

INNOVATIVE APPROACHES TO IMPLEMENTING CLTS IN AN URBAN SETTING
*Successful lessons from Piloting the Approach in a Small Town of Lekponunor in the
Dangme West District of Ghana*

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ABSTRACT

- **Background and Context**

In recent years, CLTS pundits and torch-bearers have been conceptualising the possibility of trying out the CLTS Approach in urban and peri-urban settings. They have been careful in doing this because the Approach was not designed for the urban and peri-urban settings in general terms. For CLTS to work thirty-three (33) conditions have to be fulfilled but most of these conditions are not present in urban areas making the implementation of CLTS very difficult under such settings. The implication is that, whilst maintaining the core tenets and beliefs of CLTS as developed by the originators, the general implementation strategy and relevant tools have to be altered to make the approach applicable in urban or peri-urban areas. Desiring to see how the CLTS approach would work, the CWSA/GAR, Dangme West DA and the TREND Group have since April 2011 embarked on a pilot project in a small town of Lekpongunor in the Dangme West District of the Greater Accra Region, under the Local Services Delivery and Governance Programme.

- **The Strategy and Lessons Learnt**

Lekpongunor is a coastal town with a population of a little under 5000 people. Its homogeneity is one of the few conditions that meet the conditionalities of CLTS. But there are many other characteristics that undermine CLTS implementation, like its population and size, ground conditions and the entrenched anti-latrines use paradigm. It is a highly littered Town, with virtually no sanitation facilities. Open defaecation is extensively practised by men, women and children. As a result with approximately two tonnes of faecal matter is spread around the Town on daily basis. School sanitation in the three basic schools in Lekpongunor is absent.

The CLTS Approach is currently on-going and is being implemented in conformity with the generally prescribed strategy of involving the district administration and the extension personnel of the district. With an external consultant providing technical support and the CWSA acting as liaison amongst the stakeholders, capacity building activities and periodic district level debriefings were conducted in this 6-month pilot. The field implementation is also expected to go through the standard 3 stages of CLTS implementation of Pre-triggering, Triggering and Post-Triggering. Currently the first two stages have been successfully implemented. Methods and tools have been altered to suit the urban situation. Generally these tools focus on the key triggers of fear, shame and disgust to bring home the conviction among the people of Lekpongunor to adopt new and better sanitation behaviours. Specifically, the use of IEC methods is the mainstay of the implementation. During the development of initial sanitation profiles, digital shots and recording of real negative sanitation practices were captured on still and also on video formats. In all, over two hours of video recordings of open defaecation practices were packaged and more than two thousand still pictures were taken and reviewed but unedited. Using large outdoor screens, a projector and other audio-visual equipment, the recordings were systematically screened in the various neighbourhoods, schools and market places – mostly in the nights for more than one month. The approach was to use the visual materials to generate discussions that brought the principles of fear, shame and disgust to play. As a result, large numbers of people have made decisions to change their sanitation situation and sanitise their neighbourhoods. Special sessions were also held with the 3 schools in the Town using some standard tools and IEC methods. Over the period, all school children have stopped open defaecation and efforts have shifted to cleaning and use of existing school latrines again. In addition, more than one hundred and fifty (150) children have become natural leaders and commenced clearing their environments of faecal matter. The Lekpongunor Concert Stars, a local drama group made up of the youth were also triggered as a group using videos. They were then trained to become Sanitation Ambassadors who use Stop-start-drama to tell sanitation stories in the neighbourhoods. These Ambassadors play a key role in household negotiations for improved sanitation choices. As a further outcome, morning and evening neighbourhood announcements began at defaecation sites with messages that encouraged people to conceal their faecal matter. Slowly, people have begun to clean their environments and are currently getting ready to undertake post-triggering efforts. Many households have also opted to construct household latrines (KVIP) and plans are currently underway.

The major lessons learnt so far include the following:

- Triggering in large communities is not straightforward as envisaged in the CLTS approach – even in cases where community is homogeneous. Effort to apply CLTS principles should go hand in hand with an intensive effort to change behaviour and improve facilities. Behaviour change is a process that takes time (compared to spontaneous triggering at community level in small rural communities)
- The availability of electricity, popularity of video and visual materials provide a unique opportunity to apply modern approaches involving elements such as Google Maps (instead of community maps), video shows and community pictures captured on Powerpoints to facilitate discussions leading to behaviour change.
- Size of community determines the level of support and technical backstopping required. In the case of Lekpongunor the lesson is that in large communities the role of district extension officers and support of DAs is crucial. To ensure

this initial awareness raising efforts and on-going advocacy efforts will be required. Visual materials from communities can be very effective in stimulating discussions and advocacy efforts at the DA level.

- Whatever the requirements interventions should bear in mind the local socio-cultural preferences. In Lekpongunor the local norms required that interactions are scheduled during the evenings rather than during the day. Evening interactions ensured maximum participation of the whole Town traditional leaders, opinion leaders, women and children.
- General applying CLTS in urban setting is a major challenge. Globally there are few successful cases. Generally more knowledge is required to fine-tune the process and approaches adopted in Lekpongunor and to refine the available tools meet the local challenges and national goal of scaling up CLTS. More piloting and documentation of experiences will be required.

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1. INTRODUCTION

1.1 Background

With reference to the attainment of the MGD sanitation goals in 2015, Ghana is off track and has to raise coverage from the current 18% to 61.5% in urban areas and from 7% to 55% in rural areas (The Ghana Compact, 2010). Currently the sanitation situation favours the urban areas more than the rural areas but the complexity of providing sanitation services in urban and peri-urban environments makes urban sanitation more of an issue than the rural sanitation. According to UNICEF Ghana¹, the human cost of the sanitation situation in Ghana is not pleasant. The estimates are that, 15,000 children mostly under the age of 5 die every year from diseases associated with poor situation with water sanitation and hygiene. Over 60% of all reported cases in the country's medical delivery facilities are related to the poor Water, Sanitation and Hygiene (WASH) situation. This has been widely described as staggering.

The National Environmental Sanitation Policy and the recently developed rural sanitation strategy is clear on the way forward in its approach to environmental sanitation in rural areas of Ghana. It has clearly adopted the Community Led Total Sanitation (CLTS) as the main approach to providing environmental sanitation services in rural communities and has enjoined all MMDAs to implement the policy at their levels. The implementation of CLTS in the rural settings, since it was introduced in Ghana in 2006, has largely been successful, according to a national evaluation on four projects piloted by UNICEF, DANIDA, WaterAid and PLAN Ghana (Magala and Roberts, 2009). Whilst the way forward to implementing rural sanitation has generally been clear, it has not been so with regards to urban sanitation implementation. Sanitation services delivery in the urban areas have seen mixed approaches and results, and understandably so because delivering environmental sanitation services, especially to the poor in urban and peri-urban neighbourhoods and contexts is a complex issue.

1.2 Overview of the Potential of CLTS in Scaling up Rural Sanitation

CLTS was pioneered in Bangladesh in 1999 by Dr. Kamal Kar, a development consultant with expertise in participatory processes. This was when he was evaluating Water Aid's subsidy driven sanitation delivery activities, where he came to the conclusion that the subsidy scheme had failed to generate real demand for sanitation because it was not internalized by the people. He then devised a complete re-thinking of the programme. Instead of trying to entice people with subsidies, he proposed a total disregard to subsidy and promoted an Approach that is entirely community-led, internalized by the people and would bring total sanitation to their communities – the CLTS.

The new Approach worked. It built on the communal capital and petitioned to the inner strength and self-respect of the community members (Mahbub, 2008). Entire communities became Open-Defecation Free and in triggered communities, all households acquired sanitary latrines. The community became the unit of operation rather than individual households. People stopped counting latrines and started to pay attention to whether the whole community became sanitised and clean. This was the most remarkable shift in attitude. Besides, people no longer waited for subsidy or handouts. They confidently built latrines with their own resources, the rich often helping their poorer neighbors. Since then, the Approach had made waves in rural communities of many countries all over the world, including Ghana. In effect, CLTS is currently regarded as a potentially a better option than subsidy driven approaches for scaling up sustainable rural sanitation.

1.3 Why CLTS Works in Rural Contexts

- The originators designed CLTS to operate in small rural community settings. The primary conditions identified for by the CLTS originators for the Approach to function are all closely related to rural settings. These include²:

¹ http://www.unicef.org/infobycountry/ghana_statistics.html

² Kamal Kar with Robert Chambers: The CLTS Handbook – There are more favourable conditions appropriate for CLTS to function but these are the primary ones

- Small settlement (hamlet rather than big village)
- Remote community rather than closer to towns and big roads
- Socially and culturally homogeneous
- Lack of cover in the surrounding area
- Wet/moist conditions which wash smelly and nasty excreta around
- Unprotected vulnerable and currently polluted water
- No current, previous, nearby or national programme of hardware subsidies to households
- Visibly filthy conditions
- High incidence of diarrhoeal diseases and child mortality
- Young and progressive local leadership
- Existence of active groups within the community

Generally provision of rural sanitation improvement services is simple in a sense that such communities are

- Small and therefore it is easier to reach out to a whole community at a time
- Homogeneous and therefore people identify with one another in terms of family arrangements, culture, ways of thinking, likes, dislikes and general social arrangements
- Easily governed. Allegiance to community leaders is high
- Easily mobilised for communal activities. The daily activity arrangements are the same for the various categories of people. It is therefore predictable when people are available and when they are not

Furthermore, the sanitation ladder approach is most convenient for rural communities

- Most people are not able to afford sanitation facilities
- Expectations for sanitation facilities are low
- People need support and must be provided the space to move up the ladder at their own pace

2. INTRODUCING CLTS IN AN URBAN SITUATION

2.1 Context

The potential of CLTS as an approach in up-scaling sustainable rural sanitation is clearly not in doubt. However, there have been reservations among practitioners and programmers all over the world with regards to how successful it would be in the urban and peri-urban contexts. This is understandable because the CLTS originators did not design the Approach to work in settings that have urban and peri-urban outlook and characteristics. In Ghana, at least, there is no record of the Approach being tested in such settings, but in some African countries like Kenya, Zambia and Mauritania, the Approach is still being tested on pilot basis in urban areas. Following the official recognition of CLTS as the way forward for rural sanitation upscale in Ghana, the CWSA took the step to try out the Approach in a peri-urban context, in a Small Town³ called Lekpongunor in the Dangme West District of the Greater Accra Region of Ghana.

2.2 *Why the Implementation of the CLTS Approach in an Urban Setting is Complex*

Lekpongunor is a coastal Small Town in the Greater Accra Region with a population of a little under 5000 people. The Town is a two kilometre strip that shares boundaries with the Dangme East District to the east, an equally vibrant Ayetepa to the west, a stretch of Dangme villages to the north and the Gulf of Guinea to the South. Lekpongunor is a homogeneous society with firm belief in traditional norms. It has six clear demarcations with each demarcation having its own leadership and governance arrangements, though the whole town has its traditional head. Dangme is the main language spoken by this largely female populated Small Town, most of who fall in the youth category.

³ In Ghana, communities with a population of between 5,000 and 7,500 are classified as Small Towns

Water facilities in the community are made up of public standpipes, taking their source from the 3-district water supply project in Avehime on the Volta River. There are also ponds (still in use) dotted around the various neighbourhoods. Sanitation facilities available in the Town include eight (8) household latrines, which are hardly patronised by their owners. There are also three (3) school latrines located in the three (3) schools also hardly patronised by the pupils. Drainage facilities available are the four main culverts on the main Dawa - Ningo Road that passes through the Town. Aside these, storm waters have carved their own pathways creating gullies criss-crossing the various neighbourhoods and draining into the Gulf of Guinea on one side, and the fields on the other.

Open defaecation is the main method of faecal matter disposal in Lekpongunor. As a result, approximately two tonnes⁴ of faecal matter is spread around the Town on daily basis. This is distributed along the beaches, in the shrubs and bushes and on refuse dumps. Stray household animals are also a common feature in this highly littered community.

The profile of Lekpongunor described above portrays the typical complexity in implementing the Approach in an urban setting, like Lekpongunor.

- The size of the community makes mobilisation difficult.
- Irrespective of the fact that Lekpongunor is homogeneous, its homogeneity lies only in the fact that the people are of the same ethnicity. But the numbers and diverse activity drowns the significance and perceived advantages of homogeneity.
- It is difficult to predict daily activity patterns because of the diverse economic and communal activities.
- People have high sanitation expectations but are at the same time comfortable performing open defaecation, presenting a complex irony.
- Culturally, the people do not accept latrines in their living areas. It is almost an abomination to construct within the residential compound
- There is high expectation of government to provide sanitation services, especially communal latrines as disposal of faecal matter is seen as the responsibility of the government

3. APPROACH AND OUTCOMES

3.1 Implementation Strategy

The implementation of the Small Town CLTS Pilot in the Greater Accra Region was in conformity to the generally prescribed national approach:

- The Dangme West District Assembly was the lead Agency that provided project facilitating support to all aspect
- Extension services persons from the DA were the main field staff who provided field support activities at all stages
- An external consultant (the TREND Group) provided technical support
- CWSA GAR/ RWST provided quality assurance and acted as liaison among the stakeholders
- Capacity building activities preceded the field facilitation
- Project debriefing activities were conducted
- The implementation employed the key CLTS tenets and principles of fear, shame and disgust as designed by the originators to trigger behaviour modifications in an effort to assist the neighbourhoods become ODF
- Natural leaders (Town folks who are interested in seeing changes in their sanitation situation) were identified and employed in the process to assist in getting the neighbourhoods achieve ODF

⁴ An analysis with community persons came up with this approximate figure

- The three main stages of CLTS as designed by the originators: Pre-triggering, Triggering and Post Triggering were employed on neighbourhood basis

3.2 Innovation in Approach

In implementing the Approach in Lekpongunor, the facilitators were mindful that the core principle of CLTS must feature in the whole implementation arrangement. That is to say:

- The people in the Town must stop defaecating in the open and conceal the faecal matter
- They would not be provided with any hardware or resources
- Facilitators would not impose any solutions: rather they would work with the Town folks to analyse their own sanitation practices and consequences
- Emphasis would be placed on behaviour change
- Emphasis would be placed on collective Town action. This means everybody has to be part of ensuring that the environment is sanitised.
- The knowledge, skills and attitude of facilitators is crucial, requiring a completely hands-off approach and “boldness, empathy, humour and fun”.
- The field facilitation would be participatory in nature. The process tools and methods used would be participatory involving everybody
- The three “pillars” of shame, disgust and fear would feature in the triggering process.

An initial town entry and quick assessment was conducted. The outcomes led to the design of the interventions as described below:

- *The social structure in Lekpongunor was complex as summarised in 2.2 above*
The size of Lekpongunor and living arrangements required that the town be divided into four main segments and several other sub-segments. Each main segment had to be dealt with separately and independently of the others. Sectional leaders and existing groups with their leaders were identified.
- *The standard facilitation processes would not work*
There was therefore the need for a re-design of the process arrangements. In the standard arrangement (normally in favourable communities) the community members are gathered at one place for a triggering session and depending on the triggering outcomes, follow-up commences. Here, the following steps were taken
 - *Step 1:* The normal triggering procedures were held on sectional basis with Town Group leaders as well as opinion leaders as a starting point, In all, more than 15 sessions were held in a 3 week period
 - *Step 2:* Triggered leaders commenced defaecation area walks with facilitators in all the sessions. These walks were captured on video and also on still photographs. The *Participants Photography*⁵ methods were used to capture live defaecation practices. Over 2 hours of video recording were put together. Over 2,000 still pictures of defaecation and hygiene practices were taken and collated
 - *Step 3:* To ensure that the whole town is triggered, these audio-visual productions were shown to Town members in the various neighbourhoods at nights, normally attracting large crowds
 - *Step 4:* Special sessions were conducted with schools.
 - Existing School Sanitation and Hygiene Education plans were reviewed for the 3 schools in Lekpongunor.
 - School Hygiene Clubs were formed and triggered using the standard triggering process
 - Hygiene club members became natural leaders and commenced communal clean-ups and household follow-ups

⁵ Participants (normally community members) are trained in the use of audio-visual equipment to take video and photographs in events of interest

- *Step 5:* Post-triggering follow-ups (currently on-going) is being conducted on house-to-house basis by extension staff, school children and other community natural leaders
 - Personnel have been trained on follow-up procedures
 - Household are being dealt with on individual basis
 - Follow-up involves simple household doable actions in relation to faecal matter disposal, latrine construction, household cleanliness
 - Improved actions are being captured on video and audio. The intention is to show them on large screens to encourage Town folks
- *Step 6:* Daily Reminders using the gong-gong at defaecation sites (morning and evening)
- *Step 7:* On-going advocacy with the district and CWSA to support the Town in terms of committing resources and personnel for follow-up
 - Monthly meeting and presentations on existing situation
 - Close collaboration with CWSA on progress of work
- *Most of the standard tools would not also function in the way that they were originally designed. There was therefore the need to modify them to suit the situation on the ground*
 - Defaecation area maps could not be drawn. Instead, Google maps showing the closest visible aerial view of Lekpongunor were captured and shown on large screen during evening sessions. Town members identified defaecation areas
 - Defaecation Area Transect Walks were not possible with the whole town because the areas were too large and not many people could be gathered at a time. It was therefore more effective to capture live scenes and pictures and shown to the large groups (not less than 200 persons per session)
 - Shit calculation was possible and was carried out as part of the triggering process
 - Medical expense calculation was possible and was carried out
 - Sanitation videos portraying faeco-oral dangers were shown to replace the standard faeco-oral exercises
- *More participatory tools have to be co-opted and modified for use*
These included:
 - Photography: Participants' and Facilitators' Photography
 - Videos: Capturing current situation, showing sanitation films, social movies (not related to sanitation, current movies on the market (to attract people)
 - IEC methods:
 - Methods that would reach large crowd: gong-gong as reminders
 - Radio Ada and local Information centre
 - Information Vans/ Community Sound Spinners
 - The capacity building and utilisation of local youth drama group on outreach programmes and stop-start drama sessions
 - Working with the 15 churches in the Town to incorporate total sanitation messages in church programmes

3.3 Results

The project was designed to be implemented over a period of 6 months. The first two stages have been carried out and notable results have been seen:

- Large neighbourhoods were ignited using altered versions and newly adopted tools developed for the context
- Partial ODF achieved in the neighbourhoods. Majority have started concealing their faecal matter. All school children have begun to use their school latrines again.
- Large numbers of Natural leaders have emerged. These include:
 - All the church leaders
 - Sectional heads of the community

- 45 ZOIL⁶ members
- 150 school children
- All school teachers
- Schools and neighbourhoods come together to embark on total sanitation efforts. Clean-ups are organised more often. Households are paying heed to planned simple and doable household sanitation activities
- Extension officers from the district have acquired new skills in facilitating CLTS in the urban situation.
- Structured follow-up arrangement has been developed. A Toolkit for Urban CLTS follow-up is being developed for extension personnel
- A drastic change in community perception of the role of total sanitation in community development. Town members see good sanitation practices as critical in developing their town
- A change in perception in the responsibility of installing household latrines. Hitherto, people of Lekpongunor were of the opinion that it is the responsibility of government to provide latrines to the community.
- Readiness to construct household latrines on the rise in the neighbourhoods. Close to 50 households are making preparations to construct KVIPs. New households join the list by the week
- Heightened awareness and interest of DA in sanitation issues resulting from regular consultations

4. LESSONS LEARNT

4.1 Lesson Learnt

Notable lessons have also been learnt so far:

Role of DA

- It is critical for District Administration to commit resources for follow-up and sustain temporary gains
- Extension personnel should see the approach as part of their tasks
- Follow-up must be consistent

Complexity: Total sanitation implementation in urban and peri-urban environment is much more complex than in rural communities. This was evident in Lekpongunor, and the lessons here were that

- a. The duration of total sanitation interventions in urban areas can be long. It takes a long time to achieve an ODF status for an urban community
- b. Culture plays a key role in determining sanitation choices and behaviour of the population. When culture is a factor, behaviours and attitudes are often entrenched.
- c. Triggering exercises cannot be conducted on one occasion for an urban/ peri-urban setting.
- d. Non- permanent residents in Urban communities have difficulty coming on-board the sanitation drive
- e. People have the notion that public latrines are the only solution to their faecal matter disposal issues
- f. Land tenure is a key issue in Urban CLTS as landless people or tenants were not willing to invest in latrines in properties that are not theirs

Tools and Methods:

The standard CLTS tools as prescribed by the originators generally do not work in the urban and peri-urban environment:

- a. New tools have to be adopted
- b. Standard tools have to be adapted
- c. Facilitators have to be very creative and ingenious
- d. Facilitation skills have to be at work on fulltime basis
- e. IEC and mass media strategies are successful approaches to facilitating urban CLTS

⁶ ZOIL is a group of volunteers who conduct daily cleaning of the beaches under the supervision of the District Assembly

More positively:

Large towns – presence of electricity allows for application of modern technology like Google Maps, videos, pictures on Power-point.

Latrine Construction:

- a) There are doubts that the sanitation ladder approach would suffice in achieving this level. People in Urban settings are not interested in rudimentary latrines. In Lekpongunor, people are only interested in KVIPs
- b) There are signs for an increased demand for KVIP latrines. This has implication for construction support in terms of materials, trained personnel, marketing and training. The DA has a key role to play here

4.2 Final Thoughts

CLTS is implementable in the urban and peri-urban contexts as far as modifications would be made to the facilitation process and the usage of the process tools and methods. Certain factors however *cannot be altered* if Urban Communities are to achieve sustainable ODF statuses and sanitation outcomes:

- *Long duration:* The duration cannot be shortened because it takes much longer periods to see results in the urban than in the rural settings
- *The pace of communal progress:* The process cannot be rushed because of programme schedules and timelines. The population must move at their own pace
- *The innovation of facilitators:* Facilitators must be innovative and bold all the time
- *District Administration Support:* This should be a constant factor and must be encouraged at all for a. Without the active involvement of the DAs, CLTS cannot work, even in the less complex rural situations
- *Need for more insight into the subject* – It is hoped that the experiences from Lekpongunor would serve as a springboard for more piloting, re-tooling, programming and documentation of Urban CLTS implementation.

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