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**DELIVERING WATER, SANITATION AND HYGIENE SERVICES  
IN AN UNCERTAIN ENVIRONMENT**

**Implementing CLTS in areas with a history  
of subsidised sanitation programmes**

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*Before CLTS was introduced in Nigeria, several approaches have been used to facilitate access to sanitation, many of them subsidy-based or characterised by solutions from outside the community. This has yielded few successful outcomes. The exposure to subsidy programmes left many communities vulnerable, with very little or no access to sanitation. The implementation of CLTS in those communities has proven very challenging. This is because these communities have become dependent on and expectant of external resources for household sanitation, though they seldom make use of these handouts. Therefore, CLTS practitioners tend only to target communities without or not bordering on another community with history of subsidy. The paper sets out how the understanding of past sanitation programmes in a community can be used effectively to guide the implementation of CLTS in communities that have experienced subsidy-based sanitation programmes to attain the ODF status.*

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**Introduction**

Sanitation involves the safe disposal or management of human excreta, solid waste and storm water (WaterAid, 2010). Safe sanitation is essential for dignified lives. In most developing countries across the globe attempts are continuously made, by governmental and non-governmental organisations (NGOs) alike, to facilitate access to safe sanitation within households and communities. The approaches used have ranged from government enforcement, to direct distribution of materials for construction, to capacity building of local artisans alongside the distribution of construction materials. Community-led Total Sanitation (CLTS), introduced in 2002 in Bangladesh by Kamal Kar, has been one of the most effective approaches, mobilising communities to take the lead to solve their sanitation problems. As a result it has been embraced globally as an approach for facilitating access to sanitation. This is contrary to the practice of bringing solutions and handouts from outside the community.

Despite these efforts, sub-Saharan African has made limited progress in reducing the incidence of open defecation. In fact, open defecation has decreased by only 11% since 1990 (WHO/UNICEF JMP 2012). With population growth, this means that the number of people practicing open defecation has actually increased by 33 million (WHO/UNICEF JMP report 2012). This proportion is growing, suggesting that the demand for sanitation is on the rise.

In Nigeria, despite the wider situation and the introduction of CLTS in 2005, access to improved sanitation is still only available to 31% of the population (WHO/UNICEF JMP 2012). The implementation of CLTS has now been seen in 31 of the 36 states, and has been met with several challenges over the years (UNICEF 2012). These challenges are not different from those encountered by other countries implementing CLTS. Some of these challenges are principally responsible for the inability of communities to attain ODF status after their communities have been triggered. In Nigeria, the most common challenges are: large settlements, a lack of consideration of social and cultural diversity, terrain, technology and latrine quality, the quality of facilitation, poor follow up, intra-community conflict, and **communities exposed to subsidy-driven sanitation programmes** (UNICEF 2012). This paper discusses WaterAid Nigeria's experiences of the effective implementation of the CLTS approach in communities with a history of subsidy-driven sanitation programmes.

## **Nigerian context**

In Nigeria, the need to improve access to sanitation has inspired the Government at different levels, as well as non-governmental organisations, to initiate and implement different sanitation programmes. Until recently, most of these programmes have been subsidy-driven or mainly characterised by the introduction of sanitation solutions from outside the community.

WaterAid Nigeria works directly with local governments using an integrated approach to facilitate access to water, sanitation and hygiene (WASH) services to the most marginalised people across six focal states. WaterAid Nigeria also provides technical support to the Government in some of the 30 non-focal states. Before the wide acceptance of the CLTS, after its introduction into Nigeria by WaterAid in 2005, WaterAid and other organisations implemented several subsidy-based approaches unsuccessfully. The implementation of these programmes has been largely uncoordinated, but most importantly not community-led.

A great example of this, which by no means is a standalone example, is that experienced in Kanke Local Government Area in Plateau state during 2004/2005. Being one of WaterAid's focal states the Country Women's Association of Nigeria, a local NGO was supported by WaterAid to implement a subsidy-based sanitation programme. A total of 23 communities benefitted from the subsidy regime, receiving cement, latrine moulds and training on how to construct sanitation platforms. During the same period, the Trachoma Eye Disease Control Programme, implemented by the Global 2000 Carter Center, also supported the distributed of cement to households in 50 communities in Kanke LGA, many of which were targeted by WaterAid. In addition, UNICEF targeted some communities in the same LGA for the distribution of cement for slab construction during the same period (Kanke Local Government 2009). Despite all of these efforts, improvement in access to and use of sanitation facilities remained low, and records at the LGA WASH unit showed there were no open defecation free communities before 2012 (Kanke Local Government 2011).

With the adoption and scale up of the CLTS approach in Nigeria, many communities with a history of subsidy-based sanitation programmes, like the ones mentioned above, have been abandoned or deliberately avoided. This is a result of experiences of implementing CLTS fruitlessly in such communities with limited attainment of ODF status. WaterAid Nigeria has, in the course of its CLTS implementation, experienced cases of community resistance and failure to achieve ODF status where there have been cases of subsidy-driven sanitation programmes in the target community or surrounding communities (WaterAid Nigeria 2007). The outcomes of implementation in most of these cases have been largely very discouraging, as mentioned above. In 2012, these poor results prompted deeper analysis of the situation in Kanke LGA with the aim of understanding an approach that will yield better outcomes for these communities.

## **Developing an approach for communities with sanitation subsidy history**

WaterAid Nigeria looked at the various stages of the current CLTS approach, refining each stage based on experiences of implementing CLTS in subsidy-based communities. The adjustments made at each stage of the CLTS process implemented in target communities in Kanke LGA are described below.

### **Baseline data collection**

WaterAid Nigeria, with their implementing partner, approached the communities that had history of subsidy programmes (henceforth referred to as subsidy communities) systematically. The subsidy communities were identified through a baseline survey, which used specific tools to gather information from the community and map their history of sanitation. Specifically, key informant interviews were conducted with community leaders and community members that were involved in the programmes. Focus group discussions were also held. This helped to uncover the nature of the programme and determine the actual figures. The tool was used to get information on the type of programme, organisation responsible, and approach for delivery, the time scale of implementation, number of households that benefitted, the number of cement/slabs/cash/other materials distributed, what was used and what was left unused. In areas where the implementers of past programmes were identified and accessible, additional information was gathered from them. Photographs of materials that were not used were also taken.

### **Pre-triggering**

The information from the baseline survey was analysed to plan the triggering. Each member of the team of facilitators for the community was given this information. The lead facilitator carefully planned how and when the information would be used in the course of triggering. Most importantly, in planning for triggering, the mobilisation team made deliberate attempts to get the community to agree on a venue for the

triggering to take place where unused slabs were visible to all present. In one case, it took place in a church where a house about 20 meters away had two unused slabs.

### **Triggering**

On the day of the triggering activity, quality facilitation is critical for all communities, subsidised or not. In addition to the standard triggering activities described in the handbook on CLTS, WaterAid worked with triggering teams to incorporate timely discussions about past experiences with sanitation subsidy programmes. Prior to this, the topic was largely avoided. This addition to the triggering activities included working closely with natural leaders to discuss the past subsidy approach, to ensure they see that the subsidy did not result in improved access to sanitation in the community. It also involves discussions with the community after they have been triggered, asking the group a series of questions including who received materials and who actually built a latrine. Data collected during the baseline was also used here, for example to compare the number of slabs distributed to the number of households in the community. However, none of this work could have been successfully discussed if the community had not been truly triggered.

On occasions it was left to the facilitators to decide when best to discuss the history of sanitation subsidy, for example in one community during triggering members mentioned that they had previously received slabs for sanitation, and didn't understand how this programme was discussing sanitation without bringing any materials for construction of sanitation facilities. The lead facilitator asked how many people had received materials to construct facilities and then how many households had built a latrine. Very few had. The discussion that followed encouraged community members to take ownership of the process by self-realisation of the negative effects of open defecation. One of the community members said that they were given slabs to construct latrines without any discussion that opened their eyes the way the facilitation did. Directly following this, a natural leader promised to mobilise the youth to use communal labour to dig pits for all those with slabs until everyone had used the slabs. When asked what will be done for those without slabs, the community said they will use wood and other local materials to get the job done. In another community, they decided to get funds from the community to purchase more materials for those who did not have any and to support them to construct latrines.

### **Post-triggering follow up**

After triggering, an action plan is drawn on how the community will attain ODF status. In making the action plan, the community puts the number of households that received materials first and the time it will take them to use materials.

Follow up is based on the decisions taken on the day the community was triggered and on the action plan. In subsidy communities, follow up activities first focus more on the households that had access to materials for construction from past subsidy programmes, as these households are easiest targets. Once those households had completed construction, the community is again mobilised to support the construction of latrines in households that did not have access to construction materials. In the past, initial follow-up in subsidy communities focused on those who indicated interest in constructing, no consideration was given to the availability of materials. This change in the approach, led to faster latrine construction than previously experienced, as household with materials did not require time to consider technology options or financing.

### **Lessons learned**

A number of lessons have been learned in course of working in communities with history of sanitation subsidy programmes by taking the time to reflect and make slight modifications to the current approach. These lessons are described below:

1. Most subsidy communities have higher expectations of external interventions than non-subsidy communities. As a result, they expect tangible contributions in form of cash, materials or some form of support to enable them improve sanitation in their community.
2. In some subsidy communities, effective and skilled facilitation (that does not ignore the subsidy history) can get the community to take action to stop open defecation. The facilitator must be able to anticipate and respond to the community's push to receive financial or material resources to construct latrines. Skilled facilitation can make the community compare the scenario where they do analysis by themselves each man having the liberty to make their facility their own way, unlike the previous top down approach

associated with subsidies. This has been the main flaw of past sanitation programmes, especially the subsidised ones, which lacked any form of community sanitation and hygiene analysis.

3. It is very important for implementers to have a sound understanding of the sanitation history of the community. This will enable the facilitators to plan appropriately for community triggering. Not doing this makes CLTS facilitation a 'shot in the dark', as past interventions can be neglected by the uninformed facilitator, which will impact negatively on the process. This lack of preparation will lead to community resistance, poor latrine uptake or largely unsustainable outcomes.
4. For subsidy and non-subsidy communities' alike, follow up work must be targeted and purposeful. It should not be just another walk around the community, but it should be a time for dialogue, when decisions are taken and actions carried out. In subsidy communities it is important to target the household with leftover subsidy materials first, as these are quick wins and can be used to further motivate the community.

## Conclusion

Communities that have experienced or are near communities that have experienced subsidy-based sanitation programmes must be approached differently if any positive outcomes are going to be achieved. The way and manner the subsidy was applied must be understood and used strategically during triggering. Baseline information and a good historical understanding of the past sanitation activities in a community can go a long way in affecting CLTS outcomes. This understanding should be analysed for use at every stage in the CLTS process.

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