



## Is CLTS relevant in Africa?

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# What is CLTS?

- It is Community Led Total Sanitation.
- It's an approach of empowering local communities to stop open defecation.
- Communities are “triggered” through a process led by trained CLTS facilitators which enables them to see, and feel the negative aspects of open defecation.
- It employs use of PRA tools to enable local communities to analyze their sanitation profile and collectively internalize the terrible impact of OD and take appropriate action.
- It encourages a non-subsidy approach to latrine construction.

## Why CLTS in Africa?

- Previous sanitation approaches not effective.( PHAST, subsidy)
- high prevalence of open defecation
- Supports Plan's focus on low cost high impact strategy.
- Reduce the disease burden that is water & sanitation related.
- To support attainment of MDG goals

# CLTS IN OVER 20 COUNTRIES IN AFRICA

- Burkina Faso
- Chad
- Ethiopia
- Kenya
- Mali
- Nigeria
- Zambia
- Angola
- Gambia
- Malawi
- Eritrea
- Cameroon
- Tanzania
- Uganda
- Sudan
- Sierra Leone

# SIERRA LEONE CASE STUDY

- The country is struggling to recover from effects of civil war
- Basic infrastructure destroyed including WATSAN services
- 57% of child mortality is watsan related.
- 27% of pop practice open defecation
- CLTS introduced in 2008 and championed by UNICEF, DFID & Govt.
- Triggering done in over 800 villages
- Over 170 have since been declared ODF

## ZAMBIA CASE STUDY

- 2/3 of the pop live below poverty line
- Under 5 mortality is one of the highest in the world (182/1000)
- 22% of the pop. Practice open defecation
- CLTS introduced in 2007 and championed by Plan, UNICEF and Govt.
- An increase from 38% to 93% within one year in 517 villages.
- 402 villages declared ODF

# KENYAN SITUATION

- CLTS introduced in 2007
- Estimated that abt 50% of pop. practice OD.
- Key organizations-Plan, UNICEF,GOK
- CLTS active-Kilifi, Homabay, Busia,Turkana, Kajiado, Kisumu, Siaya, Garissa.
- Over 260 villages triggered
- First ODF Village-Jaribuni
- 113 villages certified ODF
- Over 80,000 families able to access better sanitation facilities



# LESSONS LEARNT

- Start small then gradually scale up
- Start with villages with favourable conditions
- Involve all stakeholders-Govt, NGOs, CBOs, FBOs
- Work with opinion leaders e.g traditional chiefs
- When CLTS gains momentum it may spread without systematic trigger
- ODF celebratn helps trigger other villages
- Communities are able to construct latrines without subsidies
- Once persuaded of benefits govts. have adopted approach.
- CLTS has potential to support quicker realization of MDG goals on sanitation.

# Challenges

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

# CLTS TRIGGER IN ACTION

- Mapping



- Transect walk



# CLTS TRIGGER-KILIFI COUNTY

- Transect walk



- Mapping



# Pit digging after CLTS trigger



- Mzee Orwa outside his completed latrine



## Action after CLTS trigger

- Mr. Chalre in hbay county



# Latrines made from locally available materials

## Kilifi county





## Latrine construction done according to one's resources

- Homabay County



# Latrine inspection during ODF celebration



# Villagers displaying certificates during ODF celebrtn



## Song and dance during ODF celebrtn



## ***Way forward envisaged: Transition from open defecation bushes to cultivation fields/farms***



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Thank you and any questions?

