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A review of the UNICEF roll-out of the CLTS approach in West and Central Africa

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The Community Led Total Sanitation approach has been introduced by UNICEF in 19 of the 24 countries of both Francophone and Anglophone West and Central Africa since 2008. This paper marks the gradual end of the pilots and the start of a more developmental and scaling up phase. The review assesses the progress of CLTS in the region and considers improvements for scaling up. CLTS has been found to be largely well accepted, and over 2,000 communities had become open defecation free (ODF) by the end of 2010, meaning that close to a million people in the region are benefitting from ODF environments and associated health benefits after just 2 years. If the gains continue to progress at the same rate, CLTS has the potential to bring many of the region's countries on target for the sanitation goals of 2015 (MDG 7). Recommendations and challenges that have emerged are discussed with the intention of promoting the lessons learnt from the pilot phase and scaling up in an equitable and sustainable manner.

Introduction

In West and Central Africa (WCA), a region of 392 Million people, there are an estimated 100 million practicing open defecation (JMP, 2010). The Community Led Total Sanitation approach has been introduced by UNICEF in 18 of the 24 countries of both Francophone and Anglophone West and Central Africa since 2008. The roll-out in brief was begun with two coordinated regional level introductory workshops, both facilitated by Kamal Kar, the originator of CLTS and author of the CLTS handbook, one in November 2008 - a Francophone workshop in Bamako, Mali, and a second in Nigeria (March 2009) for the 5 Anglophone countries in the region. The regional workshops were followed by national events and the instigation of CLTS pilots. Earlier introductions (2007-2009) ensured that CLTS had already become well established in Sierra Leone, Nigeria and Ghana. The UNICEF Regional Office coordinated the facilitation, arranged exchange visits - for example a Senegal delegation visited CLTS projects in Nigeria - and assisted with knowledge sharing and technical support such as the harmonisation of tools. Further details of the roll-out process can be found elsewhere, notably in Bevan & Thomas (2009) and Hickling & Bevan (2010).

The discussion below is a synthesis of the findings of several reports plus internal UNICEF reporting from country offices. A regional review was conducted by Ecopsis Consulting during 2010. Reviews of pilots have also taken place in individual countries (e.g. Ghana and Mauritania), and have often formed a useful juncture to review the approach and for it to gain acceptance as the key national strategy for rural sanitation**.** At the time of writing (end 2010) CLTS had reached nearly 4 million people and over 2,000 communities or approximately 1 million people are now living in open-defecation free environments in the region as a result of the pilot programme.

Overall CLTS has been found to be well accepted in the region, without significant alteration of the approach from Asia, where it was first developed. The change in social norm from open defecation to the use of toilets or achieving open defecation free status (ODF) that is prompted by a CLTS triggering and subsequent follow-up puts households in a decision-making role and on the first rung of the sanitation ladder. Our findings suggest that the CLTS approach has the potential to be scaled up in WCA, and to make a significant contribution towards getting countries on track to achieving their sanitation MDG targets. However, unless progress is made beyond this preliminary ladder rung, the process may not be sustainable,

and recommendations are made here that will assist in improving this. The sections below highlight the three key areas where efforts need to be concentrated: national policies and strategies, facilitation and training and implementation.

National sanitation policies and strategies

The CLTS roll-out has found good acceptance in general from the government representatives involved, although a few governments, such as in Burkina Faso, remain uncertain about adopting the approach. Considering the historical background of the sanitation sector, the political commitment and ownership gained as a result of the renewed interest in sanitation has provided a strong momentum to re-evaluate and improve national sanitation policies and strategies. In several countries – eg Chad, Mauritania, Cote d'Ivoire, Ghana – the sanitation policy and related budgets have been reviewed and/or developed as a direct result of the introduction of CLTS. This has been much supported in African countries through the eThekwini monitoring process led by AMCOW (http://www.wateraid.org/uk/what_we_do/policy_and_research/governance_and_accountability/7262.asp) and the Sanitation and Water for all Initiative (http://www.sanitationandwaterforall.org/).

National sanitation facilitation and training

Facilitation capacities in the countries are shared between government institutions, national and international NGOs, consulting firms and UNICEF national offices. At the time of the regional CLTS roll-out review in 2010, the WCA region counted 106 key-trainers and 1,745 facilitators.

With support from UNICEF, CREPA - a regional water and sanitation training organisation based in Burkina Faso - assumed the training and promotion of CLTS in most of the Francophone countries and has contributed to the training of 872 or 50% of the facilitators in the region. The core trainer group from CREPA headquarters is now experienced and has substantially contributed to the capacity building process. Initial external training in Anglophone countries has been conducted either by Kamal Kar (CLTS Foundation) or by Trend (Ghana).

As countries progress to implementation at scale, a greater use of existing government cadres such as community health workers as facilitators is being made. In Ghana, scaling up plans include the training of locally based Environmental Health Officers. Natural Leaders emerging from the triggering process are also being trained as facilitators in some countries. This process is possibly most advanced in Sierra Leone where a specific manual has been developed for this purpose.

Implementation of CLTS

Techniques have been largely maintained as presented in the CLTS Manual (Kar & Chambers, 2008). However, variations have been found to emerge in terms of the time taken with follow-up visits, verification criteria and the certification and celebration process. An average rate of 39% ODF versus triggered communities was found in the region. In countries where the follow-up, verification and celebration are known to be strong, as in Mali, the rate rises to 65%. Countries that have had the most successes to date with ODF numbers have been found to have many of the following features:

- A history of regular follow-up, followed by a prompt verification and widely publicised celebration. In Mali, effective results have been achieved with 2 follow-up visits per week until ODF status is achieved.
- Good timing - seasonality is a key issue, and the timing of triggering - to avoid the rains and intensive farming periods - appears to be a strong factor in the achievement of ODF status.
- Harmonised intersectoral national coordination between all implementation partners has been found to assist greatly with advocacy and the use of CLTS techniques. Two examples are the annual 'CLTS Round Table' held in Nigeria, and the wide distribution of Quarterly national newsletters in Sierra Leone (http://www.communityledtotalsanitation.org/resource/quarterly-wash-report-unicef-sierra-leone).
- A practical choice of geographic areas for pilots – some pilots were chosen to be run in very distant and hard to reach communities – and the availability of sufficient resources to complete adequate follow-up visits.

The cost of CLTS

Preliminary analyses from the pilot projects give an average expenditure of $3.2 per person. These figures include set-up costs of the pilots and will potentially diminish as countries progress to implementation at scale. The costs do not include salaries of government officials, sanitation marketing, or the community contributions made in terms of time and materials.

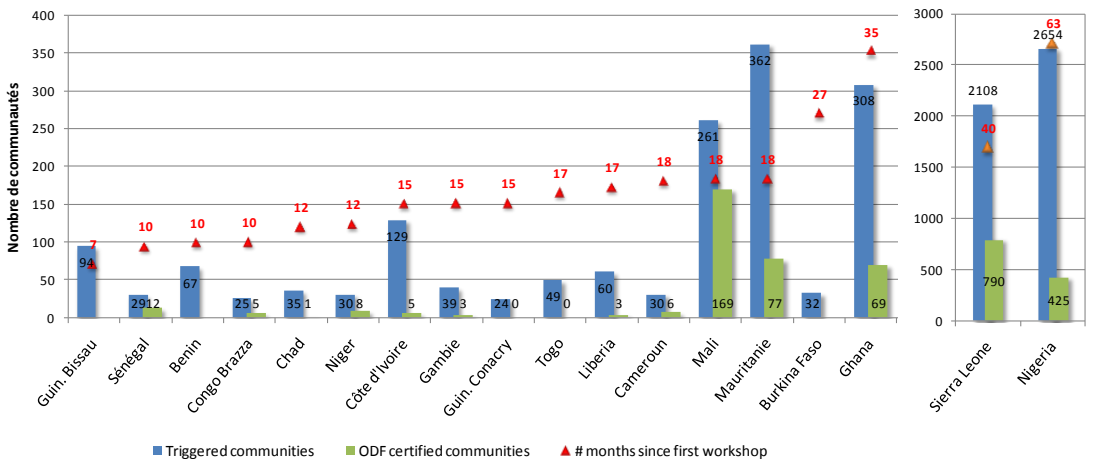

Figure 1. Time since pilot CLTS workshop

Source: ECOPSIS report for UNICEF (2011)

Scaling up recommendations for CLTS in West & Central Africa

The review has found the CLTS approach to be a successful rural sanitation strategy for the WCA region. There are several areas that need to be concentrated upon during the next few years to enable the approach to be scaled up and have a lasting impact on sanitation coverage.

Sustainability and sanitation marketing

First latrines after triggering are usually made with locally available materials, the slab often with logs and clay, and the superstructure with branches, leaves and thatch. To date there is limited evidence of post-ODF latrine improvements in the region enable people to 'move up the ladder' and to build a more durable toilet. This is a recognised flaw in the approach, as to be long-lasting, latrine slabs in particular will need to be renewed or replaced with those of cement or stronger materials.

To improve the sustainability of the approach, it is widely felt in the region that equitable models of sanitation marketing need to be explored and West Africa-specific models developed. UNICEF is currently conducting reviews of sanitation marketing options in three countries in the region (Ghana, Mali, Sierra Leone) to increase our understanding of how best to increase the availability and uptake of affordable slabs and other latrine-building materials, and to investigate pro-poor financing mechanisms to ensure equitable adoption. By the time of presentation of this paper, it is hoped that the marketing studies mentioned above will be completed, and that the key findings can be shared. Trial projects integrating sanitation marketing with pro-poor financing mechanisms will be established. In this respect the issue of sequencing is very important, as marketing options should only be introduced after the social norm change has taken place, and demand created.

The refinement of national CLTS strategies

As countries move from pilot phases to considering the implementation of the approach at scale, there is a strong role for regional sharing of experiences to ensure lessons, tools and best practices are shared. There is a need to continue to advocate for and share the CLTS experience, and in particular those more successful interventions at country level, e.g. Mauritania, Mali and Sierra Leone, are recommended to be documented and disseminated to enhance advocacy and programme efficiency. Regional learning and sharing workshops, such as those led by IDS during 2010 are also very useful fora for disseminating latest practices in the approach.

Issues such as the quality of training and facilitation, the training of natural leaders, remuneration for facilitators, verification of ODF status and the monitoring of the CLTS roll-out at scale can benefit from being improved and harmonised as much as possible.

The promising re-invigoration of the sanitation policy development process that has begun in many countries should be supported by all partners as far as is possible. Advocacy with governments to improve

rural sanitation coverage, especially in a region plagued by chronic emergencies often caused by diseases related to poor sanitation (eg cholera, polio) remains the key driving force behind the promotion of the CLTS approach.

Implementation and facilitation of CLTS

The crucial role of facilitators in the region has been recognised by the review, and it is suggested that methods are devised to monitor and quality control their work, to ensure that quality is not lost as we take the approach to scale. The CLTS team in the regional training resource, CREPA -who have trained the majority of francophone facilitators - has the opportunity to play a key role in this.

The role of natural leaders as future facilitators is a development that will be needed as we move to implementation at scale. Currently Sierra Leone is experimenting with training the most successful natural leaders to become local facilitators, and this process will be closely monitored and documented.

In conclusion, CLTS has been found to be a very promising and equitable approach for increasing sanitation coverage in rural Africa. In a few short years, CLTS has revolutionised our sanitation programming in Africa, and has the potential to rapidly improve the sanitation coverage and thus the health status of many millions. This review marks the passage of CLTS as pilot to the beginnings of CLTS at scale in the WCA region. During the next few years UNICEF and partners will continue to support governments to consolidate their gains and to embed the approach in national decentralised systems to ensure its sustainable spread.

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Note/s

Further information on CLTS – including the full version of the review discussed here can be found at: http://www.communityledtotalsanitation.org/, and on CREPA at http://www.reseaucrepa.org/.

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