

## GLOBAL WATERS RADIO

### [Piet deVries on Sanitation Behavior Change in Liberia](#)

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**Global Waters Radio:** You are tuned in to Global Waters Radio, a podcast series produced by the Water Team at the United States Agency for International Development. The series offers listeners insights from USAID officials, development partners, thought leaders, and experts from across the water sector, as they discuss current USAID water programming and cutting-edge research from around the world.

This week on the podcast, Piet deVries. Piet is senior WASH advisor for Global Communities, a Maryland-based NGO working in more than 20 countries. For several years recently, Piet served as country director in Liberia for Global Communities, and also served as chief of party for USAID/Liberia's Improved Water, Sanitation, and Hygiene Program, or IWASH, which concluded in 2015. That program and a follow-on project, the Partnership for Advancing Community-Based Services, or PACS, have both tried to improve rural public health in Liberia through community-led total sanitation, or CLTS.

CLTS is a methodology for empowering communities to improve sanitation practices in order to bring an end to open defecation and its associated public health threats. At its core, CLTS uses locally-sourced material to improve sanitation facilities, while community members also hold each other accountable for adopting sanitation and hygiene behavioral changes that make community-led total sanitation sustainable. So sure, it sounds good, but does it work?

**Earlier this year, Liberia have reached a major milestone with 1,000 communities achieving open defecation free (ODF) status, and we have got Piet deVries here to tell us how it happened. So Piet, to start things off, tell us a bit about the early evolution of community-led total sanitation improvements in Liberia.**

**Piet deVries:** Community-led total sanitation was introduced in Liberia in 2009, but it didn't really get a lot of traction for quite some time. There were some interventions and there was some success, but there wasn't really an ability to maintain the communities in their open defecation free behavior, because there were no structures in the counties to support that.

In 2012 and early 2013, there was a lot of work done in developing the capacity of the Liberian government at the national level and at the county level in developing a guideline for structuring that coordination for sustainable sanitation improvement, and we did a lot of that capacity development and policy development as part of our IWASH Program. And then, having developed those county structures in late 2012/early 2013,

we did a big launch of CLTS in the three countries where we were working in. And we were able to get 50 percent of those open defecation free within a four month period, working closely with the county and district environmental health technicians who worked for the Ministry of Health.

We realized that CLTS could be very successful, but it was extremely difficult and logistically challenging. So what we did was we mobilized the community mobilizers who worked with CLTS, called Natural Leaders, into networks, and we incentivized them to go to their neighboring communities and trigger them and monitor them to expand the CLTS implementation. It took us four months to get the first batch of communities to be open defecation free. So that was about 75 communities—50 percent of the original 150—and about another three months to get another 20 percent of those ODF. The Natural Leader Network, who we organized, triggered 27 communities in their first batch, and they got 100 percent open defecation free in one month. So it was immediately apparent to us that we had a successful model going. So we tried to scale that up.

**GWR: Right, and when you reach out to potential partner communities, are they offered subsidies for sanitation improvements, or is this something that financially falls to the communities?**

**PDV:** Community-led total sanitation does not provide any money or any materials for community members to build their own latrines, handwashing facilities, and to change their behaviors. So you are basically convincing these community members to take time away from their subsistence agriculture to build latrines and create facilities to wash their hands, build dish racks, and clothes lines, and garbage pits.

So it's not just a personal sanitation and hygiene program; it's a community-level sanitation and hygiene program. And they have to really want to do it because they are not getting anything externally for this. So they have to believe in it. And you need to understand how to make people believe it. And we were trying to expand this fairly rapidly and using this Natural Leader Network, we basically were able to expand the number of people implementing CLTS enormously. Town chiefs, at the lowest level, understand that this was not something that was being brought in by an external NGO, this was not something that was being brought in by even the Ministry of Health—this is something that traditional leadership has signed up to, and was promoting actively. With that kind of support, behavior change is much easier.

**GWR: So during the time USAID's IWASH Program was being implemented in Liberia, the country was also facing the world's worst-ever Ebola outbreak. Clearly, this had an impact on programming. As the recovery from Ebola began, when were community-led sanitation projects in the country restarted?**

**PDV:** It was in May of 2015 that we really launched our CLTS activities in earnest again. And that was under a new USAID-funded project called PACS. Its objective was to

expand on the successes that we had already achieved for sanitation and hygiene in water supply. We already had a Natural Leader Network in place, so we were able to ramp things up very quickly. Within nine months of that launch in May, we were able to expand our activities to the point where we now have over 1,000 communities open defecation free, which is really enormous. And we are expanding into an additional three counties for expanding access to sanitation, and we are linking the general community health volunteers with the Natural Leaders so we have a more integrated community-level health program.

**GWR: And is part of the idea behind community-led total sanitation involve generating some sort of positive rivalry between neighboring communities?**

**PDV:** In December 2015, I was out in Liberia and we were celebrating the first district to become open defecation free. The paramount chief and the district commissioner were very enthusiastic, and we purposefully brought paramount chiefs from other districts and other district commissioners to the celebration, and several of them got up and pledged that they were going to be the next district that would become open defecation free. So obviously not all of them can be the next, but there was a great positive competition between them. You know, you got a sense of comradery in this adoption of CLTS and all of them feeling that they were moving ahead, and wanting to be the first to achieving this milestone for their counties. So that was exciting.

**GWR: Well, community-led total sanitation has clearly has a lot of success in Liberia. Do you think it can take root in other countries in the region?**

**PDV:** Yeah—so the successful model that we have developed in Liberia has been used as a template for design of a project that USAID has funded in Ghana. It's called WASH for Health. And we have worked very closely with the Ghana program to get their staff up to speed to understand what we have developed in Liberia, how it was done, and how to apply that model effectively in Ghana. When you are looking at behavior change projects, it's very important to have it locally contextualized.

And we understood very well how to contextualize the CLTS implementation in Liberia. And when the Ghana program was awarded, we organized a visit of some of our key staff from our CLTS program in Liberia and went over and spent a couple of weeks with our colleagues in Ghana, first presenting about what had been done and how it had been done in Liberia, and going to the field and seeing what CLTS programs had been implemented to date, and then talking with community members—some traditional leadership and Ministry of Health—to talk about how programs have been going so far.

I think that it has enormous potential in Ghana, the Natural Leader-driven CLTS. And we have gotten a lot of enthusiasm and support for launching the program in Ghana from the government and from traditional leadership and communities in Ghana. So we are very enthusiastic about getting that off the ground.

**GWR:** For more information about community-led total sanitation programs in Ghana and Liberia, please click on the links below. And as always, if you have a topic you would like to see us cover in a future podcast, drop us a line at [waterteam@usaid.gov](mailto:waterteam@usaid.gov).

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