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SLH LEARNING BRIEF

# Adaptation of the Community-led Total Sanitation (CLTS) protocol during the COVID-19 response

Carlos Munguambe and Mimi Coultas



## Introduction

Before COVID-19, Mozambique's Community-Led Total Sanitation (CLTS) protocol, introduced in 2008 and referenced in the Strategy of Rural Sanitation 2021-2030, broadly aligned with the original approach proposed by Kar and Chambers in the *CLTS Handbook* (2008). It included participatory pre-triggering, triggering and post-triggering activities bringing whole communities together to promote collective behaviour change on sanitation and health in the community. During the pandemic, UNICEF Mozambique worked with the Government of Mozambique (GoM) and other partners to adapt the CLTS protocol in line with government restrictions to support continued implementation of the approach. With restrictions now reducing, clarity on a post-pandemic CLTS protocol is needed. This rapid study explored how CLTS programming was adapted and implemented during the pandemic and the successes, failures, and lessons to inform recommendations moving forward. With only eight years to go to achieve the SDGs, it is timely for Mozambique to review and adapt the existing tools to ensure the required acceleration towards the elimination of open defecation is possible.

## Research questions and methodology

The study focused on how adaptations to the CLTS protocol were devised and implemented, what the changes involved, different stakeholders' roles and responsibilities, and what the lessons and recommendations are. A desk study was conducted to understand the background and intended changes, followed by 20 semi-structured key informant interviews to gain insights into what actually happened.

## Findings

### The change process

PEC consultants played a key role in initiating the adaptation: while waiting for guidance on working within COVID-19 restrictions, some PEC consultants began adapting activities and sharing their experiences with UNICEF and the National Directorate of Water Supply and Sanitation (DNAAS). This prompted a national level discussion on how to continue programming. The desire to find ways to continue was supported by the strong connection between WASH and COVID-19 preventive measures, the emergence of the World Health Organization protocols for safe WASH management,<sup>2</sup> prevention and control of COVID-19, and UNICEF's role in supporting the North and Central regions to improve WASH.

Technical meetings with national and local partners, and field visits for consultation and discussion informed the protocol adaptations, with online stakeholder meetings enabling a greater range of stakeholders to participate in the adaptation process. Once the adapted protocol was agreed with DNAAS, it was documented by UNICEF with support from consultants. Training was then rolled out by UNICEF consultants at the provincial level for PEC consultants, NGOs and government staff.<sup>3</sup> During the training, participants were encouraged to share experiences and suggestions for implementing the protocol, resulting in different implementation modalities between provinces.

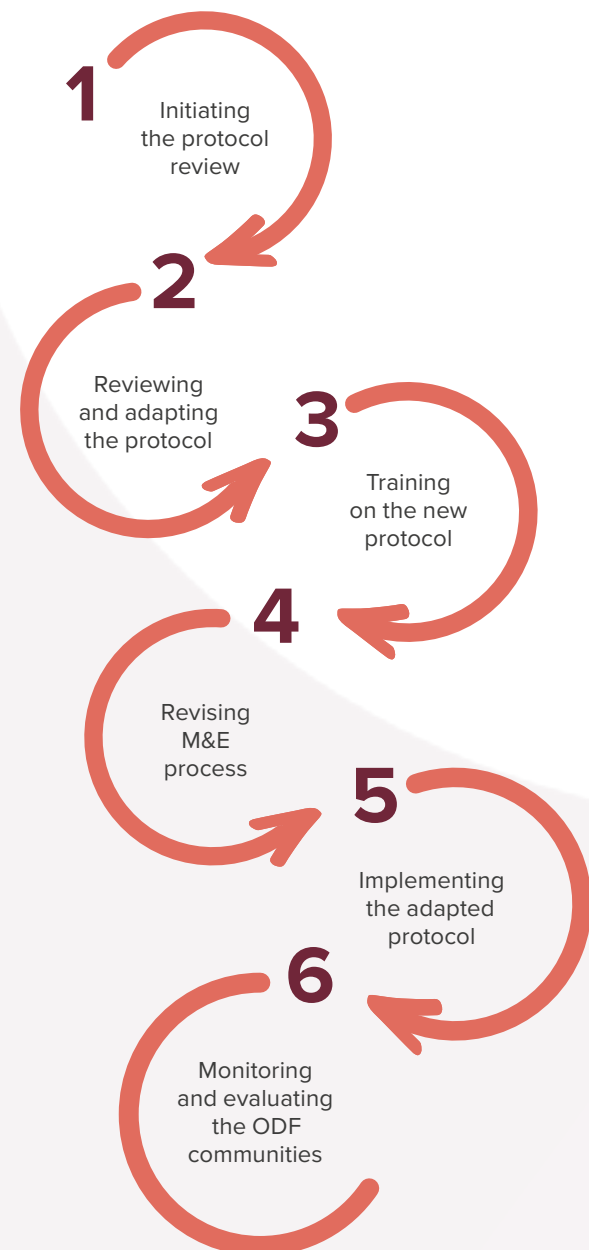
### Changes to the CLTS protocol

Most changes related to reduced participants and duration of activities, to minimise risk of contamination. Specifically:

- Triggering was limited to specific community members, such as religious, traditional and natural leaders, teachers and other respected community members who were then charged with motivating others.
- During triggering, the Calculation of Medical Expenses activity was removed entirely and latrine design activities were limited to discussion with no drawing.
- The remaining activities shortened and adapted to meet COVID requirements (e.g. no food and drink were shared).
- Post-triggering, PEC Consultants switched from providing in-person follow-up support and monitoring to providing oversight for community members to lead these activities. However, ODF evaluation processes remained the same.
- Beyond UNICEF, few WASH actors fully implemented the adapted protocol. Some pivoted their WASH programmes to focus more on hygiene in response to COVID-19 while others flagged that they were not able to adopt the adapted protocol without additional support.

Interviewees included UNICEF staff, national and sub-national government staff, other development partners, and PEC consultants.<sup>1</sup> The study focused on experiences from Sofala, Tete, Manica, Nampula and Zambezia Provinces. Due to the rapid nature of the study, a limited number of interviews were undertaken meaning some organisations' experiences of implementing CLTS during COVID may not be reflected.

Figure 1. Key steps taken to revise the CLTS protocol during COVID-19



<sup>1</sup> PEC consultants are Non-Government Organisations (NGOs), Community-Based Organisations (CBOs), or private companies hired by the public work sector / WASH department to implement Community Education and Participation (PEC) activities to improve the sustainability of sanitation and water supply systems, as well as hygiene in the rural communities (Macario 2012).

<sup>2</sup> WHO and UNICEF (2020) "Água, Saneamento, Higiene e Gestão de Resíduos Para o Vírus Da COVID-19." : 1–10

<sup>3</sup> This training was allowed to proceed under the national guidelines for COVID-19 prevention from MISAU as it was contributing to COVID-19 prevention measures through promotion of handwashing and physical distancing.

# Lessons learned from developing and implementing the adapted protocol

The main successes (+), failures (-) and associated lessons reported by interviewees were:

- + Continuity of support:** adaptations enabled WASH programming to continue throughout the pandemic, supporting progress towards ODF goals. UNICEF's flexibility and willingness to invest in developing, providing training on and rolling out the adapted protocol was key to this success.
- + Hygiene gains:** the stronger emphasis placed on hygiene during the pandemic resulted in a large improvement in the construction and use of handwashing stations.
- + Acceleration of progress:** despite the challenges, in many districts, WASH programmes exceeded their targets. Numerous factors may have contributed to this, including: greater training and responsibility of community leaders, smaller triggering groups which were easier to manage, enhanced government oversight of sanitation and hygiene, increased multisectoral partnership working (including with health and community radio stakeholders), fear of COVID-19 which increased people's desire to prevent diseases, and more time spent at home to build toilets.
- + Opportunities for virtual engagement:** this resulted in broader participation in national coordination platforms, particularly among provincial and district-level stakeholders.
- Moving away from core CLTS principles to a more directive approach:** the adapted approach moved from participatory, inclusive, and collective to more directive and individualistic. Under the adapted protocol, it was unclear whether people chose to build latrines or were told to.
- Triggering a small proportion of the community:** the reduced triggering meant that the emotional response CLTS relies on was not experienced across the community. It also meant that post-triggering awareness raising and follow-up relied on specific people rather than the whole community.
- Roll out of the adapted CLTS protocol:** except for UNICEF and a few others, the adapted protocol was not widely implemented in full.
- Poor latrine quality:** limited monitoring and technical support from PEC consultants meant the quality of latrines built was poor, reducing their sustainability. The strong focus on delivering results also neglected the maintenance, operation, and management of systems, further adding to sustainability concerns.
- Need to trigger povoados<sup>4</sup> rather than individual communities:** the original and adapted CLTS protocols both focused on triggering individual communities. However, several interviewees reported a need to trigger whole povoados rather than individual communities within them to concentrate resources better, reduce the total time for triggering and achieving district-wide ODF, ensure everyone is reached through triggering, and to align with the National Statistics Bureau (INE) which focuses on the povoado level. Furthermore, it is a good opportunity to strengthen partnership with existing health sector mechanisms at povoado level. The need for this change may have become more apparent during COVID-19 as more communities achieved ODF status.

## Recommendations

- 1.** Develop a revised CLTS protocol, led by DNAAS with contributions from all partners working in the sanitation sector, incorporating learning from before and during COVID-19. This should:
  - Revert to a more participatory version of CLTS such as increasing the number of participants during triggering.
  - Include provision for post-ODF support to sustain and build on progress.
  - Focus on triggering and certification whole povoados (not individual communities) to concentrate targeting, ensuring everyone is reached, resources are used more efficiently and integration with other sectors is made easier. This will also make the monitoring and evaluation system easier and ensure a good alignment with INE.
  - Maintain the increased role of local leaders in the CLTS process, with oversight by PEC consultants. It is recommended that PEC consultants train community leaders at the povoado level to run triggering sessions in their own communities, with support from PEC consultants. This would ensure all communities belonging to the same povoados are triggered while supporting sustainability by increasing local leadership and capacity to eliminate open defecation.
  - Build on the strong emphasis on hygiene introduced during COVID-19, particularly around handwashing, construction of tippy taps, and physical distancing in public places.
- 2.** Explore ways to retain and encourage the flexibility and adaptive capacity demonstrated during COVID-19, in line with wider sector thinking around the need for more adaptive programming. This may include enabling regular feedback from frontline staff to decision-makers, learning visits to the field, coordination meetings with diverse stakeholders, and advocacy to donors and decision-makers to allow increased flexibility across the sector.

<sup>4</sup> Povoado is an administrative level in Mozambique sitting below the Locality comprising 10-20 hamlets.

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## About the authors

Mimi Coultas is a WASH specialist currently working as a Research Officer with the Sanitation Learning Hub at the Institute of Development Studies. She supports partners across the sanitation and hygiene sector globally to design and conduct timely, relevant and actionable research and learning activities to strengthen policy and practice. Prior to this, she worked for a number of NGOs designing, implementing, evaluating and advising on WASH programmes across Africa and Asia.

Carlos Munguambe has 28 years' experience supporting WASH, local governance and planning in Mozambique. He has experience conducting training, facilitation and research for institutional and

community development and strengthening in these fields and has worked in a range of management, technical advisory and consultant roles for public and private national and international organisations. He holds a Master's in Public Administration from the University of Roehampton, London, with a focus on planning, implementing, monitoring and evaluation of public services. Originally from Beira, he now lives in Maputo.

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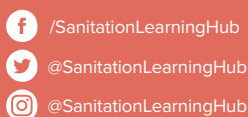
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### For further information please contact:

Sanitation Learning Hub, Institute of Development Studies, University of Sussex, Brighton, BN1 9RE  
Tel: +44 (0)1273 606261  
Email: [SLH@ids.ac.uk](mailto:SLH@ids.ac.uk)  
Web: <https://sanitationlearninghub.org>

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