Support and Nurture: What we Need for the Planted CLTS Seed to Develop and Grow
An evaluation of the Community-Led Total Sanitation approach in Liberia

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List of Acronyms

CHTs  County Health Teams
CLTS  Community-Led Total Sanitation
EHTs  Environmental Health Technicians
FGD  Focus Group Discussion
GoL  Government of Liberia
KII  Key Informant Interview/Interviewee
MDGs  Millennium Development Goals
MoH  Ministry of Health and Social Welfare
MPEA  Ministry of Planning and Economic Affairs
MPW  Ministry of Public Works
NGO  Non-Governmental Organisation
NLs  Natural Leaders
ODF  Open Defecation Free
OECD/DAC  Organisation for Economic Co-operation and Development/Development Assistance Committee
PRA  Participatory Rural Appraisal
PRS  Poverty Reduction Strategy
SWOT  Strengths, Weaknesses, Opportunities and Threats
WASH  Water, Sanitation and Hygiene
Executive Summary
Sanitation is a basic requirement for disease control and public health as access to improved sanitation is a means of preventing the spread of disease and thus ensuring a healthy and productive life. Contact with faeces through water, foods and the environment increase the likelihood of contracting sanitation-related diseases including, cholera, diarrhoea, acute respiratory infections and intestinal worms.

Liberia has a long and complex history with much of its recent past comprised of political and economic instability and with much of the infrastructure within Liberia decimated during the war. Outside the capital, Monrovia, there has been an incremental improvement in the condition of roads; however, many roads are impassable, particularly during the rainy season. Access to basic services, while improving, is still limited, particularly in rural areas.

With only 17% of Liberians having access to sanitation when nature calls, there is often no other option but to defecate in the open. In rural areas, open defecation is the primary form of relieving oneself, with 77% of people openly defecating. In a community where one person openly defecates, other community members are placed at risk of faecal-oral contamination and, thus the risk of contracting disease.

In 2009, Liberia established their first post-war national policy on water and sanitation. However, currently, Liberia has no specific governmental department for sanitation; it is in fact split between three ministries – Ministry of Public Works (MPW), Ministry of Health and Social Welfare (MoH) and the Ministry of Lands, Mines and Energy – and a semi-private company – Liberia Water and Sewage Corporation, focusing primarily on urban areas.

CLTS is a relatively new approach in Liberia, an approach only established in 2009 with the formulation of the national Water Supply and Sanitation Policy and subsequent Guidelines on Water and Sanitation Services, 2010. As Liberia is heavily reliant on external sources for funding national programmes and as the war decimated much of the economy and infrastructure CLTS was an attractive option for increasing access and use of sanitation as it mobilises communities to use their initiative and identify issues within their community and the approaches and uses low-cost locally sourced materials for construction of facilities.

The study was focused on a number of communities within various parts of the country as well as on experiences of those working in the sector and beneficiaries. The evaluation is based on the OECD/DAC criteria for evaluating development programmes – relevance,
effectiveness, efficiency, impact and sustainability. In total the study focused on seven communities.

Study findings

Relevance

On the whole CLTS within Liberia seems to be the most appropriate approach to increasing access to sanitation within rural areas. While there are significant difficulties in the ability of the Government of Liberia to fund specific programmes, the comparatively low financial costs associated with CLTS enable the government, and partners, to implement this low-cost approach. However, the lack of resources available to the department under which the CLTS programme falls severely inhibits the process, its evaluation and potential expansion.

Within the communities in which CLTS is being applied and while community members themselves saw the importance and relevance of the approach, there were noticeable issues of dependency and continued, even in those communities which are recognised as ODF, dependency on external actors.

Monitoring and evaluation are essential for CLTS to be successful and thus must be carried out on a regular basis. The lack of training identified, particularly around PRA tools, was noted, as was the insufficient technical capacity of the facilitators. While CLTS is seen as a low-cost approach, initially a substantial financial investment must be made both in facilitators and in the organisation’s approach within triggered communities. Funding must be available for ongoing monitoring, particularly logistical elements involved as communities are rural.

Organisations involved in the implementation of CLTS must be flexible enough to adapt to the CLTS approach. As behaviour change does not take effect overnight organisations must be flexible in their budgets, timing and have a greater focus on field staff, through trainings, workshops, and providing opportunities for CLTS facilitators to discuss all issues with higher-level staff within their organisations.

Effectiveness

Determining overall effectiveness is difficult at this juncture. However, based on the two ODF communities investigated the effectiveness of CLTS (within these communities) has been called into question. Neither of the two ‘ODF’ communities could be described as
being completely free from open defecation. One community in particular had only one operational latrine for a population exceeding 150 inhabitants. Further, neither has had contact with the organisation which originally triggered the community.

In one community no women were aware of the CLTS approach; a year after the community was identified as ODF. Further, communities situated along roads may never truly be ODF as residents of neighbouring communities may commute along these roads and continue to defecate openly close to these villages.

CLTS is often purported as an approach that initiates community action on other areas for development within communities. Within the communities evaluated, two had initiated or thought about community action – community sanitation (through removal of shrubbery) and maternal health. However, many of the communities continue to rely on external actors – government and NGOs – to establish programmes and provide materials.

Within the communities the technical capacity of the residents, in relation to the construction of latrines, was virtually non-existent. Many communities had no knowledge of some or all basic points – where a pit latrine should be situated; drainage; soil issues; or how to ensure flies are kept to a minimum. While there is no data available to determine financial cost-effectiveness, without technical knowledge and supply chains, the continual construction of latrines will ultimately be a costly (not only financially) endeavour for communities to undertake.

Other issues identified which ultimately affect the sustainability of the CLTS (and ODF) include fragmentation, overall community involvement and monitoring and evaluation. Fragmentation within the sector – as mandates are divided between ministries creating barriers to determining funding for sanitation, information flows, communication channels, who certifies ODF communities and who, essentially, administers CLTS. Additionally, attempting to establish the number of communities that were triggered and all the actors involved in the implementation of CLTS, was extremely difficult. However, the sector is moving rapidly and since this evaluation a National Water, Sanitation and Hygiene Promotion Committee has been established to coordinate activities in the sector.

Within communities none had established sanitation committees (which may assist in sustaining the process) nor were natural leaders adequately involved in the whole process, particularly in ongoing monitoring. Additionally, very little has been undertaken within
communities to overcome fears and reservations around the use of organic materials for the construction of latrines.

CLTS has, thus far, been ineffective in increasing the willingness to pay for sanitary facilities. While in a number of communities there were concrete slabs (provided prior to the CLTS approach, and never used) CLTS has only initiated a cash-box system for more durable materials in one community and no community has purchased more durable materials following the collapse of organic latrines.

With regard to M&E the lack of available data, particularly the lack of baseline information seriously impedes assessing overall impact. Data that was available in numerous cases, and data from the government, was often inaccurate and unreliable. Additionally, there is no centralised monitoring and data collection system. The lack of unified data collection and monitoring system has resulted in data being collected in an ad-hoc manner and lacking in overall comprehensiveness.

Efficiency

While determining the efficiency of CLTS in Liberia, specifically around cost, was hampered due to lack of available data, fragmented system and organisations often unclear on the resources being used for the implementation of CLTS. Thus, this evaluation focused on the efficient implementation of CLTS and the collaboration between actors involved.

CLTS in Liberia has no standardised approach between actors. A number of actors have slightly adapted CLTS and incorporated other activities, including soap making and the distribution, and establishment of supply chains for WaterGuard and durable materials.

In order to ensure effective scale-up of CLTS throughout Liberia there is a need for a certain degree of standardisation; standardisation in the approach and CLTS model taken (adapted to the Liberia context), and standardisation in the facilitation, monitoring, verification, and, where possible, use and capacity building, of NLs and county personnel – CHTs and EHTs.

With regard to facilitation, facilitators may feel uncomfortable with discussing defecation, with shaming individuals and with removing faeces from the bush. All facilitators felt they were well trained, and all had received additional trainings within the past three months, however, trainings undertaken involved a review of basic sanitation issues rather than technical capacity building. Throughout the triggering of one community it was clear that
facilitators require basic PRA skills prior to undergoing CLTS trainings. General issues regarding incorporating women and children in the process, and recognising when they are excluded were also found to be prevalent.

Coordinating and collaborating with partners implementing CLTS was also identified as an issue. Discussions with government personnel indicated the GoL were primarily aware of the international actors and not local actors involved. Moreover, one organisation was not aware there was a CLTS Steering Committee and no organisation could definitively say how other organisations were implementing CLTS and whether these organisations were successful.

Impact

CLTS is often promoted as an approach which creates a sense of community, generates solidarity among local populations and empowers. However, findings illustrate that sense of solidarity may depend on facilitation and support. In one village, community members discussed how CLTS had brought them together as a community. Conversely, in another community a participant stated that if someone asked to use his latrine (the only latrine in the community), he would tell them to go into the bush to defecate. It is interesting to note the first village is still being supported, yet the second is not. In relation to empowerment not all communities appeared empowered as many continually requested and expected assistance. In fact, all communities visited asked for assistance in the form of concrete, water-pumps and/or zinc.

The hygiene aspect of CLTS does not appear to be well integrated into the approach in all cases. Many participants insisted they washed their hands after defecating; however, there were no visible hand-washing facilities in any community. In addition, in one village community members were unaware of alternatives to use when soap is unavailable. All participants were aware that in the event of having no access to a latrine one should dig a hole and cover it over after defecating. In two communities (one ODF; one triggered) holes were visible, however, in the ODF community the holes had not been covered over following defecation. Further, the holes were in close proximity to the cooking area (6 metres) and the faeces were covered in flies. The house to which these faeces belong had a functioning latrine about 35 metres away. In addition, all communities, except one had animal faeces on the ground around the village.
A number of participants in one community admitted to continuing open defecation – there was a substantial amount of faeces around the town and on the way to the creek. Further, it was noted that many people stay on farms for extended periods of time, where no latrines have been constructed. Not only did the participants not consider constructing latrines on farms, there was an impression that it was not as bad to defecate on the farms as it was away from the village.

Sustainability

Sustainability is key for ensuring continued use of sanitary facilities in addition to increasing the health and productive capacity of the population. Therefore, ensuring sustainability of the approach is essential. However, thus far CLTS has had limited success within Liberia; rather than movement up the sanitation ladder there has been movement off the ladder altogether as ODF has not been maintained. Further, sanitation is often considered an issue that will be tackled by the government or NGOs with many communities continuing to rely on external actors to initiate projects. The lack of collaboration and coordination among actors involved is leading to significant deficiencies in data and little information sharing. The absence of an effective lead agency and regularly-attended Steering Committee are also adding to these deficiencies.

Nevertheless, many non-ODF villages are constructing latrines and are both passionate and enthusiastic about the prospects of a healthier community. Several communities have moved beyond the direct sanitation-related aspects of CLTS and cleared away rubbish and bush/shrubbery, established a community fund and considered constructing a house for a mid-wife. These newly triggered communities are showing great promise as they are organised, motivated and continually monitored. However, without the provision of technical assistance to communities (and facilitators) sustainability will continue to be an issue throughout the whole country.

These, newly triggered communities are showing significant progress, and, if support is sustained, these communities will become open defecation free, and may lead to an empowered society taking development into their own hands. Given the right commitment, and training the right people, CLTS will be the best approach for increasing and sustaining use of sanitation facilities throughout Liberia.
Essentially, though, ODF is only the beginning and an over-emphasis and focus on ODF may only detract from the overall aim of facilitating sustained behaviour change.
Introduction

Sanitation has recently been voted the “greatest medical advance” since 1840 in a poll conducted in the British Medical Journal (British Medical Journal 2007). Sanitation is a basic requirement for disease control and good public health as access to improved sanitation is a means of preventing the spread of disease and thus ensuring a healthy and productive life. Further, access to sanitation is now recognised as a Human Right (United Nations 2010 Resolution). Nevertheless, an estimated 2.6 billion people, primarily in low-income countries, lacks access to even basic sanitary facilities (World Health Organization 2011). Moreover, access to sanitation, Goal 7 of the Millennium Development Goals (MDGs), is related to and will impact on, all MDGs (Cumming 2008). Thus the importance of sanitation cannot be underestimated.

Contact with faeces through water, foods and the environment increase the likelihood of contracting sanitation-related diseases (Kitawaki 2002) including, cholera, diarrhoea, acute respiratory infections and intestinal worms (Mara et al 2010; UN-Water 2008). Second only to malnutrition, diarrhoeal diseases account for 4.3% of the global burden of disease, with 88% of this burden attributed to water, sanitation and hygiene (World Bank 2003). Furthermore, these diseases are also correlated with poverty, thus affecting those already living in precarious circumstances (Mara et al 2010).

Access to sanitation is associated with numerous social and economic benefits (Mara et al 2010), such as greater privacy, security, comfort and dignity (Water and Sanitation Program 2004). Economically, for every $1 invested in sanitation the return is estimated to be $9 (WHO et al 2006). Further, increasing access to sanitation in schools contributes to higher enrolments, thus, increasing future potential household incomes (WaterAid 2001). Therefore, access to sanitation generates a healthier, better-educated and productive workforce, which in turn can lead to an increase in economic growth and poverty reduction.

Objectives and Methodology

Aim

The aim of this research is to assess the relevance, effectiveness, efficiency, impact and sustainability of CLTS in Liberia.
The research is guided by a number of objectives based on OECD/DAC criteria for evaluating development assistance. In addition, a Case Study (Appendix One) illustrating findings and a SWOT analysis of CLTS in Liberia (Appendix Two) are in the Appendix. The research will specifically attempt to:

**Relevance**
- Consider the appropriateness of CLTS within the Liberian context;
- Assess whether the process and outcomes are consistent with impacts and effects;

**Effectiveness**
- Evaluate the effectiveness of CLTS and determine whether CLTS ‘triggered’ action with regard to establishing and maintaining sanitation facilities;
- Determine what aspects/factors significantly affect potential achievement and sustainability of ODF;

**Efficiency**
- Determine whether the roll-out and implementation of CLTS is occurring in the most efficient manner;

**Impact**
- Explore whether CLTS has contributed to enabling action (behaviour change) on sanitation and hygiene issues within communities;
- Explore whether CLTS has contributed to a reduction in diarrhoeal diseases within communities designated ODF;

**Sustainability**
- Explore the sustainability of CLTS at community and national levels considering the ability and willingness of government to continue funding CLTS following possible cessation of donor funding.

**Methodology**

**Participants**

The selection of participants was based on place of residence (i.e. resident in a community where CLTS was well-established or a neighbouring community). Within communities (n =
7) no differentiation was made between possible focus group discussion (FGD) (n = 11) participants. All community members, over 10 years old, regardless of prior experience and/or knowledge of CLTS, were given the opportunity to participate in the study. In-depth, semi-structured interviews were conducted among key personnel within the development-sanitation sector, namely government employees, NGO personnel, CLTS facilitators and other individuals within the sector in both Liberia and Sierra Leone (n = 22).

**Design**

This study was conducted within the underlying philosophical ideal of post-positivism. Triangulation was used to ensure accuracy. Aims and research objectives were developed to guide the study. As recommended by Gray (2005) an inductive approach was employed throughout the research. The research design followed that of a descriptive, qualitative, cross-sectional study, in order to detail CLTS and examine findings, to determine possible patterns of association (Bryman 2008; Gray 2004; Ryan 2006) and was based upon the OECD/DAC criteria for evaluating development assistance. The research was based on a single point in time as the sanitation sector is progressing, and strengths and challenges may change rapidly. The research endeavoured to collect data on numerous sites within Liberia:

- ODF communities;
- Triggered communities;
- Neighbouring triggered/ODF community; and
- A community being ignited.

Qualitative methods were utilised allowing for the understanding of experiences of participants and their overall concerns of CLTS. Quantitative methods were not utilised because data was unavailable or non-existent.

While it was the intent of the researcher to use stratified-random sampling in the design of the research, for the purpose of stratifying the various sites based on ODF status and triggering, this was not possible due to limited availability of data in-country. Thus, purposive sampling was employed based on the two strata’s – ODF communities and triggered communities. The sampling size was based on availability of information on triggered sites until saturation.

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1 Only four communities (Village-B, -C, -D and Village-E) involved focus group discussions as Village-A was being triggered, Village-F involved only a transect walk and Village-G had not initiated CLTS.
Procedure

Primary qualitative data was collected through key informant interviews, FGDs and conversations with individuals working in development-sanitation, health clinics, and beneficiaries of the CLTS programme. Secondary data was collected through published and unpublished documents and reports. Field visits, transect walks and observations were also included to gain further insight and to increase triangulation and validity. Data collected through all mediums was anonymised following collection. Interviews, observations and FGDs were analysed using NVivo software.

Limitations

While considerable effort was made to reduce possible limitation to the study a number of issues constituted significant constraints.

1. Limited time in-country constituted the most significant constraint. This was exacerbated by limited infrastructure and available data on sites in each county. Thus, it was not possible to visit a geographically balanced selection of sites throughout the country. Further, a number of actors operating within the sector were continually unavailable to discuss the process.

2. While originally the evaluation sought to collect both qualitative and quantitative data, due to the limited availability of potentially quantitative information within Liberia – lack of (access to) baseline information, health records, or specifics costs of the approach, the evaluation focused on the collection of qualitative data. Further, centrally-held baseline data was either unavailable or inaccurate. Moreover, available data has a skewed focus on outputs rather than outcomes.

3. Participants may not have fully understood the terminology used when discussing CLTS. While all focus groups were held in the presence of a local Liberian to interpret where necessary, information may have been lost, or responses may have been influenced by the interpreter. Further, in a number of communities participants did not speak English. Thus, a translator was used. Similar limitations may be found within responses from these communities.

4. Assessment of long-term impacts, at this juncture, is difficult with a new approach. While it is important to undertake an evaluation at this juncture, due to the
increasing emphasis placed on CLTS within Liberia and the forthcoming PRS II, and while many communities are making significant progress, long-lasting sustainability needs to be further assessed within the near future.

Context of Study

Liberia is a coastal country bordering Sierra Leone, Guinea and Cote d’Ivoire. The West Africa nation has a long and complex history with much of its recent past comprised of political and economic instability. Much of the infrastructure within Liberia was decimated during the war. Outside the capital, Monrovia, there has been an incremental improvement in the condition of roads; however, many roads are entirely impassable, particularly during the rainy season (Overseas Security Advisory Council 2011). Access to basic services, while improving, is still limited, particularly in rural areas. Moreover, increasing access to sanitation is severely hampered by Liberia’s limited financial capacity; thus, over 3 million people are without access to sanitation (Life and Dignity at Risk 2010).

With only 17% of Liberians having access to sanitation (WHO 2008b) when nature calls, there is often no other option but to defecate in the open (Life and Dignity at Risk 2010). In rural areas, open defecation is the primary form of relieving oneself, according to Liberia’s 2008 population census, with 77% of people openly defecating (Liberia Institute of Statistics & Geo-Information Services et al 2008). In a community where one person openly defecates, other community members are placed at risk of faecal-oral contamination and, thus the risk of contracting disease (Kar 2011).

The Sanitation Sector in Liberia

Following the war, Liberia was devastated – economically, politically and institutionally (Life and Dignity at Risk 2010). The 14-year civil war decimated Liberia’s infrastructure; all that had been completed prior to the war had fallen into disrepair and activities completed throughout the war were insufficient for the needs of the population (Life and Dignity at Risk 2010; WHO 2003). WHO (2003) maintain, sanitation-related diseases, such as cholera and diarrhoea were widespread.

Within Liberia it was not until 2009 that a national policy on water and sanitation was established. Currently though, Liberia has no specific governmental department for sanitation; in fact, it is split between three ministries – Ministry of Public Works (MPW), Ministry of Health and Social Welfare (MoH) and the Ministry of Lands, Mines and Energy –
and a semi-private company – Liberia Water and Sewage Corporation, focusing primarily on urban areas.

![Graph showing Government of Liberia spending on WASH, Education and Health in US$]

**Figure 1**: Government of Liberia Spending on WASH, Education and Health in US$ (Source: Ministry of Planning and Economic Affairs, Liberia 2011)

**CLTS in Liberia**

CLTS is a relatively new approach in Liberia, an approach only established in 2009 with the formulation of the national Water Supply and Sanitation Policy and subsequent Guidelines on Water and Sanitation Services, 2010. CLTS was introduced as an approach for reaching national sanitation targets for numerous reasons (KII-6). Liberia’s economy was decimated during the war and there is a severe lack of funding available to finance necessary endeavours (KII-4). Further, Liberia is heavily reliant on external sources for funding national programmes.

Thus, an approach that mobilises a community, and uses locally sourced materials for construction of facilities, was an attractive option. Furthermore, experiences during the war, and prior to it, had illustrated the need for innovative approaches to sanitation as projects were not sustained and many had fallen into disrepair (KII-6). Moreover, there was a fear that communities expected government and donors to provide for them. An interview with two key informants identified these motives for the shift to CLTS.
“Firstly, it is not possible for government to provide facilities to everybody, to all of the citizens. The second thing is there are huge cost implications in government providing, for example, latrines to all of its citizens. Thirdly, the provision of latrine facilities to all citizens will create a dependency syndrome.” (KII-6)

“The shift in promoting Community-Led Total Sanitation, more or less community participation, is being due to the mass hysteria sanitation projects have had in this country...it has been because of the lack of involvement of the communities, and giving them the leadership in the process, that has resulted in the massive failures of sanitation projects.” (KII-7)

Results of Study

Despite the constraints faced in evaluating a relatively new approach, in a country emerging from war, this paper will address outcomes and issues identified throughout the evaluation. The following section details findings based on OECD/DAC criteria for evaluating development effectiveness, and are broken down into sub-sections.

Table 1: Communities and CLTS Status

<table>
<thead>
<tr>
<th>Community</th>
<th>CLTS status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village-A</td>
<td>Triggered</td>
</tr>
<tr>
<td>Village-B</td>
<td>ODF</td>
</tr>
<tr>
<td>Village-C</td>
<td>ODF</td>
</tr>
<tr>
<td>Village-D</td>
<td>Triggered</td>
</tr>
<tr>
<td>Village-E</td>
<td>Triggered</td>
</tr>
<tr>
<td>Village-F</td>
<td>Triggered</td>
</tr>
<tr>
<td>Village-G</td>
<td>No CLTS</td>
</tr>
</tbody>
</table>

Relevance

Appropriateness within Liberian Context

CLTS ideally calls for potential communities to be selected according to basic criteria – rurality, distance from town centres and where no previous development project within the community was heavily subsidised (Institute of Development Studies 2006). Thus, Liberia,
as a country only recently out of a war and transitioning from an emergency context, where development projects were heavily subsidised, would not be the most ideal context for implementation. However, political and economic circumstances also need to be considered. The country, following years of war, has minimal infrastructure and the economy, while beginning to grow, is limited.

“Look at the development agenda in Liberia; you have to align it with the economic status of Liberia.” (KII-4)

The GoL signed the eThekwini Declaration, calling for African governments to invest 0.5% of GDP to sanitation and hygiene promotion (eThekwini Declaration 2008). However, the financial capacity of the GoL to absorb and coordinate large amounts of donor funding, let alone fund programmes out of the treasury’s purse, is severely limited (KII-8). Annually, the department mandated to administer software aspects of sanitation, the Division of Environmental and Occupational Health, within the MoH, is allocated $25,000 (KII-4), funding which has not been forthcoming over the past two years. It must also be noted that this department is mandated to oversee, among other issues, water-related projects, water quality testing, food safety, vector control, health promotion and disaster and emergency preparedness (MoH, 2010). Thus, a department with limited human – six personnel – and financial resources (KII-8) is unable to effectively administer the implementation of one programme let alone over a dozen. Additionally, the department has no logistical support, relying on other ministries for a vehicle (KII-8).

“Each time we got ready to go on monitoring the vehicle was missing to other priority programmes. It came to a time where the funding that [X] gave, for the implementation of that activities, we had no way to liquidate that money. [X] then wrote that we had to send the money back because... we were not able to use the money on time and do our liquidation...” (KII-6)

While the GoL may not be able to meet its commitment to invest 0.5% of GDP, CLTS, as a low-cost approach can assist Liberia meeting its national targets for sanitation coverage, and potentially reduce sanitation-related diseases among the population. However, international targets, such as the MDGs are unlikely to be met within the remaining timeframe.
“I think we are too late for that now. If you look at the MDGs, they finish in 2015 and current JMP statistics for sanitation in Liberia is 17%.” (KII-4)

Understandably when overcoming numerous obstacles following civil crises, there was little in the way of concrete policies and actions taken to tackle specific issues for a number of years. Liberia’s PRS 2008-2011 was the first to bring sanitation issues to the fore within the political mainstream following the war. However, this policy did not factor in the critical actions needed to be taken. These were established in the Water Supply and Sanitation Policy approved in 2009. This policy, while yet to be officially launched (Joint Mission for Improved Water, Sanitation & Hygiene in Liberia 2011), and the subsequent Guidelines for Water and Sanitation Services, 2010, promote CLTS as a specific approach that will assist in increasing sanitation coverage.

Socially, however, there are many issues that arise due to the nature of the Liberian context. The Liberian population have experienced harsh conditions throughout the war; many were forced to flee to neighbouring countries and refugee camps and are now getting back on their feet after returning home. Nevertheless, participants in the FGDs expressed the relevance of CLTS in terms of health benefits that would accrue and were appreciative of CLTS being brought to their community.

“Something you don’t know about, somebody who knows can come, especially about cleanliness, to tell you about it for you to have a good health.” (FG-D-4)

As projects implemented were highly subsidised, prior to, and throughout the war, much of the population is now dependent on external actors. Dependency is hampering, to a certain extent, the ability of actors in the field to sufficiently engage with communities to encourage them to take control of the sanitation situations in their communities. Many communities simple expect NGOs to construct facilities.

“We thought the NGO that built the hand-pump was going to build latrines for the community... In a nearby community where an NGO built a pump they also built a latrine.” (FG-G-5)

Leading to results
While various issues were discussed above, there are also processes within the approach that affect the ability of communities to attain ODF. Essentially, facilitation and monitoring are vital to successfully attaining ODF status within triggered communities. The ability to enable action on attitudes and dependency must lie with the facilitator (KII-7) – the manner in which facilitators trigger and mannerisms used by facilitators ultimately determine results. Observations in Village-A identified a number of issues, while facilitators were triggering the community. Although both facilitators (one male, one female) were well trained, very engaging and innovative in their approach to triggering, they primarily focused on the men within the group. While rural Liberia may be considered a patriarchal society, it is imperative that women and children are included in the process as a means to ensure full understanding, community involvement and collective action. Women in particular are important, as they are the primary carers of children. Additionally, children have also been identified as essential as they can assist in sustaining activities through reminding parents and through songs (Mahbub 2010).

CLTS is a process that requires extensive inputs – including continuous monitoring. Among all actors interviewed, the ability to continually monitor communities was identified as a significant issue. Further, actors involved in the process do not always have the means to carry out monitoring and/or lack flexibility within the organisation to adapt to the monitoring and timing requirements of CLTS. Further, a number of interviewees identified logistical issues to monitoring.

“If there is no vehicle for gas for monitoring, it is an issue. A little fund for monitoring will help.” (KII-11)

Additionally, several actors perceive monitoring as being only to the point of ODF. However, ODF “is only the beginning” (KII-2); it is necessary to continually monitor and

“From the onset we were not clear on the strategy. All monitoring exercises were done more or less remotely.” (KII-7)

“We lack that strong framework of monitoring.” (KII-3)

“One thing that needs improvements is the monitoring process; behaviour change cannot have a project that just lasts for one day, or three months or six months. There is a need for constant monitoring.” (KII-11)
ensure there are adequate follow-up mechanisms in place as a means to prevent potential slips to old habits. Further, Liberia is yet to establish a national (or even county) monitoring team, lacks an effective CLTS Steering Committee and has no standardisation among actors. Two actors use County Health Teams (CHTs) and/or Environmental Health Teams (EHTs) to coordinate monitoring, one is using Natural Leaders (NLs) and the remainder conduct their own monitoring attempting to include NLs. As attaining ODF seems difficult for many, and the capacity of CHTs and EHTs is quite limited in many areas, the monitoring aspect is adversely affecting outcomes.

“CLTS... has a long-term monitoring requirement. Now, unfortunately, the donors, the development partners in Liberia... for example, their grants are for 18-month grants. Now they are a very short time for CLTS, as it takes an awful lot of time to trigger, it takes a lot of time to identify the Natural Leaders and then it has to be the constant monitoring that goes on.” (KII-4)

Essentially, within the political and economic environment the promotion of CLTS may be the most appropriate approach for delivering results, ensuring access to sanitary services and decreasing burdens on health services. However, within the implementation of the process, inconsistencies, poor facilitation and a lack of monitoring are producing poor performance, particularly within a heavily dependent population. Without effective facilitation and monitoring, CLTS is an unsuitable approach.

Effectiveness

*Effectiveness of CLTS*

None of the communities were previously aware of CLTS and what the facilitators were attempting to do. In fact, many of the participants believed the NGO was going to construct latrines for them and provide all the materials.

“When they came and talked about shit, for one thing I knew this organisation, that anywhere they go there is one way they can help; so for me I felt that there would be help.” (FG-D-11)
Further, the non-CLTS community was unaware of the approach. While for triggering it is better that participants are initially unaware of what is really happening, the fact that nearby communities are uninformed implies that this process is not spreading. Culture and taboos may be a factor, though, as participants still did not openly discuss defecation issues in many communities, despite benefits to health.

“Traditionally to say pupu openly is offensive; we appreciate advice, they brought teaching to us.” (FG-B-4)

Ninety communities were believed to be triggered, 30 of which are ODF (KII-6). However, throughout this research 107 triggered communities were identified. Of the 107 in ten counties, 10 are recognised as ODF. Although, there are an additional six counties, of which this research has been unable to obtain data. Of the ODF communities evaluated neither had been followed-up for over a year and neither could be regarded as open defecation free. In fact, individuals in both communities were unaware of CLTS.

“LTC something...” (FG-B-1)

While this may be due to new arrivals, in Village-B and Village-C, women in particular, had little or no knowledge of CLTS, and maintain that they were not involved in the process. It was suggested that this was attributable to the fact that women were farming at the time. However,

**Effective triggering? Effective monitoring? Effective barrier?**

In Village-C, an ODF community, discussions and information sourced from implementing actors indicated that there were 10 latrines in the community. However, upon an observational transect walk it transpired there is only one latrine, with two pits. Further inspection culminated in the identification of three separate faeces, one of which – a child’s – was six metres from a cooking area.

The remainder of pits dug following CLTS were not completed – two had slabs, one wooden and one concrete. This is unfortunate as the community had in its possession three concrete slabs provided by an NGO during the war; thus, only a simple organic structure was required.

In Village-C, an ODF community, discussions indicated there were 10 latrines. However, upon an observational transect walk it transpired there was only one latrine, with two pits. Further inspections culminated in the identification of three separate faeces, one of which – a child’s – was only metres from a cooking area.
facilitators should have ensured gender equality in the process. Further, through effective monitoring the women who had been working on the day of triggering would have been brought into the process at a later stage, or informed about open defecation issues by their partners, neighbours and/or during community meetings.

All communities had made an attempt at tackling the sanitation issue within their community, to varying degrees, as Table 2 below, indicates. However, Village-D, triggered three months prior, had only begun digging in the past week, following notification that researchers were coming to discuss CLTS. While the community did not give an explanation as to why it had taken three months to enable action, the realisation that the NGO involved would not be providing material or constructing latrines for the community, may be a factor.

**Table 2: Communities Triggered and Actions Taken**

<table>
<thead>
<tr>
<th>Community</th>
<th>CLTS status</th>
<th>Time Since Triggering/ODF – as of 20th May</th>
<th>Completed Latrines Constructed Since Triggering</th>
<th>Operational Latrines</th>
<th>Under Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village-A</td>
<td>Triggered</td>
<td>2 weeks</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Village-B</td>
<td>ODF</td>
<td>1 Year</td>
<td>4</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Village-C</td>
<td>ODF</td>
<td>1 Year</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Village-D</td>
<td>Triggered</td>
<td>3 Months</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Village-E</td>
<td>Triggered</td>
<td>1 Month</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Village-F</td>
<td>Triggered</td>
<td>1 Month</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

This table must be viewed with caution, however. Within Village-B 12 of the operational latrines are shared, and thus not considered improved. Therefore, in the community of 500 people there are only four improved latrines. Similarly, in Village-C there is only one improved latrine for a community of almost 150 inhabitants. It is clear that CLTS has not been effective in these two ODF communities; if progress is to continue in similar form, national targets of 35% sanitation coverage for rural populations will not be met in the foreseeable future, let alone by January 2012 when the first PRS ends.

Within Village-C, a community along a dirt road leading to a market, participants discussed incidences where individuals from neighbouring towns, defecate close to their town.
“There is an open road, so anybody can be walking and you
know anyone can walk past and leave pupu.” (FG-C-2)

While a pertinent issue, the faeces identified may in fact be that of a resident due to lack of available latrines within the village.

CLTS is often described as an approach that can initiate community action on other development-related issues. This has been found to be the case in two communities – Village-E and Village-F. These communities had either initiated or planned to initiate activities including clearing all vegetation from inside the village, ensure animals are kept in a specific area and constructing a house for the local mid-wife. While these are promising, many of the remaining communities continue to rely on the government and NGOs to assist in the construction of water points, houses and upgrading latrines. Even after facilitation, the dependency syndrome is still greatly apparent.

Papafilippou et al (2010) argue that technical capacity is essential to ensure hygiene standards and sustainability. Technical knowledge is important for ensuring the construction of latrines does not lead to an increase in environmental health and degradation issues. While the level of technical capacity differed, communities had no knowledge of some or all basic points – where a pit latrine should be situated; drainage; soil issues; or how to ensure flies are kept to a minimum. While there is no data available to determine financial cost-effectiveness, without technical knowledge and supply chains, the continual construction of latrines will ultimately be a costly (not necessarily financially) endeavour for communities to undertake.

Factors affecting CLTS potential

Many of the factors affecting the potential achievement and sustainability of ODF have already been mentioned – facilitation, monitoring, dependency syndrome and technical capacities. Others will be discussed below. Here, however are a few general points that

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2 Both these communities have been triggered by the same NGO.
emerged throughout the evaluation which will ultimately affect the implementation and sustainability of CLTS.

**Fragmentation**

As mentioned above, there is fragmentation within the sector. Mandates are divided among three ministries and a semi-private company, with many responsibilities overlapping. As this is the case, it is difficult to say with great certainty how much funding is going towards the sector in general, let alone sanitation in particular.

“The water and sanitation sector is very fragmented and there is such a multiplicity of government ministries that are involved in it that actually getting of the money down to [those] doing sanitation just doesn’t happen.” (KII-4)

Fragmentation within the sector creates barriers in determining how much funding goes towards sanitation, determining information flows, communication channels, who certifies ODF communities and who, essentially, administers CLTS. Additionally, attempting to establish the number of communities that were triggered and all the actors involved in the implementation of CLTS, was extremely difficult. However, the sector is moving rapidly and since this evaluation a National Water, Sanitation and Hygiene Promotion Committee has been established to coordinate activities in the sector (MEPA, 2011). This committee may assist in reducing fragmentation issues and ensure greater coordination.

**Communities**

Kar (2005) recommends that following the ignition moment the community should engage in devising an action plan – what they are going to do and how they will do it. This, however, has not been implemented in any of the communities. In fact, none of the communities had formed a sanitation action group. While all communities had NLs, within the two ODF communities many of the NLs had migrated to the capital in search of employment and others have not continued the process.
Following ignition the development of a sanitation committee, one that not only includes trained NLs but other community members may overcome migration issues and assist the continuation of the process. In Nepal an assessment of CLTS found sanitation committees were integral to the creation of awareness within communities, for the construction of latrines, promotion of their use and ensuring environmental sustainability (Centre for Economic and Technical Studies 2007).

The perception that organic latrines are substandard in comparison to superstructures is an issue. This is particularly evident in communities that had already had experiences with heavily subsidised projects.

“CLTS latrines...are perceived as substandard in some areas... it was a difficult modality to do in communities where there had been long term consistent NGO intervention.” (KII-4)

“If we do it in a primitive way it will not last long.” (FG-C-4)

However, all communities experienced difficulties with the use of organic locally-sourced materials, issues such as, termites, stability of soil and rock, and structures collapsing following heavy rains; issues that have previously been identified by one of the implementing actors (Vanhontegem 2010). Nevertheless, while this actor has developed solutions to various issues, other actors, and facilitators remain unaware. Further, safety issues were identified in technical working groups six months prior (Fleischer 2010) yet little adaptation had taken place to ensure safety and stability of constructed latrines.

While termites and soil issues are valid issues which need to be taken into consideration in the scaling-up of CLTS, the local population primarily use the same

Within Village-D, a community situated on a hillside, a number of latrines under construction were precariously located. Many pits were dug on the side of the hill and had not factored in drainage. Thus during the rains organic structures could have been washed away as water, soil and debris flowed down. Pits were also dug beside large trees in loose soil and were thus unstable.
materials for the construction of their homes, thus, calling into question issues raised. Furthermore, at no time were collapsed latrines visible in any community. Issues were only seen in latrines that had never been used or were decommissioned.

Thus far, CLTS is ineffective in increasing the willingness to pay for sanitary facilities. While in a number of communities there were concrete slabs (provided prior to the CLTS approach, and never used) CLTS has only initiated a cash-box system for more durable materials in Village-E. This may, however, be related to facilitation and monitoring – CLTS, effectively, is only as good as the facilitators and monitoring system.

**Figure 2:** Basic Components of an Effective, Sustainable, ODF Strategy (Adapted from Mukherjee & Shatifan 2010)

*Monitoring and Evaluation*

Lack of available data, particularly the lack of baseline information seriously impedes assessing overall impact. Data that was available in numerous cases, and data from the government, was often inaccurate and unreliable.

“At the national level there is still weak coordination. The minister calls a meeting, we go there, and they are not even sure how many communities are ODF. They don’t have the right data.” (KII-2)

Further, there is no centralised monitoring and data collection database. Data is collected and compiled in an ad-hoc manner and lacks overall comprehensiveness. There is no unified
monitoring data set, with many actors using different indicators for monitoring communities. Additionally, monitoring sheets focus specifically on outputs and do not attempt to determine outcomes. It is imperative that monitoring and evaluation moves beyond measuring outputs to focus on outcomes and behaviour changes associated with a long-lasting sustainable approach. While CLTS may increase access it does not necessarily increase use.

While the unavailability and lack of data has significantly constrained this research based on the evaluation it is clear that there is much work that needs to be done to ensure effectiveness. Supply chains are required to enable community’s up-grade facilities and facilitators must spend more time creating a sanitation culture through the establishment of sanitation committees and increasing ‘willingness to pay’. Apart from the fragmentation at government level, many issues may be overcome by facilitation and monitoring.

Efficiency

Implementation

Many hygiene awareness activities, including demonstration of tippy-tap, importance of hand-washing at certain junctures, and what can be used to clean hands, do not appear to form aspects of CLTS within all communities. In the ODF communities, individuals were unaware of alternatives to use when soap was unavailable; however, this is not the case in all communities.

“The issue of hand-washing; that hand-washing isn’t always as strongly integrated into CLTS.” (KII-14)

A number of actors have slightly adapted CLTS and incorporated other activities, including soap making and the distribution, and establishment of supply chains for WaterGuard and durable materials. The incorporation of these activities may assist in further reducing
potential contraction of water- and sanitation-related diseases. However, these approaches are not standardised.

To ensure effective scale-up of CLTS throughout Liberia there is a need for a certain degree of standardisation; standardisation in the approach and CLTS model taken (adapted to the Liberia context), and standardisation in the facilitation, monitoring, verification, and, where possible, use and capacity building, of NLs and county personnel – CHTs and EHTs.

“All actors at the local level should adopt the same standards. Standardisation is terrible at all levels from the top to the bottom. What is the minimum what can we say is non-negotiable, so the steps are clear so that if you don’t meet this minimum you are out, you will be sanctioned...until we have those standards stated and there is enforcement for everyone to comply we will always have problems.” (KII-2)

Nevertheless, participants in all communities appreciated the approach, and all mentioned that it was good for their health. While discussing defecation is a taboo in many communities, participants generally appreciated the process, felt the approach educated them and apart from recommending that implementing actors subsidise construction of latrines and incorporate water, there were no recommendations for altering the approach.

“Little bit offended by the terminology used and by the shaming; made us feel bad; but it works, it teaches us; felt it [the CLTS message] wasn’t presented well; but we were happy as it made us safe.” (FG-B-11)

The general mindset of facilitators often impacts on whether the approach is likely to take hold within the community. Facilitators may feel uncomfortable with discussing defecation, with shaming individuals and with removing faeces from the bush and bringing it in front of a community to demonstrate contamination of foods. Further, they may feel de-motivated as funds are not provided for food during the long day and trek to communities.
“When CLTS was introduced newly in [Y], we thought it was rude, disgusting and arrogant.” (KII-15)

“Short time for sessions cause no feeding.” (KII-17)

While all facilitators felt they were well trained, and all had received additional trainings within the past three months, trainings undertaken involved a review of basic sanitation issues rather than technical capacity building. Throughout the triggering of Village-A it was clear that facilitators require basic PRA skills prior to undergoing CLTS trainings. General issues regarding incorporating women and children in the process, and recognising when they are excluded were also found to be prevalent in this instance.

Coordination and Collaboration

Collaboration among actors operating in development-sanitation, in general, and CLTS specifically is important for efficient roll-out. However, many organisations within Liberia are not collaborating or coordinating efforts. Discussions with government personnel indicated the GoL were primarily aware of the international actors and not local actors involved. In fact, one organisation was not aware there was a CLTS Steering Committee. Further, while the WASH Consortium comprises of five NGOs enabling exchanges of information, there are numerous actors involved in CLTS that are not aware of trainings being undertaken, issues being faced and how issues have been overcome.

“For us out of the Consortium most of the time we only realise it until it is happening.” (KII-1)

While many actors within the sector are moving towards CLTS (Fleischer 2010) an issue identified, possibly related to lack of coordination and/or non-alignment with government policies was operations of actors continuing subsidised approaches, ultimately affecting the sustainability of CLTS.

“[A]nother very serious challenge is that...the other agencies are doing the subsidised approach. You can imagine you are implementing a non-subsidised CLTS in one community and a few communities away another person is there providing everything for latrines. So it is actually compromising your own activities and undermines your non-subsidised CLTS activity.” (KII-1)
Standardisation is essential for CLTS within Liberia. Lack of standardisation in the implementation of CLTS will ultimately affect sustainability. Understandably, actors may perceive CLTS as inappropriate for the Liberian post-conflict context.

“A pure CLTS approach is challenging in an environment in which communities have been conditioned over the years to expect NGOs to help build latrines and provide subsidies.”

(KII-16)

However, while actors in the sector continue to provide a subsidised approach, CLTS will continue to face difficulties. Further, with standardisation comes coordination and collaboration. GoL will need to coordinate and ensure all actors are collaborating and implementing a standardised, agreed-upon, approach.

Impact

Solidarity and Empowerment

CLTS is often promoted as an approach which creates a sense of community, generates solidarity among local populations and empowers. However, findings illustrate that sense of solidarity may depend on facilitation and support. In Village-E community members discussed how CLTS had brought them together as a community.

“The process has brought cohesiveness to the community.”

(FG-E-4)

Also, within this community a weekly cash-box system has been established to raise money to purchase cement and communities have decided to construct a house for the local midwife. Conversely, in Village-C, a participant stated that if someone asked to use his latrine (the only latrine in the community), he would tell them to go into the bush to defecate. It is interesting to note Village-E is still being supported, yet Village-C is not. Thus, the sense of harmony among community members, while possibly down to personalities, may also be due to the facilitation, monitoring and on-going support by actors.

“Someone who wants to use [my] latrine, I tell them to take shovel and go there (points to the bush).” (FG-C-6)

Facilitators remarked on communities being empowered by the approach, empowered to lead a healthy life and to contribute to their own development. However, not all communities
appeared empowered as many continually expected and requested assistance. In fact, all communities visited asked for assistance in the form of concrete, water-pumps and/or zinc.

“You have to help us with the latrines. We need hand-pumps. The drinking water is not good.” (FG-D-2)

“As all the toilets we built are broken down, are you willing to build toilets for us?” (FG-C-18)

Hygiene

Approaches to sanitation, now, often have a hygiene component; CLTS is, however, considerably distinct as it is essentially concerned with enabling action; providing communities with the knowledge to analyse their own situations and determine best course of action to change behaviours – something not necessarily found in hardware- or software-based projects. Thus, increasing hygienic practices is a central tenet of CLTS. However, it does not appear to be well integrated within the approach. All communities had some awareness of hygiene (some very little); however, as baseline information is lacking it is difficult to conclusively determine CLTS as the primary factor.

Individuals in all communities, though, recognised CLTS as being a factor for their hygiene awareness. Nevertheless, while many (not all) participants insisted they washed their hands after defecating, there were no visible hand-washing facilities in any community. All participants were aware that in the event of having no access to a latrine one should dig a hole and cover it over after defecating. In two communities (one ODF; one triggered) holes were visible, however, in Village-B (ODF) the holes had not been covered over following defecation. Further, the holes were in close proximity to residential areas.
proximity to the cooking area (6 metres) and the faeces were covered in flies. The house to which these faeces belong had a functioning latrine about 35 metres away. In addition, all communities, except Village-E had animal faeces on the ground around the village.

**Health**

Essentially, CLTS, if successful in facilitating the creation of ODF communities, can produce a healthier environment. In ODF Village-B, participants identified better health as being a consequence of CLTS. Further, MoH epidemiological and disease surveillance reports, for the area, revealed that “no evidence of sanitation-related diseases have been reported from the open defecation free communities” (KII-12). This statement is perplexing, however, particularly in the case of Village-C. This ODF community has only one functioning latrine (with two pits). The rest of the community, it would appear, continue to defecate in the open. In fact, a number of participants admitted to continuing open defecation and there was a substantial amount of faeces around the town and on the way to the creek – one of these was diarrhoea.

“We that live in the bush, sometimes we take advantage there...we take advantage of the bush and we squat.” (FG-C-2)

Further, it was noted that many people stay on farms for extended periods of time, where no latrines have been constructed. If was found that not only did the participants not consider constructing latrines on farms, there was an impression that it was not as bad to defecate on the farms as it was away from the village.

“We on the farm we use the bush; [we] do not cover it or dig a hole.” (KII-C-5)

While the evidence from MoH records may be accurate, not all individuals attend the health clinic for “running stomach” (diarrhoea). ODF Village-B stated that diarrhoeal diseases have not significantly reduced and not enough to have saved any money from decreased medical expenses. Within non-ODF communities only Village-E stated that the incidence of ‘running stomach’ had reduced. There are a number of issues and factors that can be identified here.
Technical knowledge is important to ensure: the sustainability of the structure; no harm from badly designed or precariously situated latrines; and that no damage, environmental or otherwise, can be done.

The evaluation of Village-D, a community situated on a hillside, identified a number of locations on which latrines, in the middle of construction, should not be situated. Many pits were dug on the side of the hill as it sloped down. These pits had not factored in drainage and thus during the rains organic structures could have been washed away as water, soil and debris flowed down.

A number of pits being constructed, many beside large trees and loose soil were also a risk to both the stability of the pit and the structure. In one, some of the pit wall had already collapsed; if a slab was placed over, it would soon buckle.

Village-B may not want to lose their ODF status and are thus not being honest and/or the data from the epidemiology and disease surveillance report may be inaccurate. Further, children within Village-B, identified diarrhoea as still an issue. Ultimately, lacking basic hygiene knowledge and continued open defecation it is unlikely diarrhoeal diseases have significantly reduced.

Sustainability

Community Level

Movik & Mehta (2010) suggest that at the community level the sustainability of CLTS is, to a significant extent, determined by the facilitators of the process and continued change of behaviour, which is in turn influenced by monitoring and support. As has been discussed above, thus far, CLTS has had limited success within Liberia; rather than movement up the sanitation ladder there has been movement off the ladder altogether as ODF has not been maintained. Further, sanitation is often considered an issue that will be tackled by the government or NGOs. In addition to the issues discussed above, at community level individuals may feel there are more urgent priorities than sanitation.

“Before you have a toilet, you have to have a good sleeping place. If you don’t have a good sleeping place you will not think of building a toilet.” (FG-G-6)

However, CLTS has had some success. Many non-ODF villages are constructing latrines and are both passionate and enthusiastic about the prospects of a healthier community. Several
communities have moved beyond the direct sanitation-related aspects of CLTS and cleared away rubbish and bush/shrubbery, established a community fund and considered constructing a house for a mid-wife.

Nevertheless, the question of sustainability is not one considering effects of the approach on the community but instead one of whether triggered communities will continue to construct latrines, consistently use them and in the event of organic latrines collapsing, construct new (and improved) latrines, moving up the sanitation ladder. However, if currently recognised ODF communities are anything to go by, sustainability is a major issue. Both ‘ODF’ communities are not free of open defecation, only one year after gaining ODF status. Neither community has had any follow-up since ODF celebrations. Constrained by a lack of resources, the relevant actor is unable to provide follow-up and the local implementing actor no longer has operations in the area, thus, possibly contributing to lack of sustained impact. Additionally, hygiene components and ensuring gender balance may have been lacking and contributed to unsustainability in these communities.

However, many recently triggered communities have shown great promise. There is a great deal of expectation that three in particular (Village-A, Village-E and Village-F) will become ODF in the very near future and only after being triggered a few weeks prior. These communities are organised, motivated and monitored on a regular basis. A fourth community showing promise however is lacking in one highly significant detail; it received no technical advice from the implementing actor and thus, dug a number of pits in precarious locations, as the facilitators had little technical knowledge. Therefore, the need for technical capacity is imperative to ensure sustainability at community level. Furthermore, there is a concern that identifying issues following construction may be taken as criticism and thus may discourage further construction. Climate change may also potentially affect the sustainability of CLTS in Liberia. While no informant mentioned climate change as a potential threat, climatic events have been identified in other countries as an issue that affects the sustainability of latrines constructed using locally-sourced materials (Ahmed 2010).
National Level

Nationally, while there is a lot of enthusiasm around CLTS, sustainability is an issue. Within the NGO sector there is still significant debate around whether this is an approach which works, and one that would be appropriate for Liberia (private conversation with NGO personnel). Of course, these are important issues to discuss such as whether CLTS works or whether it will work in a context such as Liberia, one not long out of a war and one where the population are considerably dependent on external actors. However, neighbouring Sierra Leone has had considerable success, and with a little bit of forward planning, coordination and collaboration CLTS can be the approach which considerably increases Liberia’s sanitation coverage and possibly overcome dependency issues.

A current, related, issue – Liberia borders Côte d'Ivoire, a country where there has been substantial turmoil over recent months. This turmoil has led to an influx of refugees into Liberia, thus affecting not only the sustainability of CLTS activities in proximity to the refugee camps, as subsidies are once again provided, but also throughout the country as international actors place greater attention on the emergency needs of 154,000 people in refugee camps (Office for the Coordination of Humanitarian Affairs 2011).

“Nimba is the main county of operation [for CLTS], it has taken a lot of training and triggering and following up with communities to get them on board, and as of the 28th December you started having a thousand refugees from Ivory Coast coming every day, UNHCR starts working there, UNICEF goes operational again, the Consortium goes operational, we start building refugee camps, the host communities are now back to getting subsidised latrines... So it wasn’t good for CLTS to have 130,000 refugees from the Ivory Coast.” (KII-4)

Within government structures there are many proponents, even champions, of CLTS. These individuals are highly supportive of CLTS activities; however, they are also constrained by the lack of available resources and are heavily reliant on donors. Funding from donors is an issue in itself. Donors may decide that this approach requires too much organisational change, too much flexibility in operation and more focus on outcomes which are less quantifiable. Moreover, there is no apparent ‘Plan B’ if this approach is unsuccessful. While a lot of constraints, there is significant commitment, but the government may be putting all its
eggs in one basket without considering the possibility of ‘what if’. When queried about a Plan B, a government minister replied:

“I have got no idea.” (KII-7)

In addition, the lack of collaboration and coordination among actors involved is leading to significant deficiencies in data and little information sharing. The absence of an effective lead agency and regularly-attended Steering Committee are adding to these deficiencies. With regard to information sharing a government minister stated:

“We haven’t actually built a network to be able to pull information for the sake of getting people to know exactly what is happening.” (KII-7)

Without knowing “what is happening”, it is difficult to know if this process is being successful, let alone whether ODF villages are sustaining successes. A nearby ‘ODF’ community, one triggered a year ago, is far from being free of open defecation. In fact, in Village-B, while there are 18 latrines (most of which are superstructures, constructed prior to CLTS), many community members were not aware of the process and many continue to defecate openly.

“People still pupu and pee in river.” (FG-B-5)

Within Liberia, CLTS faces numerous challenges, challenges that have burdened development-sanitation for decades, and new issues that this approach brings to a country lacking resources, coordination, and a strong health system, overall alignment of NGOs with governmental policies and a country with a highly dependent population. While thus far, within the participating communities, ODF has been unsustained, there are likely to be newly ODF communities emerging, communities that have been provided with extensive support from facilitating actors. However, these same communities continue to lack the technical capacity and the means to access durable materials thus calling into question the extent to which ODF can be sustained. Furthermore, there is potential that CLTS can enable greater coordination and collaboration among actors through Steering Committees and alignment, and communication, with government.
Lessons Learnt

- Effective facilitation and constant monitoring can overcome issues of dependency and lead to further development-related actions.

- Hygiene component is not prioritised, yet is essential for sustained change.

- Technical knowledge among communities and facilitators is lacking and needs to be addressed.

- County personnel – CHTs and EHTs – are under-utilised.

- Gender balance should be consistent throughout the approach.
- Baseline is imperative – number of latrines; sources of water; availability of slabs (previously provided or in markets).

- Sanitation committees are non-existent and may be useful in creating support for the process in-community.

- ODF is not the end, but the beginning.

- ODF status should be based on specific criteria with evaluations conducted twice – once during the rainy seasons and once during the dry.

- Inclusion of a water purification component may produce greater impacts.

- Promises made that are not followed through may discourage communities.

**Recommendations**

**Facilitators**

- Facilitators should be encouraged to participate in a ‘sharing and learning’ workshop to discuss issues, challenges, successes etc with colleagues from other organisations.

- Emphasis needs to be placed on hygiene issues, demonstrating tippy-taps and raising overall awareness.

- The inclusion of a health worker/traditional birth attendant as Natural Leader to promote hygiene awareness may increase impact and sustainability.

**Monitoring**

- Initially, following ignition, communities should be monitored twice weekly, reducing to weekly and monthly following ODF.

**Government and Implementing Partner Organisations**

- Initially there is need for increased funding for CLTS to develop, train and manage. Greater focus needs to be placed on development at county and district levels.

- Organisational culture should be directed towards a greater focus on outcomes and flexibility in timing and funding.

- Facilitators should be competent in PRA and have some basic technical knowledge.
- Greater focus needs to be placed on field-level staff – trainings, workshops and documentation of successes, failures and opportunities – providing an opportunity to openly discuss how CLTS is progressing, within the organisation and among colleagues.

- ODF celebrations should comprise a significant component of the approach. Certification of communities, raising the ‘ODF sign’, congratulating and publicising communities could assist in encouraging sustainability. ODF is only the first step.

- The development of supply chains for sanitation-related products, close to triggered communities may assist in the up-take of CLTS and the up-grading of facilities.

- Facilitating the availability of credit/micro-finance or encouraging the establishment of a ‘cash-box system’ will enable communities to save/borrow to up-grade latrines.

- CLTS provides an opportunity to incorporate other interventions, such as basic water chlorination.

- Utilisation of the newly created WASH Reports & Editors Network of Liberia may assist in highlighting sanitation-related developments. The development of a quarterly magazine, similar to those available within Sierra Leone, may assist in emphasising importance of sanitation and draw on successes within the sector.

- Involvement of traditional and religious leaders – possibly through workshops – can create advocates for the approach.

- A once-off fact-finding mission to neighbouring Sierra Leone is encouraged to determine structure of CLTS and how issues have been overcome.

- Identify an alternative approach to increase demand and use for sanitation within Liberia in the event that CLTS fails assist in meeting targets.

Site Selection

- Communities should be triggered using a cluster approach (4/5 communities at a time in the same area), particularly where a community is on a road leading to a market. The use of a cluster approach may also create a sense of competitiveness, which has been documented to increase success.
Communities which have previously had a hardware-based approach but do not use constructed latrines, may, through effective facilitation, overcome issues of use.

**CLTS in Communities**

- Encouraging the creation of sanitation committees may increase sustainability and reduce impacts resulting from migration of trained Natural Leaders.

- Termites have been identified as a specific problem. These communities should be encouraged to regularly destroy termite colonies.

**Further Research**

1. The issue of gender equality within triggering processes warrants further research.

2. Long-term impacts of CLTS on the environment and potential effects of climate change on CLTS/organic latrines in various parts of Liberia.

3. Research is required to determine the full extent of CLTS in Liberia – all communities triggered, those ODF and an analysis identifying differences between sustained ODF and those reverting back to open defecation.

4. Research is required on the cost and cost-effectiveness of CLTS in Liberia, when data is available.

5. The extent to which diarrhoeal diseases have been reduced warrants further research from all ODF communities.

6. Research is needed into the inclusion of water components in CLTS and whether outcomes are significantly different to a solely-CLTS intervention.

7. In time, research should focus on the sustainability of changed behaviour, ODF communities and whether communities are moving up the sanitation ladder.

**Conclusions**

While thousands of children die annually from sanitation-related diseases, sanitation has continually remained at the bottom of development concerns with programmes and projects having limited success, thus far. In fact, to a certain extent, the sector has been chasing its tail – increasing urbanisation and rapid population growths have contributed to the inability of the sector to make any truly significant gains. Further, lack of political will (locally and
international), limited funding, resistance from those working in the sector, and issues around the need among actors to focus on quantifiable outputs have undermined the sector at the expense of those who are in need of sanitation services.

Ultimately, the ineffectiveness of the various development-sanitation paradigms – provision-based, hardware-focused, subsidised and educating approaches – resulted in the emergence of a wholly community-driven approach, one that is seen to overcome the obstacles of previous approaches. However, in Liberia, a country recently out of a long and devastating war, with a heavily dependent population, this new approach, Community-Led Total Sanitation, faces many of its own challenges, challenges that if not overcome, will ultimately affirm sanitation in Liberia as one of the worst in the world for many years to come.

Endorsed as government policy for increasing sanitation coverage, CLTS, will enable a cash-strapped government attempt to meet the basic needs of the poor. However, the government of Liberia need to considerably back implementation through ensuring adequate funding is available, logistical issues are overcome and appropriate personnel in counties and districts are effectively trained and utilised to promote, monitor and sustain CLTS. Ultimately, there is a need for a certain degree of decentralisation and as the MoH has the most decentralised system, and the mandate for CLTS, county-level MoH personnel may be most appropriate. Figure 4 below, illustrates a possible model for CLTS in Liberia.
Figure 4: CLTS Model for Attaining and Sustaining ODF in Liberia
The GoL should ensure the coordination and collaboration of actors involved, promote a standardised approach and in the case of failure, determine a possible alternative approach to rural sanitation. The issue of actors continuing with subsidies, within CLTS and within hardware-based approaches, needs to be reviewed, as all actors should be implementing a unified approach. While dependency syndrome is a critical issue, in addition to local contextual issues (termites, soil, etc), and thus subsidising may seem to be the most uncomplicated approach, these issues can be overcome through effective facilitation, thorough monitoring and continued support as has been seen in Village-E and Village-F. However, while the ‘subsidy approach’ should not be promoted, ‘subsidies’ may be provided by other means – technical advice, for example.

Harmonisation of monitoring and evaluation tools is required to ensure all actors are collecting comparable data. As CLTS is essentially a process-oriented approach, monitoring tools should have a specific focus on outcomes, considering underlying rationales for possible slow progress and how these may be overcome. Continued focus on quantifiable outputs does not benefit the communities.

Funding CLTS is basically ‘low-cost’; however, initially, CLTS requires a significant financial injection to train facilitators, develop systems, databases, tools and coordination mechanisms. Essentially, system strengthening, particularly at decentralised level, is required to get the approach off the ground and gain momentum. Through system strengthening, funding mechanisms could move towards a Sector-Wide Approach, with feedback and sectoral-development plans moving up-stream from county-level to central government, facilitating clear budget lines. Further, CLTS is time-intensive and thus, actors need to invest in ensuring all aspects of the approach are captured – time, resources, etc – to enable the calculation of costs and ensure cost-efficiency.

The health benefits of sanitation are often low down on the scale of priorities of people frequently living in precarious circumstances. Multiple studies have identified more pertinent issues around changing sanitary behaviours (Cairncross 2004). It may be mutually beneficial to incorporate sanitation marketing aspects into CLTS in addition to creating supply chains for communities to access materials for eventual up-grading of latrines. Further, with supply chains in place, the establishment of a cash-box system may facilitate a more rapid movement up the sanitation ladder.
This study is not consistent with other studies, which found high utilisation of latrines; ODF communities in Liberia have very low utilisation. Many of the issues faced within CLTS, are not insurmountable, though, and are primarily issues faced by the sector in general within Liberia: monitoring and evaluation, data, fragmentation and institutional issues (MPEA 2011).

CLTS has, however, brought new issues to the sector. As CLTS has been implemented in an unplanned, ad-hoc manner, hitherto, progress has been slow. Thus far, there has been slow uptake of the central tenets within several communities – hygienic practices, latrine use, and sustained eradication of open defecation; however, difficulties can be overcome. ‘Open Defecation Free’ should not be the ultimate goal of CLTS. ODF is only the beginning and focus on ODF may only detract from the overall aim of facilitating sustained behaviour change (Movik & Mehta 2010). Moreover, overemphasis on trainings and excursions for officials and high-level personnel has detracted from the need to ensure field-level personnel are well trained, informed and have a means to communicate issues identified and successes attained.

CLTS continues to face similar issues as previous approaches to sanitation in addition to challenges faced by actors implementing CLTS in other countries – focus on outputs, monitoring and facilitation, poor verification systems, an absence of supply chains and limited emphasis on behaviour change. Rapid urbanisation may also affect this process in the long-run as CLTS is primarily an approach for rural areas. Nevertheless, overcoming challenges is not impossible. As a potentially successful community-driven approach in 1991 was established, the implementation of CLTS in a peri-urban area may lead to surprising results. Further, as it is unlikely to assist in meeting national targets within the current PRS, greater coordination of actors prior to PRS II coming into effect in January 2012 will assist in meeting future sanitation goals within Liberia.

While CLTS may not be considered ‘total’ sanitation, as it specifically focuses on certain sanitation aspects, it is an appropriate approach, which may potentially enable a healthier, sanitary environment in rural areas. Although the two ‘ODF’ communities included in this study would not be considered ODF, this outcome may be due to poor facilitation and lack of monitoring. However, newly triggered communities are showing significant progress, and, if

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3 It is not recommend, that those ‘ODF’ communities continuing to defecate openly have their status removed, but instead, the introduction of the approach in a neighbouring community which may incite competitiveness could assist in re-triggering the community.
support is sustained, these communities will become open defecation free, and may lead to an empowered society taking development into their own hands. Given the right commitment, and training the right people, CLTS will be the best approach for increasing and sustaining use of sanitation facilities throughout Liberia.
Village-B is a rural community in Montserrado County with an estimated population of 500 people\textsuperscript{4}. The number of households within the community is unknown as the community extends along a road and into the bush. It is a fairly homogenous Christian community with a church and a school. The community was originally triggered in 2009 and was designated ODF three months later.

Community members claim that there is no access to water; however, during the transect walk numerous water-pumps were identified\textsuperscript{5}. Data obtained on this community from the MoH indicates a population of 1,852, three latrines, prior to CLTS, and an additional five constructed following CLTS. Furthermore, the data states there were six tippy-taps beside latrines. However, it is difficult to establish how a community of 500, let alone 1,852, could be considered ODF with a total of eight latrines and six tippy-taps.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline
Community & Ministry of Health data & & Actual, following evaluation & \\
 & Population & Latrines before & Latrines after & Tippy-tap & Population & Latrines before & Latrines after & Tippy-tap \\
\hline
Village-B & 1,852 & 3 & 8 & 6 & 500 & 0 & 3 & 0 \\
Village-C & 1,200 & 2 & 6 & 6 & 150 & 16 communal & 20 & 0 \\
\hline
\end{tabular}
\caption{Data comparison – Ministry of Health data versus actual}
\end{table}

\textsuperscript{4} This figure is based on discussions with the town chief. Ministry of Health figures indicate there are closer to 2,000 inhabitants in the community.

\textsuperscript{5} The water-pumps were installed during the rainy season and are said to run dry during the dry season.
From the onset it was obvious that a number of people were not aware of this approach, women in particular. While the community understood how flies can carry faeces, the community in general had little knowledge of the terminology used and nature of CLTS. This contradicts the Town Chief’s assertions that all community members were involved in the process.

"Everybody was involved; everyone understood it well and instituted it.” (FG-B-1)

A number of women in the community were approached and asked about CLTS. None were aware of it. A male neighbour stated that the women were in the field on the day of the triggering and thus did not know. A related issue identified was new people moving into the community were not aware of CLTS, ODF status or the benefits that can accrue from cessation of open defecation.

Both adults and children openly discussed how they continue to defecate in the bush while they are working on farms and many continue to defecate in the creek – this creek is used for washing clothes; and for drinking water, dishwashing and personal hygiene when water-pumps are non-functioning. Many of the superstructure latrines, those built by an international NGO prior to CLTS, were locked and no one knew where the key was located. In addition to latrines, there are also a number of concrete dome slabs over pits that had been provided for the community. These pits have no structures around them and many are exceptionally smelly with a copious amount of flies, suggesting they are sometimes used.

Six latrines behind the school were blocked with wood, wire and metal, preventing access, as the “people were spoiling them” (FG-B-4). Nearby there were four latrines – two in operation and two closed-up. The two in operation were in a poor condition with a strong odour emanating, faeces on the floor of one and a large number of cockroaches and flies.
While all built by the same organisation around the same time, the two non-operational latrines had no vent. None of the latrines in the community had a net for flies over the vents nor did they have a roof over vent to prevent falling debris.

Of the four latrines constructed following CLTS, three were organic (mud and sticks) and one constructed using sheets of zinc. All had a large concrete slab, which had been provided by an international actor during the war. Of the three organic latrines two were in a relatively good condition, one with a zinc roof and several patches in the mud walls and the other with a thatch roof and no holes.

In the first latrine, while there was a cover for the hole it was not in use but there was no distinct smell and no flies. However, the hole in the slab was quite large and may prove dangerous for children. The latrine also seemed to be used to store items, such as a wheel, wire and saw. This latrine stands 40 metres from the house, was in use and was locked. The second organic latrine also had a zinc roof but no door. The latrine was in poor condition. It has a cover for the hole but was not in use, there were fresh faeces on the ground and a strong smell emanating with lots of flies.
The third organic latrine – mud structure with a thatch roof – was in a very good condition, quite clean, with no flies or smell. There was however, urine on the ground leading from the wall; possibly indicating that individuals may still choose to urinate against the wall rather than in the hole. This latrine was surrounded by a lot of bush and did not appear to be in frequent use. The final latrine, a zinc structure, seemed to have been constructed around a concrete dome slab and pit. This structure was open to the elements with many holes and gaps. The slab had a large stone over the hole; however, there were numerous flies in the vicinity.
Generally, in the community there was a significant lack of knowledge concerning hygiene issues, and no visible hand-washing facilities. Many within the community asked questions about hygiene, such as what to use to wash hands when soap was unavailable. There was a clear lack of knowledge among women in particular. Further, there were numerous flies over food being cooked without lids and in one instance food was placed on an unclean wooden board on the ground beside a chicken.

Faeces could be found all around this town, close to people’s houses and areas of cooking as well as along the walkway to the creek. Walking towards the creek there was an intense smell of faeces. This area seemed to be the most frequently used.

Finally, baseline data for this community was wholly inaccurate. The community clearly had 14 latrines prior to the initiation of CLTS, in addition to at least seven concrete slabs. These inaccuracies indicate not
only the ineffectiveness of initial baseline data collection but also the lack of collaboration between partners, as the government ministries appear unaware of these constructions.
**SWOT Analysis**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A relatively cheap approach</td>
<td>- Lack of basic PRA skills and basic technical knowledge among facilitators</td>
</tr>
<tr>
<td>- Demand-driven, with donors/NGOs taking a facilitator role</td>
<td>- Capacity of GoL to coordinate and collect data</td>
</tr>
<tr>
<td>- Conducted effectively it can overcome issues experienced in other</td>
<td>- Resource constraints of the GoL e.g. logistical, financial</td>
</tr>
<tr>
<td>sanitation projects, such as non-use of latrines</td>
<td>- Data, including baseline, is inaccurate or non-existent</td>
</tr>
<tr>
<td>- Can facilitate empowerment</td>
<td>- Standard, and standardisation, of hygiene component is lacking</td>
</tr>
<tr>
<td>- Contributes to a cleaner, safer and healthier environment</td>
<td>- Constant monitoring of communities is not standardised among all actors</td>
</tr>
<tr>
<td>- Increases ‘ownership’</td>
<td>- Verification process is inconsistent, inaccurate and/or unreliable</td>
</tr>
<tr>
<td>- Possibility of introducing/implementing CLTS within government</td>
<td>- Lack of hype regarding ODF</td>
</tr>
<tr>
<td>ministries, religious institutions and various community markets</td>
<td>- District-level structures are virtually non-existent</td>
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<tr>
<td></td>
<td>- Centralised approach</td>
</tr>
<tr>
<td></td>
<td>- Lack of a clear budget-line</td>
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<tr>
<td></td>
<td>- Sanitation committees have not been established</td>
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<tr>
<td></td>
<td>- Less focus on hygiene and other sanitation aspects – rubbish, animal</td>
</tr>
<tr>
<td></td>
<td>faeces etc.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Role for CHTs and/or EHTs</td>
<td>- Lack of supply chains for improving on initial latrines</td>
</tr>
<tr>
<td>- Role for religious leaders and Traditional Council of Liberia</td>
<td>- Broken promises may deter community members from contributing</td>
</tr>
<tr>
<td>- Recent establishment of National Water, Sanitation and Hygiene</td>
<td>to future development projects</td>
</tr>
<tr>
<td>Promotion Committee</td>
<td>- National elections</td>
</tr>
<tr>
<td>- The inclusion of a hygiene-related income generating activity</td>
<td>- Insistence of having a ‘no subsidy’ approach</td>
</tr>
<tr>
<td>- With effective facilitation and monitoring, CLTS has the potential to</td>
<td>- Demand for per diem at County- and District-level</td>
</tr>
<tr>
<td>spread</td>
<td>- New arrivals to communities unaware of approach</td>
</tr>
<tr>
<td>- Potential to significantly reduce sanitation-related diseases</td>
<td>- Site selection of communities e.g. on a main road</td>
</tr>
<tr>
<td>- Combining with a water-related project</td>
<td>- Time consuming approach may dishearten donors, implementing</td>
</tr>
<tr>
<td>- CLTS could initiate other development-related projects</td>
<td>organisations and facilitators</td>
</tr>
<tr>
<td>- Can lead to the attainment of national sanitation goals</td>
<td>- Latrines, constructed using locally-sourced materials, and collapse on</td>
</tr>
<tr>
<td></td>
<td>a regular basis may dishearten community members</td>
</tr>
<tr>
<td></td>
<td>- Lack of coordination and collaboration</td>
</tr>
<tr>
<td></td>
<td>- Success is primarily dependent on the ability of facilitators to ignite</td>
</tr>
</tbody>
</table>
and empower communities
- Organisational culture needs to adapt to a programme such as CLTS. There is a specific need for: flexibility in timing and funding; greater focus on field-level staff, facilitating trainings and enabling an environment to discuss issues and lessons learnt from other organisations
- Marginalisation of women
- Population growth and urbanisation
- Climate change
Known Triggered and ODF by County

<table>
<thead>
<tr>
<th>County</th>
<th>Total Triggered</th>
<th>Known ODF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montserrado</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Grand Cape Mount</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Margibi</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Grand Bassa</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td>Nimba</td>
<td>19</td>
<td>-</td>
</tr>
<tr>
<td>Maryland</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Grand Gedah</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>River Gee</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Lofa</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>Bong</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>107</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

6 Names of communities can be provided upon request.