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**Promoting Community Led Total Sanitation
for accelerated sanitation delivery in Nigeria**

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In Nigeria, over 103 million out of 150 million people do not have access to improved sanitation out of which 33 million people practice open defecation. Meeting up with national and global targets becomes very challenging despite all efforts at scaling up previous several sanitation approaches, which necessitate constant review of sanitation projects towards adopting an appropriate approach that will accelerate sanitation delivery on a sustainable basis. Community Led Total Sanitation (CLTS) was adopted as a major strategy for scaling up rural sanitation delivery in 2008 after a successful piloting and the approach is presently being implemented in over 2,654 communities and more than 425 communities have attained open defecation free status in the country. The spread and acceptability of CLTS among stakeholders within the short time of introduction is encouraging and based on the achievements recorded so far, the approach has the potentials of accelerating sanitation delivery in Nigeria.

Background

The WHO/UNICEF Progress on Sanitation and Drinking Water 2010 Update Report estimated that just about a third of the population (47 million) in Nigeria have access to improved sanitation facilities while 103 million people use unimproved sanitation facilities out of which an estimated 33 million people practice open defecation. Despite all the sanitation interventions implemented from 1990 to 2008, there was a decline in access to improved sanitation from 37% to 32%. However, open defecation rates decreased by 3% from 25% in 1990 to 22% in 2008 (WHO/UNICEF Progress on Sanitation and Drinking Water 2010 Update Report). With the present level of implementation and trend in access to improved sanitation, it will be very difficult for the country to achieve the Millennium Development Goal (MDG) sanitation target of 63%.

The low level of access to sanitation and its impact on health and socio-economic well being of the people necessitate the need for constant review of sanitation projects towards promoting appropriate approaches that will ensure sustainable development. Several sanitation approaches have been implemented in the past without significant improvement in access to improved sanitation on a sustainable basis. Although some successes were recorded, all efforts at scaling up these approaches did not yield fruitful results partly due to the fact that most of these approaches have some elements of subsidy to motivate households to construct latrines and emphasis was on latrine construction rather than total behavioural change to adopt sanitary practices. The subsidy was a limiting factor for scaling up the past approaches in achieving the set targets.

Towards accelerating sanitation delivery in the country, Community Led Total Sanitation (CLTS) was piloted from 2004 to 2007. Based on the findings of the pilot, implementation of CLTS at scale effectively commenced in 2008 with technical and financial supports from UNICEF and other major stakeholders at national and sub-national levels. The official scaling up of CLTS coincided with 2008 International Year of Sanitation which provided a good opportunity of conducting advocacy, mass mobilization and sensitization for CLTS thereby laying a solid foundation for its promotion in subsequent years. The inclusion of CLTS in the government approved Strategy for Scaling up Rural Sanitation provides the required policy framework for promoting the approach in the country.

Promotion of Community Led Total Sanitation

Promotion of CLTS is aimed at achieving sustained behavioural change through effective community mobilization and facilitation for understanding the risks associated with open defecation using necessary tools of shame and disgust as triggers to promote collective actions for stopping open defecation and development of community action plans for achieving Open Defecation Free (ODF) status which also include construction and use of latrines. In addition to this, hand washing is being promoted as an integral component of CLTS and a major element for consideration in ODF certification process.

Introduction of CLTS required building a critical mass of skilled professionals that can effectively promote the new approach. To this effect, series of trainings were organized annually at national, state, local government and community levels to facilitate the scaling up of CLTS. Several of these trainings were organized based on emerging issues and field experiences for continuous update in knowledge necessary for effective CLTS promotion. Apart from building capacity of the implementers, relevant institutions were strengthened through technical assistance and logistic supports for effective performance of the assigned roles and responsibilities relating to CLTS implementation (Table 1).

Level	Institution	Roles and Responsibilities
National	National Task Group on Sanitation	<ul style="list-style-type: none"> • Coordination • Advocacy and Monitoring • Capacity Development • Resource Mobilization • Knowledge Management
State	Rural Water Supply and Sanitation Agencies (RUWASSAs)	<ul style="list-style-type: none"> • State Level Coordination • Advocacy and Monitoring • Capacity Development • Facilitation of CLTS implementation (Pre-triggering, Triggering and Post-Triggering activities). • Verification and Certification of Open Defecation Free (ODF) Communities
Local Government	WASH Departments/Units/ NGOs	<ul style="list-style-type: none"> • Local Government Area Level Coordination • Monitoring • Capacity Development • Facilitation of CLTS at community level (Pre-triggering, Triggering and Post-Triggering activities). • Verification of ODF Communities
Community	Water, Sanitation and Hygiene Committees (WASHCOMs) /Community Based Organizations (CBOs)	<ul style="list-style-type: none"> • Monitoring • Facilitation of CLTS implementation (Pre-triggering, Triggering and Post-Triggering activities). • Declaration of ODF status

Sustained advocacy and sensitization activities are embarked upon to mobilize the required political and financial supports for scaling up of CLTS resulting in more subscriptions from governments, donors, multi-lateral organizations and other relevant stakeholders. Also built into the CLTS promotion is regular monitoring and follow up activities at national and sub-national levels to ensure strict compliance with the guiding principles. Guidelines for certification of Open Defecation Free (ODF) communities have been developed, disseminated and adopted by all states for certification processes which involve the participation of Community WASHCOMs, Local Government WASH Departments/Units and State RUWASSAs as indicated in table 1 above.

Towards enhancing experience sharing and to promote networking among practitioners, annual national roundtable conference on CLTS has been institutionalized with support of UNICEF and other relevant stakeholders bringing together all the practitioners in the country. This also provides a viable platform for advocacy, review of progress on status of implementation, rewarding of CLTS Champions and for galvanizing ideas to resolve various challenges being encountered in the implementation of the approach. Two of such conferences have been organized with active participation of all CLTS practitioners in the country.

A rapid assessment of CLTS conducted in July 2010 to review the status of implementation for effective scaling up of the approach identified its strengths, weaknesses, opportunities and threats (SWOT Analysis) as shown in Table 2.

Table 2. SWOT Analysis of CLTS in Nigeria			
Strengths	Weaknesses	Opportunities	Threats
Community empowerment for collective action to stop Open Defecation.	Slow movement on sanitation ladder by communities after attainment of ODF.	Appropriate for scaling up sanitation	Weak institutional and low capacity especially at the LGA level.
Emergence of Natural Leaders for CLTS promotion	Implementation of CLTS in environmentally challenged areas	Entry point for implementation of high impact and low cost interventions	Limited sector NGOs/CBOs for CLTS implementation.
Active involvement of children, women and traditional institutions in CLTS implementation	Monitoring, reporting and documentation of CLTS activities	Income generation and economic empowerment	Weak funding mechanism from governments to support CLTS.
Participation of National Youth Service Corp members in mobilization and facilitation.	CLTS facilitation skills	Addressing equity issues as it relates to owning and using of latrines	Limited capacity of sector professionals
Promotion of low cost and affordable latrine options	Wide gap between triggered and ODF communities	Mobilizing resources for overall sanitation and hygiene development	Weak follow up system to sustain ODF status.
Rapid uptake and use of latrines as well as achievement of ODF without subsidy		Achievement of Ward and LGA wide ODF	
Improved environmental sanitation and hygiene		Promotion of Social solidarity to assist the most vulnerable group to own latrines	
		Contribute to reduction of diarrheal diseases	

Based on the above analysis, CLTS has been re-packaged to address the observed weaknesses and mitigate the effect of identified threats for scaling up of the approach. Some of the new strategies recently adopted include;

- Identification and empowerment of more Natural Leaders for sustained CLTS promotion within their communities. Natural leaders are community members that emerge during the triggering process and play vital roles in facilitating and mobilizing community members to construct and use of latrine towards attainment and sustaining of ODF status. They also provide technical supports to households in moving up sanitation ladder which is often a challenge after attainment of ODF.
- Engagement of Natural Leaders as Community Consultants to facilitate CLTS promotion in neighbouring communities. This is cost effective and socially acceptable as it provides opportunities for communities to support each other towards achieving ODF.
- Focusing on LGA/Ward/District wide intervention for scaling up of CLTS.
- Streamlining and simplification of certification processes.
- Introduction of State Sanitation Ambassadors comprising of influential leaders for sustained advocacy and sensitization of policy makers.
- Support exchange visits between States, LGAs and Communities for knowledge and experience sharing.
- Sustained capacity development for effective facilitation, quality control, monitoring, documentation and certification of ODF communities.
- Development of State specific action plans for scaling up CLTS.

The above changes in strategies are yielding fruitful results as more communities are now implementing CLTS and the LGA/Ward wide approach is gaining momentum. Over 2,654 communities are implementing CLTS in 30 states; more than 425 communities have attained ODF status and one Local Government Area comprising of 151 communities with over 200,000 people is at the verge of achieving ODF.

Lessons learnt

- Effective facilitation and follow up are essential for the attainment of CLTS objectives.
- The need for flexibility in approach to suit local conditions without compromising the core principles is critical for successful CLTS implementation especially in a diverse and complex environment.
- Scaling up could be better achieved through the empowerment and engagement of CLTS Natural Leaders to adopt neighbouring communities for CLTS implementation.
- No hardware subsidy approach can really work for sanitation development in rural areas with effective CLTS implementation.
- The LGA-wide approach provides a viable platform for positive competition and rivalry among communities to achieve and sustain ODF as well as promotes cost effectiveness in project delivery.
- Engagement of traditional institutions is critical in sustaining ODF status of communities through introduction and enforcement of local legislations.
- The National CLTS roundtable conference and award to CLTS champions are serving as catalysts to motivate states, LGAs, and communities to adopt CLTS.

Conclusion

Achieving the MDG sanitation targets of 63% requires an accelerated approach that will guarantee sustained increase in latrine uptake and use. Within the short period of introduction, CLTS has proved to have potentials for rapid and accelerated latrine uptake and use especially in rural areas which will enhance the achievement of the set targets. There is high acceptability of CLTS for rural sanitation development in the country among sector practitioners especially development partners and multi-lateral organizations and the level of funding in support of this approach has substantially increased which if properly harnessed and utilized for implementation of scaling up plans will accelerate sanitation delivery.

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Keywords

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