

# CLTS Implementation in Malawi: Lessons from Process Evaluation of a Sanitation and Hygiene intervention

Mindy Panulo<sup>1,2</sup>, Kondwani Chidziwisano<sup>2</sup>, Blessings White<sup>2</sup>, Timeyo Kapazga<sup>3</sup>, Robert Dreibelbis<sup>4</sup>, Tara Beattie<sup>1</sup>, Tracy Morse<sup>1</sup>

1. University of Strathclyde, Department of Civil and Environmental Engineering
2. Malawi University of Business and Applied Sciences, Centre for Water, Sanitation, Health and Technology Development (WASHTED)
3. World Vision Malawi, The Chiradzulu WASH For Everyone
4. London School of Hygiene and Tropical Medicine, Department of Disease Control

## Introduction

### Background

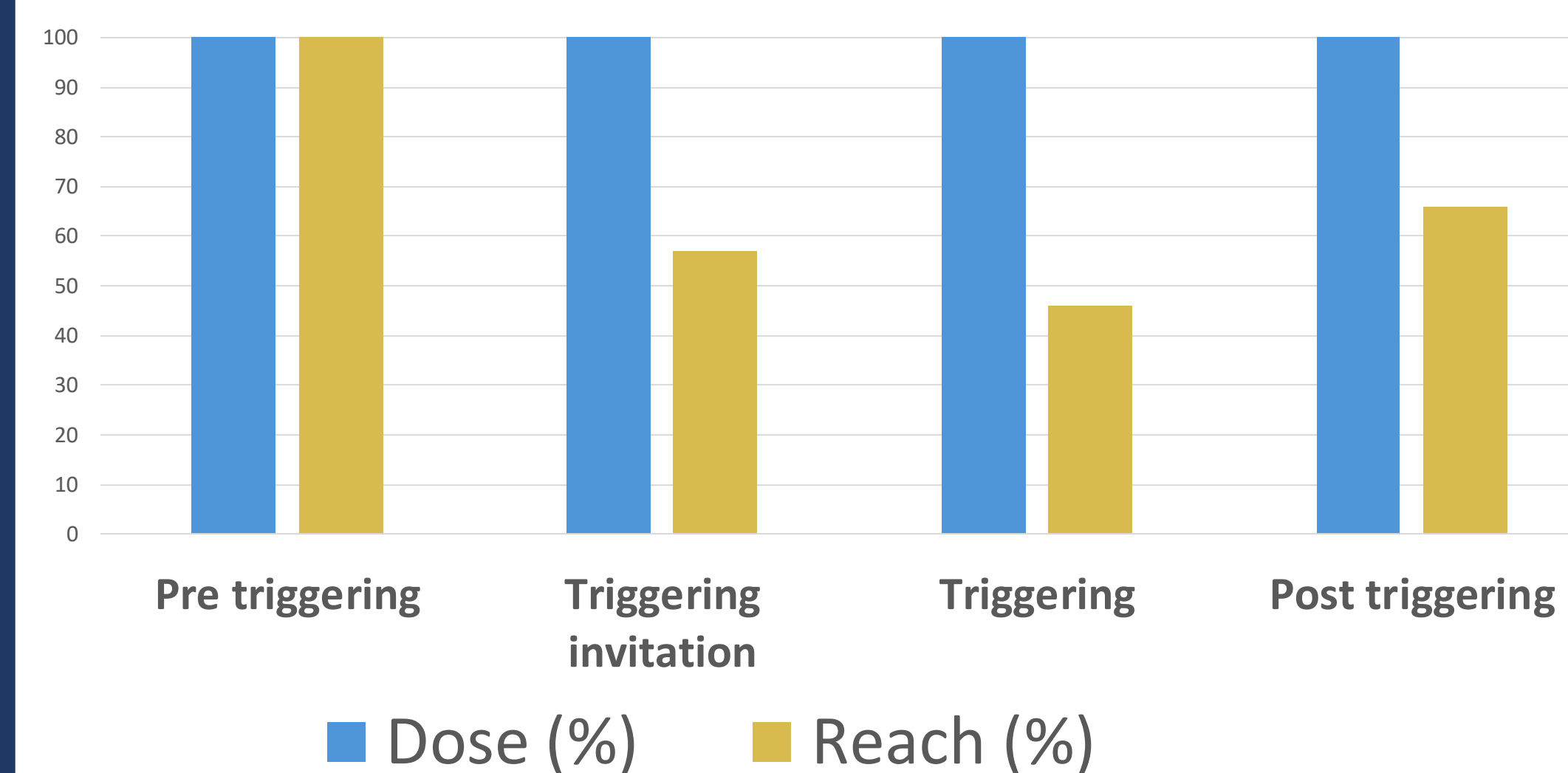
- Access to improved Water, Sanitation and Hygiene (WASH) is integral to public health and fundamental human rights <sup>1,2</sup>
- Community-led total sanitation (CLTS) approach is used to promote rural sanitation and hygiene.
- The effectiveness of CLTS is generally mixed <sup>3</sup>.
- CLTS is integrated in Malawi's national strategy for sanitation <sup>4</sup>

### Study objective

To evaluate the process of CLTS delivery in Malawi for informed sustainable behaviour change.

## Results

Figure 1. Dose delivered dose and reach



"They did not show us how faeces can reach our food. They just explained"  
[Female FGD participant].

## Conclusion

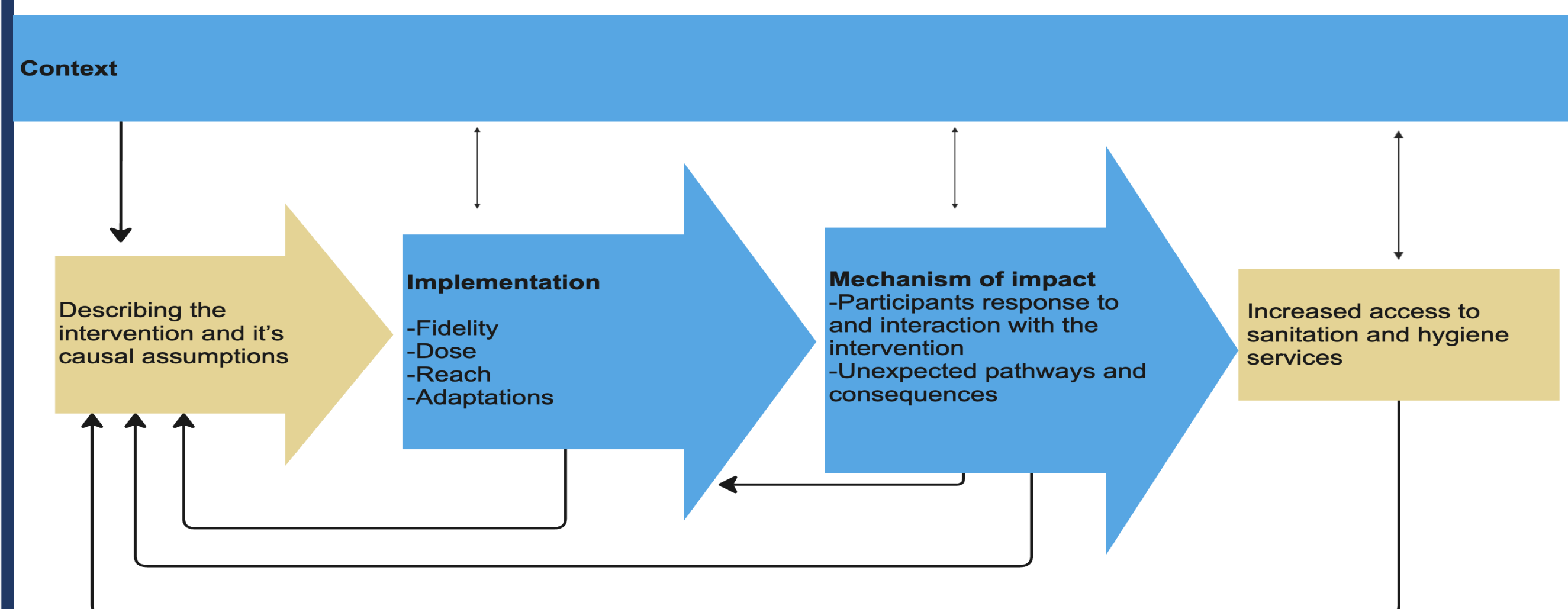
- Maintaining fidelity of triggering sessions must be prioritised to achieve initial sanitation and hygiene improvements
- Attending both triggering session and follow up household visits should be promoted to enhance behaviour change
- The promotion of handwashing facilities and associated behaviours in CLTS implementation requires equal emphasis to the promotion of latrine construction.

## Future research direction

- Evaluate the process and feasibility of integrating Care Group model in delivering CLTS in Malawi
- Assess an individual's willingness to pay for improved sanitation facility, using a contingent valuation method.

## Methods

Figure 1. Process Evaluation Framework



### Data collection tools

- Household survey (n=1151)
- Focus group discussions (n=14)
- Interviews (n=36)
- Review of project documents (log frame & reports)

Table 2. Logistic regression estimation with availability of pit latrine and handwashing facility as the outcomes

Variable	Latrine availability		Handwashing facility availability	
	OR	CI	OR	CI
Attended triggering only (n=98)	1.39	[0.87, 2.21]	0.89	[0.57, 1.39]
Attended follow up visit only (n=300)	0.8	[0.60, 1.06]	0.95	[0.71, 1.27]
Exposed to both triggering and follow up (n=431)	1.46	[1.12, 1.90]	1.3	[1.00, 1.68]

## References

1. Mara, D., & Evans, B. (2018). The sanitation and hygiene targets of the sustainable development goals: scope and challenges. *Journal of Water, Sanitation and Hygiene for Development*
2. WHO. (2015). *Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries and way forward*. World Health Organization.
3. Zuin, V., Delaire, C., Peletz, R., Cock-Esteb, A., Khush, R., & Albert, J. (2019). Policy diffusion in the rural sanitation sector: lessons from community-led total sanitation (CLTS). *World Development*
4. Government of Malawi, & MOH. (2018). *National Sanitation and Hygiene Strategy*
5. Moore, G. F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O' Cathain, A., Tinati, T., & Wight, D. (2015). *Process evaluation of complex interventions: Medical Research Council guidance*. Bmj.

## Acknowledgement

