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Testing community-led approaches for scalability: project briefing

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**SUSTAINABLE WATER AND SANITATION SERVICES
FOR ALL IN A FAST CHANGING WORLD**

**Testing community-led approaches for scalability:
project briefing**

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BRIEFING PAPER 2061

Community-Led Total Sanitation is an approach to create community-wide sanitation and hygiene behaviour change. The CLTS approach has been scaled rapidly to over 50 countries, but limited rigorous evidence on cost-effectiveness and scalability has been generated. The Testing CLTS Approaches for Scalability project is a four-year partnership between Plan International and the Water Institute at the University of North Carolina to collect, critically evaluate, and disseminate practical lessons learned about implementing CLTS at scale. Learnings are based on rigorous applied research from a systematic literature review and a variety of research activities in 12 countries. This briefing shares a summary of the project, the research designs used, and preliminary findings.

Community-Led Total Sanitation

Community-Led Total Sanitation (CLTS) is an approach to sanitation promotion that emerged approximately 15 years ago in Bangladesh, and has since spread to over 50 countries around the world (Institute for Development Studies 2014). CLTS focuses on creating community-wide demand for sanitation by triggering collective awareness of sanitation issues and shame or disgust for open defecation (Kar & Chambers 2008). In contrast to most previous approaches to sanitation, CLTS does not involve supplying latrines, construction materials, or financial support for latrine construct, but rather expects that communities will find their own means to construct latrines if demand is successfully created. CLTS implementation involves training facilitators who then visit communities for triggering and follow-up until demand is created and latrines built by the community.

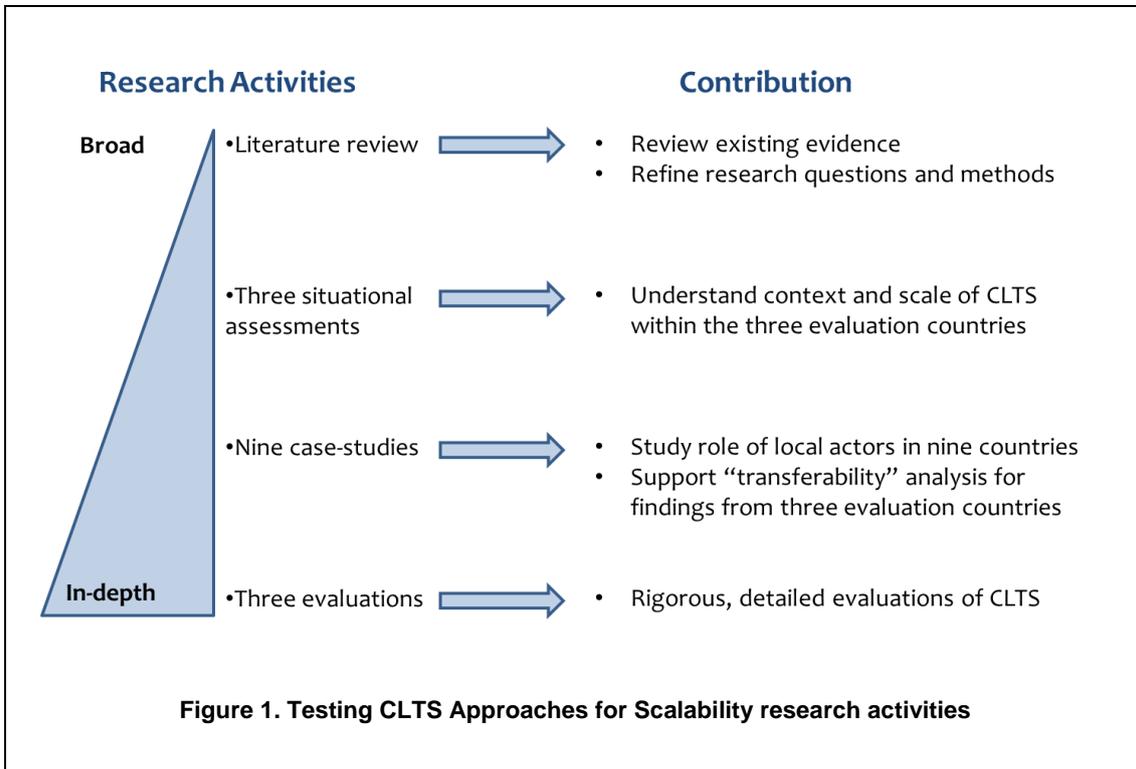
CLTS has been rapidly scaled up by a variety of organizations, and in many countries has been adopted as the nationally mandated approach to addressing rural sanitation and hygiene. There has been limited high quality evidence showing that CLTS improves health, is sustainable, or is cost-effective compared with other sanitation approaches. The success of CLTS in mobilizing communities to build latrines and change sanitation and hygiene behavior depends to a great extent on the responsiveness and cohesion of communities, the availability of skilled facilitators, and program management provided by local government.

The “Testing CLTS Approaches for Scalability Project”

Our project, “Testing CLTS Approaches for Scalability”, is a partnership between The Water Institute at UNC (UNC) and Plan International. Our project has the aim of bridging research and practice. We address the evidence gap through a set of research activities that focus on the role of three important actors: community members, facilitators, and local government. In order to better understand how each of these actors function in CLTS, and how their successes can be replicated elsewhere, we have outlined four questions that are common across project activities:

- In what context do local actors work?
- What is the role of local actors?
- How do local actors influence effectiveness and sustainability?
- What is the cost of involving local actors?

With stronger evidence, both practitioners and policy-makers can make better decisions about how to allocate resources and where and how to promote CLTS. Our research activities are summarized below.



Project design process

In order to bridge research and practice, the project design was a collaborative process between Plan International offices from the USA, Ethiopia, Ghana, and Kenya, and UNC researchers. The Plan International offices led in selecting the research focus in each country and designing implementation to ensure that the research was relevant in each study country, while UNC led in study design to ensure rigor in the research methods.

Literature review

A systematic literature review was conducted to bring breadth to the study's applicability and context by investigating and comparing past CLTS experiences. The following questions were addressed by the review:

1. What does existing evidence show regarding the success or failure of CLTS;
2. Do interventions that focus on natural leaders have an impact on sanitation and hygiene outcomes;
3. Do interventions that focus on teachers and schools have an impact on sanitation and hygiene outcomes; and
4. Do interventions that focus on local government have an impact on sanitation and hygiene outcomes?

The review is intended to be useful to practitioners and researchers and also inform the research design for the rest of the project.

Three situational assessments

The situational assessments took place in, Ethiopia, Ghana, and Kenya at project initiation. The situational assessment framework was adapted and expanded from a Water and Sanitation Program report (Rosensweig 2008). The objectives of the Situational Assessments were to understand the context and background in each project country, and to conduct a stakeholder analysis. The situational assessments were used to check the relevancy of the research questions developed during the proposal stage in the three evaluation countries, and to understand the stakeholders involved in CLTS in each country to ensure that they were properly engaged in the project. The Situational Assessments relied on collection of policies, guidelines, monitoring

reports, and other documents, as well as in-depth interviews with governmental and non-governmental stakeholders involved in CLTS. Across all three countries, a total of 215 documents were collected and 85 interviews completed.

Nine case studies

The third component of the project aims to understand variations in CLTS implementation approaches from Plan International’s broader global CLTS experience through a series of case studies titled the Learning Series. The case studies take place in Bangladesh, Cambodia, Indonesia, Laos, Nepal, Niger, Uganda, Zimbabwe, and Haiti. These case studies analyze the perspectives of multiple stakeholders, including government officials, Plan International CLTS program staff, CLTS field implementers and facilitators, and beneficiary communities through in-depth interviews and focus group discussions. The Learning Series primarily aims to characterize variations in the process of implementing CLTS, identify the roles of various internal actors in implementation, identify strengths and challenges as perceived by different stakeholders, and analyze implications for CLTS practice. Individual country reports will be produced, as well as a cross-country comparison of Plan’s CLTS projects.

Three multi-level evaluations

The most in-depth research on the Testing CLTS Approaches for Scalability project is made up of three separate evaluations, one each in Ethiopia, Ghana, and Kenya. Each Plan International country office identified who they perceived to be the most important local actor to train. The three projects evaluate teachers as facilitators in Ethiopia, Natural Leaders as community motivators and mobilizers in Ghana, and local government as CLTS managers in Kenya. The targeted local actors are labelled according to their role in CLTS in Figure 2.

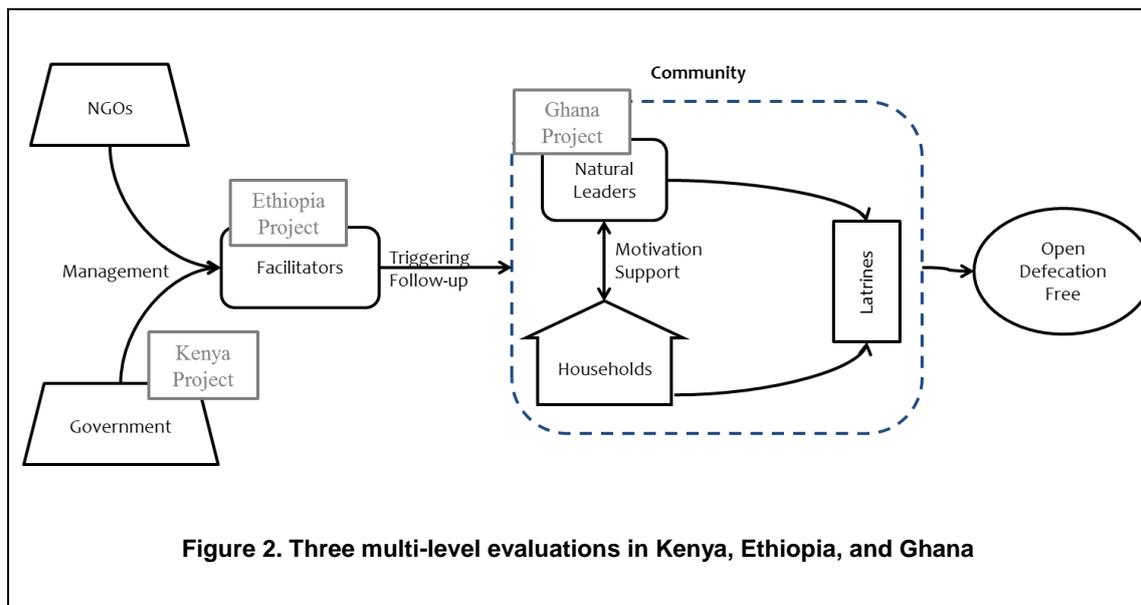


Figure 2. Three multi-level evaluations in Kenya, Ethiopia, and Ghana

In each country a different study design is employed, reflecting the different levels at which each actor works in CLTS. In Ghana, a randomized field trial is used. CLTS is implemented in all project communities in Ghana. A week-long training session for natural leaders is then given for half of the communities in Ghana. In Ethiopia, a quasi-experimental design is used. Groups of villages (called kebeles) are manually assigned to have CLTS facilitated by health extension workers (HEWs), or CLTS facilitated by teachers. For both Ghana and Ethiopia, household surveys are used to evaluate CLTS outcomes, and checklists filled out daily by facilitators are used to evaluate costs. In Kenya, a qualitative study design is used. Forty-two sub-county government officials are given a one week training course in managing CLTS, followed by six months of mentoring. In-depth interviews with those trained are used to assess how the training and mentoring have influenced their knowledge, attitudes, and management practices for CLTS.

Preliminary findings

The Testing CLTS Approaches for Scalability project began in October of 2011. At 2.5 years into the project, the literature review and situational assessments are complete, and the nine learning series case studies and three project evaluations are underway and beginning to generate learnings. A full review was conducted in 2012 of peer reviewed and grey literature. This review is currently being updated to reflect recent developments in the field and will be published in 2014. The three situational assessments were completed in March 2013, and briefings will be shared in the coming months. Data collection in five of the nine Learning Series countries has been completed as of March 2014 and the remaining four countries will be completed by July 2014. While individual country reports will be produced sequentially, a synthesis of the cross-country analysis will be published in 2015. Implementation for the three project evaluations will complete in May 2014, at which point another round of surveys and interviews will be conducted in order to do a full evaluation.

Literature review

- The majority of literature found on CLTS (115/122 documents) was not found in scientific journals, but rather through organizational websites and knowledge links. These documents were of variable quality and were typically not peer-reviewed by external experts. These documents are referred to as “grey” literature.
- While grey literature is often used by practitioners to cite the effectiveness and need for scale-up of CLTS, the publications reviewed often lacked the rigor and/or consistency of methods to make definitive conclusions about the impact of CLTS on sanitation and hygiene outcomes.
- All three internal actors being studied in this project (teachers, natural leaders, and local government) are repeatedly referenced as critical to CLTS scale-up and implementation, though no rigorous evidence exists regarding the role or impact of any of these actors on CLTS outcomes.
- The literature reflected the need expressed by practitioners for more structured follow-up mechanisms for CLTS and more standardized monitoring and evaluation tools.

Case studies

- Data emerging from completed case studies in Cambodia, Laos, Nepal, Indonesia, Uganda, and Niger reflect a variety of adaptations to the CLTS approach, both in the use of internal actors, as well as in triggering methods.
- As CLTS programs mature, they tend to involve local government actors to a greater extent. This increased involvement of local government can widen the reach of CLTS and lead to a rapid increase in latrine coverage, but it also has the potential to lead to more lecture-like triggering or more enforcement of sanitation, making it less community-led.
- In four of the five countries where data have been collected so far, typical “natural leaders” do not appear to play an important role in Plan’s CLTS activities, with no observable negative consequences. Teachers also do not play an important role as facilitators in the countries that have been studied so far.
- The experience from all five countries so far indicates a strong need for standardized measures of success for CLTS; while all the CLTS programs in this study cite ODF as a goal, indicators used to measure CLTS success vary widely in terms of percentage of latrine coverage as well as additional indicators on handwashing and environmental sanitation.

Situational assessments

- In the three evaluation countries, national government support exists for CLTS, yet the primary barrier to large scale implementation is lack of resources among local government.
- The institutional arrangements and program methodology include training local government in facilitation, yet CLTS remains non-governmental organization driven, and responsibilities are not clearly distributed between government ministries and NGOs.
- There is little or no central monitoring and evaluation of CLTS implementation and outcomes, thus the exact cost, effectiveness, and scale of CLTS in each country is unknown.

Findings from the remaining three case studies and project evaluations are forthcoming in 2014 and 2015.

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