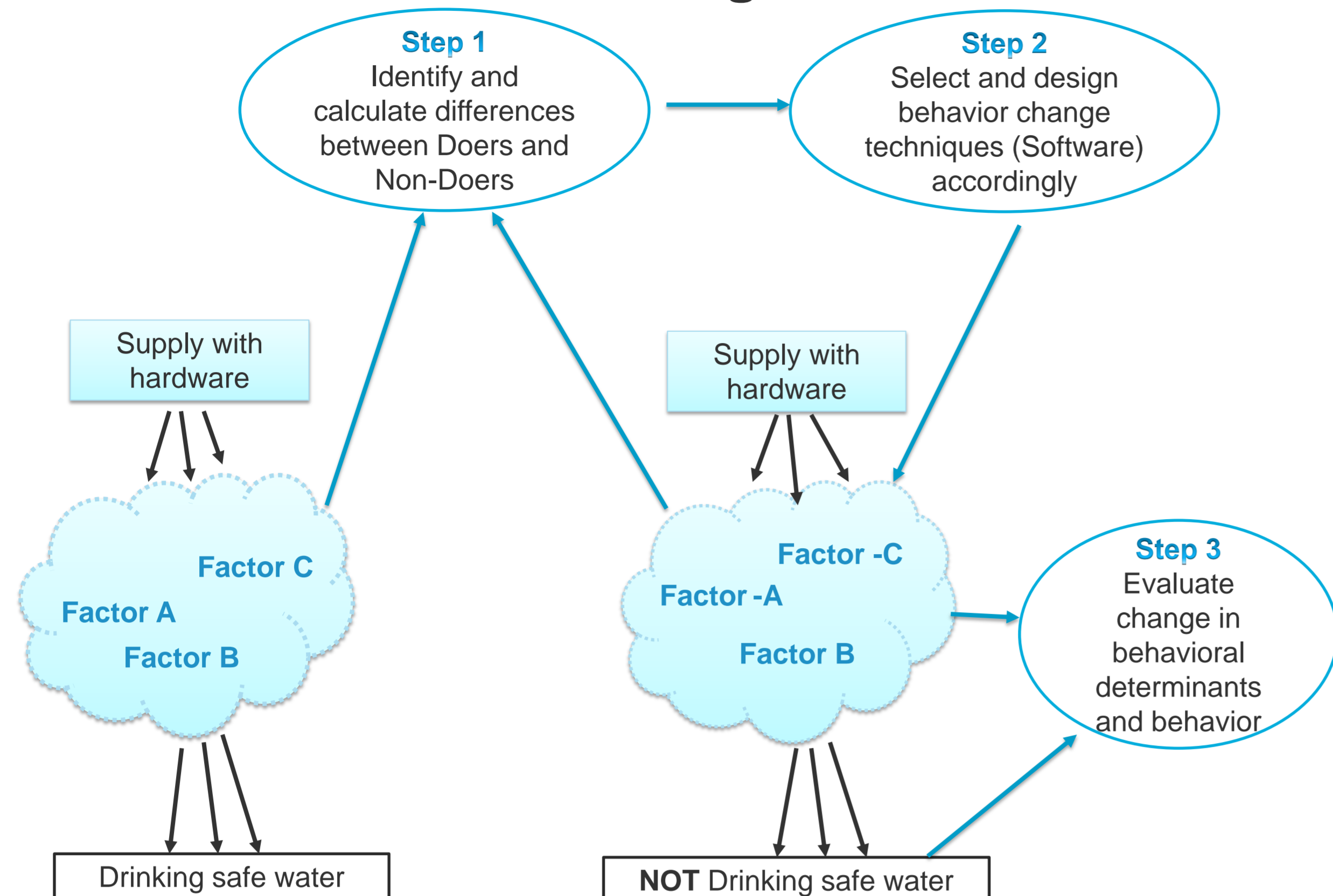


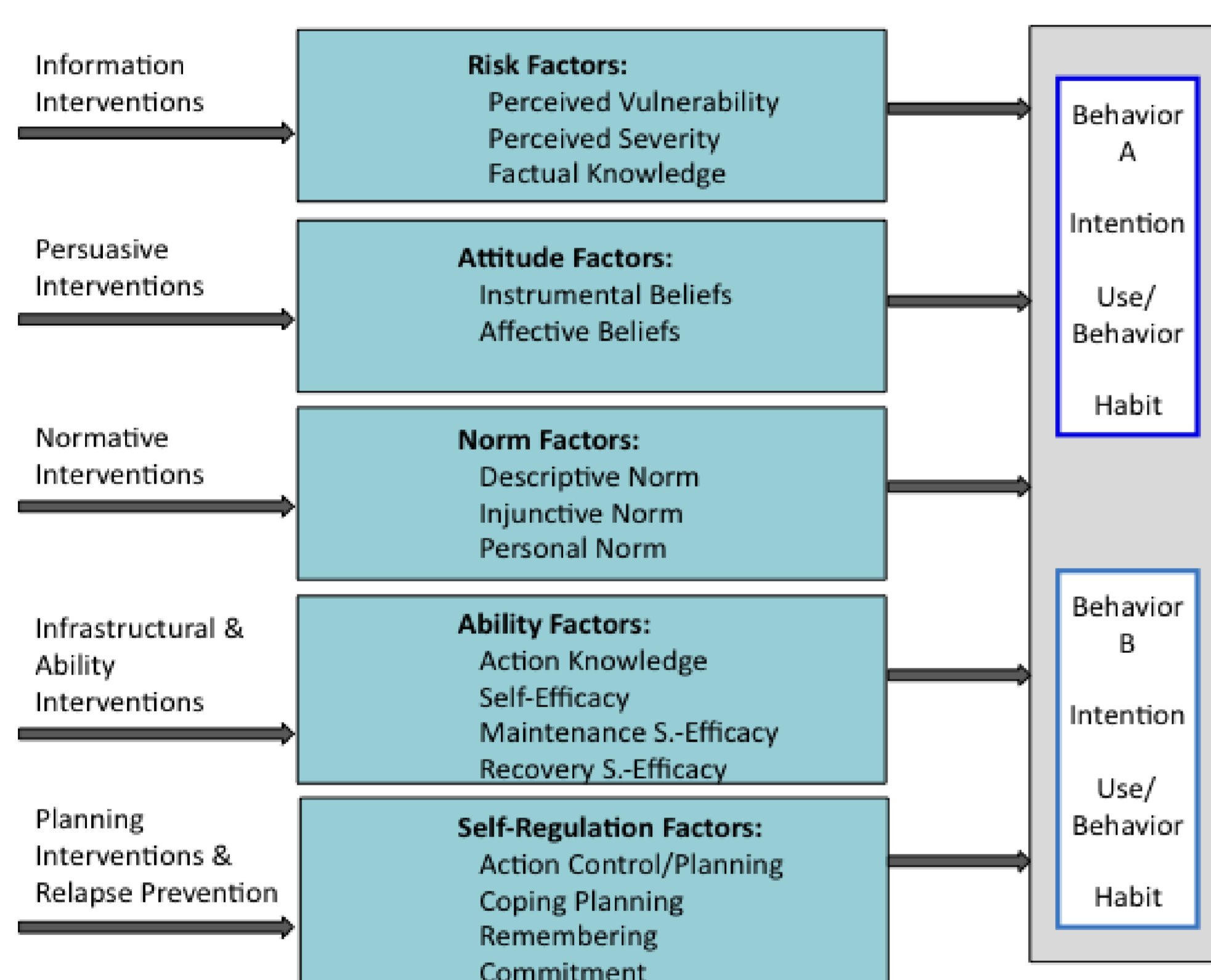
# Determining the effectiveness and mode of operation of CLTS: The DEMO-CLTS study

## 1. Data-driven Behavior Change



## 2. Risk, Attitude, Norms, Ability & Self-Regulation (RANAS-) Model

- The RANAS model is a conceptual framework to explain change in hygiene and sanitation behaviour and a guideline to design and evaluate behaviour change campaigns.
- The RANAS model distinguishes 16 factors in five factor blocks that should be positive towards the target behaviour.
- The Model offers sample items for structured questionnaires and intervention techniques targeting the determined factors



## 3. Doer – Non-Doer, what is the Difference?

Person	Doer	Person	Non-Doer
A	4	B	2
C	5	D	3
E	4	F	3
G	3	H	2
I	5	J	4
	<b>4.2</b>		<b>2.8</b>

**Others Approval (Injunctive Norm)**  
Do you think that, overall, people who are important to you rather approve or disapprove that you drink arsenic-safe water? [1 = nearly all disapprove .... 5 = nearly all approve]

- ➔ Big difference between Doers and Non-Doers in Injunctive norm
- ➔ this factor has to be tackled

## 4. CLTS to fight Open Defecation

- One billion people still practice open defecation (OD), a practice that poses significant risks to public health
- Proposed post-15 target is the full elimination of OD by 2030
- CLTS is now widely used to tackle Open Defecation
- CLTS is said to be highly effective

But there are only few scientifically tested results on the effectiveness of CLTS

## 5. Research questions

- Which CLTS elements have which effects on behavior & behavioral determinants?
- Which CLTS-elements may have counter effects on individuals/social systems, why?
- Which is the best combination of CLTS elements to attain an ODF community?
- What are the characteristics of ODF adoption in communities on their way to the ODF status? Who is adopting non-OD first and who is doing so last, and why?
- How effective is CLTS compared to a data-driven behavioral change strategy?**

## 6. Methods

### 1. Pre-surveys

- 3 countries (Cambodia, Lao PDR, Mozambique)
- CLTS (more or less) successfully implemented
- N= 3 x 600 households

### 2. Main study in Ghana

- face-to-face interviews in 3125 randomly selected households

- ➔ Quantitative structured interviews on OD behavior and behavior determinants
- ➔ Spot checks on Open defecation on household and community level

**3. Dependent Variable:** Open defecation habits, Latrine Construction and Use

**4. Data analysis:** multi-level regression

## 7. Research design

Pre-survey		Panel 1	Intervention Phase	Panel 2	Panel 3
	Main study in Ghana	Baseline on OD behavior and determinants	Full version of CLTS	4 months follow-up on OD behavior and determinants	12 months follow-up on OD behavior and determinants
Cambodia			CLTS version A		
Lao PDR			CLTS version B		
Mozambique			Data-driven behavior change intervention (RANAS)		
			Control group		

## 8. References

Mosler, H.-J. (2012). A systematic approach to behavior change interventions for the water and sanitation sector in developing countries: a conceptual model, a review, and a guideline. International journal of environmental health research, 22, 431-449.

## 9. Funding and Project partners

- Funded by Bill and Melinda Gates Foundation
- In cooperation with USAID and Plan International