan trains 8 natural leaders from each village
 - 4-day initial training, three 1-day review meetings, 4-day “refresher” training
 - Training covers sanitation, hygiene, and participatory techniques



Impact of training natural leaders on open defecation, Ghana



- Impact is estimated using an ordinal logistic regression. Brackets are 95% confidence intervals
- Analysis accounts for unequal selection probability, non-response, and village-clustering of outcomes
- Full sample is 58 villages: 18 in the Central region, 20 in Upper West, 20 in Volta

Comparison of villages by region

Villages in the Upper West region differ from those in Central and Volta

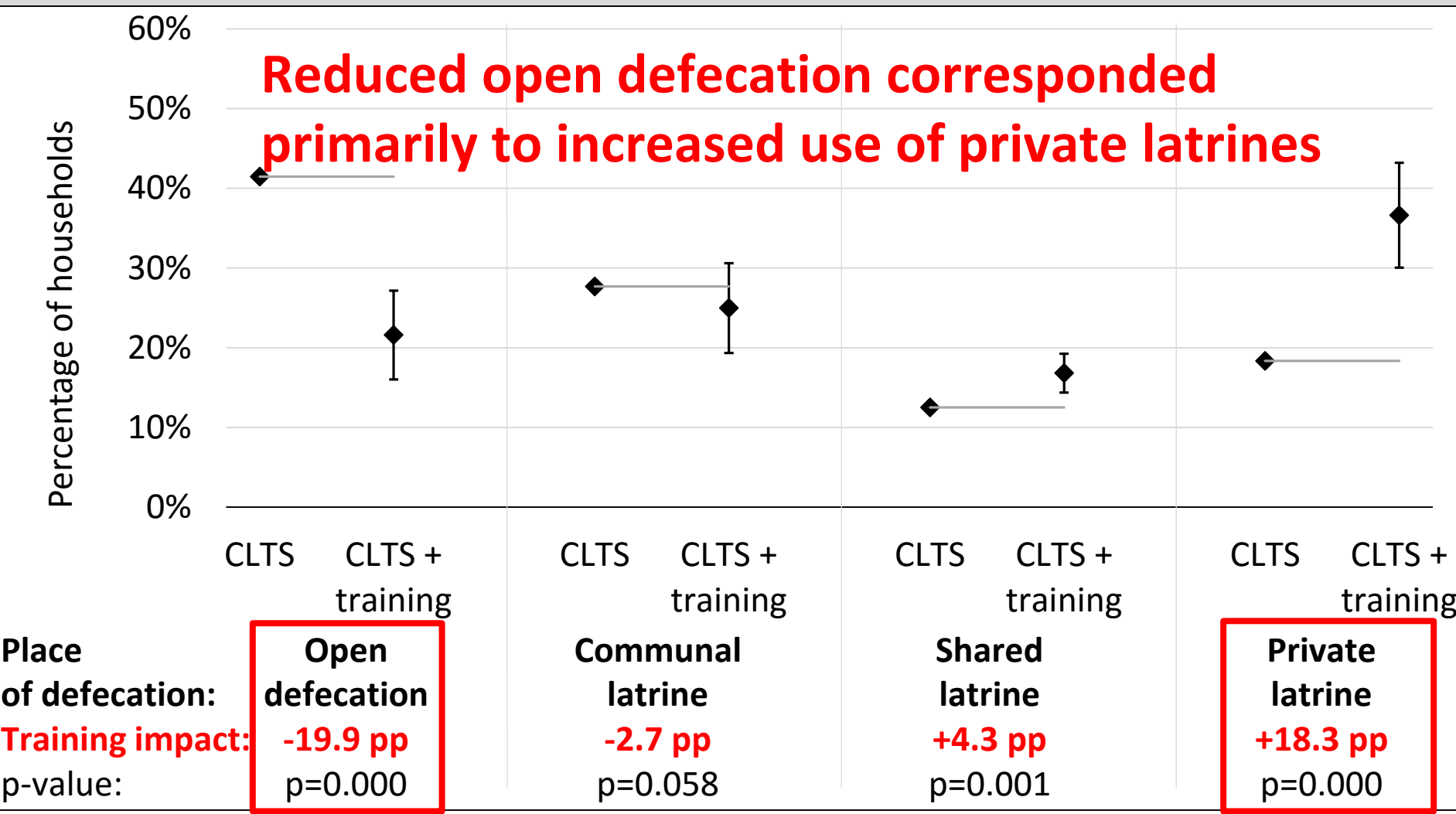
Variable	Central	Upper West	Volta
Village size (households)	164	67	122
Household size (people)	3.28	6.44	3.60
Average tenure (years in village)	26.8	35.6	25.5
Population density (people / km ²)*	5900	1700	2000
Prior village WaSH aid**	100.0%	45.0%	78.9%
Prior household latrines provided**	33.3%	15.0%	36.8%

*Population density is based on GPS data collected during the census

**Prior WaSH history is based on a situational assessments in 2012



Impact of training natural leaders on sanitation practice, Ghana



Comparison of pre-existing latrines to latrines built during CLTS

Latrines built during CLTS tended to be lower quality than pre-existing latrines

Variable	Latrine built:		CLTS latrines compared to pre-existing:
	Pre-CLTS	During CLTS	
Durable flooring	84%	60%	<i>Less durable flooring</i>
Stable flooring	94%	86%	<i>Slightly less stable and safe flooring</i>
Pit ventilation	55%	31%	<i>Less likely to be ventilated</i>
Intact door	77%	47%	<i>Less likely to have an intact door</i>
Complete privacy	66%	48%	<i>Less likely to offer privacy</i>

Latrines built during and before CLTS tended to be comparably maintained



Local participation in CLTS

Training natural leaders **DID NOT** increase the percentage of households participating in CLTS

Training natural leaders **DID** increase the amount of time local actors and households spent on CLTS

Intervention	CLTS	CLTS + NL training
Attended meeting about sanitation in past 2 months	30%	30%
Discussed sanitation with neighbors in past 2 months	34%	35%
Local actor hours on facilitation, per 10,000 people targeted*	515	864
Community hours on CLTS, per 10,000 people**	21,891	39,819

*Local actor hours includes natural leaders and government, and excludes time in training and traveling.

**Community hours includes time in meetings and visits, and time spent on latrine construction.



Conclusions

- Natural leader training had a positive impact
- Impact was greatest in Upper West region
- Three potential reasons for success in Upper West
 - Homogenous, cohesive communities
 - Low prior exposure to WaSH projects
 - Little to no reliance on communal and shared latrines
- Latrines built during CLTS were lower quality than pre-existing latrines, but similarly maintained

Messages from this research

- CLTS can have a major impact on latrine adoption and ODF achievement.
- However, CLTS is not a “silver bullet”, it is more effective in some settings than others.
- Local actors are important in driving towards more effective CLTS outcomes.
- For CLTS to deliver on its potential as a tool for behaviour change, we need broader, national sanitation strategies that understand how CLTS supports sustainable sanitation (portfolio within national plan).



Thank you – questions?

