Testing CLTS Approaches for Scalability

CLTS Learning Series:
Haiti Country Report

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About the Project

The project, *Testing CLTS Approaches for Scalability,* evaluates through a rigorous research program three distinctive strategies to enhance the roles of local actors in CLTS interventions in Kenya, Ghana and Ethiopia. The project aims to learn, capture and share reliable and unbiased information on CLTS approaches and scalability.

About the Author

Vidya Venkataramanan is a doctoral student at the University of North Carolina at Chapel Hill (UNC) and a researcher at The Water Institute at UNC.

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Abbreviations and Acronyms

ACAT	*Approche Communautaire pour l'Assainissement Total* (Community Approach to Total Sanitation)
BMGF	Bill & Melinda Gates Foundation
CAEPA	*Comites d'Approvisionnement en Eau Potable et d'Assainissement* (Water Supply and Sanitation Committee)
CASEC	*Conseils d'Administration de la Section Communale* (Administrative Council of Commune Section)
CDF	Community Development Facilitator
CLTS	Community-led Total Sanitation
CO	Plan International Country Office
CREPA	*Centre Régional pour l'Eau Potable et l'Assainissement* (Regional Center for Drinking Water and Sanitation)
DINEPA	*Direction Nationale de l'Eau Potable et de l'Assainissement* (National Directorate of Drinking Water and Sanitation)
INGO	International Non-Governmental Organization
JMP	WHO/UNICEF Joint Monitoring Programme
MCHA	Multipurpose Community Health Agent
MDG	Millennium Development Goals
MSPP	*Ministère de la Santé Publique et de la Population* (Ministry of Public Health and Population)
ODF	Open Defecation Free
OREPA	*Office Régional en Eau Potable et Assainissement* (Regional Office of Drinking Water and Sanitation)
PHAST	Participatory Hygiene and Sanitation Transformation
PU	Plan International Program Unit
TCAS	Testing CLTS Approaches for Scalability
ToT	Training of Trainers
UNC	University of North Carolina at Chapel Hill
USD	United States Dollar
WaSH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive Summary

This report presents findings on Plan International's Community-led Total Sanitation (CLTS) approach in Haiti. The report is part of the CLTS Learning Series, a collection of case studies on CLTS implementation approaches. The study was conducted by The Water Institute at UNC as part of the Plan International USA project, "Testing CLTS Approaches for Scalability" (TCAS), which evaluates the roles of natural leaders, teachers, and local government in CLTS. The CLTS Learning Series investigates the roles of these and other important actors involved in the CLTS approach. This study is a result of a sub-agreement to UNC from Plan International USA, the recipient of a grant from the Bill & Melinda Gates Foundation (BMGF).

This report reviews Plan International Haiti's CLTS implementation approach by addressing the following research questions:

- What roles do local actors play in the CLTS implementation process in Haiti?

- What are enabling and constraining factors for successful implementation of CLTS?

- What implications does the involvement of local actors have for Plan International Haiti's CLTS implementation process?

In June 2014, a UNC researcher conducted 20 in-depth interviews with 41 policymakers, Plan International Haiti CLTS staff, other international non-governmental organization (INGO) partners, local government, and community leaders. Relevant organizational documents and national reports were also collected. Thematic analysis was conducted using interview transcripts, field notes, and documents. Key findings and implications are summarized below.

Roles of local actors

The main actors involved in CLTS activities presented in this report are Plan International Haiti and community leaders. Plan International Haiti finances all CLTS activities in its working areas. Their staff trigger communities and conduct follow-up activities with natural leaders/CLTS committees and masons. There was minimal local government participation in CLTS activities at the time of this study.

The National Directorate of Drinking Water and Sanitation, known as DINEPA, has been working closely with the Ministry of Public Health and Population, known as MSPP, and external support agencies to develop a national sanitation strategy that emphasizes the enforcement of policies, norms, and laws; provision of public WaSH services; and sensitization and awareness raising on household sanitation. This third part of this strategy incorporates elements of CLTS for behavior change. Plan International Haiti has become a key actor in this process, as they helped produce a facilitator's guide in 2015 for a Community Approach to Total Sanitation along with UNICEF and DINEPA. This new approach is based primarily on CLTS, but also includes other behavior change techniques and sanitation marketing, and signals the government's willingness to adopt CLTS as part of its national sanitation strategy.

This report highlights factors that enable and constrain the ability of these actors to implement CLTS in Plan International Haiti's program areas. A brief summary is presented below.

Enabling factors and implications for successful CLTS

- In their current CLTS project, Plan International Haiti conducted **knowledge, attitudes, and practices** (KAP) **surveys** before triggering, which **can be used to tailor triggering meetings** to match the baseline understanding of sanitation and hygiene in specific communities. They can improve the relevance of these surveys by also measuring baseline sanitation coverage, which can be used as a benchmark to measure progress after triggering.

- Facilitators **create and train community hygiene clubs** and **CLTS committees (comprising natural leaders)**, providing a large pool of community volunteers to assist with triggering and post-triggering activities. Through this approach, Plan International Haiti has the potential to **decentralize follow-up** and slowly **build community-level capacity** for CLTS. These groups may also be able to help build social cohesion in certain communities, provided that volunteer motivation can be sustained.

- Plan International Haiti facilitators **used participatory techniques well** during triggering meetings, indicating that they were **well-trained and qualified** for this role. These facilitators could potentially serve as **master trainers** for other INGOs and local government actors interested in facilitating CLTS.

Constraining factors and implications for successful CLTS

- **Poor coordination between DINEPA, MSPP, and INGOs at the national level** makes it challenging for Plan International Haiti to implement CLTS in communities where other hardware subsidy-based projects may occur simultaneously. However, **Plan International Haiti also did not appear to engage closely with DINEPA and MSPP on their CLTS activities at the time of this study,** which makes it challenging for the government to assess the strengths and weaknesses of this approach in Haiti as they attempt to incorporate it into the national sanitation strategy. Plan International Haiti is in a position to work closely with DINEPA and MSPP to ensure that as CLTS is adapted to the Haitian context, it does not lose the participatory foundation of the approach and is based on evidence from prior national and global CLTS projects.

- The **widespread expectation of external support** in communities makes it difficult for Plan International Haiti to effectively implement CLTS. Lack of progress in triggered communities in their earlier projects compelled them to provide subsidized material, conditional on households digging their own pits, but this approach did not ultimately succeed in transforming community sanitation behavior. Where CLTS and subsidies are not effective, Plan International Haiti should consider alternative strategies such as sanitation marketing, introduction of financing/payment plans, and encouragement of self-help initiatives in communities with strong social bonds.

- The **weak supply chain** for sanitation in Haiti, combined with people's **preference for improved cement latrines**—influenced by a **history of latrine subsidies and ongoing subsidy projects**—may explain slow progress towards ODF attainment. Plan International Haiti trains

masons on latrine construction, but should also consider ways to help build the supply chain in terms of developing and increasing access to low-cost products that masons can use to market their skills and increase latrine access.

- The **absence of standardized definitions and protocol for ODF verification** makes it difficult to know on what basis a community could be certified as ODF. Furthermore, with no baseline data on latrine coverage, it is **challenging to judge progress in communities** and compare results across communities. Plan International Haiti can **use tools from other countries** to develop these protocols so that ODF can eventually serve as a motivational tool for communities to improve their sanitation and hygiene behaviors.

- Plan International Haiti must consider using **more stringent criteria when selecting communities** for triggering, including minimal history of latrine subsidies, minimal presence of ongoing subsidy-based WaSH projects nearby, and smaller and more cohesive groups of households. The **scope for CLTS in Haiti is likely to be narrow and needs to be well-defined**. Baseline surveys can be used to identify and target such communities with the CLTS approach. CLTS is less likely to be successful in other communities, where alternative strategies may be more appropriate to improve sanitation.

1. Background

The Water Institute at the University of North Carolina at Chapel Hill (UNC), in partnership with Plan International USA and Plan International offices in Ghana, Kenya and Ethiopia, is implementing a research project titled Testing CLTS Approaches for Scalability (TCAS). This project evaluates the roles of natural leaders[1], teachers, and local government in CLTS. As part of this project, UNC and Plan International USA conducted case studies of CLTS programs implemented by Plan International country offices (COs) to form a "CLTS Learning Series." Plan COs applied to be included in the study, and countries were selected by Plan International USA and UNC. Individual reports will be produced for each country. A cross-country synthesis, guided by the goal of assessing different approaches to CLTS implementation, will also be produced at the end of the series.

In June 2014, a UNC researcher collected data for the CLTS Learning Series in Haiti with support from Plan International Haiti. This report describes Plan International Haiti's CLTS implementation approach, focusing on the roles and perspectives of local actors at each phase of CLTS. The most commonly cited enabling and constraining factors for successful implementation are also discussed, along with implications for Plan International Haiti's CLTS approach. This report does not capture CLTS activities funded by other organizations, nor does it comprehensively cover the Government of Haiti's sanitation strategy. It is intended to serve as a case study describing the roles of local actors in Plan International Haiti's CLTS program areas.

2. Research Questions

The primary research questions this report addresses—through the perspective of Plan International Haiti's CLTS program—are:

- What roles do local actors—including natural leaders, teachers, and local government—play in the CLTS implementation process in Haiti?

- What are the enabling and constraining factors for successful implementation of CLTS?

- What implications does the involvement of local actors have for Plan International Haiti's CLTS implementation process?

3. Methods

Three of Plan International Haiti's CLTS projects are reviewed in this report. Two were implemented between 2010 and 2012, and the third ongoing three-year project began in 2013. Five triggered communities with a mix of results were visited from the older projects, and two recently triggered communities were visited from the ongoing project. Communities were selected based on

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[1] In the CLTS approach, "natural leaders" are those who emerge as a result of triggering communities. They are not necessarily existing community leaders.

consultation with Plan International Haiti.

Data collection consisted of in-depth interviews with a variety of stakeholders and gathering of policy and programmatic documents. A list of process indicators was developed to guide the document review and the development of semi-structured interview guides. Responses from interviews were validated by comparing accounts from different sources. Purposive sampling was used to identify key informants at the national, department[2], and community levels who could describe experiences with Plan International Haiti's CLTS approach. Interviews were conducted with the support of an independent Haitian Creole/French to English interpreter who was not affiliated with Plan International. These semi-structured interviews were audio-recorded and transcribed by the author and a transcription company.

Interview transcripts and recordings were analyzed using a program called Atlas.ti, focusing on the types of roles of local actors and enabling and constraining factors for their activities. The analysis presented in this report is one part of a cross-country comparison of all Learning Series countries, which will be produced at the culmination of the project.

This study was approved by the Institutional Review Board of UNC and the Ministry of Public Health and Population in Haiti.

3.1. Study Participants

Twenty interviews were conducted with 41 respondents in June 2014 in the South-East and West Departments, including the capital city of Port-au-Prince (Table 1).

Four interviews were conducted in a combination of English and French, and the remaining interviews were in French or Haitian Creole. Respondents represented the national and local government; Plan International Haiti CO and field office staff; other INGOs (international NGOs) familiar with CLTS; and community leaders.

Seven triggered communities were visited in the South-East Department and the commune of Croix-des-Bouquets in the West Department. All communities had been triggered between 2011 and 2014. None of these communities had been certified as open-defecation-free (ODF) at the time of this study.

Table 1. Study participants

Stakeholder Type	No. of Respondents
National and local (department/commune) government	5
External partners	3
Plan International Haiti	6
Natural leaders and community leaders	27
Total	**41**

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[2] Departments (*départements* in French) are first-level administrative sub-divisions, followed by *arrondissements*, communes, and communal sections.

3.2. Limitations

Boundaries of a qualitative study design

This study describes and analyzes the process of CLTS as implemented by Plan International Haiti through the perspectives of local actors. The qualitative methods used in this study do not identify relationships through statistical correlations between variables. Sample sizes in qualitative studies are intentionally small to allow in-depth analysis. Readers should be cautious about broadly generalizing findings presented in the following sections beyond the scope of Plan International Haiti's activities.

Detailed quantitative data on CLTS outcomes in Plan International Haiti's program areas were not available, and data presented in this report were not independently verified. These data cannot be directly correlated with findings from this study because of methodological differences. While findings from this study may be compared to Plan International Haiti's monitoring data to generate hypotheses on the effectiveness of CLTS, it would not be appropriate to draw definitive conclusions on effectiveness. There are also likely to be other factors affecting the outcomes that this study may not have identified.

Practical considerations

Seven communities were visited out of 83 communities triggered by Plan International Haiti, so some variations in CLTS implementation may have been missed. Furthermore, leaders and key informants were interviewed to represent the experiences of their communities. The perceptions and opinions of other residents of the communities may differ from those of their leaders, but it was beyond the scope of this study to survey community members not directly involved in CLTS activities.

Because five of the seven communities were triggered two to three years before this study, recall bias among community leaders is likely, which could have affected the accuracy of their responses, especially with regard to recalling trainings and triggering events. Additionally, Plan International Haiti played the primary role in arranging interviews and community visits based on recommendations from UNC. For this reason, it is also possible that respondents may have biased their answers to be more favorable towards the INGO. To minimize this, the independent nature of this study was emphasized during the informed consent process, and all interviews were conducted in private so that analysis presented in the report could not be linked to respondents.

Lastly, it is also possible that some data were lost in translation.

4. Findings

Firstly, an overview of Haiti's sanitation policy and Plan International Haiti's CLTS approach is presented for context. The remainder of the report focuses on the roles of local actors at each stage of the CLTS process in Plan International Haiti's programs: planning and pre-triggering, triggering,

and post-triggering.[3] Sub-sections of this report cover themes that emerged in these phases as a result of the involvement of certain local actors, and are largely descriptive; they reflect analysis of interview transcripts of how people described their own roles and the roles of other actors. Each sub-section ends with a table of the main enabling and constraining factors, along with implications for Plan International Haiti's CLTS approach. These factors emerged from analysis of the interview transcripts, and implications were identified by the author. Some of these enabling and constraining factors may have been suggested previously in the grey literature by practitioners but may not have yet been identified through independent research, whereas other identified factors were novel to this research. As this report was being developed, Plan International Haiti had begun incorporating several recommendations emerging from this study as well as from consultations with their donor. These self-reported modifications are reflected in Annex 1 and were not observed during this study.

The final section of the report presents conclusions and implications from this study for Plan International Haiti's future CLTS activities. These implications may be useful to other CLTS practitioners working with a similar implementation approach in a similar context.

4.1. Haiti's sanitation policy

Water, sanitation and hygiene (WaSH) in Haiti has been in a state of transition since the 2010 earthquake that destroyed much of the country's infrastructure, including 19 out of 20 government ministries. The WHO/UNICEF Joint Monitoring Programme (JMP) estimates Haiti's rural coverage of improved sanitation in 2015 at 19%, with 13% using shared facilities, 33% using other unimproved sources, and 35% practicing open defecation (Figure 1). Policymakers are aiming for 70% access to household sanitation by 2016 and 90% by 2022 (DINEPA 2013).
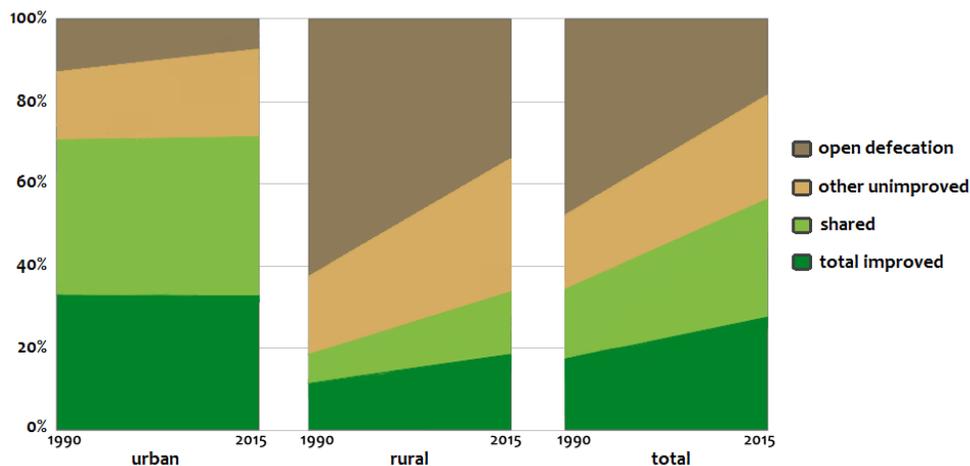

Figure 1. Urban, rural and total sanitation coverage trend in Haiti, 1990-2015 (Adapted from WHO/UNICEF 2015)

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[3] For detailed information on CLTS, refer to the *Handbook on community-led total sanitation* (Kar et al. 2008).

In 2009, the Framework Law on the Organization of the Water and Sanitation Sector[4] created the National Directorate of Drinking Water and Sanitation[5], hereafter referred to as DINEPA, under the Ministry of Public Works, Transportation and Communication. DINEPA is responsible for developing, regulating, and coordinating the water and sanitation sector in Haiti. The Framework Law also established four Regional Offices of Drinking Water and Sanitation[6], called OREPAs, whose responsibilities include developing rural departmental units for small towns and rural areas; promoting Procurement Committees for Water Supply and Sanitation[7] to manage community services in rural areas; and monitoring and evaluating programs.

DINEPA is expected to be financially autonomous and funded primarily through revenue from water services. However, given the poor payment collection system for water services, this mechanism has not yet been realized. At the time of this study, salaries for DINEPA staff were funded through loans from organizations including UNICEF, the World Bank, and the Inter-American Bank. Because the decentralized infrastructure and services are not fully in place, DINEPA relied on services of the Ministry of Public Health and Population[8], hereafter referred to as MSPP, with regard to rural sanitation. Together, they planned to launch a national sanitation awareness campaign in 2015.

The primary policy document for rural sanitation is the Strategic Guidance Document for Sanitation in Haiti[9], which was awaiting government approval at the time of this report. The draft document states that DINEPA is open to any proposal on sanitation that respects government "will and priorities," and that is "easy to manage, inexpensive and effective, has been tested beforehand, and which can be easily adapted to the conditions and needs of Haitian institutions and Haitian communities" (DINEPA 2013). The strategy emphasizes the importance of conducting awareness campaigns and training technicians to build low-cost sanitation options. According to the strategy, "individual and family toilets will not be subsidized," citing a law from 1919 that punishes dwellings and commercial establishments that do not have latrines. However, according to some INGO staff, poor implementation of the policy and poor coordination between government ministries results in an overlap of hardware subsidy and no subsidy-based projects.

One government official advocated a three-pronged approach for rural sanitation, which comprises enforcement of policies, norms, and laws; provision of public WaSH services; and sensitization and awareness raising on household sanitation, which could involve CLTS. National government representatives interviewed in this study were not comfortable with the shaming and disgust-inducing elements of CLTS, and wanted to focus instead on the relation between health and open defecation, present the legal aspects of owning a latrine, and provide instruction on construction and maintenance of latrines. Nevertheless, in February 2015, Plan International Haiti, UNICEF, and

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[4] *Loi Cadre Portant Organisation du Secteur de l'Eau Potable et de l'Assainissement*
[5] *Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA)*
[6] *Office Régional en Eau Potable et Assainissement (OREPA)*
[7] *Comites d'Approvisionnement en Eau Potable et d'Assainissement* (CAEPA)
[8] *Ministère de la Santé Publique et de la Population* (MSPP)
[9] *Document d'Orientation Stratégique pour l'Assainissement* en Haiti

DINEPA produced a document titled "Facilitator's Guide for ACAT in Haiti."[10] ACAT stands for *Approche Communautaire pour l'Assainissement Total*, or a Community Approach for Total Sanitation, which closely resembles the methods listed in the CLTS Handbook. ACAT has additional details on post-triggering activities, which may include other behavior change techniques, and includes sanitation marketing. The main components of ACAT are listed in Table 2.

Table 2. Main components of ACAT in Haiti

1.	Trigger demand (ACAT) and continue with other behavior change techniques including Participatory Hygiene and Sanitation Transformation (PHAST)
2.	Discover and manufacture ideal products in Haiti at an affordable price
3.	Develop the supply chain to make products available and accessible at the local level
4.	Continue to create demand with the promotion of affordable, widely available, and aspirational products
5.	Train masons at the village level to complete the supply chain

Source: DINEPA 2015

DINEPA and MSPP—with the help of INGOs—are also trying to rebuild the local health infrastructure by recruiting and training health officers, sanitation technicians, and 10,000 multipurpose community health agents (MCHAs). These MCHAs will be selected from rural communities and are considered volunteers, but will be given 2,000 Haitian gourdes (USD 38) per month for their work. They will theoretically be trained on Haitian CLTS triggering techniques in order to motivate community members to change their sanitation behavior.

Despite growing government recognition and planning around sanitation, the Strategic Guidance Document and interviews with government officials reveal significant obstacles toward progress, including poor coordination between INGOs and government institutions and poor access to low-cost, adaptable sanitation technologies (DINEPA 2013). A Plan International Haiti project report noted that this lack of coordination between DINEPA, MSPP, the Ministry of Education, local NGOs and communities "hinders the promotion of WASH in communities in Haiti" (Hayashi 2015). It is within this challenging but rapidly evolving WaSH policy environment that Plan International Haiti is trying to implement CLTS.

4.2. CLTS by Plan International Haiti

CLTS had been attempted in Haiti on a small scale since the 2010 earthquake by international organizations such as Plan International Haiti, UNICEF, Oxfam, the French Red Cross, Goal, CARE, World Vision, Catholic Relief Services and Partners in Health.

Plan International Haiti first began implementing CLTS in 2011. At the time of this study, they had triggered 83 communities across the South-East, North-East and West departments, financed primarily by UNICEF and the Plan International National Offices (NO) of Ireland (INO), Germany

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[10] *Guide du Facilitateur - Approche Communautaire pour l'Assainissement Total (ACAT) en Haiti*

(GNO), and Japan (JNO). All of their CLTS projects have been combined with school WaSH projects (construction of water systems and latrines), and often with construction of water systems in communities.

Figure 2 provides an overview of the three projects reviewed in this report. The UNICEF/INO-funded project and the GNO-funded project were implemented in 2010-2012 in the context of emergency relief, when the country was overrun with projects from thousands of INGOs. In this environment, reports suggest that it was a struggle to implement an approach that asked people to take their sanitation situation in their own hands and build latrines on their own. Therefore, Plan International Haiti staff decided to partially construct latrines for some households in these triggered communities, a process that is described in more detail in Section 4.5. The ongoing JNO-funded project does not have a provision for latrine subsidies. In this project, six communities are triggered at a time and monitored for up to one year, before moving on to the next group of six communities.

	UNICEF/INO-funded WaSH project	GNO-funded WaSH project	JNO-funded WaSH project
Project Dates	2010-2012	2010-2012	2013-2017
No. of communities triggered	61	16	6 (10 more planned)
Location (Departments)	South-East, North-East	West	South-East
Donor	UNICEF, Plan International Ireland	Plan International Germany	Plan International Japan
Community selection criteria	Presence of OD, proximity to School WaSH projects	Presence of OD, proximity to School WaSH projects	Presence of OD, proximity to School WaSH projects
CLTS facilitators	Plan International Haiti	Plan International Haiti	Plan International Haiti
Latrine hardware subsidies	Pipes, cement, and iron provided if households dig their own pits	Pipes, cement, and iron provided if households dig their own pits	None

Figure 2. Overview of Plan International Haiti's CLTS projects as of June 2014

Available data on CLTS outcomes

Table 3 highlights the most recent data obtained from Plan International Haiti. Baseline data on latrine coverage and the total number of households living in triggered communities were not available, which makes it difficult to assess progress in communities after triggering.

In the UNICEF/INO-funded project, 1069 households started building latrines after triggering, and 205 (20%) of them completed their latrines. According to a project report, 80 (39%) of these latrines were built with subsidized hardware from Plan International Haiti (Plan International Haiti 2012). At the

time of this study, five communities from the UNICEF/INO-funded project and two communities from the GNO-funded project were thought to be ODF "based on the findings of the community leaders," but had not been certified as such (Plan International Haiti 2012).

In the ongoing JNO-funded project, Plan International Staff estimated that they had targeted 3,588 households across six communities. They aimed for at least 359 (10%) households to construct or rehabilitate latrines. At the end of the first year, 375 latrines had been constructed or rehabilitated.

Table 3. Outcomes of Plan International Haiti's CLTS projects, 2015

Project	UNICEF/INO-funded project		GNO-funded project	JNO-funded project [1]
	2010-2012		2011-2012	2013-2017
Department	South-East	North-East	West	South-East
No. of communities triggered	30	31	16	6
Total no. of households (HH)	NA	NA	NA	3,588
No. of HH that started building latrines	574	495	NA	NA
No. of new latrines constructed	48	157	NA	95
No. of latrines rehabilitated	NA	NA	NA	280
No. (%) communities declared ODF [2]	3 (10%)	2 (6%)	2 (13%)	0 (0%)
No. of vulnerable HH [3]	40	40	NA	NA

Source: Plan International Haiti 2012; Hayashi 2015

[1] Sixteen communities planned in total, including in the West Department in 2016-2017.

[2] Based on community declaration, but not officially verified or certified as ODF.

[3] HH receiving financial support from Plan International Haiti.

Institutional arrangements

Figure 3 is an institutional map of Plan International Haiti's CLTS activities. At the national level, representatives from Plan International Haiti can coordinate activities with DINEPA, MSPP, and other INGOs through monthly meetings. However, interviews suggested that in practice, these mechanisms were still relatively weak. Although project reports cite partnership with the government, some national government officials responsible for WaSH were not aware of Plan International Haiti's ongoing CLTS activities in the South-East department in 2014, indicating that greater coordination is needed.

At the department level, Plan International Haiti works through Program Units (PUs) and recruits a team of CLTS facilitators for all aspects of the CLTS process. These teams generally comprise a WaSH project officer, hygiene promotion officer, site engineers, and community facilitators.

Communities are referred to as localities in Haiti. Here, Plan International Haiti forms community hygiene clubs, and trains masons and CLTS committees to follow-up after triggering. Representatives from the commune government (CASEC) may participate in CLTS committees, but they did not appear to play a prominent role in the communities visited in this study. The OREPA and MSPP also did not play an important role in Plan International Haiti's CLTS activities, but as this local infrastructure becomes more functional, they are likely to participate more in community-based WaSH projects.
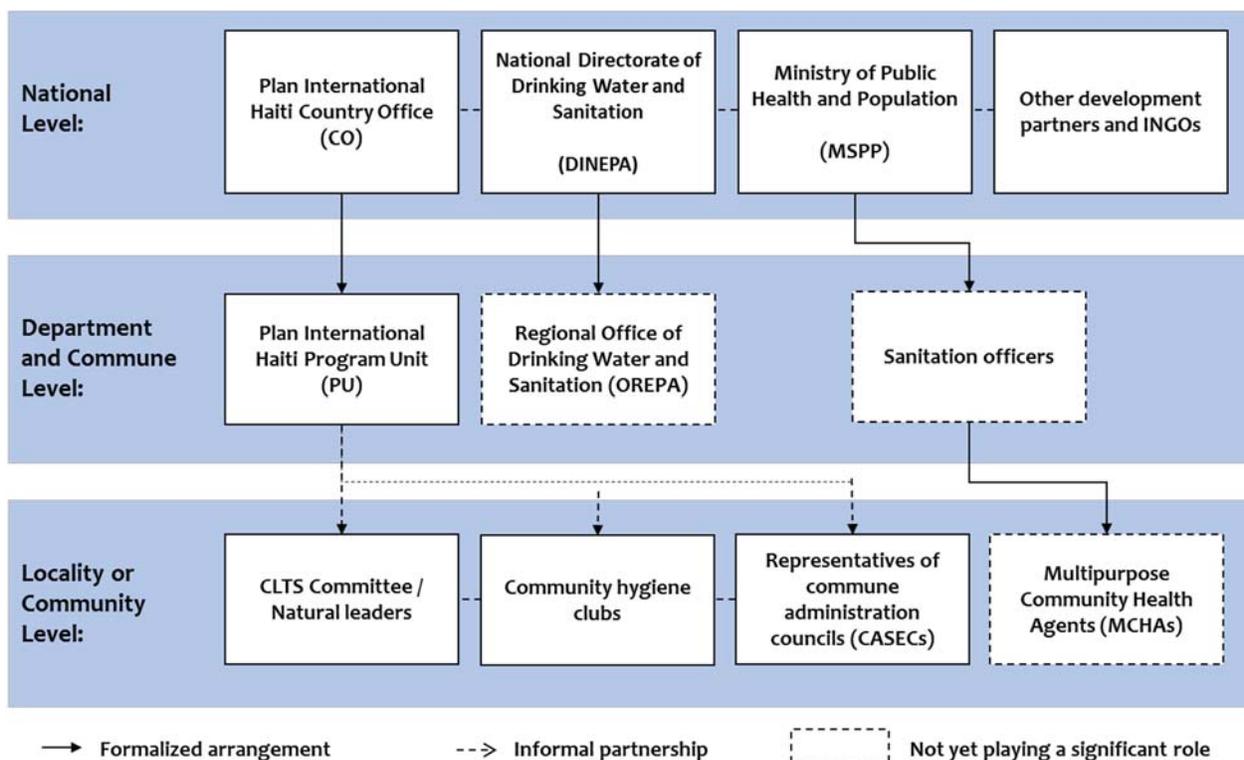
Figure 3. Institutional map of Plan International Haiti's CLTS approach

4.3. Roles of local actors: planning and pre-triggering stage

This section describes the roles of local actors as they relate to central themes that emerged from the case study during the planning and pre-triggering stages of CLTS. The roles are summarized in Table 4.

Table 4. Roles of local actors during planning / pre-triggering in Plan International Haiti's CLTS program

Actor	Role
Plan International Haiti	Financing; training; KAP surveys; community selection
Community leaders	Mobilization of families for triggering events

Financial responsibility for CLTS

Plan International Haiti finance all CLTS activities in their working areas, including trainings, triggering events, follow-up visits, and CLTS staff salaries. After their projects have ended, they have also utilized their Community Development Facilitators (CDFs), who are permanent project staff involved in child sponsorship activities, to continue to follow-up with triggered communities on an informal basis.

Training facilitators

Since 2009, there have been some ad hoc CLTS trainings in the country, including the following:

- 2009: training by Oxfam Haiti for international and local organizations

- 2010: training by UNICEF for Plan International Haiti project staff in North-East, South-East, and West departments

- 2011: training by the Malian *Centre Régional pour l'Eau Potable et l'Assainissement* (CREPA) for international and local organizations

- 2012: national training workshop by Plan International Haiti, DINEPA and UNICEF for international and local organizations

- 2013: training by Plan International Haiti for project staff in JNO-funded project

The CLTS Handbook in French is used as the main training manual; Plan International Haiti facilitators often cited specific terminology from this handbook when describing steps in the CLTS process (Kar et al. 2008). In future activities, it is likely that the 2015 Facilitator's Guide to ACAT in Haiti will be used as the main manual. At the time of this study, respondents did not describe any challenges relating to CLTS trainings. However, because MSPP and DINEPA plan to eventually train 10,000 MCHAs on CLTS, a pool of master trainers will have to be established to meet the demands of these trainings.

Defining and selecting communities

In all three CLTS projects, Plan International Haiti selected communities for triggering primarily based on the presence of open defecation and proximity to their school-based WaSH interventions. Plan CDFs would also inform them of which communities are most in need of support. In the JNO-funded project, staff reported conducting Knowledge, Attitude, and Practice (KAP) surveys in communities before triggering them, but these surveys did not measure baseline latrine coverage.

Defining the "community"

A common observation amongst INGO representatives and national government officials who were interviewed was that Haiti suffers from lack of social cohesion and strong community leadership, which makes community mobilization a challenge. This view is represented in some literature (Martin 1981), but other sources suggest that there is "robust cohesion at the community level" in rural Haiti, and that people have found ways to establish "bonds of mutual trust, as well as to penalize wrongdoing" in the absence of strong governance (Verner and Heinemann 2006; Engle-Warnick et al. 2013).

The reality in Plan International Haiti's working areas is likely to be somewhere in between, with strong bonds between groups of households rather than within entire localities. It was unclear whether Plan International Haiti triggered entire localities, communities within localities, or simply groups of households near the schools in which they worked. Interviews conducted soon after a triggering event in 2014 also indicated that participants may have been triggered from multiple localities attached to a school, and may not necessarily have belonged to the same "community." Thus, one national government official emphasized the need for INGOs to clearly define this sense of "community" before considering interventions such as CLTS: *"When you say to people, 'You should have a community without [open] defecation,' what is the limit of this community? 'I don't have a community, so what is this?' So I think we have to create this community."* Given the challenges they faced in their CLTS projects, it is possible that Plan International Haiti has been triggering large

groups of households that may not feel this sense of social cohesion.

Selecting appropriate communities for CLTS

Only a few Plan International Haiti CLTS staff members expressed concern with the current community selection process, noting that in the future, they should select communities based on low latrine coverage and the absence of other INGO projects, and not be limited to those near schools. No other staff members interviewed expressed concern with the selection process, and there was a general perception that CLTS was universally applicable in rural communities, despite being a significant challenge. Amongst current project staff, many believed that it is possible that communities with a history of latrine subsidies or those without adequate social cohesion may not respond to the triggering event itself, but the proposed solution was more dedicated follow-up visits rather than reconsidering the appropriateness of the approach itself. According to one Plan International Haiti staff member: *"To me, the main constraint is not in the method, it's rather the doubt that exists at all levels in the system. [...] And if in the whole system there is doubt, since the community depends on how you present the information, we cannot take away this doubt from the community itself."*

A 2012 report from the UNICEF/INO-funded project team concluded the following:

"The CLTS approach, while bringing benefits, is difficult to implement in a country such as Haiti where communities consider INGOs as service providers and behaviour change programmes are expected to be subsidized. This has impacted the success of the sanitation aspect of the programme and the key learning here is that a more nuanced understanding of community and individual motivation is required to implement CLTS programmes in future. A solution to this difficulty has not yet been identified." (Plan International Haiti 2012)

Therefore, if Plan International Haiti plan to continue implementing CLTS, they will need to implement lessons learned from their previous projects. They will need to define the social and geographical boundaries of "communities," thereby triggering smaller groups of households at a time. Baseline assessments that determine existing sanitation coverage and a history or presence of WaSH projects in or near these communities will allow them to target triggering events to those groups that are more likely to be receptive to the CLTS message. If community selection is restricted based on donor requirements, alternative sanitation strategies may be more appropriate in communities that do not meet the criteria for CLTS.

Forming and training community hygiene clubs

Plan International Haiti held meetings with community leaders to set the date and location of triggering meetings. With help from community leaders, they formed hygiene clubs as part of routine hygiene promotion work. In the first year of the JNO-funded project, four clubs—children, youth, mother, and father—of fifteen people each were formed and trained on hygiene and sanitation messages prior to triggering communities with CLTS.

Amongst other activities, these club members also helped identify households without latrines and invited them to triggering events. Some club members were also members of CLTS committees, which are formed after triggering events and described in Section 4.4. By forming these various

community groups, Plan International Haiti may be able to address some issues of social cohesion by creating bonds around WaSH activities. However, as noted in their own project reports, it is difficult to keep such volunteers motivated, and may require the use of incentives to sustain their motivation (Hayashi 2015).

Enabling and constraining factors for successful planning and pre-triggering

Table 5 summarizes the most frequently cited enabling and constraining factors for planning and pre-triggering activities that are relevant to the role of local actors. The enabling factors allow Plan International Haiti to conduct CLTS activities more effectively, whereas the constraining factors pose a challenge to CLTS implementation. Alongside each factor is a brief discussion of its implications for Plan International Haiti's CLTS approach.

Table 5. Enabling and constraining factors for successful planning and pre-triggering

Enabling Factor	Relevant Local Actors	Implication for Plan International Haiti
KAP surveys conducted	Plan International Haiti	These surveys can be used to tailor triggering events to match the baseline understanding of sanitation in communities. Plan International Haiti can improve the relevance of these surveys by adding indicators to measure baseline sanitation coverage as a benchmark to measure progress after triggering.
Community hygiene clubs formed and trained	Plan International Haiti Community hygiene clubs	These clubs are able to identify households without toilets and improve attendance at triggering events. They may also be able to help build social cohesion in certain communities, provided that volunteer motivation can be sustained.
Constraining Factor	**Relevant Local Actors**	**Implication for Plan International Haiti**
Insufficient training capacity for national trainings of MCHAs	Plan International Haiti National government Other INGOs	Although CLTS trainings have been conducted in Haiti since 2009, a pool of "master trainers" from the government and NGO sector will be required to fulfill the government's vision of training 10,000 MCHAs. Plan International Haiti, along with other INGO partners, may be in a position to help the government by organizing trainings and providing trained facilitators as master trainers.
Unsystematic community selection	Plan International Haiti	Many communities not conducive to CLTS may have been triggered, which may explain slow progress towards ODF attainment. Rather than selecting communities next to their school projects, Plan International Haiti should consider more stringent criteria, including minimal history of latrine subsidies and smaller and more cohesive groups of households with well-defined boundaries. Baseline surveys can be used to identify and target such communities with the CLTS approach.

		Poor coordination between WaSH stakeholders makes it challenging for Plan International Haiti to implement CLTS in communities where other hardware subsidy-based projects may occur simultaneously. However, Plan International Haiti also did not appear to engage closely with DINEPA and MSPP on their CLTS activities, which makes it challenging for the government to assess the strengths and weaknesses of this approach in Haiti as they attempt to incorporate it into the national sanitation strategy.
Poor coordination between government ministries and INGOs on sanitation projects	Plan International Haiti National government Other INGOs	

4.4. Roles of local actors: triggering

This section describes the roles of local actors as they relate to central themes that emerged from the case study during the triggering stage of CLTS. The roles are summarized in Table 6.

Table 6. Roles of local actors in triggering in Plan International Haiti's CLTS program

Actor	Role
Plan International Haiti	Trigger communities
Community hygiene clubs	Support triggering

Triggering activities in Plan International Haiti's program areas follow many of the steps established in international CLTS guidelines and practiced around the world. Community leaders from the 2010-2012 project communities did not remember triggering events in much detail, but upon prompting, were able to recall several triggering steps. These steps included the transect walk or "walk of shame," the water bottle demonstration, community mapping, shit calculation, and discussion of disease transmission.

Triggering teams typically consisted of two to three facilitators and a hygiene promotion officer, all of whom were Plan International Haiti staff. A few staff who were involved in the 2010-2012 projects were available for interviews and described large triggering events, sometimes with a few hundred people. In addition, a two hour triggering event was observed from the JNO-funded project in the South-East Department as part of this study. All triggering steps were conducted in a participatory manner by facilitators and participants remained highly engaged. When a cup with feces was placed in the middle of the meeting room, all attendees expressed disgust, and several left the room, remarking that it was *"disrespectful."* However, these people later returned to the meeting room without prompting from facilitators and participated for the remainder of the triggering meeting. The event concluded with identifying those who were now willing to build latrines, as well as the selection of eight CLTS committee members who volunteered themselves or were encouraged by the community.

Motivating factors for change
Some community respondents who were interviewed said that they did not know about the true harms of open defecation until the demonstrations conducted during the triggering event.

Nevertheless, many of these respondents followed up by saying that they did not have the means to do anything about their situation. In some communities—especially in the semi-urban West department—the cholera outbreak allowed people to more easily form connections between open defecation and diarrheal disease; several respondents said the outbreak motivated them to dig pits and even build latrines, both with and without external support.

At the time of this study, DINEPA and MSPP intended to modify CLTS triggering tools significantly for the Haitian context for reasons justified by one government official: *"Haitians are very proud. If you try to shame them, you might lose all the benefits that you could have gotten with the sensitization. Because not only are they proud, but they don't like to feel reduced as a person."* However, the 2015 Facilitator's Guide does not reflect significant deviation from traditional triggering tools, so it remains to be seen whether future CLTS projects in Haiti will indeed be conducted using less provocative and participatory techniques or using more commonly used CLTS triggering tools.

Natural leaders and CLTS committees

CLTS Committee members may be considered "natural leaders," as they emerged during the triggering process. These leaders reported being selected for this role during triggering, as was observed in the JNO-funded project's triggering event. These leaders were all given additional training on CLTS and sanitation messages, and were then asked to use this training to motivate their community members to stop open defecation. Of the twenty-seven natural leaders interviewed, most were small business owners and farmers, and some were masons, teachers, or drove motorcycle taxis. While they seemed largely supportive of CLTS and described their efforts to motivate their communities, sustaining sufficient volunteer motivation after the end of the project could be a challenge for Plan International Haiti. Furthermore, natural leaders in one community reported that other community members thought they were gaining some benefits from Plan International Haiti for their voluntary work. A report on the JNO-funded project also noted that as volunteers with other occupational commitments, these committee members may require additional incentives to sustain their motivation (Hayashi 2015).

Triggering in the context of subsidies

Interviews indicated that natural leaders had understood the CLTS message, but struggled to convince their community members to change for a variety of reasons including financial constraints in communities, ongoing subsidized WaSH projects near the triggered communities, and memory of Plan International Haiti's previous approach of subsidizing latrines. One natural leader from a recently triggered community felt that Plan International Haiti should not change their strategy abruptly:

"The wise man suggests that if you start holding someone's hand to help them walk, at some point you have to let it go, but you have to let them go gradually. You cannot just pull yourself out, or the person will fall. It means that if Plan used to give us five bags of cement, they could give us three, and we would purchase the other two. […] How can you go from five to zero, and you are asking us to dig holes? That's not a good thing."

All seven communities visited in this study had a history of latrines subsidized by Plan International

Haiti, some from over a decade ago, and most CLTS committee members echoed the perspective of the natural leader quoted earlier.

Facilitators that were interviewed also spoke of the challenges of triggering such communities where Plan International Haiti or other organizations had previously provided subsidized latrines or water systems. A project report states that a number of localities that were triggered "were not suitable for the CLTS approach due to desensitisation caused by previous and existing direct provision sanitation programmes," which they only learned of after starting CLTS (Plan International Haiti 2012). In this project, not only did Plan International Haiti ultimately provide latrine subsidies, but so did other INGOs in communities that had recently been triggered.

Ultimately, communities that were triggered may not have always been appropriate for CLTS since the expectation of external support overpowered any desire for community-driven change in sanitation. Progress in communities may also have been confounded by provision of latrine subsidies by Plan International Haiti and other INGOs.

Enabling and constraining factors for successful triggering

Table 7 lists the most frequently cited enabling and constraining factors for triggering that are relevant to the role of local actors. The enabling factors allow Plan International Haiti to conduct CLTS activities more effectively, whereas the constraining factors pose a challenge to CLTS implementation. Alongside each factor is a brief discussion of its implications for Plan International Haiti's CLTS approach.

Table 7. Enabling and constraining factors for successful triggering

Enabling Factor	Relevant Local Actors	Implication for Plan International Haiti
Well-conducted, participatory triggering events	Plan International Haiti	This indicates that Plan International Haiti has well-trained facilitators. Challenges faced in their CLTS projects are more likely due to the prevalent context and poor community selection rather than facilitation quality.
Highly engaged "natural leaders" identified to form CLTS committees	Plan International Haiti Natural leaders	Empowering leaders who are motivated by the desire to improve their communities' health and wellbeing can increase capacity for CLTS post-triggering activities and accelerate progress. They can also build social cohesion in communities, provided that volunteer motivation is sustained.
Constraining Factor	**Relevant Local Actors**	**Implication for Plan International Haiti**
History of latrine subsidies by Plan International Haiti and other INGOs	Plan International Haiti	Facilitators struggled to successfully trigger communities that had experienced well-constructed cement latrines built previously by Plan International Haiti and other INGOs. Communities need to be better targeted for CLTS in the future, as it may not be the most effective method of reducing open defecation in communities with a recent history of subsidies.

4.5. Roles of local actors: post-triggering

This section describes the roles of local actors as they relate to central themes that emerged from the case study during the post-triggering stage of CLTS. The roles are summarized in Table 8.

Table 8. Roles of local actors in post-triggering activities in Plan International Haiti's CLTS program

Actor	Role
Plan International Haiti	Oversee monitoring and aggregate data; provide technical support; train natural leaders and masons; verify and certify ODF communities
CLTS Committee	Encourage communities to change hygiene and sanitation
Community hygiene clubs	behaviour; routinely collect data on latrine coverage

Monitoring progress in communities

Plan International Haiti's follow-up activities in the UNICEF/INO and GNO-funded projects mainly consisted of checking on latrine construction status. The reported frequency of follow-up activities in communities varied widely because it had been two years since five of the seven communities had been triggered, and community leaders could not recall the frequency of visits. Plan International Haiti facilitators reported following up with communities within weeks of triggering, with frequent visits until the end of the project cycle.

In the ongoing JNO-funded project, six communities were triggered and monitored each year. At the time of this study, Plan International Haiti staff did not describe monitoring activities in detail as the post-triggering process was still being formulated. Annex 1 describes updates to this process provided by Plan International Haiti in August 2015.

CLTS committees were trained to encourage residents of their communities to build and use latrines. They were expected to report progress to Plan International Haiti staff weekly or bi-weekly during staff visits to communities. Because Plan International Haiti works primarily in remote rural communities, facilitators sometimes cited difficulty in making frequent monitoring visits, which heightens the importance of community monitoring of progress. In the JNO-funded project, monitoring forms had been developed but were not used because Plan International Haiti was unable to adequately train CLTS committees on how to use the forms.

There was a perception amongst some facilitators that results from the CLTS approach would take a long time to materialize, and that two to four-year projects did not allow sufficient time to track real behavior change. One current Plan International Haiti staff member who had not worked on the previous CLTS projects observed that *"many organizations don't appreciate CLTS because we have short-term projects. And because they want quick results, they would rather just give a latrine instead of really changing the reality and their way of thinking."* This person felt that CLTS *"has a better chance of success"* if the organization is embedded in the community, such as Plan International Haiti, which has permanent CDFs who said that they would follow up on latrine status when making visits for other reasons such as child sponsorship activities. However, another Plan International Haiti staff member felt that once project funding has ended, follow-up activities could not happen effectively

despite the presence of CDFs.

ODF definition and verification

Most respondents defined ODF as simply the end of open defecation, while a few facilitators believed that all households have to own and use latrines to be considered ODF. One Plan International Haiti staff member described ODF as a difference *"in the life of the community. Not only can you see it but you can feel it in the communities' atmosphere that they are ready to take themselves in charge. So you can certify this community because the risk is very low that they would go back to open air defecation."* Reflecting the JNO-funded project's aim to reduce open defecation, rather than create ODF communities, this respondent believed that, *"What's important to me is what they have learned, the knowledge they have accumulated, to take themselves in charge. It's just not a matter of number of latrines, it's a dynamic aspect. If you want zero [open defecation], it's not going to happen. It's the attitude that must be certified."* Staff in this project said they were working on developing ODF criteria, but this had not been prioritized at the time of this study.

Five communities in the UNICEF/INO-funded project and two communities in the GNO-funded project had reportedly become ODF, but had not been verified by Plan International Haiti. Verification criteria were not available for these projects.

Some Plan International Haiti facilitators appeared to recognize that ODF can serve as a motivational tool for communities to improve their sanitation and hygiene behaviors, rather than being used as a final outcome indicator of sanitation. However, experiences from other countries suggest that specific criteria are still required to measure and compare progress across triggered communities and quantify the impact of CLTS.

Financing and supply of sanitation hardware

The main challenge for successful implementation of CLTS in Haiti is the history and presence of subsidized latrines. Although Plan International Haiti is now trying to encourage households to build latrines with locally available materials, they and other INGOs have unintentionally fostered a strong preference for cement latrines. One natural leader noted, "People nowadays do not build latrines with wood anymore." However, the weak supply chain in rural Haiti means that access to this kind of hardware is limited and expensive unless it is brought to communities by INGOs. Some natural leaders also noted that it cost between 2500 to 3500 Haitian gourdes (USD 45-65) to hire someone to simply dig a pit.

In the UNICEF/INO and GNO-funded projects, upon observing lack of progress after triggering, Plan International Haiti decided to provide pipes, cement, and iron bars to build latrine platforms and seats for households, conditional on them digging pits by themselves. Some respondents suggested that the material was only given to vulnerable households, who were identified by CLTS committees. Because of Plan International Haiti's project timelines, all who dug pits did not necessarily receive support, and the remaining pits were left untouched. Furthermore, because Plan International Haiti only provided material for the latrine, many households did not build a superstructure; some said they still used these latrines, but observations in the field indicated that many of these open latrines remained unused as they did not provide any privacy or protection. Community level interviews and

observations suggest that the post-triggering subsidy approach was ultimately not successful at changing community-wide sanitation behavior.

There was some indication that Plan International Haiti trained masons in the UNICEF/INO and GNO-funded projects, and they were typically hired to build latrines using materials provided by Plan International Haiti. In the JNO-funded project, which does not have a provision for hardware support, Plan International Haiti trains two masons per community on latrine construction, and involves some of them in constructing school latrines, but does not direct household latrine construction. It was unclear whether these masons charged households for their services or whether it was part of a self-help initiative, specifically the Haitian concept of kombit, which refers to a community working together towards a common goal. Plan International Haiti has tried to encourage this idea of kombit to mobilize communities to build latrines; for example, during a visit to one community that had recently been triggered, many people had gathered with shovels to dig a pit for a latrine for an elderly couple.

Nevertheless, a government official noted that for *kombit* to work successfully, it has to come from within: *"You can say to people, 'You could use kombit to [build] your toilet,' but you cannot come and say, 'You are going to make a kombit!'"* This would require Plan International Haiti to specifically trigger groups of households that feel a sense of cohesion in order for a self-help initiative to seem appropriate.

The government wants to enforce a strict no-subsidy policy for all sanitation implementers in the country, using a slogan that if you can build a house, you can build a latrine. The JNO-funded project aims to comply with this policy and does not have a budgetary provision for household subsidies. However, the challenge of increasing access to sanitation for truly low-income families is real. The government response is that if someone is truly too poor to build a latrine, they would need a more holistic intervention: *"If people don't have a good place to sleep, how we can come and help them to have a toilet? You have to come help them to have a house. So for the more vulnerable people, you try to orient them to the programme for reduction of extreme poverty or social housing. […] You cannot go to the more vulnerable and talk to them—they cannot eat, they cannot send children to school, they cannot sleep in a place […] you have to address poverty, not just the toilet."*

There is no single approach that can adequately address sanitation for poor and vulnerable populations. In communities that are not appropriate for CLTS, or that do not respond positively to triggering events, Plan International Haiti and other INGOs will need to consider alternative strategies including sanitation marketing, introduction of financing/payment plans, and continued encouragement of self-help initiatives in communities with strong social bonds. In the words of one respondent: *"When you do something and it fails, […] you cannot continue doing the same thing and hope that you get success."*

Enforcement

The government does not view sanitation facilities as a choice, but rather as a legal requirement. Therefore, a critical component of the national strategy is to enforce the 1919 law that requires households and commercial establishments to have latrines; violation of the law results in a fine

(DINEPA 2013). A government official explained that during the period of dictatorship in the 1980s, there was rural policing of sanitation, which was often associated with force and abuse. The rural police were disbanded with the advent of democracy in the 1990s. The aim is to start enforcing the law again through MCHAs and sanitation officers instead.

Given Haiti's tumultuous history and the negative associations people may have with enforcement of sanitation laws, the government and INGOs such as Plan International Haiti should carefully consider the role that enforcement can play, especially with relation to CLTS and other behavior change interventions. While enforcement of laws may be successful at increasing latrine construction in the short term, it may be less effective at long-term change in behavior and social norms.

Enabling and constraining factors for successful post-triggering

Table 9 lists the most frequently cited enabling and constraining factors in post-triggering that are relevant to the role of local actors. The enabling factors allow Plan International Haiti to conduct CLTS activities more effectively, whereas the constraining factors pose a challenge to CLTS implementation. Alongside each factor is a brief discussion of its implications for Plan International Haiti's CLTS approach.

Table 9. Enabling and constraining factors for successful post-triggering

Enabling Factor	Relevant Local Actors	Implication for Plan International Haiti
CLTS committees (natural leaders) trained to motivate their communities	Plan International Haiti CLTS committees	This approach has the potential to keep natural leaders motivated to encourage behavior change and monitor progress. Even though routine follow-up by Plan International Haiti facilitators may not always be possible, communities can self-monitor and keep track of information to submit to Plan International Haiti during routine visits.
Constraining Factor	**Relevant Local Actors**	**Implication for Plan International Haiti**
Underdeveloped monitoring and evaluation mechanisms	Plan International Haiti	Without a clear ODF definition or standardized protocol for ODF verification, it is difficult to know on what basis a community could be certified as such. Furthermore, with no baseline data on latrine coverage, it is challenging to measure progress in communities and compare results across communities. Plan International Haiti can use tools from other countries to develop these protocols.
Weak hardware supply chain in rural Haiti	Plan International Haiti Masons	Households appeared to prefer improved latrines but did not necessarily have the means or access to low-cost and durable materials to build latrines of their choice. Plan International Haiti trains masons on latrine construction, but should also consider ways to help build the supply chain by developing and increasing access to low-cost products that masons can use to market their skills and increase latrine access.

Widespread expectation in communities of external support	Plan International Haiti Triggered communities	This expectation makes it difficult for Plan International Haiti to effectively implement CLTS, which compelled them to provide subsidized material in their earlier CLTS projects. However, many vulnerable households also cannot afford to build latrines. As no single approach can adequately address the sanitation situation, Plan International Haiti should consider alternative strategies such as sanitation marketing, introduction of financing/payment plans, and encouragement of self-help initiatives in communities with strong social bonds.
Government enforcement of latrines as a legal requirement rather than a choice	National government Local government Plan International Haiti	Given the negative historical associations that many rural Haitians may have with enforcement of sanitation laws, the government and INGOs such as Plan International Haiti should carefully consider the role that enforcement can play with relation to CLTS and behavior change. Requiring that people build latrines may increase access to sanitation in the short term, but may be less effective at long-term change in behavior and social norms.

5. Conclusions and Implications

This study illustrated the roles of local actors in Plan International Haiti's CLTS implementation process, highlighted enabling and constraining factors for successful implementation, and discussed implications of these factors for Plan International Haiti's CLTS approach. There are five key conclusions with implications that may be useful to practitioners working with demand-led sanitation approaches in similar settings.

Plan International Haiti can help determine viability of CLTS in Haiti
The Haitian government's sanitation strategy has been evolving since 2011, and encourages approaches that do not provide hardware subsidies to households. The 2015 joint publication of a Facilitator's Guide for a Community Approach to Total Sanitation by Plan International Haiti, UNICEF and DINEPA signals the government's willingness to adopt CLTS as part of its national sanitation strategy. Plan International Haiti is one of the primary organizations implementing CLTS in Haiti. Therefore, outcomes of their CLTS projects will influence the extent to which this approach is incorporated into the national strategy. By improving their implementation process, they may see better progress and may also be able to determine ideal conditions for CLTS. Thus, Plan International Haiti is in a position to influence the future of CLTS in Haiti.

Engagement with community volunteers is critical for progress in triggered communities
Plan International Haiti's approach of forming and training community hygiene clubs and natural leaders into CLTS committees builds capacity at the community level for CLTS and can empower

leaders to motivate their communities, especially if they are also able to build social cohesion. However, maintaining volunteer motivation could be a challenge. Plan International Haiti relies primarily on these actors to implement CLTS, who as volunteers, are not obligated to follow any directives. In future CLTS projects, Plan International Haiti should consider involving a greater variety of local actors in the post-triggering stage—such as commune government leaders—to stimulate progress in triggered communities.

Financing and supply of sanitation hardware is a significant challenge

Most implementers in this study believed that the overwhelming presence of INGO development projects in Haiti—especially following the 2010 earthquake—has fostered a culture of dependence, which, may make communities less responsive to the CLTS message. Even in communities where people were willing to build latrines, progress has been slow. The weak supply chain for sanitation in Haiti, combined with people's preference for expensive cement latrines—influenced by this history of latrine subsidies—may explain slow progress towards ODF attainment. However, the challenge of increasing access for very low-income households is real and requires alternative approaches. Plan International Haiti can maximize current investments in behavior change projects by exploring supply-side interventions as well, including sanitation marketing activities, financing/payment plans, and encouraging self-help mechanisms such as the idea of *kombit*. The goal should be to not only generate behavior change, but to extend the supply chain to remote communities so that households are able to act on their intentions.

Targeting CLTS to the most appropriate communities can be a more efficient use of resources

There was a perception amongst facilitators that CLTS is a universally applicable approach in rural communities despite limited success observed in the three departments where Plan International Haiti has so far implemented CLTS. The scope for CLTS in Haiti is likely to be narrow and needs to be well-defined. CLTS may have the potential to be effective in certain types of communities—for example, those with strong social cohesion and no history of latrine subsidies—but to work in such communities, Plan International Haiti would have to carefully define the "community,", i.e. a small groups of households with social bonds, and conduct baseline assessments to gauge latrine coverage and history of subsidies. Targeting communities that meet these criteria would enable Plan International Haiti to focus resources more effectively. They can adapt their sanitation strategy in communities that are not appropriate for CLTS.

Defining and measuring success is critical for programme improvement

At the time of this study, Plan International Haiti did not have a clear ODF definition or ODF verification criteria. Those communities that had been declared as ODF had not been verified as such because the projects had ended before verification. ODF status can serve as a tool to motivate communities to improve their sanitation and hygiene status and behaviors, but requires a clear process on the part of implementers. Plan International Haiti could create monitoring and verification tools by adapting those already developed by other Plan International COs. They can also coordinate the development of these tools with the Haitian government and other INGOs in order to create standardized national indicators for CLTS and sanitation.

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7. Annex 1 – Update on Plan International Haiti's CLTS project in 2015

At the time of data collection for this study (June 2014), Plan International Haiti's JNO-funded CLTS activities were approaching the end of one year of implementation. In the year between data collection and completion of this report, Plan International Haiti had incorporated several recommendations emerging from this study as well as from consultations with their donor. In the spirit of learning from this iterative approach, this annex lists the following modifications they have made to their implementation approach in 2015:

- Both baseline and end-line KAP surveys are now being conducted by members of youth hygiene clubs.
- Baseline latrine coverage data are being collected on households without latrines or with poor-quality latrines that are not being used. The plan is to monitor progress of latrine construction and rehabilitation by using this list.
- Community selection criteria have been improved by not just targeting areas around schools, but by first identifying target zones in target communities where more open defecation is observed. Triggering events are conducted for each of these zones. This approach has reportedly led to higher levels of participation in triggering than in previous years.
- A monitoring checklist was developed for post-triggering which includes stages of latrine construction, maintenance and cleanliness of latrines, and presence of hand-washing points.

8. Annex 2 – Summary of enabling and constraining factors

Stage	Enabling Factor	Local Actors	Implication
Planning / Pre-Triggering	KAP surveys conducted	Plan International Haiti	These surveys can be used to tailor triggering events to match the baseline understanding of sanitation in communities. Plan International Haiti can improve the relevance of these surveys by adding indicators to measure baseline sanitation coverage as a benchmark to measure progress after triggering.
Planning / Pre-Triggering	Community hygiene clubs formed and trained	Plan International Haiti Community hygiene clubs	These clubs are able to identify households without toilets and improve attendance at triggering events. They may also be able to help build social cohesion in certain communities, provided that volunteer motivation can be sustained.
Triggering	Well-conducted, participatory triggering events	Plan International Haiti	This indicates that Plan International Haiti has well-trained facilitators. Challenges faced in their CLTS projects are more likely due to the prevalent context and poor community selection rather than facilitation quality.
Triggering	Highly engaged "natural leaders" identified to form CLTS committees	Plan International Haiti Natural leaders	Empowering leaders who are motivated by the desire to improve their communities' health and wellbeing can increase capacity for CLTS post-triggering activities and accelerate progress. They can also build social cohesion in communities, provided that volunteer motivation is sustained.
Post-Triggering	CLTS committees (natural leaders) trained to motivate their communities	Plan International Haiti CLTS committees	This approach has the potential to keep natural leaders motivated to encourage behavior change and monitor progress. Even though routine follow-up by Plan International Haiti facilitators may not always be possible, communities can self-monitor and keep track of information to submit to Plan International Haiti during routine visits.

Stage	Constraining Factor	Local Actors	Implication
Planning / Pre-Triggering	Insufficient training capacity for national trainings of MCHAs	Plan International Haiti National government Other INGOs	Although CLTS trainings have been conducted in Haiti since 2009, a pool of "master trainers" from the government and NGO sector will be required to fulfill the government's vision of training 10,000 MCHAs. Plan International Haiti, along with other INGO partners, may be in a position to help the government by organizing trainings and providing trained facilitators as master trainers.
Planning / Pre-Triggering	Unsystematic community selection	Plan International Haiti	Many communities not conducive to CLTS may have been triggered, which may explain slow progress towards ODF attainment. Rather than selecting communities next to their school projects, Plan International Haiti should consider more stringent criteria, including minimal history of latrine subsidies and smaller and more cohesive groups of households with well-defined boundaries. Baseline surveys can be used to identify and target such communities with the CLTS approach.
Planning / Pre-Triggering	Poor coordination between government ministries and INGOs on sanitation projects	Plan International Haiti National government Other INGOs	Poor coordination between WaSH stakeholders makes it challenging for Plan International Haiti to implement CLTS in communities where other hardware subsidy-based projects may occur simultaneously. However, Plan International Haiti also did not appear to engage closely with DINEPA and MSPP on their CLTS activities, which makes it challenging for the government to assess the strengths and weaknesses of this approach in Haiti as they attempt to incorporate it into the national sanitation strategy.
Triggering	History of latrine subsidies by Plan International Haiti and other INGOs	Plan International Haiti	Facilitators struggled to successfully trigger communities that had experienced well-constructed cement latrines built previously by Plan International Haiti and other INGOs. Communities need to be better targeted for CLTS in the future, as it

			may not be the most effective method of reducing open defecation in communities with a recent history of subsidies.
Post-Triggering	Underdeveloped monitoring and evaluation mechanisms	Plan International Haiti	Without a clear ODF definition or standardized protocol for ODF verification, it is difficult to know on what basis a community could be certified as such. Furthermore, with no baseline data on latrine coverage, it is challenging to measure progress in communities and compare results across communities. Plan International Haiti can use tools from other countries to develop these protocols.
Post-Triggering	Weak hardware supply chain in rural Haiti	Plan International Haiti Masons	Households appeared to prefer improved latrines but did not necessarily have the means or access to low-cost and durable materials to build latrines of their choice. Plan International Haiti trains masons on latrine construction, but should also consider ways to help build the supply chain by developing and increasing access to low-cost products that masons can use to market their skills and increase latrine access.
Post-Triggering	Widespread expectation in communities of external support	Plan International Haiti Triggered communities	This expectation makes it difficult for Plan International Haiti to effectively implement CLTS, which compelled them to provide subsidized material in their earlier CLTS projects. However, many vulnerable households also cannot afford to build latrines. As no single approach can adequately address the sanitation situation, Plan International Haiti should consider alternative strategies such as sanitation marketing, introduction of financing/payment plans, and encouragement of self-help initiatives in communities with strong social bonds.
Post-Triggering	Government enforcement of latrines as a legal	National government Local government Plan International Haiti	Given the negative historical associations that many rural Haitians may have with enforcement of

requirement rather than a choice	sanitation laws, the government and INGOs such as Plan International Haiti should carefully consider the role that enforcement can play with relation to CLTS and behavior change. Requiring that people build latrines may increase access to sanitation in the short term, but may be less effective at long-term change in behavior and social norms.