

**CLTS Sharing and Learning Workshop at AfricaSan,
Durban, South Africa, 17th February 2008**

Workshop Report
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The Sanitation Challenge

Sanitation remains one of the biggest development challenges in developing countries. Around 6,000 people, mainly children under five, die everyday due to poor sanitation, hygiene and water. Sanitation-related diseases such as diarrhoea and cholera continue to seriously undermine human health and well-being. Improving sanitation is therefore key to achieving the health-related Millennium Development Goals (MDGs) of reducing child mortality and combating disease.

AfricaSan 2008

Following up on the First AfricaSan Conference of 2002 which helped to formulate a Millennium Development Goal (MDG) specifically for sanitation: to reduce, by half, the number of people without access to basic sanitation and hygiene by 2015, the AfricaSan +5 Conference was held in Durban, South Africa, between the 18-20 February, 2008. It specifically focused on the challenge of accelerating sanitation and hygiene programs in the continent and constituted one of the key activities in the continent to mark the global International Year of Sanitation, bringing together Africa's sanitation leaders and technical experts.

Sanitation in Africa

An estimated 2.6 billion people worldwide are without proper sanitation and thereby lack protection against preventable diseases. At the time of the last AfricaSan conference in 2002, 300 million Africans were without access to basic sanitation and hygiene, and unfortunately, the figures have increased even more since then. Sub-Saharan Africa has the lowest sanitation coverage, according to a report on the global of sanitation and hygiene prepared annually by the World Health Organization (WHO) and UNICEF Joint Monitoring Programme. Only 60 percent of the African population has access to improved sanitation services, and the continent needs to increase coverage to more than 221 million unserved people to meet the 2015 MDG target date. Despite significant efforts by governments, progress on sanitation targets has been slow and uneven. Currently only three countries in Africa are predicted to meet their MDGs for sanitation (Madagascar, Benin and Tanzania). Innovative approaches, urgent action and political good are therefore needed to accelerate achievement of the MDG targets for sanitation and achieve sanitation uptake, coverage and improvement at scale.

Community-led Total Sanitation

In recent years, the impact of the Community led Total Sanitation (CLTS) approach has drawn significant attention. There is a growing recognition that this approach offers tremendous potential for developing countries to surpass their MDG targets for sanitation. This has resulted in this approach spreading from Bangladesh where it originated, first within Asia, and then to other continents, including Africa. Now this approach is rapidly gaining ground in several African countries, including, amongst others, Ethiopia, Nigeria, Kenya, Tanzania and Uganda.

At the heart of CLTS lies the recognition that in the past many sanitation projects were unsuccessful because they assumed that the provision of subsidised latrines would result in improved sanitation and hygiene. As the failure of these traditional approaches has shown, merely building toilets does not guarantee their use. Earlier, more conventional approaches to sanitation prescribed high initial standards in order to reduce the costs of operation and maintenance later, and involved hardware subsidies as an incentive for adoption. However, this often led to uneven adoption, problems with long term sustainability, only partial use of facilities or their use for other purposes such as storage or as animal shelters. It also created a culture of dependency on external help, with people waiting for subsidy rather than taking action to help themselves. As a result, open defecation and with it the cycle of faecal-oral contamination continued to spread disease.

In contrast, CLTS focuses on the behaviour change that needs to occur in order to ensure real and sustainable improvements to sanitation, therefore investing in community mobilisation instead of hardware and shifting the focus from toilet construction for individual households to the creation of 'open defecation free' villages. The aim is for villages to 'go total', that is for everyone to have access to and use safe disposal of human waste, thus completely eliminating open defecation. This is important as installing a latrine in one household does not provide protection against the excreta of other households that do not have access to a latrine and the full health benefits of improved sanitation are only reaped if all households cease open defecation. By raising communities' awareness of the fact that, as long as even just a minority continues to defecate in the open, they run

the risk of ingesting each others' faeces, contaminating food and water and spreading disease, CLTS triggers the community's desire for change and propels them into action in order to end open defecation. CLTS facilitates a process of empowering the community to build and use latrines without the support of any external hardware subsidy and does not prescribe standards or designs for latrines. Instead, innovation, mutual support and finding locally appropriate and affordable solutions are emphasised, encouraging greater ownership, community action and sustainability.

First Workshop to share regional experiences with Community-Led Total Sanitation in Africa

On the occasion of AfricaSan+5, IDS (Institute of Development Studies) and Plan RESA jointly hosted a one-day workshop on CLTS, prior to the main conference, This was the first ever opportunity for regional sharing of experience with CLTS across so many African countries and different organisations. African participants came from Burkina Faso, Ethiopia, Ghana, Kenya, Malawi, Mali, Nigeria, South Africa, Tanzania and Uganda and were joined by a small group of non-African nationals from India, the UK and the US. Participants came from a range of organisations, and included practitioners, NGO and INGO staff, government ministers, World Bank and UN representatives. *For a detailed list of participants see Appendix A.*

It was a unique opportunity to share experiences with CLTS in different countries and organisations and to exchange insights, ideas, challenges and possible solutions. It also allowed 'networking', helping participants from different countries, agencies and contexts to identify and establish linkages with other actors in the field of CLTS. The sharing of experiences and consequent learning of lessons around CLTS also helped to plan and strengthen the representation of CLTS at the main AfricaSan conference and will hopefully form a basis for future learning, improving of practice and implementation of CLTS in Africa.

The following account summarises some of the proceedings of the workshop, key experiences in the different countries, priority issues, challenges, ways forward and action points identified by participants.

Workshop Agenda

1. Icebreakers: meeting and greeting
2. Purpose, expectations, hopes
3. Today's programme: additions, alterations, priorities
4. Timelines by country, organisations and regions
5. Country sharing, including successes, lessons, plans
6. Brainstorming of issues
7. Looking forward
8. Plans for the conference
9. Actions/ commitments

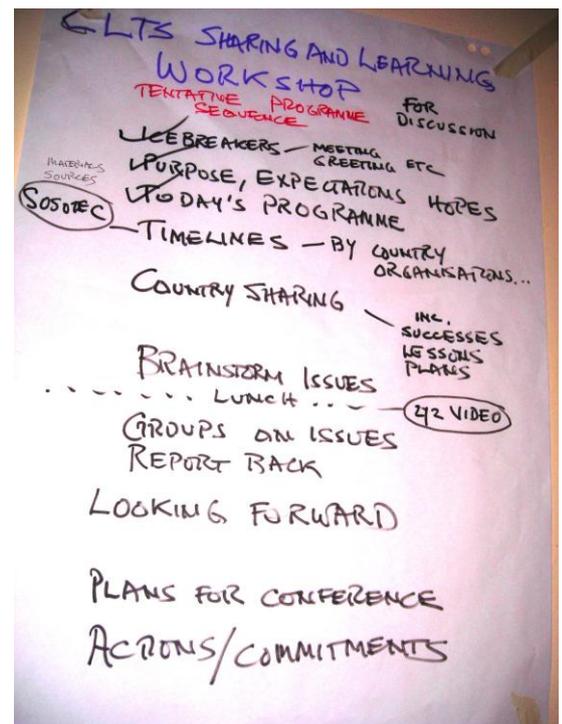
Purpose, expectations and hopes

After a warm welcome from Plan and IDS, a round of introductions and some ice-breakers and energisers, participants took a moment to reflect on their hopes for and expectations from the workshop. The answers fell into five broad categories:

1. Learning about CLTS

- To be inspired about CLTS approaches
- How to promote behaviours change beyond CLTS and ODF
- Steps within CLTS –Demand creation and beyond
- Grow common understanding on what is and what is not CLTS
- What is a successful CLTS experience
- Sanitation development in rural area CLTS
- Learn about why CLTS works
- Understand CLTS in its entirety
- Learn about what works and what doesn't work for CLTS

2. Scaling up with quality



- CLTS scaling up at a wider level
- How to manage national scale up
- Learn challenges of scaling up from others
- Learn more on scaling up CLTS so that it can be a full programme approach
- Issues to consider in taking CLTS to scale
- What do you need to do to scale up

3. CLTS and government

- How to sell to government
- Introducing CLTS to govt systems
- Practical experience of integrating CLTS into government programmes
- How to manage the relationship between natural leaders, governing bodies, communities/children

4. Challenges, what can we learn from experience

- Challenges emerging from different experiences
- Learn how others do it
- Learn how to overcome challenges

5. Planning for the future

- Map out sub-regional and regional directions
- Establishing network for learning and experience sharing in Africa

Timelines by country



Participants then divided into groups according to the countries, in order to map out the history of CLTS in their respective country and identify key events, issues and plans. Some participants, for example representatives from UNICEF and WSP produced a regional timeline and reported on some countries not represented at the workshop, for example Zambia, Sudan, Egypt and Sierra Leone. Timelines were then presented back to the whole group and complemented by additional powerpoint presentations and short films.

See Appendix B for country timelines.

The presentations raised a number of important questions and provided a starting point for a rich discussion.

Rewards, incentives and targets were a major subject for debate. In Nigeria, waterpoints are sometimes promised as a reward to communities for going ODF. The justification for this is the fact that very often water is higher on the list of communities' priorities and that people are thus more easily mobilised for water than for sanitation. However, many participants felt that this approach did not sit well with CLTS and felt a discomfort at the thought of thus perhaps sliding back to the water and sanitation projects of old, where water dominated and sanitation was only seen as an add-on. There were also questions whether the promise of giving communities water points could even be met. Since CLTS happens rather rapidly, it would be difficult for the 'water colleagues' to keep up. It was suggested that it would be quite a challenge to facilitate water alongside sanitation, and that perhaps it would be better to use sanitation/CLTS as an entry point and then use the same approach to mobilise communities around water afterwards.

There was further caution about rewards from India where the government's large scale reward programme, the Nirmal Gram Puruskar, has been a double-edged sword. Whilst many villages have indeed gone through the whole CLTS process and received the award for being 100% ODF, the scheme has also led to false declarations and the 'massaging' of numbers. Whilst it was stressed that

an incentive without social mobilisation is not sustainable, it was also conceded that incentives can sometimes add to a good social mobilisation process. Everyone agreed that monitoring systems are essential and, based on practical experience, it was proposed that when the M&E systems are participatory and involve the community, sustainability is higher.

Rewards are often a part of a government's or an NGO's drive to disburse funds and thus be counter-productive to CLTS which emphasises community empowerment and does not require large amounts of money.

Participants also raised the issue of government targets which are very often still set in terms of numbers of latrines constructed. This was seen as dangerous in that it once again takes the focus away from behaviour change towards construction. However, it was also pointed out that governments want and need to measure progress and that it is not quite clear how to effectively measure behaviour change. This issue clearly merits further exploration.



Working in an area where there is a history of subsidy-based programmes emerged as a major challenge. In discussions, participants agreed that one has to face up to the fact that 'the ground is not always clean', in other words that programmes need to be aware of and prepare for triggering CLTS in less than ideal situations. It was clear that more sharing of experiences and possible solutions is needed.

It was emphasised repeatedly that CLTS needs to and does go **beyond sanitation**. There was strong agreement that CLTS uses sanitation as an entry point for community mobilisation and empowerment.

Improvements with sanitation and hygiene practice are the starting point. Once a certain level is reached, the community can take up other development issues.

Participants also suggested that CLTS challenges and changes the **power dynamics** and turns many **mindsets** on their head. As CLTS enables the community to decide on their own actions and solve their own problems, the conventional roles of NGOs, governments and other stakeholders also change. It is therefore not only in the communities that a behaviour change is required. We as practitioners also have much to learn.

The issue of **exposure visits** was also touched upon. Some participants felt that the exposure visits by African countries to Asia, in particular Bangladesh, might not necessarily be helpful, seeing that the country and continent contexts are very different and suggested that exposure visits within the same region, where possible, may be more appropriate. However, others explained that it was sometimes necessary to visit those countries where CLTS has been established and successful for a while, in order to take lessons and findings from these countries back to their own governments and convince them to pilot the approach. By providing evidence that CLTS and in particular the no subsidy approach works, such exposure visits can strengthen the case for introducing CLTS in new countries.

Training was seen as one of the crucial factors in 'getting CLTS right'. All participants agreed that CLTS requires a series of hands-on trainings and special kinds of trainers/facilitators. Good training is especially important with a view to **scaling up**,



another central concern during the workshop, which elicited many questions about how to scale up with reasonable speed but without compromising quality. What do we require in terms of human and financial resources, partnerships and national support to scale up? If we know that CLTS works, how soon can we make it happen so that people can have a better life with a sanitised environment? It was suggested that it is necessary to formulate plans of action at the national level and to coordinate the various stakeholders in order to harmonise approaches for scaling up and reaching millions.

Triggering and follow-up were repeatedly mentioned as crucial to the success of CLTS.

From some of the country timelines that had been drawn up, it emerged that despite a large number of triggerings, in some countries where CLTS has recently been started, there seem to be no ODF villages yet. This was cause for concern. CLTS is different from other approaches that go on being implemented for months and months. With CLTS, if the collective understanding is there that



everyone is eating each others' shit, there is a demand for immediate action. Therefore, if the triggering that forms part of the training does not produce ODF villages, it suggests that there is a problem.

Participants from many countries attested that once communities are aware of their situation, they are in a hurry to build latrines and put a stop to open defecation and its detrimental side-effects.

In this context, the importance of post-triggering follow up which should be built into the training, was repeatedly stressed. Mechanisms and examples of post-triggering follow-up are described in the forthcoming Handbook on CLTS, a draft version of which was launched at the workshop.

Key issues and challenges

Based on what had been presented for each of the countries during the previous exercise, participants were invited to identify priority issues for discussion which could then be discussed in more detail in the afternoon. The issues that emerged fell into the following categories:

1. Going to Scale with Quality- Khairul Islam
2. CLTS and government, government policy – Asrat Genet
3. CLTS and other programmes – how to integrate
4. Concepts of CLTS
5. Training, training facilitators, training trainers –Tezera Fissera
6. Sustaining after triggering –in the handbook, not priority?
7. Inclusiveness and groups (children, gender equity)- in the handbook, not priority?
8. Urban applications: little experience – to be postponed
9. Technology
10. Actions for the future



Out of these, the following three topics were chosen for in-depth discussion in smaller groups under the lead of a convenor.

1. Going to Scale with Quality
Convenor: Khairul Islam
2. CLTS and government, government policy
Convenor: Asrat Genet
3. Training, training facilitators, training trainers
Convenor: Tezera Fissera

CLTS and government/government policy

There was a strong sense that CLTS should be integrated into existing government programmes, for example into health care strategies, in the way this has happened in Ethiopia with the government's Health Extension Strategy.

1. *What happens when government makes CLTS a national policy?*
 - Good things happen
 - We have to have healthy workforce for productivity
 - Productivity will increase
 - Poverty will reduce
2. *Rewards and incentives*
 - Identify who should be rewarded
 - Blind/blanket subsidy is not to be encouraged, instead we have to exploit community wisdom
 - Communities can build houses and other structures that last for centuries, why not build a latrine – we only need to change behaviour and facilitate realisation
 - Anti shit strategies

Going to Scale with Quality

1. *Entails developing a national strategy and framework:*
 - Strategy should be clear and include a 'no subsidy for households' policy
 - Government should take a leadership and coordination role
 - Government should subsidise the right things
2. *Unpacking scaling up*
 - Geographical coverage? Number of communities?
 - Quality of the human resource is most important
 - Community actors need to be identified
 - Identify which NGO has which skill
 - Ensure that community actors come from variety of backgrounds
 - Create a pool of community facilitators as consultants to trigger action at community level – possibly with contract
 - Create a national platform that brings together synergies of key actors and sector players – this should include identification of a national team
 - Need for a regional learning centre, both physical and virtual
 - Sector-wide approach and action within the framework of the sector strategy

Training, training facilitators, training trainers

1. *The nature of training*
 - Emphasise practical learning
 - Contextualise the training guide
 - Develop a customised training manual from local experience
 - Compose a training package
2. *Content:*
 - PRA tools
 - Children's participation
3. *Time*
 - Adequate time – recommended: no less than 8 days
4. *Skills*
 - Facilitation

- Documentation and communication
 - M&E analysis
 - Reporting and sharing
 - Creating a critical mass of trainers
 - Link to the government
 - Institutionalise
5. *Resource Mobilisation*
- Networking committed stakeholders
 - Capacity building
6. *Who to involve*
- Local NGOs/CBOs
 - Learning and Research institution -influence curriculum

Vision, Action, Commitment

Looking back on the day, participants were invited to turn to their neighbours and talk about actions that might follow on from the discussions. From this, a list of priority actions emerged:

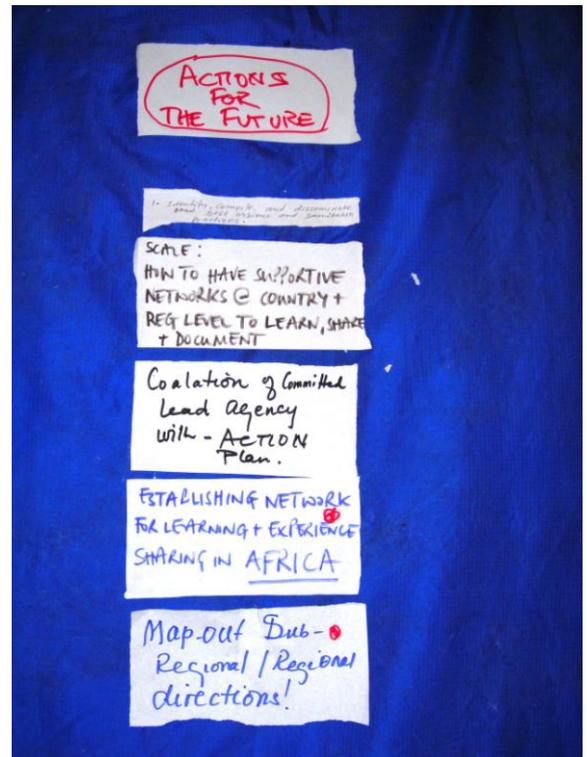
Priority Actions

Regional Learning Centre: Participants suggested the set up of one or more regional learning centres. It was proposed that Ethiopia could become the regional learning centre for East Africa and Nigeria set up a centre for West Africa. Amongst other tasks, these centres could **map institutions and resources** to be better able to coordinate efforts, facilitate experience and knowledge sharing, and to maximise impact. Linked to this, a **Regional Training of Trainers** was also suggested as a priority action. With regard to **training**, it was emphasised that this should always be of a hands-on, practical nature. It was proposed that a 'minimum package' for training should be devised, setting out all the necessary elements that a training needs to cover as well as prescribing a minimum number of days that is needed to ensure the training is successful. The involvement of governments and agencies like UNICEF was also mentioned as important.

Creating and maintaining **networks of organisations (WSP, UNICEF, Plan, etc) at regional, sub-regional and country level** was seen as crucially important. These networks could facilitate efforts to learn from others' experiences, and to **evaluate and share current practices**. They could also play an important role in **maintaining momentum** and gathering a **critical mass** of practitioners, trainers, supporters etc. Moreover, it was stressed that the **coordination of different stakeholders at country-level** is essential for moving forward.

As had been demonstrated by some of the success stories heard during the morning, **political commitment** is vital for success. CLTS must be on the national development agenda with full political commitment and engagement. Government ownership is crucial and CLTS should be **institutionalised** in both government structures as well as implementing agencies and that comprehensive and careful **strategies** were needed to scale up CLTS across different regions and across institutions.

Finally, participants put forward the idea of **customising the triggering guide** for each country context. There was also a call for the creation of **solid evidence at the district level** and the production of **materials** that would help to convince people of the approach and unite them with a common aim.



Closing remarks

Dr Khairul Islam, the Regional Program Support Manager of Plan RESA (Region of Eastern and Southern Africa) expressed his wish that, as a practitioner and activist, he would really like to see that over the coming months especially those countries that are in the beginning stages of implementing CLTS create some solid evidence on the ground, with not just a few villages but whole districts being triggered. This would, of course, need to be supplemented by national coordination. He suggested that once we create this continuum from the community to the national level, a good example and impetus for other countries to follow suit would result. Based on what was shared during the workshop, he hoped that Ethiopia would be leading this process, with Kenya and Uganda following quickly. He closed by saying that he was very optimistic and that the next three to nine month period would be critical as now that the ground for CLTS had been prepared, the opportunity for making a huge difference needed to be seized.



APPENDIX A

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(alphabetical order)

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APPENDIX B

COUNTRY TIMELINES

Kenya

Background to CLTS in Kenya

- Plan Kenya works in 8 development areas located in 10 districts
- Plan international has adopted CLTS as a key strategy and it is being rolled out in Asia, Latin America and now RESA
- CLTS training Workshop held in Dar-es-Salaam Tanzania - commissioned by Plan International Region of Eastern and Southern Africa (RESA) in February 2007
- 38 participants from 7 African countries attended training: Tanzania, Uganda, Kenya, Zimbabwe, Malawi, Zambia and Egypt
- 500 CLTS facilitators were trained (by December 2007)
- CLTS was rolled out in 36 villages in the development areas (by January 2007)

Why CLTS in Plan Kenya

- Previous sanitation approaches not effective.(PHAST, subsidy)
- high prevalence of open defecation (latrine coverage at 43% in Kenya).
- Complimented and fitted well with Plan's CCCDA and Rights based programming.
- Supports Plan's focus on low cost high impact strategy.
- Contribute to the GOK sanitation policy goals.
- To support attainment of MDG goals

Successes/achievements

- Over 500 CLTS facilitators trained in areas where Plan works; CLTS rolled out in 36 villages;
- One village celebrated ODF during the World Toilet Day(Others are on path to ODF)
- Natural leaders emerging and rolling out CLTS in neighboring villages on their own.
- People feel proud of their achievements and desire to construct long lasting latrines.
- Increased awareness and appreciation on the effect of faecal-oral contamination.
- Communities' gradually changing habit of open defecation.

Challenges

- Sustaining the momentum by the community after CLTS triggering.
- High water tables/collapsible soils requiring special latrine technology out of reach to the community.
- Conflicting approaches by different agencies in the sanitation sector.
- Seasonality and its effect on community participation in CLTS
- Dependency syndrome in the community emanating from previous approaches.
- Urban slum dynamics affecting CLTS implementation.
- Facilitation-not all trained find it easy to take up the challenge.

Future Plans for Scaling Up CLTS in Kenya

- CLTS rollout will continue in all other villages in the (10-14) districts where Plan Kenya has operations.
- Action learning/research inquiry into CLTS.
- Develop local CLTS training aids/materials.
- Plan Kenya will hold national conference to include Gov, NGOs, INGOs (by December 2008)
- Integration of CLTS with other community development strategies (Child survival, VS&L, SIP and Sustainable Livelihood).

Tanzania

Feb 07

- CLTS workshop for RESA countries
- CLTS triggering in 2 districts in Dar Es Salaam
- Action plan for scaling up to other programme areas drawn up
- Feb + ongoing advocacy with the government

April 07

- Baseline survey
- Enabling environment assessment
- Sharing the approach with local NGOs and government
- Market assessment (sanitation and hygiene)

July 07

- Mason training: technical, marketing and business

Nov 07

- Tanzania World Toilet Day – sanitation marketing
- Stakeholders meeting with LGAs and national
- Declaration of ODF in 10 subvillages

Dec 07 +

- Developing district S&H action plan
- Result analysis

Feb 08

- Develop Formative Research
- US dollar 20k distributed to districts for sanitation and hygiene
- Planning for ODF scaling up

Sierra Leone

Jan 08

- First hands-on training workshop on CLTS in Laka western area district of SL (UNICEF, Ministry of Health, Govt of Sierra Leone) -65 participants from government ministries, NGOs, INGOs, DFID
 - CLTS triggered in 1 village

Feb 08

- 2nd triggering workshop in Kenema district in Eastern SL (UNICEF, Govet ministries) - 70 participants
 - CLTS triggered in 1 village
- 3rd Training workshop, 25 participants
 - CLTS triggered in 6 villages (Plan Sierra Leone)
- UNICEF, 150 participants, donor managers, govt policy makers workshop in Freetown, CLTS triggered community participants

Uganda

Chronology

- Total sanitation by WaterAid Uganda since 2006
- CLTS by Plan Uganda since March 2007 (first capacity development workshop)
- Other CLTS and Total Sanitation initiatives have been going on since 2000 (Msumba village in Rakai district)

- Environmental Health Division initiative in 3 districts since 2005

Events CLTS

- Plan Uganda attended first CLTS training in Ethiopia, Feb 07
- August 2007, National Training with district local government, communities, volunteers
- September and October 2007: Cascade trainings (district specific)
- October to date: roll out at the community level
- Immediate achievements: over 20 villages that have been declared ODF

Way Forward

- Create a critical mass of people to promote CLTS – ongoing
- Professionally document CLTS experience for further sharing – ongoing, latest expected date June 08
- Promotion of CLTS with other sector stakeholders – April 08 (through a NETWAS/Plan led learning journey)

Other Initiatives

Events

1. CLTS/Total Sanitation in Msumba – 2000: initiative purely introduced by traditional birth attendants, with no external or government support
 - *Achievements to date: Over 100 villages to date are ODF/100% total sanitation, all components of the sanitation ladder, communities do not stop at declaring themselves ODF but go beyond and look at handwashing facilities, drying racks for plates etc*
2. EHD/KDS pilot-implemented since 2000 through community structures
 - *Achievements: 12 villages totally sanitised – Dec 07*
 - *Documentation and lesson sharing – Jan 07*

Future Plans

- Dissemination and generation of buy-in by other actors (Jan – Dec 08)
- Scaling Up within the district and other districts (Jan – Dec 08)

CLTS in Uganda is community-led in a different way. Clusters of households are formed based on shared ways of life, traditions, culture. These households are not necessarily clustered by geographical proximity but grouped according to what they have in common so that they understand each other. They are encouraged to keep an eye on each other in terms of sanitation, handwashing, cleanliness in order to ensure sustainability of CLTS beyond the initial trainings and triggering and to keep the momentum going.

Nigeria

2005

- June 05: study visit to Bangladesh
- July 05: 1st pilot projects
- Late 05: CLTS in National policy draft

2006

- Feb 06: Reflections on CLTS
- Nov 06: Evaluation of first pilot project

2007

- Jan 07: 2nd pilot (expansion)
- Development of IEC material
- July 07: Evaluation of 2nd pilot
- Aug 07: CLTS in National Sanitation Scale up strategy
- Nov 07: CLTS written into National Implementation Guidelines/IYS Plan
- Nov-Dec 07: Additional Support for scale up

2008

- Feb – March 08: ToT for National Facilitators, 1 million latrines in 2008

Mali

Feb 06

- Reflection day on CLTS in Nigeria
- Development of CLTS action plans

March 06

- Introductory workshop to partners

Nov 06

- Study visit to Bangladesh
- Joint evaluation of CLTS in Nigeria

March 07

- Identification of 10 pilot villages

Sept 07

- Launching of pilots

Dec 07

- Support visit by consultant from Bangladesh

Future:

Sept 08:

- Evaluation of pilot programme

Nov 08

- National Scale up

Burkina Faso

Nov 06

- training in Nigeria

Jan 07

- 2 pilot project sites identified

Oct 07:

- National consultation
- Scoping study
- National roundtable
- Training of implementing partners, focal points from local government and ministries of health and water involved in the process
- Manual updated for Burkina Faso (from Nigeria version)

Nov 07

- implementation of 2 pilots
- Village committees (WASCOM)
- Village action plans

Next

- Development of tools, IEC materials
- Evaluation planned for the end of the year (08)
- Then scale up in other communities

A big challenge is that the government is calling for national standards for latrines. How can we make them see that there should be no standards?

Ghana

Feb - Nov 06

- Learning on CLTS- Bangladesh and Nigeria
- Discussion with partners and selection of pilot villages

Jan 08

- CLTS scoping study and preliminary review

Jan 08-present

- Discussion and consensus building on CLTS
- Piecemeal training, implementation by individual organisations

2007-08

- Discussions about adopting CLTS in Draft National sanitation policy

Like other WaterAid West Africa countries, Ghana is still at a very early stage of implementing CLTS. There are also questions about whether it is really CLTS that WaterAid's partners are implementing. From Nigeria we know how powerful CLTS can be, but the conclusion is that what we are doing with our partners is not really CLTS as there is still some subsidy involved. At country level, we have had piecemeal training of CLTS and done some implementation, but the knowledge is scattered all over. There is no complete and total understanding of CLTS yet and even though there is interest at national level to scale up, the lack of understanding is a major challenge. Within WaterAid Ghana, we have been holding discussions with relevant ministries about forming a national cadre of people who have a common understanding of CLTS and then building a consensus on scale up.

Ethiopia

2003

- Community action at scale for Health and Sanitation in Southern Ethiopia by Regional Health Bureau Government initiated Health Extension programme: In 2003 the idea of community mobilisation around hygiene and sanitation was initiated. This had some elements of CLTS but was not CLTS as we know it today. It was still very top down, but at least made some attempt to move the sanitation agenda forward.

2005

- Health Extension programme launched nationally
- 25000 health extension workers, all females deployed
- Home based approach
- National hygiene and sanitation policy, strategy and protocol developed

2006

- April: CLTS introduced to Arba Minch area by VITA RTI (Irish-based NGO)
- Flagging system by WaterAid Ethiopia
- September: Amhara region committed to scale up hygiene and sanitation

2007

- February: Plan Ethiopia adopted CLTS
- September: CLTS expanded to Achefer district by the Regional government and the World Bank
- Multi-sectoral commitment for hygiene and sanitation (ministries of health, water and education – memorandum of understanding)
- Increased stakeholder participation and NGOs' alignment (Plan, RiPPLE, WaterAid, CRS etc)
- Millennium Sanitation and Hygiene movement 2008-12

2008

- Lessons from Durban Sanitation Conference

Africa Region

Regional Perspectives

2006:

- Nov 06: Planning for CLTS training at regional level

2007:

- Feb 07: 2 regional trainings for 10 countries – Plan international
- March 07: Tanzania, Kenya, Ethiopia (Plan) started active CLTS implementation
- June 07: support to WATERCAN in CLTS Training in Uganda

- August 07: Uganda (Plan) started CLTS implementation
- Nov 07: Zambia workshop - 6 villages triggered
- Nov 07: UNICEF workshops with ITNS and R+L partners; process/approach in African context; network for info sharing
- Dec 2007: 12 villages triggered in Zambia
- Dec 2007: CLTS included as strategy in draft sanitation policy

2008

- March 08: full proposal submitted to DFID for CLTS scale up in countries
- March 08: Plan Sudan will start CLTS implementation
- May 08: Plan WATSAN network meeting in Ethiopia- review and strategy for scale up
- May – July 08: Malawi, Zambia, Zimbabwe, Mozambique, Rwanda, South Sudan will start CLTS implementation
- Planned capacity building of ITN to be champions of CLTS with quality

2009

- all countries in the region will have CLTS scale up plan/support