

This Case Story was submitted to the 2016 CLA Case Competition. The competition was open to individuals and organizations affiliated with USAID and gave participants an opportunity to promote their work and contribute to good practice that advances our understanding of collaborating, learning, and adapting in action.

Science, Silver Bullets, and Sanitation: How Operational Research Improved Plan's Global Programming

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Natural Leaders facilitating CLTS work in Ghana.
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What is the general context in which the story takes place?

Like other sectors, water, sanitation and hygiene (WASH) is focused on ways and means to achieve greater scale in service operation, while balancing the requirements of quality, affordability, and sustainability for users. In sanitation terms, this typically means triggering behavior change to drive investments in hardware solutions, organizing supply chains to respond to demand-generation activities, and working with government to build institutional capacity and support mechanisms to grow sanitation programs. Plan International is a pioneer of the Community-Led Total Sanitation (CLTS) approach — a method that triggers community-wide behavior change on sanitation practices, ending open defecation, and stimulating household investment in toilets. The CLTS approach is widely adopted internationally by practitioners, but has lacked systematic evaluation of its impact.

Through work funded by the Bill & Melinda Gates Foundation and supported by the Water Institute at the University of North Carolina (UNC), Plan tested, implemented, and evaluated the relative effect of different CLTS facilitators (natural leaders, teachers, and government staff), compared with conventional, NGO-facilitated implementation, to examine how scalability and sustainability

improved under these alternate models. CLTS implementation was coupled with “deep dive” evaluations in Ghana, Ethiopia, and Kenya, complemented by seven rapid evaluations worldwide to compare and contrast findings. As a first for the WASH sector, the Testing CLTS Approaches for Scalability project employed highly rigorous operational research methods, independent data collection, and analysis to gather evidence about what works, where, and how with CLTS. This case study explains how the project collaborated, learned, and adapted to improve programming.

What was the main challenge or opportunity you were addressing with this CLA approach or activity?

There have been a number of interventions aimed at addressing rural sanitation and open defecation over several decades. Past interventions largely focused on supplying latrines or latrine construction materials and met with limited success, in many cases because they did not adequately stimulate demand for improved sanitation or result in sustainable behavioral change within the target communities. In response, CLTS was developed in 2000 as a way to generate change in sanitation behaviors, which can stimulate demand and supply for improved sanitation and sustainable reductions in open defecation. Given promising early results, CLTS has spread from its inception in Bangladesh to South and Southeast Asia, Africa, Latin America, and the Middle East. Plan International alone has implemented the approach in more than 35 countries. Many governments, implementing partners, multilateral agencies, and policymakers are now seeking to scale up the approach to help achieve improved sanitation beyond the community level.

However, there are elements and challenges inherent in the CLTS approach that hinder the overall effort to efficiently and effectively scale the intervention. In particular, the requirement of labor-intensive, community-by-community facilitation can make CLTS slow and costly to scale. NGOs most commonly lead facilitation, dependent on donor funding and geographic coverage. Efforts to transfer CLTS facilitation to relevant government entities have also struggled to secure sufficient motivation and resources to implement the approach effectively at scale. The project considered the removal of these obstacles through modified CLTS methodologies and practices to be a primary way to significantly improve the coverage of the approach and contribute to the achievement of the Millennium Development Goal and Sustainable Development Goal for improved sanitation.

The CLTS approach has proven successful in specific settings and has the potential to drive sanitation improvements at greater scale, if certain barriers are overcome. This project sought to address and learn more about how to overcome these barriers, leveraging the team’s extensive field experience with CLTS, “learning by doing” through rigorously evaluating the impact of pilot interventions, and sharing the implications of this work with a global network of practitioners in the sanitation sector. The research pilots focused on innovations that mobilized local actors to overcome common CLTS scalability and sustainability challenges in a community-driven, cost-effective way. Together with the additional learning and capturing activities, led by UNC, this project has contributed to the understanding of how CLTS functions, its opportunities for improvement, and means of overcoming its limitations. Sharing activities promoted “process learning” and ensured that all lessons learned will inform CLTS implementation policies and strategies globally.

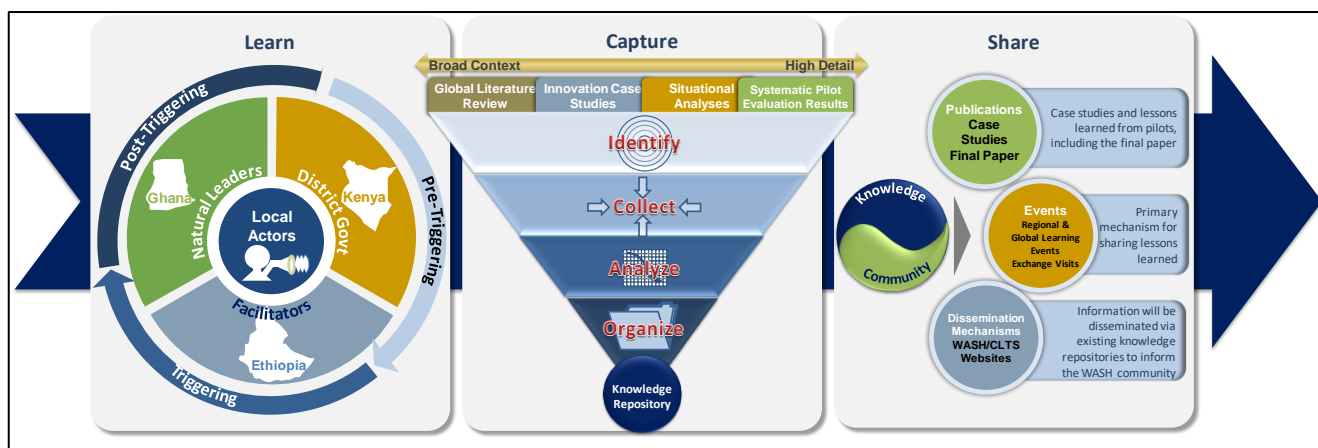


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Describe the CLA approach or activity, explaining how the activity integrated collaborating, learning, adapting culture, processes, and/or resources as applicable.

Our project design focused on structured activities aligned with a Learn, Capture, and Share framework (see graphic below), which incorporated rigorous applied research through experimental pilots in Kenya, Ghana, and Ethiopia; structured knowledge collection and analysis; and comprehensive knowledge sharing throughout the duration of the project.



Given the complexity of the project design (separate treatment/control arms in three countries and rapid evaluations in seven countries of existing Plan CLTS programs), the range of stakeholders involved (local NGOs, local government, researchers, and practitioners), and the focus on gathering hard evidence, the project team emphasized collaboration, learning, and adaptation in several steps of the project. For example:

- *Detailed needs assessment.* Before project award and then during the project kickoff, UNC researchers spent time in-country, consulting with Plan’s practitioners and reviewing the project approach based on local insight and need.
- *Real-time adaptation.* UNC researchers and Plan practitioners met regularly during implementation to review, refine, and correct approaches as needed. For example, the project team revised the Kenya pilot (originally focused on the role of local government staff as facilitators) and received donor approval for the new design after identifying confounders that weakened the original research design.
- *Program managers’ meetings.* Every six months, Plan practitioners systematically reviewed process-based learning from implementation — an opportunity to cross-fertilize experiences across different project implementing arms — to address common implementation bottlenecks and propose solutions and share perspectives on preliminary findings as they were released.
- *Regional learning events.* Periodically, the project team shared early findings with a broader set of stakeholders in CLTS implementation regions. Three regional forums in Cambodia, Uganda, and Zambia helped build momentum around results, peer-review findings during implementation, and shape implications of the work for policy and practice.



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- *Internally focused implications workshop.* In October 2015, toward the end of the main project period, results were presented to and reviewed by a cross-section of WASH advisors within the Plan Federation (at country, regional and international levels).

The project was organized by the three objectives above (Learn, Capture, Share), within which the project team used appropriate tools and approaches to foster collaboration, learning, and adaptation. These are briefly described as follows:

- *Learn.* The project learning objective was met through three distinct pilot projects that rigorously tested solutions (using randomized controlled trials, quasi-experimental designs, and qualitative research designs) to locally identified, globally relevant CLTS scaling challenges in Kenya, Ghana, and Ethiopia. Each pilot was aligned to the country’s national context through a detailed situational analysis and the engagement of relevant stakeholders. The three country pilots complemented each other by targeting three different levels of local actors, from key community members to sub-national government officials. Data on latrine coverage and quality was collected as an indicator of progress toward “open defecation free” (ODF) and improved sanitation.
- *Capture.* Knowledge-generation activities—including a review of the global CLTS literature (both peer and grey), lessons learned from innovations in Plan International’s global sanitation experiences, and the development of standardized metrics for sanitation programming—contributed to the generalizability of the pilot lessons and findings. Information was captured from external stakeholders during a series of country-specific, regional, and global learning events and exchange visits.
- *Share.* The final stage of the project involved dissemination of the knowledge to internal and external practitioners at local, national, regional, and global levels via local stakeholder coordination, exchange visits among pilot countries, regional and global learning events, and publication of a suite of knowledge materials in various formats. Practitioners’ “uptake” of lessons learned enhanced the effectiveness, sustainability, and scalability of CLTS interventions worldwide.

Were there any special considerations during implementation (e.g., necessary resources, implementation challenges or obstacles, and enabling factors)?

The following preconditions were significant in supporting the project’s approach to CLA:

- *Strong relationship between Plan and UNC.* This was maintained through regular meetings between the main implementing partners, Plan and UNC, and benchmarking of the relative performance of the teams in achieving common results. This required trust, confidence, and a willingness to accept accountability when the project encountered difficulties.
- *Good understanding from the start and openness to tackling issues.* An openness to confronting difficult issues in implementation early in the process was key, to overcome more significant impacts during the operational research. The following example illustrates how attention to



learning from feedback and process reviews supported project implementation. In Ethiopia, Plan's initial community interventions led to inadvertent cross-fertilization of activities between research arms (control vs. treatment). Through close monitoring, researchers and implementers were able to reprogram and ensure separation of activities.

- *Commitment to bridge the research-practice divide.* During the last year of the project, the team identified a clear need to bridge the research-practice divide in order to achieve successful learning from the research findings and collaboration with practitioners, to ultimately promote adaptation of CLTS. The project team committed to translating findings into a more strategic set of main messages from the work, targeted to different audiences. This involved simplifying results, setting them in context, and considering implications for policymakers and practitioners.
- *Financial resources made internal learning possible.* This included routine (semiannual) meetings between program managers from three countries for process learning and reflection and frequent site visits to the pilot countries so that UNC researchers could troubleshoot with Plan implementing teams.
- *Donor flexibility.* Thanks to the willingness and flexibility of the donor (the Bill & Melinda Gates Foundation), the project was able to substantially alter the design of the Kenya arm of the project, shifting the initial research question and methodological approach. In the original study design for Kenya, the project aimed to train district-level managers from key line ministries in two provinces in CLTS management. The training aimed to increase the district-level managers' capacity by improving their management, advocacy, and monitoring skills. The team's hypothesis to be tested was that the capacity building package would result in a direct impact on learning outcomes, which would be followed by indirect impact on individual performance and organizational results. In practice, the situational assessment (led by UNC) identified several confounders that had an impact on the attribution among learning, individual performance, and organizational results. In brief, these confounders involved institutional arrangements (roles for CLTS were confused, duplicative); financing (government financing and activity at district level could not be evaluated independently from NGO activity) and expectations (the government had come to rely on NGOs to support CLTS, which would influence the impact of training).

With your initial challenge/opportunity in mind, what have been the most significant outcomes, results, or impacts of the activity or approach to date?

There are three significant results with profound implications for CLTS programming worldwide:

- *CLTS has major impact on latrine adoption and ODF status.* Where "Natural Leaders" (Ghana) facilitated CLTS, open defecation rates decreased by 19.9 percentage points ($p=0.000$) and latrine use increased by 18.3 percent ($p=0.000$). Teacher-facilitated CLTS (Ethiopia) was not as effective as Natural Leaders, associated with 13 percentage point ($p=0.021$) reduction in open defecation rates. This was, unexpectedly, smaller (by 9.8 percentage points) than the "control" group (health extension worker-facilitated CLTS).
- *... but CLTS only works well within a certain "performance envelope."* The results above varied significantly by region and context. Interviews with CLTS implementers in seven other countries



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confirmed this finding: *CLTS success was more likely in small, remote, rural communities with low initial latrine coverage, large measures of social cohesion, stable population, and little prior experience of subsidies for latrine construction.* Additionally, village leaders (elected or traditional) who gave permission for and played a role in mobilizing participation in CLTS triggering also contributed to the success of the approach.

- ... and the cost of CLTS is not insignificant. Literature on CLTS typically labels the approach as a cheap alternative to latrine construction; however, our research found that most CLTS cost estimates were either incomplete, indicative, or misrepresentative. Our work provided estimates of the programmatic costs (management, logistics, administration) and the local costs (materials, time, labor) involved in CLTS throughout implementation. Program costs ranged from \$30–81 per household targeted in Ghana and \$14–19 per household targeted in Ethiopia. Local costs ranged from \$7–21 per household targeted in Ghana and \$2–3 per household targeted in Ethiopia. Interestingly, when Natural Leaders led facilitation in Ghana, communities invested almost three times as much in hardware than under conventional approaches.

If your project or activity is in the development phase or just recently underway (less than 1 year into implementation), how do you intend to track results and impact? What outcomes do you anticipate?

Although the first phase of the CLTS evaluation is complete, the Bill & Melinda Gates Foundation agreed to invest in a costed extension of the project in 2015. Through the extension (2016–2017), Plan International and UNC are capturing examples of the uptake of results from the main operational research stage of the project (2011–2015). This expanded phase will quantitatively and qualitatively track the adoption of findings from the work, demonstrating where and how results were used by which stakeholder groups, with what effect.

Already, collaborators are using the critical findings mentioned above to adapt programming in CLTS and sanitation in the following ways:

- Plan International's WASH staff translated the main results into a set of agreed-upon operational standards and recommendations for the organization.
- The wide-scale adoption of teacher-led CLTS facilitation through the Ethiopia program, where (with UNICEF funding), a new program using this method was adopted in 55 districts across the country.

What were the most important lessons learned?

The Testing CLTS Approaches for Scalability project was an opportunity to engage in rigorous research on an under-studied approach, while producing important evidence for CLTS implementation worldwide. The process of designing, coordinating, and managing rigorous operational research of this type, on this subject, demanded collaboration and open communication



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across a range of relevant stakeholders. Fostering a process and culture that nurtured continuous communication between those stakeholders allowed the creation of short-cycle feedback loops, which in turn had a real-time impact on the management of implementation. Our experience with collaborative programs of this nature is to be intentional about the time, place, and structure of knowledge sharing between stakeholders in order to successfully implement the program and produce relevant research findings.

In addition to the lessons learned about implementing a large-scale pilot and research project, the main research findings included the following:

- *CLTS can have a major impact on latrine adoption and ODF achievement.* CLTS works best in the very places that traditionally get left behind (rural, isolated, and poorest). There is an implicit pro-equity component to focusing on CLTS that connects well with the Sustainable Development Goals.
- *However, CLTS is not a silver bullet.* It only works well within a known “performance envelope.”
- *Local actors are important in driving toward more effective CLTS outcomes.* How we engage with actors at the community-level (e.g., teachers, community health workers, natural leaders) and in local government can influence the effectiveness of CLTS programming, as can the setting.
- *Costs of CLTS are completely misrepresented.* CLTS is not a simple investment that yields the same outcomes each time.
- *For CLTS to deliver on its potential as a tool for behavior change, we need broader, national sanitation strategies that understand how CLTS supports sustainable sanitation.*

Any other critical information you’d like to share?

To help illustrate the story behind our work, the project team produced a series of short videos, filmed in communities where the work took place, to highlight the results and impact the work has had on people’s lives:

- [CLTS and Local Actors in Ghana, Ethiopia, and Kenya](#) (project overview)
- [CLTS and Natural Leaders in Ghana](#)
- [CLTS and Teachers in Ethiopia](#)
- [CLTS and Local Government Staff in Kenya](#)

A full set of project reports and results is available on a [dedicated project website](#).

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