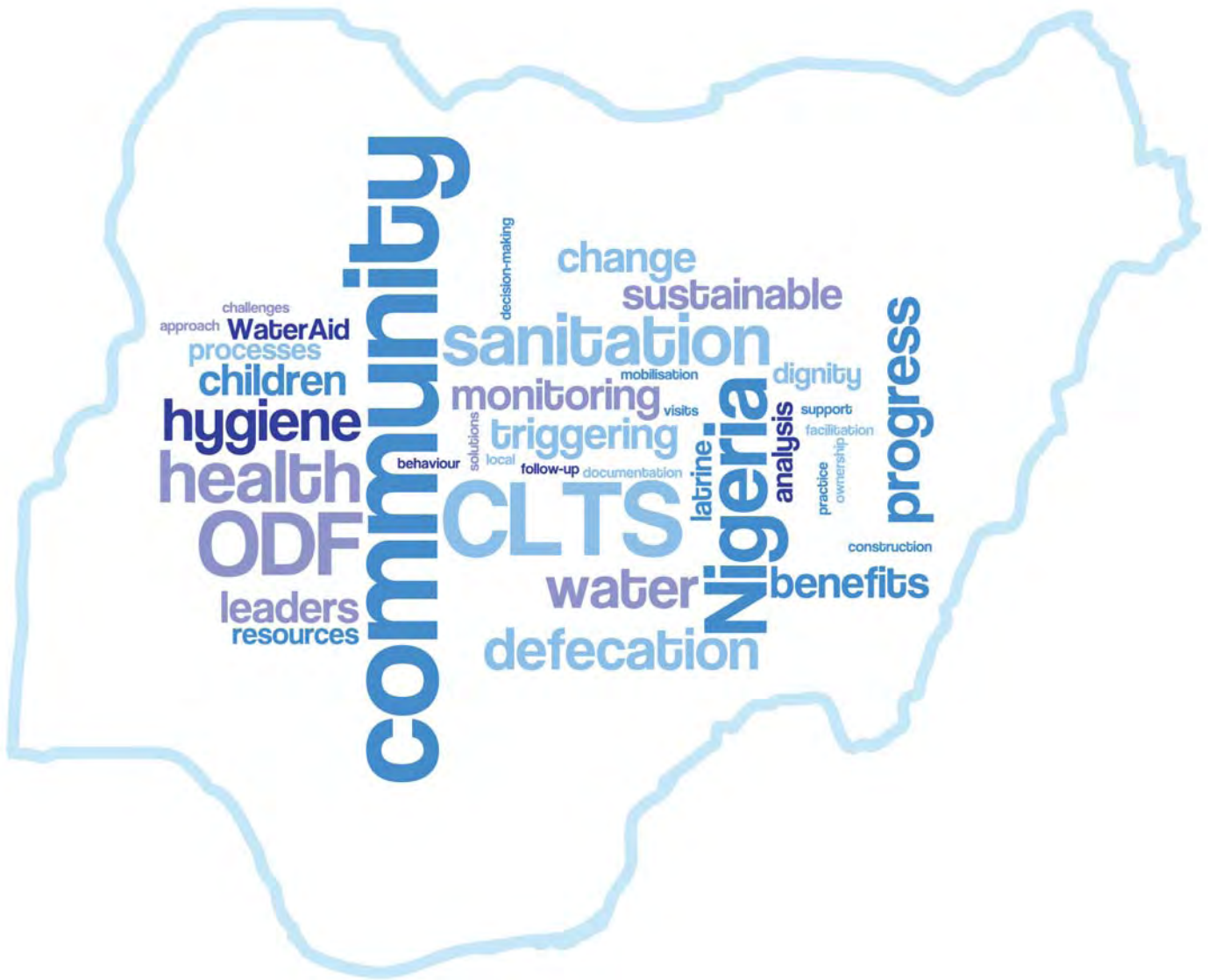


# Revitalising Community-led Total Sanitation

## A process guide



## A WaterAid report

June 2011

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## Glossary

<b>CLTS</b>	Community-led Total Sanitation – an approach to the promotion of sanitation which brings about a collective community decision to reject open defecation and strive to achieve Open Defecation Free status
<b>LGA</b>	Local Government Authority
<b>NGO</b>	Non Governmental Organisation
<b>NTGS</b>	National Task Group on Sanitation
<b>ODF</b>	Open Defecation Free
<b>PRA</b>	Participatory Rural Appraisal
<b>SLTS</b>	School-led Total Sanitation
<b>Triggering</b>	The process of getting a community to realise the negative effects of open defecation and committing to making changes
<b>VHP</b>	Voluntary Hygiene Promoter
<b>WASH</b>	Water, Sanitation and Hygiene

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# Foreword

Community-led Total Sanitation (CLTS) is a widely used approach for the promotion of sanitation intended to eradicate open defecation and transform a community's health and wellbeing for the better. As well as being an insult to human dignity, open defecation is the root cause of faecal-oral transmission of disease and as a result poses an enormous threat to health.

To meet Target 7C of the Millennium Development Goals (MDGs) the proportion of people without sustainable access to safe drinking water and basic sanitation needs to be halved<sup>1</sup>. For Africa to achieve this ambitious goal, Nigeria's role – as the continent's most populous nation – is vital.

Seeing how CLTS was changing lives in Bangladesh, WaterAid introduced the approach in Nigeria in 2005. Over time it became clear that the practice would need to be adapted to be effective in another country and continent with its own challenges. Drawing on the findings from evaluations and research on CLTS in the country, WaterAid in Nigeria has progressively revitalised the CLTS process. It is now working well in a number of communities. We hope to be able to present these success stories as 'learning communities', examples of good sanitation practice that can be promoted country-wide.

This document is a practical guide to implementing the revitalised CLTS approach in Nigeria, and is intended to bring about inclusive, equitable and effective results. It covers the main barriers and triggers to progress likely to be encountered along the way, provides technical advice on dealing with geophysical environments that make latrine construction difficult, and makes recommendations for monitoring and documenting the process to ensure long-term behaviour change.

The guide is primarily intended to be used by the Nigerian Government and non-state development agencies responsible for Water, Sanitation and Hygiene (WASH) projects in Nigeria, although aspects of it should also be applicable to other countries in sub-Saharan Africa.

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## Section 1

# Introduction

### 1.1 Community-led Total Sanitation in Nigeria

After undertaking a study visit to Bangladesh in 2004, WaterAid introduced Community-led Total Sanitation (CLTS) in Nigeria – the first country in West Africa to use the approach – in 2005. The first pilot projects were initiated, implemented and evaluated in Benue State in partnership with the Local Government Authorities (LGAs). The process engaged the Federal Government of Nigeria under the auspices of the National Task Group on Sanitation (NTGS) as well as UNICEF, a major player in the water and sanitation sector in Nigeria.

By November 2009, 28 of the 36 states in Nigeria were reported to be using the CLTS approach. However, this widespread use resulted in variation in how the approach was applied, sometimes leading to compromises in the key principles and fundamental assumptions of the original CLTS approach set out by Kamal Kar.

### 1.2 Unsatisfactory results

Reports from a monitoring exercise conducted by the NTGS indicated a large number of unsatisfactory results and outputs from implementing the approach in Nigeria<sup>2</sup>. Over 1,500 communities were reported to have been triggered but less than 500 to be Open Defecation Free (ODF) – the first level towards total sanitation. Although many reasons have been suggested for the failure to attain ODF, external evaluators have identified the main reason as poor facilitation.

In an attempt to address this problem, WaterAid, in partnership with UNICEF organised regional training on CLTS for top level government officials and frontline facilitators from all the countries in West and Central Africa. The training was intended to build attendees' capacity for effective facilitation and allow them to learn from the developers of the approach. The meetings in Mali and Nigeria were facilitated by Kamal Kar and supported by Robert Chambers. Unfortunately, these sessions failed to result in significant progress in communities reaching ODF, leading to a demand for deeper analysis to increase the effectiveness and impact of CLTS in Nigeria.

### 1.3 Addressing the challenges

There have been several evaluations of the CLTS process in Nigeria, reporting varying degrees of success<sup>3</sup>. The most recent WaterAid country programme evaluation of the 2006-2011 strategy<sup>4</sup> was very specific on the dangers of promoting CLTS as it currently is done – without clarity and consistency in the process or conclusions.

The challenges observed can be classified as:

- Physical factors
- Socio-cultural and ethnic factors
- Process factors



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## Section 2

# Current obstacles and possible solutions

### 2.1 Physical factors: terrain, technology and latrine quality

A range of physical factors create challenging obstacles to the successful implementation of CLTS in Nigeria.

In addition to addressing the wide geological variation in soil formation across the country, the type and quality of technological solutions used must also be focused on. A principle of CLTS is that no one technological design should be promoted or imposed on a community. Instead, communities should be encouraged to take responsibility for their sanitation situation and implement their own innovative and specific solutions – a more sustainable and dignified approach. However, if a person cannot afford to build a latrine that conforms to public health standards, the alternative is to build one that constitutes a risk to health and/or safety. This kind of ‘fixed open defecation’ facility can be more dangerous to health and likely to spread disease than open field defecation which at least keeps the excreta at some distance from the home.

#### Major challenges and responses

The biggest physical challenges found during community latrine construction in Nigeria have included:

- Pit collapse due to loose soil, pit diameter and/or depth.
- The unsuitability of pit latrines where the water table is high.
- Problems in excavation due to rocky formations.

All of these issues can result in poorly constructed or unsuitable latrines.

## Possible solutions

Aspect	Difficulties	Attempts to overcome
Loose soil, pit diameter and depth	Pits can collapse when community members use local materials to cover them without any lining. Pits are readily excavated immediately after triggering but not subject to specifications. Households often plan for pit latrines to last an unreasonably long time, giving the pit too large a diameter which increases the chance of collapse.	WaterAid with technical support from ARUP developed models of linings (made of bamboo sticks or masonry) and designs for conical shaped walls for pits to prevent collapse. These techniques use locally available materials (a detailed technical brief is available online <sup>5</sup> ).
High water table	The popularity of pit latrines is hindered by factors including the discomfort of water splashing on the buttocks and the potential or perceived direct contamination of groundwater sources.	Community innovation can go a long way. A sanitation artisans' fair or workshop can be held which is open to all and allows community members to share and build demonstration designs. Examples include pit latrines with a raised platform to increase the distance to the water (to avoid splashing) and the use of offset pit latrines. This approach has been used in CLTS 'model communities' (see below). The groundwater contamination issue can be addressed by supporting communities to understand recommended safe distances between latrines and water points.
Rocky formations	Latrine construction becomes extremely difficult and financial support is often needed especially in poorer communities. Traditionally, the use of above ground latrine technology is not common in most parts of Nigeria.	This remains a challenge as the cost of above ground latrine construction is still financially prohibitive.

Another option to be trialled is the provision of a second level of training for communities once ODF status has been achieved, to complement their innovation (as explained above). This includes presenting the concept of the sanitation ladder and a full set of possible latrine constructions that have been successfully used globally, keeping in mind the context and challenges faced by the community.

### Model communities

In Nigeria, WaterAid is developing ‘model communities’ in which solutions to CLTS challenges such as loose soil, high water table, termite infestation and rocky or hard to dig environments can be tested and learning documented.

The communities selected are informed from the beginning of the process – what it involves, their role in it, and the implications of working with the LGAs and development partners to create a ‘learning community’ that will be beneficial to other communities and the CLTS network nationally, and possibly globally.

Formal documentation in the form of an agreement in the language most understood by the community (verbally and written) is important to achieve the support of the community leadership (if a purely verbal agreement is made there must be evidence). This is intended to safeguard against a situation where the community feels their lives and right to privacy are being interfered with for reasons of playing host to CLTS scholars and practitioners for the purpose of learning.

Development practitioners can visit these communities in Benue State, and case studies will soon be published by WaterAid in Nigeria.

## 2.2 Socio-cultural and ethnic factors

Sanitation programming is as much about behavioural change as it is about public health engineering. Behaviour change is very much embedded in the social norms and belief systems of any society. The extent to which a community can change their ways of doing things is limited by their strength of conviction about the good or harm of the practices. It is also limited by the social functions and beliefs surrounding them.

Research<sup>6</sup> conducted by WaterAid in four West African countries in 2008-09 identified links between the socio-cultural and religious belief systems of a people and their acceptance, attainment and maintenance of ODF status.

Furthermore, in most communities in Nigeria, there exists some form of community organisation or self-help initiative facilitated by the community members themselves before any external support is received. For example, Community Development Associations and traditional leadership institutions are powerful groups that can play an influential role in determining the direction and success of a development programme such as CLTS within a community.

## Major challenges and responses

Slow or limited uptake of ODF behaviour can be partially attributed to:

- Insufficient consideration of socio-cultural barriers.
- Inadequate use of triggers and existing institutions.

Attention must be paid to understanding the social norms of the community in relation to excreta management and hygiene practices.

## Possible solutions

Aspect	Difficulties	Attempts to overcome
Barriers to behaviour change	<p>Open defecation is an age old practice (“Our forefathers defecated in the open yet they lived long.”) or there is a baseless opinion that disease cannot kill an African (“Disease no dey kill Africa.”).</p> <p>Cultural and religious beliefs (“I cannot defecate in the same place as a woman.”).</p> <p>Loss of Voodoo powers: in some cultures possessing certain Voodoo powers is linked to a set of behaviours and codes of ethics which must not be broken or the potency of the powers can be diluted or totally lost. These codes vary from community to community; however, some are directly related to how excreta is managed – because excretion is considered filthy, it compromises the purity of the Voodoo powers. Other beliefs are linked to menstruation (“Women’s menstrual periods have the potency to nullify spiritual powers. If latrines are shared with them during their periods, one may lose power.”).</p>	<p>Ask whose ancestor would, upon the knowledge that defecating in the open was as good as eating one’s shit, still have continued defecating in the open?</p> <p>Here consider the option of having separate latrines in the household for the men and women.</p> <p>We believe this challenge is largely linked to the concentration of excreta in one spot or in a ‘room’ (latrine). Continue to communicate on the implications of open defecation on the health and wellbeing of not only the Voodoo power-holder but also on everyone else. Suggest having a separate latrine for the person with the alleged powers. It is common practice in some parts of West Africa that the head of the household, who often is the custodian of tradition, owns a separate latrine for his exclusive use. This is the main solution to these concerns.</p>

<b>Aspect</b>	<b>Difficulties</b>	<b>Attempts to overcome</b>
	Fear of contracting sexually transmitted diseases (“You can contract gonorrhoea if you step on the urine of someone suffering from it – even syphilis.”).	Take time during follow up visits to discuss health issues and the use of latrines. Particularly important where the specific challenges of disease transmission are raised.
Triggers of behaviour change	Issues of prestige are not explored during CLTS facilitation even though they might be great motivations for change (“We want to be like the other community with ODF.” “Important people from the cities can use my latrine if I have one.”).	It is vital to understand a community’s drive. During discussions, facilitators must probe community members to understand what motivates them. Why do they want to change their behaviour? What possible benefits are there? Address these motivations when communicating with the community.
Employing existing institutions	To date, CLTS facilitation has neglected existing opportunities within communities, such as traditional institutions, leadership and popular communication channels.	Leverage the influence of traditional leadership institutions by ensuring they are fully engaged and support the CLTS process. Use rural radio and traditional theatre groups where they exist.

## 2.3 Process factors: facilitation and follow-up

One of the key challenges identified with the CLTS process in Nigeria is the quality of facilitation. Facilitating the CLTS process requires not only competence and expertise but also personal commitment. Effective communication between facilitators and communities is essential for the success of the approach, and the community must be treated with respect in order for them to take an interest in and responsibility for their sanitation practices. In addition, systematic follow-up to the process is essential to ensure behaviour change gains are supported and sustained.

### Major challenges and responses

The success of CLTS can be hindered by:

- Poor communication during facilitation.
- Lack of follow-up due to ineffective planning and inadequate resources.

To avoid these problems, the skills of facilitators must be developed, refreshed and carefully monitored. Budgets should be allocated for follow-up and the role of community members in supporting this process should be explored.

### Possible solutions

Aspect	Difficulties	Attempts to overcome
Poor communication during facilitation	Cases reported of: communication that fails to respect communities; facilitators telling community members that they have come to ‘help them’ and their current practices are not good, giving reasons why they must construct latrines; poor integration of equitable and inclusive approaches.	Facilitators should keep the CLTS Handbook <sup>7</sup> at hand (particularly the do’s and don’ts section). They must also remember that both verbal and non-verbal cues are important. CLTS facilitators should be further exposed to the principles of Participatory Development. The correct use of the Participatory Rural Appraisal (PRA) methodology is imperative and CLTS trainers and facilitators should as a requisite, have also undergone training on PRA and facilitation techniques. A database of trainers of both CLTS trainers and facilitators will be generated and updated regularly so that a  <i>(cont’d on next page)</i>

Aspect	Difficulties	Proposed changes
		<p>network of practitioners can be developed in Nigeria. The Regional Learning Centre for Sanitation<sup>8</sup> based in Nigeria will hold this information.</p> <p>Better integration of equity and inclusion<sup>9</sup> in the facilitation process is imperative. During baseline sessions, facilitators should identify people living with disabilities as well as disadvantaged and excluded groups. Assigning active roles to these groups during artisan fairs will ensure emerging latrine designs are inclusive. Facilitators can achieve this by asking questions such as, “What else can we include so a blind/disabled/aged person can use this latrine?”</p>
Lack of follow-up	Cases reported of: communities being engaged and triggered in one day but facilitators making no further plans for follow-up or support, jeopardising the chances of achieving the desired long-term change in behaviour; ODF communities reverting back to open defecation practices due to ineffective follow-up; limited resources having an impact on follow-up, monitoring and support.	Identify and engage Natural Leaders <sup>10</sup> (see below) to champion the follow-up within communities. Consider also the role of children (see below). Formalise protocols for monitoring visits by LGAs according to the recommendations in part three.

## Community fundraising

Some of the challenges in the table above refer to inadequate funds for follow up on the part of LGAs. Lack of funds within communities acting as a barrier to latrine construction is also a common challenge. WaterAid in Nigeria is exploring the use of ‘Credit for Sanitation’ programmes building on the local fundraising system – ‘Adashe’ – whereby groups within the community with common interests come together and set aside an amount of money periodically for a certain purpose. All members pool money that is then given to a chosen member to achieve the goal. There are various models of doing this and the process in each community should be contextualised.

## Untapped human resources in the community

As introduced in the previous table, natural leaders and children represent untapped human resources in communities and may represent possible solutions with regard to the successful follow-up of CLTS processes.

### • Natural Leaders

The role of Natural Leaders, or ‘Community Consultants’ as they are also called, is critical in the maintenance and spread of CLTS. Natural Leaders are community members, male or female, who are enthusiastic about CLTS and willing to take responsibility for maintaining the village’s ODF status. They are typically strong characters, able to influence others in the community. Natural Leaders are supported by the majority of the community who are receptive to their opinions and arguments. Normally, during triggering, Natural Leaders can be recognised by their enthusiasm and motivation to move away from open defecation.

With CLTS facilitation in Nigeria, the recognition and use of Natural Leaders has not been properly focused on. Very few cases exist in which a Natural Leader from one community has successfully triggered another community<sup>11</sup>. However, this is now happening on some of the pilot communities for revitalising CLTS in Cross River State as well as in Katsina State.

To effectively use this resource in preserving ODF and spreading the approach for maximum impact, the engagement of Natural Leaders needs to be developed. It must become systematic yet dynamic enough to suit each given context.

## Engaging Natural Leaders

To engage Natural Leaders, the following key steps should be followed:

- Ensure that Natural Leaders’ names are recorded on the same day as triggering.
- In consultation with community members and leadership, Natural Leaders should be given some responsibilities immediately. These could include following-up and documenting the progress of latrine construction in the community.

- Subsequent follow-up visits by facilitators to the triggered community can be used to give the Natural Leaders an overview of the CLTS process and the importance of each stage. They should receive two days of additional training and action planning and the key tools with reasons for their use.
- The Natural Leaders should work with the Volunteer Hygiene Promoters (VHPs) in the community and receive the same hygiene promotion training. Together they should hold monthly hygiene promotion workshops in the village targeting specific groups.
- It is also strongly recommended that the Natural Leaders, if not already part of it, should be included in the WASH Committee (WASHCOM), with specific responsibility for CLTS.

### **Monitoring, evaluation and documentation**

Natural Leaders should play a key role in the monitoring, evaluation and documentation of the CLTS process. This is discussed in section three of this report.

### **Reward system for Natural Leaders**

To ensure Natural Leaders remain motivated and engaged in the CLTS process, they should be integrated informally into the local government WASH system – not designated as WASH unit staff but endowed with the authority to act on behalf of the LGA WASH unit to a defined degree. The LGA will first produce identity cards for the Natural Leaders and induct them into a network of Leaders which will be built in the LGA.

The LGA will provide the Natural Leaders with t-shirts and caps as uniforms and writing materials for documentation. Upon the attainment of ODF in a Leader's community, they will then be trained formally in the process of CLTS. They will receive a bicycle from the LGA to make it easier for them to travel to neighbouring communities and trigger them to abandon open defecation. It is estimated that it costs less than NGN 45,000 (USD 300) to train and equip a Natural Leader who will be able to trigger other communities in their locality at a much lower cost than a local government official.

### **• Children and School-led Total Sanitation**

Typically, where CLTS has been implemented, children have played steering roles in the process. However, until recently this has not been the case in Nigeria and other parts of West Africa due to sensitivity surrounding the issues and the idea of children relating with elders.

In most traditional African societies, children come of age from about seven years old and should be seen but not heard; they are expected to be obedient and never question the authority of adults. The child's role from this age is limited to greeting their parents in the morning and doing the household chores – closely connected to sanitation, especially for girls.

During the process of triggering, children are often either sent away or allowed to watch from a distance to satisfy their natural curiosity. On the rare occasions when children are indulged (perhaps due to the presence of strangers) it is common for

them to be hushed and reprimanded by the adults. Any boldness from a child is considered insolence.

Despite these deep rooted challenges, there are examples of the exclusion of children from CLTS beginning to change. Recent developments have proved that children can be involved and engaged in a very productive way, especially in monitoring hygiene behaviour and progress on latrine construction and use within communities. School-led Total Sanitation (SLTS) (or an alternative such as Children-led Total Sanitation in areas with no schools) has been introduced:

- To introduce school children to sanitation and hygiene education in practical ways, as well as promote the integration of CLTS into the school curriculum.
- To compensate for inadequately funded monitoring and evaluation.

To ensure the success of SLTS is maintained, a system should be in operation to train younger students to take over from senior students once they have graduated. Another equally important priority is to get the programme scaled up through replication in neighbouring community schools; this will aid advocacy efforts for the state-wide roll out of the programme.



## Case study 1 Natural Leaders in Ujol Utonkon

In March 2010 WaterAid and the local government chose Ujol Utonkon, a small rural community in Benue State, as one of the pilot communities for the CLTS revitalising process. Before the introduction of CLTS, the community had less than 10% access to safe water and basic sanitation, no safe water point, and few latrines with the majority of people practising open defecation. Despite these challenges, harnessing the potential of Natural Leaders has led to the success of the CLTS model.

“In my school, we have only one latrine and water is very scarce for us to wash our hands after defecating. I advise my school to put a pipe in the school latrine like my father’s latrine and dig a well so we can wash our hands after using the toilet.”

**Christiana, 7**



WaterAid/Onyinyechi Okechukwu

“CLTS is still like a dream; that is why we are putting all our efforts into making it work. We are pleased today that we have achieved 100% latrine use for all households. Before this project, our toilets were not well built and we used to go to the bush and other open places to defecate. Flies would infect our foods with diseases. That’s not the case now because we cover our toilets and understand the importance of good sanitation to our health.”

**John Ede, 37**

“After the CLTS triggering and hygiene education in my community, I volunteered as a hygiene promoter and learned the importance of maintaining good sanitation and hand-washing. Before, my children suffered diarrhoea and cholera and it was a very difficult time for me. But now we use latrines and wash our hands with soap after defecating. We also decided to build a second latrine for our young children who are not yet mature enough to make use of the adult latrine.”

**Maria Audu, 30**



WaterAid/Onyinyechi Okechukwu

## Case study 2 Engaging children

The major challenge of introducing CLTS to Bauchi State in 2007 was attaining and maintaining ODF status. Once a community was triggered, initial successes of 65-85% uptake in latrine construction were short-lasting as motivation fell. To combat this problem, children were involved in the process and the first SLTS group was formed in Rubi Bida.

The club was made up of 20 pupils aged between nine and 14 years old. The children were eager contributors to the area's sanitation programmes, taking a day every two weeks to inspect the community's household latrines, documenting progress and giving marks according to whether the latrines and surrounding areas are kept clean.

The initial problems were predictable – many of the adults were insulted by the children asking them to show them their sanitation situation, but due to the club members' consistently respectful approach, their reaction steadily became more compliant. The children took responsibility for sweeping the community squares and so earned a degree of prestige and respect in the community.

Soon the community had successfully attained 100% latrine construction in every household. The children also promoted improvements in hygiene practices, making people aware of the implications of poor hygiene, defecating in the open and letting the environment become dirty.

A visit to the community eight months after the SLTS club was established showed that the children were still very active and taking their responsibility very seriously; their registers of all households in the communities were still being kept updated. Interestingly, the community elders have agreed to support the school and to encourage the children to continue in their efforts to keep the community in good health. The community as a whole now takes the issue of environmental sanitation very seriously.



WaterAid/Ada Oko-Williams

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## Section 3

# Monitoring, documenting and sustaining CLTS

### 3.1 Monitoring and documenting the process

The following recommendations are intended to improve CLTS monitoring and documentation and are aimed at different stages and parties involved in the process.

#### Community-level monitoring and data collection

Natural Leaders should be given the responsibility to monitor and collect data from the community. They need to be supplied with an A4 sized hard-cover notepad by the LGA in which a simple template should be developed to store information on the progress of the community (as well as record minutes of community meetings). This document should be signed / fingerprinted by the village head and then submitted every week.

Responsibilities for Natural Leaders should include:

- Documenting meetings held in the community post-triggering.
- Maintaining a database of households and their dates of latrine construction (this information is to be updated weekly).
- Keeping a record of the challenges experienced in the community while working towards ODF.
- Acting as a focal point for support visits from the LGA staff and other external bodies.
- Keeping records of key community agreements and actions towards attaining ODF status.

#### LGA monitoring

Local government staff should pay fortnightly visits to the community in the initial two months following triggering and monthly for the next four months. Ongoing follow-up support should be provided for the remainder of the first year and the community should continue to be monitored until the end of the second year. Notes and reports from these visits should be prepared and submitted to the State Office. The LGA is responsible for monitoring the progress of the community towards ODF status and total sanitation. Focus at this level should be on the performance of the various groups set up within the communities. The objective of the monitoring visits should be to understand the challenges faced and analyse the coping dynamics and ingenuity of the communities in addressing them.

## State-level monitoring

The information from the community and LGA should inform the documentation produced at state level. Scheduled quarterly monitoring visits should be used to triangulate the reports and the information sent in from the LGA and communities.

## Learning outputs

The documentation developed for each community in which CLTS is implemented should include:

- A progress report from the community through the LGA. This should be shared monthly in the state WASH bulletin (used in WaterAid's focal states).
- As part of the baseline data collection exercise in the community, short video clips of the community before intervention should be made to be used to form a 'before and after' story.

Being a social process, CLTS is multi-dimensional; therefore the documentation templates and processes used should be flexible and responsive to events in the community as they occur.

## 3.2 Sustaining behaviour change

A major challenge in CLTS is working with communities to achieve sustained behaviour change. To date, annual project cycles have estimated ODF to be attained within a year (although timescales are affected by factors such as farming cycles). Based on experience of this failing to result in sustainable outcomes, a new proposal is for LGA monitoring to last two years. This can be explained in terms of behaviour change theory (see below).

This extended timeframe for the phasing of engagement should be reflected in the agreement signed by the community and the LGA. Beyond attaining ODF it can take six months or more for people to change their hygiene practices and behaviour. Furthermore, securing a safe water source could take up to two years, and this needs to be factored into the plans. As such it seems appropriate that communities must demonstrate ODF for two years to be certified totally sanitised.

### Guiding behaviour change theory for revitalised CLTS

It is important to understand and situate the CLTS approach within a defined behaviour change model or theory. The Trans-theoretical (stages of change) model states that a person goes through five key stages over a period of six months to achieve and sustain a change in behaviour:

1. Pre-contemplation stage: at this stage an individual may or may not be aware of a problem with their behaviour or current practice. In CLTS this is normally the situation pre-triggering – no link to the problems of the community is made with the practice or behaviour of open defecation.

*(cont'd on next page)*

2. Contemplation stage: this is the stage at which the possibility of a direct correlation is made between practice or behaviour and the problem at hand. In CLTS this is at the time of triggering, with the application of PRA tools.
3. Preparation stage: intention to change the behaviour in light of new information is made at this stage and with CLTS this is the point at which decisions are made to discontinue open defecation.
4. Action stage: within the first month of the change process the individual or community acts to change their behaviour. With CLTS this is characterised by the construction and use of latrines.
5. Maintenance stage: normally this stage occurs after six months, following which the new behaviour is consistently practiced for at least six months. The timeframe here can be applied to CLTS as it is extremely unlikely for a community that is not already ODF six months after being triggered to achieve ODF status. The likelihood of relapse to open defecation practice in a community that has already sustained ODF for six months is very unlikely. These assertions are made from practice and experience and have not necessarily been subjected to scientific analysis. This informs the proposal mentioned above for direct support to a community for at least one year and then monitoring for another year.

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## Section 4

# Conclusions

The CLTS approach continues to have the potential to eradicate open defecation and transform the health of communities. The successes and failures to achieve ODF in several communities in Africa have provided valuable lessons for revitalising the process so that it can be more effective.

CLTS in its original form is facilitated in three stages: the pre-triggering stage, the triggering stage and the post-triggering stage. Organising and delivering the CLTS process in this manner is still very valid, and the process of triggering as outlined in the previous manuals should continue to be used.

The major shift in the CLTS revitalising process has to do with the degree and intensity of engagement, and with the response to the observed and reported challenges that make the approach ineffective in Nigeria. This has been summarised in the CLTS Revitalising Process Guidelines in the annex of this document, which is arranged according to the three triggering stages mentioned above. This approach is by no means exhaustive, and it should not take away the dynamism and innovation inherent in such a powerful social process as CLTS.

We believe it is essential to continue to be open and respond to feedback on CLTS. Doing this, while mainstreaming new approaches such as equity and inclusion, has great potential for improving and sustaining the uptake of sanitation in Nigeria, moving us closer to our vision of adequate access to sanitation for all.

## The CLTS revitalising process

### 1. Self preparation

### 2. Advocacy

### 3. Community identification

Mobilise the LGA and other stakeholders. When identifying the community, collect baseline data including information on socio-cultural and religious belief systems; existing influential groups and structures within the community; gender, disability and exclusion. Analyse and document the findings.

### 4. Rapport building

### 5. Participatory analysis

### 6. Action planning

Get the community to understand the ways in which faeces are ingested in the community. Focus on the impact on health, dignity and wellbeing and how achieving ODF status can bring positive changes in all these areas. Use the PRA tools and the F diagram to aid the process. Use the results of the baseline data analysis to contextualise the tools and apply them in sensitive and suitable ways. Support communities to develop action plans for achieving and sustaining total sanitation. This helps clarify roles and responsibilities. The action plan should include a specific planned date for ODF.

## 7. Set up and train community institutions and committees

## 8. Engage children

Work with existing community structures where they exist (such as WASHCOM), clarifying new roles and responsibilities for CLTS if necessary. It is imperative that children are engaged as they have proved central in sustainable behaviour change and the monitoring of progress. Training for committees should include basic project management, hygiene promotion and bookkeeping. As a big part of African culture, theatre, dance and drama can be powerful drivers of change.

## 9. Train Natural Leaders and VHPs

## 10. Artisan fair/ workshop

The post-triggering session needs to be carefully managed and spread over a year so as not to put pressure on the community. Community visit dates should be scheduled when follow-up training can be given to Natural Leaders and VHPs on CLTS tools and their importance (in the local language where possible). Follow-up meetings and community mentoring should be a collaboration of the facilitating NGO, Natural Leaders and LGA. Artisan fairs or workshops are an opportunity to address technology/ latrine-related issues.



## 11. Installing financing support structure and system

One of the challenges expressed by communities of constructing good and safe latrines is the lack of money. The facilitators should draw attention to the community's capacity to address their other problems with little or no money using self help mechanisms that exist within the community. Funding options can be discussed, such as Adashe or periodic target contribution schemes, credit for sanitation or LGA seed funds (please note: external funds or materials for facility construction are not permissible in CLTS).



## 12. Monitoring and evaluation

The entire CLTS process must be thoroughly documented from the community to central government level. Within the community, monitoring and documentation should be the responsibility of Natural Leaders, VHPs and mobilised children.

Community documentation should include: minutes of meetings, activity briefs, latrine construction checklists, household data sheets, and documentation on latrine design (photos, drawings and physical models).

At LGA level, documentation should include: activity reports, consolidated periodic community reports, institutional support reports, database updated monthly on latrine construction progress (latrine models, photos and construction manuals).

# Endnotes

- 1 United Nations (2010) *The Millennium Development Goals Report 2010*. New York: United Nations
- 2 UNICEF presentation at the 1st National Round Table on CLTS October 29-30, 2009, Jos Nigeria.
- 3 <http://www.communityledtotalsanitation.org/resource/community-led-total-sanitation-clts-evaluation-wateraid-s-clts-programme-nigeria>
- 4 WaterAid in Nigeria Country Programme Evaluation 2009 (unpublished)
- 5 <http://www.wateraid.org/documents/Loose%20soil%20recommendations%20report.docx>
- 6 [http://www.wateraid.org/documents/plugin\\_documents/social\\_transformation\\_study.pdf](http://www.wateraid.org/documents/plugin_documents/social_transformation_study.pdf)
- 7 <http://www.communityledtotalsanitation.org/resource/handbook-community-led-total-sanitation>
- 8 The Regional Learning Centre (RLC) is a direct response to the need for increased capacity development in the sanitation sub-sector for effective programme development and implementation in the West Africa region. It is an important response to the need for the promotion of workable sustainable approaches, documentation of best practices and a support mechanism for the development of the sub-sector. The RLC is designed to be a multi lateral platform promoting dialogues leading to new insights and discoveries on sanitation programming and influencing policies.  
  
The RLC offers credible, useful knowledge that can help policy makers, practitioners, researchers and concerned citizens make informed decisions and progress in the areas of sanitation.
- 9 [http://www.wateraid.org/international/what\\_we\\_do/how\\_we\\_work/equity\\_and\\_inclusion/8349.asp](http://www.wateraid.org/international/what_we_do/how_we_work/equity_and_inclusion/8349.asp)
- 10 [http://www.wateraid.org/documents/Natural\\_Leaders\\_in\\_CLTS.doc](http://www.wateraid.org/documents/Natural_Leaders_in_CLTS.doc)
- 11 For an interesting discussion on this please refer to Deak, Andrew (2008) <http://www.csd-i.org/read-community-health-san-docs/Taking%20Community-Led%20Total%20Sanitation%20to%20Scale%20Movement%20Spread%20and%20Adaptation.pdf>



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with partners and influence decision-makers to maximise our impact.

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