Community-led Total Sanitation in Haiti: Findings from an Implementation Case Study

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Purpose

This learning brief shares key findings from a case study of community-led total sanitation (CLTS) implementation in Plan International Haiti program areas, focusing on the roles and responsibilities of local actors. Several implications are relevant for consideration by Plan International Haiti and other sanitation practitioners.

The brief is part of the CLTS Learning Series, a collection of case studies on CLTS implementation, prepared by The Water Institute at the University of North Carolina at Chapel Hill as part of the Plan International USA project, *Testing CLTS Approaches for Scalability* (TCAS).

Methods

In June 2014, a researcher from The Water Institute collected data in the South-East and West Departments*, including the capital city of Port-au-Prince. Data collection consisted of 20 in-depth interviews with government and non-government stakeholders, visits to seven triggered communities across both departments, and a review of relevant organizational documents and national reports.

Role of Local Actors

Plan International Haiti first began implementing CLTS in 2011 and serves as one of the main actors involved in the activities presented in this report. At the national level, representatives from Plan International Haiti coordinate activities with the Direction Nationale de l'Eau Potable et de l'Assainissement (National Directorate of Drinking Water and Sanitation, or DINEPA), the Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population, or MSPP), and other international non-governmental organizations (INGOs) through monthly meetings. At the department level, Plan International Haiti works through Program Units (PUs) and recruits a team of facilitators for all aspects of the CLTS process. There was minimal local government participation in CLTS activities at the time of this study. Figure 1 further illustrates the role of Plan International Haiti's CLTS activities.

*Departments (départements in French) are first-level administrative sub-divisions.

Key Findings

Men Digging Pit Latrine for an Elderly Couple
Photo by Vidya Venkataramanan

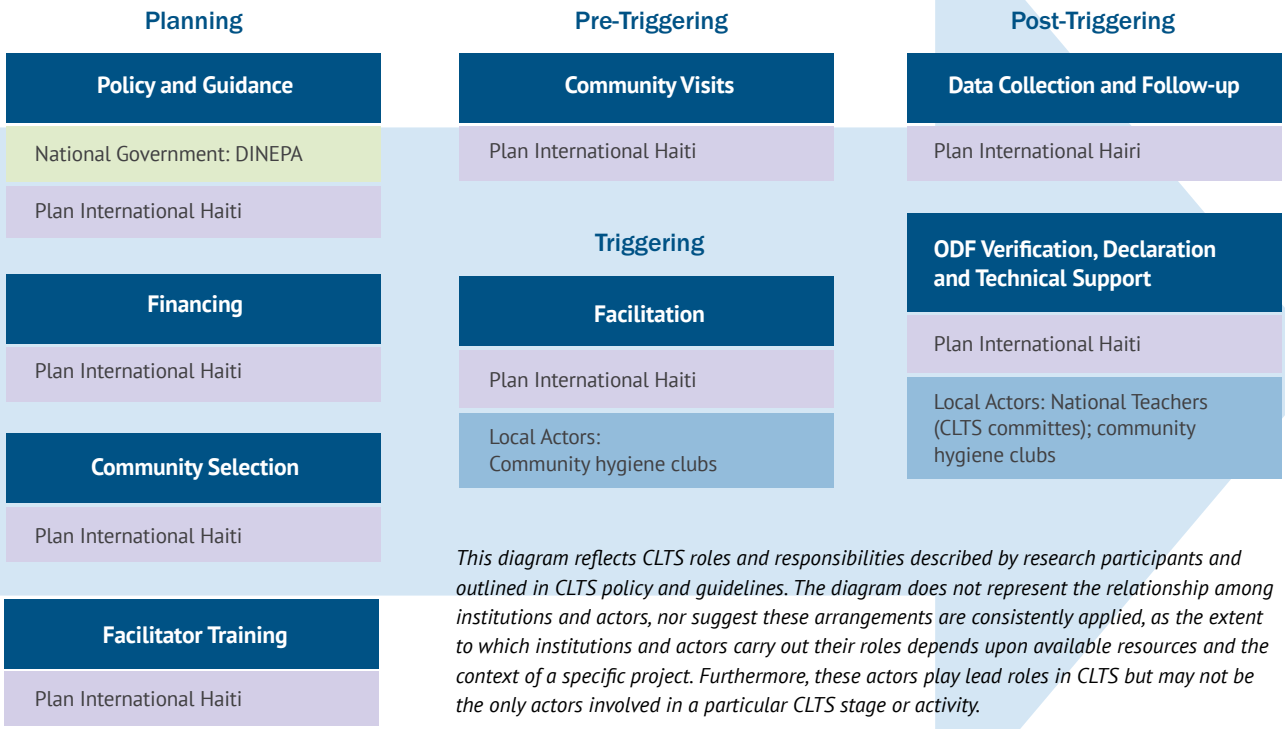
1. **Government capacity to implement CLTS in Haiti remains weak, and greater coordination is needed between ministries and INGOs.** Plan International Haiti and their INGO partners can help the government by organizing trainings and providing trained facilitators.

2. **Program outcomes thus far indicate that CLTS needs to be better targeted towards appropriate communities.** Baseline assessments can help to determine which communities may be more receptive to the CLTS message.

3. **Plan International Haiti's CLTS projects had strong engagement with village-level actors, especially natural leaders.** This approach keeps communities engaged and can empower natural leaders to influence behavior change in their communities.

4. **Financing and affordability of sanitation hardware remains a significant challenge.** Plan International Haiti can help build the supply chain by exploring supply-side interventions, including sanitation marketing activities, financing/payment plans, and self-help mechanisms.

Figure 1. Lead Roles in Plan International Haiti's CLTS Programs, 2014



This diagram reflects CLTS roles and responsibilities described by research participants and outlined in CLTS policy and guidelines. The diagram does not represent the relationship among institutions and actors, nor suggest these arrangements are consistently applied, as the extent to which institutions and actors carry out their roles depends upon available resources and the context of a specific project. Furthermore, these actors play lead roles in CLTS but may not be the only actors involved in a particular CLTS stage or activity.

CLTS Progress

Table 1 highlights the most recent data obtained from Plan International Haiti's CLTS projects. UNICEF and the Plan National Offices of Ireland (INO), Germany (GNO), and Japan (JNO) provided funding for CLTS activities described in this study. In the UNICEF/INO-funded project, 20% of households that started building latrines after triggering completed their latrines. In the JNO-funded project, staff estimated they had reached 3,588 households across six communities, aiming for at least 10% of households to construct or rehabilitate latrines. Data on baseline latrine coverage and the size of triggered communities were not available, which makes it difficult to assess progress in communities after triggering.

Key Findings

Finding 1: Government capacity to implement CLTS in Haiti remains weak, and greater coordination is needed between ministries and INGOs.

At the time of this study, a national sanitation strategy had been drafted but not yet finalized. The strategy does not allow for household toilet subsidies and emphasizes the enforcement of existing laws, provision of public services, and sensitization on household sanitation. Plan International Haiti, UNICEF, and DINEPA also produced a facilitator's guide titled *Approche Communautaire pour l'Assainissement Total* (Community Approach for Total Sanitation, or ACAT), which closely resembles CLTS methods. However, it is unclear how ACAT will be incorporated into the national strategy. In addition, DINEPA and MSPP, with the help of INGOs, are also trying to rebuild the local health infrastructure by recruiting and training 10,000 multipurpose community health agents (MCHAs) to trigger communities. However, there is currently no pool of master trainers available to meet the demands of training these MCHAs.

Despite growing government recognition and planning around sanitation, documents and interviews with government officials revealed significant obstacles, including poor coordination between INGOs and government institutions and limited access to low-cost sanitation technologies.

Finding 2: Program outcomes thus far indicate that the scope for CLTS in Haiti needs to be well-defined.

In three CLTS projects across 83 communities, Plan International Haiti has not yet been successful in converting communities to open defecation free (ODF) status. One important note here is that ODF achievement is not the ultimate aim of CLTS activities in Haiti; instead, the project focuses on

Table 1. 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.

reducing open defecation using the construction and rehabilitation of latrines as an indicator. That said, it was clear that sufficiently stringent criteria to select communities that are appropriate for CLTS was not utilized. For instance, amongst current project staff, many indicated that communities with a history of financial assistance, or those without adequate social cohesion, may not respond to triggering alone; although, the proposed solution was to increase follow-up visits, rather than considering other approaches.

Furthermore, "communities" were not defined clearly. 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. It is possible that Plan International Haiti has been triggering large groups of households that may not feel a sense of social cohesion, which was cited as a significant challenge in rural communities in Haiti.

Finding 3: Plan International Haiti's CLTS projects had strong engagement with village-level actors, especially natural leaders.

Plan International Haiti, with help from community leaders, formed hygiene clubs as part of routine hygiene promotion work. For instance, 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. CLTS committee members may be considered natural leaders, as they emerged during the triggering process. 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.

Finding 4: Financing and affordability of sanitation hardware remains a significant challenge.

The main challenge for successful implementation of CLTS in Haiti is the history and presence of financial assistance for latrine construction. 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.

There was some indication that Plan International Haiti trained masons in the UNICEF/INO and GNO-funded projects to build latrines using externally-financed materials. In the

current JNO-funded project, which does not have a provision for hardware support, Plan International Haiti trains two masons per community on latrine construction. In some communities, these masons work voluntarily, while in others they charge for their services. Whether or not they charge is decided by community members at the outset of CLTS activities. Plan International Haiti has also tried to encourage *kombit,* a Haitian term which refers to a community working together towards a common goal, to mobilize communities to build latrines, but this requires strong social cohesion.

Implications

This study reviewed aspects of Plan International Haiti's CLTS process with a specific focus on local actors and their roles in achieving and monitoring impact. The following implications highlight areas where local actors and Plan International Haiti can improve their CLTS activities.

Poor coordination between the national government and INGOs makes it challenging for Plan International Haiti to implement CLTS in communities where financial assistance for hardware may be offered simultaneously. Furthermore, until the local government health infrastructure is established, INGOs will continue to implement CLTS mostly on their own. In addition to helping the government write strategic guidance on CLTS and sanitation strategies, Plan International Haiti and other INGO partners can offer trainings for MCHAs to build local capacity.

By engaging with village-level actors, Plan International Haiti may be able to address some issues of social cohesion by creating bonds around water, sanitation, and hygiene (WaSH) activities. However, reliance on volunteers to implement CLTS means there is no obligation 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 local government leaders, to stimulate progress in triggered communities.

To improve CLTS outcomes, Plan International Haiti will need to invest more heavily in pre-triggering activities. They must consider using more stringent criteria when selecting "communities"—the social and geographical boundaries of which need to be defined first—including minimal history of externally-financed latrine building or WaSH projects nearby, and smaller, more cohesive groups of households. 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.

Plan International Haiti can also consider ways to build the sanitation supply chain by developing and increasing access to low-cost products that masons can use to market their skills and increase latrine access. They may be able to do this through the introduction of sanitation marketing activities, locally-decided financing plans, or through self-help mechanisms like *kombit*.

Limitations

This study uses qualitative methods and a small sample size. Researchers did not evaluate program effectiveness. Although readers may connect these findings to their own CLTS experiences, they should be cautious about generalizing the findings. Furthermore, researchers visited a subset of communities where Plan International implements CLTS, which means the study may not fully capture all aspects of CLTS implementation in Haiti.

The ***Testing CLTS Approaches for Scalability*** project involves The Water Institute at UNC working with Plan International USA to evaluate whether capacity strengthening of local actors influences CLTS outcomes. Our activities span 10 countries in Africa, Asia, and the Caribbean.

More information, project resources, and news are available at **waterinstitute.unc.edu/clts**.

Acknowledgements

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