THE OUTSIDER FACTOR IN COMMUNITY LED TOTAL SANITATION (CLTS): THE SNV ETHIOPIA EXPERIENCE

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Country: Ethiopia
Sector: Water, Sanitation and Hygiene

CHALLENGE

Access to safe water, sanitation and hygiene is one of the key development challenges in Southern Ethiopia. A baseline study conducted in six *woredas* (districts) in southern Ethiopia (Alaba, Misrak Badawacho, Kedida Gamela, Damboya, Boloso Sore and Shashego) in 2007 showed that only 42% of the population had access to safe water and 49% had access to latrines. The situation in public institutions like schools, health centres and market places is extremely poor. Only 10% of these institutions have access to safe water. Markets are the most neglected, with a complete lack of safe latrines and access to a safe water supply.

CLIENTS

SNV-Ethiopia has been actively working with the six surveyed *woredas* to enable them to increase access to WaSH and achieve the 100% WaSH coverage by 2012, as targeted in the Universal Access Plan (UAP) set by the Government of Ethiopia. In 2007, SNV began by supporting the *woredas* to generate and share reliable WaSH data, and develop *woreda* level strategic plans aligned on the UAP. Despite ongoing efforts to improve sanitation and hygiene, persistence of widespread open defecation practices in rural and urban areas and periodic outbreaks of diseases related with poor sanitation and hygiene practices signalled that people's attitudes and practices were not changing. Nor were approaches community-driven.

METHOD / SNV INTERVENTION

Inspired by the experience and success of Plan Ethiopia with the community-led total sanitation (CLTS) approach in selected villages in the Southern Region, SNV introduced CLTS in the six *woredas* in September 2008. This case elaborates on the process followed and the key lessons learned by SNV Ethiopia Southern Portfolio in supporting the implementation of CLTS in the six *woredas*.

> Community Led Total Sanitation is an approach that facilitates a process of empowering local communities to completely eliminate open defecation and build and use latrine without any external hardware support. Communities conduct their own appraisal and analysis of open defecation and take their own action to become open defecation free. By raising awareness that as long as even a minority continues to defecate in the open everyone is at risk of disease, CLTS triggers the community's desire for change, propels them into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.

Factors favouring the introduction of CLTS in the six *woredas*

To start with, an assessment was made to determine whether there was a need to introduce CLTS. The analysis showed that CLTS had a potential because: (i) the existing promotion approaches were neither effective nor community-driven, (ii) the success in Shebadino *woreda* had activated a high demand for CLTS from the neighbouring *woredas*, (iii) UNICEF and the regional Water Resource Development Bureau were willing to fund the implementation of CLTS, and (iv) the region has a conducive environment for CLTS given that

- the government policy promotes the approach,
- there is a strong community bonding in the rural villages,
- open defecation is widely practised in the villages, schools and markets places, and
- people use water from open ponds and springs that are easily polluted by human faeces.

SNV did not only introduce CLTS but also facilitated its implementation and progress monitoring by government and non-governmental organisations. In September 2008, SNV identified and engaged two CLTS experts to train 50 trainers (staff from SNV, the *woreda* WaSH sector offices, local capacity building organisations and local NGOs) on the principles and practical aspects of CLTS. The trained trainers were coached by the consultants and triggered CLTS in 10 villages with schools during the training period. They later trained 25-30 trainers in each *woreda* and the latter subsequently implemented CLTS in villages and schools in their *woredas*. SNV backstopped all the trainings and undertook follow-up field monitoring visits to assess progress.

In order to make sure 'governance for empowerment' aspects were included in the CLTS process, stakeholders were assisted in developing a strategy and putting it into effect in the six *woredas*. This included:

1. Ensuring facilitation and implementation of a CLTS process with minimum financial resources, by training a critical number of *woreda* level facilitating team who then train the local level CLTS team at the site (village) where CLTS is triggered
2. Ensuring support for the village school and collaboration between the school and the village by
   - ensuring that school and village representatives are members of the local CLTS team and jointly participate in all the stages of the CLTS exercise,
   - doing a transect walk in places where pupils defecate, calculating the volume of human excreta from the school and discussing the impact on the village, and
   - considering the CLTS action plan of the school as that of a household with special needs.
3. Making sure that local institutions representing the citizens' interests, such as churches and mosques, play a role in the CLTS process, by identifying the key respected institutions and enabling their leaders to participate in all the stages of the CLTS exercise, and by seeking the institutions' commitment to play an active role in CLTS implementation and follow-up.

4. Ensuring that hand washing and personal hygiene are integrated in the process, by, during the transect walk, observing the presence of any hand washing facilities and by incorporating an exercise of touching faeces with one hand, handling a piece of bread with the same hand and giving it to a community member to eat. Based on this exercise the community discusses how, by not washing hands, they contaminate their food and eat human excreta.

At the end of each CLTS triggering session, a comprehensive advocacy session was organised for *woreda* leaders, religious leaders, NGO staff and representatives of the triggered communities. During this session, the sanitation status of the villages and the village communities' action plans were shared and discussed.

To conclude the triggering process, the *woreda* CLTS trainers and the team from triggered *kebeles* (composed of health extension workers, *kebele* managers, *kebele* administrators and school directors) developed a monitoring and follow-up plan. Accordingly, triggered villages are periodically visited in order to check progress. These follow-up visits are undertaken by people from outside the village, including the *woreda* leadership, sector experts from the health, education and water offices and external SNV staff. The frequency of the visits varies from *woreda* to *woreda*. SNV has observed that, even though all the villages were triggered by the same approach, *woredas* receiving frequent visits by outsiders after triggering respond better and achieve better CLTS targets. For instance, in Kedida Gamela *woreda* where visits by outsiders have been more frequent, the CLTS achievements are much higher than in Alaba *woreda,* where only a minimum number of visits was made. Across the six *woredas* there is a positive correlation between the frequency of visits by outsiders and CLTS achievements.

OUTCOME

Figure1. Community members expressing shame

By mid-2009, the six *woreda* teams had triggered CLTS in 54 villages and 24 schools (figure 1), and the process goes on. The local NGOs that acquired CLTS knowledge and skills have adopted CLTS and are on track to expand CLTS to 100 villages by the end of 2009. In the triggered villages, more than 29,000 people now use toilets made from local materials (figure 2). A quote from a resident of one of the triggered villages illustrates the change CLTS has brought: "Our turning point was when we calculated the truck loads of human excreta that we drink. We now build and use latrines for a good reason."

Figure 2. Latrine made from local materials

IMPACT

Lessons learned

Several lessons emerge from our experience with CLTS in the Southern Region.

1. Training and triggering CLTS in a village is the easy part. Sustaining the process and the momentum is what is difficult. Frequent visits by outsiders after triggering appear to be critical in promoting and sustaining community progress. This can be attributed to the fact that communities are quite eager to show the positive change they make. They do take pride in it. It also appears that communities exhibit and sustain shame when they are in open defecation sites in the presence of new visitors—a response that does not take place when they are on their own or in the company of other village members.
2. The feeling of shame may be exhibited in an extreme manner. In one village visited by outsiders, the residents were so overwhelmed with shame that they ordered the CLTS facilitators out of the village. It required a high degree of diplomacy to normalise the situation. The good part is that the community vowed they would not allow any open defecation anymore and would therefore never go through similar shame in the presence of outsiders. The youth of the area called the experience a black day for their village and swore never to let it happen again. This shows that even in a community-led process such as CLTS, outsiders still play a critical role in sustaining the shame factor and motivating the community to excel. It also implies that CLTS practitioners need to always be ready for such extreme shame responses and equipped to handle them.
3. Involving local capacity builders and local NGOs who can deepen and sustain the process at the micro (village) level is essential to create a multiplier effect. By involving them from the start, the SNV advisors were able to hand over the process to local practitioners. The role of the advisors was then to ensure quality control through supervision and participate in critical sessions.
4. To solicit support from political leaders, it is essential to design a comprehensive advocacy session towards the end of the CLTS triggering process. This session needs to include role plays and community presentations of the situation in the village and the community's plan to address it. In the six *woredas*, good advocacy sessions targeted at the *woreda* leaders resulted in increased awareness and commitment of the *woreda* administrators to support CLTS in the schools and villages.
5. Good facilitation skills are required to effectively trigger CLTS. From our experience, only 10 to 15% of the CLTS trainees emerge as good facilitators. A facilitation skill course should therefore always be made part of the CLTS facilitators' training.
6. Inclusion of the hygiene aspects in the CLTS triggering process remains a challenge. The practitioners need to come up with exercises that will effectively trigger improvements in personal hygiene.
7. CLTS has not worked well in schools. In most of the villages where CLTS was triggered, the households responded by building and using their own latrines. A similar effort was not observed in the schools of the same villages, however. Investigation into why CLTS is not working in schools revealed that clear stakeholders' responsibilities and accountability in school latrine management and use do not exist in Ethiopia. As long as these underlying

causes are not resolved improved school latrine management and use will remain a challenge.