Improved Water, Sanitation and Hygiene (IWASH) Program
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IWASH SEMI-ANNUAL REPORT

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IWASH Annual Report
October 1, 2012 – March 31, 2013

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1 TABLE OF CONTENTS

1 TABLE OF CONTENTS I

2 LIST OF ABBREVIATIONS AND ACRONYMS II

3 EXECUTIVE SUMMARY 2

4 HIGHLIGHTS 4

5 PROGRAM BACKGROUND 6

6 PROJECT 1: WATERGUARD SALES AND DISTRIBUTION 8

7 PROJECT 2: SMALL WASH INFRASTRUCTURE PROJECT (SWIP) 10

8 PROJECT 3: PUBLIC PRIVATE PARTNERSHIP (PPP) URBAN LATRINE CONSTRUCTION 11

9 PROJECT 4: TRAINING AND ESTABLISHMENT OF WASH ENTREPRENEURS 13

10 PROJECT 5: COMMUNITY-LED TOTAL SANITATION 15

11 PROJECT 6: DEVELOPMENT OF COMMUNITY WASH PRODUCTS GUIDE 22

12 PROJECT 7: SOCIAL MARKETING OF ODF AS A DESIRABLE STATUS 23

13 PROJECT 8: INSTITUTIONALIZATION OF CLTS WITHIN GOVERNMENT 26

14 PROJECT 9: WASH POLICY DEVELOPMENT, IMPROVEMENT AND DISSEMINATION 29

15 PROJECT 10: WATER POINT FUNCTIONALITY & WATER QUALITY DATA MANAGEMENT 31

16 THE WAY FORWARD 32

17 ATTACHMENTS 33

2 LIST OF ABBREVIATIONS AND ACRONYMS

ACF	Action Contre la Faim
ADRA	Adventist Development and Relief Agency
BCC	Behavior Change Communication
CDC	Center for Disease Control and Prevention
CHF	Cooperative Housing Foundation
CHT	County Health Team
CIO	County Impact Officer
CLTS	Community-Led Total Sanitation
CMEC	Community Mobilization & Empowerment Coordinator
CSC	County Steering Committee
CWC	Community WASH Committee
DALY	Disability-Adjusted Life Year
DQA	Data Quality Assessment
EHT	Environmental Health Technician
GHI	Global Health Initiative
GHWD	Global Hand Washing Day
GOL	Government of Liberia
HPU	Health Promotion Division
IPC	Interpersonal Communication
IR	Intended Result
KAP	Knowledge Attitudes and Practices
Libra	Libra Sanitation, Inc.
LISGIS	Liberia Institute for Statistics and Geo-information Services
LMWP	Liberia Municipal Water Project
L-MEP	Liberia Monitoring and Evaluation Program
MDG	Millennium Development Goals
MIS	Management Information System
MOHSW	Ministry of Health and Social Welfare
MOE	Ministry of Education
MPW	Ministry of Public Works
MLM&E	Ministry of Lands Mines and Energy
M&E	Monitoring & Evaluation
NCU	National Coordination Unit
NWSHPC	National Water, Sanitation, and Hygiene Promotion Committee
ODF	Open Defecation-Free
OIC	Opportunities Industrialization Centers International
PE	Peer Educator
PMP	Performance Monitoring Plan
POU	Point-of-Use
PRS	Poverty Reduction Strategy
PSI	Population Services International
PTA	Parent Teachers Association
RBHS	Rebuilding Basic Health Services
R&E	Reporters & Editors
SWIP	Small WASH Infrastructure Projects
SOP	Standard Operating Procedures
TRaC	Tracking Results Continuously
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
USG	United States Government
WASH	Water Sanitation and Hygiene
WG	WaterGuard©
WSSC	Water Supply and Sanitation Commission

3 EXECUTIVE SUMMARY

In September 2012, just prior to the start of this reporting period, the Midterm Performance Evaluation of USAID/Liberia IWASH Project was released. In response to the finding of this evaluation, the IWASH team has refocused the program on core strengths and areas that will provide sustainable improvements to the WASH sector. The restructuring of the program through the modication is discussed in section 5 of this report, but this executive summary will present each of the recommendations from the evaluation and describe how IWASH has responded to them during the reporting period. A summary of IWASH achievement during the reporting period is presented in the following section "Highlights".

The report notes that "IWASH has become a leader in rural sanitation through CLTS, and has gained national noteriety for its support of national WASH sector objectives. The WASH strategy of using CLTS as the programmatic driver together with a focus on behavior change has resulted in positive community santitation and hygiene impacts."

The recommendations from the Midterm Performance Evaluation of USAID/Liberia IWASH Project executive summary and IWASH responses are listed below.

1. *"USAID Liberia should only consider approving future IWASH work plans where CHF and PSI responsibilities and activities under the IWASH Project are realigned in a manner such that the respective strengths of each organization are brought to bear on all IWASH programming issues – namly putting PSI social marketing experience to work on water supply issues. This realignment should also permit the project to be branded and marketed as IWASH. In addition, PSI and CHF staff should be strongly encourage to work in the same office in Monrovia for at least 3 days a week, and align their budgets to reflect changes in programming."*

IWASH has pulled together as a team at the field level where PSI BCC Officers have been fully absorbed in CLTS teams, at the strategic level where CHF staff were the majority of participants in the CLTS social marketing workshop, and in project design, where social marketing supports: 1) CLTS implementation through campaigns promoting ODF status, 2) Natural Leaders as Community Champions, and 3) WASH entrepreneurs. IWASH branded materials are in procurement for field teams. PSI staff participates in IWASH staff meetings weekly and work from the IWASH offices several days a week. Budget realignments consistent with the program modification have been submitted.

2. *"IWASH is positioned well with PSI to use its expertise to develop public/private sector models to make pump spare parts available and install, rehabilitate, or maintain community water infrastructure."*

PSI will implement a social marketing campaign to support the WASH Entrepreneurs bringing private sector sustainability of water supply rehabilitation. This project is discussed in section 9 of the report.

3. *"After leveraging the support of County GoL counterparts and local NGOs and reorganizing program activities to focusing on strengthening the WASH enabling environment, the IWASH life of project (LOP) access targets should be reduced significantly."*

IWASH leveraged the county and district level GoL counterparts to trigger 120 communities in Bong, Lofa and Nimba counties and are continuing to use this expanded force to monitor the triggered communities. The LOP targets for

new WASH construction have been sharply reduced (latrines from 60 to 17; hand dug wells from 112 to 27; and boreholes 20 to 10).

4. *"The idea of the "sanitation ladder" that is used in CLTS should be incorporated into hygiene behavior and water supply strategies."*

IWASH has been implementing CLTS "plus", including messaging about the importance of safe water supply and proper hygiene. As an extension to this, the WASH entrepreneurs (recruited from the pool of Natural Leaders) will further promote and provide services to maintain water supplies (hand pumps). The Natural Leader Network will continue to work with ODF communities to encourage them to move up the sanitation ladder, making use of the WASH Community Products Guide (discussed in section 11).

5. *"Once the WASH Compact has been successfully introduced at the county level, IWASH should remain an active contributor as Liberia takes the next steps to support the WASH sector at the national level – operationalizing the WASH Compact and establishing a dedicated GoL WASH coordinating body."*

During the reporting period IWASH has held dissemination workshops at the county level for the WASH Compact. Post-workshop tests show that participants understood and retained the significant points from the workshop. Addition dissemination meetings are planned for district level GoL staff. IWASH remains committed to working closely with national level WASH sector actors to ensure that the WASH Compact, CLTS Guidelines, and other critical policies are operationalized. This commitment is reflected in three projects under Intended Result 3.

6. *"IWASH should strongly consider a move to imbed its county level staff into the offices of county counterparts (MoHSW & MPW) and strategically increase the level of support to these entities and their staff by providing support for their per diem, logistics, and equipment."*

In year 4 of the project, IWASH field staff will move into the offices of county counterparts and IWASH field offices will be closed.

The IWASH senior management took the recommendations of the midterm evaluation very seriously and has responded thoroughly. The next section of this report provides reporting period highlights, material often found within an executive summary.

4 HIGHLIGHTS

In this reporting period major strides have been made in scaling up CLTS, designing new activities consistent with the midterm evaluation (and project modification), and implementation in many areas of IWASH. The achievement highlights in each area are presented below.

WaterGuard (WG) Point-of-Use Water Treatment Project

- *7,950 units of WG sold and distributed*
- *7,155,000 liters of water treated with WG*
- *91 DALYs averted through WG*
- *Study design developed for pretesting WG*
- *New WG billboards produced*
- *New WG jingles produced*

Small WASH Infrastructure Projects

- *5 latrines completed*
- *5 wells completed*

Public Private Partnership Urban Latrine Projects

- *1 publicly-owned, privately-managed latrine in Monrovia 60% completed*
- *1 construction site located*

Training and Establishment of WASH Entrepreneurs

- *Marketing survey for WASH products conducted*
- *Project designed*
- *Agreements with national, county, and district level partners finalized*
- *Trainer selected for business and pump repair subjects*
- *Trainee selection criteria developed*

Community-Led Total Sanitation Project

- *120 communities triggered*
- *156 CLTS facilitators trained*
- *10 open defecation-free communities verified and celebrated*
- *Ongoing monitoring of 121 CLTS communities*
- *Initation of Natural Leaders Network*

Community WASH Products Guide

- *WASH Guide conceptualized*

Social Marketing of ODF as a Desirable Status

- *Field work conducted and workshop designed to develop marketing campaign design and plan*

Behavior Change Messaging

- *2,162 household visited by IPC agents in target counties*
- *35 health talks conducted at clinics*
- *31,260 people reached through IPC and Mid-media BCC activities.*
- *Participated in World Toilet, World Water and Global Hand Washing Days*
- *Radio jingles aired 2.376 times (on water treatment, hand washing, and latrine use)*
- *Radio dramas aired 60 times (on water treatment, hand washing, and (on water treatment, latrine use, and latrine construction)*

Institutionalization of CLTS within the Government

- *Development of CLTS National Technical Coordinating Unit (NTCU) Annual Plan*
- *Release of the National CLTS Guidelines*
- *Creation of County CLTS Annual Plans*
- *Deployment of County Focal Persons*
- *Creation of District Steering Committees*
- *Participated in development and funded printing of CLTS Guidelines*
- *Facilitated a consultative workshop on social marketing of CLTS with MoHSW, MPW, and MOE*

WASH Policy Development, Improvement, and Dissemination

IWASH participated in the development of several key policies and studies including:

- *Guidelines for CLTS in Liberia – the national policy on CLTS implementation*
- *WASH Sector Capacity Development Needs Assessment*
- *WASH Sector Capacity Development Plan*
- *WASH Sector Capacity Development Investment Plan*
- *2-day review of the WASH Sector Strategic Plan*
- *2-day Presidential Cabinet Retreat on the National Transformation Agenda*

Water Point Functionality & Water Quality Data Management

- *Developed a model for water point functionalty monitoring approved by the NWSHPC*
- *Assessed the current state of water quality testing and information management*
- *Held preliminary discussion with MoHSW on information system development*

5 PROGRAM BACKGROUND

CHF began implementing the five-year, USAID-funded IWASH program, which facilitates accelerated achievement of the Millennium Development Goals (MDGs) related to water and sanitation, in February 2010. One year later, USAID asked CHF to realign the IWASH program by narrowing its geographic focus and devoting greater effort and resources to improving the enabling environment at multiple levels of government; the realignment embraces the tenets of both the USAID/Forward approach and the Global Health Initiative (GHI) strategy, and allows for greater program focus and impact. In the reporting period, IWASH responded to a midterm evaluation by refocusing the activities of the program into 10 projects. This process was captured in a program modification document which has been conceptually approved by USAID. The 10 projects are aligned with the intended results which support the program goal. The modification streamlines the activities of the program so they will achieve a more sustainable impact with the resources available.

5.1 GOAL

The IWASH program goal is to make measurable improvements in water supply, sanitation and hygiene (WASH), as well as in the enabling environment for WASH, in target areas within the three counties of Bong, Lofa and Nimba, and selected communities in greater Monrovia.

5.2 PROGRAM MODIFICATION AND REFOCUSING OF PROJECTS

At the end of the semi-annual reporting period, CHF and USAID concluded a modification to the IWASH program design that focuses the implementation on 10 projects to achieve the goal of making measurable improvements in the WASH sector, as well as the enabling environment for WASH, through the three intended results (IRs):

1. *IR 1: Increased Access to Water Supply, Sanitation, Hygiene, and household level products*
2. *IR 2: Increased community knowledge and use of potable water supply and storage technologies, sanitary practices, and water hygiene*
3. *IR 3: Improved enabling environment for WASH at the national, county, district, and community level.*

At the core of the modification is the belief that sustainable improvements in hygiene practices, water supply and sanitation usage, need to be driven by behavior change that is brought about by engagement with community members at a grassroots level. Without behavior change there will not be sufficient demand for clean water to support the purchase of water purification products and maintain water supply infrastructure. Without a behavior change there will not be sufficient demand for sanitation infrastructure to remove fecal matter from the environment to reduce water source contamination. At the core of the modification is community-led total sanitation (CLTS), a behavior change communication methodology that educates and catalyzes a community response against open defecation. The result of successfully implemented CLTS is an activated community that takes action to build the basic infrastructure needed to become open defecation free (ODF). The achievement of this status represents more than a willingness to build latrines; it also reflects an awareness of the link between fecal contamination of food and water with illness. This awareness is the drive required to effect sustainable change in the WASH sector that is the goal of the IWASH program.

Building the demand for water and sanitation is the method for achieving the objective of IR 2: achieving enduring hygiene and sanitation behavior change at the community level. Sustainability of this objective and geographical extension of it beyond the program area can only be achieved through developing the capacity of the government of Liberia (GOL) at National, County and District levels, to take ownership of the behavior change communication (BCC) through CLTS and promotion of ODF status. This is the objective of IR 3: the development and establishment of government and community structures and systems at National, County, and District level that are responsible for

sustained hygiene and sanitation behavior change through initiation and coordination of CLTS and development of water point mapping and quality testing networks that would provide government with updated data. The objective of IR 1 deals with the supply side of the WASH enhancement: the development and establishment of WASH products and services providers that will focus largely on serving rural communities.

To understand how IWASH will meet the objectives of these intended results, the 10 projects defined under the modification are presented in the table below, organized by the relevant IR.

IR 1: Increased Access to Water Supply, Sanitation, Hygiene, and household level products

1. *WaterGuard Sales and Distribution*
2. *Small WASH Infrastructure Projects (SWIP)*
3. *Private Public Partnership (PPP) Urban Community Latrine Construction*
4. *Training and Establishment of WASH Products and Services Entrepreneurs*

IR 2: Increased community knowledge and use of potable water supply and storage technologies, sanitary practices, and water hygiene

5. *Community-Led Total Sanitation (CLTS)*
6. *Development of Community WASH Products and Services Guide*
7. *Social Marketing of ODF as a Desirable Status and BCC at Schools and Clinics*

IR 3: Improved enabling environment for WASH at the national, county, district, and community level.

8. *Institutionalization of CLTS within Government*
9. *WASH Policy Development, Improvement, and Dissemination*
10. *Water Point Functionality and Water Quality Data Management*

These 10 projects form the basis of the work plan for the remainder of the IWASH program and the semi-annual reporting will be structured around these projects. The modification is included as an attachment to this report (to reduce the report's bulk), but the corresponding work plan is included as Attachment 1: IWASH Modification 2013. The modification includes work plans for each project.

The causal linkage from the individual projects to the program goal is presented in the modified Program Management Plan (PMP) which has been included in this report as Attachment 2: Program Management Plan.

6 PROJECT 1: WATERGUARD SALES AND DISTRIBUTION

This project's objective is to increase the supply of safe drinking water by promoting and making available WaterGuard as a point of use (POU) water treatment solution. IWASH has been promoting, manufacturing, and distributing WaterGuard through the activities of PSI (IWASH Consortium Partner). The distribution volume target has been reduced in the program modification and now is achievable with aggressive activities underway for rebranding, improving the distribution channel, and creating the position of Supply Chain Agents in each County to improve both supply and demand.

Major achievements from the reporting period include:

- *7,950 units of WaterGuard sold and distributed*
- *7,155,000 liters of water treated with WaterGuard*
- *91 DALYs averted through WaterGuard*
- *Study designed developed for pretesting of new WaterGuard messaging*
- *New WaterGuard billboards produced*
- *New WaterGuard jingles produced*

Procurement and Social marketing of WaterGuard

A total of 7,950 bottles of *WaterGuard* were sold or distributed of which 2,748 were free samples that were distributed during the cholera outbreak in Lofa County and through national celebrations and support of MOHSW through events such as Global Hand Washing Day, World Water Day celebrations.

Rebranding WaterGuard

The WG distribution/sales goal for the length of the project has been revised to 350,000 units of WG of which 25% is free distribution; to date we have reached 81% of that target. Although we are on target to reach the LoP goal, there will be a renewed focus on the sales, marketing and distribution of WG in order to change recent sales trends and more firmly establish WG as a desirable brand that consumers make a habit of purchasing and using.

Under the revised marketing plan, new consumer-facing strategies will be employed. These include: (a) increased emphasis on the emotional benefit of the product, (b) new print advertisements, (c) new radio jingles, and (d) development of branded point of sale (POS) materials that will enhance visibility at sales points. The process of recruiting a fulltime marketing and sales manager is ongoing. In the interim, PSI is working with an advertising consultant (a Peace Corps Volunteer with 5 years of Madison Avenue agency experience) who is volunteering his services to roll out the rebranding of WaterGuard. PSI expects to have a fulltime marketing manager before the re-launch of WaterGuard in June 2013.

Proposed WG billboard

Improving the Distribution Channel

Currently, WaterGuard is distributed by PSI and due to limited resources and poor infrastructure it has been difficult to keep a consistent supply throughout the IWASH counties (and elsewhere in Liberia). PSI has begun negotiating a distribution deal with Mano Manufacturing (MANCO), the manufacturer of WaterGuard. Under the new arrangement, MANCO would be responsible for distributing WaterGuard throughout the counties, using their existing wholesale network. In turn PSI will be responsible for the marketing and demand creation of WaterGuard and will work to fill in any gaps in MANCO's distribution network. If consummated, the arrangement will get WG into more outlets in more places in the IWASH counties (and elsewhere in Liberia).

Planned Discontinuation of White Bottle WaterGuard

Distribution of WaterGuard at no cost to the recipient is a vital activity for emergency response to mitigate the risk of a cholera outbreak. While there is a positive health impact due to reduced or averted cholera, there is evidence that the mass distribution of free WaterGuard has suppressed willingness to pay for the sold product, thus decreasing the health impact that WG can have during "regular" periods without cholera outbreaks but with the ongoing high levels of diarrheal disease. In an effort to continue to supply WaterGuard in emergency situations without compromising the demand for the sold product, PSI is developing a voucher scheme that will allow WG to get to those in most need for free without undercutting the private sector incentive to stock and sell the product. Beneficiaries will be given a voucher that can be redeemed at designated sales points. This will reinforce perception of the product's value and awareness of private sector supply channels for future consumer purchase, as well as allow the retailers to receive payment for the WaterGuard, rather than be by-passed when free distribution is done directly to the recipient. Until the voucher scheme is launched (expected date: July 2013), PSI will continue respond to cholera emergencies by distributing the blue bottle with a flyer stating that it is a sample.

Create Position of Supply Chain Agents

In order to realize the potential market for WaterGuard, it is necessary to have a dedicated field staff who will work in town centers creating demand for the product among vendors and target audience members. PSI realizes that sales volumes of WG will never be large in project communities or other rural villages alone but must be done in commercial centers where the improved distribution channel will make product available. The objective is to create enough demand so that the product begins to be naturally pulled through the distribution channel to reach rural villages. The demand creation agents will also play a role in the Social Marketing of CLTS, specifically managing the mass media aspects in the counties.

7 PROJECT 2: SMALL WASH INFRASTRUCTURE PROJECT (SWIP)

In the modified IWASH design, the new construction under the SWIP project is being phased out through completion of some planned activities and increased access to water supply is being addressed by repairing existing hand pumps under the WASH Entrepreneurs project. The target and status for new WASH facilities is presented in the table below.

Activity	New Target	Completed prior Period	Completed in Reporting Period	In Progress/Status
New Institutional Latrines	17	11	5	1/20% complete
New Hand Dug Wells	27	21	5	1/contracted, not started
New Boreholes	10	7	0	3 require repair

New Institutional Latrines

The construction of new institutional latrines is almost completed, with just 1 latrine in progress at Zoe-Geh Public School in Nimba County. The latrine is 20% completed and is anticipated to be finished by the end of May. Five latrines have been completed during the reporting period.

New Hand Dug Wells

The construction of new hand dug well is also almost complete, with only one well left to go. This well construction has been contracted, but due to an illness, work has not started. The well is anticipated to be completed in May.

New Boreholes

Construction at all 10 boreholes was completed in the prior reporting period, but 3 boreholes have problems – poor quality water or no water at all. IWASH has engaged a contractor to assess possible fixes to the boreholes and has developed some secondary solutions. During the next reporting period water supply at these three problematic water sources will be resolved.

Plans for the Next Reporting Period

In the next reporting period all new WASH infrastructure projects will be completed.

8 PROJECT 3: PUBLIC PRIVATE PARTNERSHIP (PPP) URBAN LATRINE CONSTRUCTION

The IWASH urban latrine project has moved ahead as planned with construction of the Logan Town facility and has had preliminary design meetings for a new site in Paynesville's Redlight District. The utilization of the New Georgia facility has also increased as shown in a usage study performed near the end of the reporting period.

First Latrine Facility: New Georgia

The New Georgia public latrine has been in operation since February 2012 and, in a recent study, average daily usage has increased from 68 to 90 users per day. In the previous reporting period a study was presented that showed daily usage was initially low, but built over time and then declined again. A four day independent usage study commissioned by IWASH shows that daily usage has increased 32% above the previously reported high usage rate. This is a very favorable sign. The users are predominantly women (72% vs. 28% men) from the market area (85% vs. 15% non market goers). Defecation is the primary use of the facility (70%) as compared to urination (30%) and bathing (0%). The details of the study are presented in Attachment 3.

Second Latrine Facility: Logan Town

Construction of the Logan Town latrine structure reached installation of the roof by the end of the reporting period. Significant internal finishing work and installation of fixtures remains to be completed, but the project is progressing well and should be completed by the midpoint of the next reporting period. The contractor is also working on the well to deepen it and put in a sand and gravel bed at the base in an attempt to reduce the colloidal material in the water that gives it a brown turbidity. The pictures below show the latrine structure with roof installed.

Latrine roof slab prior to concrete pour

Latrine with roof installed

Third Latrine Facility: Paynesville's Redlight Area

CHF has continued to meet with the Mayor of Paynesville and near the end of the reporting period toured a site in Redlight that could be used for a public latrine. The space is very large and currently occupied by transient vendors, but IWASH has been assured by the Mayor that the site will be cleared if IWASH commits to constructing the facility. CHF staff met with city planners and representatives from MPW to look at the alignment of the widened road planned for Redlight area. The preliminary review indicates that there is plenty of room remaining after road widening and accounting for a utility corridor. Further design meetings will be held with the Paynesville Planning Department,

MPW and MoHSW in the next reporting period, but indications are favorable for using this site for a public latrine. The picture below shows the possible construction site.

Possible Paynesville Redlight latrine site

Plans for the Next Reporting Period

The Logan Town Latrine is on scheduled to be completed in May of this year. The inauguration should occur in May or June. If the Paynesville site is approved for construction, it should be completed in the next reporting period. This would complete the PPP latrines under contract at this time. CHF has been in negotiations with Chevron to fund an additional 3 PPP latrines. If this agreement is finalized, then new construction could begin in the next reporting period.

9 PROJECT 4: TRAINING AND ESTABLISHMENT OF WASH ENTREPRENEURS

This project will leverage the building momentum of community-led total sanitation in target counties coupled with a social marketing campaign promoting ODF status and the important role of Natural Leaders in community transformation, to introduce WASH product and service entrepreneurs. In Liberia, water access is challenged by poor maintenance of hand pumps, because of poor access to parts and trained technicians as well as lack of funds. Recent water point mapping in Liberia indicates that for rural water points, 25% are fully broken, 11% are partially functioning and only 50.8% of all water points provide adequate water all year.

The aim of this project is to increase access to water supply, sanitation and hygiene products and services at the community level. This will be achieved by training entrepreneurs to market and deliver WASH products and services. These entrepreneurs will serve the rural communities by providing pump repair services and sales of WASH products such as pump spare parts and hand washing materials as well as water treatment products. The WASH entrepreneurs will engage with client communities in three ways. They will go directly to communities to offer their products and services; they will meet with communities that have successfully embraced the CLTS process at ODF celebrations where they will have vending/information spaces; and they will be present at major markets in target districts where their presence is promoted through radio advertisements and billboards as part of a social marketing campaign. To launch the successful graduates of the training, each entrepreneur will be given contracts to repair community hand pumps at schools or health clinics.

The trainees will be selected using two criteria. In IWASH target districts, Natural Leaders of ODF communities that have also had previous pump repair training and are interested to participate in the training will be encouraged to apply. Natural leaders from ODF communities that have not had previous pump repair training but have a very strong interest in the training will also be encouraged to apply. Successful pump repair technicians operating in the target district will be encouraged to apply. Successful pump technicians from non IWASH target districts that are in the IWASH target counties will be encouraged to apply. A total of 15 to 20 trainees will be accepted.

The training will focus in three areas: 1) the benefits of safe water, proper hygiene, and sanitation provided by CLTS in combination with selected WASH products, 2) pump repair and maintenance, 3) business management. IWASH CLTS experts will provide the training in the first subject. The county level Ministry Public Works staff will provide training in pump repair and maintenance. This training will include hands on diagnosis and repair of damaged hand pumps in the area surrounding the training facility. The business management training will be conducted by a CHF staff person who trained entrepreneurs in the successful Youth Engagement in Service Delivery (YES) program funded by the Bill and Melinda Gates Foundation.

A pilot implementation of the program will be launched in Bong County and based on its success, extended in to Lofa and Nimba Counties.

<u>Achievements in the reporting period include the following:</u>

1. *County level meeting held with GOL partners to elicit support for the project were conducted. Participants included the Development Superintendent, County Public Work Coordinator, County Health Supervisor and the County WASH steering committee members. Meetings were also held with the District Commissioner and District Council Members of the Kokoyah District, Commissioners and District Council Members of Jorquelleh Districts 1 & 2. These meetings were fruitful as the stakeholders welcome the idea and expressed their willingness to support the process. These districts were selected base on the IWASH CLTS activities.*

2. *National level meetings have been held with Directors of both Community Services and Technical Services at the Ministry of Public Work on March 25, 2013. The project objective was discussed and welcome by the Directors. The Directors also expressed their interest and support in the implementation of the project. The Technical Director Mr. Woloba G. Karwee said that the Government pump technician will assist in assessing the malfunction pumps at schools and health center in Bong County.*

3. *A social marketing survey has been conducted by PSI, CHF, and LISGIS to understand the impact CLTS is making on the triggered communities as well as creating a market for WASH products and services. The survey was conducted in Bong and Nimba counties involving three ODF communities, three triggered but not ODF communities and three not triggered communities in each county. Similar communities were also selected for WASH product and service surveyed in Bong County. The survey was conducted over a 20 day period from February 12, 2013 to March 2, 2013.*

4. *The business trainer has been selected and is in the process of tailoring the training curriculum to the specific nature of the WASH entrepreneur's business opportunity.*

5. *An arrangement has been made with the Bong County Pump Technician who will assess 52 pumps already identified at schools and health clinics in the county. The Pump technician will begin his assessment in April.*

A selection criterion for the trainees has been developed and IWASH staff in Bong County is collecting names of individuals who meet the selection criteria to provide them with applications.

10 PROJECT 5: COMMUNITY-LED TOTAL SANITATION

The past 6 months has been an extremely productive and exciting period for the community-led total sanitation project. Building on the successful activities in the previous reporting period, triggering 45 communities resulting in twenty-six communities becoming ODF (the highest number achieved by any organization in Liberia), CHF, in partnership with GOL, triggered more than 120 communities. This massive triggering was the culmination of intensive planning and training as well as the support and development of government partner capacity.

The CLTS project encourages communities to go beyond basic ODF status. In addition to facilitating behavior change resulting in an absence of open defecation, IWASH promotes the use of safe water and proper hygiene. This CLTS Plus approach ties into other components of the IWASH program creating synergies that result in a higher impact than would be achieved through isolated project implementation.

The CLTS achievements for the reporting period are listed below:

- *Development of CLTS National Technical Coordinating Unit (NTCU) Annual Plan*
- *Release of the National CLTS Guidelines*
- *Creation of County CLTS Annual Plans*
- *Deployment of County Focal Persons*
- *Creation of District Steering Committees*
- *Training of 156 CLTS Facilitators*
- *Triggering 121 Communities in Bong, Lofa and Nimba Countries*
- *Ongoing Monitoring of 121 CLTS Triggered Communities*
- *Verification and Celebration of ODF Status for Previously Triggered Communities*
- *Initiation of the CLTS Natural Leader Network*

The government structures are now in place at the National, County, and District level for effective CLTS implementation. The development of the capacity and regular work procedures of these structures is an ongoing activity.

Development of CLTS NTCU Annual Plan

CHF worked with the NTCU to develop a one year plan from October 2012 to September 2013 for the three counties that IWASH is operating in: Bong, Lofa and Nimba. This plan included several key points that can be carried forward to other CLTS implementation counties, including:

- *CLTS Standard Operating Procedures*
- *Deployment of CLTS Focal Persons for each County*
- *Collaboration with Country Steering Committees resulting in County CLTS Plans*
- *District Collaboration resulting in District CLTS Steering Committees*
- *Involvement in Pre-triggering, Triggering, and Post-triggering Activities*
- *Training of Natural Leaders*
- *Facilitation of Natural Leader Network*
- *Follow-up on Monitoring of Triggered Communities*

The NTCU is providing leadership at the national level for development of policies and procedures, but lacks resources to extend their influence to the field without the active support of CHF through the IWASH program. By working with the NTCU, CHF is assisting in the creation of a model that is proving effective for IWASH in target counties.

Release of National CLTS Guidelines

The guidelines for CLTS provide a common procedure for all implementers in Liberia. This document was developed over a 4 month period with significant contributions from IWASH to the content and printing. It was released in December, 2012.

Creation of County CLTS Annual Plans

In November 2012, IWASH facilitated field trips by the NTCU to Bong, Lofa and Nimba to conduct consultative meetings with County CLTS Steering Committees and County health teams (County Health Technician Administrators, Environmental Health Technician Coordinators, and County Project Planners) concerning CLTS planning. Plans were developed in each county.

Meeting of the County Steering Committee, Bong County

Key elements of the plans are listed below:

Bong Country Plan

Target Description	County Target	IWASH Target
CLTS Districts	Jorquelleh 1, Jorquelleh 2, Suakoko	Jorquelleh 1, Jorquelleh 2
Communities to Trigger	90	45
Communities to go ODF	75 (83%)	40 (89%)

Lofa Country Plan

Target Description	Target	IWASH Target
CLTS Districts	Voinjama, Kolahum, Foya	Voinjama, Kolahum
Communities to Trigger	75	45
Communities to go ODF	45 (60%)	40 (89%)

Nimba Country Plan

Target Description	Target	IWASH Target
CLTS Districts	4 Districts	Gbelagay, Sanniquellie-Mah
Communities to Trigger	100	45
Communities to go ODF	60 (60%)	40 (89%)

The targets are quite aggressive for each county. IWASH has already triggered 40 of its targeted 45 communities and will trigger the additional 5 communities in early summer with the engagement of Natural Leaders from each county. The additional communities to be triggered (45 in Bong, 30 in Lofa, and 55 in Nimba) will be accomplished with the assistance of other local and international agencies (NGOs and UN agencies) along with GOL. The target percentages of triggered communities that are anticipated to achieve ODF status are lower than IWASH, reflecting a reduced capacity for monitoring communities to provide the encouragement to become open defecation free.

Deployment of County Focal Person

The county level steering committees were established in the previous reporting period, but a focal person has now been deployed who can provide another level of monitoring and verification, linking the steering committee to the CLTS communities. Placing these individuals in the field and supporting them is a challenge for the Ministry of Health and Social Welfare, so IWASH is providing some logistical and operational support to the newly appointed focal points.

Creation of District Steering Committees

In February 2013, IWASH facilitated field trips by the NTCU to Bong, Lofa and Nimba to conduct meetings at the district level to extend the GOL CLTS support structure closer to communities. CLTS Steering Committees were set up in each of the 6 IWASH target districts. The County Steering Committees took the lead in setting up the district level committees.

Kolahum District Commissioner making remarks during the District consultative meeting

The role of the District Steering Committee is defined in the CLTS Guidelines, to 1) ensure the identification and mobilization of district level stakeholder, 2) establishment and maintenance of an effective coordination mechanism, 3) mobilization of available resources, and 4) capacity building within the district. The District Steering Committee is involved in CLTS trainings, triggering, and oversight of monitoring. These district level structures were instrumental mobilizing local participants to be trained as facilitators in the mass triggering activities performed later that month.

Training of 156 CLTS Facilitators

District training of facilitators

In February IWASH conducted training of 156 CLTS facilitators in the 6 target districts. The trainees were government employees (County and District level), members of youth groups, women's groups, traditional councils, and local NGOs. County and District CLTS Steering Committees selected the trainees. The trainers were IWASH and NTCU staff. The training took place over a 20 day period. In the final stage of the training, the facilitator trainees participated in the triggering of 120 new CLTS communities.

Triggering of 120 CLTS Communities

The mass triggering conducted in February introduced more communities to CLTS than all previous triggering activities conducted in Liberia combined. The CLTS facilitators were broken up into teams of 6 and assigned to pretriggering selected communities across the 6 target districts. In the triggering, 240 Natural Leaders were identified within the communities to assist with community mobilization.

Triggering session in Nimba

At the conclusion of the triggering activity a validation ceremony was conducted, where communities present their plan for to achieve ODF status to county and local leaders. In return for this show of community commitment, local authorities pledge to support the communities in their commitment. The validation sessions were conducted in groups of ten communities at a time, each coming forward in turn to present their plan and engage with local leaders.

For each community the most senior local leader would light a candle and then from that candle light candles for all the stakeholders in the community, uniting the group in a shared pledge of commitment.

Community map, at conclusion of Triggering

First latrine constructed 10 days after triggering

Ongoing Monitoring of Triggered Communities

Monitoring is a critical component of CLTS methodology, to provide encouragement and technical guidance to communities taking action to become ODF. IWASH has at least three field officers for each target county and together with MoHSW Environmental Health Technicians; they visit every triggered community at least once per week. With 40 communities and three teams per county, each team visits approximate 14 communities per week. All triggered communities are visited at least once in a week and often more frequently. Monitoring is conducted four days per week and on the 5th day, the teams report to district or county steering committees.

Monitoring is also conducted by the County CLTS Focal Person. These position have recently been filled and their monitoring activity is just beginning, but they will be in the field an average of 3 days per week.

Initiation of Natural Leader Network

Natural Leaders are important agents of change within communities involved in CLTS. They are identified in the triggering phase and assist the transformation of the community through ODF status validation and celebration. As community level agents of change they can be resources to their community for further development and they can be developed into resources for CLTS transformation within their Clan area. This concept of developing the Natural Leaders to move beyond their communities to assist neighboring communities to achieve ODF status has led to the creation of a Natural Leader Network. The Network is a gathering of Natural Leaders on a monthly basis for trainings and to discuss their work in their own and surrounding communities. IWASH will provide trainings for Natural Leaders whose communities become ODF and will utilize them for future triggering planned for June of this year. Natural leaders who have joined the Network will also have the opportunity to participate in the WASH Services Entrepreneur Program.

Natural Leaders will be promoted by IWASH as Community Champions in a social market campaign to be launched in the next reporting period. This will be part of the a two pronged campaign to promote ODF status and Community Champions. It is anticipated that the campaigns will make joining the Natural Leader Network attractive and will

create lots of interest toward becoming ODF in communities that have not been triggered. CHF and GOL plan to use the Natural Leader Network members as a facilitator resource for large scale triggering in October 2013.

Verification and Celebration of ODF Status for Previously Triggered Communities

NL in Maimai ODF celebration

NL from Goyala in Lofa county

In November, the CLTS Country Steering Committees in Bong, Lofa and Nimba requested verification for a total of 10 communities that appeared to have achieved ODF status (3 in Bong, 3 in Nimba. 4 in Lofa). The NTCU scheduled a verification visits to each county, with participation in inspection by County, District and local stakeholders. After the verification a celebration was held with speeches, certification of ODF status, installation of a branded ODF sign, recognition of the Natural Leaders, and the presentation of sanitation tools.

Presentation of sanitation tools to Goyala community leader

The Natural Leaders performed a drama where a wedding was cancelled because the groom could not provide a latrine for his bride, bringing shame on the groom and his mother. After the drama there was dancing and a meal provided. The communities involved in the celebration provided some of the food and IWASH supported some of the entertainment and catering.

Local radio station reporter in Gbarnga receiving gift from Mr. Jallah NTCU staff

The County General Inspector, who hosted the event, praised IWASH and NTCU for their work supporting the communities. He also praised the communities for their hard work and commitment in attaining ODF status. He stressed the importance of remaining ODF for sustaining the benefits of their work.

Lighting of commitment candles by government officers

11 PROJECT 6: DEVELOPMENT OF COMMUNITY WASH PRODUCTS GUIDE

In 2011 IWASH developed a latrine manual that provided various designs for latrine construction applicable for home, community, and institutional use. The manual only dealt with latrine designs and though it was useful for GOL staff in the WASH sector, it was not the best resource for communities embracing the CLTS Plus process. These communities will be best benefited by a guide that provides information about basic latrine construction using local materials and the construction and use of other WASH products such as:

- *WaterGuard use for water consumption safety*
- *Basic pump repair and spare parts*
- *Household Hygiene Improvement Products*
- *Tippy Taps used with ashes for hand washing*

During the CLTS process, when communities prepare their action plans to become ODF and later to improve community hygiene, it is important for them to have some guidance beyond monitoring visits. The WASH Products and Services Guide will provide the information needed, in simple illustration when possible, so that it is accessible to illiterate as well as literate community members.

The guide will also provide contact information for Natural Leaders, WASH Entrepreneurs, IWASH CLTS Field Officers, relevant GOL resources located in each area. These guides will empower the communities to become more proactive in their own development.

The design and production of the guides will be accomplished in the next reporting period. The guides will be distributed to communities during triggering or for those who achieve ODF before they have received a guide, at their ODF celebration ceremony.

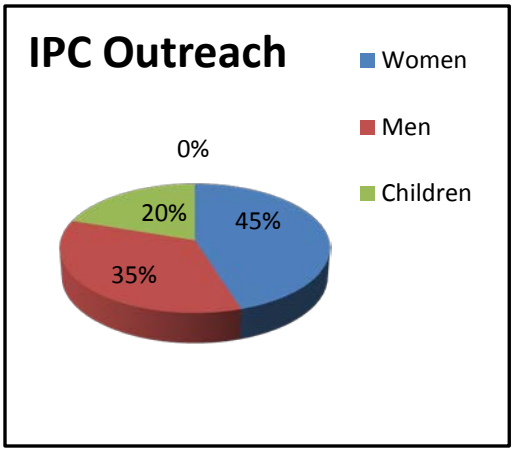
12 PROJECT 7: SOCIAL MARKETING OF ODF AS A DESIRABLE STATUS

During the IWASH program review it was realized that social marketing of ODF status would be a great benefit toward increasing the success of CLTS, by increasing interest in communities that have yet to be contacted and increasing receptivity during triggering. IWASH has conducted significant field research into community perceptions of CLTS and ODF at three types of communities: 1) involved in CLTS and have achieved ODF, 2) involved in CLTS and have not achieved, 3) not involved in CLTS. Based on the finding, and contributions IWASH staff involved a social marketing DELTA workshop, a marketing campaign will be developed to promote ODF status and the role of natural leaders as champions of their communities.

In the reporting period IWASH's consortium partner, PSI, carried on activities to promote behaviors consistent with increased knowledge and use of potable water supply and storage technologies, sanitary practices and water hygiene. Also during the reporting period it was decided that the PSI staff working toward behavior change by interpersonal messaging in the field would be more effective if they joined the IWASH CLTS teams implementing CLTS "plus". The PSI staff engaged in the mass triggering near the end of the reporting period and are participating in monitoring the communities as CLTS team members. The activities implemented and achievements made under the previous structure during the reporting period are presented here. The social market workshop and marketing campaign will be reported on in the next periodic report.

Key achievements from the reporting period include:

- *2,162 households visited by IPC agents in Bong, Nimba, and Lofa Counties to deliver messages on water treatment/safety, latrine use/proper feces disposal, and hand Washing with soap.*
- *35 Health Talks conducted at clinics to new mothers on the importance of household water treatment*
- *31,260 people reached: through Interpersonal and Mid-media BCC activities.*
- *Three WASH special events celebrated: Global Hand Washing Day (GHWD), World Toilet Day (WTD) and World Water Day (WWD)*
- *Radio jingles aired 2,376 times (on water treatments, hand washing and latrine construction)*
- *Radio dramas aired 60 times (water treatment, latrine use and latrine construction)*
- *8 talk shows aired on latrine construction, latrine use and hand washing.*



Mass Media

During the period PSI continued to air the radio spots containing key messages that were developed as a result of the DELTA social marketing workshop. The key messages are:

Key message 1: Hand Washing with Soap

Key message 2: Latrine Use and Feces Disposal

Key message 3: Latrine Construction

A total of five radio stations aired radio jingles 2,376 times and radio dramas 60 times. The radio jingles and dramas aired until the end of December 2012.

Now that the overall project focus has shifted towards CLTS, the mass media campaign will also be geared more towards the social marketing of CLTS. The key messages for this marketing campaign will be developed in the CLTS DELTA marketing workshop in April 2013.

Interpersonal Communication

Interpersonal Communication (IPC) is any face-to-face interaction that takes place with a target audience with the objective of changing their behavior. It provides direct contact with the audience and is an important channel in a social marketing plan, as it allows for personal, customized, and more detailed messaging than does mass media. IPC can be one-on-one, or with one or two IPC facilitators and a small group. The IWASH IPC intervention combines both one-on-one and group forms. In total, through the different IPC approaches we were able to reach 31,260 people in this period with key messages on household water treatment, latrine use and construction and hand washing (see preceding section).

Conduct Peer Sessions in Target Schools

School-based safe water, sanitation and hygiene promotion is a great opportunity to impact students' knowledge and behavior. It can also help with the adoption of safe water, sanitary and hygiene practices by parents as the students are encouraged to share what they learn with their families at home. In this period, the trained Peer Educators (PEs) continued their work with a special focus on hand washing with soap. To ensure the effectiveness and the quality of their work, the CIOs conducted monitoring visits as usual. Under the modified IWASH project, the training of peer educators in schools and monitoring will be phased out. The goal is to have the schools take over their own WASH clubs. The IWASH team will supply the schools with IEC materials and periodically visit schools in or around CLTS communities ensure sure that WASH clubs are still functioning and invigorate enthusiasm in those that may be lagging.

Conduct Health Talks in Target Clinics to Reach Mothers and Care Givers of Children Under 5

Clinic days present a good opportunity where mothers and caregivers of children under five are open to hearing about health-related topics. Clinic days also provide easy access to our strategic key target group of new mothers aged 18-30 years old. As such, they present an excellent channel to talk about diarrhea and the vulnerability of children under five, the use of WaterGuard, the safe disposal of feces, and hand washing at critical times as means of preventing diarrheal diseases. During the period, a total of 35 clinic health talks were conducted in Bong, Nimba, and Lofa Counties.

Community and Market Day Events

Once a month, field staff in Bong, Nimba, and Lofa conduct Market Day events and community events. The objective of the market day event is to persuade marketers to buy and sell WaterGuard. This event is also to promote WaterGuard to potential consumers of the product. Community events are held in the various IWASH communities with the objective to create awareness and promote healthy behaviors.

Participation in celebrations promoting safe water usage, sanitation and hygiene through support of World Water Day, World Toilet Day, and World Hand Washing Day.

IWASH actively participated in activities marking the observance of World Water Day (WWD) on March 22nd at the national and county levels. At an indoor program held in Monrovia, an IWASH representative made remarks calling on students to organize Water Clubs in their respective schools and to get involved in effective advocacy for improved access to, and better quality of water for all Liberians. Activities such as students' parade, indoor program, radio talk-shows, competition on use of WaterGuard, distribution of IEC materials on safe water were conducted in

Nimba and Bong counties. This year's theme is "International Year of Water Cooperation" and at the national level, a panel discussion was organized on the topic: ***"The Importance of Water Cooperation and its Management in Liberia Development Agenda 2015"*** Panelist came from the LWSC, MPW, and Civil Society. Students from over 5 schools participated in the event that was held at the St. Theresa's Convent on Randall Street.

IWASH participated in World Toilet Day conducting a IPC campaign from the second week of November to the end of the month to enhanced awareness around the importance of having and using latrines. Staff conducted door-to-door visits to disseminate this message. The staff also used this opportunity to emphasize the importance of maintaining clean latrines. During these activities, topical brochures were widely distributed. Additionally, the frequency of the airing of radio spots and dramas on latrine use and construction was increased during the month of November.

IWASH played a role in the planning of Global Hand Washing Day in all of the IWASH counties. The planning of the celebrations were lead by the MoHSW at County level and IWASH supported by providing soap, IEC materials, sponsored radio talk shows on hand washing and provided a monetary donation to ensure the event was impactful.

The BCC activities that were implemented during GHWD are as follows:

- *Mass media: For the month of October, PSI increased the frequency of the airings of radio spots on hand washing. Additionally, two live talk shows on hand washing were aired in each county on GHWD.*
- *Interpersonal communication: As agents of change, key stakeholders for this aspect were primary and high school students who were engaged in competitions for drawing, singing, and drama on the topic of hand washing with soap at critical times. They were also engaged in peer sessions at school level. The prizes for the schools participating in the competition were bars of soap.*
- *A print campaign supported all the activities with proper hand washing demonstration posters, brochures, and flyers on the importance of hand washing. All of these materials were distributed during a parade through the towns.*

Planned Activities for the Next Reporting Period

In the next reporting period IWASH will develop the elements of the social marketing campaign launch three components: 1) promotion of ODF Status in Radio Dramas and follow up radio interviews, 2) promote Natural Leaders as Community Champions of ODF and community development on market place billboards and in Radio broadcasts, and 3) promote WASH entrepreneurs.

13 PROJECT 8: INSTITUTIONALIZATION OF CLTS WITHIN GOVERNMENT

The core of the modified IWASH program design is community-led total sanitation and to implement the activities on the ground during the program as well as leave a sustainable capacity to continue the work after the program, CHF is working with the GOL to create an enabling environment for CLTS at national, county and district levels. Significant gains have already been made in the establishment of new government institution and policies. IWASH has been very active in advocating for the creation of CLTS institutional structures including but not limited to the National CLTS Steering Committee, National Technical Coordinating Unit, County CLTS Steering Committees, District CLTS Steering Committees, and County CLTS Focal Persons. During the previous reporting period Country CLTS Steering Committees were established in the 3 IWASH target Counties of Bong, Lofa and Nimba. During the current reporting period, 2 District CLTS Steering Committees were established in Lofa County (Voinjama and Kolahun districts) and 1 in Nimba County (Sanniquellie-mah district). IWASH has collaborated with the MOHSW to assign County CLTS Focal Persons who have been deployed in Bong and Lofa Counties.

IWASH staff engage stakeholders at all levels to ensure that regular coordination meetings especially at county and district level are held and that administrative, technical, financial and operational systems are strengthened through the conduction of relevant workshops, training of personnel, provision of logistical support and field mentoring. During the reporting period IWASH conducted extensive trainings in CLTS methodology in the 6 target districts engaging national, county and district level participants. Program staff also engaged the NTCU in the development of a 6-month CLTS monitoring plan that will run from April to September 2013. The planning process was repeated at the county level, with the development of specific monitoring plans for Bong, Lofa, and Nimba counties. IWASH is also working closely with the NTCU to finalize budgets to support the effective utilization of EHTs, Natural Leaders, and CLTS Focal Persons in field monitoring. Several rounds of budget discussion have been held and a final version will be adopted in April.

IWASH is committed to creating a sustainable model for CLTS implementation that will be functional and sustained after the end of the program and to do this, the IWASH field offices will be gradually phased out and field activities will be conducted by GOL staff with periodic oversight of IWASH staff. IWASH staff will move into strategic positions in the offices of the Ministries of Health and Social and Public Works especially at county level where they will serve as counterparts to the GoL partners in order for further mentoring to prepare GoL to take full responsibility of the CLTS process.

The activities under this project overlap with other projects, notably Project 5: CLTS Implementation and Project 9: WASH Policy Development, Improvement, and Dissemination, but the key accomplishments during this reporting period listed below are critical to institutionalizing CLTS within the government of Liberia:

- *As a member of the National Water, Sanitation and Hygiene Promotion Committee (NWSHPC) IWASH attended all monthly called meetings of the committee and interacted with government of Liberia and other sector stakeholders in collaborative efforts geared towards improving service delivery in the WASH sector. These service delivery issues include but are not restricted to improved access to water and sanitation, improved sector financing, human and institutional capacity development, gender issues, and general sector collaboration. The NWSHPC is presently the highest WASH sector collaborative and decision making forum.*

- *IWASH participated in the organization of regular County WASH Sector Coordination Meetings and contributed to resources for the hosting of these meetings. The county sector meetings provide a forum for actors at county level to share their plans and implementation strategies with their colleagues. Issues of implementation such as government support, community involvement, resource allocation, lessons learnt and*

future plans are discussed at these meetings and are fed back to national level actors for improved planning of WASH interventions nation-wide.

- *IWASH participated in the development of the CLTS Guidelines which clearly states the standard operating procedures for CLTS implementation in Liberia. The document identifies CLTS structures at national, county, and district levels with roles and responsibilities for each structure and relationship to others in implementing CLTS. These structures include District CLTS Steering Committees which have been established in Lofa (Voinjama and Kolahun districts) and Nimba (Sanniquellie-mah district) counties. Plans are underway to establish DSCs in Bong County. The steering committees were active in recent pre-triggering, triggering, and monitoring 120 out of 135 targeted committees for sustaining ODF status.*

- *IWASH began planning with the National Technical Coordinating Unit for CLTS and County and District Steering committees for the establishment of CLTS Natural Leaders networks (NLN) at clan level in each county. The role of the NLN is to assist in identifying communities for CLTS implementation, triggering and post-triggering activities with the aim of attaining and maintaining ODF status.*

- *As part of the IWASH project realignment and modification process, the IWASH team and the ministry of Health and Social Welfare jointly organized and hosted a 1-day working session with national level government of Liberia stakeholders in order to present the new IWASH project implementation strategy focusing on the CLTS approach. The objective of the session was to present the strategy to the stakeholders and solicit inputs that will form part of the final strategic direction of the project with the overall expected result of assisting government in creating an enabling environment for WASH through the establishment and sustenance of clearly defined structures and procedures for the implementation of CLTS in Liberia. At the end of the session, participants who came from the Ministries of Health and Social Welfare; Public Works; Internal Affairs; PSI; and IWASH adopted the strategy. USAID was represented by Mr. Augustine Mulbah and Ms. Joan Atkinson, IWASH AOTR and USAID Systems Strengthening Specialist, respectively.*

- *Facilitated a Consultative Workshop on the Social Marketing of CLTS. A one-day consultative workshop on the Social Marketing of Community Led Total Sanitation initiatives was held in Monrovia at The Marketplace Conference Center in Monrovia on January 15, 2013. This consultative workshop brought together 33 participants representing the IWASH team, WASH partners from NGOs, and relevant government agencies, including the MoHSW, MPW and MOE. The day consisted of informative presentations on the IWASH project and the PSI DELTA marketing planning process. There were also interactive activities on how CLTS can be enhanced through the use of social marketing. The participants were also presented with case studies on Nigeria and Zambia that highlighted stories of successful CLTS implementation and the rapid spread throughout the two countries. The intention is that the shared experiences from these*

countries, coupled with their lessons learned as well as lessons learned from Liberia will help enhance CLTS through Social Marketing with the end result being an increase rate of CLTS uptake and achievement of ODF status throughout Liberia.

14 PROJECT 9: WASH POLICY DEVELOPMENT, IMPROVEMENT AND DISSEMINATION

Policy development and dissemination is the driver for creation of effective government institutions and consistent procedures for those bodies in the implementation of CLTS and other WASH sector activities. Policy development has been successful in the reporting period with the release of the Guidelines for Community-Led Total Sanitation in Liberia, WASH Sector Capacity Development Needs Assessment, WASH Sector Development Plan, and WASH Sector Investment Plan. In addition to working on the development of these plans, IWASH staff also participated in two high level policy review conferences, one for looking into progress made on the priority activities in the WASH Sector Strategic Plan Operations matrix, the other Presidential Cabinet Retreat to look at the progress made in activities planned to achieve the objectives of the four Pillars of National Transformation Agenda..

The following section details the key activities and accomplishments of the IWASH program in the reporting period with respect to policy development, improvement, and dissemination:

- *The IWASH team participated in series of consultative meetings and coordination efforts with government of Liberia actors from the Ministries of Health and Social Welfare, Public Works, and other national and international partners to develop standard operating procedures for the implementation of CLTS in Liberia. Following these meetings, a document called "Guidelines for Community-Led Total Sanitation Implementation in Liberia" was completed and printed. A total of 100 copies of the document were printed by funds provided by IWASH and turned over to the Ministry of Health and Social Welfare for distribution and dissemination. Dissemination workshops are currently being planned for the 3 project counties.*

- *The IWASH team participated in consultative meetings and coordination efforts with government of Liberia actors from the Ministries of Health and Social Welfare; Public Works; Lands, Mines and Energy; Internal Affairs; Planning and Economic Development; Liberia Water and Sewer Corporation; national and international development partners and civil society to finalize the WASH Sector Capacity Development Needs Assessment and Plan, and the WASH Sector Investment Plan. Following these collaborative efforts, the WASH Sector Capacity Needs Assessment, The WASH Sector Capacity Development Plan, and the WASH Sector Investment Plan were launched by the vice-president of Liberia who served as proxy for the president.*

- *The IWASH team participated in a 2-day review process of the WASH Sector Strategic Plan (2012-2017). The objective of the review was to assess the level of progress made in implementation of the (SSP) Sector Operations Matrix (SOM) priority activities, and highlight gaps to be addressed in 2013 as a step towards the development of the sector annual plan. Participants included government of Liberia stakeholders, international and national development partners, donor agencies, and civil society. At the end of the review process, a revised SSP was developed and is presently being finalized for distribution, dissemination, and implementation.*

- *The IWASH Team participated in a 2-day cabinet retreat hosted by the government of Liberia to assess progress made on the national transformation agenda also called "Vision 2013". IWASH took part in discussions of the Human Development Pillar which includes WASH. The national transformation agenda has 4 pillars including Security and Rule of Law; Economic Revitalization; Infrastructure Development; and Human Development. The final day of the retreat was attended by the president of Liberia who received the reports of each pillar group with outlined plans for the next quarter of implementation.*

15 PROJECT 10: WATER POINT FUNCTIONALITY & WATER QUALITY DATA MANAGEMENT

IWASH has been engaged in water point data collection and management since the Liberia Water Point Atlas process beginning in 2010 and continues to work toward the development of system to update and manage water point and water quality information. IWASH is now working with Ministry of Public Works to pilot a simple water point functionality data collection system using existing field staff with minor modifications to current procedures. IWASH is also working with MPW to develop a national guideline for water quality testing, analysis, reporting, and data management. The water point monitoring model has been approved by the NWSHPC to be piloted in one District of Bong County. If the pilot is successful, the project could be expanded. The current practices in water quality testing and reporting have been investigated in IWASH target counties and it is clear the system is dysfunctional. IWASH has discussed the situation with Ministry of Health and Social Welfare and reached an agreement that a national guideline needs to be developed so that a consistent approach is taken in all counties. IWASH will work with MOHSW, MPW and UNICEF, as well as other stakeholders, to develop a national guideline on water quality information management. Stakeholder meetings are planned for early in the next reporting period.

Activities conducted on these two aspects of water supply information management in the reporting period are presented below:

- *IWASH developed a water point monitoring model (pilot) and shared this model with national government through the NWSHPC secretariat. This model was discussed with stakeholders and approved by the secretariat to be piloted in one district in Bong County. Plans are underway to conduct the pilot project in Jorquelleh district where IWASH is presently implementing the CLTS approach to better sanitation.*

- *IWASH conducted field visits to the 3 project counties to assess current systems and procedures for EHTs in water quality testing, reporting, data management and treatment. The field visit also included assessing the reporting system of General Community Health Volunteers (gCHV) and how such reporting can be leveraged to capture information related to status of community drinking water points. All 3 counties have water quality testing kits provided by IWASH but these facilities are presently not functioning at effective levels. EHTs that had been previously trained in water quality testing have not been actively involved in systematic testing due to the limited level of planning and system management. The gCHVs have been adequately reporting on health issues (e.g. maternal and child health and water-borne diseases) but have not been reporting on status of community water points. IWASH has engaged the MoHSW to plan the establishment of water point status reporting, water quality testing, data management, reporting and treatment. IWASH will work with GoL and other partners in developing the operational framework to ensure that systems and procedures at national level are clearly established and identify linkages for sub-national levels.*

16 THE WAY FORWARD

By streamlining the IWASH program activities through focusing on a set of projects that are closely aligned with each other, mutually supporting and supportive of the intended results and overall program goal, CHF expects to make a significant impact on the WASH sector in Liberia and leave a sustainable model for the GoL to use with other implementing partners.

The IWASH team has developed the strategy of CLTS implementation, step by step with the government of Liberia, and expects that by the need of the program budgetary commitments to the NTCU, County and District level participants in CLTS will be sufficient to cover salaries plus all operational costs. Advocating for budget commitments will be a priority for the IR3 over the next two years of the program.

The successes of the CLTS implementation will be used to engage with County Representatives and other budgetary decision makers to gain their support. The radio talk shows planned for promoting ODF status will seek to feature guest appearances of these influential figures that can benefit from association with the successful CLTS program and lend their support to GoL funding.

17 ATTACHMENTS

17.1 ATTACHMENT 1: IWASH PROGRAM MODIFICATION
17.2 ATTACHMENT 2: IWASH PROGRAM MONITORING PLAN
17.3 ATTACHMENT 3:NEW GEORGIA LATRINE USAGE STUDY
17.4 ATTACHMENT 4:GUIDELINES FOR CLTS IN LIBERIA

Improved Water, Sanitation and Hygiene (IWASH) Program

RESPONSE TO RFA NO. 669-10-001

TECHNICAL PROPOSAL ORIGINAL – SECOND MODIFICATION
MARCH 2013

Liberia Water, Sanitation and Hygiene (WASH)

RFA 669-10-001

Technical Proposal

Date: November 25, 2009 – Modified and Submitted March, 2013

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1. TABLE OF CONTENTS

1. TABLE OF CONTENTS 3
2. ACRONYMS – ABBREVIATIONS 4
3. EXECUTIVE SUMMARY 6
4. PROJECT DESIGN AND TECHNICAL APPROACH 12
4.1 Water and Sanitation Challenges in Liberia 12
4.2 Goal and Strategy 14
4.2.1 Geographic And Population Targeting 15
4.3 Results and Projects 17
4.4 Achieving Result 1: Increased access to water supply, sanitation, hygiene and household level products 19
4.4.1 Project 1 - Waterguard Sales And Distribution 20
4.4.2 Project 2 - Small Wash Infrastructure Project [SWIP] 21
4.4.3 Project 3 - Public Private Partnership [Ppp] Urban Community Latrine Construction 23
4.4.4 Project 4 – Training And Support Of Wash Products And Services Entrepreneurs 24
4.5 Achieving Result 2: Increased community knowledge and use of potable water supply and storage technologies, sanitary practices and water hygiene 28
4.5.1 Project 5 – Facilitating Behavior Change Through Clts And Bcc 29
4.5.2 Project 6 - Development Of Wash Products And Services Guide 33
4.5.3 Project 7: - Social Marketing Of Odf As A Desirable Community Status 34
4.6 Achieving Result 3: Improved enabling environment for WASH at county, district and community level 35
4.6.1 Project 8 – Institutionalization Of Clts Within Government 37
4.6.2 Project 9: Wash Policy Development, Improvement And Dissemination 38
4.6.3 Project 10: Water Point Functionality And Water Quality Data Management 38
4.6.4 Summary Of Key GOL. Stakeholders For Enabling Environment Activities 40
4.7 Coordination and Linkages 42
4.8 Approach to Gender and Target Beneficiaries Involvement 43
4.9 Implementation Plan 44
4.10 Performance Management Plan (PMP) 45
5. PROPOSED PERSONNEL AND MANAGEMENT PLAN 50
5.1 Organizational and Management Structure 50
5.1.1 Central Management Unit In Monrovia 51
5.1.2 Field Offices 52
5.2 Key Personnel 53
5.3 Staff and Partner Management 54
5.4 Role of CHF Headquarters 54
5.5 Financial Management and Reporting Systems 54

2. ACRONYMS – ABBREVIATIONS

AFO	Administrative/Finance Officer
AIDS	Acquired Immune Deficiency Syndrome
AOTR	Agreement Officer's Technical Representative
BCC	Behavior Change Communication
CDC	Center for Disease Control
CHV	Community Health Volunteer
CHW	Community Health Worker
CLTS	Community Led Total Sanitation
CMU	Central Management Unit
COP	Chief of Party
DFID	Department of International Development
DPO	District Project Officer
EPA	Environmental Protection Agency
EPR	Emergency Preparedness and Response
GCHV	Government Community Health Volunteer
GIS	Geographic Information Systems
GoL	Government of Liberia
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IEC	Information, Education, Communication
IPC	Interpersonal Communication
IWASH	Improved Water, Sanitation and Hygiene Project
LD	Liberian Dollars
LISGIS	Liberia Institute of Statistics and Geo-Information Services
LMA	Liberian Marketing Association
LOP	Life of Project
LQAS	Lot Quality Assurance Sampling
LWSC	Liberia Water and Sanitation Corporation
M&E	Monitoring and Evaluation
MAP	Measuring Access and Performance
MHSW	Ministry of Health and Social Welfare
MLME	Ministry of Lands, Mines and Energy
MoE	Ministry of Education

NGO	Non-governmental Organization
MPW	Ministry of Public Works
ODF	Open Defecation Free
OFDA	Office of Foreign Disaster Assistance
PERForM	PERformance Framework for social Marketing and Communications
PMP	Performance Management Plan
POU	Point-of-Use
PTA	Parent-Teacher Associations
PSI	Population Services International
RBHS	Rebuilding Basic Health Services
STI	Sexually Transmitted Infection
STTA	Short-term Technical Assistance
TRaC	Tracking Results Continuously
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YES	Youth Engagement in Service Delivery

3. EXECUTIVE SUMMARY

Since February 2010 CHF International (CHF) has been implementing the five-year Improved Water, Sanitation and Hygiene (IWASH) program funded by the United States Agency for International Development (USAID) under Cooperative Agreement (CA) *No. 669-A-00-10 00087-00 'Water, Sanitation, and Hygiene Program in Liberia'*.

On February 18, 2011, USAID Liberia requested CHF to realign IWASH by narrowing its geographic focus from six (6) focus counties and selected communities in Greater Monrovia to three (3) focus counties – Bong, Lofa and Nimba– and selected communities in greater Monrovia; and, devote greater program focus and resources towards the achievement of Intended Result (IR) 3: Improve the enabling environment for WASH at the national, county, district, and community levels." The purpose of the USAID requested realignment, which was in line with reform efforts defined in "USAID/Forward" and is based on the Presidents Global Health Initiative (GHI[1]) adopted by USAID, was to achieve a greater health impact in the beneficiary population by creating an enabling environment for improved access to water and sanitation through action-oriented Behavioral Change Communication (BCC)/Information Education Communication (IEC) at the national, county, district, and community levels. It was expected that the program realignment would allow IWASH to reach and engage communities over a longer period of time and implement a comprehensive set of interlinked and coordinated activities to ensure its sustainability.

The Responsibility for regulating and developing the WASH sector is however shared by a number of Ministries. These include MPW, MHWS, MOE, MLME and MIA. None of these ministries have a Department or Division that is responsible exclusively for the WASH sector. In order to develop and improve capacity in a meaningful manner, it will be necessary to develop not just those systems and skills that deal with the WASH sector, but all the operating systems and skills that are required for these Ministries and Departments to operate in an efficient manner.

This became apparent during program implementation in 2012.Although the IWASH program includes many activities that are aimed at improving the enabling environment for a wide range of government entities and staff, it is focused mainly on developing systems and skills for the WASH sector. Results proved to be diluted and not always sustainable

In discussions with the donor it was concluded that in order to achieve meaningful impact that would result in the constructive continued improvement of the WASH sector in Liberia, it would be necessary to concentrate efforts on those WASH components that are fundamental to sustained improvement in the sector. One such component is behavior change. Program results to date have indicated that behavior change at grass roots level is proving to play a big role in influencing the development of the WASH sector. As more and more communities recognizes the benefit of improved sanitation, water and hygiene practices, government officials and politicians are starting to take note. The result is that the WASH sector is gradually starting to gain more prominence on Government's list of priorities. It is believed that the acceleration of behavior change amongst communities will inevitably result in the sustained improvement and development of the WASH sector in Liberia.

In order to focus efforts on increasing the rate of behavior change, program activities under the three Intended Program Results would be aimed at promoting and facilitating behavior change at the grass roots level, assisting the government in developing systems and structures to drive and manage behavior change in the WASH sector, and developing a market driven WASH products supply service. IWASH would be modified to reflect the resultant adjustment to program activities

[1] http://www.usaid.gov/ghi/documents/GHI_Strategy.pdf accessed April 2011

The **IWASH program goal** remains to make *measurable improvements in water supply, sanitation, and hygiene (WASH), as well as the enabling environment for WASH*, in target areas within the *three counties of Lofa, Nimba, Bong and selected communities in Greater Monrovia.*

This proposed amendment to the CA Program Descriptions details how the IWASH program adjustment will be implemented by highlighting the program challenges, strategy, approach, objectives, outcomes, monitoring and analysis of the benefits of program activities. The proposed changes included herein will demonstrate how the approved program description shall be altered to address the program adjustment agreed to by USAID and shall provide a clear path forward for a modification of CA *No. 669-A-00-10 00087-00 'Water, Sanitation, and Hygiene Program in Liberia'* between USAID and CHF International. Program activity implementation details are outlined in the accompanying Detailed Implementation Plan (for the period October 1st, 2012 through February 24th, 2015) and revised life of project Performance Monitoring Plan and Logical Framework.

Overview of IWASH Revised Approach:

By utilizing an implementation strategy that is aimed at achieving sustained behavior change, IWASH will work to achieve the following major outcomes:

Indicator	Total target
Number of communities in target area that achieve ODF status as a result of USG assistance	220
Government Systems and procedures in the WASH sector that were put in place through USG assistance	- CLTS governing structure - Water mapping structure - Water quality monitoring structure
Number of people in target area with access to improved drinking water supply as a result of USG assistance	101,608
Number of people in target area with access to improved sanitation facilities as a result of USG assistance	95,768
Liters of drinking water disinfected with USG-supported point-of-use treatment products	315,000,000

The original aim of IWASH was mainly to provide communities with access to improved water and sanitation facilities. When IWASH was re-aligned in 2011, program focus shifted towards improving the enabling environment. In the current modification to IWASH, program focus remains on improving the enabling environment with the emphasis now being on assisting Government in developing structures, systems and skills that will enable it to drive and manage behavior change in the WASH sector in a sustained manner. Increased emphasis is also placed on achieving sustained hygiene and sanitation behavior change at the community level.

When implementation of IWASH commenced in 2010, the strategy was to facilitate behavior change through the provision of improved water and sanitation facilities. It was, however, found that access to improved facilities does not necessarily result in behavior change and that facilities often fall into a state

of disrepair. If communities are lead to embrace behavior change, it often results in a situation where they establish new, or improve existing water and sanitation facilities themselves. Although, the production rate of these facilities is dependent on the rate of community behavior change and is thus much slower than that at which such facilities can be provided by aid agencies and government, it is generally longer lasting and better maintained. The result is fewer total facilities, but with higher user rates and longer life spans than those provided by other entities.

In order to achieve sustained behavior change, IWASH will adjust its implementation approach under each of the 3 program components (intended results):

Intended Result (IR) 1: Increased access to water supply, sanitation, hygiene and household level products.

It is expected that improved awareness and the increase in households and communities that adopt proper hygiene and sanitation practices as a result from IR2 behavior change activities, will lead to an increase in demand for WASH products and infrastructure. Under IR1, IWASH will focus on leveraging and developing market forces to build a sustainable supply of WASH products to meet this demand.

Program Objective under IR1:
The development and establishment of WASH products and services providers that will focus largely on serving rural communities

Intended Result (IR) 2: Increased community knowledge and use of potable water supply and storage technologies, sanitary practices and water hygiene.

Under IR 2, IWASH will work with the Government of Liberia (GoL) to increase awareness of proper hygiene and sanitary practices and to achieve sustained behavior change in households and communities.

IWASH will utilize behavior change communications [BCC] messaging to promote behavior change to society and communities and apply interpersonal communication [IPC] messaging at the household level to advocate and improve awareness of appropriate hygiene and sanitation practices. IWASH will also apply the Community Led Total Sanitation [CLTS] methodology to facilitate sustained behavior change by communities. IR2 activities will be coordinated with IR1 activities to ensure that as demand for wash products is created, supply exists to sell into the demand.

Program Objective under IR2:
To achieve enduring hygiene and sanitation behavior change at community level

An overview of the IWASH approach to increasing sustainable supply and demand of WASH products is summarized in Table 1 below:

Table 1: Revised IWASH Approach to IRs 1 & 2 - Supply & Demand of WASH Products and Infrastructure

Product	Projects/Initiatives								Expected Results	Actors Involved
	Demand Approach (IR 2)				Supply Approach (IR 1)					
	Project 5 CLTS		**Project 6** Development of Latrine Manual into WASH Products Guide	**Project 7** Social Marketing	**Project 1** WaterGuard Sales and Distribution	**Project 2** Small WASH Infrastructure Projects [SWIP]	**Project 3** Public Private Partnerships [PPP]	**Project 4** WASH Entrepreneur Development		
	Behavior Change Messaging	Behavior Change Facilitation		ODF Status promotion						
1. POU Water Treatment (WaterGuard)	IEC/BCC messaging to promote Water Guard. Cross-market Water Guard with other WASH products.				Leverage PSI's existing manufacturing relationship to ensure supply meets demand			Trading of WG at community level	Demand created around product. Increased reach to consumers with product; Decrease in diarrheal diseases.	IWASH (PSI), MANCO, Inc., Private Sector MHSW, LMA end consumers, WASH entrepreneurs
2. Hand Pump Spare Parts	Demand creation through IPC/BCC,	Assist community cash box system set up,						Availability of spare parts through WASH entrepreneurs. Pump technicians trained	Effective spare parts supply chain created communities. Community takes responsibility for O&M of water facilities.	IWASH, MPW, MHSW, WASH entrepreneurs, community leaders, end consumers.
3. Household Hygiene Improvement Products	Promotion of other household hygiene products such as water containers dish racks, cloth lines and compost pits.	Train households to construct household hygiene improvement products.	Spare part dealer details					Train entrepreneurs to construct and market and supply products such as water containers and clothes lines	Demand created around products. Increased community uptake of household level sanitation options demonstrated by CLTS	IWASH, WASH entrepreneurs,, LMA, community leaders (CLTS NLs), end consumers
4. Hand Washing (Soap & Tippy Tap)	Promotion of the "no touch" technology to hand washing using the Tippy tap water and soap	Encourage households to install hand washing facility at latrines	Standardized designs using local resources will be illustrated					Train entrepreneurs to construct, market and supply Tippy Taps. Supply soap	Increased uptake of hand washing practice at household level.	IWASH, , WASH entrepreneurs,, community leaders (CLTS NLs), end consumers
5. Hand Dug Wells (hand pumps, boreholes)	Advocate the importance of potable water sources	community cash box system set up,	Standardized designs using local resources will be illustrated			IWASH will subsidize new wells at institutions and communities to demonstrate clean, safe water sources.		IWASH contract entrepreneurs to rehabilitate wells at schools, clinics to demonstrate clean, safe water sources.	Community takes responsibility for O&M of water facilities.	IWASH, MPW, MHSW, MoE, School Leaders, CHTs, community leaders, end consumers.

Product	Projects/Initiatives								Expected Results	Actors Involved
	Demand Approach (IR 2)				Supply Approach (IR 1)					
	Project 5 CLTS		**Project 6** Development of Latrine Manual into WASH Products Guide	**Project 7** Social Marketing	**Project 1** WaterGuard Sales and Distribution	**Project 2** Small WASH Infrastructure Projects [SWIP]	**Project 3** Public Private Partnerships [PPP]	**Project 4** WASH Entrepreneur Development		
	Behavior Change Messaging	Behavior Change Facilitation		ODF Status promotion						
6. Solar Water Pumps						Pump installation will be utilized as pilot projects to determine feasibility and scalability			Demonstrates the market potential, cost savings on use, and expand market research for future applicability.	IWASH, RBHS, MPW, MHSW, Private Sector, end consumers
7. Household Latrines (SanPlat)		Promotion of proper sanitation practices	Demonstrate latrine construction to households and encourage latrine construction				Entrepreneur source and supply sanplats and other latrine construction material	Standardized latrine designs using local resources will be illustrated	Demand created around product. Value chain supply networks identified (for SanPlats, etc.). Household latrines constructed through CLTS	IWASH, MPW, CLTS NLs, WASH entrepreneurs, other private sector suppliers, community leaders, end consumers.
8. Rural Community Latrines		Promotion at clinics and schools of proper sanitation practices			Supply latrines at schools and clinics to demonstrate technologies				Community awareness raised on use, operation and maintenance of public latrines.[schools, clinics]	IWASH, Local contractors, MPW, ME, MHSW, School and clinic management
9. Urban Public Latrines (PPP)	IEC/BCC on need for use, how to use properly, and why it is fee per use.					IWASH and Libra Sanitation to support 3 pilot urban public latrines. Effective demonstration and success of the pilots should spur further private and public sector investment in latrines.			Viable model for urban latrines demonstrated, Able to operate at cost profit, encourage public and private investment in new facilities.	IWASH, MPW, Libra Sanitation, City Corporations, LMA, MHSW, community leaders, end consumers.

<u>Intended Result (IR) 3:</u> ***Improved enabling environment for WASH at national, county, district and community level.***

Under the IWASH revised strategy, CHF and partners will continue to expand and intensify support to improving the enabling environment for WASH at all levels of government. The focus of these efforts will be aimed at assisting Government to establish structures, systems and skills to drive and manage behavior change in Liberia and develop a water infrastructure data-flow mechanism that will enable Government to monitor and coordinate water infrastructure provision and maintenance in an efficient manner.

Utilizing the results of a comprehensive Knowledge, Attitudes, and Practices survey of key IWASH GoL partners (MHSW, MPW) from the national to community levels conducted in 2011, IWASH will assist in the development and implementation of a measurable and achievable capacity development plan, within the scope of IWASH, that will support the GoL's overall capacity building strategy to the Ministries of Health and Public Works.

Activities under IR 3 will support an improved enabling environment through: (1) National Sector Reform/Policy Improvement; (2) Institutional Strengthening of those entities that have a responsibility towards behavior change; (3) Improved Coordination; (4) Community Involvement; (5) Improved Financing; and (6) Facilitating Public-Private Partnerships. Through IWASH support, the GoL will be able to more effectively coordinate and drive Liberia's WASH agenda forward, ensuring behavior change and water infrastructure coordination continue in a sustained manner through effective community ownership and harnessing market forces where appropriate and feasible.

Furthermore, all activities implemented under IRs 1 and 2 will be done in concert with corresponding counterparts from the GoL (national, county, district, community), thereby building capacity through active "on-the-job" learning.

<u>Program Objective under IR3:</u>

The development and establishment of government and community structures and systems at the National, County and District level responsible for sustained hygiene and sanitation behavior change through the initiation and coordination of CLTS and development of water point mapping and water quality reporting networks to provide government with updated data.

4. PROJECT DESIGN AND TECHNICAL APPROACH

4.1 Water and Sanitation Challenges in Liberia

After decades of economic mismanagement and fourteen years of civil war, Liberia is in the process of rebuilding its economy, government, infrastructure and social capital. The Government of Liberia (GoL) is promoting a decentralization policy, which relies on county capacity to collect data, implement policy, and manage and deliver services. Counties are struggling with limited resources and inadequate management systems for the implementation of their mandate. Communities are struggling to re-establish themselves and regain a sense of responsibility and ownership that was significantly undermined during the protracted emergency. Because capacity building efforts have been limited or superficial to date, communities and county government rely on NGOs for water, sanitation and hygiene (WASH) service provision.

To better understand the WASH sector in Liberia, field and headquarters staff from CHF and PSI conducted a ten-day in-country assessment in October 2009. The team met with a wide range of government, NGO, school and community stakeholders. (Annex I – Field Assessment Interviews provides a list of the people and agencies consulted.) The following key issues emerged from the assessment: (1) current WASH practices leading to poor health outcomes, (2) complexities of community ownership and capacities, (3) lack of resources, technical skills, and infrastructure to deliver WASH services, and (4) lack of government coordination.

Current WASH practices leading to poor health outcomes

Results of the 2007 Liberian Demographic and Health Survey revealed the following:

1. Only 65% of Liberian households have access to improved water sources according to the classification of improved and unimproved water sources by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.
2. 19.8% of children under age five had diarrhea in the two weeks preceding the survey. Diarrhea was higher in the subsets of children aged six to eleven months (29%) and 12-23 months (26.3%). Of concern is that 59% of children with diarrhea are offered less than usual or no food during a diarrheal outbreak, and 44% are offered less than usual or no water.
3. 16% of households reported treating their drinking water with bleach or chlorine and 80% of household report doing nothing to treat their drinking water.

Results from the CDC/PSI/ LISGIS2' December 2008 survey conducted in Montserrado, Grand Bassa and Grand Gedeh counties point to the need for effective improvements in hygiene, sanitation and water treatment/storage practices. Key findings include the following:

- *Sanitation and Hygiene:* Of 1,213 households surveyed, 711 (59%) used either a pit latrine or a flush toilet. Flush toilets were most prominent in Monrovia. One-third of the households practiced open defecation in the beach, river or bush.
- *Household Water Treatment, Storage and Access*: Over 23% of households reported ever having treated their drinking water by any method. Over half the households (53%) transported their water in 20-liter plastic jerry-cans and 81% stored the water in their households in these containers. The median amount of time to obtain water from the source was five minutes (with a range 0-60 minutes).

Complexities of Community Ownership and Capacities

2 Center for Disease Control, Population Services International and Liberia Institute of Statistics & Geo-Information Services

The trend of the last twenty years of WASH programming has been focused on infrastructure installation with rudimentary attention to community mobilization, sensitization and ownership. Infrastructure needs have been largely identified by external parties, without coordination through government structures and with insufficient attention to development of capacity for long-term operations and maintenance. Even though infrastructure development came with establishment and training of community-level WASH committees and pump mechanics, there was no corresponding promotion of availability of spare parts in the market. Continued intervention by NGOs to repair existing infrastructure or install new infrastructure contributed to the failure of communities to develop a culture of responsibility for WASH infrastructure. The result is decaying infrastructure and non-functioning WASH committees. Given the wide variety of WASH hardware used, there is no standard list of spare parts to which the markets can respond.

People Are Paying for Access

Hawa Mabah, a shopkeeper in Gbanga, stated that people would pay to use a shower/toilet facility, if it was properly maintained. Market toilets are awful. 'If you make it free, there will be no control.'

Sarah Flomo, 21 year old shop keeper and 9th grade student in Gbanga, said that her family pays to dump their night's 'chimun' buckets into their neighbor's latrine.

Despite the WASH sector being top-down and donor driven, there is a willingness on the part of communities to pay for some WASH services. In particular, interviews in urban communities found that individuals are paying 5 Liberian Dollars (LD) for a gallon of water and 5-10 LD to access private latrine facilities. Additionally, a point-of-use water treatment product (WaterGuard) is already selling well in Monrovia and the assessment outside Monrovia suggests that the price-point for retail sale is acceptable.

Limited Technical Skills and Infrastructure to Deliver WASH Services

Counties are struggling to develop both the physical and human resource capacity necessary to improve the WASH sector. Ministry technicians should be staffing county offices but are not doing so systematically, leaving county structures irregularly staffed and increasing the burden on the existing, poorly-trained staff. Counties have limited and often uncoordinated community outreach, resulting in an incomplete understanding of the WASH infrastructure or hygiene activities undertaken to date. Most community-level activities such as water quality testing and WASH training are done haphazardly. Limited county capacity to monitor interventions has led, for example, to a lack of standard implementation, including installation of a wide variety of pump models, making it difficult to source parts and for communities to manage installed infrastructure.

Service gaps endanger the application of improved hygiene practices promoted by BCC programs. For example, while school curricula does encompass hygiene education, most schools lack hand washing facilities with either soap or ash to put lessons into practice or health clubs to promote practice.

Weak WASH Sector Coordination

At the national level, the Ministry of Lands, Mines and Energy (MLME) is responsible for water and sanitation policy development to govern the work of the service ministries (primarily the Ministry of Public Works (MPW), the Ministry of Health and Social Welfare (MHSW)). The MLME is also responsible for donor coordination while the MPW is responsible for service coordination. Interviews with government entities (both national and county-level) cited coordination as an overarching problem in service delivery. Key areas of weakness include quality, quantity and frequency of communications and information flow, including collection and dissemination of data to create conditions for evidence-based decision making.

4.2 Goal and Strategy

In 2011, at USAID's request, CHF narrowed the geographic focus of its IWASH program from six to three counties – Bong, Lofa, Nimba and selected communities in Greater Monrovia. The purpose of the USAID requested realignment was to achieve a greater health impact in the beneficiary population by creating an enabling environment for improved access to water and sanitation through action-oriented Behavioral Change Communication (BCC)/Information Education Communication (IEC) at the national, county, district, and community levels. It was expected that the program realignment would allow IWASH to reach and engage communities over a longer period of time and implement a comprehensive set of interlinked and coordinated activities to ensure its sustainability.

Upon analyzing program outputs and outcomes achieved in 2012 and after consultation with the donor in December 2012, it was concluded that the IWASH program would be modified such that activities under the three Intended Program Results would now focus mainly on promoting and facilitating behavior change at grass roots level, on assisting government in developing systems and structures to drive and manage behavior change in the WASH sector and on developing a market driven WASH products supply service.

The IWASH strategy to achieve the ***goal of making measurable improvements in the WASH sector, as well as the enabling environment for WASH***, directly correlates to the three essential components of the Hygiene Improvement Framework as detailed in the RFA.

The core of the project will focus on **hygiene promotion** through a participatory community mobilization and priority setting process. Believing that success relies on people and their ownership of concepts, processes, and results, IWASH's strategy is people-centered, promoting personal and community understanding, ownership, and action through the Community-Led Total Sanitation (CLTS) approach (see text box on CLTS) and community-based BCC activities.

CLTS is an innovative methodology for mobilizing communities to completely eliminate open defecation. Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become open-defecation free (ODF). CLTS focuses on the behavioral change needed to ensure real and sustainable improvements – investing in community mobilization instead of hardware. CLTS triggers the community's desire for change, propels them into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability. It accomplishes all of this without external subsidies for latrine construction.
As a participatory approach, CLTS involves communities at all stages of implementation. At the heart of CLTS lies the recognition that merely providing latrines does not guarantee use nor result in improved sanitation and hygiene.

Individual and community commitment to behavior change will be supported and sustained through promotion of **access to hardware**. IWASH will facilitate development and distribution within the market of point-of-use water treatment products and WASH hardware. IWASH fully anticipates that the community mobilization process will lead to an increased demand for market solutions; WASH will facilitate these market solutions as opportunities arise.

Also recognizing that government plays a significant role in providing the policy framework, monitoring and evaluation structures and resources for WASH-related services, IWASH will promote an **enabling environment** through capacity building of national and county-level government institutions. IWASH will use planning and coordination mechanisms at the national level to improve information flow to and from the county-level for evidenced-based WASH decision-making and implementation.

IWASH will document program innovations and pilot activities via a dedicated learning agenda. CHF, in close coordination with USAID, will write case studies on selected interventions that will detail program successes, failures, and lessons learned for dissemination throughout the larger WASH community.
While CHF's strategy for the IWASH project is to work with all stakeholders to achieve and increase the rate of sustained behavior change and make measurable improvements in water supply, sanitation, hygiene and the enabling environment for WASH, activities will focus on such key stakeholders as the CLTS National Coordinating Unit, CLTS County Steering Committees, Community natural leaders, schools, and clinics. All aspects of IWASH will emphasize participation and capacity building to maximize sustainability of community ownership of its health and environment, county government coordination and services, and local innovations and technologies.

4.2.1 Geographic and Population Targeting

IWASH program activities will target the following 20 districts in the 4 IWASH counties.

Table 2: IWASH Geographic and Population Targets

County	District	Estimated Population[3]	Target Population w/out Access to:[4]	
			Water	Sanitation
Bong **No access to water: 56.4%** **No access to sanitation: 91.6%**	Fuamah	28,823	15,680	26,258
	Jorjuella	79,129	43,046	72,087
	Kokoya	3,702	2,014	3,373
	Panta	16,473	8,961	15,007
	Salala	43,617	23,728	39,735
	Sanoyae	30,330	16,500	27,631
	Suakoko	29,180	15,874	26,583
	Zota	20,240	11,011	18,439
Lofa **No access to water: 27.5%** **No access to sanitation: 91.1%**	Salayea	23,578	6,484	21,597
	Voinjama	42,790	11,767	39,196
	Zorzor	40,704	11,194	37,285
	Vahun	17,137	4,713	15,697
	Kolahun	60,557	16,653	55,470
	Foya	73,312	20,161	67,154
Nimba **No access to water: 30.3%** **No access to sanitation: 79.1%**	Gbelegeh	32,461	9,836	25,677
	Saclaepea	36,723	11,127	29,048
	Sanniquelle Mahn	41,424	12,551	32,766
	Tapetta	40,112	12,154	31,729
	Yarwein Mehnsonnon	28,625	8,673	22,642
	Zoe-geh	28,675	8,689	22,682
Greater Monrovia	New Georgia, Paynesville, Careysburg	36,000[5]		36,000
Total population	**20 districts plus two communities**	**717,592**	**270,814**	**666,054**

[3] Based on 2008 National and Housing Census.
[4] Population numbers derived from percentage values of un-served populations as determined in the IWASH TRAC Survey conducted in November/December 2010.
[5] Estimated population that will use four latrines

Following the 2011 IWASH realignment, the program aimed to reach 203,111 persons for access to water and 499,541 for access to sanitation - including men, women and children in selected communities from among all 20 "health districts" in the 3 target counties. The aim at the time was to initiate behavior change through providing access to water and sanitation facilities. Due to the fact that access to WASH facilities does not necessarily result in behavior change and often lead to underutilization and deterioration of facilities, it is now believed that sustainable impact can be achieved more efficiently and cost affectively by focusing efforts on achieving behavior change while facilitating access to facilities in line with demand created through this behavior change.

As a result, program resources that have previously been earmarked for provision of WASH facilities will now be utilized to achieve behavior change at a grassroots level. The adjusted program target will be to achieve ODF status in **approx 220** communities through CLTS. To accommodate this, access targets for WASH facilities will be reduced to **101,608** persons with access to potable water and **95,768** persons with access to sanitation - including men, women and children in selected communities. The drinking water treated with POU products will be reduced to **315** million liters reaching 196,875 persons in the 3 target counties and Monrovia over the life of IWASH.[6]

IWASH has to date engaged more than 120 communities in program implementation. The communities are located as follows:

NUMBER OF IWASH BENEFICIARY COMMUNITIES: MAR 2010 – SEP 2012							
Bong County		**Lofa County**		**Nimba County**		**Monrovia**	
District	**# Comm.**	**District**	**# Comm.**	**District**	**# Comm.**	**Areas**	**# Comm.**
Jorquelleh	21	Kolahun	8	Gbellegeh	6	New Georgia	1
Kokoya	4	Salayea	1	Kparblee	3	Logan Town	1
Panta-Kpai	1	Voinjama	23	Sacleapea Mah	6		
Salala	1	Zorzor	3	Sanniquellie Mah	17		
Sanoyea	1			Tappita	2		
Suakoko	8			Yarwein Mehnsonoh	2		
Zota	2			Zoegeh	10		
Sub-Total	38		35		46		2
Total:							121 Communities

IWASH anticipates that a further 200 to 250 communities will be engaged during the remainder of the program. The selection of beneficiary communities is done by County Government with input from IWASH staff. Beneficiary communities range from small rural villages and District centers [Zorzor, Kolba City, Tappita] to large County towns [Gbarnga, Ganta, Voinjama].

[6] Based on the 525,000,000 liters treated targeted under IWASH, people reached is based on the following assumptions: 1 bottle of WaterGuard can treat 1,000 liters of water, a family will use an average of 8 bottles per year therefore the number of families reached per year is 13,125 (525,000,000/5 years = 105,000,000 liters per year/1000 liters per bottle = 105,000 bottles/8 bottles per family = 13,125 families). Assuming an average household size of 5 persons (men, women, and children), annual treatment will reach 65,625 persons per year or a total of 328,125 persons over the life of the project. Note: these calculations do not account for potential water wastage/spillage.

The CLTS/BCC behavior change project generally targets rural communities while the water point rehabilitation and WASH entrepreneur projects will focus on both the larger towns and rural communities.

4.3 Results and Projects

IWASH's people-centered, market-driven approach will achieve the following three results:

Result 1: Increased Access to Water Supply, Sanitation, Hygiene and Household Level Products

The program objective under IR1 is:
The development and establishment of WASH products and services providers that will focus largely on serving rural communities

The program will (1) promote market forces to supply goods and services to meet demands and needs of the WASH sector, and (2) construct improved WASH facilities and rehabilitate existing facilities in schools and clinics.

Result 2: Increased community knowledge and use of potable water supply and storage technologies, sanitary practices and water hygiene.

The program objective under IR2 is:
To achieve enduring hygiene and sanitation behavior change at community level

Working with the GoL of Liberia to mobilize communities through the CLTS methodology and conducting intensive BCC at the community level, the project will increase knowledge and use of technologies and practices that improve hygiene and health. The media and billboards will be utilized to introduce and promote the achievement of ODF status through application of the CLTS methodology.

Result 3: Improved enabling environment for WASH at the national, county, district and community level

Program Objective under IR3 is:
The development and establishment of government and community structures and systems at National, County and District level that are responsible for sustained hygiene and sanitation behavior change through the initiation and coordination of CLTS and development of water point mapping and quality testing networks that would provide government with updated data.

The project will improve coordination and strengthen systems for information collection, analysis and dissemination between the national-level ministries, through the counties, down to the community level. The capacity of the county WASH structure to better deliver services will be built. Additionally, communities will increase their capacity to identify, articulate and advocate for their needs and manage resources.

IWASH Program Indicators

Indicator	Total target
Number of communities in target area that achieve ODF status as a result of USG assistance	220
Government Systems and procedures in the WASH sector that were put in place through USG assistance	- CLTS governing structures - Water mapping structure - Water quality monitoring structure
Number of people in target area with access to improved drinking water supply as a result of USG assistance	101,608
Number of people in target area with access to improved sanitation facilities as a result of USG assistance	95,768
Liters of drinking water disinfected with USG-supported point-of-use treatment products	315,000,000

IWASH will contribute to the standard WASH indicators under the Foreign Assistance Framework, with the following major outcomes:

Details are provided in the draft Performance Management Plan (PMP) in Annex B.

IWASH will achieve the above results through the implementation of 10 projects. These include;

For Objective under IR 1 – The development and establishment of WASH products and services providers that will focus largely on serving rural communities:

Project 1: WaterGuard Sales and Distribution
- Establishment of a distribution and sales outlet network for WaterGuard
- Selling of WaterGuard

Project 2: Small WASH Infrastructure Project [SWIP]
- Well construction and rehabilitation at communities, schools and clinics [to continue with just well rehabilitation]]
- Institutional latrines construction at schools and clinics [to discontinue activity]
- Boreholes at clinics and schools [to to discontinue activity]

Project 3: Public Private Partnership [PPP] urban community latrine construction
- Construction of community ablution facilities
- Facilitating the development of various facility management options

Project 4: Training and Support of Wash Products and Services Entrepreneurs
- Research and development of options
- Entrepreneur and pump repair and maintenance training
- Contracting entrepreneurs to conduct water point rehabilitation at schools and clinics
- Further development of successful repair entrepreneurs into WASH products and services providers

For Objective under IR2 - Achieving enduring hygiene and sanitation behavior change at community level

Project 5: Facilitating Behavior Change through CLTS and BCC
- CLTS [triggering, monitoring and ODF achievement and celebration]
- BCC [IPC sanitation and hygiene messaging]
- Natural leaders institutionalization

Project 6 Development of Community WASH Products and Services Guide
- Further development of latrine manual to serve as WASH products and services guide for CLTS communities

Project 7 Social Marketing of ODF as a Desirable Status and BCC at Schools and Clinics
- County wide Promotion of CLTS achieved ODF as a desirable status
- BCC at schools and clinics
- National promotion days and celebration events [World toilet day, International hand wash day etc.]

For Objective under IR3 – The development and establishment of government and community structures and systems at National, County and District level that are responsible for sustained hygiene and sanitation behavior change through the initiation and coordination of CLTS and development of water point mapping and quality testing networks that would provide government with updated data.

Project 8 Institutionalization of CLTS within Government
- CLTS governing Structures and Systems at National Gov. level
- County and District level CLTS Government structures

Project 9 Wash Policy Development, Improvement and Dissemination
- Policy development
- Dissemination to County level
- Dissemination to District and Community level

Project 10 Water Point Functionality and Water Quality Data Management
- Water point data base development
- Data collection and transfer network development
- Water quality testing data base development
- Water testing facilities, operators and procedures

4.4 Achieving Result 1: Increased access to water supply, sanitation, hygiene and household level products

The program objective under IR1 is: - ***The development and establishment of WASH products and services providers that will focus largely on serving rural communities.***

At the community level, demand for increased access to household-level products for water supply, sanitation and hygiene will be created by projects activities under Result 2. That demand needs to be met with a consistent and sustainable supply of hardware and other household-level products. Project activities under Result 1 will satisfy the supply requirements of new/increased demand by encouraging market forces to provide point-of-use (POU) products, basic construction materials for latrines, and spare parts necessary to maintain and repair them.

To achieve Result 1, IWASH will actively leverage opportunities identified through program monitoring or coordination activities to strengthen the market response to the evolving demand for WASH products.

IWASH will facilitate development and distribution within the market of both household products and shared products for improving access and meeting created market demands in a sustained manner.

In the 2011 re-aligned IWASH program description, products targeted by IWASH for supply improvement were detailed under each major Result 1 Activity. In this modification, activities and products are detailed in the descriptions of 4 projects under result IR1.

4.4.1 Project 1 - WaterGuard Sales and Distribution

Activities Addressed and Products Targeted:
IR1 Activity 1: Improved access to point-of-use (POU) water treatment product

- Product 1: POU Water Treatment (WaterGuard)

Project Description
IWASH will continue promoting consistent and effective use of WaterGuard for point of use water treatment for prevention of diarrheal diseases. IWASH partner, PSI, will promote the product through IWASH sales Agents. With funding from UNICEF and in collaboration with the Liberian Ministry of Health and Social Welfare (MHSW), PSI/Liberia launched WaterGuard into the Liberian marketplace on September 30, 2009. The launch was held at Rally Time Market, one of Liberia's largest markets, and was attended by President Ellen Johnson-Sirleaf. WaterGuard is easy to use and affordable for the general population. A bottle currently sells for 40 LD and provides enough solution to protect a family of six for one month. One capful of solution treats 20-25 liters of water, about the size of most containers used to collect and store water. In comparison, one sachet of water (untreated and often responsible for cholera and other bacterial infections) of approximately 0.5 liters in the market costs 5LD and one cup of rice costs 35LD.

WaterGuard price point information

	Production Cost	Margin	Wholesaler	Margin	Retailer	Margin	Consumer
LD	24.48	2.16	26.64	3.60	30.24	9.36	40
$USD	0.34	0.03	0.37	0.05	0.42	0.13	0.55
Percentage Markup		9%		14%		31%	

Originally, through UNICEF funding, PSI aimed to produce 120,000 bottles in Monrovia during the first year of production, increasing annually at approximately 10%. Production levels of WaterGuard were sufficient only to satisfy demand in Greater Monrovia. It was planned that the profits from sales were being applied to expand production, but with the current volume of sales, progress is slow.

UNICEF ended funding of WaterGuard in 2012. However, with support from USAID through IWASH, production of WaterGuard and its generic equivalent can continue. Sales are still slow due to the logistical constraints of getting WaterGuard out to the counties. PSI is developing a new sales strategy for IWASH that will create more demand for the product especially in the IWASH counties. If a high enough demand can be created in the major towns of the IWASH counties, it is believed that the demand will also draw out the product to the rural communities.

Currently the product is made available in two forms:

- The WaterGuard-branded product in the blue bottle

- A generic equivalent in a white bottle that is used for emergency response to cholera outbreaks. Eventually PSI will phase out the generic version of WaterGuard and distribute the blue bottles on a voucher system during emergency outbreaks. This way there is still a value attached to the product and WaterGuard retailers will still be able to sell WaterGuard and earn a profit.

When the project first started USAID-supported production was based on 10% usage in households in the 20 target districts. Based on experience distributing household water treatment products in comparable countries in Africa, annual production was planned to increase by 8% in Year 2, 9% in Year 3, 10% in Year 4, and 11% in Year 5. The original sales targets totaled 610,927 bottles.

After realigning the project the sales goals of WaterGuard in the IWASH counties have been reduced and focus has been shifted to the social marketing of CLTS. The distribution targets for years 4 & 5 are now as follows:

	Y1	**Y2**	**Y3**	**Y4**	**Y5**	**TOTAL**
	actual	Actual	actual	**projected**	**projected**	
# of bottles	49,896	986,44	78,808	**66,041**	**73, 305**	**366,694**

PSI's original sales strategy through IWASH was marketing and distribution of both products in the 20 target districts. In order to do that PSI was to (1) actively seek additional national as well as regional wholesalers in target counties; (2) grow the number of non-traditional retail outlets, such as the Liberian Marketing Association, which works with 50,000 market women throughout the country; (3) work with other local non-governmental (NGO) partners to increase distribution of the product; and (4) sign a distribution agreement with a national distribution company to bundle WaterGuard with bar soap for a special hand washing promotion, for which a supporting promotional campaign will increase knowledge about hand washing with soap at critical times.

PSI was able to implement the strategy with the exception of executing a distribution agreement. There were some problems encountered with the major being the difficulty of getting WaterGuard out to the counties. Under this modification PSI will be developing a new sales strategy with a sales force in each county and a newly developed marketing campaign.

4.4.2 Project 2 - Small Wash Infrastructure Project [SWIP]

Activities Addressed and Products Targeted:

IR1 Activity 2: Increase access to and reach of market forces to support increased supply of WASH products at the community level:

- Product 8: Rural Community Latrines

IR1 Activity 3: WASH-friendly schools and clinics

- Product 5: Hand Dug Wells (hand pumps, boreholes)
- Product 6: Solar Water Pumps

Project Description

Under the re-aligned program IWASH increased access to sanitation and potable water facilities by assisting in the provision of new potable water points and institutional and community latrines to schools,

clinics and communities. Boreholes, hand dug wells and latrines with sewerage pits have been constructed at a number of schools and clinics in the target communities. It was hoped that easy access to these facilities would create a need amongst communities for more facilities and serve as motivation to work towards acquiring new facilities or maintaining existing facilities. In many cases this was found not to be the case. Communities and institution administrators are reluctant to contribute towards the construction of institutional water and sanitation facilities and are not ready to take responsibility for repair and maintenance of such facility.

It was then realized that ready access to facilities does not necessarily lead to behavior change. Unless communities are made aware of the need to change behavior and are persuaded to do so, access to proper water and sanitation facilities will not become a priority to them.

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As a result of the relatively high cost of providing new water and sanitation facilities [if community contributions are not forthcoming], and the limited impact of these interventions, it was decided not to utilize further resources on stimulating demand through supply, but to rather shift it towards achieving enduring behavior change at grass roots level by increasing the extent of the CLTS project. The development of WASH products and services will in future be aimed, not to stimulate demand, but rather to meet the demand resulting from behavior change. IWASH will not continue with the provision of product 5 [New Hand Dug Wells, boreholes] and product 8 [Rural Community and Institutional Latrines]. Access to sanitation facilities will be facilitated through the CLTS project, while access to potable water facilities at institutions will be created through the repair of existing water points that are not currently in use. The repair of these water points will form part of Project 4 – Training and Establishment of Wash Products and Services Entrepreneurs.

Product 6 [Solar Water Pumps] will only be utilized at IWASH constructed boreholes if it is found to be the most appropriate application for the situation.

4.4.3 Project 3 - Public Private Partnership [PPP] Urban Community Latrine Construction

Activities Addressed and Products Targeted:

IR1 Activity 4: Pilot publicly owned, privately managed, public-use toilet facilities in 3e urban centers.

- Product 9: Urban Public Latrines (PPP 9. Urban Public Latrines (PPP)

IR3 Activity 6: Public-Private Partnerships (PPP)

Project Description

Officials and public citizens in Nimba and Bong counties expressed a great deal of enthusiasm for privately-run, fee-for-use latrine and shower facilities in urban centers. Libra Sanitation, Inc. is already in discussion with officials in Monrovia (for Central Monrovia and Bushrod Island) and Paynesville (for Redlight) to establish facilities with running water and a septic tank. Libra has expressed interest to CHF in expanding this activity to other urban centers. Under this pilot, the city/town would provide the land and own the facilities while Libra would provide the design and manage the facilities under concession from the city. Each partner, the city, Libra, and IWASH will contribute significantly to the total project costs (covering land, construction, and marketing and promotions activities). IWASH will work with Libra and the appropriate government representatives (MPW, MHSW, Environmental Protection Agency (EPA), and the city) on the feasibility studies, business plan, technical design, construction and contracting guidelines, and monitoring framework. Lessons learned from this pilot will be disseminated at county and national-level coordination meetings, highlighted at knowledge sharing events at the mid-term and end of project conferences, and incorporated into further initiatives.

Urban areas that have been selected for this pilot activity include New Georgia and Logan Town (Greater Monrovia, and a third location in Greater Monrovia (TBD). With a small expansion of the budget, the urban pilot sanitation scheme could be expanded to cover Voinjama, Sanniquelle, and Gbarnga. However, to better inform such an expansion, we would first prefer to have practical experience from the initial pilot. Potential expansion could take place in Year 3 of the project.

As this is a pilot project, CHF anticipates pursuing a range of options to ensure cities have an equity stake in the establishment of the facilities. CHF envisions that municipal city governments could participate in such a scheme through in-kind contributions to such a public private partnership. Key examples of such contribution include the donation of land, with clear title, for the project site, and/or in-kind contributions of labor to help with construction and site preparation. Municipal financing could also be an option. CHF has held preliminary discussions with the Liberian Enterprise Development Finance Company (LEDFC) about the possibility to work together to develop a municipal financing product targeting city corporations. If such products prove feasible, loan repayment would be possible via concession payments from the private sector management company. These issues will be included in the deliberations for which cities will participate in pilot activities and documented in any agreements reached.

Though Libra's capacity issues could pose as a constraint to full implementation of this activity, CHF is engaged in building Libra's management and technical capacity in the solid waste and sanitation sectors through its Bill and Melinda Gates Foundation-funded Youth Engagement in Service Delivery (YES) program. Through the combination of resources, both technical and financial, of the YES and WASH programs, CHF believes that Libra can manage such facilities. As Libra has already begun to develop the concept with a technical design in place and initial EPA approvals, CHF feels that Libra would be the best partner for the pilot initiative. If proven successful, the model could be rolled out to other municipalities using a competitive bidding process for future partners. To mitigate risk, CHF can also look to other sanitation companies (NC Sanitation, Ocean Sanitation, Global Sanitation) as potential partners for this activity.

4.4.4 Project 4 – Training and Support of Wash Products and Services Entrepreneurs

Activities Addressed and Products Targeted:

IR1 Activity 1: Improved access to point-of-use (POU) water treatment products

- Product 1. POU Water Treatment (WaterGuard)

IR1 Activity 2: Increase access to and reach of market forces to support increased supply of WASH products at the community level

- Product 2. Hand Pump Spare Parts
- Product 3. Household Hygiene Improvement Products
- Product 4. Hand Washing (Soap & Tippy Tap)
- Product 5. Hand Dug Wells (hand pumps, boreholes)
- Product 7. Household Latrines (SanPlat)

Project Description

IWASH will utilize the CLTS project and apply BCC strategies to make communities aware of the importance of appropriate hygiene, sanitation and water usage practices. All communications will promote the triad of:

- Hand-washing with soap at critical times,
- Consistent and year-round use of point-of-use water treatment and safe storage, and
- Latrine/toilet usage and safe disposal of human feces.

Practices such as the use of dish racks, garbage pits and clothes lines will also be advocated. It is anticipated that this increase in awareness would lead to behavior change that would result in a demand for a series of WASH products and services. In order to ensure that communities have the means to access such services and acquire the products, the CLTS also aim to sensitize communities about the importance of cashbox systems and to advise them on how to set up such systems.

IWASH currently promotes 9 WASH products to target communities with each product having its own supply and delivery strategy. During program implementation it has been found that while there is a need for a number of these products, limited demand for others will make it uneconomical to manufacture and produce some products as stand-alone enterprises. It was therefore decided to change the supply strategy to one where a complete range of WASH products will be made available to communities in their towns and villages. Rural communities are currently being served by a network of hawkers that visits communities with a range of products that generally do not include WASH products. It is believed that as the impact of CLTS causes demand for WASH products to increase, it will provide entrepreneurs with a new business opportunity. IWASH plans to identify and train entrepreneurs in the target counties and districts and enable them to become vendors that make WASH services and products available to these communities in their villages.

In order to inform the design and implementation of this project, IWASH will employ the expertise of PSI to conduct research to assess the current market feasibility for WASH products and services. Research results and recommendations will be incorporated in project implementation. The training and support project will initially commence in just one of the target Counties. The training of the first group of entrepreneurs will serve as a pilot project to refine the training and assistance program and to learn from mistakes. Once the first group of candidates has received training, training projects will be implemented in the other two Counties. Approximately 15 – 20 candidates will be selected for the first training project. IWASH will aim to identify trainees that either have previous experience in conducting commercial activity or demonstrate the talent and interest for it.

Since the war, humanitarian organizations have established thousands of hand dug wells and boreholes with hand pumps throughout Liberia. Lack of maintenance and breakdown has since caused many of these pumps to malfunction. Although many organizations trained technicians to maintain and repair pumps, the cost and unavailability of spare parts caused few pumps to be repaired over the years. As a result, the supply of pump spare parts and repair services has been identified as the most pressing WASH products need amongst communities. A further factor that is contributing to the urgency to make parts and repair services available to communities, is that more and more communities are taking care of the maintenance and repair of their WASH and other infrastructure through the application of a community cash box system to pay for these activities. To cater for this demand, the training course and support system for entrepreneurs will be structured such that the supply of spare parts and repair and maintenance of hand pumps will form the nucleus of the training and support course. Apart from providing technical instruction on pump repair and maintenance to trainees, the training will include a series of business, marketing and administration courses. The trainees will also receive instructions on how to go about sourcing products and on how to price products and prepare bids and tenders.

The Bill and Melinda Gates Foundation-funded Youth Engagement in Service Delivery (YES) program that CHF currently implements in Monrovia has designed and conducted a series of professional business training courses for young people in the city. IWASH has seconded one of the YES training officers to lead the IWASH entrepreneur project. IWASH will also use the expertise of the YES team to assist in the design of the training and support course and in appointing a qualified person, consultant or institution to teach the various subjects in the course. The training will take place at the IWASH county offices and one course is expected to take approx. 3 weeks.

The pilot project will consist of 4 phases. These include:

Phase 1: Identification and selection of trainees

Phase 2: Conducting the business, marketing and administration courses and the pump repair refresher training

Phase 3: Contracting out the rehabilitation of approx 50 water points at schools in clinics to the trainees that completed the theory component successfully

Phase 4: Supporting the entrepreneurs with their ventures for a period of 3 months after completion of the waterpoint repair contracts

Phase 1

The project will commence with the identification and selection of trainees. Criteria will be developed to identify interested persons that display entrepreneurial characteristic and that has received pump repair training in the past. Seven districts will be identified for the pilot project. These districts will include those where IWASH have been implementing the CLTS/BCC behavior change project. In order to ensure that each successful trainee has access to a viable market, IWASH aim to train and establish only one or two entrepreneurs per district. As it is likely that not all trainees will be successful in becoming entrepreneurs 2 trainees per district will be selected for training. The trainees that live far away from the CHF training center will be assisted with lodging during the training course.

Phase 2

During this phase, selected trainees will attend lectures on subjects that are related to operating small businesses. Topics will include administration, promotion and marketing, basic accounting, sourcing of inventory, pricing and contracting etc. The trainees will also receive a pump repair refresher course that will be conducted by the County Public Works Ministry water infrastructure technician. Upon conclusion of the course, trainees will be tested on their knowledge and only those that pass the course will qualify to participate in the contracting phase

Phase 3

One of the undertakings of IWASH is to rehabilitate in excess of 200 boreholes and wells at schools and clinics in the target counties. In order to give the entrepreneurs whom will complete the training course successfully, the opportunity to gain momentum with the establishment and operation of their enterprises, IWASH will enter into contracts with them to rehabilitate these water points. While carrying out the contracts, the entrepreneurs will be encouraged to promote their services and products within the rural communities and to look for orders.

IWASH will work with the Education, Health and Public Works Ministries at County level to identify approximately 50 water points at schools and clinics in the target districts that are in need of rehabilitation and repairs. The Public Works water infrastructure technician will do an assessment of identified water points and prepare a tasks list, specifications and bill of quantities for every water point that requires attention. As part of their training, trainees will be instructed and assisted to prepare and submit quotes for the repair of each waterpoint. They will be expected to look for and identify vendors that stock the required materials and to obtain prices. Once bids have been prepared and submitted by the trainees, IWASH will finalize contract prices for each water point and enter into agreement with each trainee to rehabilitate a few of the damaged water points. The trainees will be provided with advance payments on their contracts and will then be expected to source their own materials and labor [if needed] for repairing the water points. Progress payments will be made based on work carried out. IWASH and Public Works technical staff will provide assistance, tuition and oversight to the entrepreneurs during the execution of the contracts

Phase 4

The contractual relationship between CHF and the entrepreneurs will give IWASH the opportunity to constantly engage with and assist them in identifying product outlets and procure merchandise from these businesses. IWASH aims to provide active support to entrepreneurs for a period of at least 4 months after completion of training courses. Entrepreneurs will also be encouraged to continue their relationship with IWASH field staff past the contractual period and to report sales successes and challenges. This will enable IWASH to document the model for possible future utilization.

During this phase of the pilot project, IWASH will monitor the progress and development of the entrepreneurs in establishing a WASH products and services enterprise that will target the expected increase in demand for WASH products that will hopefully be generated by the behavior change project. IWASH will render assistance if the entrepreneurs need help in sourcing products or bidding for projects. IWASH will further assist them by introducing them and promoting their services at triggering and ODF celebration events during the CLTS process. Their contact details and the products and services that they provide will be promoted in the WASH products and services guide that IWASH will be developing for distribution to rural communities.

During the training course, trainees will be taught to keep a business log where they record and keep account of their operations and transactions. They will be encouraged to use this journal to record the details around merchandise purchases, the provision of services and the sale of WASH and other products. IWASH will arrange with the entrepreneurs to present their journals for inspection to the entrepreneur project support officer on a monthly basis for a period of 4 to 6 months after completion of the training course. During the support period an incentive in the form of a small supply of pump spare parts, WaterGuard or other WASH products will be provided to entrepreneurs when they present their journals.

The journals will enable IWASH to gain valuable information on sales en services volumes, locations of sales, preferred products and the capacity and willingness of communities to take care and maintain WASH infrastructure. It will also indicate which entrepreneurs are successful and which are not.

IWASH will also encourage the entrepreneurs to interact with one another to share experience gained and lessons learned.

Services and Products that the entrepreneurs will offer include, but are not restricted to the following:

Product 1: POU Water Treatment Products (WaterGuard)
It is expected that IPC messaging on the importance of Point of use [POU] water treatment during the CLTS process plus active promotion of WaterGuard by PSI as a POU product, will gradually increase the demand for the product. Entrepreneurs will offer WaterGuard as one product of the package of products and services that they provide. They will source the WaterGuard from the District distribution points that has been established by PSI.

Product 2: Hand Pump Spare Parts
The original IWASH strategy for making pump spare parts available to communities was to concentrate on establishing the spare parts supply line from providers to retailers for purchase by communities.
Smart subsidies would have been provided to facilitate spare parts market development and link large hardware stores with potential retail outlets in rural areas. IWASH subsidies would help rural parts retailers establish business relationships with the larger hardware stores, establish initial stocks, and develop marketing plans to engage end consumers at the community level. Pump repair technicians recruit from target communities would be responsible for repair and maintenance of the facilities.

With the new strategy, efforts are concentrated on training and supporting entrepreneurs that would be mobile, that would visit communities to look for orders and also to offer the service of carrying out repairs and maintenance to water facilities for those communities that do not have a pump technician amongst them. As part of their training entrepreneurs would receive instructions on how to source products, price it for selling and deliver it to the communities. Products on offer by the entrepreneurs would not be restricted to spare parts only. It would include items such as WaterGuard, tippy taps, plumbing items, construction materials etc.

Product 3: Household Hygiene Improvement Products
IWASH Products include tangible household hygiene improvement products such as water transportation and storage containers, construction of dish racks, clotheslines and compost pits .CLTS facilitating officers will promote the use of these products as a means to contribute to a healthier environment. It will not be restricted to these products. Entrepreneurs will be encouraged to source and provide these and other WASH products that communities are looking for. The entrepreneurs will we assisted in identifying and building relationships with suppliers that stock these items.

Product 4: Hand washing (Soap and Tippy Tap):
IWASH Promoted the "No touch" technology for practicing hand washing using tippy tap and soap. The CLTS project will continue with this and the promotion of proper hand washing with soap as part of the triad to prevention of diarrheal diseases. As with household hygiene improvement products, IWASH Community Development Promoters will work with Natural Leaders to promote hand-washing products. Entrepreneurs will be assisted to either manufacture tippy taps themselves or to source it from someone that makes them. IWASH will also assist the entrepreneurs in sourcing various soap products for provision to communities

Product 5: Hand Dug Wells:
IWASH have been and will continue to subsidize the rehabilitation of existing community wells at schools and other GoL institutions. The remaining target is in excess of 200 institutional water points. As mentioned above, IWASH will contract the repair of these wells out to the trained WASH entrepreneurs.

It is believed that behavior change through CLTS and BCC together with the collection of community resources through the promotion of the cashbox system will create the demand amongst communities to restore non-functioning water points in their communities. The pump repair contracts will provide the entrepreneurs with an opportunity to meet with these communities and to promote their services. IWASH will assist them with their enterprises

Product 7: Household Latrines

The majority of household latrines that have been constructed by communities where the CLTS approach was applied were built almost entirely with materials that were sourced from the immediate environment at no financial cost to the owners. Thatch is being used for roofs, the walls are built with mud and sticks and the floor over the sewage pit is being constructed with timber from the forest. The result is that there is currently very little demand for products such as roof sheeting and precast sewage pit covers [SanPlats] that can only be acquired through purchase. It will thus not be viable to embark on an enterprise to manufacture and produce SanPlats at present. The WASH entrepreneurs will however be encouraged to identify masons or concrete workers to manufacture these products for them if they receive an order for one or more of the items. It will be part of the package of services that the entrepreneurs will offer.

4.5 Achieving Result 2: Increased community knowledge and use of potable water supply and storage technologies, sanitary practices and water hygiene

The program objective under IR2 is**: -** ***To achieve enduring hygiene and sanitation behavior change at the community level***

IWASH will work with the Government of Liberia (GoL) to increase awareness of proper hygiene and sanitary practices and to achieve sustained behavior change in households and communities

The Program will use BCC strategies and the CLTS methodology to reinforce the linkages between improved sanitation and water facilities, the health benefits of their proper use/management, and their improved effectiveness when coupled with good hygiene practices. CHF and PSI's extensive experience shows that the best projects promote behavior change as an ongoing process that requires engagement of knowledge, behavior and motivation of individuals and communities. A large portion of communications under IWASH will promote the triad of:

- Hand-washing with soap at critical times,
- **Consistent and year-round use of point-of-use water treatment and safe storage, and**
- Latrine/toilet usage and safe disposal of human feces.

IWASH's BCC approach will be grounded in PSI's PERForM (A Performance Framework for Social Marketing and Communications),[7] methodology that was developed to allow for the use of research to inform social marketing projects. The framework is also used to track exposure to project activities and to monitor changes in desired behaviors over time. The process behind evidence-based social marketing and communications includes segmentation of target groups, identification of significant behavioral determinants and disciplined targeting of messages. Social marketing through BCC and Information, Education and Communications (IEC) materials will drive community and household demand for the targeted products presented in Section 1.4. This will ensure a market-based approach to sustainability in that sufficient product demand will be built to result in a necessity for increased product supply.

[7] Chapman, S. & Patel, D. (2004). PSI Behavior Change Framework "Bubbles": Proposed Revision (Population Services International Concept Paper). Retrieved March 13, 2008, from http://www.psi.org/research/documents/behaviorchange.pdf

IWASH recognizes that individual behavior change at the household level needs to be reinforced at the community and institutional levels through a change in social norms and practices. The project considers CLTS a core methodology to not only promote community mobilization but also as an effective way to create awareness through interpersonal communication (IPC). Project-wide messages developed through PERForM will be designed to change social norms and practices with CLTS, reinforcing messages at an individual level.

IWASH will ensure Behavior Change Communication (BCC) through the use of well-designed, field-tested, culturally-adaptable IEC materials, through improved knowledge, awareness raising, behavior modification and changing of attitudes and practices among target communities. This will also involve exploring community attitudes, beliefs, subjective norms and availability of enabling factors/environment for improved WASH.

Skill building is an indispensable tool for ensuring that proper capacity is built and that sustainability of responses is possible. To enhance knowledge and skills, empower human potential, change attitudes and develop commitment of community stakeholders, IWASH will conduct further training of community resource persons and county authorities on building community will and resourcefulness to take over ownership of programs. To further create an enabling environment at this level, IWASH will work with the WASH Reporters Network group to promote positive media coverage for CLTS and other WASH related activities.

For IWASH, CLTS is a core methodology that underpins our overall approach to achieving positive behavior change results in the area of hand washing with soap at critical times; consistent and year-round use of POU and safe storage and latrine use and safe disposal of human feces (triad of key hygiene improvement behaviors). CLTS and BCC approaches are inherently linked and supportive of each other while the triggering process in communities leads to sustainable sanitation solutions (through latrine construction), targeted behavior change communication activities (IEC materials, IPC) will all reinforce the reasons how and why the triad of key behaviors are essential in the prevention of diarrheal diseases.

IWASH BCC messaging to date focused solely on the promotion of appropriate hygiene practices and utilized both messaging through bill boards and the media to the wider community and interpersonal communication (IPC) at schools, clinics and in villages. Communities in general are however not aware of the existence of a methodology such as CLTS. In order to improve and accelerate awareness amongst communities, IWASH will for the remainder of the program promote the benefits of achieving ODF status through the CLTS approach. The program will utilize messaging through the media and target the population of the target Counties for this promotion. To ensure more concentrated impact, promotion of behavior change and improved hygiene behavior practices will in future be aimed specifically at CLTS communities. The messaging will be done through IPC.

Operating as a unified team, CHF will team up with National and County Government actors and lead the CLTS activities while PSI leads the BCC component and apply social marketing to promote ODF as a desirable status. Concurrent with the CLTS, IWASH's BCC's approach will ensure that open-defecation-free (ODF) communities sustain their improved hygiene practices.

4.5.1 Project 5 – Facilitating Behavior Change Through CLTS and Bcc

Activities Addressed

A. Building Household and Community Demand for WASH Products

B. Behavior Change Communication at the National and Community Level

IR2A Activity 1: Participatory community action through the CLTS process
IR2A Activity 3: Build community and household demand, through Social Marketing, for WASH product usage and WASH infrastructure, ownership, management, and maintenance:
IR2B Activity 1: Undertake research in behavior determinates around sanitation and hygiene practices (baseline study):
IR2B Activity 2: Develop targeted BCC materials and disseminate messages and materials through innovative communication mechanisms
IR2B Activity 5: Build skills of community leaders to speak out on sanitation and water issues

Project Description
IR2A Activity 1 - Participatory community action through the CLTS process:
The original IWASH strategy for implementing CLTS was to identify, train and partner with local NGO's who would then facilitate the CLTS process in the communities. A number of local NGO's were interviewed and considered for appointment after which CHF partnered with the Liberia branch of humanitarian organization ADRA to implement the CLTS component of IWASH. ADRA staff were trained and commenced with project implementation in three Counties in 2011, but progress and quality of implementation were not in accordance with the work plan schedule and standards. It was also realized that unless Government becomes an active partner of CLTS, the project might not be sustainable.

In 2012 IWASH broke ties with ADRA and revised their strategy to include Government as their main CLTS partner. The emphasis during the first partnership year was to facilitate the establishment of Government CLTS Steering Committees [CSC] at County level in all three target Counties. While CLTS field staff were responsible for CLTS implementation amongst communities, the CSC were set up to monitor project implementation and to ensure that the measure for certifying ODF status was in accordance with that of National government as applied by the CLTS National Technical Coordinating Unit [NTCU]

The aim for the current year is to form CLTS field teams that consist of both CHF field officers and Government environmental health technicians [EHT's] and to enable the project to gain momentum by triggering and assisting a larger number of communities [approx. 100 communities] to achieve ODF status. IWASH staff will also work with County and District Government staff to develop standardized systems and procedures for Government to manage and coordinate CLTS implementation in a sustainable manner.

During the last year of IWASH implementation, the plan is to let Government take the lead and take over the management and implementation of CLTS, either through continuing with their own team of CLTS field officers or/and through the appointment and management of local CBO's and/or NGO's. IWASH staff will not be directly involved in CLTS implementation, but will move into Government offices [if Government is able to facilitate this] and provide guidance and assistance to the County and District government CLTS teams.

As CLTS is a community-driven process with no inherent offers of subsidies, the focus of IWASH support will be on linking communities to service providers and ensuring that BCC messages are understood. For example, project staff will facilitate linkages between communities and suppliers of latrine construction materials, trained artisans and WASH products entrepreneurs
.
CLTS will be the primary methodology in which IWASH intends to build community and household demand for the following WASH products, which are directly correlated to the supply promotion

activities under IR 1: Product 3 – Household Hygiene Improvement Products; Product 4 – Hand washing (Soap and Tippy Tap); Product 7 – Household Latrines; and Product 8 – Rural Community Latrines.

IR2A Activity 3 - Build community and household demand, through Social Marketing, for WASH product usage and WASH infrastructure, ownership, management, and maintenance:
The CLTS process described above will provide the catalyst for community discussion of barriers to effective, sustainable management of past WASH infrastructure interventions (e.g., water management committees) and other community resources. The project will facilitate those discussions and encourage development of action plans at the community level to overcome the challenges, establish sustainable management, address maintenance and repair issues, and plan the development of new facilities. IWASH will effectively build this demand at the community level through BCC and IEC activities that are product-focused.

Product-Focused Demand Creation: IWASH will conduct comprehensive market assessments that will guide demand creation BCC and IEC activities. Specific approaches will be designed for the following WASH infrastructure products targeted.

Product 1 – POU Water Treatment Product WaterGuard: At the community level, demand will be created through interpersonal communication (IPC) and mass media promotion activities. Retailers will be identified at the community level. WaterGuard will also be one of the items that the IWASH trained entrepreneurs will provide as part of the range of WASH products and services that they will offer to communities. Wholesalers identified at district and/or county level will supply the retailers. Marketing support, in terms of strategies and plans, will be provided by IWASH to WaterGuard wholesalers and retailers using IWASH partner PSI's extensive knowledge of the market from previously conducted market research.

Product 2 – Hand Pump Spare Parts: As demand is created for WASH products simultaneously with social mobilization and advocacy sessions, emphasis will be put on the importance of having WASH products spare parts marketed in the communities and / or in the districts. IWASH trained WASH entrepreneurs will have the capacity to repair water well hand pumps. They will also source spare parts from suppliers in County and District centers for selling to those rural communities that plan to have water wells repaired by their own technicians.

CLTS Impact

In Zambia, in one year, sanitation coverage increased from 38% to 93% across 517 villages. 402 of the villages were declared ODF. A total of 14,500 toilets were constructed by households with no hardware subsidy. It is estimated that 88% of toilets met with the government's definition of adequate sanitation. Approximately 90,000 people gained access to sanitation in less than one year. (UNICEF 2009, *Soaps, Toilets and Taps)*

To encourage their involvement, entrepreneurs and the products and services that they offer will be promoted during community meetings and through IPC activities. The WASH products guide that will be developed under IWASH will contain contact details of WASH entrepreneurs that operate in the region. Messages will also be placed via community radio in support of these entrepreneurs. IWASH will share the results of the spare parts market assessments with the WASH entrepreneurs and support them in the creation of marketing strategies around the product.

Product 3 – Household Hygiene Improvement Products: Even from a safe source, water can be contaminated during transportation and storage. IWASH will emphasize the use of transport/storage containers such as the jerry can or other containers with a narrow mouth. The jerry can, which most of the time is used to store oil, will be repositioned and promoted as the best drinking water transport and storage container and increase demand for this product. To support

this action, WASH entrepreneurs will be encouraged to offer this product, which is already well known and available in Liberia, as an alternative use that will lead to healthier lives.

Most of the IWASH communities don't have sanitation facilities and open defecation or improper disposal of feces, especially children's feces, is a major problem in terms of increasing community health. One can easily observe, upon entering a target community, many animals walking around putting their mouths in cooking and eating vessels that are mostly placed on the ground. These animals often eat the discarded feces surrounding community dwellings and can easily contaminate the easily accessible cooking and eating vessels. Using a dish rack off the ground as a complementary product to hygiene and sanitation products thereby becomes essential in preventing diarrhea in targeted communities. Promotion will be around the health benefits of having it, especially for children under five. IWASH will work with households and microenterprises [WASH entrepreneurs] to develop simple dish rack models that can be self-constructed or sold.

Product 4 – Hand washing (Soap and Tippy Tap): Hand washing with soap at critical times is the cheapest, easiest and one of the most proven and effective ways to prevent diarrhea. A special focus will be put on promoting the presence of soap at house level. Soap will be promoted as the "best companion "for a healthy family. As part of IWASH's support to Global Hand Washing Day celebrations in Liberia, IWASH will amplify promotion of soap use. Vendors and WASH entrepreneurs will be encouraged to bundle POU water treatment product with soap. As communities should be given options, IWASH will also support the MHSW alternative product, ashes, as part of the IWASH hand washing promotion activities in those communities that do not have access to soap.

When promoting the practice of hand washing with soap, key messaging will be developed in support of products this will make it easier and more convenient for households to adopt good hand-washing practices. Tippy Taps are simple, effective hand washing stations that can easily be constructed using local materials, either by households or small enterprises [WASH entrepreneurs] within communities for sale. In promoting household construction, IWASH will identity community members who volunteer to demonstrate and teach fellow community members to construct and use their own Tippy Taps. To support increased household interest in Tippy Taps, IWASH will install them in schools, health clinics, and government offices for demonstration purposes. The use of jerry cans for water transport and storage will also be promoted alongside the Tippy Tap as these containers are a key part of the Tippy Tap installation. IWASH will share the results of the Tippy Tap market assessments with interested microenterprises [WASH entrepreneurs] and support them in the creation of marketing strategies around the product. The behavior change project will also considerably contribute to building demand for this product.

Product 5 – Hand Dug Wells: IWASH have been constructing and/or rehabilitating hand dug wells and hand pumps throughout the target areas of operation. Demand will be created for their use by focusing on the health benefits of utilizing water from safe water sources such as wells and pumps.IEC and BCC messaging will be the primary promotion methodology used to promote use of safe water sources such as wells with hand pumps.

Product 6 – Solar (Photovoltaic) Powered Water Pumps: Solar water pumps will be piloted at USAID-supported health clinics where internal plumbing appliances requires gravity water pressure for operation and where these systems prove to be the most appropriate application for the situation . This pilot project will inform any future promotion activities. If solar pumps can prove to provide viable, cost-effective pump solutions (especially for boreholes), then IWASH can work

with pump suppliers to develop marketing strategies to drive demand and expand usage throughout the IWASH areas of operation.

Product 7 – Household Latrines: As latrine promotion requires knowledge of the local area and people, IWASH will work closely with natural leaders to promote latrine construction and usage. IWASH will demonstrate multiple latrine designs to determine which are most desired by households.

It was initially anticipated that latrine slabs will be the key product promoted by IWASH to help improve latrine construction and usage at the community level. Since commencement of IWASH it has however been found that due to the fact that communities can source timber for the construction of durable latrine floor platforms at no cost, the cost involved in the procurement of precast concrete floor slabs resulted in very little demand for these slabs [SanPlats]. Sanplats will nevertheless be promoted under the CLTS process and in the WASH products guide as a more hygienic and durable alternative to timber platforms and IWASH trained WASH entrepreneurs will be trained and encouraged to source and make SanPlats available to families that wish to upgrade their latrine facilities.

Product 8 – Rural Institutional and Community Latrines: In many cases, rural households may not have significant resources to construct their own latrine. In such cases, communities may choose to pool their resources to construct community, or multi-household, latrines in rural areas. While past experience in Liberia is not positive in terms of community latrine functionality, IWASH will support communities, should they decide to construct them, to determine costs and management requirements for latrine construction and maintenance. More effective are rural institutional latrines as management of the facilities is clearer – the institution manages the latrine. IWASH will create demand for institutional and community latrines using the same methodologies as for household latrines, with a primary focus on CLTS. Products such as SanPlat slabs will be promoted for community latrine construction in much the same way as for household latrines.

Product 9 – Urban Latrines (PPP Model): IWASH will analyze and assess community behaviors that serve as barriers to use of public latrines to design an effective social marketing campaign to drive public demand for the latrines. Particular community concerns such as lighting, odors, cleanliness, price, and maintenance, will be investigated as part of the comprehensive market assessment to be conducted in collaboration with private sector partner Libra Sanitation. Demand will be created by emphasizing that consumers will value most among the many factors at play in determining the success of the investment (lighting, cleanliness, location, privacy, gender friendliness, cost, etc.). Latrine users will need to be instructed on-site in proper latrine use to ease the maintenance and cleaning processes of the public latrines. Proper use instructions will be written and drawn on the latrine walls so that all types of users (literate and illiterate alike) can easily understand what is required from them when using the facilities.

4.5.2 Project 6 - Development of Wash Products and Services Guide

Activities Addressed and Products Targeted: [Building Household and Community Demand for WASH Products]

IR2A Activity 2 - Further Development of the latrine manual into a WASH products and services guide.

- Product 1. - (POU) water treatment product:
- Product 2. - Hand Pump Spare Parts
- Product 3. - Household Hygiene Improvement Products

- Product 4. - Hand Washing (Soap & Tippy Tap)
- Product 7. - Household Latrines (SanPlat)

Project Description
In 2011 IWASH developed a latrine manual that offered w a range of latrine designs suitable for household, community and institutional use. It however dealt only with the design, construction and maintenance of latrines and did not include the manufacturing and use of other WASH products and services.

During the CLTS process when communities prepare their action plans for improving their WASH infrastructure once ODF has been achieved, it was realized that in order to implement the activities listed on the action plans, communities would need technical guidance on the manufacture and establishment of WASH products and services other than just latrines.

In order to provide communities with this guidance IWASH will build on the latrine manual and develop it into a scale-up guide that will include other WASH applications such as rain water harvesting, hand washing devices, listing of available products, contact details of WASH vendors and pump technicians etc.

The latrine manual deals with the subject of latrines in a thorough manner, but although it has been of assistance to Government staff in the WASH sector, it was found to be too technical for usage in rural communities where literacy levels are limited. The subject matter of the WASH products guide will be presented mainly in diagrammatic format where sketches will be utilized to convey information on how to make and construct WASH products and facilities. It will also provide information on where to source WASH items. Contact information of the IWASH trained WASH entrepreneurs will be listed in the manual.

Research will be conducted to identify a range of applications and products that are in demand and have been used by rural communities in Liberia and neighboring countries. Once the content that will be placed in the manual has been determined, IWASH will solicit for and appoint a local graphic art firm to develop and illustrate the scale-up guide. When the manual is ready for production, IWASH will print it and distribute it to town chiefs and natural leaders of CLTS communities during triggering and ODF celebration events. It is believed that the manual will make it easier for communities to achieve the targets they have set for themselves in their scale-up action plans.

4.5.3 Project 7: - Social Marketing Of ODF as a Desirable Community Status

Activities Addressed:
B. Behavior Change Communication at the National and Community Level

IR2B Activity 1: Undertake research in behavior determinates around sanitation and hygiene practices [done in 2011] conduct further qualitative market research to develop an IWASH marketing plan
IR2B Activity 2: Develop targeted BCC materials and disseminate messages and materials through innovative communication mechanisms
IR2B Activity 3: Work with youth groups, school bodies and PTAs in CLTS communities to implement hygiene improvement activities for youth:
IR2B Activity 4: Promote water and sanitation practices through CLTS community health clinics:

Project Description
Behavior change communication [BCC] in IWASH has to date been focused solely on promoting the triad of health behaviors that include hand-washing with soap, point-of-use water treatment and safe storage, and safe disposal of human feces. This has been done both through Interpersonal Communication (IPC) and through the media and bill boards. Since CLTS is a relatively new methodology in Liberia that is unknown to most communities, it has been decided to add a new initiative to the IWASH group of projects that would introduce CLTS and promote an Open Defecation Free (ODF) status to mainly rural communities. IWASH partner PSI who is responsible for BBC in IWASH will apply social marketing to create a demand for Open Defecation Free (ODF) status and promote CLTS as a means through which to achieve this status.

To date BCC has been conducted in parallel with the CLTS project and did not concentrate just on CLTS communities, schools and clinics. The media has been used to reach the wider community while the communities, schools and clinics that PSI reached through IPC were often not earmarked for CLTS.

In future BCC will be incorporated in the CLTS approach and conducted solely through IPC to CLTS communities, schools and clinics. The promotion of the ODF status and CLTS would be aimed at the wider community in the target counties and would be done mainly through the media.

In order to ensure the successful adoption of ODF by communities through social marketing and CLTS, PSI will first conduct qualitative market research, similar to what was done in 2011, to develop an IWASH marketing plan. The purpose of the research will be to assess the current associations target audience members have with CLTS and ODF status, to develop CLTS/ODF audience profiles, to determine drivers and barriers to ODF status, and to facilitate community-level demand creation.

Once the research has been completed PSI will utilize their DELTA approach to formulate a social marketing strategy for the promotion of the ODF status. It is anticipated that promotion would commence in middle 2013.

4.6 Achieving Result 3: Improved enabling environment for WASH at county, district and community level

The program objective under IR3 is: - ***The development and establishment of government and community structures and systems at National, County and District level that are responsible for sustained hygiene and sanitation behavior change through the initiation and coordination of CLTS and development of water point mapping and quality testing networks that would provide government with updated data.***

Enabling environment inputs play a key role in helping hardware and hygiene work (IRs 1 and 2) to effectively reach the intended target groups, to support market forces to match WASH supply with demand, and to establish organizational support that focuses on long-term sustainability. IWASH sees activities in the enabling environment as a way to develop system-wide models that can replicate successful the outcomes achieved under IRs 1 and 2.

The GoL will be the primary IWASH partner and stakeholder for sustainability in the implementation of long-term activities, such as CLTS and the provision of subsidized project products. As such, the *IWASH* approach to improving the WASH enabling environment will focus on the eventual handover of the majority of activities to the government, through “pairing” key government stakeholders with *IWASH* employees, especially at the county, and district, levels (see table 3). To avoid duplication of efforts and

ensure that there are no geographic gaps in programming, IWASH will coordinate closely with the relevant ministries, county-level administrations and other WASH partners active in the target counties in needs assessment, planning and implementation of capacity development.

Examples of county-level capacity building activities include supporting the decentralization of technicians to the county-level by the provisioning of office space, equipment and motorcycle transport; and training new or revitalized cadres of entry- and mid-level environmental health professionals in such areas as water quality testing or the three evidence-based behaviors for reducing diarrhea. Such trainings will be coordinated with RBHS and the MHSW. County capacity development activities will be managed by the IWASH County CLTS Supervisors under the supervision and guidance of the Field Operations Manager and the CLTS Project Manager. To ensure that all capacity development activities are demand-driven, work planning of all enabling environment activities will continue to be conducted in close coordination with GoL partners. A key aspect of IWASH's work under IR 3 will be to support implementation of the GoL WASH Sector Strategic Plan (2012-2017) as part of achieving the commitments of the Liberia WASH Compact.

There are significant challenges to improving the WASH enabling environment in Liberia. The limited availability of staff with technical skills and inadequate infrastructure to deliver WASH services continues to hinder the sustainability of many projects at the community level. Challenges at the community level are compounded by weak government coordination – starting at the national level and filtering down to the district level. At the national level, the Ministry of Lands, Mines and Energy (MLME) is responsible for water and sanitation policy development that governs the work of the service ministries (primarily the MPW and the MoHSW). The MLME is also responsible for donor coordination the MPW is responsible for service coordination and delivery of hardware while the MoH/SW is responsible for software delivery. Key areas of weakness, which IWASH will seek to address include, quality, quantity and frequency of communications and information flow, including collection and dissemination of data to create conditions for evidence-based decision making. IWASH has already engaged key stakeholders to begin addressing these challenges and the program will continue to build upon these relationships with national, county and community level authorities in order to support the implementation of a sustainable approach to WASH in Liberia.

Within the Hygiene Improvement Framework (HIP), enabling environment is a key component that is needed to address overall hygiene improvement. The enabling environment consists of six key activities/areas:

Activity 1 - National Sector Reform/Policy Improvement
Activity 2 - Institutional Strengthening
Activity 3 - Improved Coordination
Activity 4. - Community Involvement
Activity 5. - Improved Financing
Activity 6. - Public-Private Partnerships

IWASH will work across all six areas at the national, county, district and community levels. Each of these components will be addressed as part of the overall strategy to improving the WASH enabling environment at the national, county, district and community levels across 20 districts in the three focus counties and selected communities in Greater Monrovia.

As discussed in the program design, IWASH consists of 10 projects/initiatives. The IR3 activities mentioned above will be achieved through implementation of the following projects.

Activities1, 2 and 3 are being addressed under IR3 through implementation of:

- Project 8 – Institutionalization of CLTS within Government
- Project 9 - Wash Policy Development, Improvement and Dissemination
- Project 10 - Water Point Functionality and /Water Testing Database Management

Activities 4 and 5 are being addressed under IR2 through implementation of:

- Project 5 - Community Lead Total Sanitation [CLTS]

Activity 6 is being addressed under IR1 through implementation of:

- Project 4 - Public Private Partnership [PPP] urban community latrine construction

4.6.1 Project 8 – Institutionalization of CLTS within Government

Activities Addressed
IR3 Activity 2: Institutional Strengthening
IR3 Activity 3: Improved Coordination

Project Description
IWASH seeks to make the CLTS approach to better sanitation, the thrust of its implementation strategy in creating an enabling environment at national, county, district, and community levels. Towards achieving this, IWASH will continue to engage government and other stakeholders in ensuring that proper, effective and sustainable processes, systems, procedures and practices are put in place to strengthen the structures responsible for making CLTS a success in Liberia. IWASH has and will continue to assist and support government to either establish new and sustainable structures or strengthen existing structures for CLTS implementation. These structures include but are not limited to the National CLTS Steering Committee; National Technical Coordinating Unit; County CLTS Steering Committees; District CLTS Steering Committees; WASH Reporters and Editors Network, and Network of Clan Natural Leaders.

IWASH will continue to engage all stakeholders at all levels to ensure that frequent meetings of these bodies are conducted and that their administrative, technical, financial and operational systems are strengthened through the conduction of relevant workshops, training of personnel, provision of logistical support and field mentoring. IWASH will assist and support these institutions in the development/improvement of specific clearly defined roles and responsibilities of especially field staff for improved effectiveness in the performance of their duties.

Field offices established by IWASH in project counties will be gradually phased out and IWASH staff will move into strategic positions in the offices of the Ministries of Health and Social and Public Works where the IWASH staff will serve as counterparts to the GoL partners in order to further mentor the GoL partners to adequately prepare them to take full responsibility of the CLTS process

IWASH will work with decision makers especially from the Ministry of Internal Affairs which is responsible for county governance to ensure that activities surrounding accountability, proper and judicious use of resources, and an effective merit-system amongst others will be promoted thereby improving the work environment, accelerating competition and improving on effectiveness of the systems and processes in meeting the needs of the communities they serve thereby accelerating the rate of behavior change at the community level..

The development/improvement of self-evaluation tools, financial, technical, administrative reporting and feedback in a cyclical manner from community level to national level and vice-versa, data-management, proper handling, use and maintenance of office and field equipment will be emphasized as a means of sustaining the structures and systems.

Inter and intra-agency coordination and collaboration efforts will be supported to create room for the exchange of ideas and lessons learnt as a way of effective and inclusive planning and implementation of the CLTS process. To further greater coordination, local leadership structures and decision makers at community, clan, and chiefdom levels will be incorporated into the implementation equation as it has been observed that these layers have been overlooked for too long.

Experiences learnt from CLTS case studies in Nigeria and Zambia show that the involvement and active participation of local leaders and influential opinion drivers played a key role to the successful implementation of the CLTS approach in the two countries especially in improving coordination and ownership of the system. IWASH will leverage such lessons for project implementation. Periodic engagements for planning, implementation, monitoring and evaluation exercises will be conducted with the full participation of these key stakeholders in order to ensure that they become integral partners in the implementation of all CLTS activities planned for their respective geographic locations.

At the end of this project, it is expected that government will be in the position to properly and sustainably take ownership of the implementation of CLTS in the project counties and that lessons learnt, along with milestones achieved will be utilized to further extend the process to the other counties thereby achieving government's plan of making the non-subsidized CLTS approach the national approach to better sanitation

4.6.2 Project 9: Wash Policy Development, Improvement and Dissemination

Activities Addressed
IR3 Activity 1: National Sector Reform/Policy Improvement
IR3 Activity 3: Improved Coordination

Project Description
IWASH has since its inception, engaged national level planners in supporting the review of major policy WASH documents, development of new policies and dissemination of these policies to county and district level players. Achievements made under this approach include support to the hosting of the High Level Joint Mission that led to the development and adoption of the Liberian WASH Compact, the development of the WASH Sector Strategic Plan (2012-2017), the WASH Sector Investment Plan, the WASH Sector Capacity Development Assessment Plan, and the National Guidelines for CLTS in Liberia. I WASH supported printing of the WASH Compact and the National Guidelines for CLTS in Liberia, and will assist and support government in organizing workshops and forums on the distribution and dissemination of these documents to the county and district levels.

4.6.3 Project 10: Water Point Functionality and Water Quality Data Management

Activities Addressed
IR3 Activity 2: Institutional Strengthening
IR3 Activity 3: Improved Coordination

Project Description

A. Water Point Mapping

In 2010 IWASH contributed significantly towards the water point mapping exercise that resulted in the development of the Liberia Water point Atlas that was published in 2011

The Atlas has not been updated since publishing, but Government has been active in investigating various models and systems for regularly tracking the establishment of new water points and the functionality of existing ones. Various models have been considered, but as to date, no official system has been put in place.

In an attempt to assist and support government in their efforts, IWASH intends to develop and pilot a simple and inexpensive model for water point data collection that will utilize existing structures and systems for the collection and transfer of information on community water points. After consulting with officials at The Ministry of Public Works, IWASH obtained permission to proceed. The project will initially be piloted in a couple of Districts in one of the target counties and if successful, it will be extended to more districts in the 2 other counties.

The health Ministry has developed a system by which health data from all rural communities are regularly recorded by GCHV's who deliver the reports to the Clinic Officers In-charge (OICs) on simple templates. The OICs report to District Health Officers who report to their supervisors at county level. IWASH has entered into discussions with the Health Ministry and if permission is granted will develop a simple data collection tool for the GCHV's to capture basic data on community water infrastructure and forward it to the clinics together with their regular community health data reports. The reports will be collected from Community Health Department officials at county level by Public works staff. IWASH plans to assist in the establishment of database point at county level where data collected by the GCHV's can be captured and processed by trained Public Works staff for transfer to the national database. If this pilot works, it will then be institutionalized, strengthened and rolled out to other counties by government with support from IWASH.

B. Water Quality Testing

To facilitate proper water quality testing, recording and reporting, IWASH provided water quality testing kits, computers and printers to the county health teams of the three target counties in 2011. IWASH also supported the CHTs with minor refurbishing of test laboratories and provided training to the EHTs in these counties. However, even though these Counties now have the facilities to monitor water quality, coordinated and sustained water quality management is not taking place due to the following reasons.

- Water quality testing procedures and data collection systems are not clearly defined and are therefore not being practiced.
- No credible database exists anywhere that captures tests conducted and remedial actions taken if any
- Environmental Technicians who received training in water quality testing have forgotten the procedures of conducting the tests due to long period of inactivity, loss of some of the components of the kits, and in some instances, lack of reagents to conduct the parameters of tests.
- There is no sustained and effective flow of water quality management communication and reporting between national and sub-national levels

Water quality testing and treatment procedures and data collection systems are not clearly defined and no database to record results has been developed. Operations to treat contaminated water points are currently being conducted sporadically, mostly when an emergency situation develop and communities are

threatened by waterborne disease. Water treatment operations that do occur are being coordinated and generally executed by the Health Ministry at central government level.

After consultation with Health Ministry officials it became clear that any effort to introduce water quality testing and treatment systems, procedures and equipment at District and County level without first addressing issues at national government level will inevitably result in failure. Therefore all future IWASH activities to address the water quality issue will be aimed at assisting and supporting MHSW at national government level in developing efficient water quality management and coordination tools. IWASH will collaborate with relevant actors and assist in revisiting, updating and re-activating National and County guidelines for monitoring and quality control of potable water sources in the country. Once the guidelines are finalized, IWASH will assist in disseminating these guidelines for application to County and District government staff.

IWASH will also work with other stakeholders to assist Government in the development and establishment of a central water quality database. No such database currently exists and water quality test results are recorded and stored in hard copy format at national level. A central database will allow for the effective recording of water quality data in a format that will enable proper analysis of the situation. This data will enable the Health Ministry to utilize available data in a meaningful manner for planning and policy formulation purposes. It will also provide them with the necessary information to develop a strategy for monitoring and maintaining water quality as prescribed by the guidelines

4.6.4 Summary of Key GOL. Stakeholders for Enabling Environment Activities

IWASH has identified the following key GOL stakeholders that are essential to assuring an enabling environment in the WASH sector in Liberia. Table XX below details the key IWASH relationships with respective GoL counterparts.

Table 3: IWASH-GOL Stakeholder Relationships

GoL Level / Location	Government of Liberia		IWASH	
	Actor	**Key WASH responsibilities**	**Counterpart**	**Paired Activities**
National Level	Ministry of Lands, Mines and Energy	Regulatory body for WASH policies and procedures nationally. Will monitor the National Water Supply and Sanitation Commission (WSSC) once it is established by government through appropriate legislation	Chief of Party.	Coordination, planning and follow-ups.
	Ministry of Public Works (Rural development and Community Services division).	Technical design and monitoring, evaluation and coordination of WASH activities nationally. Chairs the National Water, Sanitation and Hygiene Promotion Committee (NWSHPC)	Chief of Party	Coordination, planning, follow ups, technical and logistic support
	Ministry of Health and Social Welfare – (Division of Environmental and Occupational Health) The Health promotion Unit and Water qty. monitoring unit	Technical direction and regulation of hygiene promotion practices and procedures nationally. Promotion, coordination and M&E of CLTS activities nationally. Water quality testing, analysis and treatment, and monitoring. Review of health education messaging.	Chief of Party and Senior BCC advisor, Capacity Building Technical Advisor.	Coordination, planning, follow ups, technical and logistic support
	Ministry of Education (School Health division)	Technical direction and regulation of school hygiene promotion messaging. Development of school health education curricula.	Senior BCC Advisor, Co. CLTS Project Manager	Coordination, planning, follow ups, technical and logistic support

County Level	Ministry of Health and Social Welfare (CHT, Environmental Health Technicians)	County level coordination and M&E of WASH programs. Responsibility for monitoring potential outbreaks; disease prevention. Promotion of CLTS. Water Quality monitoring.	Senior BCC Advisor, Field Operations Manager, Behavior Change County Supervisor, CLTS Project Manager.	Coordination, planning, follow ups, technical and logistic support
	Ministry of Public Works (County WASH Coordinators)	Quality control of WASH activities at county and district levels. Ensures standards and procedures of WASH hardware constructions	Field Operations Manager, MPW County Coordinators, IWASH Engineer.	Coordination, planning, follow ups, technical and logistic support
	Ministry of Education (School health division)	Monitoring school health education activities and participation in training of peer educators and PTAs for WASH.	Senior BCC advisor, Behavior Change County Supervisors	Coordination, planning, follow ups, technical and logistic support, Product marketing
District Level	Ministry of Health	District level coordination and M&E of WASH programs. Responsibility for monitoring potential outbreaks; disease prevention. Promotion of CLTS. Water Quality monitoring.	Community Development Promoters, Behavior Change County Supervisors, District Impact Agents, Senior BCC Advisor.	Product promotion and marketing.
	Ministry of Public Works (County WASH Coordinators)	Quality control of WASH activities at county and district levels.	Community Development Promoters, Behavior Change County Supervisors	Coordination, planning, follow ups, technical and logistic support
Community Level	Ministry of Health and social welfare (General Community Health Volunteers)	Sales and promotion of IWASH products, Promotion of CLTS.	Community Development promoters, District Impact Agents.	Community level coordination promotion and marketing of IWASH products including CLTS and WaterGuard)

4.7 Coordination and Linkages

There is a large number of NGOs (INGO – ACF, Concern, Samaritan's Purse, IRC and LNGOs – BRAC, LNRCS) implementing water and sanitation programs in the target locations. Apart from Lofa County where there are six international organizations (though operating at low levels) and not active in the hard-to-reach areas of Vahun, Kolahun, and Foya districts, WASH partners in Nimba and Bong are relatively unavailable: in Bong, all the active partners have completed their projects and are now sourcing additional funding for future interventions; in Nimba, activities are mainly geared towards responding to the Ivorian refugees crisis. As a result of this IWASH is presently the "only" WASH partner actively involved in WASH development in the three counties. Limited NGOs remain in these counties for sustainable WASH program implementation.

Table 4: Other INGOs working in IWASH locations

County	District	Organization	Hand Dug Wells	Well Rehab	Bore-holes	Latrines	Hygiene Promotion	CLTS	Program Status
Lofa	Voinjama	Plan-Liberia	Yes	No	No	Yes	No	No	Active
		ACF	Yes	No	Yes	No	Yes	Yes	Active on low funds
		Samaritan Purse	Yes	No	No	Yes	Yes	No	No funds to continue
	Kolahun	Plan-Liberia	Yes	No	No	Yes	No	No	Active
		ACF	Yes	No	Yes	No	Yes	Yes	Active on low funds
	Foya	Plan-Liberia	Yes	No	No	Yes	No	No	Active
		ACF	Yes	No	Yes	No	Yes	Yes	Active on low funds
	Zorzor	Plan-Liberia	Yes	No	No	Yes	No	No	Active
		Concern	Yes	No	Yes	Yes	No	No	Active on low funds
	Salayea	IRC	Yes	No	No	Yes	No	No	Low scale intervention, subsidized sanitation
		ICRC	Yes	No	No	Yes	No	No	Low scale intervention, subsidized sanitation
		Concern	Yes	No	Yes	Yes	No	No	Low scale intervention, subsidized sanitation
Nimba	Sanniquelle-Mah	EQUIP	Yes	No	No	No	No	No	Emergency WASH
	Gbelleh-geh		Yes	Yes	No	No	No	No	Emergency WASH
	Zoe-geh	EQUIP	Yes	Yes	No	No	No	No	Emergency WASH
		DRC	Yes	Yes	No	No	No	No	Emergency WASH
	Saclepea-Mah	EQUIP	Yes	No	No	No	No	No	Emergency WASH
	Tappita		Yes	No	No	No	No	No	Emergency WASH
	Yarwein-Mesonnon		No	Yes	No	No	No	No	Emergency WASH
Bong	Panta	CARE International	Yes	Yes	No	No	No	No	A two year project which started in December 2010
	Kpai								
	Jorquelle								

In addition to these current organizations listed, IWASH has identified the following stakeholders that the program will need to coordinate with:

Key Partners and Stakeholders - WASH Programming in Liberia	
1.	Ministry of Public Works (Rural Development and Social Services Division)
2.	Ministry of Health and Social Welfare (Environmental and Occupational Health Division and the Health Promotion Unit)
3.	Liberia Water and Sewer Corporation
4.	Ministry of Lands, Mines and Energy
5.	Ministry of Education (School Health Division)
6.	Population Services International
7.	County Health Teams
8.	UNICEF
9.	WASH Consortium
10.	The Private Sector (including Libra Sanitation Inc.)
11.	Liberia Marketing Association (on promotion of WaterGuard)
12.	WASH Reporters and Editors Network

4.8 Approach to Gender and Target Beneficiaries Involvement

Gender profoundly shapes the experience, opportunities, and risks of women/girls and men/boys in Liberia. This includes a heavy burden on women/girls in terms of water collection and water usage roles and responsibilities. Successful behavior change must take gender into account in all aspects of programming. IWASH is addressing this through incorporation into its activities:

- Engaging girls in design of girl-friendly latrines in schools
- Establishment of mother and caregiver radio listening groups
- Promotion of women as natural leaders in the CLTS process
- Encouraging youth and women's groups to be hygiene activists in religious institutions
- Outreach to women market vendors

Overall, the project will ensure a gender-sensitive approach in:

- Design of all communication materials and campaigns to reach target groups with appropriate language, portraying equality and equity between men and women
- Inclusion of both men and women (especially school-going children) in the development of campaigns and materials
- Enforcement of gender mainstreaming so that planning, administration and implementation of activities consider gender issues and gender equality at all levels

4.9 Implementation Plan

National and Senior Management Activities:
At the national level, the project senior management team will engage in:

- Ongoing coordination with USAID, the RBHS project, LMWP, the WASH Consortium, other international and local NGOs operating in the WASH sector, and the relevant line ministries
- Identification of national level capacity building options, focusing on those that CHF and PSI have identified during program implementation to date.
- Implementation of the baseline assessment of the target counties
- Actualization and implementation of the BCC methodology, including definition of messages and message distribution strategies

Field Activities:
IWASH will implement activities in all 3 focus counties and three communities in Montserrado County, but will utilize a phased approach to enter the respective districts over the five-year period of the project, rolling out across communities and districts under the direction and guidance of national and county Government. Working with the county health teams, the project will identify the initial districts for intervention and with the districts map the community clusters, identifying the primary community and the associated secondary communities. County Government will take the lead in identifying communities for the CLTS project and other IWASH interventions, IWASH will work alongside government to identify, trigger and monitor communities till they become ODF. The aim is to gradually transfer responsibility for CLTS implementation to Government. It is anticipated that Government teams at County and District level will implement and manage the project during the final year of IWASH implementation, either through deploying their own field teams or through the appointment of local NGOs or CBOs. If Government can manage to make space available, the plan will be for IWASH field staff to move to Government offices during the final year of implementation and play a supporting role in the implementation of CLTS and other field projects

Recognizing the wide range of size, accessibility, and population densities among the target counties, IWASH will maintain the flexibility to shift human resources at the field office level as CLTS activities shift from mobilization to monitoring to guiding.

County-level capacity building will begin as soon as a field office is opened and the County Coordinator hired and trained. The behavior change campaigns in each community will begin as soon as the project enters a community and will continue throughout all community mobilization and project related activities. In most cases, infrastructure development will not begin until the end of year one, thereby respecting the project methodology that community mobilization, BCC campaigns and capacity building activities must take place first. IWASH also plans that all construction activities will be completed approximately six months before the end of the project, leaving sufficient time for follow-up and further capacity building as needed. School and clinic-focused BCC activities took place during the 1st three years of program implementation in coordination with the MoE, MHSW and the respective county health teams. During the final 2 years of implementation IWASH activities at schools and clinics will center on the repair and rehabilitation of water points at these facilities. This will be achieved through implementation of the WASH products and services entrepreneur training and development project.

4.10 Performance Management Plan (PMP)

IWASH will use a comprehensive M&E system to monitor and evaluate activities effectively to inform programming, monitor progress and evaluate impact. The M&E system will collect, monitor, assess and evaluate data at various levels including households, district and county. A revised PMP, reflecting the changes to the IWASH scope of work is attached as Annex B – replacing the existing PMP approved by USAID during the first year of the program. A complete Program Implementation (Work) Plan covering the period from September 2012 through February 2015, has been submitted alongside the scope of work revision and corresponds to the strategy changes described herein.

In order to determine the effectiveness of the IWASH program intervention to achieve hygiene and sanitation behavior change amongst communities and to improve access to proper water and sanitation facilities with a resultant reduction of water borne infections, the program will perform regular checks to determine effectiveness and efficiency using key monitoring indicators. Data collection for most indicators pertaining to BCC and those in percentages shall be done through a survey.

IR1 Indicators

Outcomes:

- Percentage of population using improved drinking water source
- Percentage of population using an improved sanitation facility
- Percentage of IWASH target communities that report that they know of a source in their district to buy hand pump spare parts
- Percentage of schools that received latrines as part of the SWIP project that are still managing their facilities in a proper manner after 1 year of operation.
- Percentage of IWASH provided water facilities that are still functioning and properly maintained by the community after one year of it been handed over to them

Outputs:

- Number of people gaining access to an improved water source
- Number of water points constructed/rehabilitated in target communities
- Number of persons gaining access to an improved sanitation facility
- Number of IWASH whole sales and retail outlets regularly stocking POU water treatment products
- Number of WG bottles sold/distributed
- Number of IWASH trained WASH products and services entrepreneurs that are actively providing WASH products and services in IWASH communities
- Number of "girl friendly" latrines constructed at schools

IR2 Indicators

Outcomes:

- Percentage (%) of triggered communities that achieve ODF status
- Liters of drinking water disinfected with USG-support point-of-use treatment products
- Percentage (%) of care givers in IWASH-targeted communities who cite different critical times when they wash their hands with soap
- Percentage (%) of caregivers in IWASH communities that can show a container of treated drinking water with POU water treatment product WaterGuard
- Percentage of men and women able to show the latrine they are using to defecate

- Percentage of primary caregivers that are able to show a safe place they dispose children feces.
- Percentage of ODF communities that maintained their status after 1 year of being certified ODF

Outputs:
- Number of communities certified as "Open Defecation Free"
- Percentage (%) of adults in non-triggered communities who have heard of CLTS and ODF status
- Percentage of target group who knows that clear water is not always safe for drinking
- Percentage of target group that can cite two ways of fecal-oral transmission
- Percentage of the target group that knows washing hand with soap removes germs
- Percentage of target group who knows that treated drinking water can be contaminated if the water is not stored properly
- Percentage (%) of target group who reports that their neighbors understand the importance of treating their drinking water
- Percentage (%) of target group who reports that their neighbors take some actions to store their drinking water properly
- Percentage (%) of target group that belief their neighbors consider washing hands with soap as a good practice of cleanliness
- Number of communities that owns one or more WASH products and services guides

IR3 Indicators
Outcomes:
- Percentage level [measured against CLTS guidelines] to which County Steering Committees [CSC] adhere to their TOR in applying CLTS
- Percentage of IWASH ODF certified communities that have a functional mechanism (Cash Box) in place to operate and maintain their community drinking water source

Outputs:
- Number of National WASH policy documents that IWASH actively participated in developing
- Number of policy dissemination workshops conducted at county and district levels
- Number of communities from which water infrastructure reports are received at County level on a quarterly basis
- Number of monitoring visits to triggered communities by CLTS Steering Committees (CSC/DSC)

Data collection for most indicators pertaining to BCC and those in percentages shall be done through a survey.

Over the life of the project, it is anticipated that the following results will be achieved:

IWASH Program Indicators	
Indicator	**Total target**
Number of communities in target area that achieve ODF status as a result of USG assistance	220
Government Systems and procedures in the WASH sector that were put in place through USG assistance	- CLTS governing structures - Water mapping structure - Water quality monitoring structure

Number of people in target area with access to improved drinking water supply as a result of USG assistance	101,608
Number of people in target area with access to improved sanitation facilities as a result of USG assistance	95,768
Liters of drinking water disinfected with USG-supported point-of-use treatment products	315,000,000

IWASH outputs and outcomes are expected to result in an ***overall program impact of a 25% reduction in diarrheal diseases in targeted*** communities (as reported by community health clinics and household interviews).

In addition to tracking output and outcome indicators, the project will utilize a variety of both quantitative and qualitative methods to provide insights into whether the project is being implemented as planned:

- Quality and effectiveness of the hygiene awareness, BCC materials and activities
- Effectiveness of community engagement and ability of the program to provide adequate and effective supervision and monitoring
- Adequacy of the duration and intensity of the intervention
- Effectiveness and suitability of the BCC concept in promoting hygiene

Final targets will be determined in consultation with USAID. In terms of annual outputs, IWASH anticipates a 10-15% increase/decrease against most of its proposed output performance indicators.

IWASH will conduct research such as Measuring Access and Performance (MAP)8 for information on point-of-use products, including coverage, access, and market reach, DELTA for the social marketing of CLTS/ODF and other WASH products, Tracking Results Continuously (TRaC) for the BCC component: baseline, monitoring, and evaluation of impact will be conducted for an evidence based orientation of the implementation and also for the monitoring and evaluation of the project. IWASH will further work with the Ministry of Health and Social Welfare, Ministry of Public Works and PSI to conduct an assessment of the successes and failures of CLTS in Liberia and how the strategies can be better tailored to make it successful.

Monitoring System:

Both CHF and PSI bring their time-tested monitoring tools to track WASH and capacity building activities. While key tools such as TRaC and Measuring Access and Performance (MAP) will be used to monitor BCC, social marketing and POU reach and impact, IWASH will put in place other ongoing monitoring mechanisms to ensure that community, county and national level activity data is collected and disseminated in a timely manner. Mechanisms to be used include: monthly and quarterly reports by CLTS NGOs, IWASH county and district officers, and PSI's M & E Officer, which will include results, key constraints and work plan updates for the next reporting period; quarterly program review meetings (at the county and national levels) and quarterly partner coordination meetings with CLTS NGOs, county health teams and PSI to ensure that the project is on track, share lessons learned, discuss challenges and to agree upon courses of action to address obstacles; and bi-annual feedback workshops with the partner organizations, other service providers, district governments and beneficiaries to involve relevant stakeholders in the process and to fully utilize linkages with other programs. CHF headquarters will also track overall program performance through "TRACKER" a Web based project Management tool for

[8] The 1st MAP study of the project will be conducted in April /May 2011

project monitoring purposes and quarterly field management reports that analyze results against targets, lessons learned and program burn rates.

IWASH will include a full-time CHF M&E Coordinator, working in coordination with a part-time counterpart at PSI. The M&E Coordinator plays a central role in implementing data collection systems and provides technical assistance and training where necessary to assure adequate capacity in information and reporting. S/he will be in charge of overall M&E management, impact-level analysis and USAID reporting. The three IWASH County CLTS supervisors and community development promoters (CDPs) will provide support in key areas of data collection, analysis, quality and aggregation in both qualitative and qualitative reporting (i.e., county, district, village, households and individual). In collaboration with the M&E Coordinator, short–term technical assistance (STTA) from evaluation consultants and CHF and PSI headquarters will assist with start-up activities including refining and rolling out the M&E system and designing or adapting tools and processes. The M&E system will include basic, simple tools for community-level activities that complement their existing work in order to ease the burden of data collection.

The data will flow from the community level (households, individual communities) to CDPs to the County CLTS supervisors. At the county-level, data will be reviewed and collated by the County CLTS supervisors and sent to the CLTS manager at the CMU in Monrovia who aggregate and clean data before sending to the M&E Coordinator. PSI's County Impact Agents will be responsible for collecting data on large-scale community-level BCC events. PSI Sales Agents will track the sales and distribution of WaterGuard. Together, they will feed data to the BCC Outreach Coordinator. PSI's M&E Officer will be responsible for collating and analyzing this data, which will then be submitted to CHF's M&E Coordinator. National level activities will be tracked and necessary data collected by the M & E Coordinator under the guidance of the Chief of Party (COP).

IWASH will take the following steps to ensure quality data:

- Conduct scheduled verification visits to ensure that quantitative data are of reasonable quality in line with established standards
- Conduct focus group discussions to assess the quality of service provision for program improvement
- Provide oversight and technical assistance to assure integrity of collected information
- Review data collection, maintenance, and processing procedures after every quarter to ensure that practices are consistently applied and provide adequate information

The tools described below represent best practices in social marketing and behavior change research. Each tool is designed to produce evidence of interest to decision makers, both internal and external to the project.

PSI's **Tracking Results Continuously** (**TRaC**) surveys are population-based surveys that monitor and evaluate social marketing and communications interventions. TRaC surveys provide measures for behavioral determinants and programmatic effectiveness. TRaC surveys are usually cross-sectional and use a variety of sampling strategies, from multi-stage household surveys to respondent-driven sampling for hard to reach groups. They provide actionable evidence for social marketing and BCC decision-making and, when repeated over time, measure the impact of project interventions on changes in behavior. TRaC surveys will allow IWASH to know whether an intervention is working and whether exposure to IWASH activities is associated with behavior change. IWASH proposes to undertake a full TRaC survey at the beginning of the project (baseline) and at the end of the project (endline) as well as an abridged version, called TRaC-M (TRaC monitoring), at the mid-term. The proposed baseline and

endline TraC surveys will be comprehensive surveys measuring all of the proposed project's key behavioral indicators.

Measuring Access and Performance (MAP). To address the relationship between marketing interventions and epidemiological-based need, IWASH will employ MAP to increase the coverage, quality of coverage, access, equity of access, and efficiency of targeted branded and generic product and service delivery systems. MAP surveys will link measures of population need/risk to measures of geographic coverage/access using lot quality assurance sampling (LQAS) and spatial analysis based on Geographic Information Systems (GIS) in order to monitor sales at a disaggregated level (by outlet type, geographical area, proximity to concentrations of target audience, etc). Both the LQAS and GIS methods require very small sample sizes in order to produce evidence for decision making. This will enable IWASH to monitor distribution of WaterGuard with greater frequency and accuracy, and at a lower cost. MAP will be conducted in Year 2 and 4 of the project.

In addition to these surveys, IWASH will also focus on the following ongoing monitoring mechanisms:

- **Pretesting of Materials:** Before producing and disseminating communication and promotional materials, they will be pretested with specific target groups.
- **Additional Formative Research:** To explore in depth some questions and research gaps related to findings from quantitative studies (TRaC and MAP) or from implementation experience, focus groups and/or in-depth interviews among specific target group may be conducted.

In addition, the project will include a final evaluation near the end of the project to assess overall impact. This assessment will be contracted externally to achieve as impartial an assessment as possible. This assessment will collect quantitative and qualitative data through surveys, desk reviews, focus groups discussions and key informant interviews with stakeholders.

5. PROPOSED PERSONNEL AND MANAGEMENT PLAN

5.1 Organizational and Management Structure

CHF has developed a robust and agile management structure that can effectively adapt and respond to the rapidly changing Liberian context to meet and exceed USAID's requirements for the IWASH project. CHF's organizational structure and partnering strategy: (1) is focused on flexibly and cost-effectively building capacity and meeting needs at the local level; (2) provides for centrally-managed technical strategy and quality control; (3) has clear lines of communication; and (4) maximizes the use of local partners, professionals and service providers. The IWASH management structure is adapted from an implementation structure that has proven to be successful in similar large programs operating in environments where access to target areas is challenging. In these situations, CHF develops a strong Central Management Unit (CMU) in the capital city to support dispersed field offices implementing a diverse set of interventions. This structure allows for flexible responses to local conditions, effectively disseminates important successes across the field operations, and draws on consistent and coherent program standards to meet challenges. This core team will be co-located in the CHF offices in Monrovia. Please refer to Annex C for the organizational chart.

The IWASH strategy for the proposed realignment is to establish the facilitation of sustainable behavior change through the application of the CLTS methodology as the nucleus of the program and to enable community and Government at all levels to steer and manage this process in an efficient and sustainable manner. To enable this it is required that the emphasis of support to Government expands from mentoring and capacity development of government staff to also include the facilitation of good governance through the development of new Government structures, systems, procedures and staff structures. The current IWASH management team does not specialize in the field of governance development. Thus, in order for the proposed re-alignment of IWASH to be implemented in an efficient manner, a new COP has been appointed who more appropriately can manage the change in program focus.

The IWASH strategy for facilitating behavior change at community level has comprised a joint effort by CHF and sub-grantee PSI. PSI was responsible for advocating behavior change through BCC while CHF applied the CLTS methodology in assisting communities to change their ways. CHF focused their efforts on specific communities that have been identified by County government in the target areas and assisted them in achieving ODF status. PSI on the other hand utilizes mass media outlets to reach as many families as possible in the target areas, both to advocate proper hygiene and sanitation practices and to market and distribute WaterGuard. As the 2 organizations targeted different groups, they operated by and large independently from one another. The field teams of each organization received instructions and reported to their own project manager.

This arrangement reached a wide audience, but in order to achieve a more concentrated and lasting impact it was decided that for the remainder of the program behavior change activities will be focused mainly on CLTS communities. In order to maximize outputs and outcomes, PSI and CHF will assume responsibilities in accordance with their relative strength and skills. Social marketing specialists PSI will be responsible for promoting ODF as a preferred status. They will inform and advise the WASH products entrepreneur project on community trends and needs regarding WASH products and services and they will continue with the establishment of a supply network for WaterGuard. CHF will be responsible for implementing CLTS and for facilitating BCC [mainly through IPC] in 200 government-identified communities in the target area. PSI hygiene promoters will join the CLTS field teams and will conduct

IPC hygiene messaging. They will work under the guidance of CHF's behavior change county supervisors.

PSI's field activities will be coordinated by their Senior BCC Coordinator, while CHF field operations manager and CLTS manager will oversee behavior change field activities for CHF. These persons all report to the IWASH COP.

5.1.1 Central Management Unit in Monrovia

The Monrovia-based CMU, headed by the Chief of Party (COP), will liaise with USAID, GoL and other national actors, set strategic direction, apply quality control standards and policies, manage program funds, provide technical assistance, and ensure that program objectives are effectively met. The central management unit will consist of the following:

The **Chief of Party (COP)**, to whom CHF International will delegate full authority and responsibility for the programmatic and financial management of IWASH, including coordination with USAID and the Government of Liberia. The COP reports directly to the Country Director (CD). As a key personnel position, the COP is responsible for the overall design, vision, oversight and management of the IWASH program. The COP supervises IWASH senior staff, and acts as the primary point of contact for all partners and stakeholders. In addition, working closely with the CD, the COP maintains a vibrant and open dialogue with relevant USAID personnel to ensure donor priorities are properly addressed, and provides overall representation for the IWASH program.

The **Administrative/Finance Officer (AFO)** will report directly to the CD and manage the finances and accounting for the program. He will manage the systems and procedures, which provide internal checks and balances, and ensure that all USG and CHF procedures and systems are thoroughly adhered to and that all funds are accounted for. The AFO will also oversee human resources management, including compliance with relevant local labor laws. The AFO will directly supervise a team of accountants and support staff, and provide technical assistance to local partners as needed.

The **BCC Coordinator for Hygiene, Communication and Behavior Change (BCC)** The BCC Coordinator manages all aspects of shaping evidence-based communication strategies; developing key messages; materials design, production and dissemination; developing and applying training materials; identifying and training outreach partners; and monitoring and evaluation of BCC activities. Also coordinates and manages research and M&E processes for the project. This position, staffed by IWASH partner PSI, will spend a minimum of 3 days per week working within the CHF Monrovia (or field, as required) office. This position was initially filled for the first two years of the project by an expatriate. The expatriate had the title of Technical Advisor.

Capacity Development Technical Advisor: The CDTA will be housed in the MPW and will coordinate WASH sector activities with government ministries and other WASH partners and where needed, provide for WASH implementation and service delivery. The incumbent will also coordinate CHF IWASH activities with the relevant Ministries (MPW, MHSW, MoE and MLME).

Mobile Technical Support Team
Housed within the CMU will be a Mobile Technical Support Team (MTST) consisting of specialized managers who will set standards in their respective areas and ensure that field-based staff work within established parameters and adhere to best practices. The MTST will also ensure an approach that captures and replicates successes across the target regions.

Field Operations Manager: The Field Operations Manager (FOM) is a field-based position with frequent travel to project sites, and reports directly to the COP. The FOM, who will share his time between the Gbarnga and Monrovia offices, will manage field operations across all field offices, directly supervising the Behavior Change County Supervisors. He will be responsible for ensuring oversight of and support to all program interventions and activities across the program.

Monitoring & Evaluation Coordinator: The Monitoring & Evaluation Coordinator (MEC) is a Monrovia-based position with frequent travel to the field, reporting directly to the COP. He will be responsible for the design, deployment and management of the program's monitoring and evaluation system. He will also support the program's field teams in data collection and analysis and contribute to all programmatic reporting.

CLTS Project Manager: This position has been appointed from among the current crop of staff, with outstanding experience in community development work and promotion of hygiene and sanitation at the community level. The CLTS PM will have responsibility for promotion of IWASH sanitation marketing approach in Liberia. The position will also be responsible for the design and monitoring of community participatory approaches in IWASH programming and ensuring that children, youth, and women are mobilized to be agents of change and placed at the center of Total Sanitation action in schools, communities, and households. The CLTS PM will be focused on promotion of the CLTS approach through promotion of sanitation and household hygiene improvement products and will also promote the documentation and dissemination of participatory processes and outcomes within CHF's IWASH programming at national, county, and district levels. The CLTS PM will thus be responsible for following up with sub-grant partners implementing CLTS in counties and coordinating with the national CLTS steering committee to ensure the government approved community sanitation options are followed. This change in staff role will not affect the current budget.

5.1.2 Field Offices

CHF has established three action-oriented field offices in Bong, Lofa, and Nimba counties as cost-effective units tasked with the day-to-day responsibility of program implementation. For reasons of cost and access, activities in the Greater Monrovia communities of Duport Road and Bensonville will be managed out of the CHF Monrovia office. All offices will be staffed entirely by Liberians able to respond rapidly to local demands and opportunities and to adjust programming with the changing environment.

Field offices will be headed by a **Behavior Change County Supervisor**, reporting to the Field Operations Manager in Monrovia. Behavior Change county supervisors will be responsible for managing all project activities in the county, from capacity-building of the County with respect to the WASH sector, to the community-level outreach by the Community Development Promoters, the County Impact Agents and District Impact Agents. **Community Development Promoters (CDPs)** will facilitate CLTS activities at the community level in conjunction with Government field teams. **County and District Impact Agents** will facilitate and deliver all BCC activities at the community level. Efforts will be harmonized and lessons shared through the management of the Behavior Change County Supervisors and through regular cross sharing coordinated by the Field Operations Manager. The Behavior Change County Supervisor will serve as the head of the IWASH county team to include all staff assigned to each county by CHF and PSI.

5.2 Key Personnel

Chief of Party: Ralph Kilian has served as Chief of Party since 2011. Ralph has a technical background that served him well in managing IWASH during a phase where the construction of latrines, wells and boreholes comprised the largest share of IWASH activities. The proposed modification will however result in a comprehensive shift in emphasis towards capacity building, skills development and setting up of proper systems, procedures and structures. To ensure that efficient program management and implementation continue, CHF management has selected Pieter deVries as replacement for the current COP. Mr. deVries has an extensive background in community engagement, particularly in the WASH sector, and strengthening management structures that will complement the IWASH realignment. Mr. deVries will share a transition period with the current COP to ensure a smooth transfer of responsibilities before he takes over full responsibility for management of the program

Administrative/Finance Officer: Zuheir Moanna has over 25 years of experience in finance and administration roles and over 3 years of experience working with CHF International. A CPA and member of the Illinois CPAS, Mr. Moanna is experienced in financial, human resource, grants, and inventory management, as well as procurement procedures and financial analysis. Relying on considerable implementation experience and in-depth knowledge of US Government rules and regulations, Mr. Moanna has provided strong financial support and management to a wide range of activities. Most recently, serving as Finance Director for Mercy Crops in South Sudan, Mr. Moanna provided financial oversight for a portfolio in excess of $100 million and multiple field offices. While with CHF in Lebanon, Mr. Moanna managed a $10.2 million budget and implementation in 2 countries, setting up a robust financial monitoring system to track Task Orders issued under CHF's agreement with USDOL, resulting in a clean external audit conducted by the donor.

Familiar with CHF International policies, procedures, and systems, Mr. Moanna is uniquely positioned to provide immediate support to CHF's activities in Liberia to ensure a smooth start up and efficient implementation of the WASH project.

BCC Coordinator: [*Previously Senior Technical Advisor for BCC*]. In accordance with program stipulations, new appointee Jefyne Togba joined the IWASH project in July '12 replacing Mariam Diallo, the Senior Technical Advisor for Hygiene, Communication and Behavior Change (BCC), as the PSI lead for the project. Jefyne's experience includes five years of project management experience with two of those years with Monrovia City Corporation working in the project development and coordination unit specializing in municipal WASH projects. Although relatively new to the BCC field Jefyne brings and extensive background in project management and development

Maximizing the use of local professionals and local organizations is at the heart of the IWASH Project's sustainability strategy and of its implementation from start of program. All field offices will be staffed fully with local professionals working in coordination with local partners and government counterparts. Going beyond full-time staffing, CHF and PSI will seek to fill STTA needs locally whenever possible. When international STTA is accessed to contribute expertise and perspectives not currently available in Liberia, these expatriate consultants will be paired with local staff and/or partners to promote knowledge transfer.

5.3 Staff and Partner Management

In order to build staff capacity and develop teamwork, the IWASH Project will launch with a team workshop and build on that effort through collaborative development of the PMP. Open lines of communication, facilitated by Internet connections and data collection will ensure that all team members are on the same page. The CMU and field office staff will meet directly at least quarterly.

With respect to partners, CHF will move quickly to negotiate sub-award agreements with PSI and the competitively selected LNGOs, which clearly define their roles and responsibilities. Each partner will have a work plan with milestones and targets linked to its budget which feeds into the overall work plan. PSI staff working on IWASH Project in Liberia will report to the COP, while local partners will report to the Field Operations Manager. Final oversight for partners will be maintained by the COP. Monthly programmatic and financial reports and monthly county team meetings will help partners stay focused and on target.

5.4 Role of CHF Headquarters

CHF/HQ will guide and provide technical assistance for the conversion of the overall IWASH concept into implementation and oversee the operations of the program. The prime authority to implement IWASH and the responsibility for achieving results on time and within budget will be delegated to the COP. Specific CHF/HQ contributions, in coordination with the COP, include: (1) first-line management oversight, monitoring of program performance, coordination with the U.S. headquarters of PSI, and programmatic support by the CHF Office of Global Operations; (2) access to WASH-related infrastructure program tools, manuals, and technical assistance from CHF's Construction Practices Unit; (3) access to best practices and lessons learned through CHF's Office of Strategic and Technical Support; (4) recruitment, hiring, and deployment of expatriate external and in-house STTA; and, (5) monitoring by the Finance Department of field cost-containment and compliance with CHF's accounting, procurement, sub-award administration, and inventory management policies and procedures.

5.5 Financial Management and Reporting Systems

CHF financial management systems and tools have been successfully applied in the Liberian context. CHF's **Field Finance and Accounting Manual** is the cornerstone for financial management of large-scale programs. The processes and procedures it outlines significantly reduce and/or negate the possibility of financial corruption. The manual: (1) outlines the timing of each procurement activity during the project process; (2) defines all procurement-related roles and responsibilities; (3) highlights core USAID procurement regulations outlined in ADS 303 and 22 CFR 226; (4) requires a robust system of checks-and-balances; and (5) outlines CHF's adherence to the USG's mandate on Foreign Corrupt Practices Act 15 U.S.C. 78 dd. (FCPA). CHF audit policy includes an annual on-site field audit conducted by a USAID-recommended audit firm as part of our annual A-133 audit.

CHF has a proven track record in transparent, efficient sub-award administration to international and local partners worldwide. CHF's **Sub-Award Management Manual** assists managers to: (1) develop a transparent, competitive process for sub-award applications; (2) thoroughly document all sub-award decisions; (3) develop sub-award agreements that include required Certifications and Representations, and Standard Provisions; (4) efficiently disburse and track funds to awardees; (5) develop a centralized internal control system; and (6) manage and monitor sub-awardees' implementation.

Improved Water, Sanitation and Hygiene (IWASH) Project
USAID Cooperative Agreement No. 669-A-00-10-00087-00

IWASH Performance Management Plan

November 30, 2011

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Table of Contents

I. Program Goal and Objectives 1
II. Introduction to the PMP 1
III. Development Hypothesis 2
IV. Results Framework 2
V. IWASH Monitoring and Evaluation System 4

List of Acronyms

AOTR	Agreement Officer Technical Representative
BCC	Behavior Change Communication
CCs	County Coordinators
CDPs	Community Development Promoters
CEM	Coarsened Exact Matching
CHF	Cooperative Housing Foundation
CHT	County Health Team
CLTS	Community Led Total Sanitation
CMEC	Community Mobilization and Empowerment Coordinator
CMU	Central Management Unit
COP	Chief of Party
DO	Development Objective
EHT	Environmental Health Technician
GIS	Geographical Information System
GoL	Government of Liberia
HIV/AIDS	Human immune-Virus/Acquired Immune Deficiency Syndrome
IP	Implementing Partner
IR	Intermediate Result
IWASH	Improved Water, Sanitation and Hygiene
KAP	Knowledge Attitude and Practice
LQAs	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MA	Market Assessment
MAP	Measuring Access and Performance

MDGs	Millennium Development Goals
N/A	Not Applicable
NGOs	Non-Governmental Organizations
O&M	Operation and Management
OD	Open Defecation
ODF	Open Defecation Free
PIRS	Performance Indicator Reference Sheet
PMP	Performance Management Plan
POU	Point-of-Use
PSI	Population Service International
PTA	Parent Teachers Association
STTA	Short Term Technical Assistance
TBD	To Be Determined
TRaC	Tracking Result Continuously
TRaC-M	Tracking Result Continuously - Monitoring
USAID	United States Agency for International Development
USG	United States Government
WASH	Water, Sanitation and Hygiene

I. Program Goal and Objectives

The United States Agency for International Development (USAID) Mission for Liberia has awarded CHF International and its partner Population Services International (PSI) a cooperative agreement No. 669-A-00-10-00087-00 to implement the Improved Water, Sanitation and Hygiene (IWASH) project. The **program goal** of IWASH is to make measurable improvements in water supply, sanitation, and hygiene (WASH), as well as the enabling environment for WASH, in target areas within the three counties of Lofa, Nimba, Bong and selected communities in Greater Monrovia.

The project seeks to reach ***101,608*** persons for access to safe water and ***95,768*** for access to improved sanitation - including men, women and children in selected communities. IWASH program activities directly correlate to the three essential components of the Hygiene Improvement Framework:

1. Hygiene promotion through participatory community mobilization
2. Access to hardware to support and sustain individual and community commitment to behavior change
3. Promotion of enabling environment through capacity building of national and county-level government institutions.

IWASH contributes to USAID's Strategic Objective 8.0: Increased Use of Basic Health Services and USAID's Intermediate Result 8.1: Increased Access to Basic Health Services.

II. Introduction to the PMP

According to ADS 203.3.2, "performance management is the systematic process of monitoring the achievements of program operations; collecting and analyzing performance information to track progress toward planned results; using performance information and evaluations to influence decision-making; and communicating results achieved, or not attained, to advance organizational learning and tell the Program's story".

The **Performance Management Plan (PMP)** is an important tool for managing and documenting the performance of the IWASH program. It will enable timely and consistent collection of comparable performance data, which will allow the IWASH Team to make informed program management decisions. This PMP has been developed through a collaborative process with IWASH partners and stakeholders to enable the IWASH team to actively and systematically assess its contribution to USAID/Liberia and the GoL`s results. The guiding documents for PMP are the IWASH Cooperative Agreement between USAID and CHF and each year`s approved work plan. The work plan defines strategies, activities, and targets concurrent with the deliverables. Following from these, the PMP defines performance indicators for measuring project results (i.e., outcomes and outputs). For each indicator, the PMP defines the source of data, the method, frequency and schedule of data collection, and the person(s) responsible for data collection. This PMP will ensure that data collection is timely and useful to the IWASH team, and USAID. It will ensure the use of a consistent methodology for the generation of time-series information over the program's lifecycle. We will use the PMP to report progress against yearly work plan milestones.

The IWASH PMP includes of the following:

- Narrative describing the project's **Development Hypothesis**
- A **Results Framework** graphic
- **Performance Indicator Data Tables** in matrix format documenting, among other things, baseline value, annual and life-of-project targets and disaggregation type
- **Performance Indicator Reference Sheets** (PIRS) detailing all indicators
- **Calendar of Performance Management Task,** a M&E Task Schedule

III. Development Hypothesis

CHF's IWASH program is premised on the development hypothesis that sustainable improvements in WASH programming can only be achieved through a comprehensive approach that addresses the three key elements of the Hygiene Improvement Framework (Access to Hardware; Hygiene Promotion and Enabling Environment). In summary, participatory community mobilization around **hygiene promotion** will lead to individual and community commitment to behavior change. This behavior change will need to be supported by an increased **access to a range of hardware options.** The overall increase in demand (following hygiene promotion) as well as a better supply of supported hardware has to then be supported by an **enabling environment** to ensure wide-scale application and sustainability. As the Results Framework below depicts, improvements in these three areas is causally linked to measurable improvements in water supply, sanitation, and hygiene.

Critical Assumptions:

- The Government of Liberia is able and willing to support project activities
- That capacity building activities will lead to a stronger enabling environment
- All stakeholders are willing to participate in project activities.

IV. Results Framework

The Results Framework includes the following components:

- **The USAID Assistance Objective –** the objective that the IWASH program supports
- **The Development Objective/IWASH Goal -** the overall or highest level that the IWASH program intends to achieve at the program completion.
- **Intermediate Results (IR) -** the mid-level results necessary for and that could lead to the highest level result being achieved
- **Sub-Intermediate Results -** the lower-level results that lead to intermediate results being achieved
- **Critical Assumptions -** conditions that IWASH may not have control over but must hold true in order for the development hypothesis to lead to the relevant results.

RESULT FRAMEWORK

USAID SO 8.1: Increased Access to Basic Health Services

Project Goal: Improved water supply, sanitation, and hygiene (WASH)

- **Percentage of children under 60 months of age with diarrhea in the last 2 weeks.**

IR1: Increased access to water supply, sanitation, hygiene and household level products.

1-1Percentage of the population using an Improved drinking water source
1-2 Percentage of the population using an improved sanitation facility.
1-3 Percentage of IWASH target communities that report that they know a place within their district to buy hand pump spare parts if their hand pump spoils
1-4 Percentage of IWASH provided water facilities that got broken and fixed by community within one year of it been handed over to community
1-5 Percentage of IWASH school latrines properly managed after six months of handing over to school authorities.

IR2: Increased community use of potable water supply and storage technologies, sanitary practices and water hygiene.

2-1 Liters of drinking water disinfected with USG-support point-of-use treatment products.
2-2 % of care givers in IWASH-targeted communities who cite different critical times when they wash their hands with soap.
2-3 %of care givers in IWASH in target communities that can show a container of treated water drinking water with POU water treatment product (Water Guard)
2-4 % of men and women able to show the latrine they are using to defecate.
2-5 % of primary caregivers that are able to show a safe place they dispose children feces.
2-6 Percentage of triggered communities that achieved ODF status
2-7 Percentage of ODF communities that maintained their status after one year of being "certified ODF"

IR3: Improved enabling environment for WASH at national, county, district and community level

3-1 Percentage of IWASH communities using their own funds (Cash box) to operate, and maintain their drinking water source.
3-2 % level to which County Steering committee (CSC) follow their TOR in applying CLTS
3-3 % of target communities water infrastructure reports captured into the county database on a quarterly basis.
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Sub- Intermediate Results

IR1: Increased access to water supply, sanitation, hygiene and household level products.

IR1.1 Increased access to Non-Household level IWASH products.

1.1-1 Number of people gaining access to an improved drinking water source.

1.1-2 Number of water points constructed/rehabilitated in target communities.

1.1-3 Number of "girl friendly" latrines constructed at schools)

IR1.2 Increased access to Household level IWASH products.

1.2-1 Number of IWASH whole sales and retail outlets regularly stocking POU water treatment products.

1.2-2 Number of Water Guard bottles sold or distributed

1.2-3 Number of IWASH-trained WASH products and services entrepreneurs actively selling WASH product and services in IWASH communities.

IR 2: Increased community use of potable water supply and storage technologies, sanitary practices and water hygiene.

IR 2.1: Increased community knowledge of potable water supply and storage technologies, sanitary practices and water hygiene.

2.1-1 % of target group who knows that clear water is not always safe for drinking.

2.1-2 % of target group that can cite two ways of fecal oral transmission.

2.1-3% of target group that knows that washing hands with soap removes germs.

2.1-4 % of target group who knows that treated drinking water can be contaminated if the water is not stored properly.

2.1-5 % of adults in non-triggered communities who have heard about CLTS and ODF.

IR 2.2 Increased social norms for potable water supply and storage technologies, sanitary practices and water hygiene.

2.2-1 % of target group who reports that their neighbors understand the importance of treating their drinking water

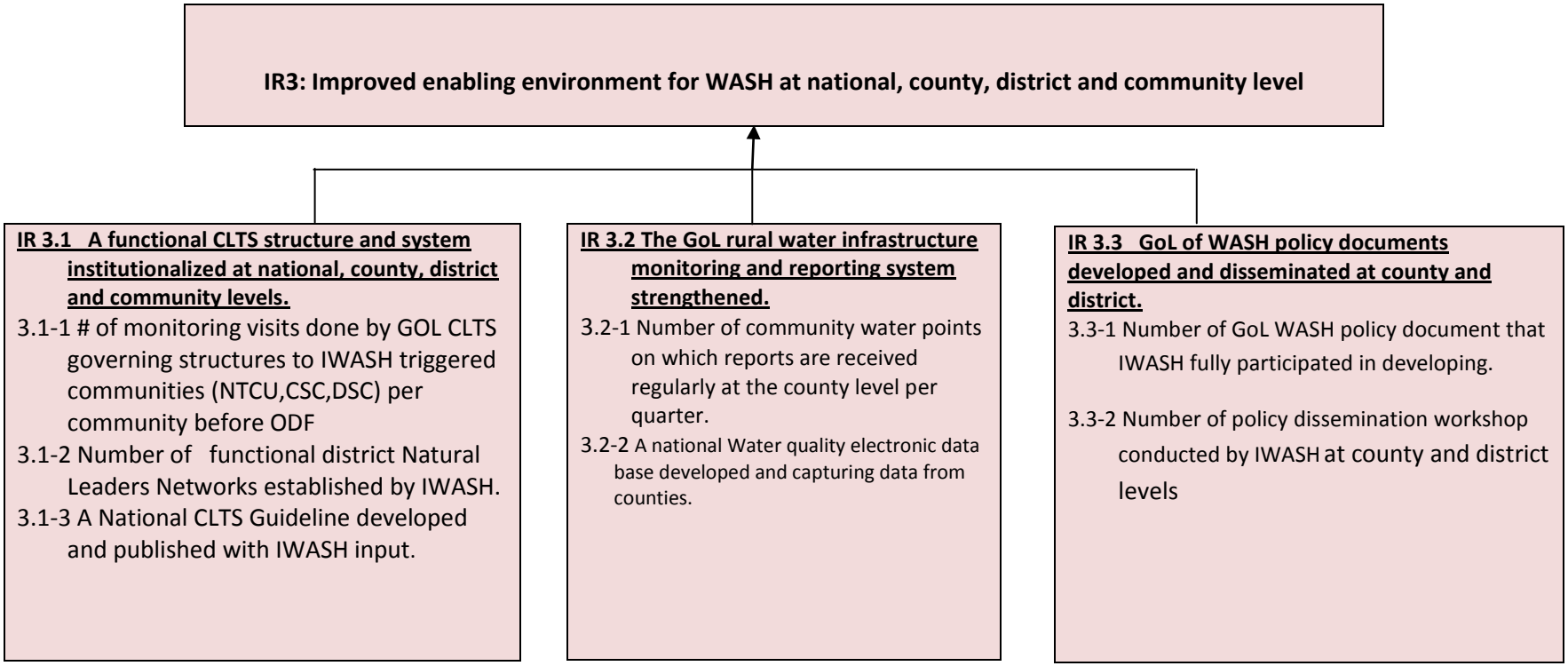
2.2-2 % of target group who reports that their neighbor take some action to store their drinking water properly.

2.2-3 % of target group that believe their neighbors consider washing hands with soap as a good practice of cleanliness.

IR 2.3: Increased Community demand for ODF Status.

2.3-1 Number of communities Certified "Open Defecation Free"

2.3-2 Number of communities requesting CLTS assistance/ triggering



Critical Assumptions:

- The Government of Liberia is able and willing to support project activities
- That capacity building activities will lead to a stronger enabling environment
- All stakeholders are willing to participate in project activities.

V. IWASH Monitoring and Evaluation System

Both CHF and PSI bring their time-tested monitoring tools to track WASH and capacity building activities. While key tools such as TRaC and Measuring Access and Performance (MAP) will be used to monitor BCC, social marketing and POU reach and impact, IWASH will put in place other ongoing monitoring mechanisms to ensure that community, county and national level activity data is collected and disseminated in a timely manner. Mechanisms to be used include: monthly and quarterly reports by CLTS NGOs, IWASH county and district officers, and PSI's M & E Officer, which will include results, key constraints and work plan updates for the next reporting period; quarterly program review meetings (at the county and national levels) and quarterly partner coordination meetings with CLTS NGOs, county health teams and PSI to ensure that the project is on track, share lessons learned, discuss challenges and to agree upon courses of action to address obstacles; and bi-annual feedback workshops with the partner organizations, other service providers, district governments and beneficiaries to involve relevant stakeholders in the process and to fully utilize linkages with other programs. CHF headquarters will also track overall program performance through monthly field management reports that analyze results against targets; lessons learned and program burn rates.

IWASH team includes a full-time CHF M&E Coordinator, working in coordination with a part-time counterpart at PSI. The M&E Coordinator plays a central role in implementing data collection systems and provides technical assistance and training where necessary to assure adequate capacity in information and reporting. S/he will be in charge of overall M&E management, impact-level analysis and USAID reporting. The IWASH County managers will provide support in key areas of data analysis, quality and aggregation in both quantitative and qualitative reporting (i.e., county, district, village, households and individual). In collaboration with the M&E Coordinator, short–term technical assistance (STTA) from evaluation consultants and CHF and PSI headquarters will assist with start-up activities including refining and rolling out the M&E system and designing or adapting tools and processes. The M&E system will include basic, simple tools for community-level activities that complement their existing work in order to ease the burden of data collection.

The data will flow from the community level (households, individual communities) to CLTS NGOs and CDPs to the County Coordinator. At the county-level, data will be reviewed and collated by the County Coordinators and sent to the M&E Coordinator at the CMU in Monrovia. PSI's Outreach Field Agents and County Health Interns will be responsible for collecting data on large-scale community-level BCC events. PSI Sales Agents will track the sales and distribution of WaterGuard. Together, they will feed data to the BCC Outreach Coordinator. PSI's M&E Officer will be responsible for collating and analyzing this data, which will then be submitted to CHF's M&E Coordinator. National level activities will be tracked and necessary data collected by the M & E Coordinator under the guidance of the Chief of Party (COP).

IWASH M&E Coordinator will take the following steps to ensure data quality:

- Conduct scheduled verification visits to ensure that quantitative data are of reasonable quality in line with established standards

- Conduct focus group discussions to assess the quality of service provision for program improvement
- Provide oversight and technical assistance to assure integrity of collected information
- Review data collection, maintenance, and processing procedures after every quarter to ensure that practices are consistently applied and provide adequate information

The tools described below represent best practices in social marketing and behavior change research. Each tool is designed to produce evidence of interest to decision makers, both internal and external to the project.

PSI's **Tracking Results Continuously** (**TRaC**) surveys are population-based surveys that monitor and evaluate social marketing and communications interventions. TRaC surveys provide measures for behavioral determinants and programmatic effectiveness. TRaC surveys are usually cross-sectional and use a variety of sampling strategies, from multi-stage household surveys to respondent-driven sampling for hard to reach groups. They provide actionable evidence for social marketing and BCC decision-making and, when repeated over time, measure the impact of project interventions on changes in behavior. TRaC surveys will allow IWASH to know whether an intervention is working and whether exposure to IWASH activities is associated with behavior change. IWASH proposes to undertake a full TRaC survey at the beginning of the project (baseline) and at the end of the project (end-line) as well as an abridged version, called TRaC-M (TRaC monitoring), at the mid-term. The proposed baseline and end-line TraC surveys will be comprehensive surveys measuring all of the proposed project's key behavioral indicators.

Measuring Access and Performance (MAP) To address the relationship between marketing interventions and epidemiological-based need, IWASH will employ MAP to increase the coverage, quality of coverage, access, equity of access, and efficiency of targeted branded and generic product and service delivery systems. MAP surveys will link measures of population need/risk to measures of geographic coverage/access using lot quality assurance sampling (LQAS) and spatial analysis based on Geographic Information Systems (GIS) in order to monitor sales at a disaggregated level (by outlet type, geographical area, proximity to concentrations of target audience, etc). Both the LQAS and GIS methods require very small sample sizes in order to produce evidence for decision making. This will enable IWASH to monitor distribution of WaterGuard with greater frequency and accuracy, and at a lower cost. MAP will be conducted in Year 2 and 4 of the project.

Coarsened exact matching (CEM) is a statistical method used in program evaluation to match treated individuals with those in a control group, based on specific covariates. CEM *coarsens* data in the sense that each of the covariates is grouped into *predetermined categories* designed to increase the likelihood of matching. It is an *exact matching* procedure because once covariates are coarsened each individual in the treatment group is matched with one or more individuals in the control group who have the same specified covariate values. Matching individuals in this way produces treated and control groups that are similar with respect to the predetermined covariates. Coarsening facilitates identification of matches but does not impede subsequent analysis because only the *uncoarsened values* of the variables (of the matched units) are passed on to the analysis stage. PSI shall use this method to measure progress at the end of project

Knowledge Attitudes and Practices Survey

To support capacity building and ultimately to facilitate sustained efforts in the enabling environment, CHF will conduct a knowledge, attitudes and practices (KAP) survey and interviews to gather information from GoL partners. The KAP study is necessary to gauge capacity building efforts around knowledge and attitudes of WASH management practices, processes, coordination and policy development. Addressing the knowledge gaps is critical for ensuring that: 1) these GoL partners have increased knowledge of WASH management, implementation and coordination; and 2) plans are put in place to ensure that key practices are a part of the GoL processes, practices and coordinated efforts. The KAP study will identify knowledge gaps, beliefs, or behavioral patterns that may facilitate understanding and action, as well as pose problems or create barriers for effective WASH efforts. The KAP study will be conducted using CHF's participatory approach to ensure that stakeholders have ownership of the results and follow-up actions. The first KAP will be conducted in year 2 and compared against the final KAP in 2015.

In addition to these surveys, IWASH will also focus on the following ongoing monitoring mechanisms:

- **Pretesting of Materials:** Before producing and disseminating communication and promotional materials, they will be pretested with specific target groups.
- **Additional Formative Research:** To explore in depth some questions and research gaps related to findings from quantitative studies (TRaC and MAP) or from implementation experience, focus groups and/or in-depth interviews among specific target group may be conducted.

In addition, the project will include a final evaluation near the end of the project to assess overall impact. This assessment will be contracted externally to achieve as impartial an assessment as possible. This assessment will collect quantitative and qualitative data through surveys, desk reviews, focus groups discussions and key informant interviews with stakeholders.

New Georgia PPP Latrine

Second Independent Monitoring Report (Feb. 26th – Mar. 1st 2013)

A. INTRODUCTION/BACKGROUND

The New Georgia PPP toilet is a modern Public toilet built in the New Georgia market area owned by the community but managed by Libra sanitation. Libra Sanitation is a private sanitation firm in the business of liquid and solid waste disposal. The toilet was built as a result of FUND from USAID implemented by IWASH. The construction was done by a contractor (WONDERS Inc) who took a relative long time to complete with lots of structural problems and modification to the building. They were given the contract in 2011 finished in 2012.

Management

Libra Sanitation assigned a male care taker to manage the daily usage of the toilet in the first quarter of operation but brought in a female from the community in the second quarter. By the time of this second independent monitoring the lady has left. (Needs to investigate why she left)

For now the Water Carriage system is not working because the generator that Libra bought to operate the submersible pump was stolen and has not been replaced. Care taker gets water from the well into a drum from which water is fetched for users to flush the toilet manually. The general environment is however properly managed and clean. The cost of using the facility is 10 LD for defecation, 5 LD for urination and 15 LD for bathing.

B. PURPOSE

An independence monitor is usually hired after every 6 months especially when we are doing the semi-annual report to USAID to give us an independent report of the use of the toilet. Issues of importance we may want to track are:

1. Average number of daily users.
2. Ratio of male and female users.
3. Ratio of type of usage.(Defecation, Urination, Bathing)
4. Ratio of users from within/without market.

C. FINDINGS AND RESULT (ANALYSIS)

TABLE 1 : 4 DAYS DATA ANALYSIS SHEET

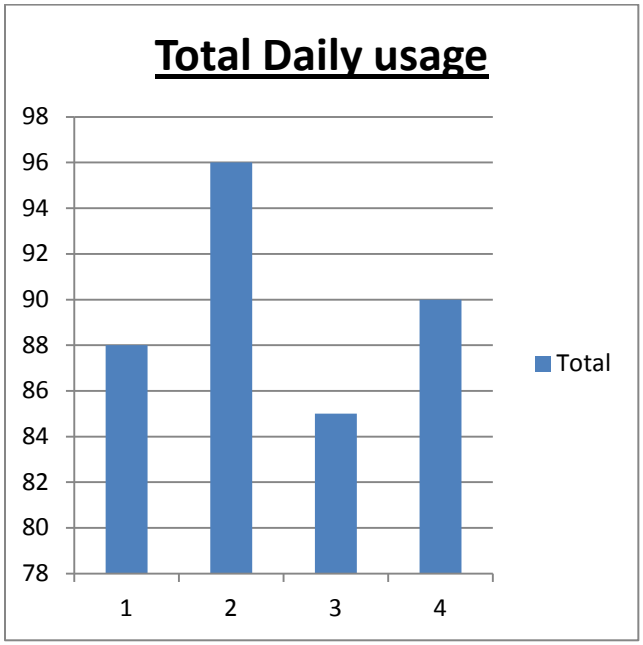
Day/Date	Sex			Age range				From where			Defecate (10 LD)	Urinate (5 LD)	Total
	Male	Female	Total	<18 Yrs	18-50 Yrs	> 50Yrs	Total	Market	Outside	Total			
Tues Feb 26	23	65	**88**	33	55	0	88	75	13	88	50	38	88
wed Feb 27	26	70	**96**	16	80	0	96	80	16	96	66	30	96
Thu Feb 28	25	60	**85**	25	60	0	85	75	10	85	69	16	85
Fri Mar.1	25	65	**90**	10	75	5	90	75	15	90	65	25	90
Total	**99**	**260**	**359**	**84**	**270**	**5**	**359**	**305**	**54**	**359**	**250**	**109**	359
Precent (%)	**28%**	**72%**	**100%**	**23.4**	**75.2**	**1.4**	**100**	**85**	**15**	**100**	**70**	**30**	100
Avg Daily Users	**25**	**65**	**90**								63	27	90
Average daily Income (LD											**630**	**135**	**765**

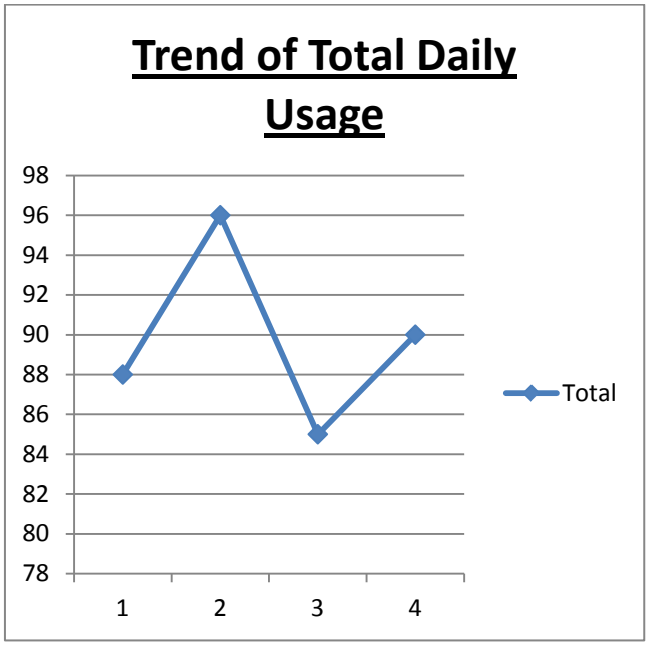
Average daily Users table and chart

Day/Date	Sex		
	Male	Female	Total
Tues Feb 26	23	65	**88**
wed Feb 27	26	70	**96**
Thu Feb 28	25	60	**85**
Fri Mar.1	25	65	**90**
Total	**99**	**260**	**359**
Precent (%)	**28%**	**72%**	**100%**
Avg Daily Users	**25**	**65**	**90**

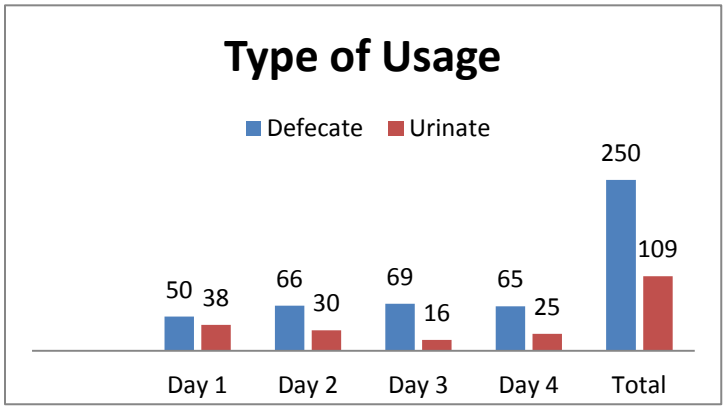
For the four days of monitoring **average daily users was 90 persons (Male: 25, Female: 65) that is 28% males, 72% female.**

2. Trend of Daily Usage





It is discovered that the total number of daily users for the four days fluctuated between 96 highest and 85 lowest.



3. **Type of Usage:** From the chart it is clear that more than twice the number of people use the facility for defecation than for urination (250:109). Percentage ratio of Defecation to Urination is 70:30. No one is using the facility for bathing.

4. **Places from where Users came**.

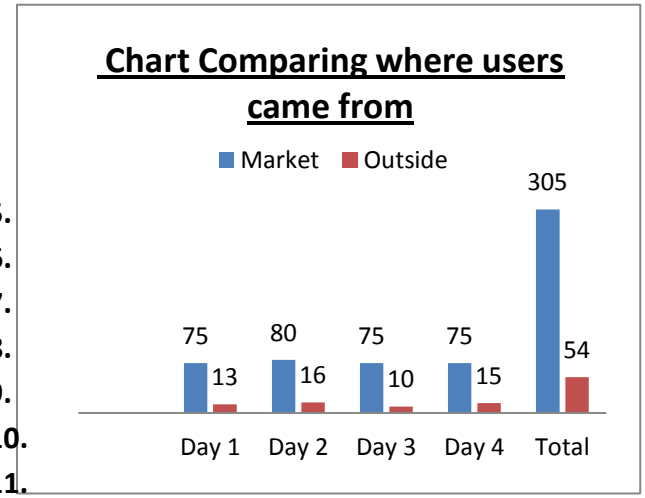


Chart 4 shows that more people that use the facility are people selling in the market 305 (85%) than those from outside 54 (15%).

5. **Age Range of Users**

Day/Date	Age range			
	<18 Yrs	18-50 Yrs	> 50Yrs	Total
Day 1	33	55	0	88
Day 2	16	80	0	96
Day 3	25	60	0	85
Day 4	10	75	5	90
Total	**84**	**270**	**5**	**359**
Percent (%)	**23.4**	**75.2**	**1.4**	**100**

More people of the age range 18-50 years (75.2%) use the facility than those below 18 years (23.4%) and above 50 years (1.4%).

D. CONSTRAINS/PROBLEMS

From observation part of the roof is leaking. The operation of the submersible pump to pump water to the overhead tank is incapacitated due to the absence of a generator. The absence of a female care taker may pose some gender sensitive issue that needs to be looked into.

E. CONCLUSION

Generally the operation of the facility is good as the environment is clean and not smelling. The users seem to be comfortable with the manual flushing and the number of users increasing.

From the analysis:

1. The number of daily users (avg= 90) is increasing as compared to the past six month report.
2. More people are using the facility for defecation than for urination and bathing.
3. Majority of people that use the facility are marketers selling in the market.
4. Majority of users are female.
5. The age range of users is 18-50 yrs as this is the age range of persons that sell in the market.
6. From the average users calculation daily income is approximately = 765 LD (App. 10 USD) (See data analysis sheet above)

F. RECOMMENDATIONS

1. That the roof be repaired.
2. That LIBRA after they would have made some profit install the submersible pump this year.
3. That a female care taker be added to the male as Liberia is attracting other nationals and religious group who may not comfortable doing business with a male care taker.

ANNEX

Table comparing last Independent Monitoring report to the recent one

No.	Parameter	Results per monitoring period			
		First	Second	Third	Fourth
1	Average daily users	68	90		
2	Highest number	84	96		
3	Lowest number	54	85		
4	Percentage male	43	28		
5	Percentage female	57	72		
6	Percentage users from within Market	70	85		
7	Percentage users from without	30	15		
8	Percentage users for Defecation	46	70		
9	Percentage users for Urination	54	30		
10	Percentage users below 18 years	33	23.4		
11	Percentage users between 18-50 years	63	75.2		
12	Percentage users above 50 years	4	1.4		
13	Average daily Income (LD)		765		

MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL COORDINATING UNIT

Guidelines for Community-Led Total Sanitation in Liberia

DECEMBER 2012

ACRONYMS

AMCOW	African Ministerial Council on Water and Sanitation
CLTS	Community- Led Total Sanitation
CHF	Cooperative Housing Foundation
CSC	County Steering Committee
DCMHyP	Directorate of Community Mobilization and Hygiene Promotion
DEOH	Division of Environmental and Occupational Health
gCHVs	General Community Health Volunteers
GOL	Government of Liberia
IYS	International Year of Sanitation
MOE	Ministry of Education
MOHSW	Ministry of Health and Social Welfare
MIA	Ministry of Internal Affairs
MLME	Ministry of Lands Mines and Energy
MPW	Ministry of Public Works
NCU	National Coordinating Unit
NTSC	National Technical Steering Committee
NWSHPC	National Water, Sanitation and Hygiene Promotion Committee
NWSSP	National Water Supply and Sanitation Policy
OD	Open Defecation
ODF	Open Defecation Free
RWSSB	Rural Water Supply and Sanitation Bureau
SOM	Sector Operating Matrix
SSP	Sector Strategic Plan
TOT	Training of Trainers
WASH	Water, Sanitation and Hygiene

TABLE OF CONTENTS

1 Introduction 4

1.1 Background to Sanitation in Liberia 4

1.2 Global Context 5

1.3 Community-Led Total Sanitation 7

1.4 History of Community-Led Total Sanitation in Liberia 7

1.5 Guidelines for Community-Led Total Sanitation in Liberia 10

2 Institutional Structure of CLTS in Liberia 12

2.1 National Level 12

2.2 County Level 14

2.3 District Level 15

2.4 Community Level 16

3 Requirements and Steps in CLTS Implementation 17

4 Capacity Development 19

4.1 Orientation for Policy-Level Stakeholders 19

4.2 Training for Facilitators and Natural Leaders 21

5 Post-ODF Scale-Up 22

6 Reporting and Documentation 24

7 Miscellaneous 25

8 Annexes 27

1 Introduction

1.1 Background to Sanitation in Liberia

Sanitation interventions in Liberia have, until recently, received very little attention as compared with other development programs. This has been due, in part, to a lack of policy-level commitment, low institutional framework and poor program implementation. While water remains a more valued resource for community development, poor access to sanitation compromises gains made at increasing access to water supply. Recently though, there has been a push to move sanitation to the fore front. Research has shown the cost-effectiveness of sanitation and water supply, and their importance in improving health, advancing social development and protecting the environment.

The Government of Liberia (GOL) developed its National Water Supply and Sanitation Policy (NWSSP) in 2009 and WASH Compact in 2011. The WASH Compact was developed with full support of the national legislature to accelerate the delivery of water, sanitation and hygiene services in the country. Both documents identify Community-Led Total Sanitation (CLTS) as a community-led approach to sanitation and hygiene promotion. Community involvement in water and sanitation interventions is crucial to the success of WASH programs and by extension to the prevention of WASH related diseases – diarrheal diseases, helminthes and skin infections. The commitment to implementing CLTS in Liberia is solidified in the Sector Operating Matrix (SOM) of the Sector Strategic Plan (SSP) for 2012-2017, which includes various commitments around CLTS.

Building on the NWSSP, coupled with commitment by the President of the Republic of Liberia to sustainable WASH services as outlined in the Compact, sanitation interventions are now expected to receive greater attention than in the past. It is also expected that the Division of Environmental and Occupational Health (DEOH) at the Ministry of Health & Social Welfare (MOHSW) shall be elevated to a Directorate of Community Mobilization and Hygiene Promotion (DCMHyP) and charged with the responsibility for generating demand, community mobilization and hygiene promotion interventions. The directorate will provide dedicated support to the Rural Water Supply and Sanitation Bureau (RWSSB), a body that will be responsible for coordination and ensuring rural water supply and sanitation services with a focus on hardware. The RWSSB will be created by elevating the existing Rural Water Supply and Sanitation Program to the status of a bureau.

These guidelines are meant to offer structure and organization to the implementation of CLTS throughout Liberia. They deliver on a commitment made in the SSP SOM. This document is the first version of these guidelines, a work-in-progress to be updated as deemed necessary by the National Technical Steering Committee.

1.2 Global Context

The United Nations declared 2008 the International Year of Sanitation (IYS). As part of the IYS, the African Ministerial Council on Water and Sanitation (AMCOW) organized the second African Conference on Sanitation & Hygiene (AfricaSan+5) which recognized the scale of problems in sub-Saharan Africa and established key commitments to place sanitation and hygiene at the top of the development agenda in Africa. At the end of the conference the Ministers signed the eThekwini Declaration, in which they pledged to create separate budget lines for sanitation and hygiene in their countries and to commit at least 0.5 percent of GDP, among other commitments. Though Liberia did not sign the declaration, the GOL has embraced the eThekwini Declaration.

The AfricaSan+5 followed the First AfricaSan Conference of 2002, which helped formulate Millennium Development Goal (MDG) 7: to reduce, by half, the number of people without access to basic sanitation and hygiene by 2015. The Third AfricaSan Conference took place in 2011 in Kigali, Rwanda. AMCOW again hosted this event from which came the Kigali Ministerial Statement on Sanitation and Hygiene. Liberia was represented by the Mayor of Monrovia.

The commitments in the eThekwini and Kigali Declarations (see box below) have important areas for continuing policy advocacy and monitoring of progress towards these ambitious regional goals.

Box1. eThekwini Declaration and Kigali Ministerial Statement

eThekwini Declaration	Kigali Ministerial Statement
1. To support AMCOWS leadership on tracking the implementation of the Declaration and prepare a detailed report on progress 2. To established, review, update and adopt	1. Continuous advocacy and awareness to sustain the sanitation momentum explicitly at the regional, national, sub-national and local levels in policy, budgetary allocation, human resources and implementation.

national sanitation and hygiene policies; establish one national plan for accelerating progress to meet sanitation goals and MDGS by 2015. 3. To increase the profile of sanitation and hygiene in Poverty Reduction Strategy Papers. 4. To ensure one principle, accountable institution take clear leadership of the national sanitation portfolio; establish one coordinating body with specific responsibility for sanitation and hygiene, involving all stakeholders including but not limited to relevant line ministries (finance, health, water, education, gender and local government. 5. To establish specific public sector budget allocations for sanitation and hygiene, minimum of 0.5% of GDP. 6. Encourage effective and sustainable approaches such as household and community-led initiatives, marketing for behavior change, educational programs and environmental caring, which make specific impact upon the poor, women, children, youth, and the un-served. 7. Development information monitoring system and tools for tracking progress at all levels, work with regional and global bodies, produce a report by 2010. 8. To recognize the gender and youth aspect of	2. Strengthen community efforts and develop the capacities of local governments, NGOs, Youths, and Community Base Groups (CBGs) to work in partnership for sanitation sustainability. 3. Ensure occupational health, safety and dignity to improve the profile and working conditions of personnel involved in sanitation. 4. Priorities sanitation as a development intervention for health, security and dignity of all members of communities, especially infants, girl-children, women, the elderly, and differently-abled people. 5. Mainstream sanitation across sectors, ministries/departments, institutions, domains (private, household, schools, community, public) and social-political persuasions, so that sanitation becomes every body's concern. 6. Develop and implement approaches, methodologies, technologies and systems for emergencies and disaster situations, and for areas with special characteristics /terrains or groups suffering temporary displacement. 7. Global advocacy for the recognition of climate change impacts on sanitation. 8. Encourage flexibility and variety in options and practical solutions to suit local conditions preferences and resources. 9. Inter-country Working Group, led by

sanitation and hygiene, involved women in all decision-making levels so that policy, strategy and practice reflect gender sensitive approaches. 9. Build and strengthen capacity of sanitation implementers, support research, partnership development and knowledge exchange. 10. Give special attention to countries or areas emerging from conflict or natural disasters.	Country focal points, meet periodically to promote research and development, collaborations, exchanges of innovations, experiences and expertise; networks among intra-country groups and agencies for sharing of knowledge. 10. Adopt the South Asia roadmap for developing National Action Plan to achieving sanitation goals.

1.3 Community-Led Total Sanitation

CLTSis an innovative methodology for mobilizing communities to conduct their own appraisal and analysis of open defecation (OD), stimulating a collective sense of disgust and shame among community members as they confront the crude facts about mass OD and its negative impacts. The basic assumption is that no human being can stay unmoved once they have learned that they are ingesting other people's feces. Communities generally react strongly and develop action plans to become open defecation free (ODF) through their own effort based on different motivations. CLTS focuses on behavior change, triggering the community's desire for change and encouraging innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability. It accomplishes all of this without external subsidies. Facilitators and natural leaders enable this process, developed by Kamal Kar in Bangladesh around the year 2000 and now used in more than 25 countries.

1.4 History ofCommunity-Led Total Sanitation in Liberia

1.4.1 Choosing CLTS for Liberia

The GOL embraced CLTS for various reasons. One important reason was that it has shown success in sub-Saharan Africa, particularly in neighboring Sierra Leone. In addition, CLTS complements Liberia's progression from a state of relief to development as external subsidies are not included in the methodology. It also complements Liberia's policy on decentralization as county and district authorities are key to success, especially around monitoring. These, plus additional reasons for choosing CLTS for Liberia, are listed in the box below.

Box 2. Reasoning Around Choosing CLTS for Liberia

- CLTS has shown success in sub-Saharan Africa, including Sierra Leone;
- the methodology around CLTS complements Liberia's progression from a state of relief to development;
- the emphasis on county- and district-level engagement reflects the tenets of Liberia's decentralization policy;
- using communities as an entry point has proven successful in sanitation and hygiene programs;
- the lack of access to sanitation services adversely affects poor people and disadvantaged groups;
- CLTS offers opportunities for involving both the public and private sector and can lead to partnerships;
- scaling up CLTS could help Liberia's progress towards the MDGs, specifically MDG7.

1.4.2 Introduction of CLTS to Liberia

During the first week of March 2009, UNICEF in collaboration with WaterAid, organized a CLTS workshop for five Anglophone West African countries, including Liberia, in Otukpo, Benue State, Nigeria. A total of sixty-one participants attended the workshop, facilitated by Dr. Kamal Kar and his colleague Professor Robert Chambers. The workshop promoted the CLTS approach and facilitated the development of action plans for introducing CLTS in all participating countries. As part of its action plan, the GOL invited Kamal Kar and Robert Chambers to Liberia to conduct a Training of Trainers (TOT) workshop at the end of the month.

The TOT took place from March 30 – April 3, 2009 at Urey Farms in Careysburg, and targeted select GOL ministries and agencies and local and international NGOs. Itbrought on board many WASH partners, with an aim for building the human capacities and sharing experiences of other counties in relation to sanitation. The TOT resulted in the triggering of ten communities as a pilot in the Careysburg and Todee districts of Montserrado County. At the end of the workshop a National Steering Committee was set-up to be chaired by the Ministry of Public Works (MPW) and co-chaired by MOHSW.

As a result of increased awareness brought about by the GOLto WASH programs, with support from UNICEF, WaterAid, CHF International, Concern Worldwide and Oxfam, a small-scale CLTS program was designed in Liberia in 2009. UNICEF funded the pilot, implemented by the GOL in partnership with local partners focusing on communities in Montserrado and Grand Cape Mount counties. Thirteen communities were triggered with all eventually becoming ODF. From 2009 onwards, CLTS has been implemented as a regular community initiative under the coordination of the National Technical Steering Committee, with the National Coordinating Unit providing support to partners. In July 2010, CHF International hosted an additional TOT in Monrovia, which led to the triggering of six communities.

1.4.3 The Re-Engineering Process & Beyond

In 2011, MOHSW in collaboration with MPW and partners re-strategized to enhance the CLTS approach in in Liberia due to the slow progress of the previous 2009-2010 CLTS strategy. This process, termed "re-engineering,"saw the involvement of GOL key line ministries - MOHSW, MPW, Ministry of Internal Affairs (MIA), Ministry of Lands Mines and Energy (MLME), Ministry of Education (MOE) - and other WASH stakeholders. The process was successful in promoting commitment to sanitation systems that lead to ownership and dignity and enhancing the partnership amongst stakeholders for implementation of participatory approaches to sanitation, effective advocacy and social mobilization.

The sanitation sector in Liberia is gradually yielding increased community commitment and positive behavior change initiatives. Though still quite far from meeting sector strategic objectives for sanitation in Liberia, including a total of 5000 planned ODF communities, itis a positive sign of improvement through the CLTS approach.

CLTS in Liberia has promoted innovativeness, confidence, and leadership skills of county authorities and emerging natural leaders. Community members have begun to build latrines on their own as a result of the promotional action implemented through the CLTS approach. The approach has also contributed to promoting child-friendly aspects and life skills-based hygiene education at household levels. Further, it has helped communities build ownership towards programs, analyze their sanitation problems and collectively solve problems.

It is expected that CLTS will further lead to a reduction in contamination of food and water, as well as reduced child mortality; increased economic growth; development of a healthy and productive human resource; sound environmental and occupational health; improved safety; increased community ownership of development agendas; scaling up of self-esteem; and promotion of social understanding and unified communities.

1.5 Guidelines for Community-Led Total Sanitation in Liberia

Since its introduction to Liberia in 2009, CLTS has been implemented by a number of actors in an uncoordinated manner; partners have used different criteria for community selection and post-triggering monitoring has been weak in most instances. It is essential to avoid variations in community support and to maintain uniformity and standards in program implementation, which will in turn solve the problems of resource constraints and give an impetus to sanitation promotion. To make the program result-oriented, GOL and WASH partners have agreed to develop and adopt the guidelines contained herein as the standard for the country, to be adhered to by all partners implementing CLTS directly or indirectly throughout the Republic of Liberia.Full justification for the development of these guidelines can be found in Box 3 below.

This document aims to achieve the following objectives for CLTS implementation in Liberia:

- to set standards for the implementation of CLTS;
- to enhance coordination and regulation of CLTS activities among stakeholders at all levels; and
- to clearly define processes, procedures and practices for CLTS implementation in Liberia.

Box2. Justification for Liberia CLTS Guidelines

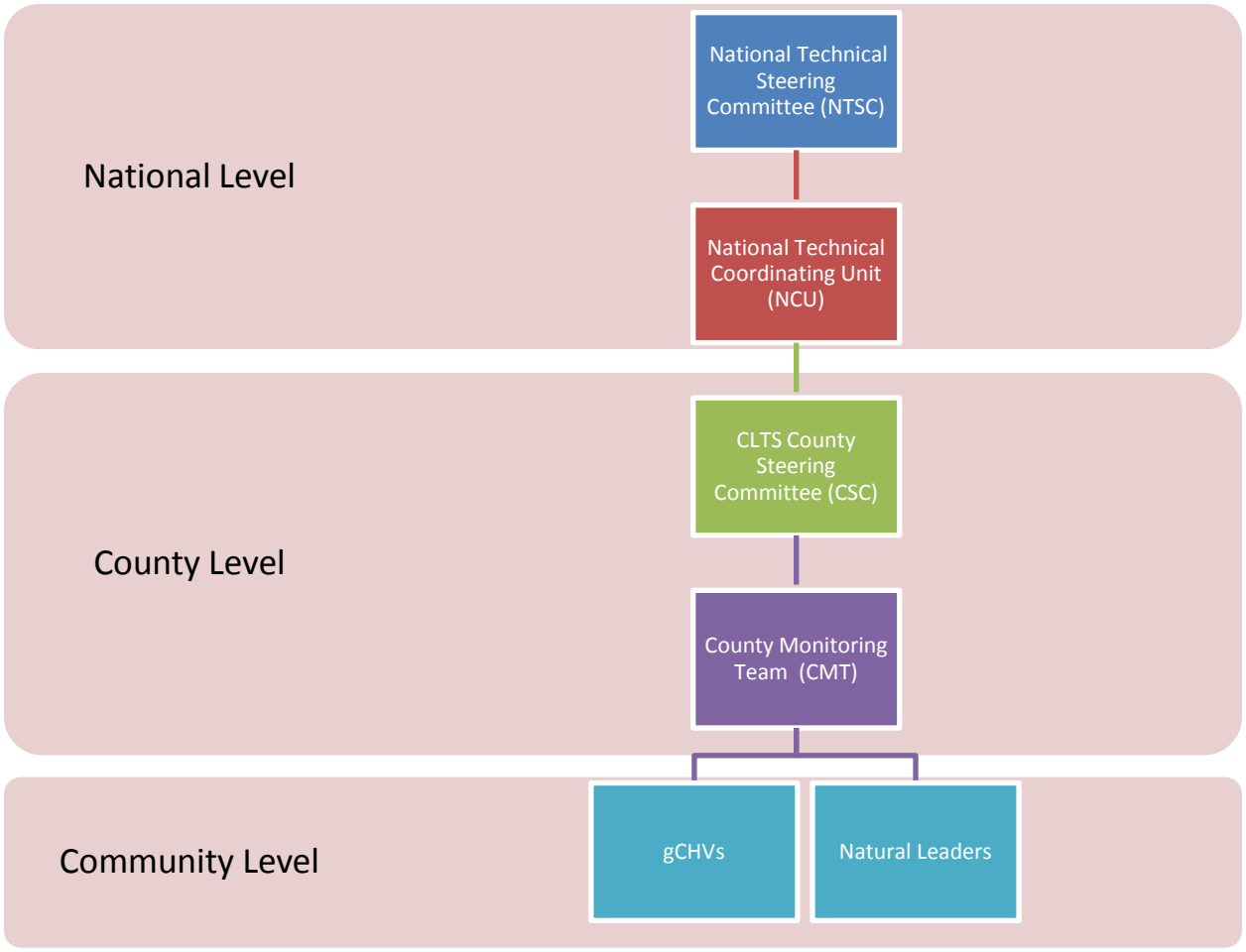
- lack of proper coordination among CLTS implementers at all levels;
- variation in CLTS implementation across partners (e.g. some partner are offering subsidized latrines in CLTS communities);
- lack of data on CLTS implementation from actors;
- untrained facilitators involved in the CLTS process;
- actors implementing CLTS without GOL recognition and approval;
- inappropriate monitoring of CLTS communities;
- lack of a post-ODF plan and exit strategy;
- insignificant number of ODF communities;
- adverse effects of lack of access to sanitation on poor people and disadvantage groups;

- promising opportunity for private sector engagement and partnerships;
- need to make progress on national and global development goals on water, sanitation and hygiene; and
- commitment to develop guidelines set forth in SSP SOM.

2 Institutional Structure of CLTS in Liberia

The CLTS re-engineering process led toan institutional structure for CLTS in Liberia, led by the National Technical Steering Committee (NTSC). Management structures at national and county level have been established. Community management is handled mostly by general community health volunteers and natural leaders coming forth during the triggering process. There remains opportunity to strengthen institutional structures at all levels, especially district. The figure below shows the CLTS structural arrangement in Liberia as of December 2012.

Figure 1. Structure of National CLTS Management in Liberia



2.1 National Level

2.1.1 National Technical Steering Committee

2.1.1.1 Description

This is the highest decision making body for CLTS in the country.

2.1.1.2 Composition

Chair - Ministry of Health & Social Welfare

Co-Chair - Ministry of Public Works

Members:

Ministry of Internal Affairs

Ministry of Education

Ministry of Information

Ministry of Agriculture

Ministry of Planning & Economic Affairs

Monrovia City Corporation

Civil Society Organizations

Donors

2.1.1.3 Responsibilities

- mobilize resources for CLTS scale-up in Liberia;
- ensure the effective implementation of CLTS strategy in keeping with these guidelines and the *Handbook on CLTS* by Kamal Kar;
- regulate the process of triggering, monitoring of ODF verification, declaration and certification;
- standardizeand regulate training procedures and content for national partners;
- ensure documentation and sharing of CLTS best practices and lessons learnt, for policy decision-making and replication in other countries;
- ensure the establishment and regular update of a CLTS database;
- commission a national CLTS research initiative to determine the status in country; and
- meet once a month, or more often in case of emergency.

2.1.2 National Technical Coordinating Unit

2.1.2.1 Description

The National Technical Coordinating Unit (NCU) will have a dedicated office within the DEOH of the MOHSW. Designated staffs of four (4) people (2 each from MOHSW & MPW) will be stationed in the NTU to provide support to partners as well as manage CLTS implementation in

Liberia. The NCU will provide briefings to the NTSC and support county-level steering committees in CLTS coordination and management.

2.1.2.2 Composition

Chair - Ministry of Health & Social Welfare
Co-Chair - Ministry of Public Works

2.1.2.3 Responsibilities

- coordinate all CLTS activities in Liberia;
- set-up and manage CLTS database;
- report to the National Water, Sanitation and Hygiene Promotion Committee (NWSHPC) on a monthly basis;
- document best practices and lessons learnt on CLTS in Liberia;
- conduct CLTS research in collaboration with stakeholders;
- attend national and international CLTS seminar and fora;
- lead the process of developing and reviewing guidelines on CLTS;
- ensure strict adherence to these guidelines and the *Handbook on CLTS* by all stakeholders;
- validate all in-country CLTS training in consultation with the NTSC;
- organize quarterly review meetings;
- conduct regular monitoring and monthly meetings;
- plan and conduct periodic monitoring of CLTS in Liberia in consultation with the NTSC;
- perform other duties and tasks as assigned by the NTSC; and
- validateODF status of and provide certification to communities.

2.2 County Level

2.2.1 CLTS County Steering Committee

2.2.1.1 Description

The County Steering Committee is the highest decision making body at county level; its role is to support communities in every aspect of the sanitation ladder in pursuit of achieving the MDGs.

2.2.1.2 Composition

Chair - Ministry of Health & Social Welfare

Co-Chair - Ministry of Public Works

Members:

Ministry of Internal Affairs

Ministry of Education

NGO Representation

Community-Based Organizations

2.2.1.3 Responsibilities

- conduct assessment and mapping for proper targeting of communities for intervention;
- assign areas to development partners;
- identify core staff and non-staff to be trained and serve as resource center group;
- identify and train emerging and active natural leaders to support self and neighboring community to maintain an improved ODF status;
- collect data and share all CLTS information at county level;
- submit monthly reports to NCU and share copies with WASH stakeholders;
- carryout CLTS verification in collaboration with NCU;
- monitor and supervise CLTS activities at community level using approved forms;
- develop CLTS county plans and meet twice a month at county level;
- work along with community structure in place; and
- perform other duties and tasks as assigned by the NCU.

2.3 District Level

The role of district level stakeholders is vital to the success of the CLTS program. Results can hence be achieved through identification and mobilization of district level stakeholders, establishment and maintenance of effective coordination mechanisms, mobilization of available resources, and capacity development initiatives.

2.4 Community Level

Stakeholders at this level form Community Development committees. CLTS recognizes communities as an entry point for sanitation and hygiene promotion, so all community members should be oriented and trained to be able to identify and exercise their full rights, roles and responsibilities, including mobilizing resources, coordinating with other community members,and promoting action or mutual help. The capacity development of sanitation volunteers, known as general Community Health Volunteers (gCHVs),and natural leaders, women groups, user committees, social mobilizers, local leaders, etc., also holds significance in keeping community commitment for action at all phases of the project. These individuals can be inspired through exposure and visits to nearby programs or projects, returning withenthusiasm and ideas for action.

3 Requirements and Steps in CLTS Implementation

3.1 Requirements for Implementers

The NCU has devised the following list of requirements for those partners wishing to implement CLTS in Liberia. Partners must

- be registered and accredited by the GOL (MOHSW and MPW);
- apply to the NCU and be granted a permit to implement CLTS in Liberia;
- have at least 3 trained CLTS facilitators or be willing to go through the training by the NCU; and
- have a functional office in the county of interest.

3.2 Steps in CLTS Implementation

The general steps for CLTS implementation are below. For additional idea of what activities to include along the way, refer to Annex 1.

Step I. **Conductcounty-level consultative meeting with CSC**: The implementing partneris required to hold a consultative meeting with the CSC. The meeting should focus on the details of CLTS implementation and role of county officials in the project.

Step II: **Support CSC (county facilitators) to train natural leaders using approved manual**: The CSC is the highest decision making body for CLTS at the county level. Implementing agencies should train a team of facilitators who will lead the triggering exercise.

Step III: **Liaise with CSC to identify target communities (pre-triggering)**: It is strongly recommended that criteria (see Box 4 below) for community selection for CLTS implementation is followed. The implementing partner should also ensure that they visit communities to determine feasibility given their logistics.

Step IV: **Mobilize and work with county-level facilitators for community triggering**.

Step V: **Conduct community triggering exercises in line with the *CLTS Handbook***: It is strongly recommended that the principles and approaches in Kamal Kar's*CLTS Handbook* are strictly followed. Refer to Annex 2 for an in-depth look at triggering.

Step VI: **Conduct regular monitoring for community ODF and link with CSC in applying for ODF status to NCU**: Monitoring of CLTS communities should adapt the natural leaders' model. There should also be support to CSCs to monitor communities at least once a week.

Step VII: **Conduct celebration session for qualifying communities upon NCU validation**: Celebration of CLTS communities is based on a declaration by the NCU. All ODF celebration sessions should provide sanitation start-up kits for communities. The sanitation kit includes but is not limited to: shovels; rakes; wheel barrows; hoes, whippers; cutlasses; and pingalins.

Box 4. Criteria for Community Selection for CLTS in Liberia

- frequent occurrence of Acute Watery Diarrhea, cholera, typhoid, hepatitis, scabies, etc. over a six-month period;
- open defecation practiced in the community;
- presence of overgrown grass, misused latrines with uncovered pits, flies,bad odor and animal droppings;
- communities where there has been no NGO-subsidized sanitation program within 1 year;
- communities that are not benefitting from emergency interventions;
- communities that are requesting CLTS intervention; and
- smaller communities, between 10-50 houses, with a homogenous population and very close family and kinship ties (though implementation in bigger communities, above 50 houses, can follow).

4 Capacity Development

Capacity development of stakeholders through orientation programs and trainings, a number of which have occurred, enable planning and monitoring. This package spells out the various components of the orientation of policy-level stakeholders. Basic information ontraining is included; a subsequent version of these guidelines will incorporate additional detail.Refer to Annex 3 for an example of budget line items for relevant trainings and other CLTS components.

4.1 Orientation for Policy-Level Stakeholders

4.1.1 Objective

The objective is to create awareness for the policy stakeholders about the concept, objective and strategies of CLTS and ensure support in all aspects.

4.1.2 Expected Outcomes

- participants learn and understand the concept, objectives and strategies.
- policy-level commitments will be sought to support planning, implementation and monitoring.

4.1.3 Contents

- sanitation in Liberia – status, challenges and efforts;
- package for sanitation promotion centers;
- concepts and strategies of CLTS;
- step-by- step activities and Participatory Rural Appraisal tools;
- experience sharing and lessons learnt;
- roles and responsibilitiesof stakeholders; and
- commitment of partners and end users.

4.1.4 Format

Duration: one (1) day

Location: regional, county, district and clan-level meeting points

Methods:

- Power Point presentation(overhead projector);
- group discussion;
- group work;
- distribution of Information, Education and Communication materials (e.g. CLTS guidelines, videos, brochures, etc.) and
- observation visits.

4.1.5 Resource Persons

- trained government staff (national facilitators);
- technical experts;
- NGOs; and
- support staff.

4.1.6 Participants

- member organizations;
- government ministries/agencies;
- faith-based institutions; and
- other policy-level stakeholders such as planning/development officers, school health sections/teachers, overseers, women workers, water/ sewerage officials, general community health volunteers, and WASH reporters.

4.1.7 Report Preparation/Follow-up

The program organizers will prepare a report by detailing the above headings and take responsibility to follow-up on the activities.

4.2 Training of Leaders and Masons

4.2.1 Facilitators

4.2.1.1 National Facilitators

National facilitators have been trained in Liberia and a database on these facilitators will be maintained by NCU. Training of national facilitators is to be commissioned by the NTSC or NCU. For quality purposes, such national facilitators training should be conducted by internationally-accredited CLTS trainers.

4.2.1.2 County Facilitators

County-level facilitator training should follow key concepts and approaches as stated in the *CLTS Handbook* and should run for at least five (5) days. Participants should include representatives from MOHSW, MPW, MIA, MOE and WASH implementing partners.

4.2.1.3 Natural leaders

Natural leaders training sessions usually run for at least three (3) days. The *Liberia Natural Leader Training Manual* is theofficial document to be used for all trainings targeting community members as natural leaders. Key aspects of the training include

- use of participatory approaches;
- use of pictures and visual aids;
- simulation; and
- field visits/exchange visits.

4.2.1.4 Masons

Though optional, capacity development of local masons for latrine promotion can be beneficial; it can lead to effectiveness in construction supervision and monitoring, and contribute to upgrades in water and sanitation facilities and rebuilding of damaged ones.

5 Post-ODF Scale-Up

I. Set up natural leaders network through the CSC Structure

Through facilitation, implementers should encourage natural leaders to form a network which should be able to meet regularly. The network serves as a forum where natural leaders share experiences and find solutions to challenges encountered in scaling up sanitation. Motivation packages (in-kind) should be provided to natural leaders who help communities achieve ODF status.

II. Sanitation marketing center:

Sanitation marketing centers are meant to support communities in accessing sanitation hardware materials during the CLTS scale-up process. In districts where CLTS is being implemented, appropriate outlets (hardware stores, shops, construction companies, etc.) should be assessed and mobilized to be used as centers for sanitation marketing. Local communities should be linked to these entities though the natural leaders' network. The NCU will mobilize resources to ensure that sanitation marketing centers are established in CLTS districts in Liberia. Key sanitation material to be available at these centers includes, but is not limited to

- sandplats;
- handwashing stations;
- chemicals to treat termites (e.gCarbolyn);
- commodes;
- PVC pipes;
- roofing sheets;
- steel bars; and
- water purification materials.

III. Introduce PHAST in CLTS/ODF Communities

Participatory Hygiene and Sanitation Transformation (PHAST) is an approach introduced in Liberia in 2006 to enhance community hygiene and sanitation. The approach is suitable for scaling up sanitation and hygiene, particularly when communities have reached ODF status. The use of PHAST should be directed only to communities where CLTS have been introduced and those that have reached ODF.

IV. Providing other WASH support to ODF Communities

The NCU will ensure that communities that have achieved ODF status are given priority in terms of WASH interventions. Such interventions to be directed in communities include

- provision of improved water sources;
- provision of better hygiene services;
- linking the community with the health system (e.g. malaria prevention through bed nets distribution); and
- provision of support in linking communities to sanitation marketing centers.

V. Enforcing Public Health Law

The Liberia Public Health Law (1976) states that all dwelling places and public buildings should have adequate toilet facilities and all surroundings of dwelling places should be kept sanitary at all times. In support of ODF communities the NCU will ensure, through the MOHSW structures, that communities are monitored periodically; where appropriate community members who fail to maintain the sanitary status of the homes will be taken to task in line with the Public Health Law.

6 Reporting and Documentation

CLTS implementation should be followed by detailed reporting and documentation. Key information on triggering including the following should be documented by all implementing agencies:

- name of organization conducting triggering;
- name of community triggered;
- dates of triggering;
- community ODF plan stating households that commit to constructing latrines and expected dates of becoming ODF;
- population of the community;
- CLTS tools used in triggering; and
- number of households.

Reports on triggering should be submitted to the NCU at least 10 days after triggering. Monthly monitoring reports should be submitted to the CSC and copies sent to the NCU on or before the 25thof every month.

The national CLTS database will be housed and operated at the NCU and subsequently incorporated into the WASH sector database.

Approved forms can be found in Annex 4.

7 Miscellaneous

7.1 Advocacy and Awareness

Activities on advocacy and awareness have strongly motivated communities to promote hygiene and sanitation collectively. CLTS recognizes theses aspects as strategic tools to motivate them for achieving ODF status. Children are key players when it comes to sanitation and behavior change; they can be used to acquire messages and pass them on to their peers and other persons who may not be direct beneficiaries. These tools help ensure the consent and cooperation of the stakeholders working with central, district and community levels for sensitizing, igniting and mobilizing the communities for action. Local-level entrepreneurs should be encouraged to establish and promote sanitation marketing or resource centers in the community and provide technical advice, information and materials.The use of national advocacy structures such as the WASH Reporters and Editors Network, community radio stations, school health clubs, natural leaders; network, etc. is encouraged in the quest to create public awareness on the importance of community action for total sanitation.

7.2 Resource Mobilization

Experience has shown that a subsidy provided for latrine construction usually hinders a community's sense of ownership, dampens their zeal and enthusiasm for action and creates long-term dependency. As a result, communities often do not take initiative for better sanitation including latrine construction, but rather rely on external support. CLTS adopts tools to trigger communities to construct their own latrines and assist others, such as the marginalized, elderly or other vulnerable groups (e.g. physically challenged). For this, communities should adopt innovative and creative ways to effectively facilitate and support each other, especially the natural leaders, in the mobilization of local resources which will address the prevailing resource constraints, thus scaling up latrine construction in communities. Individuals and community-based organizations and institutions will be rewarded through recognition of their contributions by the national coordinating body, for making their communities and neighboring communities ODF. This practice of rewarding and recognizing communities will inspire them for further action.

Box 5: Justification for Not Using Household Subsidy for Latrine Construction

- subsidies do not address problems of landless people;
- subsidies do not cover the total cost of latrine (e.g. maintenance and use);
- there is no guarantee for sustainability of sanitation improvements at community level without communities taking responsibility for their own sanitation improvement;
- subsidies dampen the feeling of ownership while furthering dependency;
- better-off people wait and do not construct latrines with the expectation that if they wait long enough, they will be given a subsidy for latrine construction;
- cost for constructing latrines for every household is too high for 100% coverage and there are limited resources to manage such cost; and
- experience shows that subsidies allocated for poor people has been overtaken by socially well-to-do and influential persons.

7.3 Humanitarian Situation and CLTS

Access to sanitation remains a challenge in emergency situations. Wars and natural disasters damage sanitation infrastructure thus leaving the population without proper facilities for disposal of human waste. In such situations, people are forced to practice open defecation, even in streams which could be used as sources of water supply in such emergencies. The privacy and protection of women and childrenare normally compromised and there is potential for outbreaks of diarrheal diseases. The urgent nature of emergencies often leadsto handouts from agencies through their donors to provide much needed services. Resultant facilities are mostly of inferior quality with no operation and maintenance systems. Such humanitarian situations have built dependency among refugee population and host communities, who also benefit either directly or indirectly from such interventions, with a corresponding challenge to the participatory approach to sanitation.

While CLTS has been a challenge in emergency and some post-emergency situations, it can be successful if implemented through a phased approach. This way, communities are initially mobilized to contribute to some aspects of the latrine construction. An example would be having communities contribute to labor at the first phase and later increasing community responsibility for construction of superstructures, with NGOs providing some subsidy and later sensitizing communities to construct latrines without subsidies.

8 Annexes

8.1 Annex 1: CLTS Implementation Activities

First Phase: Community Selection and Preparedness

- Formation and reformation
- Orientation
- Partners application to NCU
- Application received and screened
- Orientation of INGO/NGO
- Feasibility study of community/school/report
- Selection of community by CSC
- Pre-triggering/notification to county/community/school
- County level trainings
- Formation of child-to-child sanitation club and sub-committee
- Orientation of child-to-child and sub-committee members

Second Phase: **Sequential Flow Triggering and Action**

- Introduction Ignition PRA Tools:
  1. Walk of shame
  2. Sanitation mapping
  3. Defecation mobility
  4. Feces Calculation
  5. Medical Expense Calculation
  6. Flagging
- Preparation of community plan of action and identify areas for training
- Community and school activities /resource mobilization/start of stopping open defecation
- Hands washing facilities, dish racks and cloths lines constructed and in use
- Family share latrines under construction
- Completion of temporary latrine and their use
- First announced verification /report
- Sanitation and hygiene checklist developed

Third Phase: Follow Up

Community:

- Regular use of latrines by all
- Rebuilding of collapsed latrine
- Upgrading of latrines
- No Open Defecation continues
- Refresher training
- Follow-up and monitoring
- First announcement of ODF recognition with awards and certificates

School:

- Regular use and maintenance of latrines
- Garbage put under control and campus clean
- Follow-up monitoring and evaluation continues
- Child-child sanitation clubs establish
- Refresher training

8.2 Annex 2. Triggering Activities

Ignition (Triggering) and Participatory Rural Appraisal Tools

Ignition tools empower the communities in many ways by enhancing their knowledge and transforming behaviors. The use of the tools encourages discussion among community members to stop OD. As a result, they are spontaneously united to instantly develop a plan of action for formulation, implementation, monitoring and evaluation and follow-up of promotional actions.

Walks of Praise and Shame

Community people conduct a transect walk across the settlement to assess people's defecation behavior and sanitation facilities, and identify hygiene and sanitation problems. Community people in the areas of OD will see their own shit, inhale the smell and feel ashamed. It's important to spend time in the OD area asking questions while inhaling the unpleasant smell. Experiencing the disgusting sight and smell in this new way, accompanied by an outsider to the community, is a key factor in triggering mobilization, despite their embarrassment. People who practice OD are made shameful and aware of their behavior; this act in turn triggers community for seeking the immediate options to get rid of hazardous and shameful situation.

Social Mapping

Social mapping is an important ignition tool to promote sanitation after the walk of shame. Women and children groups help to facilitate the process, identify local level stakeholders by organizing the community to develop its plan of action based on local resources and launch-awareness raising activities for sanitation promotion.

Defecation Mobility Map

During this exercise, community people realize the fact that feces reaches water sources, vegetable fields, farm lands, foot trails, play grounds, public places, etc., and ultimately enters the mouth. The realization of such terrible facts sensitizes them to build and use latrines and stop OD as soon as possible.

TriggeringDisgust

Ask for a glass or a cup of water, offer the water to some of the participants and ask them to drink, and after drinking say thanks to them. Next, pull a string of hair from your head and ask people to tell you what is in your hand then ask if they can see it. Touch it on some shit on the ground so they all can see. Now dip the hair in the glass of water and ask if they can see.

8.3 *Annex 3. Example of Budget Line Items for Implementing CLTS at Community Level*

Budgeting will be done per the norms of the NCU in collaboration with partners. However, the following budget template (unit cost per community) is being used in line with the WASH Sector Investment Plan for implementing CLTS in Liberia.

Activity/item description	Unit	Quantity	Frequency	Unit
Training of Natural Leaders				
Feeding	Person	2	5	Days
Transportation Reimbursement	Person	2	2	Trips
Lodging	Person	2	6	Days
Stationery (assorted)	Bulk	2	1	Session
DSA for National facilitators*	Person	1	5	Days
Venue rental*	Person	2	5	
Subtotal				
Pre-triggering visit				
Transportation	Person	2	2	Trip
Local DSA for staff	Persons	2	1	Day
Subtotal				
Triggering				
Transportation (Local Vehicle rental)	Vehicle	1	1	Day
Triggering materials (assorted)	Assorted	1	1	Session
Packed lunch for participants*	Persons	1	4	
Fuel for National Facilitators*	Gallons	20	1	Trip
DSA for National facilitators	Person	1	2	Days
Subtotal				
Post-triggering				
County/local level monitoring	Person	1	18	days
National level Monitoring	Person	1	5	Days
Subtotal				
ODF Celebration				
ODF Billboard	Piece	1	1	
Sanitation toolkit/materials	Assorted	1	1	Bulk
Feeding for participants	Person	10	1	Meal
Transportation Reimbursement	Person	10	1	Trip
Subtotal				
Sanitation social marketing				
Slabs	Piece	10	1	
Hand washing facility	Piece	10	1	
Subtotal				
County level facilitator training	Bulk	1	1	

County level consultative meeting	Bulk	1	1	
Support to County Steering Committee	Bulk	1	1	
Grand Total				

8.4 Annex 4. Monitoring Forms

8.4.1 CLTS Pre-Triggering Form

CLTS PRE-TRIGGERING FORM

1. County: _____
2. District: _____
3. Clan: _____
4. Community: _____
5. GPS Coordinates: X: _____ Y: _____
6. Name of Town Chief: _____
7. Number of Houses: _____
8. Number of Households (families): _____
9. Population: M: _____ F: _____Total: _____
10. Date of Pre-Triggering Visit: _____
11. Names of Staff: _____

    _____

12. Name of Implementing Partner: _____
13. No. of Usable Latrines before CLTS: Household:_____ Communal:_____
14. Functional WASH Committee ___ YES ___ NO; If YES, M:_____ F:_____
15. Before CLTS, No. of Dish Racks: _____
16. Before CLTS, No. of Clothes Lines:_____
17. Before CLTS, No. of Hand Pumps: _____ No. of Hand Pumps that are Functioning:_____
18. Before CLTS, No. of Tippy-Taps/ Handwashing Facilities: _____
19. No. of Children 60 months (5 years old) and Below with Diarrhea in Last 2 Weeks: _____
20. No. of Persons over 5 years old with Diarrhea in Last 1 Month: _____
21. Proposed Date of Triggering:_____

8.4.2 CLTSTriggering Form

CLTS TRIGGERING FORM

1. County: _____
2. District: _____
3. Clan: _____
4. Community: _____
5. Population: M: _____ F: _____Total: _____
6. No. of Dwelling Houses:_____
7. No. of Family Latrines:_____ No. of Family Latrines that are Functioning:_____
8. No. of Hand Pumps: _____ No. of Hand Pumps that are Functioning: _____
9. Tools Used in Triggering (check all that were used):
   _____ Community Shit/ Pupu Mapping
   _____ Shit/ Pupu Calculation; If checked, No. of Bags:_____
   _____ Calculation of Medical Expenses; If checked, Amount (LD):_____
   _____ Walk of Shame
   _____ Transmission Route
   _____ Reflection
10. Attendance at Triggering: Adults:_____ Children: _____ Total: _____
11. At What Stage (from Question #9) was Community Triggered? _____
12. Result of Triggering: _____
13. Proposed Date of ODF: _____
14. No. of Family Heads Making Commitment to Build Their Family Latrines: _____
    List:

NAME	START DATE	END DATE

15. No. of CLTS Latrines Community Promised to Build: _____
16. List of Natural Leaders: _____
    _____
    _____

8.4.3 CLTS Weekly Monitoring Form

CLTS WEEKLY MONITORING FORM

1. County: _____
2. District: _____
3. Clan: _____
4. Community: _____
5. Name of Town Chief: _____
6. No. of Houses: _____
7. Date Triggered: _____
8. Implementing Partner: _____
9. Names of Visiting Staff:_____
10. Date of Last Visit: _____
11. Date of Current Visit: _____
12. No of Latrines before Triggering: _____
13. No. of Latrines Started after Triggering: _____
14. No. of Latrines Completed After Triggering: _____
15. Proposed Date of ODF: _____
16. No. of New Diarrhea Cases in Children Under 5 Years Old for Past Week: M:___ F:___ Total: __
17. No. of New Dish Racks Built: _____
18. No. of New Clothes Lines Made: _____

(Continued on Next Page)

CLTS COMMUNITY WEEKLY MONITORING FORM (continued)

No.	Name of Household Head	H/H Population				New Pit Dug (Y/N)	Slab made (Y/N)	Superstructure (Y/N)		Squat Pit Cover (Y/N)	H/Washing Facility (Y/N)			Latrine Completed& In Use	
		M	F	Total	No. of Fam.			Wall	Roof		Present	Water	Soap/ Ash	Y/N	# of H/H Served

8.4.4 CLTS Monthly Monitoring Tool: Progressing Latrine Form

CLTS MONTHLY MONITORING TOOL: PROGRESSING LATRINE FORM

1. County: _____
2. Responsible Partner: _____
3. No. of Communities Triggered: _____
4. No. of ODF Communities: _____
5. Reporting Month/ Year: _____

No.	District	Name of Community	Population			No. of pits dug	No. of slabs made	Super-structure		No. Latrines		# of H/Washing Facility		
			M	F	Total			Wall	Roof	Complete	In Use	Present	Water	Soap

8.4.4.1 CLTS Monthly Monitoring Tool: Completed Latrine Form

CLTS MONTHLY MONITORING TOOL: COMPLETED LATRINE FORM

1. County: _____
2. Responsible Partner: _____
3. No. of Communities Triggered: _____
4. No. of ODF Communities: _____
5. Reporting Month/ Year: _____

No.	Name of Community	No. of Houses	Population			No.of Latrine completed	No. of H/H Served	Beneficiaries			Dish Racks		Tippy Taps		Clothes lines		ODF Status (Y/N)
			M	F	Total			M	F	Total	No. Built	No. In Use	No. Built	No. in Use	No. Built	No. in Use	

8.4.5 Monthly Monitoring Tool: Natural Leaders Form

CLTS NATURAL LEADERS FORM

1. County: _____
2. District: _____
3. Community:_____
4. Name of Town Chief: _____
5. Monitoring Month/ Year: _____
6. Town Chief Contact: _____

No.	Name	Position / Title	Sex	Age	Contact	Sign	Effective	Not Effective

8.4.5.1 CLTS Monthly Monitoring Tool: Diarrhea Monitoring Form

CLTS MONTHLY MONITORING TOOL: DIARRHEA MONITORING FORM

6. County: _____
7. Responsible Partner: _____
8. No. of Communities Triggered: _____
9. No. of ODF Communities: _____
10. Reporting Month/ Year: _____

No.	District	Name of Community	Population			Diarrhea Occurrences								
			M	F	Total	Children 60 months and below			Persons above 5 years			Total		
						M	F	Total	M	F	Total	M	F	Total

8.4.5.2 CLTS CSC/ NCU Monitoring Visit Form

CLTS CSC/ NCU MONITORING VISIT FORM

Date:_____

Name	Ministry/Division	Position	Community(ies) Visited	Purpose	Comment	Sign	Contact

8.5 Annex 5: ODF Certificate Template

CERTIFICATE OF DECLARATION

This is to certify that _____has been declared an Open Defecation Free (ODF) Town

This CERTIFICATE OF DECLARATION is in recognition of their effort and hard work in making their town an Open Defecation Free Town.

Given this _____day of _____AD_____

_____	_____
MINISTER	MINISTER
Ministry of Health and Social Welfare	Ministry of Public Works

8.6 Annex 6: Standard ODF Billboard

[MINISTRY OF HEALTH TOWN]

IS AN OPEN DEFECATION FREE (ODF) TOWN

"NO SCATTERING PUPU AROUND"

OPEN DEFECATION IS NOT ALLOWED

PLEASE USE THE TOILET, TOILET USE IS FREE

GoL

Partner Logo

8.7 Annex 7: ODF Celebration Sample Program

TIME FRAME	**DESCRIPTION OF TASK**	**FACILITATOR**
0800-1100	ARRIVAL OF GUESTS AND ODF COMMUNITIES	PARTNER/GOL/ODF COMMUNITIES
1100 – 1110	OPENING PRAYER	A COMMUNITY MEMBER
1110 -1120	WELCOME STATEMENT	THE COUNTY SUPERINTENDENT
1120 – 1130	OVERVIEW OF PROJECT & PRESENTATION OF ODF COMMUNITIES	MOHSW WASH COORDINATOR/NCU
1130 – 1200	REMARKS	1. ODF COMMUNITIES REPRESENTATIVE 2. COUNTY STEERING COMMITTEE 3. CHT 4. RESIDENT ENGINEER/MPW 5. PARTNER (IMPLEMENTING CLTS) 6. USAID 7. UNICEF 8. MIA 9. NATIONAL STEERING COMMITTEE ON CLTS 10. MPW 11. MOHSW
1200 – 1220	CERTIFICATION OF ODF COMMUNITIES	MOHSW ASSIST. MIN/DCMO/PREVENTATIVE SERVICES
1220-1240	RECOGNITION OF ODF TOWNS AND NATURAL LEADERS	CLTS IMPLEMENTING PARTNER
1240 – 1300	PRESENTATION OF SANITATION MATERIALS	MPW ASSIST. MINI/RURAL DEVELOPMENT/COMMUNITY SERVICES
1300 – 1310	VOTE OF THANKS	DISTRICT COMMISSIONER
1310	CLOSING PRAYER	THE COMMUNITY MEMBER