

A Dive into the Challenges of Community-Led Total Sanitation [CLTS] in Nigeria

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Abstract:- Community Led Total Sanitation (CLTS) is a modern tool that has proven to be effective in improving sanitation in many countries. It is a self-realizing approach adopted by the community members to stop open defecation (OD) and promote a feces free environment. Nigeria has adopted CLTS which has been scaled up to some remote areas but significant challenges exist which should serve as a point of evaluation and possible areas of improvement for the Nigeria Government, hence, the need for this article. The methodology adopted was on content analysis of secondary data through a comprehensive search using electronic databases. Related published articles (2010-2020) were reviewed from Web of Science, PubMed, Publon, goggle scholar and Researchgate databases. Related documents with in-depth analysis of CLTS problems in Nigeria were also considered. This review identifies some challenges of CLTS in Nigeria ranging from Socio-cultural factors Over-dependence on subsidy, Population, Literacy, untrained personnel among others. Government's commitment by grooming of skilled facilitator, building of stakeholdership, collaboration of the public health sector and empowerments of Health Institutions to scale up CLST program to remote communities should be considered. Other areas for further reviews were also identified.

Keywords: CLTS, Open Defecation Free, Open Defecation, Total Sanitation.

I. INTRODUCTION

In August 2007 the expanded CLTS pilot project was evaluated with the objective of assessing efficiency, effectiveness and relevance, and to recommend ways of improving and scaling up CLTS in Nigeria. The evaluation was participatory in nature, stressed learning and capacity building amongst stakeholders, and focused on assessing project processes. A sample of 13 of the 24 communities was directly assessed by the evaluation team. The main finding of the evaluation is that the CLTS approach in the project area has generally been very successful in promoting significant reductions in the practice of open defecation in communities, with many of the assessed communities achieving open defecation-free status. The project was remarkably successful in promoting the construction of latrines: the 13 communities progressed from a total of 116 latrines before CLTS was initiated to 1,060 over an eight month period – all unsubsidized. This is an unprecedented rate of progress in Nigeria for unsubsidized latrines. Other key findings included

significant improvements the environmental sanitation of communities, better personal hygiene, improved security and dignity for girls and women (who no longer have to walk to the bush in the early morning or night to defecate), and – perhaps most importantly – a sense of empowerment amongst community members who clearly felt that the CLTS processes and progress were their own. However, the evaluation found that the effectiveness of the CLTS approach varied from community to community. The approach was much less successful in urban communities, in larger communities and in communities influenced by past or ongoing latrine subsidy programmers. The evaluation also found that the CLTS approach was most effective in communities where trained external facilitators guide communities through an intensive, participatory mobilization process making use of the full set of CLTS tools (including transect walks, social mapping and fecal load calculations). Finally the evaluation found that an easily accessible source of water is very important for the effectiveness of CLTS. The WaterAid pilot project and evaluation shows that CLTS is a viable approach for Nigeria and has the potential to be a powerful programming strategy throughout much of the country. In recognition of this, the Nigeria National Task Group on Sanitation (NTGS)⁹ has recognized CLTS as a key approach in the new National Strategy for Scaling-Up Rural Sanitation and Hygiene (currently being finalized). The NTGS is coordinating a series of steps to introduce the CLTS concept to key government stakeholders and promote the replication of CLTS beyond the pilot area. This includes a planned national CLTS sensitization workshop, and four zonal CLTS orientation Workshops. Water Aid has a multi-faceted role in the effort to expand CLTS in support of NTGS. Within its own programme of support, it is expanding CLTS into an additional three communities in each of its focus LGAs using previously trained resource people. It is promoting the approach at a variety of national sectoral events and meetings (e.g. the National Water Forum) in coordination with NTGS and is sponsoring media visits to its projects to popularize the approach. In addition, Water Aid is currently in the process of producing and distributing a new CLTS manual for Nigeria and a package of support materials, and conducting field research on no-subsidy latrine designs in technically difficult

areas (in areas with highly collapsible soils). UNICEF has been closely involved in the CLTS pilot project through its various stages, including participation in the evaluation process. In response to the success of the pilot efforts, UNICEF is now introducing the CLTS approach in its own programme support area, starting in a total of seven communities in Ebonyi and Ekiti States. In both states CLTS training for state and LGA staff has been completed, and the process of establishing and training community WASCOMs is underway. Implementation of the CLTS mobilization process was initiated in November and December 2007. As the largest external support agency working in the area of rural sanitation in Nigeria, these initial steps by UNICEF represent an important move towards a much larger CLTS program in the country. The authors learned about CLTS when we received CLTS training in 2012. We got to know about effective community facilitation techniques which are different from the teaching methods (telling them what to do) we were used to. The facilitation for CLTS is more participatory and it motivated us to quickly ‘step down’ the training in our institution ‘Ekiti State College of Health Sciences and Technology, Ijero Ekiti, Ekiti State, Nigeria where we trained our students yearly on CLTS and real life community triggering process most especially in communities with close hundred percent open defecation record using all the CLTS tools where applicable.

II. METHODOLOGY

The methodology adopted was on content analysis of secondary data through a comprehensive search using electronic databases. fifteen related published articles (2010-2020) were reviewed from Web of Science, PubMed, Publon, Goggle scholar and Researchgate databases. Related documents with in-depth analysis of CLTS problems in Nigeria were also considered

Socio-Cultural factor

Culture centers on peoples’ way of life, belief and morals. Habitual behaviors exhibited by people living in a community. There are different ways of thinking and exhibition of behaviors. Culture is a tool that allows us to give true meaning to nature and events. Attitude of the public becomes difficult to change most especially when dealing with harmful and unhealthful habits; it does take time as change is gradual. Open defecation as a habit can be socio-culturally influenced due to differences in environmental settings and culture. This serves as a barrier to ending open defecation; for example we were faced with a real life community facilitation in one of the local communities where it was believed that when someone offers you food; you are expected to reciprocate the good gesture by defecating in the field of the host and by so doing fertilizing the land for crop cultivation; to change such mindset, orientation and behavior of such people becomes really difficult as it has become more of an obligation to do so. CLTS focus on behavioral change and it becomes apparent that culture is hard to take away from people hence; CLTS

seem not to have the expected results. In fact, a local woman once claimed public latrines attract evil spirit and demons, claims as such are ridiculous aren’t they? Yes! But they are examples of socio-cultural beliefs that are hard to change. Some culture does not allow wives and daughters of the family to share latrine with their husbands while some communities said it is a taboo to defecate indoor and as such, the head of the family refuses to construct or finance latrines. In Nigeria, one will easily agree on the assumption that open defecation is a social habit as it is traceable to the culture of the ethno-linguistic group that indulges it. Nigeria known to have varied ethnic groups struggles to have an effective CLTS program in an attempt to totally stop OD in Nigeria communities

Over-dependence on subsidy

Over the years, people living in local communities are used to government making provisions for subsidy in terms of water supply, toilet facility and practically everything. Any innovation or idea that does not require government empowerment or providing some sort of financial assistance becomes impossible. Most local communities expect a financial lift to provide slab, water facility, sanitation facilities etc which is against the policy of CLTS as it focuses more on self-actualization and behavioral change due to effective facilitation process. The process of implementation becomes more difficult as the community expects assistance which makes CLTS objective difficult to achieve.

Population

CLTS is effective in communities with lesser population, the higher the population, the more the difficulty in achieving its objective. In most cases, breaking into smaller groups seems to be most ideal option but result is often limited due to the overwhelming population. Transect walk as one of the tools of CLTS becomes difficult to utilize due to the distance to be covered during the ‘walk of shame’.

Lack of sanitation facilities

Sanitation is extremely low in poor and local settings most especially where there are neither toilets nor a dedicated area for defecation. The practice of OD becomes a habit. Defecation is done in areas designated for waste disposal (open dump site). While these poor sanitation conditions can be due to poverty, government complacency among others. Though, one can agree with the fact that communities needs to be responsible for their health and environment. Habits such as OD, indiscriminate disposal of refuse and waste around the village adversely affects the environment and the health of the people living in the environment. OD is traditionally bound however; communities with low or lack of sanitation facilities usually make CLTS difficult to achieve.

Poverty: expense and loss of resources

Most of the challenges identified are grossly related to wider issue of poverty. Most communities cannot afford latrines due

to low income or no source of income at all. Communities that cannot afford the purchase of fertilizers resort to defecation in farm lands as an alternative cheap source of fertilizer not minding the persistent smell. Even the case of local latrine construction, it sometimes requires collective effort of the community which is still considered too high for some people, it then requires a huge effort to facilitate commitment on the part of such individual. They see provision of food as basic and most importantly considered it a waste of resources to divert such income on latrine construction. Latrines that are constructed using local materials can be afforded by the poor but the absence of a slab to protect the squat hole or cover the pit makes it impossible to sanitize or keep in a hygienic condition and it can also be dangerous as children may fall into it carelessly or accidentally.

Environmental and Settlement problems

Geophysical conditions of some communities make the provision and construction of latrine a hard nut to crack. The hard condition of the soil makes it difficult to dig while some are sandy and very unstable. Some remote areas in Nigeria have rocky areas which makes digging difficult for latrine construction.

Non-challant Attitude: people who just don't care

The most difficult people to change are those who literarily don't care. The utmost disregard for sanitation, environmental sanitation and good health accounts for most of the causes and practice of OD. Incivility and strong will to continue unhealthful habits continue to prove to be a serious challenge to CLTS effectiveness in Nigeria.

III. IMPACT OF IN-EFFECTIVE CLTS IN NIGERIA [HEALTH & ENVIRONMENT]

Due to these prevailing challenges, the Authors identified some health problems that will continue to persist in the face of OD practices and poor sanitation due to ineffective CLTS program. Communities where socio cultural barrier/ socio ethno-geographical factor cannot be broken or communities that falls under any of the categories of the challenges identified in this article will struggle to meet up with healthy life status. The continual practice of OD will increase fly infestation capable of serving as vehicle of food and waterborne disease transmission. It is equally important to note that most of these communities have little or no access to health care services hence; they are left at the mercy of home remedy herbs or malnutrition problems in children. The offensive smell from OD sites, evidence of feces littered in backyards and nearby bushes contributes to more ill-health conditions due to inhalation of unsafe gases. The economic effect ranges from diversion of funds meant for family upkeep on disease treatment leading to poverty. The loss of aesthetic environment is also another effect of continuous OD practices in communities where CLTS in non-effective. The need combat these challenges and break the socio-cultural norms,

Over-dependence on subsidy, Population, illiteracy and non-challant attitude of communities becomes more apparent.

IV. POSSIBLE WAY OUT

Understanding Community Settings

Before the commencement of CLTS program, it is of great importance to identify the cultural practice, norms, beliefs and leadership setting and various wheels of positive change within the community. This may differ when dealing with different ethno-geographical settings. Good understanding of the community socio-cultural pattern will assist facilitators to identify windows of opportunities and therefore able to break the norms and barriers successfully leading to a trigger of behavioral change.

Contextual Adaptation (The right trigger)

Studying the local context, It is important to know the right tool and mechanism for community triggering. Exploration of individual behavior or as a group becomes apparent. Facilitators should be able arrive at a stage where there is a collective effort to change attitude and take responsibility to stop OD. Such declaration can start from a person; the facilitator must be at alert to amplify the voice of such person (Natural Leaders) until it becomes a collective decision.

CLTS Stakeholdership

There is need to involve all major stakeholders in health and environment in CLTS program. This approach will no doubt improve upon the conflicting interventions from government, agencies and groups. The un-unified approach exposes most communities to subsidies which have proven to be a serious challenge to CLTS implementation in Nigeria. The Government at all levels should champion CLTS program through the public health stakeholders to allow coordination of CLTS program across the nation. Where possible, empowerment of health institutions like ours to scale up CLTS coverage should be considered so as to achieve result within a workable time frame.

Grooming of Skilled Facilitators

CLTS focus on achieving ODF and to do, that there is need to dwell much on effective facilitation process. The team leading CLTS program should be skillful and adaptive in approach to swiftly notice and identify culture-based issues and other challenges that may prove a barrier in the community. This will help the facilitators to tackle the problem by driving a thrust facilitation that will trigger a collective decision to stop OD by utilizing the right tool. When good facilitation is put into play, the result is usually 'a match box in a gas station'. To further breakdown the identified challenges or barriers, facilitators should not hesitate to use the help of community and Natural leaders to step down perceived beliefs, taboos and superstitions while focusing more on mapping out a plan to stop OD and achieve Total Sanitation.

V. AREAS FOR FURTHER REVIEW

Community Champions (Natural Leaders)

There is a need to look into the roles of community champions (natural leaders) in effective CLTS program and how they can be utilized to achieve result. *Latrine Heats*

There are about two to three communities that complained of heat emanating from the pit of the latrines which requires further consideration as a challenge to CLTS.

Funding

CLTS requires effective mobilization, advocacy and huge financial commitment of the government at all levels to ensure vast coverage of local communities in Nigeria. Agencies, International organizations, NGOs and philanthropic organizations roles in the pursuance of CLTS objective in Nigeria should be looked into.

VI. CONCLUSION

This article was written from the wealth knowledge of Authors who have carried out real life community triggering in CLTS and have trained over two thousand (2000) students on CLTS in Ekiti State, Nigeria. The challenges identified were faced during most of our CLTS program in communities. The need to scale up CLTS in Nigeria is ever increasing because of the dangers associated with OD practices and due to inadequate health personnel to scale up CLTS programs in communities and remote areas, there is need to involve health intuitions to scale it up through practical demonstration, training and real life community triggering experience. With the right funding, policy, commitment and support ‘CLTS’ is achievable in Nigeria.

Figure 1 Cross section showing authors practical training of students of Ekiti State College of Health sciences and Technology Ijero in 2018



Figure 2: 784 student trained in 2017 by Authors



Figure 3 : Practical based community triggering experience



CONFLICT OF INTEREST

The Authors declared no conflict of interest

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REFERENCES

- [1]. Kamal Kar. *Subsidy or self-respect? Participatory total community sanitation in Bangladesh.* IDS Working Paper 184. Sept. 2003.
- [2]. World Bank. *Submission to the UK House of Commons International Development Committee Report on Sanitation and Water.* April 2007. <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmintdev/126/12602.htm>
- [3]. Kamal Kar and Petra Bongartz. *Update on Some Recent Developments in Community-Led Total Sanitation.* April 2006.
- [4]. Water and Sanitation Programme (WSP) Sanitation and Hygiene Series. *From Burden to Communal Responsibility: A Sanitation Success Story from Southern Region in Ethiopia.* Jan.2007.
- [5]. Robert Chambers and John Thompson, Institute of Development Studies, University of Sussex. *Submission to the UK House of Commons International Development Committee Report on Sanitation and Water,* April 2007.
- [6]. Kar references, above, plus: Petra Bongartz. *Favourable and unfavourable conditions for Community Led Total Sanitation (draft).* Feb. 2007 http://www.livelihoods.org/post/CLTS_postit.htm

- [7]. All data and information in this section from: Dr Salma Burton. *Community Led Total Sanitation (CLTS): An Evaluation of the Water Aid's CLTS Programme in Nigeria*. Aug. 2007.
- [8]. The National Task Group on Sanitation coordinates sanitation programming in the country. Its membership includes key government ministries and agencies involved in sanitation(including federal ministries responsible for water, the environment, health and education),NEWSAN (Nigeria's umbrella organization of NGOs involved in the sector) as well as UNICEF, WaterAid, the European Commission and other external support agencies.