Guidance Note:
Integration of CLTS and PHAST

1. Background

The IFRC advocates strongly for the integration of hardware and software for ensuring sustainable and effective water and sanitation interventions. “Hardware” is defined as the engineering inputs related to appropriate equipment and construction, such as tanks, pipes, pumps and latrines. “Software” is an umbrella term and encompasses activities in the areas of community involvement and participation, hygiene promotion, local capacity-building and empowerment for ownership of facilities, monitoring and evaluation of impact and fostering behavioural change.

Hardware on its own is not enough to prevent the common diseases caused by unsafe water, inadequate sanitation and poor hygiene practices. Software is a vital part of any water and sanitation programme, encouraging safe hygiene practices, fostering positive behaviour change and empowering community-based management structures of facilities so that systems deliver sustainable health and social benefits to the end user.

Many Eastern Africa and Indian Ocean Islands National Societies have been implementing software components as part of water, sanitation and hygiene (WatSan) programs for well over two decades, primarily using the well-established community-based PHAST (Participatory Hygiene and Sanitation Transformation) methodology.

In recent years, the number of National Societies implementing other community-based participatory approaches, in particular CLTS (Community Led Total Sanitation) has grown rapidly. A number of National Societies are implementing or plan to implement ‘hybrid’ or ‘mixed’ approaches, with the aim to improve the effectiveness of interventions and also as a response to various government policies or directives which require organisations to use the CLTS approach (usually as a means of contributing to achievement of Millennium Development Goals or MDGs).

2. This guidance note

This guidance note has been developed in response to numerous requests from National Societies in the region for technical support on integrating CLTS and PHAST. There is also a strong need for a concise and clear position statement on CLTS from the Red Cross Red Crescent perspective, so that National Societies are able to advocate with their respective governments on the merits and critical concerns with implementing a pure CLTS approach, particularly surrounding sustainability issues.

The purpose of this guidance note is to provide National Societies with simple and clear direction towards integrating CLTS and PHAST approaches at field-level, including a summary of concerns regarding the pure CLTS approach from a Red Cross Red Crescent perspective.

This guidance note was finalised using input, feedback and experiences which were shared and documented during the Eastern Africa Regional WatSan Software Workshop, held in Nairobi, Kenya from the 22nd – 26th July 2013.

Key two reference materials also used in developing this guidance note are:

a) Discussion Paper - Community Led Total Sanitation (CLTS) in the Red Cross Movement, IFRC/Swiss Red Cross/French Red Cross, 2010: http://watsanmissionassistant.wikispaces.com/CLTS-Discussion-Paper.pdf

b) CLTS Field Guideline from French Red Cross Experience in Cambodia, French Red Cross, March 2010: http://watsanmissionassistant.wikispaces.com/FRC-CLTS-Field-Guideline.pdf

Following from this guidance note, the IFRC Eastern Africa and Indian Ocean Islands Regional office is working toward developing a manual on CLTS and PHAST integration and 'hybrid' approaches. It is envisaged that this detailed manual will be further adapted to country level and context, prior to use by National Societies in their WatSan programming.

3. CLTS and PHAST

Community led total sanitation (CLTS) is defined as an integrated approach to achieve and sustain an open defection free (ODF) status in a community. CLTS involves facilitating a process to inspire and motivate communities to stop open defecation and to build and use latrines. Customarily, there is no external subsidy provided in the form of money or hardware items. There are three main steps of CLTS: pre-triggering or preparation, triggering, and post-triggering. The most critical step is triggering – this is when community members assess their own sanitation situation including the extent of open defection and the spread of faeces which contaminates the community. The CLTS approach can ignite a strong sense of disgust and shame amongst the community. This can motivate people to build and begin using latrines, leading to collective action to ultimately have their community reach ODF status.

For more information download the CLTS Handbook developed by PLAN here: https://plan-international.org/about-plan/resources/publications/water-and-sanitation/handbook-on-community-led-total-sanitation/

The IFRC advocates strongly for the integration of hardware and software for ensuring sustainable and effective water and sanitation interventions. PHAST (Participatory Hygiene and Sanitation Transformation) is a well-established methodology which is primarily used by National Societies within the region. Experience has showed that PHAST is effective and should act as the backbone of WatSan software activities since it encompasses the two core software elements - hygiene promotion and community management. PHAST seeks to enable communities to improve hygiene behaviours, prevent diarrhoeal diseases, and encourage and community management of water and sanitation facilities. PHAST consists of 17 activities organised in 7 main steps. One activity is usually carried out each week and the whole programme typically takes up to six months. The first 5 steps are about helping the group to develop a plan to improve water supply, sanitation and hygiene behaviour, while steps 6 and 7 consist of community monitoring and evaluation.

For more information on PHAST please download the IFRC's guidelines on WatSan software in long-term programming here: http://watsanmissionassistant.wikispaces.com/file/view/100400-WatSan-Software_Tools-LR.pdf/354069540/100400-WatSan-Software_Tools-LR.pdf

4. Key concerns with the CLTS approach

There are four key concerns that practitioners, particularly within the Red Cross Red Crescent Movement, have surrounding the implementation of the 'pure' CLTS approach, including sustainability of sanitation infrastructure. The 'pure' CLTS approach is defined as being CLTS without any subsidy and without any modifications or additions (such as hygiene promotion, or additional follow up) to the core CLTS process. These four key concerns are:

1. The use of 'shame' as a motivating factor during CLTS triggering does not fit with the core Red Cross Red Crescent values and principles. National Societies are mandated to foster and improve dignity of local communities; by shaming them about their sanitation and hygiene behaviours this can directly damage their dignity, as well as potentially generating resentment or negative feelings.
2. There is a lack of technical advice and guidance into latrine design and construction in CLTS. This often results in poor quality latrines which break quickly (and can put people off building latrines again), as well as having potential negative effects on water quality and public health (particularly in flood prone areas or those with high water table). Communities are triggered and may be motivated to begin building latrines, however there is no guidance provided on how to build a latrine or what type of larine is appropriate for their context (soil type, groundwater level, and so on).
3. There are no subsidies provided in 'pure' CLTS. For Red Cross Red Crescent National Societies whose mandate is to support the most vulnerable members (disabled, elderly, lowest income group etc.) of the communities they work in, extra emphasis, planning and activities are required to ensure that these people are not 'forgotten' or left behind. There are also issues with inadequate supply chains for appropriate latrine materials in rural and remote communities where many National Societies work – in some areas there are simply no means for communities to purchase (very few shops or retailers) or obtain the required materials they need to construct and use a latrine.
4. There are no specific hygiene promotion components in a 'pure' CLTS approach, and little follow-up with community. It is widely recognised that 'software' components of WatSan programs are vital for empowering communities and fostering sustained behaviour change around sanitation and hygiene (particularly handwashing). If households build a latrine, it does not necessarily mean they will use it or keep using it in the future. Generally, once a community has achieved a certain level of latrine construction/use, they go through a verification and certification process to declare the community open defection free (ODF). However, after ODF status is achieved, the community is largely left without follow-up support or any ongoing guidance or hygiene promotion activities. There can be a great chance of relapse several months after certification, and communities may once again have high rates of open defecation due to relapsed behaviour, latrine breakage, or inability to maintain their latrine (e.g. if pit needs emptying and no knowledge or resources to do so exist).

5. CLTS and PHAST can complement each other

PHAST can be used to complement CLTS and to address the concerns outlined above. By combining the positive aspects of both approaches, ultimately a stronger and more effective WatSan program can be implemented with subsequently larger impact.

CLTS triggering activities can be used the entry point for project activities, and to motivate individual around the sanitation and hygiene situation in their community. For CLTS triggering, National Societies should use

activities which utilise 'disgust' as the motivating factor instead of 'shame'. For example, activities such as "shit and money calculation" and "mapping" should be used rather "walk of shame".

In cases were Government staff or district health officers do the CLTS triggering activities with the community, it is necessary to have strong dialogue and assessment during the project planning phase to ensure that responsibilities are clear. It is important to protect the image and integrity of the National Society – if the community is sensitive or triggering is done in a shameful or non-dignified way, this can create resentment of negative feeling toward whoever is seen to be involved in the triggering process.

Key areas where PHAST can be used to complement and strengthen CLTS include:

- PHAST activities and input from the project engineer can be used to provide technical guidance on latrine type and construction (PHAST activities: sanitation ladder and planning for change). This technical guidance is vital, because some communities simply do not know how to construct a latrine if they never have before. [It can be likened to asking someone to build a house without any instructions or guidance!]. Moreover, technical guidance on latrine technologies and types is particularly crucial in areas with high water tables or which are prone to flooding (typical of DRR[1] or CCA[2] projects). Badly constructed latrines which are flooded can cause widespread contamination and risk spreading disease.

- PHAST activities can be utilised to strengthen hygiene promotion (particularly handwashing, personal and environmental hygiene and solid waste management aspects) and community empowerment components. "Software[3]" aspects are widely recognised as a vital aspect of WatSan programming, which need to come in parallel (if not before) "hardware[4]" aspects.

- Follow up support, contact and guidance can be provided to communities through the PHAST or shortened PHAST process and volunteers, as well as through the local branch structure of Red Cross Red Crescent National Societies.

- Smart subsidies or micro-finance can be introduced to ensure the most vulnerable are included and support to improve their sanitation situation. Aspects of sanitation marketing can be incorporated to strengthen sustainability and local supply chains of sanitation items. Sanitation committees (linked to PHAST groups and volunteers) can mobilise other members of the community to assist the most vulnerable with latrine construction where they need support (e.g. digging the pit, building the latrine super-structure from local materials).

[1] Disaster Risk Reduction
[2] Climate Change Adaptation
[3] "Software" is an umbrella term and encompasses activities in the areas of community involvement and participation, hygiene promotion, local capacity-building and empowerment for ownership of facilities, monitoring and evaluation of impact and fostering behavioural change.
[4] "Hardware" is defined as the engineering inputs related to appropriate equipment and construction, such as tanks, pipes, pumps and latrines.

6. Existing Red Cross Red Crescent experiences

In the Eastern Africa region, Eritrea and Kenya have implementation experiences with integrating CLTS and PHAST. Globally, Cambodia Red Cross Society supported by the French Red Cross, since 2010 has implemented a hybrid CLTS and PHAST approach in their WatSan programming.

In both Kenya and Cambodia, CLTS triggering was used as an entry activity to communities and then a shortened version of PHAST was implemented following this. The shortened PHAST process should be implemented with a focus on providing technical guidance on latrine construction through the planning steps, on generating ownership of latrines, and on empowering communities for hygiene practice improvement. Through PHAST, the follow-up to communities and monitoring of activities can also greatly improved (in comparison to 'pure' CLTS).

In Kenya, strong linkages were made to the local Government structure. The Government district health officers (mandated to work toward the Government of Kenya goal of being open defecation free by 2015) facilitated and implemented the CLTS triggering in target communities. Kenya Red Cross Society then trained PHAST volunteers and begun a shortened PHAST process from Step 3.

In Cambodia, a similar approach was used. Following CLTS triggering, follow up and monitoring was done though a shortened PHAST approach (from Step 2 onwards). The focus of each PHAST step and activity was adapted to the community context and key risky hygiene and sanitation behaviours that were targeted.

7. Options for integration

It is advocated that CLTS be used as the entry point for project activities in the target community, and then a shortened version of PHAST be implemented directly following triggering. The shortened PHAST process should be implemented with a focus on providing technical guidance on latrine construction through the planning steps, on generating ownership of latrines, and on empowering communities for hygiene practice improvement. Through PHAST, the follow-up to communities and monitoring of activities can also greatly improved (in comparison to 'pure' CLTS).

In many countries in Eastern Africa, Governments have issued policies or directives which either advocate for or instruct organisations to use the pure CLTS approach. It is critical that linkages are made to the Government from the inception of each project, and that clear roles and responsibilities are agreed upon before activities begin. The responsibility for verification and certification of open defecation free communities (particularly the costs involved) should be clearly identified. The roles and responsibility of local Government staff or officers who are mandated should be identified and linked in the most synergetic way to project activities, particularly for ongoing follow up and support (even after the project period has ended).

An example project timeline for integration of CLTS and PHAST is outlined below. Please note this is intended as an example only, and must be adapted for the country context, National Society and project focus as well as the target community culture and circumstances. Different PHAST steps and activities can be used depending on the context. The Government (or other organisations) may or may not be involved in triggering, verification or certification activities.

Sufficient resources should be allocated for planning the monitoring and evaluation requirements, including from PHAST volunteers through branch or supervisor level to Headquarters. PHAST volunteers should be responsible for completing recording formats at each session or activity they complete. Information collected from the PHAST sessions and household visits (observations) should be useful for headquarters level and utilised in broader monitoring and evaluation of projects.

If they are suitable for the country context, staggered trainings for volunteers are recommended (two to three trainings of shorter duration than regular PHAST trainings). This gives volunteers a chance to 'put into practice' the skills they have acquired during the initial training, to fully understand their role and how to facilitate group sessions with community members. Concerns, questions or problems that volunteers may have can be addressed at the second training once they have a better understanding of their role and of the topic, which means that subsequent PHAST activities are conducted with higher quality and monitoring of activities is much easier.

Household visits (small survey and observation) can be done at month 3 and month 8 (and at other intervals depending on resources and volunteer capacity). Through the household visit, volunteers can follow up directly with PHAST group members to answer any queries or difficulties the household may be facing. They are also an opportunity to gather data on improvement of sanitation and hygiene practices during the project period.

Example: Integrated CLTS and PHAST project timeline

Project stage	Tentative timeframe	Activity
Pre-triggering	Month 1	Discussions/liaison with Government
	Month 1	Pre-triggering visit: community selection
	Month 2	Training on CLTS/PHAST for NS staff and officers
	Month 2	Recruitment of community-based volunteers
	Month 3	Training of community-based volunteers on CLTS triggering and PHAST Step 3
Triggering	Month 4	CLTS triggering, using disgust not shame. *[Can be done by NS or Govt. or other.]*
Post-triggering	Month 4	Follow up and monitoring: PHAST Step 3 (Activities: transmission routes and blocking the spread of disease; selecting the barriers; tasks of men and women)
	Month 5	Training of community-based volunteers on PHAST Step 4 – 7 (within input from project engineer on drawings and training)
	Month 5	Follow up and monitoring: PHAST Step 4 (Activities: sanitation ladder; question box) *Depending on the community context, activities such as choosing improved hygiene behaviours, water ladder, choosing solid waste management options can be used also.*
	Month 6	Follow up and monitoring: PHAST Step 5 (Activities: planning for change, planning who does what , identifying what might go wrong)
	Month 7	Follow up and monitoring: PHAST Step 6 (Activities: preparing to check our progress)
	Month 8	Follow up and monitoring: PHAST Step 7 (Activities: Checking our progress)
	Month 9	Follow up and monitoring: Ongoing with RC/RC NS branch
	…	…