

## DRAFT CASE STUDY

# COMMUNITY-LED TOTAL SANITATION IN NIGERIA

## THE COMMUNITY-LED TOTAL SANITATION MODEL

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Community-led total sanitation (CLTS) is a new approach to sanitation promotion that encourages community self-analysis of existing defecation patterns and threats, and promotes local solutions to reduce and ultimately eliminate the practice of open defecation. CLTS initiatives do not stress latrine construction per se, and avoid the use of hardware subsidies. Instead, mobilisation efforts focus on helping communities and individuals understand the health risks of open defecation and use disgust and shame as “triggers” to promote action, which ultimately lead to the construction and exclusive use of locally-built low-cost household latrines. The ultimate goal of CLTS is communities that achieve and maintain “open defecation-free” status.

The CLTS approach has been especially successful in Bangladesh, where it was pioneered by the Village Education Resource Centre and WaterAid. Largely as a result of the rapid spread of the CLTS approach in the country, Bangladesh is now set to exceed its MDG target for sanitation.<sup>1,2</sup> CLTS has also been introduced with successful results in Cambodia, Ethiopia, Indonesia and other countries.<sup>3,4,5</sup>

The main difference between CLTS and other approaches are the rejection of hardware subsidies and the use of the “shame and disgust” trigger as the key motivation for behaviour change. Other participatory approaches such as PHAST (participatory hygiene and sanitation transformation) have led to significant change in some countries. And in other countries, such as India and South Africa, even subsidy-based approaches have been successful. However, there is mounting evidence that CLTS can lead to more rapid and sustainable behavioural change than other approaches, and at significantly lower programme costs.<sup>6</sup>

As CLTS programmes mature and expand, specific challenges have been identified and project designs are being modified accordingly. A key problem is the application of the CLTS approach in larger communities and in urban or semi-urban areas. In both cases a lack of community cohesion hinders the use of CLTS tools and limits progress. Other challenges include the difficulty in building low-cost latrines in technically difficult conditions such as in collapsing soils and in riverine areas. There have also been reports of “second generation” problems with CLTS low-cost latrines,

**Figure 1: An Open Defecation Free CLTS Community (Duhuwa, Jigawa State)**



Photo: WaterAid, 2007

including shallow pits that fill too quickly or that collapse during the rainy season.<sup>7</sup> In all cases, variations of the CLTS approach are being developed and tested to address these issues.

## CLTS IN NIGERIA

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### WATERAID PILOT PROJECT

At the end of 2004, WaterAid initiated a CLTS pilot project in four communities in Benue State in south eastern Nigeria (later expanded to an additional five communities). The pilot started with a visit to Bangladesh by WaterAid and Local Government Area (LGA) staff, and was designed using the Bangladesh CLTS model as a guide. Over the next year and a half the pilot project was implemented by WaterAid and its LGA and NGO partners with encouraging results, including significant increases in latrine construction and improvements in hygiene practices in the target communities. In November 2006 WaterAid conducted an internal evaluation of the pilot project that confirmed the success of the approach and identified key challenges in the application of CLTS in the Nigeria context.

The evaluation findings were used as the basis for the drafting of the Nigeria CLTS training manual and a new round of facilitator training sessions. The findings were also used as the basis for methodology adjustments and the expansion of the CLTS concept into WaterAid's ongoing joint programme with UNICEF in a total of 24 communities in 12 LGAs in three southern states (Benue, Enugu and Ekiti) and the state of Jigawa in the north.

Project activities included extensive training of LGA Water and Sanitation Unit and NGO staff, the formation and training of community water and sanitation committees (WASCOMs), and the facilitation of community-led planning and implementation of the CLTS approach. During this period sani-centres were formed, artisans were trained on latrine construction and water points were either rehabilitated or constructed in most communities. Project progress was monitored jointly by WASCOMs and the LGA Water and Sanitation Units.

### PILOT PROJECT EVALUATION<sup>8</sup>

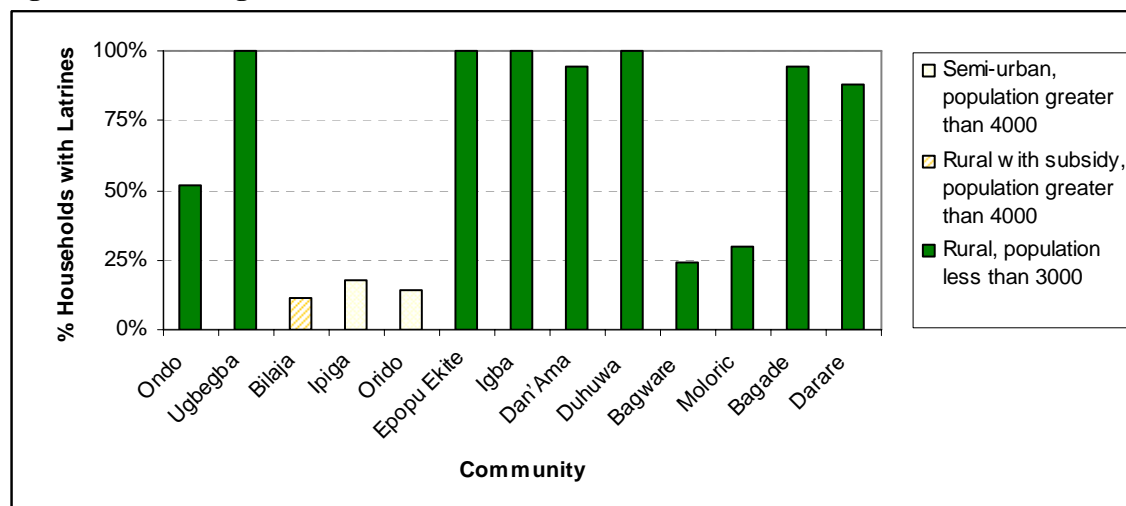
In August 2007 the expanded CLTS pilot project was evaluated with the objective of assessing efficiency, effectiveness and relevance, and to recommend ways of improving and scaling up CLTS in Nigeria. The evaluation was participatory in nature, stressed learning and capacity building amongst stakeholders, and focussed on assessing project processes. A sample of 13 of the 24 communities was directly assessed by the evaluation team.

The main finding of the evaluation is that the CLTS approach in the project area has generally been very successful in promoting significant reductions in the practice of open defecation in communities, with many of the assessed communities achieving open defecation-free status. The project was remarkably successful in promoting the construction of latrines: the 13 communities progressed from a total of 116 latrines before CLTS was initiated to 1,060 over an eight month period – **all unsubsidised**. This is an unprecedented rate of progress in Nigeria for unsubsidized latrines. Other key findings included significant improvements in the environmental sanitation of

communities, better personal hygiene, improved security and dignity for girls and women (who no longer have to walk to the bush in the early morning or night to defecate), and – perhaps most importantly – a sense of empowerment amongst community members who clearly felt that the CLTS processes and progress were their own.

However, the evaluation found that the effectiveness of the CLTS approach varied from community to community. The approach was much less successful in urban communities, in larger communities and in communities influenced by past or ongoing latrine subsidy programmes (Figure 2). The evaluation also found that the CLTS approach was most effective in communities where trained external facilitators guide communities through an intensive, participatory mobilisation process making use of the full set of CLTS tools (including transect walks, social mapping and faecal load calculations). Finally the evaluation found that an easily accessible source of water is very important for the effectiveness of CLTS.

**Figure 2: Percentage Households with Latrines in Assessed Communities**



Source: *Community Led Total Sanitation (CLTS): An Evaluation of the WaterAid's CLTS Programme in Nigeria*. Aug. 2007.

**Table 1: Evaluation Recommendations for Scaling up CLTS**

<ul style="list-style-type: none"> <li>• Fully train a cadre of facilitators in CLTS and participatory mobilisation methodologies and develop a national CLTS training manual.</li> <li>• Carry out “step-down” training for LGA and NGO staff and ensure that a full set of CLTS training materials is made available.</li> <li>• Select CLTS sites carefully for expansion, focusing on smaller rural communities adjacent to successful CLTS communities that haven't been influenced by subsidies.</li> </ul>	<ul style="list-style-type: none"> <li>• If possible, provide water points in communities or select communities with existing water points.</li> <li>• Give priority to the formation of gender-balance WASCOMs, and ensure they are properly equipped, trained and supported by LGA Water and Sanitation Units and external facilitators.</li> <li>• Promote regular monitoring of CLTS progress by LGAs.</li> </ul>
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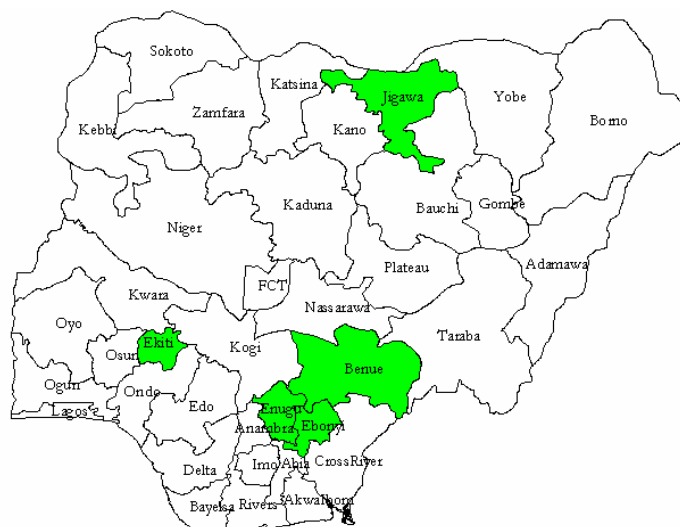
## EXPANDING CLTS IN NIGERIA: CURRENT AND FUTURE STEPS

The WaterAid pilot project and evaluation shows that CLTS is a viable approach for Nigeria and has the potential to be a powerful programming strategy throughout much of the country. In recognition of this, the FMAWR-the main responsible government institution for sanitation- and Nigeria National Task Group on Sanitation (NTGS)<sup>9</sup> have recognized CLTS as a key approach in the new National Strategy for Scaling-Up Rural Sanitation and Hygiene (currently being finalised). The FMAWR is supporting the NTGS to coordinate a series of steps to introduce the CLTS concept to key government stakeholders and promote the replication of CLTS beyond the pilot area. This includes a planned national CLTS sensitisation workshop, and four zonal CLTS orientation workshops.

WaterAid has a multi-faceted role in the effort to expand CLTS in support of NTGS. Within its own programme of support, it is expanding CLTS into an additional three communities in each of its focus LGAs using previously trained resource people. It is promoting the approach at a variety of national sectoral events and meetings (e.g. the National Water Forum) in coordination with NTGS and is sponsoring media visits to its projects to popularize the approach. In addition, WaterAid is currently in the process of producing and distributing a new CLTS manual for Nigeria and a package of support materials, and conducting field research on no-subsidy latrine designs in technically difficult areas (in areas with highly collapsible soils). Finally WaterAid is acting as a resource agency on CLTS for government, NGOs and external support agencies.

UNICEF has been involved in the CLTS pilot project as WaterAid's rural water supply and sanitation programming partner in Nigeria and through its membership in NTGS. UNICEF also participated in the pilot CLTS evaluation process. In response to the success of the WaterAid pilot efforts, UNICEF is now introducing the CLTS approach in its own programme area, starting in a total of seven communities in Ebonyi and Ekiti states. In both states CLTS training for state and LGA staff has been completed, and the process of establishing and training community WASCOMs is underway. Implementation of the CLTS mobilisation process will be initiated in November and December 2007. As the largest external support agency working in the area of rural sanitation in Nigeria, these initial steps by UNICEF represent an important move towards a much larger CLTS programme in the country.

**Figure 3: CLTS Pilot Projects in Nigeria supported by WaterAid and UNICEF**



WaterAid: Benue, Ekiti, Enugu, Jigawa (from 2004)  
UNICEF: Ebonyi, Ekiti (from 2007)

NTGS, UNICEF and WaterAid are also discussing further adaptations of the CLTS approach to better address specific challenges in the Nigeria context. One area of discussion is the possible introduction of an incentive programme to reward communities that achieve open defecation-free status. This may be in the form of response to critical importance of water in much of Nigeria – new water points for communities and their schools and health units/centres.

It is estimated that approximately one million latrines must be built every year for the next eight years to meet the Nigeria MDG target of 70 per cent access to basic sanitation facilities by 2015. This huge challenge cannot be met through traditional latrine-building programmes. New strategies are needed, and the CLTS approach is potentially the best way to rapidly influence behavioural change, reduce open defecation and promote latrine construction in large numbers.

## NOTES AND REFERENCES

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<sup>1</sup> Kamal Kar. *Subsidy or self-respect? Participatory total community sanitation in Bangladesh*. IDS Working Paper 184. Sept. 2003.

<sup>2</sup> World Bank. *Submission to the UK House of Commons International Development Committee Report on Sanitation and Water*. April 2007.

<http://www.publications.parliament.uk/pa/cm200607/cmselect/cmintdev/126/12602.htm>

<sup>3</sup> Kamal Kar and Petra Bongartz. *Update on Some Recent Developments in Community-Led Total Sanitation*. April 2006.

<sup>4</sup> Water and Sanitation Programme (WSP) Sanitation and Hygiene Series. *From Burden to Communal Responsibility: A Sanitation Success Story from Southern Region in Ethiopia*. Jan. 2007.

<sup>5</sup> Robert Chambers and John Thompson, Institute of Development Studies, University of Sussex. *Submission to the UK House of Commons International Development Committee Report on Sanitation and Water*, April 2007.

<sup>6</sup> See above references.

<sup>7</sup> Kar references, above, plus: Petra Bongartz. *Favourable and unfavourable conditions for Community Led Total Sanitation (draft)*. Feb. 2007.

[http://www.livelihoods.org/post/CLTS\\_postit.htm](http://www.livelihoods.org/post/CLTS_postit.htm)

<sup>8</sup> All data and information in this section from: Dr Salma Burton. *Community Led Total Sanitation (CLTS): An Evaluation of the WaterAid's CLTS Programme in Nigeria*. Aug. 2007.

<sup>9</sup>The National Task Group on Sanitation coordinates sanitation programming in the country. Its membership includes key government ministries and agencies involved in sanitation (including federal ministries responsible for water, the environment, health and education), NEWSAN (Nigeria's umbrella organization of NGOs involved in the sector) as well as UNICEF, WaterAid, the European Commission and other external support agencies.