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# Testing CLTS Approaches for Scalability

## CLTS Learning Series: Uganda Country Report

August 2015

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## About The Water Institute

The Water Institute at UNC provides international academic leadership at the nexus of water, health and development.

Through **research**, we tackle knowledge gaps that impede effective action on important WaSH and health issues. We respond to the information needs of our partners, act early on emerging issues, and proactively identify knowledge gaps. By developing local initiatives and international **teaching and learning** partnerships, we deliver innovative, relevant and highly-accessible training programs that will strengthen the next generation's capacity with the knowledge and experience to solve water and sanitation challenges. By identifying or developing, synthesizing and distributing relevant and up-to-date **information** on WaSH, we support effective policy making and decision-taking that protects health and improves human development worldwide, as well as predicting and helping to prevent emerging risks. Through **networking and developing partnerships**, we bring together individuals and institutions from diverse disciplines and sectors, enabling them to work together to solve the most critical global issues in water and health.

We support WaSH sector organizations to significantly enhance the impact, sustainability and scalability of their programs.

The vision of The Water Institute at UNC is to bring together individuals and institutions from diverse disciplines and sectors and empower them to work together to solve the most critical global issues in water, sanitation, hygiene and health.

## About Plan International USA

Plan International USA is part of the Plan International Federation, a global organization that works side by side with communities in 50 developing countries to end the cycle of poverty for children and their families. Plan works at the community level to develop customized solutions and ensure long-term sustainability. Our solutions are designed up-front to be owned by communities for generations to come and range from clean water and healthcare programs to education projects and child protection initiatives. For more information, please visit [www.PlanUSA.org](http://www.PlanUSA.org).

## 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

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## Abbreviations and Acronyms

BMGF	Bill & Melinda Gates Foundation
CLTS	Community-led Total Sanitation
CO	Plan International Country Office
DWSDCG	District Water and Sanitation Development Conditional Grant
JMP	WHO/UNICEF Joint Monitoring Programme
MDG	Millennium Development Goals
MOH	Ministry of Health
MWE	Ministry of Water and Environment
NDP	National Development Plan
NSWG	National Sanitation Working Group
NGO	Non-Governmental Organization
ODF	Open Defecation Free
PU	Plan International Program Unit
TCAS	Testing CLTS Approaches for Scalability
ToT	Training of Trainers
UNC	University of North Carolina at Chapel Hill
UGX	Ugandan Shillings
USD	United States Dollar
VHT	Village Health Team
WSP	Water and Sanitation Program of the World Bank
WaSH	Water, Sanitation and Hygiene
WSSCC	Water Supply and Sanitation Collaborative Council
WHO	World Health Organization

## Executive Summary

This report presents findings on Plan International’s Community-led Total Sanitation (CLTS) approach in Uganda. 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 Uganda’s CLTS implementation approach by addressing the following research questions:

- What roles do local actors play in the CLTS implementation process in Uganda?
- What are enabling and constraining factors for successful implementation of CLTS?
- What implications does the involvement of local actors have for Plan International Uganda’s CLTS implementation process?

In November 2013, a UNC researcher conducted 23 in-depth interviews with policymakers, Plan International Uganda CLTS staff, other non-governmental organization (NGO) partners, district and sub-county government, village-level CLTS facilitators, 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 Uganda; the national government; the district and sub-county government; Village Health Teams (VHTs); and natural leaders.

CLTS is financed primarily by Plan International Uganda in their working areas, where they train district health inspectors and sub-county health assistants to oversee activities. As a result of the Local Government Act of 2000, district governments are required to provide and improve water and sanitation services. Health assistants recruit VHTs to trigger communities. These teams were created as part of the national health strategy in 2001, and are tasked with promoting the health and wellbeing of all members of their villages. VHTs work with village and parish leadership and CLTS natural leaders to promote the end of open defecation.

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

## Enabling factors and implications for successful CLTS

- Plan International Uganda, having pioneered CLTS in Uganda, continues to play an **influential role on the national stage**. They helped to develop a national training manual and national field facilitator guide, and they participate regularly in sector meetings to share lessons learned. Their involvement allows them to influence the national WaSH and CLTS agenda.
- The Uganda sanitation policy lists CLTS as an approved approach, and the national government has allocated funds for CLTS implementation, **indicating strong buy-in for the approach**. They have also developed training manuals, monitoring and verification guidelines for open defecation free (ODF) status, and established master trainers for CLTS. This can help standardize trainings and reporting of outcomes across the country for Plan International Uganda, district government, and other NGOs' CLTS projects.
- **Participatory techniques were well-used during triggering events**. Triggering being primarily a participatory interaction suggests that facilitators in Plan International Uganda working areas were appropriate for the job and were trained effectively by master trainers. Well conducted triggering events can also lead to easier identification of natural leaders, who can help communities achieve ODF status.
- Plan International Uganda's **model of training VHTs to facilitate and follow up on CLTS** effectively incorporates CLTS into an existing community health infrastructure. This model lowers costs for Plan International Uganda and allows them to trigger more communities than they would be able to trigger on their own. It also increases community participation in CLTS, as VHTs and natural leaders work together to actively persuade communities to become ODF.
- Plan International has **trained sanitation entrepreneurs in its CLTS communities to increase access to low-cost latrine hardware**. In CLTS communities, there appeared to be great demand for concrete latrine slabs, but little awareness that Plan International Uganda had trained entrepreneurs. By expanding trainings and connecting trained masons to markets, Plan International Uganda could help triggered communities access more sanitary and sustainable latrines.

## Constraining factors and implications for successful CLTS

- As volunteers, VHTs and natural leaders are not obligated to participate in post-triggering activities indefinitely and may have limited capacity for intensive participation after the life of an NGO project. Therefore, **maintaining volunteer motivation** remains a concern. VHTs may ultimately be more effective in a supporting role in the triggering process and can play a prominent role in post-triggering activities in the community. Plan International Uganda can consider further building the capacity of VHTs via exchange visits and trainings as a way to influence their motivation.
- **Implementers perceived CLTS as a universally applicable approach in rural communities**. As Plan International Uganda continues to expand CLTS activities to other parishes and sub-

counties, it may be important for them to target communities where CLTS is likely to succeed rather than attempting the same approach in all rural communities. This would allow Plan International Uganda and the government to focus resources on communities that are more likely to be receptive to the CLTS message, and adapt their sanitation approach in communities that do not meet their CLTS criteria.

- Despite having an established monitoring and verification process, **ODF definitions and criteria are not consistent**. The national CLTS training manual defines ODF as a first step in the behavior change process towards total sanitation and does not require 100% latrine coverage. However, criteria for verifying and certifying ODF communities is more stringent and requires 100% latrine coverage and achievement of total sanitation. This confusion in definitions and criteria can lead to **different interpretations of ODF status**, which can make it challenging to compare results across regions. For example, some communities may be certified only after achieving total sanitation, whereas other communities may be certified at an earlier stage. Plan International Uganda can use its national influence to advocate for a standardization in definitions and criteria so that ODF status can serve as a tool to motivate communities toward total sanitation, as originally intended in national guidelines.
- National guidelines indicate that a **community must have by-laws against open defecation to be certified as ODF**. This requirement appears to contradict the community-led nature of CLTS. While the overall effect of requiring by-laws as part of CLTS has not been studied in-depth, Plan International Uganda will have to carefully explore whether this approach can lead to sustained behavior change and community wide changes in social norms.

## 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, teachers, and local government in CLTS. As part of this project, UNC and Plan International USA conducted case studies of CLTS projects 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 November 2013, a UNC researcher collected data for the CLTS Learning Series in Uganda with support from Plan International Uganda. This report describes Plan International Uganda’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 Uganda’s CLTS approach. This report does not capture CLTS activities funded by other organizations, nor does it comprehensively cover the Government of Uganda’s sanitation strategy. It is intended to serve as a case study describing the roles of local actors in Plan International Uganda’s CLTS program areas.

## 2. Research Questions

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

- What roles do local actors—including natural leaders, teachers, and local government—play in the CLTS implementation process in Uganda?
- What are the enabling and constraining factors for successful implementation of CLTS?
- What implications does the involvement of local actors have for Plan International Uganda’s CLTS implementation process?

## 3. Methods

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, district, sub-county, and village levels who could describe experiences with Plan International Uganda’s CLTS approach. Interviews were conducted with the support of an independent Ateso/Jopadhola-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 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 by the Uganda National Council for Science and Technology.

### 3.1. Study Participants

Twenty-three interviews were conducted with 37 respondents in November 2013 in the capital city, Kampala, and sub-counties within Tororo district (Table 1).

Six interviews were conducted in Ateso or Jopadhola, and the remaining interviews were in English. Respondents represented the national, district and sub-county government; Plan International Uganda CO and field office staff; other NGOs familiar with CLTS; and Village Health Teams (VHTs) and community leaders.

Five triggered villages were visited across the three sub-counties in Tororo district. Four of the five villages had been triggered between 2010 and 2012 and had been certified as open defecation free (ODF). The fifth village had been triggered in early 2013 and was not yet ODF.

**Table 1. Study participants**

<b>Stakeholder Type</b>	<b>No. of Respondents</b>
National and local government	9
External partners	1
Plan International Uganda	2
Village Health Teams (VHTs)	11
Natural leaders and community leaders	14
<b>Total</b>	<b>37</b>

### 3.2. Limitations

#### Boundaries of a qualitative study design

This study describes and analyzes the process of CLTS as implemented by Plan International Uganda 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 Uganda's activities.

Quantitative data on CLTS outcomes in Plan International Uganda's program areas cannot be directly correlated with findings from this study because of methodological differences. These data were provided by Plan International Uganda and were not independently verified. Therefore, while findings from this study may be compared to Plan International Uganda'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

Five communities were visited out of 173 triggered communities, 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 four of the five communities were triggered one to two years before this study, there may be recall bias among community leaders, which could have affected the accuracy of their responses, especially with regard to recalling trainings and triggering events. Additionally, Plan International Uganda played the primary role in arranging interviews and community visits based on recommendations from UNC. For this reason, it is possible that respondents may have biased their answers to be more favorable towards Plan International Uganda. 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 Uganda's sanitation policy and Plan International Uganda'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 Uganda's projects: planning and pre-triggering, triggering, and post-triggering.<sup>1</sup> 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 Uganda'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.

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

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<sup>1</sup> For detailed information on CLTS, refer to the *Handbook on community-led total sanitation* (Kar et al. 2008).

## 4.1. Uganda’s sanitation policy

Uganda’s national sanitation policy is guided by the 2010 National Development Plan (NDP) and the 2006 10-year Improved Sanitation and Hygiene Promotion Financing Strategy. The sanitation strategy comprises both CLTS and social marketing, and does not mention a role for hardware subsidies. It also advocates for the enforcement of the 1964 Public Health Act—which makes it an offense to not have a household latrine—and existing sanitation ordinances and by-laws.

In Uganda, progress in Water, Sanitation and Hygiene (WaSH) is measured using “golden indicators,” which include access to household sanitation, access to school sanitation, handwashing practices, access to and functionality of safe water, and investment costs. As evidence of the strong buy-in for CLTS—which is being implemented in 73 out of 111 districts as of 2014—ODF status of villages is also reported in annual Sector Performance Reports. Districts receive sanitation scores that are calculated based on the indicators, targets, and scores listed in Table 2.

**Table 2. National sanitation benchmarking indicators**

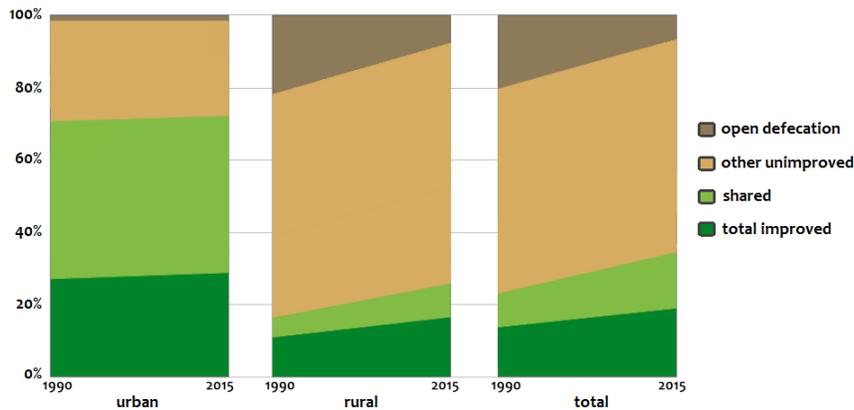
	<b>Indicator</b>	<b>Maximum Score</b>	<b>National Target</b>
Process	Average increase in household sanitation coverage (2009-2014)	10	2.5%
	Financial efficiency: software cost / household toilet	10	12,200 UGX
Intermediate Outcome	Pupil::latrine stance ratio	15	1::40
	Percent household sanitation coverage	25	77%
	Percent handwashing coverage	15	50%
Outcome	No. of ODF villages	10	Not listed
	Percent of triggered villages that are ODF	15	Not listed

Source: Ministry of Water and Environment 2014

Uganda’s rural sanitation target is 77% access to improved sanitation in households by 2015 (Republic of Uganda 2010). According to data from the Ministry of Water and Environment (MWE), rural sanitation coverage was 71% in 2012 and 75% in 2013, putting them on track to meeting the 2015 target (Ministry of Water and Environment 2013; Ministry of Water and Environment 2014). However, WHO/UNICEF Joint Monitoring Programme (JMP) estimates indicate that rural improved sanitation coverage in 2015 was 17%, with 9% using shared facilities, 66% using another unimproved source, and 8% practicing open defecation (Figure 1). The discrepancy is partially due to differences in definitions of “improved sanitation,” as MWE estimates consider shared facilities to be improved (Matyama n.d.).

NGOs, networking organizations, and representatives from government ministries meet twice a month in the National Sanitation Working Group (NSWG), and also have annual joint sector review meetings. The MWE is responsible for “providing overall technical oversight for planning, implementation and supervision of the delivery of urban and rural water and sanitation services across the country” (Ministry of Water and Environment 2014). The Ministry of Health (MOH) is responsible for hygiene and sanitation promotion for households. Funding for sanitation is

channeled through the MWE, but MOH infrastructure and health workers are engaged with at the local level for implementation.



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

While these institutional mechanisms are in place for WaSH, coordination between ministries remains a challenge. The MWE and MOH were both cited as the lead for sanitation in different interviews with government representatives and Plan International Uganda staff. These respondents described both ministries as responsible for formulating policies, setting standards, carrying out monitoring and evaluation, and providing technical support and supervision. Confusion in roles and responsibilities is described as a key challenge in the NDP itself, which states that there is a “lack of clear separation of institutional roles on policy formulation, planning, implementation, and regulation” (Republic of Uganda 2010). This may also affect CLTS, as one national government official noted that it was not always possible to keep track of all triggered communities. The MWE may trigger communities, but the MOH is responsible for verification, and reports are not always shared between the two ministries. A national government official interviewed for this study commented that “*that there are many approaches, and we may say we [in the government] are within a transition period.*” Therefore, despite strong national buy-in for CLTS and the presence of institutional structures for coordinating WaSH activities, roles and responsibilities of ministries have yet to be clearly delineated.

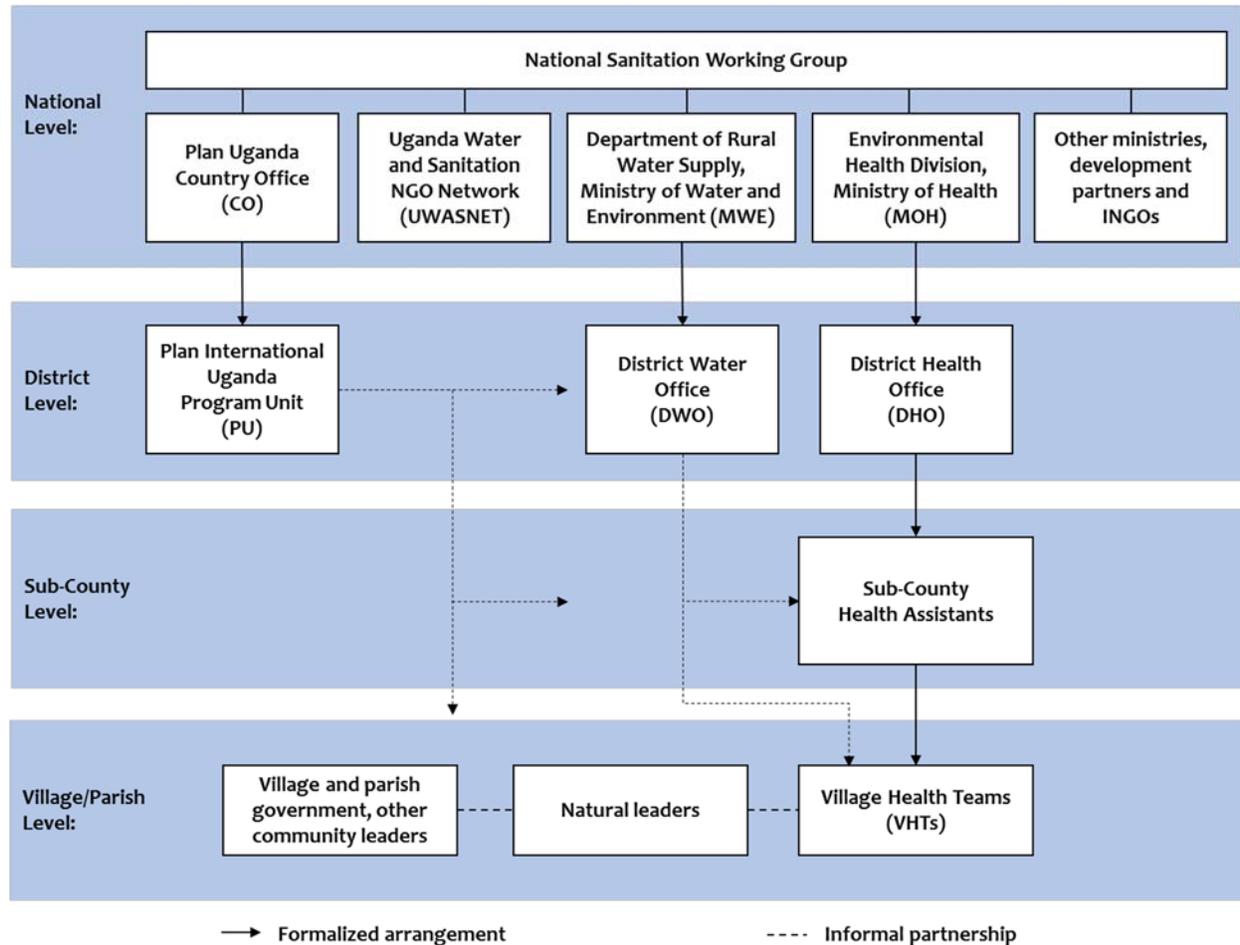
#### 4.2. CLTS by Plan International Uganda

Plan International Uganda introduced CLTS to the country in 2007, and remains one of the main non-government actors implementing CLTS. One national government official described CLTS as “*an innovation through Plan.*” At the time of this study, Plan had triggered 173 villages across Luwero and Tororo districts, financed by the Government of the Netherlands. Their aim is to make entire sub-counties ODF, followed by districts. The CLTS program is managed by two staff at the CO and one project facilitator in each district-level Program Unit (PU).

#### Institutional arrangements

Figure 2 is an institutional map of Plan International Uganda’s CLTS activities. At the national level,

the NSWG serves as a platform for coordination between the MWE, MOH, other ministries, and NGOs including Plan International Uganda. The MOH and MWE both have district-level offices responsible for water and sanitation services. As a result of the Local Government Act of 2000, district governments are required to provide water and sanitation services, and form Water and Sanitation Coordination Committees comprising political leaders, district government departments, and NGOs (Matyama n.d.).



**Figure 2. Institutional map of Plan International Uganda’s CLTS approach**

Per national training guidelines, Plan International Uganda trains district health inspectors and sub-county health assistants to take the lead in overseeing CLTS activities (Ministry of Health 2011). Health assistants then recruit VHTs to trigger communities. These teams were created in 2001 and enlisted as part of the national health strategy. They promote the health and wellbeing of all members of their villages, which includes providing WaSH messages (Ministry of Health n.d.). Where VHTs were not already in place, Plan International Uganda and health assistants formed these teams to trigger communities. VHTs work with village and parish leadership, as well as with CLTS natural leaders, to promote the end of open defecation.

### Available data on CLTS outcomes

Table 3 highlights the most recent data obtained from Plan International Uganda. As of 2015, Plan International Uganda has implemented CLTS in 173 villages across six sub-counties in two districts. Sub-counties are divided into parishes, which are groups of villages. Plan International Uganda triggered all villages in Molo and Kwapa sub-counties; in the four other sub-counties, they triggered between 17% and 50% of villages. All of their sub-counties had been certified as ODF except Osukuru. Molo also holds the distinction of being the first ODF sub-county in Uganda.

**Table 3. Outcomes of Plan International Uganda’s CLTS projects, 2015**

District	Luwero		Tororo				Total
	Luwero	Katikamu	Mukuju	Osukuru	Kwapa	Molo	
<b>Sub-County</b>							
<b>No. of parishes triggered</b>	2	2	1	3	4	4	16
<b>Total no. (%) of parishes</b>	7 (29)	9 (22)	6 (17)	4 (75)	4 (100)	4 (100)	-
<b>No. of villages triggered</b>	13	17	12	46	49	36	173
<b>Total no. of households (HH)</b>	1458	2222	1114	6360	3083	3342	17579
<b>Avg. no. of HH per village</b>	112	131	93	138	63	93	102
<b>Avg. baseline latrine coverage</b>	57%	34%	27%	40%	48%	58%	46%
<b>Avg. end-line latrine coverage</b>	93%	90%	96%	87%	94%	96%	92%
<b>Avg. absolute change in coverage</b>	37%	55%	69%	47%	46%	38%	46%
<b>No. (%) villages certified ODF</b>	13 (100)	17 (100)	12 (100)	13 (28)	49 (100)	36 (100)	140 (81)
<b>Avg. months to ODF</b>	4	30	NA	31	8	4	12

Source: (Plan International Uganda 2015)

Note: Endline data as of July 2015. ODF certification dates not available for Mukuju sub-county.

Triggering and ODF dates were available for all triggered villages except those in Mukuju sub-county. On average, communities took 12 months to be certified as ODF, but this time ranged from four to 31 months. Katikamu and Osukuru sub-counties took the longest to be certified as ODF, but they also had the largest villages on average. Sub-counties with the lowest baseline latrine coverage—Mukuju and Katikamu—had the greatest absolute increase in latrine coverage after CLTS. Of all 173 villages, 140 (81%) have been certified as ODF. Latrine coverage in ODF villages ranged from 67% to 100%, with an average of 94% latrine coverage. Of the 32 non-ODF villages, latrine coverage ranged from 4% to 100%, with an average of 82% latrine coverage. The data indicate that it was not necessary for ODF villages to have 100% latrine coverage, which is in keeping with national ODF definitions, but not with Ugandan verification criteria. Section 4.5 describes this discrepancy in detail.

### 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 Uganda’s CLTS program**

<b>Actor</b>	<b>Role</b>
National government	Financing; developing guidelines
Plan International Uganda	Financing; training; community selection
District and sub-county government	
Village Health Teams	Community entry

### Financial responsibility for CLTS

In their project areas, Plan International Uganda share financial responsibility for CLTS with the government. The Water and Environment sector was allocated approximately 439 billion Ugandan Shillings (UGX) in fiscal year 2013/2014, which represents a 3.2% share of the national budget. Of this, 354.1 billion UGX (80.7%) was allocated to water supply and sanitation (Ministry of Water and Environment 2014). The primary sources of national funding for sanitation—which includes CLTS activities—are the Uganda Sanitation Fund, provided by the Water Supply and Sanitation Collaborative Council (WSSCC), and the District Water and Sanitation Development Conditional Grant (DWSDCG). The national government allocates funds to the district government for sanitation, through both the MWE and MOH. These funds are used in part for salaries, travel, and per-diem allowances for district and sub-county staff involved in CLTS activities. In non-Plan International Uganda districts, the government may work with other NGOs or directly implement CLTS themselves.

Plan International Uganda fund trainings, triggering events, and monitoring visits. They sometimes share per diem allowance costs with the government for district health inspectors, sub-county health assistants, and VHTs. According to Plan International Uganda’s mid-term evaluation of CLTS activities, they spent USD 386,741 between January 2010 and June 2012 on CLTS activities, including overhead costs, trainings, review meetings, monitoring, and post-ODF activities, resulting in \$4395 per ODF community in 2012 (Plan Uganda 2012).

In Plan International Uganda project areas, respondents did not cite funding as a challenge, possibly because of Plan’s financial contribution to CLTS activities. In non-Plan districts, a government representative noted that there were considerable funding challenges for CLTS, with funding only being sufficient for trainings, and less so for triggering and routine follow-up visits.

### Selection of village facilitators

In Plan International Uganda program areas, VHTs are specifically trained to facilitate triggering events in communities. VHTs interviewed for this study had held this position for six years on average. Typically, five to six VHTs are selected and trained per village to trigger and follow-up with communities. They receive per diem allowances primarily from Plan International Uganda but also from the District Water Office, depending on availability of funds. Most VHTs interviewed were selected by their communities to assume this role, with some adding that they were also selected because they owned latrines, or because they had shown the motivation to work voluntarily.

One national government representative believed that this strategy of having VHTs lead CLTS with support from health assistants contributes to the sustainability of the approach by building a village

level cadre for CLTS activities. Neither district government staff nor VHTs described CLTS as an added burden to regular VHT duties, since VHTs are already tasked with routinely recording and reporting other health data to sub-county staff.

The national training of trainers (ToT) manual recognizes that “attitudes and behavior of facilitators” is crucial to the success of CLTS. The manual suggests that facilitators should possess the following qualities: “boldness, empathy, humour and fun” (Ministry of Health 2011). Interviews with VHTs revealed their uptake of the CLTS message, as well as their motivation to improve their communities without expectation of financial compensation. VHTs’ primary request was for more refresher trainings and the opportunity to participate in exchange visits. One VHT said, *“You will find that we don’t experience these exchange visits. Other people come here, keep visiting us, interviewing us, but we have nowhere to go and learn.”*

Other community leaders who were interviewed also spoke highly of VHTs. It was in fact natural leaders—who work closely with VHTs and are described in Section 4.4—who asked that VHTs be recognized more for their work. For example, one natural leader suggested that VHTs could be given free concrete latrine slabs as *“recognition for the work they are doing. It would also encourage people to volunteer in future.”*

This model of recruiting VHTs—who are already responsible for health, sanitation, and hygiene, and who have shown an interest in being volunteer leaders in their community—may help expand the scope of CLTS activities in Plan International Uganda working areas. However, it is the voluntary nature of VHTs that could also pose a problem, as they are not obligated to follow directives from the government or from Plan International Uganda. Some national and local government respondents observed that maintaining volunteers’ motivation and ability to routinely follow-up in their communities depended on compensating them in some way. One official believed that VHTs “weigh” the offerings from different sources, and suggested that since VHTs receive more compensation from Plan International Uganda than from the district government, they are more likely to be active in Plan working areas than in other locations. This official also noted that Plan International Uganda’s intensive involvement of VHTs for CLTS had led to perception that they are Plan VHTs rather than government VHTs: *“You will be surprised if you go to town—they call them ‘Plan VHTs.’ That they belong to Plan, yet they are actually VHTs for the community. They are also involved with issues to do with drug distribution, issues to do with immunization, issues to do with mosquito nets, all those things.”*

Therefore, although VHTs appeared to be highly motivated in the communities visited for this study, it is possible that they are less likely to be as actively engaged in CLTS in other districts. Responses from government officials indicate a need to better understand how to involve and sustain motivated volunteers after the life of an NGO project.

### Standardized training process

Community leaders and VHTs primarily talked of Plan International Uganda in the context of trainings, which were conducted in 2011. In total, 615 VHTs and natural leaders were trained across 173 villages in Luwero and Tororo districts. Several VHTs recalled being trained along with natural

leaders, which suggests that some community leaders selected to help with triggering may have the same title as “natural leaders,” those spontaneous leaders that emerge during triggering events. Natural leaders were also reported trained after they were identified during triggering events.

Plan International Uganda has helped conduct national trainings beginning in 2010. In partnership with the Water and Sanitation Program of the World Bank (WSP) and the MOH, they developed a national ToT manual and facilitator’s field guide for CLTS in 2011, which are both adapted from international guidelines. The ToT manual is intended for training CLTS “master trainers” from the national or district government, international NGOs, and local NGOs. The guidelines adopt a cascading training model, where master trainers are responsible for training local government and NGO trainers, who are then responsible for training VHTs, natural leaders, and other community leaders. According to the manual, this approach is expected to be more cost-effective and decentralized. In general, interviews did not reveal particular challenges with the training model, but one health assistant who serves a master trainer wanted trainings to be extended from five days to 10 days because “*some of these people do not learn at the same level.*” A number of VHTs also requested further training, especially in post-triggering.

### **Community selection and village entry**

Plan International Uganda works with the District Water Office and District Health Office to select communities for CLTS. They identify sub-counties with the lowest sanitation coverage and high disease burden, and target entire parishes within these sub-counties, each of which consist of five to 17 villages. It was unclear whether they conducted baseline surveys prior to triggering; one Plan International Uganda staff member recalled collecting baseline data from all triggered villages, but another staff member said they instead only use the district government’s baseline data on sanitation and health indicators.

There was a widespread perception among those interviewed that CLTS could be used universally in rural areas. One sub-county health assistant had not seen any setting where it would be inappropriate, and “*would only suggest that CLTS extend to other places that it has not been.*” The only respondent who was cautious about the universality of CLTS—a Plan International PU staff member—believed that it is not likely to be an appropriate approach in wetland areas where only certain latrine types are appropriate. This was mainly because facilitators were not allowed to “*prescribe*” latrine technologies. This respondent still maintained that CLTS could be used in wetland areas as a “*starting point*” to generate demand. Responses demonstrated implementers’ conviction that CLTS is universally relevant in rural settings. As Plan International Uganda continue to expand CLTS activities, however, they may need to use baseline assessments to target communities where CLTS is more likely to succeed to ensure that their efforts are cost-effective.

### **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 Uganda 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 Uganda’s CLTS approach.

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

<b>Enabling Factor</b>	<b>Relevant Local Actors</b>	<b>Implication for Plan International Uganda</b>
National government has a policy and budget for sanitation that includes CLTS	National government Local government Plan International Uganda	A favorable policy and financial environment for CLTS allows Plan International Uganda to work with local government to trigger more communities than they would be able to trigger on their own.
Presence of national training manuals and facilitation guidelines, and pool of master trainers	National government Plan International Uganda Other INGOs Local government	The training manuals and master trainers help standardize trainings across the country. Manuals detail monitoring and evaluation processes, which have the potential to standardize reporting of CLTS outcomes from different projects, making national benchmarking exercises more accurate.
VHTs identified and trained to facilitate communities	Plan International Uganda Local government VHTs	This approach effectively involves volunteers from an existing community health structure to trigger behavior change in sanitation. It also lowers human resource costs for Plan International Uganda and unites CLTS with broader public health messages.
Plan International Uganda perceived by community leaders primarily as trainers	Plan International Uganda Local government VHTs	Plan International Uganda appears to primarily play a capacity building role rather than being highly involved directly in communities. This approach is likely to lower expectations from the community of hardware support.
<b>Constraining Factor</b>	<b>Relevant Local Actors</b>	<b>Implication for Plan International Uganda</b>
Voluntary nature of VHTs	Plan International Uganda Local government VHTs	Although VHTs in Plan working areas appeared to be highly motivated, it is possibly due to Plan’s intensive engagement with and compensation of VHT activities. As volunteers, VHTs are not obligated to participate in CLTS activities indefinitely; therefore, there is a need to better understand how to sustain motivated volunteers after the life of an NGO project.
Perception that CLTS is a universally applicable approach in rural communities	Plan International Uganda Local government VHTs	As Plan International Uganda continues to expand CLTS activities, it may be important for them to target communities rather than attempting the same approach in all rural communities. They can focus resources on communities that are more receptive to the CLTS message, and adapt their approach in communities that do not meet their CLTS criteria.

#### 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 Uganda’s CLTS program**

<b>Actor</b>	<b>Role</b>
Plan International Uganda	Oversee triggering
VHTs	Trigger communities
District and sub-county health staff	

Triggering activities in Plan International Uganda’s program areas follow many of the steps established in international CLTS guidelines and practiced around the world. The steps most commonly cited by respondents in this study were the transect walk or “walk of shame,” the water bottle demonstration, village mapping, and making collective commitments to build latrines. A one-and-a-half hour triggering event was observed in Tororo district as part of this study. All triggering steps were conducted in a participatory manner, and the meeting concluded with the selection of ten committee members, who may be considered synonymous with natural leaders. These leaders either volunteered themselves, or were encouraged to do so by the community.

#### Guiding communities

In interviews, facilitators often described “guiding” communities towards behavior change. One VHT explained, “Our approach was very soft. We used soft words. We did not go harassing them, so everybody accepted to come.” Many facilitators also emphasized that they do not force people to change their behavior. Interviews with natural leaders across five communities in Tororo district reinforced the comments made by VHTs, and also corresponded with the techniques observed in the triggering event. The natural leaders found triggering techniques to be more effective than the government’s historical approach of enforcing latrine construction and use. According to one natural leader: “The approach the VHTs were having was very sober. There was no threatening language. There was no intimidation.” Since natural leaders are by definition those who were particularly receptive to the CLTS message in a community, their views are not guaranteed to represent those of the communities at large, but they are likely to have recalled the events more accurately.

Natural leaders primarily recalled VHTs conducting the triggering exercises, whereas the triggering event observed for this study was led by the District Health Inspector. Several VHTs were present in the audience, and a few supported the health inspector in triggering activities. It is unclear which approach was more prevalent in Plan International Uganda working areas, but the observation suggests that local government still plays an important role in facilitation. It is possible that VHTs play a more prominent role in post-triggering activities rather than in triggering, which suggests that the government’s cascading training approach has yet to be fully realized at the village level.

#### Role of natural leaders

Most natural leaders reported being selected for this role during triggering events. All VHTs and natural leaders said they were selected by the community; some were part of sanitation “task

forces” and others part of CLTS committees. Of the 10 natural leaders interviewed, six were farmers, two were teachers, one was a “cultural leader” and one had been a volunteer for local NGO. All natural leaders recalled having a latrine in their household for several years prior to Plan International Uganda’s presence in their communities, and had built them because of prior knowledge of the effects of open defecation, or because of government directives. Three of these respondents felt that they were selected because they used latrines and could serve as role models. Others cited their active participation in triggering events as reasons for selection.

According to one Plan International Uganda staff person, natural leaders have separate trainings on CLTS and sanitation messages after triggering events. Some natural leaders recalled participating in these trainings along with VHTs. They noted that VHTs received many more trainings than natural leaders.

The relationship between natural leaders and VHTs was strong. The primary role of natural leaders in Plan International Uganda working areas was to assist VHTs in following-up with communities. As illustrated in the quotes in Table 7, these two actors recognized each other’s importance in CLTS and the contributions each actor can make toward ODF progress.

The voluntary nature of natural leaders can pose similar challenges as those with volunteer VHTs. Plan International Uganda’s CLTS model shows that VHTs and natural leaders can work together, but may require additional recognition or compensation as a way to motivate them in a sustained manner. For example, two natural leaders who had not been trained by Plan International Uganda or the government requested to receive the same trainings given to VHTs since they considered both actors to play similar roles in the community when it came to CLTS.

**Table 7. Illustrative quotes on the relationship between VHTs and natural leaders**

<b>Source: VHTs</b>	<b>Source: natural leaders</b>
<i>“During the triggering, the community elected some leaders to boost them up [...] So our [VHT] numbers got boosted to about 40 plus. And we were moving as a team, and everybody started sinking pit latrines.”</i>	<i>“But of course to them [VHTs], they felt happy to find people who were willing to send the same message that they are sending to people, together with them. So they saw my participation as something that was very important.”</i>
<i>“They [natural leaders] guide us. They guide the VHTs within the community.”</i>	<i>“We are a helping hand for VHTs.”</i>
<i>“They [natural leaders] act as a go-between or mediator between the community and the VHT.”</i>	<i>“And also the approach the VHTs were having was very sober. There was no threatening language....There was no any intimidation.”</i>
<i>“[Natural leaders] are always on the forefront. They feature themselves. In fact, you do not have to force them to give an answer or to forge a way forward. They are ever there. Naturally, they are there!”</i>	<i>“We ask people, where will you run away [when VHTS conduct follow-up visits]? Your own son is a VHT!”</i>

### Enabling and constraining factors for successful triggering

Table 8 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 Uganda 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 Uganda’s CLTS approach.

**Table 8. Enabling and constraining factors for successful triggering**

<b>Enabling Factor</b>	<b>Relevant Local Actors</b>	<b>Implication for Plan International Uganda</b>
Participatory techniques well-used during triggering events	Plan International Uganda Local government VHTs Natural leaders	The quality of triggering indicates that facilitators in Plan International Uganda working areas are trained effectively by master trainers.
Strong relationship between natural leaders and VHTs	Plan International Uganda Local government VHTs Natural leaders	Plan International Uganda has helped build a strong village level cadre for CLTS activities, provided volunteer motivation can be sustained.
<b>Constraining Factor</b>	<b>Relevant Local Actors</b>	<b>Implication for Plan International Uganda</b>
VHT capacity to trigger communities	Plan International Uganda Local government VHTs Natural leaders	Although VHTs are expected to lead triggering events, there still appeared to be a strong role for local government facilitators in the process. This suggests that the government’s cascading training approach has yet to be fully realized at the village level. VHTs may be more effective in a supporting role in the triggering process and subsequently play a more prominent role in post-triggering activities in the community.

#### 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 9.

**Table 9. Roles of local actors in post-triggering activities in Plan International Uganda’s CLTS program**

<b>Actor</b>	<b>Role</b>
Plan International Uganda	Oversee monitoring; train masons for improving supply chain
District and sub-county government	Monitor latrine coverage and ODF status through VHTs; verify and certify ODF villages
Village facilitators	Engage with communities to change hygiene and sanitation behaviour; routinely collect data; help verify ODF status
Natural leaders	Engage with communities to change hygiene and sanitation behaviour; routinely collect data

#### Monitoring progress in communities and verifying ODF status

The national ToT manual elaborates on the ODF monitoring process, which begins at the village level,

with data flowing up to the parish, sub-county, district, and national government. Guidelines for monitoring state that follow-up visits by facilitators should occur three times in three months before a village is certified as ODF: at three weeks, one-and-a-half months and three months after triggering.

This monitoring process is described in national reports and guidelines as community monitoring or participatory monitoring. The process is first led by VHTs and natural leaders, who collect data on the number of households with and without latrines, the number of improved latrines, and triggering and ODF-pledged dates.

According to interviews, VHTs generally follow up with communities on a weekly basis after triggering. They rely on natural leaders to more actively persuade members of their community to stop open defecation and build latrines. VHTs are expected to submit monthly reports to sub-county health assistants on the number of latrines and other environmental sanitation indicators. The ToT manual provides monitoring forms to be used by VHTs. As in other stages of CLTS, relying on volunteers to commit to such an intensive process can be challenging. A sub-county health inspector noted that “just a few [VHTs] who are active” usually follow through on reports, and health assistants often have to follow-up more routinely.

Sub-county health assistants typically reported visiting communities every two weeks, while the health inspector reported visiting communities once a month. Quarterly reviews are also expected to occur at the district level with sub-county representatives, VHTs, masons, and community leaders to discuss progress. It was unclear from interviews whether this process occurred on a routine basis.

Once a village believes that is ready to be certified as ODF, a three-stage verification process is conducted. VHTs notify a parish team, which conducts the first verification visit. This visit is followed by verification by a sub-county team, and then a district team, which can officially certify a community as ODF. Each team must visit all households and complete a verification form.

### **ODF definition**

Nationally, latrine coverage is measured by access to improved sanitation, which is defined as latrines that dispose of feces in such a way that they “do not contaminate water bodies; prevent contact between excreta and human beings; prevent access to excreta by flies or other insect vectors and animals; prevent foul smell; and are easy to keep clean and safe to use” (Ministry of Health 2011).

National guidelines describe ODF status as “a first significant step and entry point to changing behavior,” while total sanitation “includes a range of behaviors” that include use of a hygienic latrine, handwashing with soap, and overall environmental sanitation (Ministry of Health 2011). This distinction between ODF and total sanitation is important when examining criteria that determine whether a community has achieved ODF status.

Table 10 lists specific definitions of ODF and total sanitation. ODF status is not strictly defined by 100% latrine use or other hygiene behaviors, although it requires that a community have a plan to achieve 100% latrine ownership and a plan to upgrade latrines. However, the approved ODF verification form requires that all households must meet all the ten indicators listed in Table 11 for a village to be

certified 100% ODF. This requirement defines “total sanitation” rather than ODF status.

Interviews and observations in Tororo district suggest that in practice, verification lies somewhere in between the definitions for ODF and total sanitation. Plan International Uganda’s ODF definition in reports matches the national definition in that it does not require 100% latrine coverage. Plan International Uganda’s monitoring data also support the definition, since latrine coverage in ODF communities ranged from 76% to 100%, and 11 (7%) communities with 100% latrine coverage were not yet designated as ODF (Plan International Uganda 2014). However, almost all respondents, including Plan International Uganda staff, believed that every household must have a latrine at a minimum in order for the village to be considered ODF. A number of respondents also mentioned the presence of handwashing stations as part of ODF status.

**Table 10. Definitions of ODF and total sanitation**

ODF definition	Total sanitation definition
<ul style="list-style-type: none"> <li>• All households defecate only in latrines and dispose of babies’ feces only into latrines.</li> <li>• No human waste is seen around the environment.</li> <li>• There are by-laws, rules or other safeguards imposed by the community to prevent open defecation.</li> <li>• There is a monitoring mechanism established by the community to track progress towards 100% households’ ownership of improved latrines.</li> <li>• Efforts are under way to convert all existing latrines to improved latrines and to popularize other key behavior change towards total sanitation.</li> </ul>	<ul style="list-style-type: none"> <li>• All households have access to and use improved latrines for all excreta disposal.</li> <li>• All residents wash hands with soap properly before eating, after defecating, after cleaning up babies’ excrement, and before touching food.</li> <li>• All households use safe practices for handling and storing drinking water and food.</li> <li>• All households use safe practices for disposing of household waste (liquid and solid).</li> </ul>

Source: Ministry of Health 2011

Even in ODF villages—which are technically certified as such only after meeting the verification criteria for total sanitation—the quality of latrines constructed was widely described as the main challenge. Almost all respondents also observed that at least a few households share latrines with their extended family or neighbors. Monitoring forms include the number of shared latrines, but it is unclear how they are counted vis-à-vis the requirement for 100% household latrine coverage.

While the overall intent of using a structured monitoring process with specific indicators is laudable, this confusion in definitions and criteria is problematic for two reasons. Firstly, verification teams may interpret ODF differently, which can make it challenging to compare results across communities, sub-counties, districts, and NGO projects. Secondly, depending on the interpretation of ODF status, some communities may be certified only after achieving total sanitation, whereas other communities

may be certified at an earlier stage. Once these definitions and criteria are standardized, ODF status could serve as a tool to motivate communities to improve their sanitation and hygiene status and behaviors toward total sanitation, as originally intended in national guidelines.

**Table 11. ODF Verification Criteria**

- 
1. Latrine facility in good working order, clean safe, is being used.
  2. Babies' feces are disposed into latrine facility
  3. Toilet slab/floor is well/safely constructed.
  4. Latrine facility prevents exposure of pit contents to flies or other vectors.
  5. No feces are visible on the floor/walls/slab of the latrine
  6. The latrine hole has a cover
  7. Hand washing facility is available near eating place
  8. The latrine is located at least 10 meters from the house and 30 meters from the water source
  9. Hand washing facility available with water, soap and ash in the latrine or nearby
  10. No human excreta including children's feces are found in the compound and gardens
- 

Source: Ministry of Health 2011

#### **Access to the sanitation hardware supply chain**

Dry pit latrines were the most common type of latrine in communities visited for this study. A key challenge cited by implementers and community leaders was the quality of latrines being built. A number of respondents cited latrine collapse due to termites or heavy rains, and all local government and Plan International Uganda staff described ODF sustainability as a challenge.

One method of addressing latrine quality is to provide access to durable latrine hardware. This study was limited to observing CLTS activities, but evidence of Plan International Uganda's sanitation marketing strategy was apparent through community level interviews. By 2013, Plan International Uganda had identified and trained 78 masons in construction and entrepreneurship in Tororo district. One natural leader, whose community had been triggered after the training of masons, recalled that masons attended the triggering event itself. People formed groups and built latrines with the help of masons.

However, it was evident from interviews that not all communities were aware of these trained masons. Plan International Uganda's 2011 mid-term evaluation of CLTS activities also revealed that in Tororo district, only nine out of 32 people interviewed were aware of skilled masons in the area. Furthermore, there was much greater demand for these programs than Plan International Uganda had thus far been able to implement. One natural leader said: *"I feel that where funds allow, as this program [CLTS] starts, it should run hand in hand with a program on making [latrine] slabs. [...] The slabs should be available and affordable because there are people who can afford them. As the sensitization is going on, I can take that opportunity of buying a slab and show them [the community] a more permanent [latrine]."*

### Financing sanitation hardware

Latrine subsidies were not a major topic of discussion in Plan International Uganda's CLTS communities. Uganda does not have an extensive history of latrine subsidies for rural households, and there was no evidence from interviews with VHTs, natural leaders, or village leadership of the existence of latrine subsidies in their communities. Furthermore, VHTs and natural leaders did not indicate a strong desire for financial or hardware support to build latrines. Only one VHT said that it would be ideal if *"maybe the government can step in"* and provide every household a concrete latrine slab.

A national government representative interviewed felt strongly that subsidies should not be given to households: *"There are no subsidies for constructing the main house, so why should there be subsidies for a latrine?"* A representative from the District Water Office noted that some NGOs were still giving households latrine slabs for free in the district, and that it would be okay for subsidies to be given for the poor, such as a 50% discount for latrine slabs. A Plan International Uganda staff person also felt that if subsidies were to be provided, they should be kept to a minimum and only for those who are disabled, chronically ill, or old. They did not indicate that Plan International Uganda had provided any such subsidies in their CLTS communities.

### Sanctions for non-compliance

Uganda has a history of enforcing latrine construction and prohibiting open defecation through the Public Health Act of 1964. Most community-level respondents described the use of force in the past. One natural leader recalled that building a latrine *"was an obligation. They would threaten to arrest those who do not have latrines. [...] They used to send askaris (police). People would feel timid and run away leaving their families."*

Although Plan International Uganda does not officially advocate for such enforcement in CLTS, there is continued emphasis on the establishment of community by-laws for behavior change in their communities. National guidelines require the presence of village by-laws for communities to be certified as ODF (see Table 10Table 10). In Plan International Uganda working areas, CLTS Committees or task forces are responsible for determining these by-laws. It was unclear from interviews at which point these by-laws are actually introduced in the CLTS process. One natural leader said that by-laws become official when submitted to the sub-county. A sub-county health assistant confirmed the existence of by-laws, noting that in their sub-county, there is a 50,000 UGX fine for those who openly defecate. In this health assistant's experience, people would rather build a latrine than pay the fine. However, for those who still refused to comply, the sub-county would give them a final chance by making them sign an official document promising that they will build a latrine before enforcing the fine.

A national government official felt strongly that laws are necessary for sanitation, *"much as Plan people might not want it. [...] In order to fit the community and put people in line, the law should be applied, especially for people who seem to be resistant."* While other public health interventions have successfully used sanctions and enforcement (e.g. seatbelt and helmet laws), the overall effect of requiring by-laws as part of CLTS has not been studied in-depth; therefore it is unclear whether this

approach can lead to sustained behavior change and community wide changes in social norms.

### Enabling and constraining factors for successful post-triggering

Table 12 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 Uganda 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 Uganda’s CLTS approach.

**Table 12. Enabling and constraining factors for successful post-triggering**

<b>Enabling Factor</b>	<b>Relevant Local Actors</b>	<b>Implication for Plan International Uganda</b>
Established monitoring process	National government Plan International Uganda Local government VHTs Natural leaders	The publication of national guidelines and monitoring forms as part of a training manual helps standardize the post-triggering process across the country.
Village-led follow-up, and a strong relationship between natural leaders and VHTs	Plan International Uganda Local government VHTs Natural leaders	VHTs’ and natural leaders’ strong involvement in persuading behavior change and monitoring progress lowers the resource requirements for both Plan International Uganda and the local government in this phase of CLTS, provided that volunteer participation can be sustained.
Access to the supply-chain, especially through trained entrepreneurs	Plan International Uganda Local government VHTs Natural leaders Sanitation entrepreneurs	Plan International Uganda recognizes the importance of following demand generation with supply options by training sanitation entrepreneurs. Given the demand expressed by respondents in this study, Plan International Uganda should consider expanding the scope of sanitation marketing activities and improve publicity of this program to improve quality of latrines and sustain CLTS outcomes.
No history of latrine subsidies	Plan International Uganda Local government VHTs Natural leaders Sanitation entrepreneurs	The absence of a history of latrine subsidies is advantageous to CLTS implementation, as communities generally have fewer expectations of external support.
<b>Constraining Factor</b>	<b>Relevant Local Actors</b>	<b>Implication for Plan International Uganda</b>
Discrepancy in ODF definitions and verification criteria	National government Plan International Uganda Local government VHTs Natural leaders	ODF is described as a first step in the behavior change process, but ODF criteria appear to require 100% latrine coverage and achievement of total sanitation. This confusion in definitions and criteria can lead to different interpretations, making it challenging to compare results. Plan International Uganda can use its national influence to advocate for a standardization in definitions and criteria.

Flooding, termites, and poor construction lead to collapse of latrines	Plan International Uganda Local government VHTs Natural leaders Masons/sanitation entrepreneurs	Given that latrine collapses force some to revert to open defecation, Plan International Uganda can consider introducing more permanent latrine options to communities at an early stage through trained masons. Encouraging community members to build simple pit latrines that are destroyed every year is unlikely to lead to sustained progress towards ODF.
Requirement for community by-laws against open defecation as part of ODF certification	National government Plan International Uganda Local government VHTs Natural leaders	The requirement for communities to establish by-laws appears to contradict the community-led nature of CLTS. Plan International Uganda will have to carefully explore whether this approach can lead to sustained behavior change and community wide changes in social norms.

## 5. Conclusions and Implications

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

### Plan International Uganda’s coordination with other partners on the national stage

Plan International Uganda, having pioneered CLTS in Uganda, continues to play an influential role on the national stage. They have helped to develop a national training manual and national field facilitator guide, and participate regularly in sector meetings to share lessons learned. Their involvement allows them to influence the national WaSH and CLTS agenda.

### National and local government commitment to CLTS

The government has demonstrated strong financial and strategic commitment to CLTS with policies, regulations, financing to districts, and national guidelines for training, monitoring and ODF verification. As a result, Plan International Uganda is able to implement CLTS with full support from the national and local government. However, confusion in roles and responsibilities between national ministries need to be resolved to improve efficiency of sanitation activities at the local level.

### Local and village government-led CLTS

Plan International Uganda's model of training VHTs to facilitate and follow up on CLTS activities effectively incorporates CLTS into an existing community health infrastructure. This lowers human resource costs for Plan International Uganda and unites CLTS with broader public health messages. VHTs and natural leaders also worked well together to actively persuade communities to become ODF. However, as volunteers, they may have limited capacity for intensive participation after the life of an NGO project, and maintaining volunteer motivation remains a concern. Local government

facilitators still appeared to take the lead in triggering communities with support from VHTs. Village volunteers may be more effective in the post-triggering stage, but are still likely to need additional support. Plan International Uganda can consider further building the capacity of VHTs via exchange visits and trainings as a way to influence their motivation.

### **Access to the hardware supply chain**

Plan International Uganda recognizes the importance of following demand generation with supply options by training sanitation entrepreneurs in its CLTS communities. There was great demand for concrete latrine slabs but low awareness of this program. By expanding trainings and providing adequate publicity for trained masons, Plan International Uganda can help transform the quality of latrines being built after triggering communities, leading to more sanitary and sustainable latrines.

### **Targeting CLTS to most appropriate communities**

There was a perception amongst implementers that CLTS is a universally applicable approach in rural communities. As Plan International Uganda continues to expand CLTS activities to other parishes and sub-counties, it may be important for them to target communities where CLTS is more likely to succeed rather than attempting the same approach in all rural communities. This can allow Plan International Uganda and the government to focus resources on communities that are more likely to be receptive to the CLTS message, and adapt their approach in communities that do not meet their CLTS criteria.

### **Sanctions for non-compliance**

Although Plan International Uganda does not officially advocate for enforcement in CLTS, national guidelines indicate that a community must have by-laws against open defecation to be certified as ODF. While the overall effect of requiring by-laws as part of CLTS has not been studied in-depth, this requirement appears to contradict the community-led nature of CLTS. Plan International Uganda will have to carefully explore whether this approach can lead to sustained behavior change and community wide changes in social norms.

### **Defining and measuring success**

The national CLTS training manual defines ODF as a first step in the behavior change process towards total sanitation. However, criteria for verifying and certifying ODF communities is more stringent and requires indicators of total sanitation to be met. This confusion in definitions and criteria can lead to different interpretations of ODF status. Some communities may be certified only after achieving total sanitation, whereas other communities may be certified at an earlier stage, making it challenging to compare results across regions. Once these definitions and criteria are standardized, ODF status could serve as a tool to motivate communities to improve their sanitation and hygiene status and behaviors toward total sanitation, as originally intended in national guidelines.

## 6. References

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## 7. Annex 1 – Summary of enabling and constraining factors

Stage	Enabling Factor	Local Actors	Implication
<b>Planning / Pre-Triggering</b>	Participatory techniques well-used during triggering events	Plan International Uganda Local government VHTs Natural leaders	The quality of triggering indicates that facilitators in Plan International Uganda working areas are trained effectively by master trainers.
<b>Planning / Pre-Triggering</b>	Strong relationship between natural leaders and VHTs	Plan International Uganda Local government VHTs Natural leaders	Plan International Uganda has helped build a strong village level cadre for CLTS activities, provided volunteer motivation can be sustained.
<b>Triggering</b>	Participatory techniques well-used during triggering events	Plan International Uganda Local government VHTs Natural leaders	The quality of triggering indicates that facilitators in Plan International Uganda working areas are trained effectively by master trainers.
<b>Triggering</b>	Strong relationship between natural leaders and VHTs	Plan International Uganda Local government VHTs Natural leaders	Plan International Uganda has helped build a strong village level cadre for CLTS activities, provided volunteer motivation can be sustained.
<b>Post-Triggering</b>	Established monitoring process	National government Plan International Uganda Local government VHTs Natural leaders	The publication of national guidelines and monitoring forms as part of a training manual helps standardize the post-triggering process across the country.
<b>Post-Triggering</b>	Village-led follow-up, and a strong relationship between natural leaders and VHTs	Plan International Uganda Local government VHTs Natural leaders	VHTs' and natural leaders' strong involvement in persuading behavior change and monitoring progress lowers the resource requirements for both Plan International Uganda and the local government in this phase of CLTS, provided that volunteer participation can be sustained.
<b>Post-Triggering</b>	Access to the supply-chain, especially through trained entrepreneurs	Plan International Uganda Local government VHTs Natural leaders Sanitation entrepreneurs	Plan International Uganda recognizes the importance of following demand generation with supply options by training sanitation entrepreneurs. Given the demand expressed by respondents in this study, Plan International Uganda should consider expanding the scope of

			sanitation marketing activities and improve publicity of this program to improve quality of latrines and sustain CLTS outcomes.
<b>Post-Triggering</b>	No history of latrine subsidies	Plan International Uganda Local government VHTs Natural leaders Sanitation entrepreneurs	The absence of a history of latrine subsidies is advantageous to CLTS implementation, as communities generally have fewer expectations of external support.
<b>Stage</b>	<b>Constraining Factor</b>	<b>Local Actors</b>	<b>Implication</b>
<b>Planning / Pre-Triggering</b>	VHT capacity to trigger communities	Plan International Uganda Local government VHTs Natural leaders	Although VHTs are expected to lead triggering events, there still appeared to be a strong role for local government facilitators in the process. This suggests that the government's cascading training approach has yet to be fully realized at the village level. VHTs may be more effective in a supporting role in the triggering process and subsequently play a more prominent role in post-triggering activities in the community.
<b>Triggering</b>	VHT capacity to trigger communities	Plan International Uganda Local government VHTs Natural leaders	Although VHTs are expected to lead triggering events, there still appeared to be a strong role for local government facilitators in the process. This suggests that the government's cascading training approach has yet to be fully realized at the village level. VHTs may be more effective in a supporting role in the triggering process and subsequently play a more prominent role in post-triggering activities in the community.
<b>Post-Triggering</b>	Discrepancy in ODF definitions and verification criteria	National government Plan International Uganda Local government VHTs Natural leaders	ODF is described as a first step in the behavior change process, but ODF criteria appear to require 100% latrine coverage and achievement of total sanitation. This confusion in definitions and criteria can lead to different

			<p>interpretations, making it challenging to compare results. Plan International Uganda can use its national influence to advocate for a standardization in definitions and criteria.</p>
<b>Post-Triggering</b>	<p>Flooding, termites, and poor construction lead to collapse of latrines</p>	<p>Plan International Uganda Local government VHTs Natural leaders Masons/sanitation entrepreneurs</p>	<p>Given that latrine collapses force some to revert to open defecation, Plan International Uganda can consider introducing more permanent latrine options to communities at an early stage through trained masons. Encouraging community members to build simple pit latrines that are destroyed every year is unlikely to lead to sustained progress towards ODF.</p>
<b>Post-Triggering</b>	<p>Requirement for community by-laws against open defecation as part of ODF certification</p>	<p>National government Plan International Uganda Local government VHTs Natural leaders</p>	<p>The requirement for communities to establish by-laws appears to contradict the community-led nature of CLTS. Plan International Uganda will have to carefully explore whether this approach can lead to sustained behavior change and community wide changes in social norms.</p>