



Community Led Total Sanitation (CLTS)

An Evaluation of the WaterAid's CLTS Programme in Nigeria



August 2007

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Abbreviations

BCC	- Behavioural Change Communication
CDA	- Community Development Agency
CLTS	- Community Led Total Sanitation
LGA	- Local Government Area
MDG	- Millennium Development Goal
NGO	- Non-government Organization
PRA	- Participatory Rural Appraisal
RWASSA	- Rural Water Supply and Sanitation Agency
UNICEF	- United Nations Childrens Fund
VHP	- Volunteer Hygiene Promoter
WANG	- WaterAid Nigeria
WASCOM	- Water and Sanitation Committee
WASH	- Water Sanitation and Hygiene
WASU	- Water and Sanitation Unit

Executive Summary

The Millennium Development Goals aim to halve the proportion of people without access to sanitation. In Nigeria, sanitation coverage is around 40% and WaterAid Nigeria (WANG) hopes to contribute to 2% annually to the achievement of the national MDG sanitation target. Since establishing a programme in Nigeria in 1995, WANG and partners have tried several approaches to promoting sanitation which have not yielded sustainable changes. In its attempt to seek a more sustainable methodology, WANG initiated the pilot testing of the Community Led Total Sanitation (CLTS) approach which facilitates a participatory process of empowering local communities to improve their sanitation situation.

The CLTS programme in Nigeria contained a number of inputs, some of which were more significant than the others. The programme started with the study visit by WANG and LGA staff to Bangladesh where CLTS was pioneered following which the first pilot was started in four communities in Benue State. Following positive findings of an internal assessment of the first pilot, a second expanded phase of the pilot was carried out. This is the report of the evaluation of the second phase of the pilot programme initiated in November 2006 in communities of four States – Benue, Enugu, Ekiti and Jigawa.

The aim of the evaluation was to assess the efficiency, effectiveness and relevance of the CLTS programme, and to recommend ways of improving and scaling up the programme in Nigeria. The methodology used was participatory and geared to developing greater understanding of CLTS amongst stakeholders, building their capacity to implement and evaluate CLTS programmes and to enhance process use to increase utilization of findings in scaling up and improvement of CLTS. It was a 'process evaluation' to assess the relationships between inputs, processes and outputs/outcomes.

The second phase of the project followed a number of steps including assessment of hygiene and sanitation practices in the pilot States, training of staff of WANG, LGA Water & Sanitation Units (WASUs) and NGOs on the concept and application of CLTS, step-down training to other members of community-level Water & Sanitation Committees (WASCOMs) and Village Hygiene Promoters (VHPs), action planning and implementation of CLTS at community level and monitoring the process of implementation. Hygiene and sanitation improvements were enhanced through additional inputs including the establishment of sani-centres, rehabilitation or construction of water points and by training of artisans.

Analysis of information gathered from 13 communities in Benue and Jigawa showed a number of positive outcomes of the CLTS programme. There has been significant reduction in the extent of open defecation in the communities with some communities declaring 'open defecation free' status. All communities reported of health improvements such as skin infections and reduction in diarrhoea and vomiting particularly amongst children. Large numbers of latrines have been constructed with locally available materials such that almost half the communities studied had either 100% or nearly 100% access to latrines. Consistent with the improvements in access to latrine use were the

improvements in overall environmental sanitation and personal hygiene. One of the most significant results was the positive effect of CLTS on the dignity of women and girls who do not now have to risk being assaulted on their way to and from the bush. People felt it was much safer now that they do not have to go to the bush where in the past snake bites were common.

The most significant outcome was that community members felt that it was their programme. The 'software' in terms of training provided by WANG was not considered an external input and although all the communities identified the importance of water for the success of CLTS, they have developed fund generation and other systems for maintaining the facilities and ensuring sustainability.

The evaluation provided wide ranging evidence that that CLTS is an effective approach to establishing hygiene and sanitation practice in Nigeria, but the effectiveness varied depending on certain conditions which will need to be taken into consideration when scaling up the initiative.

CLTS is more effective in communities where it is used as the only approach to promoting hygiene and sanitation. In the absence of other initiatives the initial trigger for the community to take action is much more effective. CLTS was not particularly effective in communities that had been influenced by the subsidy approach. CLTS was also less effective in the more urbanized communities partly due the limited sense of community and partly due to the large number of tenant occupied houses. Effectiveness of CLTS had a direct link with the way the entry processes including participatory approach to facilitation, training and step-down training to community level, the clarity of the initial message, formation of WASCOMs and establishing water sources were implemented. CLTS also worked better in smaller communities below 3000 people.

One of the key findings of the evaluation was that more effort should be placed on gender considerations if greater efficiency is to be achieved. There are wide variations in the different communities as to how gender issues can be mainstreamed and this will require that WANG and partners develop greater understanding of the cultural contexts in which they work and how cultural practices influence women's access to information and services.

There is little evidence that Participatory Rapid Appraisal (PRA) tools have been widely used in the context of this project. The CLTS approach had been pioneered in a Bangladesh where participatory approaches are frequently used and applying these tools in Nigeria required that some adaptations had to be made to the way in which the pilot was implemented. In the communities studied it was also observed that there were other 'triggers' in addition to 'shame' and 'disgust' that led to change in hygiene and sanitation improvements in Nigeria. But the value of using PRA tools was evident in that the more participatory the process the more effective is CLTS. This report recommends a series of steps for scaling up CLTS in Nigeria.

An Evaluation of the WaterAid's CLTS Programme in Nigeria

1. Background to the Project

One of the eight of Millennium Development Goals, targets agreed by all world governments to halve world poverty by 2015, is to halve the proportion of people without access to sanitation. In Nigeria, sanitation coverage is hovering around 40% (Join Monitoring Programme 2004). WaterAid Nigeria (WANG) in its current strategic plan expects to contribute 2% annually to the achievement of national MDG target.

Since establishing a programme in Nigeria in 1995, WANG and partners have tried several approaches to sanitation including subsidies, promotion through sanitisation centres, as well as in some communities making the construction of latrines a pre-condition for gaining access to water supply. However these approaches have not been found to yield sustainable changes in the behaviour of local communities, or even the sustained use of latrines after the withdrawal of project support.

In its attempts to seek a more sustainable methodology, WANG commenced an experiment using the Community Led Total Sanitation approach (CLTS) in June 2005. The CLTS approach which has been successfully implemented in Bangladesh is one which facilitates a process of empowering local communities to stop open defecation and to build and use latrines without support of any external hardware subsidy. CLTS approach recognises that individual hygiene behaviour can affect the health of other community members. Through participatory approaches, community members analyse their own sanitation profile including the extent of open defecation and the spread of faecal-oral contamination that detrimentally affects every one of them. The CLTS approach aims to generate a sense of 'disgust' and 'shame' amongst the community as they collectively realise the terrible impact that open defecation is having, and it is this realisation that mobilises them into initiating collective local action to improve their sanitation situation within their community.

What is 'Total Sanitation'?

- Total use of hygienic latrines, i.e., no open defecation or open/hanging latrine in use
- Hygienic latrines well maintained
- Good personal hygienic practices
- Using sandals when defecating
- Effective hand washing after defecation and before taking or handling food
- Water points well managed
- Safe water use for all domestic purposes
- Food and water covered
- Garbage disposal in a fixed place and domestic animal excreta disposed of in a hygienic way
- Waste water disposal in a hygienic way
- Clean courtyards and roadsides
- No spitting in public places

In October 2004 WaterAid sent two of its staff members and a staff member of one of the Local Government Area (LGA) partners to Bangladesh to understudy the CLTS project being implemented there. On their return, CLTS was piloted in Nigeria in two communities in Logo (Abeda and Tse-Ibon) and two communities in Vandeikya (Mbaikyo and Bilaja) LGAs in Benue State which included inception training for the Water and Sanitation Unit (WASU) officials of the two LGAs. Following this a reflection workshop was held in February 2006 in Makurdi with WaterAid's staff and partners from Ghana, Mali and Burkina Faso where it was agreed that other regional countries will wait for Nigeria to implement and test the effectiveness of CLTS before they initiate a CLTS programme. This was followed by a community training conducted by the WASU staff in the pilot communities. In November 2006 WANG conducted an internal evaluation of the pilot phase led by Dr Muhammad Abdus Sabur of WaterAid Bangladesh supported by representatives (including partners) from other West Africa country programmes. Key findings from the evaluation included many positive outcomes as well as a number of challenges.

Positive findings include¹:

- Impressive improvement in hygiene and sanitation – many more toilets constructed with hand-washing arrangements, refuse disposal, clean premises, clean environment
- Community feel proud about the positive changes yet aware need to do more
- All the institutions involved are working and aware of their respective roles
- Majority of people involved are committed
- Community has confidence in Water and Sanitation Committee (WASCOM)
- People are changing habits – sharing others' toilets instead of open defecation
- Local materials are used instead of concrete slabs

Responding to the challenges observed WANG, redesigned the CLTS methodology and initiated a second phase of pilot projects in November 2006 in communities in four States – Benue, Enugu, Ekiti and Jigawa. Plateau and Bauchi also took part in this action planning. As the second phase proceeded, there were many indications of the potential of CLTS to yield better results than any approach previously used in Nigeria. Following intensive field visits in June 2007, the National Task Group on Sanitation drafted a strategy for scaling up sanitation which anticipated that the CLTS methodology will be the basis for scaled up sanitation across the entire country.

Before moving to a full-scale activity, WANG commissioned an evaluation of CLTS to assess the effectiveness and efficiency and relevance of the CLTS programme and to recommend ways of improving and scaling up of CLTS programme in Nigeria. This is the report of the evaluation.

¹ Quoted from the internal evaluation of pilot phase of CLTS in Nigeria

2. Aim of the Evaluation, Methodology and Tools

The aim of the evaluation was to assess the efficiency, effectiveness and relevance of the CLTS programme and to recommend ways of improving and scaling up the CLTS programme in Nigeria.

The following key questions were answered through the evaluation:

- 1) Is CLTS effective?
 - a) How effective is CLTS when used as the only approach?
 - b) How effective has CLTS been when implemented in places where other approaches have been used?
 - c) How can CLTS be made more effective?
- 2) How effective has CLTS approach been compared to other approaches?
- 3) Is there evidence of potential for scaling up and sustainability?
- 4) Are there any counterfactual arguments?

2.1 Methodology

The CLTS project that was evaluated had been implemented for only a short period of time in Nigeria and the process of implementation had been dynamic and evolving as described in the 'Background' section of this report. Therefore the evaluation methodology proposed was a 'process evaluation' which looked at the ways in which CLTS was being implemented in Nigeria and the relationships between inputs, processes and outputs/outcomes. Since the ultimate aim of the evaluation was to improve and scale up CLTS the evaluation process itself was considered important. Partners from Federal, State, LGAs, International and Non-Government organizations came together to agree on the methodology and to develop evaluation tools and take part in the evaluation process. Stakeholder analysis of Primary and Secondary stakeholders of the CLTS project was also carried out in order to develop a greater understanding of the interests of these stakeholders. Stakeholder analysis has been found to enhance the evaluation process use and utilization of findings. Overall, the evaluation methodology was geared to developing greater understanding of CLTS amongst stakeholders, building the capacity of stakeholders including staff of WANG to implement and evaluate CLTS programmes, enhance evaluation process use to increase utilization of findings in scaling up and improvement of CLTS.

2.2 Evaluation Tools

The evaluation activity started with a 3 day workshop for building capacity of partners to undertake CLTS evaluations, to agree on methodology, develop tools including the household questionnaire, to pre-test the questionnaire and undertake stakeholder analysis of Primary and Secondary Stakeholders. Over the following 6 days (3 days in Benue and 3 days in Jigawa) 188 household level questionnaires were implemented in 13 communities of Benue and Jigawa. In Benue 23 persons and in Jigawa 24 persons from Federal level, RWASSA, WASU and WANG participated in the implementation of household questionnaires. Four people from UNICEF, Federal level, WANG and the lead consultant conducted 11 interviews and focus group discussions with community groups and 17 one to one interviews with WASU and NGO members and WANG staff. Recording of observations was built into the evaluation process and document review was ongoing right through the process of evaluation and reporting.

3. Inputs of the Project

CLTS in Nigeria started in October 2004 with the visit of WANG and LGA staff to Bangladesh to study the Community Led Total Sanitation (CLTS) projects being implemented in Bangladesh. On their return CLTS was introduced to Nigeria in four communities in Logo and Vandeikya LGAs. Inception training was conducted for the Water and Sanitation Unit (WASU) officials in both LGAs. This was followed by a community training conducted by the WASU staff in the four selected communities in June 2005.

In February 2006, WaterAid's West Africa learning team (consisting of members of staff from the region and the four country programmes) organized reflection days in Nigeria in which they carried out a rapid assessment of the pilot phase, the findings of which were incorporated into the expansion of the pilot to five additional communities.

In November 2006 WaterAid conducted an internal evaluation of the pilot phase. The main aim was to learn and build on the experience in Nigeria for other West African country programmes. The evaluation team was led by Dr Sabur from WaterAid Bangladesh supported by WaterAid Staff, members of LGA Water & Sanitation Units (WASUs), State RWSSAs (Rural Water Supply & Sanitation Agencies), representatives (including partners) from other West Africa Country Programmes etc. This internal evaluation was followed by the drafting of a CLTS Training Manual and its use in a four day training on CLTS. The training conducted in Vandeikya LGA (Vandeikya CLTS Training) drew from the findings of the evaluation and addressed the challenges observed so that partners could re-orient the approaches they use when implementing future CLTS programmes. Partners were trained in the principles and concepts of CLTS, the importance of participatory approaches and how to use them. This was the first time Nigerian facilitators had received structured training in the use of participatory approaches in CLTS.

As a direct response to the findings and challenges observed in the evaluation, WANG redesigned its CLTS methodology and introduced the concept into the current programme with UNICEF in three LGAs in each of four States - Jigawa, Enugu, Ekiti and Benue initiating a second phase of the CLTS pilots in 24 communities (2 per LGA). The WANG Hygiene & Sanitation Consultant who was part of the internal evaluation was mandated to facilitate the second phase of the pilot with the assistance of WANG State Programme Officers.

The second phase of the pilot followed a number of steps. Representatives of WASUs and NGOs who had participated in the November 2006 CLTS Training carried out step-down training to other WASU members. WASU members then visited the project communities, conducted community meetings, guided the formation of WASCOMs, trained the WASCOMs² in CLTS methodology, planned the community led initiative and together with WASCOMs monitored the process of

² Formation of WASCOM is a requirement in all WANG programme planning and implementation.

implementation of the CLTS processes. At around the same time the sani-centres were established in most of the communities and water points were either renovated or constructed. In each community artisans were trained on how to construct various types of latrines. In some communities Volunteer Hygiene Promoters (VHP) were also selected to visit households and promote hygienic practices but on the whole there was a lack of clarity between the role of VHPs and WASCOM members. WASCOM members tended to be mainly men while VHPs were mostly women.

Between December 2006 – January 2007 the WANG consultant carried out a formative assessment of hygiene practices in the four States. A behaviour change communication material development workshop was conducted in April 2007 in Enugu which resulted in the development of a series of key messages, posters and flip charts for use in the CLTS programme in the pilot states. During April to June 2007, four intensive CLTS workshops (each of 11 days) were carried out by the consultant in the four states. The step-down of these workshops was carried out in one pilot community in each of the 4 states.

4. Outputs and Outcomes

The analysis of information gathered through the application of the various evaluation tools demonstrated a number of positive outcomes that could be directly attributed to the CLTS programme.

4.1 Significant reduction in the practice of open defecation

All communities studied reported a significant reduction in open defecation. Most communities (including all communities in Jigawa) reported that prior to the introduction of CLTS, there was widespread open defecation. The case used to be that people, particularly children defecated in the community compound although sometimes the faeces were scooped up and thrown to the bush or area behind the house. As some people described, “you could not walk from here to there without stepping on shit. Now we can spread our mats and lie down and be happy”. All communities (except in some of the communities studied in Benue State) reported that people have completely stopped open defecation. On occasions when people had to defecate while in the field away from their homes and latrines, they would dig and bury the faeces. Children now use potties which get emptied into the latrine and washed.

4.2 General health improvements

Communities were asked about improvements they have seen since the introduction of CLTS. Almost all reported that they had noticed improvements in health. Most frequently noted was reduction in skin infections particularly amongst children. Community members attributed this to the increased availability of water that came with CLTS and hygienic practices such as more regular showering as a result of their increased awareness. They also listed reduction in diarrhoea and vomiting also most significant amongst children. These were unsolicited responses which indicated increased awareness amongst people of the relationship between CLTS and health improvements. “Children used to play in the sand where there was open defecation and they would eat the sand”. As Table 1 shows, a large

number of latrines have been constructed and are being used since the CLTS initiative was started. In the 13 communities studied, there were 116 latrines before CLTS was initiated and this has increased to 1060 over a 7- 8 month period (an 810% increase). Most of the latrines have hand washing facilities outside or nearby and hand washing is reportedly being practiced after defecation and often before eating. Community members associate health improvements to stopping open defecation, using latrines and hand washing. Some of them also reported gaining weight in recent months.

4.3 Hygiene improvements and clean and tidy environments

When asked about any improvements they have seen since the introduction of CLTS, community members also identified improvements in personal hygiene and clean and tidy environments. Due to the easier access to water and increased awareness, people now shower more regularly and wash their clothes more frequently. Each of the communities now have 1-2 rehabilitated or newly established water points which WASCOM maintain with funds generated from either community contributions or tax from the sani-centre income. Many reported a reduction in body stench and pointed at how clean were the clothes people wore. "It is easier to sit next to each other". Community members swept their compounds and public areas regularly. Communities studied were observed by the enumerators to be very clean. Except three communities in Benue all communities had weekly cleaning days. They noted the significant reduction in the number of flies and observed that they could be further reduced with continued effort to eliminate stagnant ponds and properly cover latrines.

4.4 Improved dignity

This was reported to be particularly significant amongst girls. While in the past women and girls had to go to the bush to defecate and had to wake up very early in the morning to do so and still risk meeting men and sometimes even the threat of assault, they can now defecate and clean themselves in the privacy of their household latrines. Women in the communities reported that the CLTS programme has been particularly beneficial to women and that they now feel more dignified. Also some men in the Jigawa communities reported that they do not now have to endure the embarrassment of coming across the fathers and brothers of their wives.

4.5 Increased safety

In the past when community members defecated in the bush, they had to walk far into the bush to avoid meeting others and had to do so very early in the morning. Snake bites were a significant risk. Communities reported snake bites were less of a problem now that people use latrines in their households or neighbouring households. Women and girls feared being raped while visiting the bush in the dark. Many people reported increased safety for their family members as result of CLTS.

4.6 Communities feel empowered

Community members reported that CLTS was their programme. Apart from the water point which they now maintain themselves and the seed stock for the sani-centre the investments have been their own. Some WASCOMs identified that 2-3 demonstration latrine slabs (or platforms) have been given to the community which

some communities gave to the community leaders while others gave them to the poorest people in the community. Communities did not consider the 'software' – the awareness raising and participatory activities as being given to them. In fact they considered that to be the role of the WASU and WASCOM members. Where external persons had come to talk to them about their hygiene practices and pointed to them their open defecation, community members were embarrassed that "outsiders had to point out to them what they should know and do themselves". Community members expressed pride in being able to bring about the positive improvements in hygiene and sanitation and reported of feeling empowered. "CLTS is good because the community decided for themselves to build the latrines and I am sure we can sustain all this". Communities where CLTS is being implemented are now being approached by neighbouring communities and there were reports that in some of these communities CLTS approaches are being replicated without any external support. Most communities reported that they would continue making hygiene and sanitation improvements without anyone's help, that what they have achieved is a result of their own efforts, although they would need the support of donors to establish the water points. They would also like to have more water points.

Table: 1 - Study Sample and Characteristics

	State	LGA	Community ^a	Population	Households ^b	Latrines at start of project	Latrines now	% households with latrine	CLTS without subsidy	CLTS with subsidy	Rural or Semi-Urban
1	Benue	Okpokwu	Ondo	742	124	10	65	52%	X		Rural
2	Benue	Okpokwu	Ugbegba	520	25	2	38	100%	X		Rural
3	Benue	Vandeikya	Bilaja	4937	446	26	49	11%		X	Rural
4	Benue	Ogbadibo	Ipiga	4205	313	42	57	18%	X		Semi-Urban
5	Benue	Ogbadibo	Orido	4310	364	29	51	14%	X		Semi-Urban
6	Benue	Ado	Epopu Ekite	300	15	3	15	100%	X		Rural
7	Benue	Ado	Igba	2600	120	0	120	100%	X		Rural
8	Jigawa	Gumel	Dan'Ama	2325	247	0	234	94%	X		Rural
9	Jigawa	Gumel	Duhuwa	1398	128	0	128	100%	X		Rural
10	Jigawa	Maigatari	Bagware	2314	151	0	36	24%	X		Rural
11	Jigawa	Maigatari	Molori ^c	1431	138	0	42	30%	X		Rural
12	Jigawa	Suletakankar	Bagade	1284	137	3	135	94%	X		Rural
13	Jigawa	Suletakankar	Darare	929	102	1	90	88%	X		Rural

^a Community is a group of houses and households which are geographically together with agricultural or bush land around it

^b Household is either one house or a group of houses where extended family members or relations live and share common facilities such as the kitchen and latrine

^c Molori does not clearly fit the definition of community used above. Population and households of Molori are divided into parts with approximately 40 minute walking distance of fields between them. If the above definition of community is used, Molori has two communities.

5. Is CLTS Effective?

This evaluation provided a range of evidence that CLTS is an effective approach to establishing hygiene and sanitation practice in Nigeria. The previous section of this report describes the changes that have taken place in communities where CLTS was piloted. There had been significant reduction in the practice of open defecation. Overall, the proportion of households with access to latrines had increased from 5% to 46% - with 6 out of the 13 communities having virtually 100% sanitation. The health conditions of the community, particularly that of children, had improved. Overall environmental sanitation situation had also improved significantly. Dignity of women and girls had improved and people felt much safer. Most importantly, the community owned the programme.

There is sufficient evidence that CLTS as is being implemented in Nigeria is effective, but that the effectiveness varied depending on certain factors. Any attempt to scale up CLTS in Nigeria should take these factors into consideration and therefore they are presented in further detail in the subsequent sections. In these sections, access to latrines will be used as an indicator of effectiveness of CLTS as this was consistent with other indicators of effectiveness such as availability of hand washing facilities outside latrines and evidence of use of hand washing, community reports of hygiene and sanitation improvements and reports of incidence of hygiene related illnesses.

CLTS is more effective.....

5.1 ... Where CLTS is used as the only approach to promoting hygiene and sanitation:

The CLTS initiative is better received when there has not been any other sanitation promotion approach used previously. The 10 communities (out of the 13 studied) with the highest percentage of households with latrines had not had any other hygiene and sanitation promotion inputs and the CLTS was the first time when such inputs had been made in the community, making the initial trigger more effective. For communities where latrine use was almost nil, and where open defecation was widespread the environmental benefits resulting from cessation of open defecation were very obvious and this in turn enhanced effectiveness. The changes happened after the introduction of the CLTS programme such that household respondents always attributed them to CLTS.

Community led total sanitation is the best approach in promoting hygiene and sanitation in the community, It triggers community actions to stop open defecation which is a major way of sustaining good health.-
(Samuel Attah, Ado LGA Hygiene & Sanitation Officer. July 2007)

CLTS in Two Communities of Ado – Perspectives of Attah Samuel Itodo (Hygiene and Sanitation Officer, Ado LGA, WES)

I learnt about CLTS when I participated in the Vandeikya LGA evaluation and received CLTS training in November 2006. In the training I learnt the concept of CLTS, participatory tools such as community mapping, transect walk and how to conduct effective focus group discussions. More importantly I got to know about effective community facilitation techniques which are different from the teaching methods (telling them what to do) I was used to. The facilitation skill for CLTS is more participatory and it motivated me to quickly step down the training in one of our communities called Efopu-Ekile for four (4) days.

Efopu-Ekile community before the CLTS step down training was 100% open defecation with no latrine, no hand washing facilities, dirty environment, and house flies everywhere. People defecate in the bush. There were many cases of diarrhoea among community members. I took community members on a transect walk to the defecation sites. Those on the walk were ashamed to see faeces in the presence of visitors. I facilitated Focus Group Discussions among men, women and youths which led to faecal calculation per day, per week, per month and per year. In this process, community realized and was able to easily link diseases such as diarrhoea to their bad habit of defecating in the bush. This triggered them to draw a community action plan on how to achieve 100% open defecation free and good hygiene practices. The community members formed a WASHCOM and I monitored all the hygiene and sanitation work by visiting the community regularly.

I am convinced that CLTS is a good approach because within 4 months after the 4 days step down training all the 15 households in the community had constructed latrines and open defecation zones in the community reduced drastically. Initially, I was of the opinion that the result achieved was because of the small nature of the community. But CLTS has also worked in the larger community of Igba with 120 households. Like Efopu-Ekile community, all the community members defecate in the bush as a result of having no latrines which they considered unnecessary because they have enough bush area to do that. In Igba too I used the same approaches I used in Efoku-Ekile stepping down the training I received in Vandeikya.

Communication (BCC) materials such as hygiene posters were used to support the CLTS facilitation techniques used in Efopu-Ekile community. It is amazing that within 5 months Igba community is 100% open defecation free with 120 household latrines constructed and in use. Communities used locally available material. This has had a spill over effect on the neighbouring community of Onugwu-Ekile with 15 households having latrines out of a total of 24 households. This we could not achieve in two previous communities of Alukwo and Ndekwa where we had provided a subsidy in the form of free slabs. This tells us that subsidy is not the best approach if Nigeria is to achieve MDGs target on sanitation and hygiene.

5.2 ... When there is no influence of subsidy:

The evaluation showed that for CLTS to be effective, the communities should not be influenced by a the offer of a subsidy. Of the 13 communities studied, the 3 with the lowest latrine coverage were those that had received some form of subsidy or were influenced by a subsidy approach used in nearby communities. Bilaja community (in Vendeikya LGA, Benue State) had received a subsidy and Vandeikya LGA WASU had continued to provide the subsidy to some households. Ipiga and Orido communities were both influenced by the fact that neighbouring communities were recieving a subsidy. They were waiting for the subsidy and were unwilling to take any action until it came. Some of the household questionnaire respondents from these communities stated that they were "waiting to receive a slab" as the reason for not establishing a latrine.

5.3 ... When communities are not urbanized:

Two of the 13 communities examined were considered by the assessment team to be more urbanized. These two communities had several characteristics associated with urbanization. One of the two communities was where the LGA were based. The other was nearby. Most of the buildings in the communities were built of brick with zinc roofing sheets. Many of the buildings were landlord owned and occupied by tenants. Overall people in these communities seemed to be less a part of a cohesive and heterogeneous '*community*' when compared to other communities studied. The heads of households were either retired civil servants or aged parents.

CLTS requires that the approach is led by the Community. But in these two communities this did not seem to be the case. The evaluation team was able to meet only the Chairman (in one case) and a few members of the WASCOM in the other case. There were no records of regular WASCOM meetings and in the case of one of these two communities the WASCOM Chairman reported that WASU had only one initial meeting with the community. Respondents to household questionnaires were unable or unwilling to give responses relating to community approaches. Responses such as "do not know about other members of the community" and "cannot speak for others" were common among these two communities. Most of the existing latrines were built by contracting out and the cost was well over N10,000 on average.

Similar to the more urbanized communities elsewhere in the country, these two communities had a significant number of landlord owned houses where the tenants either did not wish to invest in the construction of latrines or were not allowed to do so by landlords. Where they were living in their own homes or had the permission to construct latrines, very few people said that they could not afford it. Most said they were waiting for the contractor.

5.4 ... When specific entry processes are followed:

The evidence from this evaluation indicated that in order to be effective, CLTS requires certain processes to be followed when it is being introduced and implemented. It requires that an external facilitator helps the community to analyse the situation, identify areas of improvement, plan how to improve and implement these plans. The processes have to be participatory as the success of the approach depends on the level of involvement of individuals in the community. A range of Participatory Rapid Appraisal (PRA) tools including transect walks, social mapping and faecal calculation have to be used and the external facilitator has to fully understand and use these tools. The evaluation showed that CLTS was effective in communities where either the facilitator had attended the November 2006 CLTS Training or where the facilitator had participated in step-down training conducted by one of the participants of the November 2006 CLTS Training. As this was the only training activity where PRA tools for CLTS were clearly explained with practical application of tools and the 'dos and don'ts' and because these tools were applied (for the first time) in these communities, effectiveness of CLTS has been attributed to the training. Facilitators also reported that it was the participatory approach that enabled such distinct behavioural changes while respondents associated the behavioural changes to their own realization of the consequences of these behaviours and their involvement in planning and implementation.

In communities where CLTS was most effective, the initial messages and (as communities referred) the 'start of the Project' was intense. The initial community meeting, the formation of a WASCOM, use of participatory approaches to enable situation assessment and planning, formation of sani-centres, training of WASCOM, rehabilitation or establishment of a water point all happened around the same time. Communities where CLTS approach was effective related their successes to all or most of these inputs.

One of the key entry processes is access to water. In the project communities water points were rehabilitated and in few cases new ones were installed. Communities clearly associated the effectiveness of CLTS to availability of water. "When the project came to this community, the water point was not working. Nobody was taking responsibility to maintain the water point. Now it is repaired. WASCOM is responsible and we collect N20 from each family every week to maintain the water point. Now there is no fighting at the water point". In one community – Molori - geographically divided into two wards located far apart, the water point was established in one part with people in the other ward having to walk 40 minutes to collect water. The part of the community that had the water point was more successful in implementing CLTS.

Each of the communities where CLTS was effective, also had well functioning sani-centres. Seed stock provided at the start of the project had enabled key sanitation equipment to be sold at affordable prices. Sani-centre managers were able to make a small profit to travel to main towns to replenish the stock. Since there are no shops in these communities, a well functioning sani-centre was found to be a necessary aspect of the start up process as individuals found it too expensive to travel out to the towns to buy sanitation materials. "Now I can buy a potty for N30 [US\$0.16] in the sani-centre. If I have to go to the town to get it I will also have to

pay for the transport. I cannot afford that. Children now use the potty and not open defecation”.

Another process that has influenced effectiveness of CLTS is the training of WASU and WASCOM members. Communities where CLTS was effective had their WASU members trained by the participants of the November 2006 CLTS Training. Where WASU members had been trained, they were the people leading on the facilitation and monitoring of the CLTS programme in the communities. Even in communities where NGOs have been appointed to take the lead in the facilitation of the CLTS process, WASU members played the key role. In communities where CLTS had been effective, WASCOM members identified certain WASU members as the external facilitators who brought the project to the community, who facilitated the process and who regularly visited to monitor the implementation. WASCOM records confirmed this.

The evaluation revealed the importance of the initial message. It is important that communities receive the correct initial message particularly in communities that have had experience of receiving grants and handouts. What CLTS is and what it brings to the community, that it brings the ‘software’ and not the ‘hardware’ should be made clear at the start. In communities where the initial entry processes have included these key components, the CLTS processes were more effective. In two of the 13 communities where entry processes and the initial message were misguided, the CLTS approach was not effective. Ipija and Orido had semi-completed water harvester projects also funded through WaterAid. The funds promised by the LGA to complete the project were yet to materialize. The evaluation revealed that in these two cases selection of the communities was not appropriate and the WASU's had the false expectation that the CLTS project had funds associated to it that they could invest in completing the water harvester. CLTS entry processes were not followed and the widespread expectation amongst the community was that the CLTS project would also complete their water projects.

5.5 ... When communities are small:

The evaluation found that CLTS was more successful and it was easier to achieve success more quickly when communities are small. Considering the communities studied, it was found that CLTS tended to be more successful in communities below 3000 population size. Molori and Bagware were exceptions which could be explained by two other factors that influenced effectiveness. In both these communities the project started late and in Bagware completion of 15 additional latrines being constructed had to be postponed as farming during the rainy season (four months) had to take priority and in the case of Molori, the fact that the community was divided geographically into two was a significant factor. For some months the two sections of the Molori community could not agree on where to locate the water point. Once it was established within one of the sub-communities, those from the other sub-community who had to walk over 40 minutes complained that even the animals from the other community had priority access to water over them. In the case of Molori, it may have been better if it was considered to be two communities. CLTS requires participatory approaches which are difficult to implement in large and sometimes widespread communities. The internal evaluation of the first CLTS pilot carried out in November 2006, also concluded that ‘managing large communities’ was a challenge.

CLTS in Jigawa – Story of Dhuhuwa as told by a Community Member

Dhuhuwa is one of several agricultural and herder communities in Gumel LGA of Jigawa. The land is primarily desert and farming is possible only during 4 months of the year in which occasional rain showers are expected. During this period the community has to grow and store all the food we and our livestock need for the whole year.

Dhuhuwa's population is 1398 and we live in 128 households. The project started about 7 months ago when Lawan from LGA WASH Unit came to the community and informed us of (the) project. We have not had any initiatives before this. The community had a dormant Community Development Association (CDA). The WASCOM that Lawan required us to establish was drawn from the members of the CDA. It was clear that WASCOM would be a voluntary body. Village Hygiene Promoters (VHPs) were also selected.

The first day Lawan and the others of WASH Unit took us on a walk in our community. We could not walk from here to there without stepping on our own faeces. There was rampant defecation everywhere. We thought "if someone else from outside comes and show us this, why not we do it ourselves". "We like our visitors to come and see what a beautiful community we have – not what it was like at that time. We were embarrassed that we were shown all the faeces". Previously there was no dish washing. Lawan and his team explained to us the benefits of hygiene and sanitation and how open defecation made our children ill.

The LGA WASH Unit trained the WASCOM members. One of us was trained to make latrine slabs. 4 people were supported to build latrines with demonstration slabs. We chose households that could not afford. We met regularly to decide on what needs to be done. WASCOM members take care of the water points. We have two and both are in good condition, protected from animals. With the Sani Centre here in the community it is very easy.

When (the) project was started we did not have any latrines – not even a traditional latrine. Look at us now. We have 128 latrines, one for each household. You will not see any open defecation now. Children use the potty. Even the farmers who go out to the field, dig and bury if they have to use the field.

Lawan and Yau and the others visit us regularly – once every two weeks. Our environment is clean. We buried the wastewater pond. We wash our plates and hands. So much has changed – skin rash has reduced, we have less mosquitoes now, cough and diarrhoea has reduced. We feel happy.

Ismaila Hudu summed it all: "I am physically challenged. It was not easy for me to go far into the field every morning. So I used to wake up very early. So many things have changed now in this community. There use to be faeces all round houses. Not now. This is the best thing that happened to us and it is our own

6. Gender Considerations in CLTS

One of the key findings of this evaluation is that gender considerations have been accidental rather than intentional. There was only limited evidence of specific efforts to ensure both women and men had equal access to the CLTS programme and benefits. Key weaknesses were in the selection and training of WASU members and developing understanding of cultural contexts and gender issues in relation to access to sanitation.

All WASUs were required to have women members, but in almost all cases the proportion of women was very small. Training opportunities did not reach the women members of WASU although they were the people (particularly in the case of Jigawa) required to convey the CLTS message to all females in the community. In effect in the case of Jigawa, women who form half of the community and often taking greater responsibility over household hygiene and sanitation were being informed by one or two untrained women members of the WASU. This was not an issue in Benue as there were no cultural restrictions for male members of WASU to facilitate CLTS activities amongst women.

In Benue, however, there were other cultural issues that hindered women's access to sanitation. Although not widely practiced, there were some Idoma communities where husbands and wives practice the tradition of not using the same latrine. As a result when a household had one latrine (and the evaluation statistics showed that households had access to latrines) in actual fact it is the men in the household that use the latrine while women and children continue to defecate in the bush. Restrictions in this cultural practice also prohibit men to help build latrines for women. As a High Chief of one Idoma Community stated: "I know it is not a good practice. But it is our tradition. I cannot even give money to my wife to build her own latrine." In establishing CLTS, such practices should be studied and strategies need to be used to ensure women too have equal access to every aspect of the CLTS programme.

7. Nigerian CLTS

CLTS is a pioneering new approach to sanitation developed in Bangladesh which has several fundamental differences to other approaches for sanitation promotion. These differences included that the focus should be on stopping open defecation through collective action, without providing subsidy and by promoting low cost home-made latrines. This was the model piloted in Nigeria following the study visits of WANG and LGA staff to Bangladesh.

As was demonstrated in Bangladesh, the success of the approach depended on the level of involvement of individuals within the communities and therefore Participatory Rural Appraisal (PRA) and participatory tools were being used for community mobilization. Participatory approaches have been widely used in development programmes in Bangladesh but this was not the case in Nigeria. Use of participatory tools is relatively new to Nigeria. The evaluation observed that participatory tools have not been applied in the same manner as in Bangladesh. Instead what was being applied was a modified version of the PRA tools, partly because some facilitators were not fully versed in PRA, partly because the communities were too large for its application and partly also due to the obstacles encountered in the application of PRA tools.

Nigeria is a large country with wide geographic and cultural differences amongst the different regions. For instance, it was easier for the facilitator to take community groups from the North (e.g. Jigawa) on a transect walk to see open defecation. This was not easily possible in the South (eg. Benue) due to dense bush and it was not always possible to see open defecation. In Benue, facilitators had adapted the transect walk and the faecal calculation to a facilitated group discussion (a 'mental walk') instead of actually going on a walk. In Jigawa, it was also difficult for facilitators to take small communities on the transect walk or participate in other PRA activities because men, women and children do not usually gather together. Facilitators therefore worked separately with women, men and children groups. Even though a modified version of participatory approaches was being used, it was clear that the more participatory the approach to initiating community action the more effective was CLTS implementation.

The success of CLTS has been linked to triggering community action as a result of the shame of seeing and observing their own open defecation. The communities studied clearly showed that they had been triggered to be ashamed of the habit of open defecation. "I was embarrassed that someone from outside had to come and show us the rampant defecation in my community – why not we do it ourselves?" However, there were clearly other triggers that encouraged communities in Jigawa and Benue to stop open defecation. Most important was the understanding of the faecal oral route. "All these days we did not know that we may be eating people's shit". "I did not know that the fly sitting on my child's lips could give him diarrhoea". What was most significant however was that most communities wanted to be more "developed" or "advanced like Lagos". "Next time my daughter comes from Lagos we will not have to send her to the bush". There was a desire to be like the neighbour – and more advanced. Communities neighbouring those implementing CLTS were very interested in CLTS. "We want to be like our neighbour". It will be important to consider this driving force in scaling up CLTS.

8. Recommendations for Scaling up CLTS

The findings of this evaluation clearly demonstrate that CLTS is an effective approach to improving hygiene sanitation in Nigeria. The findings also showed that there are key factors that need to be taken into consideration for maximum effectiveness.

8.1 Training of facilitators

The most important factor influencing effectiveness was the training in participatory approaches. WASU members and where used, NGO members, should be trained in the use of participatory tools. The best way to do this is by conducting training using a Manual for Facilitators of CLTS. This should present a step-by-step approach to conducting the facilitator training as well as implementing CLTS. Development of a National CLTS Training Manual should be a priority.

Use of behaviour change communication (BCC) materials had been found to be extremely useful and beneficial in the pilot phase. BCC materials such as posters and flip charts developed during the pilot phase should be improved, translated to the respective languages and used during the training of CLTS facilitators.

8.2 Selection of project sites

Selecting the right project sites is very important if the project is to be effective. WANG should make it very clear to communities as to why they are being selected, what is expected to happen and what the project is about. Learning from the evaluation results, in cases where choices have to be made between communities for project implementation, it would be better to select the more rural communities, communities adjacent to where CLTS is being or has been implemented and where the subsidy approach has not been used. The communities should be small with less than 3000 population and where the population is larger the communities could be sub divided.

8.3 Step down training

Once the training of facilitators is completed the step-down training to WASU staff should be undertaken as soon as possible. Participatory approaches are different to the usual training approaches and would need to be reinforced as soon as possible after the training. BCC materials must be made available and trainees should be taught on how to use the material in CLTS promotion. Every effort should be made to improve the gender balance in WASUs and ensure that all members of WASU receive every aspect of the step-down training.

8.4 Initiating CLTS in communities

One of the first activities to be undertaken in a community that has been selected for CLTS should be the formation of WASCOMs. Communities should be encouraged to select men women and younger people to be members of the WASCOM. The role of the WASCOM should be clarified at the beginning and the members should be provided with the materials (books etc) necessary for maintaining records. The evaluation showed that three sets of records were kept by the most effective WASCOMs. They were Visitor's Books which made a record of monitoring visits made by WASU members as well as other visitors, a book noting minutes and proceedings of WASCOM meetings and the log book which noted key events and activities including the number and type of latrines

constructed, hand washing facilities installed and monitoring visits made by WASCOM members to households. Providing these facilities and training WASCOMs to keep the records will enable projects to measure progress and enhance effectiveness.

WASU members would then facilitate the process of initiating CLTS in the community. The training of WASU members will guide them on the step-by-step process of introducing CLTS. Where PRA tools cannot be strictly applied, WASU members would adapt the processes as they have been trained. WASU members should have access to BCC material and using these tools WASU members would work with WASCOMs to plan the CLTS introduction, including setting up of sanitation centres, training of artisans and rehabilitation of water points if they exist or establishing new ones. The evaluation showed that an easily accessible source of water is very important for effectiveness of CLTS. Since this is going to be a significant investment, in situations where resources are limited, WANG may consider establishing CLTS where a water point already exists. The importance of water for the success of CLTS cannot be over emphasised. The evaluation also found that the reward of an additional water point once 100% CLTS is achieved was a major driver.

8.5 Regular monitoring

A key factor that enhanced effectiveness of CLTS was the regular monitoring by WASU members of progress and maintenance of CLTS in communities and the work of the WASCOMs. WANG should develop a system whereby the work of the WASUs in monitoring WASCOMs are monitored and facilitated.

List of Annexes

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2. Stakeholder Analysis
3. Participants list