

Evaluation of the WASH Sector Strategy
“Community Approaches to Total Sanitation”
(CATS)



Mozambique – Country Visit Report

FINAL VERSION – OCTOBER 2013

Table of contents

A. Overview of the global CATS Evaluation	4
A.1. Rationale behind this evaluation	4
A.2. Objectives of the global Evaluation.....	4
A.3. Overview of the main evaluation questions.....	5
A.4. Establishment of complementary tools at the national and global level.....	6
A.5. Objectives of this in-country evaluation report.....	6
B. Methodology of the in-country evaluation.....	7
C. Analysis of the four evaluation dimensions	8
C.1. Outcomes.....	8
C.1.1. Main achievements of CATS programmes and contrast with pre-CATS situation.....	8
C.1.2. Main constraints for CATS programmes implementation	8
C.1.3. Criteria for success.....	9
C.1.4. Success vs. difficult conditions	9
C.1.5. Other impacts	9
C.2. Efficiency	10
C.2.1. UNICEF's contribution to create an enabling environment for scaling-up	10
C.2.2. Costs and financial competitiveness of CATS	12
C.2.3. Financial incentives	12
C.2.4. Spontaneous diffusion effects	13
C.2.5. Institutional arrangements and partnerships.....	13
C.3. Effectiveness	14
C.3.1. Evidence for social norms change on OD after CATS interventions	14
C.3.2. Triggering	14
C.3.3. Drivers of change	15
C.4. Sustainability	15
C.4.1. Evaluation criteria used to measure CATS results	15
C.4.2. M&E system used to measure CATS results.....	15
C.4.3. Evidence of adherence to ODF status and lasting behaviour change (i.e. use and maintenance of toilets and hand washing facilities).....	16
C.4.4. Evidence of drop-out and equity aspect	16
C.4.5. Reinforcement for continued adherence and going up the ladder	17
C.4.6. Remedial actions.....	17
D. Main conclusions.....	18
D.1.1. CLTS has proved to be efficient, but leaves government uncertain	18
D.1.2. More efforts in mainstreaming CLTS than in addressing lessons learnt.....	18
D.1.3. Future funding from the government needs to be secured.....	18
E. Annexes.....	20
Annex 1. Timeline of the country visit.....	20
Annex 2. List of persons met	21
Annex 3. List of participants at the sub-national workshop	23

Acronyms

AIAS	Office of Infrastructure of Water Supply and Sanitation
DNA	National Water Directorate (Direcção Nacional de Águas)
DPOPH	Provincial Directorate of Public Works and Housing
GAS	Water and Sanitation working group (national coordination)
IP	Implementing Partner
MOPH	Ministry of Public Works and Housing
OMI	One Million Initiative
PCA	Programme Cooperation Agreement
PRONASAR	National Rural Water Supply and Sanitation Programme
SLTS	School-Led Total Sanitation

Title: Evaluation of the WASH Sector Strategy “Community Approaches to Total Sanitation” (CATS) – Country report, Mozambique

Report status: final

Client: Evaluation Bureau of UNICEF (New York)

Consultant: HYDROCONSEIL (France)

Contract commencement: 31 December 2012

Report submission date: 23 September 2013 (soft copy)

Revision number: 2 (final version)

Contributors: Rebecca Scott, Cedric Estienne

Coordination, editing and quality control: Rebecca Scott

Comments or questions on this report? Write to: estienne@hydroconseil.com

A. Overview of the global CATS Evaluation

A.1. Rationale behind this evaluation

Community Approach to Total Sanitation (CATS) is a generic name given by UNICEF's sanitation practitioners to cover a number of new approaches turning away from former supply-driven, facility-oriented programmes targeting households, and moving towards demand-driven sanitation aiming at eradicating open defecation within entire communities.

In CATS, the goal is not to convince households to construct latrines, with the possible help of a subsidy, but to obtain a community commitment towards behaviour change around defecation (stopping open defecation and keeping a clean and healthy environment) and leave the lead to the community on how to reach that goal. It usually requires that households construct latrines, but they have to find the most suitable way for them to solve what has been acknowledge by the community as an issue for all.

Innovation from the community is welcome, while external subsidies are excluded, as well as predefined standards or designs.

CATS include a number of approaches such as Community-Led Total Sanitation (CLTS), School-Led Total Sanitation (SLTS), Total Sanitation Campaigns (TSC), etc.

Initially developed in South Asia countries, most common CATS were more recently introduced in Africa (around 2008), but spreading quickly and with very interesting perspectives in many countries. Over the last five years, many sector stakeholders (including central governments and partner NGOs or agencies) have been engaging with or are aware of the “total sanitation” approach and some countries are in a position to adopt CATS principles as their sanitation sector strategy (at least for rural areas).

CATS are now one of the 14 focus of 2012-2013 corporate evaluation priorities for UNICEF. As part of UNICEF's evaluation policy, 2012-2013 scope of work The UNICEF Executive Board now wants to evaluate CATS and its possible roll-out in more UNICEF-supported country programmes. At this stage an evidence-based evaluation is needed to acknowledge the efforts made to date, assess the impact and contribute to global learning to be fed into the design of future interventions. After 5 years of developing the CATS concept and implementing CATS programmes, this corporate evaluation is a very important moment to look back at what has already been done, draw all the possible lessons and prepare the ground for a possible standardization of CATS.

A.2. Objectives of the global Evaluation

The evaluation will examine, as systematically and objectively as possible, the effectiveness, efficiency, sustainability and outcomes of the efforts in CATS supported by UNICEF. While it will be based in national and sub-national level experience, it is expressly called upon to deliver global level findings.

The main purposes of the evaluation are:

1. **To enable evidence-based decision-making:** to link attained CATS results back to the inputs, activities, and performance by UNICEF and other stakeholders, and thereby to determine any changes needed to make national partners and UNICEF more effective at CATS programming and to guide decisions about scaling up or not of the strategy;

2. **To contribute to global learning:** to make available to the global communities interested in WASH, Education, and other topics the understanding about effective hygiene programming that will emerge, in order that they may alter the programs they support in light of the CATS evidence.
3. **To promote accountability:** to verify the accuracy of claims made about CATS performance, and to examine the reliability of data used to assess CATS performance, in order to assure internal and external stakeholders of the accuracy of the evidence that is presented and the efficiency of the program they support.

A.3. Overview of the main evaluation questions

The evaluation aims at assessing to what extent CATS have achieved their objectives in terms of outcomes, effectiveness, efficiency and sustainability:

Outcome objective: What are the results achieved by CATS (output and outcome levels) and what is the quality of evidence validating these results?

Effectiveness objective: What are the key social and technical factors that can explain the success or failure of CATS in a given country/community context?

Efficiency objective: What are the key financial and managerial factors that maximize the efficiency/value-for-money of CATS? How can they be optimized?

Sustainability objective: What are the key factors required at country/community levels to improve the adherence to new ODF behaviours created by CATS?

These four domains of evaluation were developed into a comprehensive set of 18 questions (and a number of subquestions) listed in an evaluation matrix. The main sections of the matrix are presented below in table 1.

Table 1: Main evaluation questions (overview of the matrix)

1. Design and inputs
<p>To what extent are costs of CATS well-documented and predictable? In which ways has UNICEF worked to ensure a satisfactory enabling environment? What are the key elements currently taken into account to define a CATS intervention at country level?</p>
2. Implementation process
<p>What are the financial aspects and how are they taken into account in the implementation process? How is the M&E framework put in place and managed during implementation? How have CATS interventions been initiated at country, sub-country and community levels? How has the enabling environment been taken into account during implementation? How have CATS interventions been successfully adapted to national/local contexts? To what extent have the social norms approaches been used in implementing CATS? How is the sustainability / reinforcement issue taken into account in the CATS process?</p>
3. Outputs
<p>What is the cost of reaching the different outputs of CATS? How is CATS data reported to UNICEF nationally and at a global level? What is the basis of the evidence and what is the quality and reliability of the reporting? What are the main CATS program achievements and how are they measured? How sustainable are the main outputs and achievements of a CATS intervention?</p>

4. Outcomes and sustainability

Under what conditions is CATS efficient and how could this efficiency be improved?
 How is post-certification data collected and key indicators monitored in the medium term?
 What are the main impacts of CATS interventions (including unintended ones)?
 How sustainable are the outcomes? How is sustainability reinforced in the post-certification phase?

A.4. Establishment of complementary tools at the national and global level

The evaluation methodology includes various complementary tools:

1. **Online survey**, aimed at UNICEF staff and other actors who are directly involved in CATS implementation in the 50 countries where the approach is used, to build a global view of CATS implementation and challenges in various contexts. This survey has been run in September 2013 and collected inputs from more than 75 respondents.
2. **Webinars**, aimed at UNICEF's staff involved in CATS implementation. They will focus a group discussion on selected topics that either arise from the evaluation findings (for more in-depth discussion on our findings) or appear to lead to different point of views between countries or specialists. They will be organized in October 2013.
3. **Country visits**: 5 countries have been selected (India, Nepal, Mozambique, Sierra Leone and Mauritania) during the inception phase of the evaluation, and will serve as case studies for a more in-depth assessment within a country. This report presents the results of the country visit in Mozambique.
4. **Semi-structured interviews**, aimed at sanitation specialists outside of UNICEF and having a particular experience with CATS and the general issues of community sanitation. These interviews consist of guided discussion between one evaluator and one specialist. They are organized between end of September and beginning of October.

A.5. Objectives of this in-country evaluation report

This report presents in a concise way the findings and evaluation results arising from the Mozambique country visit, held from 10th to 22nd June 2013 (see Annex 1, page 20 for detailed timeline of the mission).

The findings are organized around the four dimensions of this evaluation: outcomes, efficiency, effectiveness, sustainability.

This report will provide inputs, among the other complementary tools, for the consolidation of the global evaluation report, the final deliverable of this evaluation.

B. Methodology of the in-country evaluation

As planned in the country visit protocol, the evaluation team used several complementary tools to carry out the country visit:

1. **A vast document review.** We collected all the relevant documents related to Unicef's CLTS programme in Mozambique, as well as national documents linked to sanitation.
2. **Individual meetings** with key partners and stakeholders at national and sub-national level. The most relevant actors of the sector have been met and interviewed, on the Government side (DNA, Ministry of Health, Ministry of Education...) as well on international agencies side (WSP, SDC, EU...) and other NGOs (WorldVision, WaterAid...) see Annex 2, page 21 for details
3. **Community visits in the field.** We visited five communities that were targeted by the programme. Two of them were ODF, another one was triggered but not yet ODF, and the last one had been ODF but is no longer.
4. **One subnational workshop** was organised in Tete. Local District officers from DPOPH and a number of implementing partners attended the meeting and provided their feedback on their experience with CLTS (Powerpoint presentations). A significant part of the workshop was dedicated to group working of the participants on specific topics (related to the 18 evaluation questions). As a result, we collected some very interesting feedback on the main topics of the evaluation.
5. **One national workshop** was organised in Maputo on the last day of the mission. It enabled us to make a presentation of the early findings and have a discussion with national stakeholders to confirm or amend our findings.

The implementation of the mission followed most of the initial plan with no particular obstacle. It has to be noted that some visits and interviews took longer than expected because of translation (local languages to Portuguese, then to English). Both workshops (national and subnational) were held in Portuguese with translation into English for the consultants.

C. Analysis of the four evaluation dimensions

C.1. Outcomes

C.1.1. Main achievements of CATS programmes and contrast with pre-CATS situation

a) CATS achieve fast results in reducing open defecation and encouraging latrine construction

All stakeholders met, from implementing partners to central government, confirmed that CATS has achieved some of the most wanted results in the national sanitation programme much more quickly than previous approaches (such as PHAST). Key results seen have been in drastically reducing or stopping open defecation around settlements and an increase in the number of latrines constructed and used by households.

Communities were visited where every family had its own latrine as a result of a CLTS intervention.

The time required to reach ODF status varies from one community to another, but the majority of communities were reported as achieving ODF status between 3 weeks and 3 months after the triggering process. Official certification of ODF status may not be officially verified for some months afterwards.

b) Government commitment towards demand-led approaches

A substantial outcome of UNICEF's CATS programme lies in the uptake of CATS principles by the Government. Full adoption of CLTS as the national approach is still under review, as high-level officers in DNA (National Water Directorate, responsible for sanitation) are seeking more evidence on how CATS delivers sustainable and cost-effective results at scale. Several elements indicate the extent to which CATS are now mainstreamed:

- CLTS is mentioned in PRONASAR (the national programme for rural water supply and sanitation). Clearer reporting of lessons-learned is anticipated before an amended national sanitation policy will be fully adopted and agreed.
- The current National Water Supply and Sanitation Policy does not explicitly mention CLTS or other CATS approaches, but does introduce community approaches.
- The Government has committed a partial budget to sanitation (dedicated sanitation budget within sector budget allocations) although it is recognized that this will be insufficient to meet all costs.

C.1.2. Main constraints for CATS programmes implementation

The most reported challenge facing the implementation of CATS programmes at field level is the interference caused by other (previous or on-going) sanitation programmes where subsidies are used to support household latrine construction.

From the point of view of implementing partners, one of the most difficult aspects of their role in CATS is achieving the certification for ODF status for communities they are working in. The current certification process requires an official visit from a number of actors at different levels (community, Locality, District and national), which is affected by availability constraints. Concerns also exist around the percentage of which communities achieve ODF status during

the certification visits – and the resulting numbers considered as not ODF at the time of the visit. The AMCOW CSO report (2009/10) similarly identified constraints in procedures affecting quality of outputs and clarity in definitions.

C.1.3. Criteria for success

a) Implementation

Many implementing partners reported that the quality of leadership within the community is central to the success of the post-triggering process, and even more so for the sustainability of results. Traditional leaders in Mozambique have a historically strong leadership role over their community, especially in rural areas.

The success rate is significantly restrained in larger communities and those that neighbour a town. Implementing NGOs indicate this being a result of:

- Weaker traditional leadership in these “peri-urban” communities, and
- Higher levels of mobility, knowledge and exposure to sanitation messages within the households. The triggering process does not achieve the same level of awareness-raising and “ignition” where people are less influenced by the message.

b) Enabling environment

The involvement of local authorities (at District and Locality levels) is a strong asset, but requires a stronger political commitment and oversight at national level. There is currently a capacity gap between local and national levels of government: local levels of government administration have a good understanding of the difficulties encountered in the field and are building substantial knowledge around possible solutions tested and used by implementing partners to address these. The national level administration however has no clear mechanism to systematically learn from this experience and use the knowledge gained to influence the design of further programmes.

The limited opportunity for private sector engagement in rural areas is also recognized as a constraint to the success of community-based action. This is influenced by the lack of viable markets, exacerbated by restrictions on supply chains and the affordability of products and services.

C.1.4. Success vs. difficult conditions

In many peri-urban communities (and to an extent in rural communities) UNICEF’s implementing partners are resorting to other approaches, such as PHAST or elements of sanitation marketing, to reinforce hygiene-related messages and address challenges of infrastructure durability being seen with CLTS (refer to Section C.4 Sustainability, page 15).

The no-subsidy approach also presents difficulties in areas where latrines built out of local materials have limited application: such as in flood-prone or coastal areas and areas with loose soil. The technical constraints increase the cost of construction beyond the capacity to pay of the vast majority of households. CLTS, in its current form, does not provide clear alternatives to address the lack of financial capacity within households and communities. All stakeholders consulted acknowledge such limitations, but appropriate adaptations to the process and/or construction methods are not yet apparent.

C.1.5. Other impacts

a) Unintended outcomes

People no longer having to go into the bush to defecate is recognized and appreciated within communities as increasing physical safety, by reducing the risk of encountering snakes and attacks on women (specifically mentioned).

Beyond health improvements (confirmed by households and local health officers but not verified through health data), some communities mentioned that their diet has improved, now that their domestic animals (which they eat) are not consuming human excreta.

One unintended negative impact could be that families who are resistant to adopt ODF status may become excluded (banished) from their community where the rules about latrine construction and open defecation are strictly enforced. While there was no evidence that families have actually been excluded, it clearly exists as an ‘ultimate penalty’ in communities.

Some NGOs raised the concern that as families building latrines close to their homes may increase the risk of pollution to local groundwater sources, as well as attract flies nearer to the home if lids on the latrine slabs (to close the defecation hole between use) are not used correctly. NGOs are using PHAST as a complimentary tool to increase community understanding for protecting water sources and the correct use of latrine lids, as well as to address issues of improved handwashing practices. The presence and correct use of a latrine lid (cover) forms part of the criteria for achieving ODF status.

C.2. Efficiency

C.2.1. UNICEF’s contribution to create an enabling environment for scaling-up

UNICEF has been proactive in mainstreaming CLTS and its outputs into national processes.

- UNICEF is the lead partner of the Government’s “One Million Initiative” (OMI) Water Supply, Sanitation and Hygiene Programme: 2006-2013, into which CLTS was introduced in 2008.
- UNICEF has also been active in helping the Government to adopt CLTS as the standard approach within the National Rural Water Supply and Sanitation Programme (PRONASAR) in 2009.

Figure 1: The Enabling Environment for CATS Programming



The following highlight UNICEF’s contribution to elements of the enabling environment (as identified in the Inception Report):

Policy, strategy and direction: Sanitation has moved from being a side-lined and even 'taboo' subject for Government (as recently as 2007), to being central to the role of DNA and other government administrations. CLTS has been officially adopted into PRONASAR (2009) as the hygiene promotion and sanitation methodology. A National Sanitation Policy has not yet been finally approved, within which CLTS would be officially adopted (amongst other approaches).

Institutional arrangements: National coordination between key agencies remains weak, particularly in relation to engaging the Ministry of Health and the Ministry of Education in the planning, design and implementation of CLTS and follow-up support activities. This lack of coordination hinders the efficient engagement and effective utilization of available capacity at national, District and Locality levels.

Programme methodology: CLTS has been developed and strongly driven by UNICEF based on lessons from other countries' experience (through the global UNICEF network) and implemented through close collaboration with the Government. There has been good uptake of CLTS by Government and NGOs (INGOs and local implementing partners), although some resistance remains around the perception of CLTS as the "one-size-fits-all" solution.

Implementation capacity: Training in CLTS methodology organised by UNICEF has been reinforcing capacity out to the local level (including implementing partners and local officers of the MoH). All levels are involved in the implementation, but capacity at local level remains very much in the hands of the implementing partners (who are contracted by UNICEF). UNICEF also provides assistance to AIAS (the asset-holding company responsible for sanitation and water supply in secondary towns), in which CLTS is being used to promote sanitation in small towns, as an extension to the One Million Initiative programme.

Availability of products and tools: The challenge facing households around durable materials for latrine construction is widely acknowledged. UNICEF's efforts however have been more oriented towards ensuring improved traditional latrines are acceptable within the national standards (Section C.4 Sustainability, page 15), than in making durable materials for latrine construction more locally available. This responds to the limited role for private sector operators (Section C.1.3, page 9) to facilitate the supply of a range of affordable goods and services.

Financing: Subsidy issues have been addressed at the national level, while the incentive scheme that was initially used in the OMI has been removed because of the costs and distortions (Section C.2.3, page 12) it was imposing on the programme. UNICEF has advocated for the Ministry (MOPH) to assign dedicated water and sanitation budgets to the Districts.

Cost-effective implementation: UNICEF developed cost-effective implementation through out-sourcing field work to local Implementing Partners (IPs). The IRC WASHCost Project in Mozambique mentioned that CLTS is efficient in achieving the first stage in a process, i.e. moving communities from practicing OD to achieving ODF status, but that there is no reliable data to assess the remaining costs to conduct the second stage of the process – achieving sustained latrine use and hygiene behaviours. The necessary resources (financial, human, time and approach) for this second stage are not clear to the sector, including DNA. UNICEF has started to raise awareness among the national institutions around this issue, but with little progress or agreement up to now.

Monitoring and evaluation: UNICEF and its IPs are able to identify and share issues and challenges faced during the implementation of CLTS (contexts, population receptivity, etc.). These are well understood from central to local levels of implementation. The lessons learnt however remain scattered, rather than being centrally managed, analysed, documented and responded to.

Overall, UNICEF has been addressing most of the components of the Enabling Environment. There is a strongly supportive policy context and national institutions are adopting CLTS.

Currently, the implementation capacity is restricted beyond the donor (and INGO-funded initiatives), such that the strong partnership is significant to achieving national targets. While this does not constraint the implementation of CLTS within UNICEF's programmes, capacity and resource gaps remain a concern for replication and scale-up of CLTS within PRONASAR, beyond the life of UNICEF's current initiatives.

C.2.2. Costs and financial competitiveness of CATS

Compared to formerly used approaches, CLTS shifts the financial requirements from latrine construction (or subsidies for construction materials) to resourcing mobilizing, monitoring and following-up the community-driven actions.

While the high cost of community mobilization has not been given sufficient attention by the sector for many years, it has become a strong part of the national dialogue, including through the GAS (Water and Sanitation Working Group) meetings, since 2010. This is involving greater coordination between relevant Ministries (including Health, Education, Environment, etc.)

A major challenge remaining for DNA is to understand and address what it will cost to achieve sustainable sanitation services, using CLTS. DNA wants more evidence on this before adopting CLTS as a standard national approach within a National Sanitation Policy. While CLTS is mentioned in PRONASAR, it is likely that much clearer financial implications are required before an amended policy will be achieved.

PRONASAR uses the PEC-Zonal¹ process to mobilize communities. It is said to be costing in the order of US\$ 100,000 annually for an integrated WASH approach (there is not sufficient information at present to distinguish between support for water, hygiene or sanitation.) While it may be more cost-effective to deliver sanitation through the PEC-Zonal process using CLTS rather than other approaches (PHAST, etc.), to be affordable to DNA in the long term and at scale, the process will need to be redesigned to ensure more realistic costs are achieved, particularly in relation to administrative and operational costs (including monitoring, evaluation and follow-up support to communities).

The One Million Initiative mid-term evaluation report of 2011 states that data on the cost of delivering CATS to communities is not available.

C.2.3. Financial incentives

When CLTS was first adopted within the OMI programme (2008-2011), a reward scheme was used to account for achievements within communities. This proved to be effective in raising the willingness of leaders or District level agents to engage in post-triggering activities. However, UNICEF realised early on that this would be difficult to sustain, as the level of expenses required during the programme would not be affordable for the Government to maintain beyond the life of the programme. An evaluation in 2009 identified that the "reward scheme" had effectively become an "incentive scheme" (with items such as bicycles and mobiles phones rewarded to community leaders, hygiene kits to households and computers to District administrators) with the rationale of enabling the actors to carry out their work. Such "rewards" became well known about in advance and expected by communities, contradicting the "no-subsidy" principle of CATS and influencing communities to move towards immediate quantitative results² rather than adopting more durable, embedded behaviour change.

¹ A package approach towards achieving community education at the District level, which includes water, sanitation and hygiene in rural communities.

² Some families were waiting to see rewards to individual households on completion of their latrine, rather than when ODF was achieved at community level.

The incentive scheme was abandoned during the implementation of the One Million Initiative (in 2011) and is not even considered in the PRONASAR. The absence of incentives for community leaders or material rewards to households once ODF status has been reached is not considered a problem, based on current experience.

There is a however concern about the post-programme period when community leaders are no longer supported by the implementing partners. Local government agents will need to find facilitators to help continue and scale-up their actions, but this cannot be sustainable without some form of remuneration or reward.

C.2.4. Spontaneous diffusion effects

Diffusion effects were rarely mentioned in Mozambique, at least spontaneous ones. The only diffusion that was observed was in the design and materials used by households to construct latrines. To some extent between neighbouring communities, but more so within individual communities, latrines are built to a very similar construction, using the same techniques and designs.

It seems that the influence of traditional leaders remains strong within their community, but does not extend much beyond this perimeter, which limits their ability to convince other communities to adopt similar actions or behaviours.

C.2.5. Institutional arrangements and partnerships

In Mozambique, responsibility for sanitation sits within the Department for Water and Sanitation (DAS) of the National Water Directorate (DNA), within the Ministry of Public Works and Housing (MOPH). While it has strong leadership, DNA has a significant lack of capacity at provincial levels of responsibility and decision-making. Evidence of capacity building at this level is not clearly recognized through the One Million Initiative.

In Mozambique, implementing partners (IPs) have been selected by UNICEF to roll-out the OMI programme – including CLTS – in communities. These partners are local or national NGOs or firms, specialized in community mobilization who sign a Programme Cooperation Arrangement (PCA) by which they agree with UNICEF on the way to implement the programme and performance-based outcomes. This agreement includes CLTS as the approach (IPs have been trained in the principles, approaches and tools used in CLTS) and the targets for each partner (number of ODF communities, etc.).

This type of partnership approach enables significant presence at field level without UNICEF having to source too many of their own staff, as well as strengthening the extent of local capacity.

Although the field collaboration between implementing partners and local government agents is enabling good institutional engagement at this level (government Localities and Districts), there is a reduced presence of UNICEF staff at field and District level. While UNICEF maintains a good level of institutional relations with the DNA at the national level (and at Provincial level through the DPOPH, UNICEF may need to give greater attention to the coordination and institutional linkages at sub-national (Locality and District) levels to strengthen their capacity to manage, facilitate and monitor WASH programmes beyond the life of the OMI programme.

C.3. Effectiveness

C.3.1. Evidence for social norms change on OD after CATS interventions

Field actors (implementing partners, District and Locality agents) are most concerned about the sustainability of behaviour change and UNICEF's country office identifies this as a significant challenge. Despite this, the programme is not explicitly talking about social norms change in the implementation of CLTS in Mozambique.

Behaviour change around open defecation is mostly driven by community momentum (or community commitment), as well as local rules and fines established by the traditional leader. It therefore relies to an extent on elements of social norms change (implicit rather than explicit), but perhaps more so on the incentives or penalties that result from adopting/not adopting different behaviours – which are more 'external' factors to changing expectations of personal, or collective, behaviours. Some respondents did however mention that having a latrine is socially appreciated when hosting friends or relatives coming from town, while some communities have imposed a rule that newcomers to the village must build a latrine when they build a house.

C.3.2. Triggering

All actors met agree on the effectiveness of the triggering process and the capability of CLTS to quickly bring most communities to (or close to) ODF status. The usual time for the majority of communities to reach ODF status after being triggered is said to be somewhere between 3 weeks and 3 months. Communities that do not achieve ODF status within 3 months often do not reach it at all.

Implementing partners seem to use standard methods to trigger communities, making good use of the activities and tools taught during their initial training on CLTS. The only adaptation, introduced in 2009/2010, is the addition of handwashing facilities when discussing about latrines with the communities during the triggering process (the presence of a handwashing facility is one of the ODF verification criteria).

CLTS is used with no other adaptations for the triggering stage of the process, except in specific communities where the triggering is expected to be difficult, namely:

- communities where the traditional leadership is weak, and
- large, peri-urban and urban communities.

In such cases UNICEF's implementing partners, as well as other INGOs implementing CLTS, are testing different approaches. Some are reverting to PHAST, while others are beginning to complement CLTS with element of sanitation marketing.

Even if the triggering process is seen as very efficient by all the actors, there are limitations to its overall effectiveness. For example:

- A community may be mostly ready for ODF certification, but one or two resistant households keep them from achieving ODF status. This is the reason for many communities being counted as "not ODF" in the programme's database, which means that the results do not clearly account for the fact that a significant number of households have changed their behaviour, built and are using latrines.
- While CLTS addresses open defecation within and around the village, it does not consider practices in surrounding fields or in family farms, where people spend significant amounts of time during the planting and harvesting seasons.

- Regardless of the triggering effectiveness, there is a lack of sustainability of the ODF status. The “slippage rate” of communities reverting back to OD is said to be quite low at present, while implementing partners are continuing to carry out regular monitoring visits and provide follow-up support to community groups and local leaders. There is a general and growing concern that communities are beginning to revert back to OD behaviours 2 to 3 years after certification.

CLTS can be said to be effective in triggering communities and bringing them to ODF status (or very close to it), but is not yet effective in establishing more stabilized social norms around open defecation.

C.3.3. Drivers of change

In the triggering phase, drivers of change seem to be the consistent with those found in other countries (disgust, shock, new information and knowledge gained about the faeces-flies-food link, resulting in “*eating each other’s faeces*”). A key driver and enabler of post-triggering activity is the strength of the traditional community leader in mobilizing, supporting and enforcing action by all members of the community.

The post-certification follow-up works well only when implementing partners maintain frequent visits in the community (once or twice a month at least, often weekly) over a sufficient period. The latest PCAs were extended to 2 years, to enable more time for follow-up, but even this was felt to be not enough for adequate post-certification monitoring in many cases.

C.4. Sustainability

C.4.1. Evaluation criteria used to measure CATS results

The success of the CATS programme is broadly evaluated by the number of ODF certifications awarded (either to communities for CLTS, or to schools for SLTS).

Achievement of ODF status (known as *Lifeca* in Mozambique), has evolved during the One Million Initiative (OMI) programme to include:

- Eradication of open defecation in the community (from the start of the OMI)
- ODF confirmed by the existence of latrines (any type offering privacy, a lid on the defecation hole and a roof to protect the slab) in every premise (from the start of the OMI)
- A handwashing facility available near the latrine with water, soap or ash and evidence of use (introduced early on into the OMI)
- In 2012, UNICEF introduced a second level of certification, “CLTS+”. In addition to the previous ODF criteria, the standard of latrines built is evaluated in order to align better to JMP standards/definitions for improved sanitation and to address the issue of latrines frequently collapsing (Section C.4.5, page 17). In CLTS+ implementing partners return to previously ODF-certified communities to introduce safer and more durable latrines (recognized as a “safe sanitation standard”), as well as to promote the availability and use of handwashing with soap/ash close to the latrine where this has not previously been adopted.

C.4.2. M&E system used to measure CATS results

There is a formal M&E framework (NGOs monitor communities, District level agents carry out multi-sector evaluations, ODF certifications are carried out with involvement of national level actors). This framework gives a good picture of the quantitative outcomes (such as

infrastructure and number of ODF communities), but does not so clearly capture the extent of social change, sought by CLTS.

While the formal framework does not assess the level of slippage in the longer term, following ODF certification, UNICEF introduced “sustainability checks” in 2008 to assess the extent of sustainability of behaviour changes and infrastructure components of all aspects of the OMI programme.

In the PEC-Zonal approach, now implemented in PRONASAR, implementing partners take responsibility for all communities within a District and their PCAs formalise the reporting of key indicators.

A manual database is maintained at District level (not seen, but reported to be effectively used by a range of actors) and Districts report regularly to the central level (primarily on the number of ODF-certified communities).

C.4.3. Evidence of adherence to ODF status and lasting behaviour change (i.e. use and maintenance of toilets and hand washing facilities)

As the focus of CATS is more on social norms and behaviour change, there is a gap between the monitoring in place (focussed more on outputs and relying on proxy indicators around hygiene behaviours) and the effective measurement of social norms evolution.

While the ODF certification, as implemented in Mozambique, ensures that all households have well-maintained toilets and functional handwashing facilities (which are the most visible signs of behaviour change), all the actors concur that sustainable adherence to the ODF status is not ensured through the current implementation of CLTS. There is a lot of evidence that most communities are unable to sustain ODF status for more than 2 or 3 years, without some level of on-going external support.

Several implementing partners mentioned that there may be a threshold after 3 years: in communities that have been maintaining the ODF status for 3 years, the strength of the behaviour change seems to eliminate the risk of reverting back to OD.

C.4.4. Evidence of drop-out and equity aspect

The selection of communities for inclusion in the OMI programme has been made through the contracting process between IPs and UNICEF. PCAs were based on an initial proposal prepared by the IPs and submitted to UNICEF, in which IPs defined the targeted communities within the District allocated to them. The list of selected communities was validated by the District government agents.

While there is no explicit adoption of an approach to address issues of equity and inclusion within communities, the adoption of improved traditional latrines as an acceptable national standard for construction is considered, amongst other elements, to enable all families to be included in the process of achieving ODF status. Communities are left to identify ways to ensure inclusion with regard to access to and maintenance of latrines (families with more resources help poorer families).

There is no strong evidence that the OMI has particularly targeted or responded to issues of social equity – although social inclusion/exclusion is an indicator in the mid-term impact evaluation. No concerns have been identified regarding exclusion on the basis of poverty at any level of the OMI programme and the evaluation reporting only address exclusion in relation to access to safe water.

With the progress of the OMI, the PCAs now cover entire Districts and all communities effectively fall within one PCA (following the PEC-Zonal approach). While the OMI does not

cover urban and peri-urban areas to any significant level, other UNICEF programmes are testing-out CLTS in the urban context, in combination with sanitation marketing approaches.

C.4.5. Reinforcement for continued adherence and going up the ladder

The poor durability of latrines is widely considered to be the most important factor hindering the maintenance of ODF status: households become tired of frequently rebuilding their latrines and eventually revert back to OD because their latrines become unsafe or not functional.

For this reason, UNICEF Mozambique introduced CLTS+ to support communities to build longer-lasting latrines with more durable materials and design. In “ODF+” communities, implementing partners have returned after ODF certification to help communities anticipate the deterioration of latrines and suggest the use of more durable materials (such as cement slabs or improved roof materials). For feasibility reasons, CLTS+ has only targeted communities where the financial capacity is considered sufficient for households to respond.

The One Million Initiative has also found that the capacity of a given community to maintain ODF status is significantly influenced by the frequency of follow-up visits from the implementing partner, after ODF certification. For this reason, in the last period of contracting in the OMI, most PCAs were extended to two years to allow implementing partners to follow-up with communities after ODF certification. Previously certified communities have been re-introduced into the PCAs, for IPs to return to those communities on a regular basis.

C.4.6. Remedial actions

With the PCA contracting system, implementing partners have strong output-based objectives to fulfil. As a result, they tend to develop their own solutions to address the challenges they face in the communities.

Even if the most common issues (such as durability of latrines, lack of sustainability in behaviour change) are well known to UNICEF and shared with the DNA, development of remedial actions is mostly occurring in the field, with IPs investing significant time and resources to address issues on a case-by-case basis. There are interesting lessons being learnt at this level of implementation, which are often shared with local government agents. A lack of priority appears to be given to these issues at central level to take the opportunity for lesson-learning (including from other INGOs implementing CLTS) that can influence the design of future programmes.

The government expects PRONASAR’s experience with CLTS to lead to lessons-learned, through the flexible use of CLTS by implementing NGOs.

D. Main conclusions

D.1.1. CLTS has proved to be efficient, but leaves government uncertain

CLTS has proved to be very efficient in quickly bringing communities to adopt new and safer behaviours regarding sanitation. Community mobilization is paramount in all the existing approaches and CLTS has been able to demonstrate benefits from shifting the financial effort from infrastructure-based construction to more comprehensive community mobilization activities.

As acknowledge by all the sector actors, the most important limitation to CLTS outcomes is the lack of sustainability in the behaviour changes introduced. It is also commonly agreed that the limited lifespan of latrines made using local materials is the main factor leading households to revert back to open defecation.

While the improvement in efficiency brought in by CLTS is recognized, there is now a concern at sector level around the necessity to develop adaptations of the approach or complementary actions to pursue the general objective of sanitation programmes, for which the eradication of open defecation is only a milestone.

The principles of CLTS exclude any mixing with a subsidy-based approach and this makes it even harder to develop adaptations to address the sustainability issue, or to find complementary approaches that can consistently be applied after the ODF status is achieved through CLTS.

CLTS is a very attractive option for governments to achieve national ODF targets, but leaves them uncertain as to the long term resource and financial implications of ensuring improved access to safe sanitation in the long term.

D.1.2. More efforts in mainstreaming CLTS than in addressing lessons learnt

UNICEF has been putting significant effort into supporting the adoption of CLTS at national level and to ensure most of the enabling environment needed for this.

CLTS (and later on SLTS) was introduced into the One Million Initiative as the sole approach for rural sanitation, to replace PHAST which was seen to be taking too long to achieve the desired results within the timeframe of the OMI programme). As the first results (reaching ODF status) came very quickly, the approach was adopted at scale within a very short timeframe of experience.

As is now becoming evident, CLTS is not addressing the entire scope of sanitation and hygiene programme needs (because of the lack of sustainability). As a result, there is an urgent need to develop solutions, whether they are adaptations or complementary activities, to extend the good results of CLTS and help communities maintain, or improve, their position on the sanitation ladder, with supporting hygiene behaviours.

Other INGOs are currently testing and learning from implementation of CLTS in various contexts and their experience should be recognized by the Government to improve the design of further sanitation programmes as well as to plan possible interventions in already ODF communities to complement the progress achieved by CLTS.

D.1.3. Future funding from the government needs to be secured

CLTS transfers the need for funding from building infrastructure (which can be more readily funded by projects and donors) towards monitoring and long-term follow-up, which has to be

funded by the government to secure resources at all the appropriate levels (staff, logistics, and so on).

Unlike previous approaches where external funding was dominant, CLTS is more demanding on national resources and capacity. Hence, a key component of a CATS intervention – and for consideration by UNICEF in Mozambique – is to support governmental partners to build the necessary capacity and secure funding beyond the life of the donor-funded programme.

E. Annexes

Annex 1. Timeline of the country visit

Day	Date	Activity
-1	Mon 10 th June	International consultants travel / arrive into Mozambique
0	Tue 11 th June	International consultants meet with national consultant for briefings
1	Wed 12 th June	Initial briefing with UNICEF Mozambique Country Office staff, confirmation of meetings, field visits, workshop arrangements, etc.
2	Thu 13 th June	Meetings and interviews with key partners and stakeholders at national level
3	Fri 14 th June	Meetings and interviews with key partners and stakeholders at national level
4	Sat 15 th June	Travel to Tete
5	Sun 16 th June	Travel to Makeni District, field visits
6	Mon 17 th June	Field visits and travel back to Tete
7	Tue 18 th June	Sub-national workshop, travel back to Maputo
8	Wed 19 th June	Meetings and interviews with key partners and stakeholders at national level
9	Thu 20 th June	Workshop with key partners and stakeholders at national level
10	Fri 21 st June	Morning: Debriefing with UNICEF Mozambique CO, departure (1 consultant)
11	Sat 22 nd June	Departure second consultant

Annex 2. List of persons met

#	Institution	Name	Position	Email	Telephone	Date
NATIONAL LEVEL						
1	DNA / Water and Sanitation Department	Felicidade Paulo	Head of department	julietapaulo@yahoo.com		19/06/2013
2	WSP – Water and Sanitation Programme	Luís Macário	Water and Sanitation Specialist	lmacario@worldbank.org	+258 821527160	14/06/2013
3	WSP – Water and Sanitation Programme	Odete Muximpwa	Water and Sanitation Specialist	muximpua@yahoo.com.br		14/06/2013
4	WASHCOST - Mozambique	André Uandela	Former Country National Director	andre.washcost@gmail.com	+258 823281600	12/06/2013
5	European Union	Thierry Rivoli	Attaché - Infrastructure Sector	Thierry.RIVOL@eeas.europa.eu		13/06/2013
6	WaterAid-Mozambique	Rosária Mabica	Country Representative	rosariamabica@wateraid.org	+258 21 418715	13/06/2013
7	SDC Swiss Cooperation Office Mozambique	Pierre-Olivier Henry	Water and Sanitation Advisor	pierre-olivier.henry@sdc.net	+258 21 32 13 37/8; Ext. 308	13/06/2013
8	World Vision Mozambique	Idalina Roia	MozWASH Team Leader	idalina_roia@wvi.org	+258 824090470	13/06/2013
9	Ministry of Education / Department of School Health and HIV	Rufina Macie	Technician	Rufina.Macie@mined.gov.mz	+258 828358070	14/06/2013
10	Ministry of Education / Department of School Health and HIV	Arlindo Folige	Head of department			14/06/2013
11	Ministry of Health / Department of Public Health	Ana Cândida	Technician	acandido2000@yahoo.co.mr	+258 824482090	20/06/2013
SUB-NATIONAL LEVEL						
12	District Government of Marávia - Tete Province	António Luís de Araújo	Representative of SDPI			16/06/2013
13	District Government of Marávia -		Permanent Secretary /			16/06/2013

#	Institution	Name	Position	Email	Telephone	Date
	Tete Province		Deputy Administrator			3
14	Community of Matenga / District of Marávia	Postane Lemecane	Traditional Leader of Matenga			16/06/2013
15	Water committee / Community of Matenga / District of Marávia	Augusto Franque	Hygiene, Health and Sanitation			16/06/2013
16	Water committee / Community of Matenga / District of Marávia	Notice Sitolo	Secretary			16/06/2013
17	Water committee / Community of Matenga / District of Marávia	Modesto Milion	President	-		16/06/2013
18	Water committee / Community of Matenga / District of Marávia	Zaida Pasizone	Hygiene, Health and Sanitation	-		16/06/2013
19	Community of Mualinda / District of Marávia	Community members				17/06/2013
20	Community of Nhacabanda / District of Marávia	Ernesto Uezulo	Traditional Leader of Matenga			17/06/2013
21	Water committee / Community of Nhacabanda / District of Marávia	Marcelino Movesse	President			17/06/2013
22	Locality of Chipungo / District of Marávia	Inácio dos Reis Belo	Chief of Locality			17/06/2013
23	Water committee / Community of Chipape / District of Chifunde	Poindane Office	President			17/06/2013

Annex 3. List of participants at the sub-national workshop

Avaliação do “SANTOLIC”- UNICEF

Missão de Moçambique

Encontro da Província de Tete

Data: 18 de Junho de 2013

LISTA DE PRESENCAS

Nr	Nome	Instituição	Email	Telefone
01	Jeffrey Manuel	UNICEF	duhanavel@unicef.org	82736710
02	Matthias van der Velden	ecopsis	matthias.vd@ecopsis.org	82736710
03	Julio Samo	Kulums	JulioSamo@gmail.com	824286340 / 84288909
04	Fernando Dopa Muzabingua	SDPI - Angónia	fernandodopa@yahoo.com	82598820
05	Victor Justino Milice	SDPI - Angónia (Téc. Água e Saneam.)	victorjmilice@gmail.com	827712880
06	Handson H. H. Mandala	SDPI - Manhiça (Téc. Água e Saneam.)		824641378
07	LIÁDIO AUREIS BELO	ADMINISTRAÇÃO - DEF. LUC. e Habitação	LIADIOBELO34@gmail.com	86635204
08	Calisto Lourenço Eugénio	DPS - Tete	calisto@yahoos.com.br	825771710
09	Caio G. David	Hydro-consult - Tete		922597480
10	Carlos José Manuel	APOPH - DAS	ccama22@yahoo.com	845212972
11	Nelson Manuel Henriques	APOPH - T - DAS	nelsonhenriques@gmail.com	826129990
12	HERNANDEZ A. HERANDEZ	APRODES - SUPERVISOR		829117110
13	LINDA NAMBUQUE	APRODES - TEMA URBANO	NAMBUQUELINDA@gmail.com	824847910 / 86277915
14	Borge Guedes Gaudin	VISAU MEDICINA		866578664
15	Fernando Augusto	MUNICÍPIO DE VILA VERDE	fernandoaugusto@gmail.com	845016088
16	Fernando Augusto	APOPH - Tete	fernandofaustino@gmail.com	823848909
17				
18				
19				
20				
21				
22				
23				
24				
25				