Community Led Total Sanitation NEWAH's Experience of Piloting the Approach in Nepal

Background

The UN Millennium Development Targets of halving the proportion of the world's population without sanitation by 2015 and the national target of achieving universal coverage on sanitation in Nepal by 2017 is challenging, considering the means and resources allocated for the sanitation sector. The status of sanitation is very bleak in Nepal with only 39% of the households with proper latrine facility (NLSS Volume I, 2004).

If the targets are to be met effectively new approaches like Community Led Total Sanitation (CLTS) need to be adopted to promote and scale up sanitation in Nepal. CLTS is one of those approaches that plays a positive role to point communities to the direction of total sanitation and hygienic practices and to make such practices sustainable and universal. It motivates the whole community to build and use latrines on their own without providing any kind of hardware subsidy through Ignition PRA techniques. This approach first adopted in Bangladesh since 1999 has proven a milestone to achieve 100% sanitation in communities there and has gained popularity in countries in Asia and Africa. Even the South Asian Conference on Sanitation (SACOSAN - I), Oct. 2003 in Dhaka resolved to adopt it for the entire South Asian region for greater promotion of sanitation.

Initiation of CLTS approach in NEWAH working areas

In 2003 when a group of NEWAH staff was on an observation visit to few CLTS sites in Bangladesh they were totally inspired by its success in achieving total sanitation in communities there. Therefore, they also wanted to put this to test in the Nepalese context where sanitation coverage is far behind water. The three CLTS pilot projects were implemented starting from 2003/2004 in Karkidanda of Dhading district, Dumre Ekata Chowk of Morang district and Bhorle, Gorkha district. All these communities were zero sanitation communities in terms of latrine prior to the implementation of the project.

So far NEWAH has facilitated to implement CLTS programmes in 19 communities in five districts (Morang, Sunsari, Dhading, Gorkha and Banke) from the, Eastern, Central, Western and Mid Western region of Nepal of which some project have completed and some are expected to complete this year. Implementation of this approach is taking place in additional 19 communities for 2006/07 projects including a community in Kailali district of the Far Western Region.

The reasons for lower coverage on sanitation have been identified as less priority, planning and allocation of resources for sanitation in the sector, greater concentration on technical/hardware than software/social components, limited number of latrine options necessarily not suitable or affordable for the community, almost all organisations providing some kind of subsidy or the other making communities dependent on external support and often the poor excluded from these services in the sanitation projects implemented. Reflecting on the achievements made so far the CLTS approach has to some extent answered the questions and challenges posed above.

Implementation process

In the beginning of the projects, communities are approached to build rapport, clarify about the objective of the programme and convince people as to why they should implement a programme without subsidy and at the same time lead it as well. Once the community understands the objectives of CLTS, to make them accept how open defecation creates problems and affects their lives the following processes are followed:

Ignition PRA tools

This process is adopted to help community members analyse their sanitation behaviour on their own and make them realise its importance. This motivates them to bring about changes in their hygiene and

sanitation behaviour and practices and to build and use latrines through their own initiative and leadership. The following tools are used:

Shameful walk: The members of the community and representatives from the facilitating organisation collectively visit the places of open defecation. By showing an external person the places where they defecate openly helps to develop a feeling of shame and supports to bring an end to open defecating practices.

A defecation map is prepared (a map indicating the places of defecation) using locally available different coloured powders on the ground. The defecation map helps people to easily identify the areas commonly and frequently visited for defecation. The place where the old, sick and children frequent for defecation during the rainy season is also pointed out in the map.

Faeces calculation is done to discuss and extrapolate the number of individuals, households/total family members openly defecating. The amount (in terms of kilos) of faeces that collects in the community in a day, month or year and subsequently ingested each year is calculated to give people a feeling of disgust. Local materials like baskets are also used for calculations for easy understanding (eg. 10 baskets of faeces).

Faeces mobility chart is developed to identify the routes of faecal transmission and how faecal oral contamination occurs. The community is asked where faeces identified through mapping and flagging ultimately would end up. When people understand they are able to recognise that human hands, feet, animals, birds, flies etc. are the means through which faeces gets transported from the place of defecation directly or indirectly into the human system.

The community participates in a **faeces-flagging** exercise of defecation sites where they walk around the village placing paper flags on faeces found lying around. People identify the places of defecation and by the end of the exercise many flags are visible all around the community making them feel ashamed and disgusted.

Community work plan and facilitation

After analyzing how faeces enters the human mouth the facilitator explaining about its effects on their health asks the community Now who all will stop eating faeces and till when? After that the community members automatically raise their hands and commit not to eat faeces / stop open defecation right away. The names of people who make the commitment are listed out. Then the community themselves form a representative committee to take the lead in planning activities, mobilising people participation and motivating people to build latrines.

When people agree that they are eating faeces and realise the importance of sanitation in their lives they put an end to open defecating practices and start constructing (temporary or permanent) latrines according to their capacities and using them. Introduction of demonstration latrines in some places, providing latrine options or setting up of an informal SaniMart have been found to help people to independently make choices on the type of latrine they want to build and based on their capacity. Likewise, innovative latrines have been found built using locally available materials such as bamboos, plain sheet, tyres etc.

Committees have been formed in project communities to mobilise people, monitor progress and motivate people to build and use latrines. Problems to build latrine in any of the community household or any other problem regarding the project are found to be dealt openly and by organising mass gatherings, meetings and discussing among the community members and solutions are sought collectively. Children's committee are also formed in communities and their role have been identified as instrumental in spreading health and hygiene awareness messages in the community, at the same time monitoring and preventing people from defecating openly and promoting adoption of good hygiene behaviour. The community selects facilitators where necessary to motivate the people.

Community developed monitoring mechanisms

After the community makes commitment towards embracing good sanitation practices, monitoring mechanisms are developed by the community to ensure work has taken place accordingly. Though the community developed monitoring and reward and punishment mechanisms have not been constant in all the projects they have been suitably devised by communities for their purpose and background, which are as follows (these mechanisms are very community specific):

1. Children's group mobilise themselves to chant slogans in the mornings and evenings in the community, (placards with hygiene messages are used)
2. Children cry out loudly and blow whistles to drive away people found openly defecating
3. Defecation spots are identified by placing flags or cards with the person's name on it
4. Dramas shown to spread awareness
5. Names of people are put up at the community entry point everyday and names and cartoons are displayed on the notice board
6. Stool tests are undertaken prior to project implementation and after open defecation (OD) free declaration, in the presence of the people themselves to show the improvement in their health (eg. for worms) with the help of nearby health post or laboratory technicians. This process helps people to understand the drawbacks of open defecation and benefits of using a latrine
7. Indicators are prepared by identifying existing situation and to compare with the desired situation and monitoring is carried out accordingly

Different other monitoring mechanisms have been used to lead communities towards total sanitation. Monitoring board with the community social maps are put up and household that build and start using latrines are marked on the board. Slogan board with hygiene awareness messages are put up in public places. Twelve indicators are used to lead the communities towards open defecation free status.

Basic Indicators for Total Sanitation

1. All households use hygienic latrines
2. Always keep latrines clean
3. Washing hands properly with soap, ash and water at critical times (after defecating, before eating and feeding children, before preparing food and after coming in contact with dirt)
4. Keep food covered
5. Keep drinking water covered
6. Keep household environment clean
7. Use slippers or shoes while going to the latrine
8. Keep surrounding environment of taps, tube wells, wells and spring clean
9. Keep roadside and walking trails clean
10. Dump wastes in specific area
11. Give attention to personal hygiene
12. Make appropriate use of waste water (eg. for kitchen gardening)

When these indicators are met in the CLTS community we know that it is ready to be declared OD free.

Declaration Process

After all the households stop defecating openly and after it is ensured that an OD free status has been reached in the community the respective community is declared an 'Open Defecation Free Community'. Once all the households build permanent latrines and make appropriate use of it and when it is ensured that the above mentioned indicators have been met in the community, at this stage the community is declared a

Totally Sanitised Community. The declaration takes place amidst a formal function and in the presence of the representative of the facilitating organisation, local government and non government organisation, media personnel and community members. In this process a board denoting that the community is declared totally sanitised is placed at the entry point of the community. During the declaration process, on the basis of various developed criteria and indicators such as the first person to build, the cleanest latrine, the cleanest house etc. community members are awarded.

After declaration of 'Open defecation free status' in some communities barring the use of water facilities for defecating openly and not using latrines have been found to punish people until they stop these practices. Likewise, collecting fines and putting it in the community fund and rewarding certain portion of the fine to the one who reports and if not identified then making each household in the cluster pay for not keeping a proper watch are practices found in some communities.

Role of NEWAH for Awareness and Capacity Building

The role of NEWAH has been limited only to initially raising awareness and encouraging people not to defecate openly and to practice good hygiene behaviour through trainings on project management, gender awareness, sanitation mason etc. designed according to their needs. Once the community is declared open defecation free they move towards being totally sanitised. For sustainability of programme and progress in the community health education classes, importance of kitchen gardening, improved cooking stoves, tube well improvement programmes are initiated. Based on the need of the community the committee appoints sanitation mason, community health volunteer and local health motivator. Regular and timely monitoring and follow up visits are carried out while the communities themselves are constantly involved in the process. Likewise, based on the necessity, monitoring and facilitation on hygiene and sanitation are carried out for committee and child clubs.

Observation Visits and their Impact

Observation visits to totally sanitised communities has been organised in the CLTS communities on a timely basis. During the visits the visitors are briefed about previous status of the community, the implementation process of the approach and the present community status. Some communities charge visiting/entry fee to the visitors. For example in the Ekata Chowk and Prakriti Chowk in Morang the community are collecting visitor's fees as noted below:

1. Individuals - NRs. 51
2. Neighbouring organization/group - NRs. 251
3. External Agencies - NRs. 551
4. INGOs - NRs. 1051

The fund collected has been used for maintaining the environmental cleanliness and sanitation of the communities. It has been noted that the observation visits have helped people to realise that the concept of CLTS works and have motivated them to implement the approach in their own communities.

Major Outcomes

The changes in hygiene behaviour, household and environmental sanitation and other social transformation have been observed in communities where NEWAH has facilitated to implement the CLTS programmes with various outcomes such as:

1. Open defecation free status declared in a short span of time after implementation of programme in communities practicing open defecation and not using latrines

2. Notable improvements in personal hygiene behaviour, practices, household and environmental sanitation (regular community cleaning activities)
3. Cooperative and participatory role of all members of the community (women, men and children), especially children key agents of change to achieve 100% coverage on sanitation in communities
4. Innovative latrines built through locally available resources and materials
5. Benefits to women using a latrine at home, (especially because of being freed from going far off to defecate and problem of holding throughout the day)
6. Replication of CLTS in neighbouring communities
7. Value added impact of project walking trail improvement, social harmony and discipline maintained through anti-alcohol campaign, equal involvement of women and men in programme, defecation spots transformed into healthy playing grounds and increase in self confidence and dignity of community people

Issues & Challenges

CLTS approach has been a milestone for achieving total sanitation without providing subsidy. However, its long-term sustainability needs to be further explored and assessed. At the same time the issue and challenge of the poorest of the poor groups and the landless who cannot afford to upgrade their pit latrines into permanent ones also needs to be addressed.

Lessons Learned

As per the experiences of implementing CLTS approach so far the following lessons have been learned and will help to make the future programmes more effective:

1. It is possible to stop open defecation without subsidy
2. Ignition PRA tools found effective for raising awareness
3. Important role of children for promotion of good hygiene practices and sanitation
4. Effectiveness of SaniMart to make latrines materials locally and easily accessible
5. Low cost and quick latrine construction through the use of locally available resources and materials
6. Good facilitation is crucial facilitator with good skills and practical knowledge required
7. Strong leadership essential to motivate the community
8. Regular and timely follow up and monitoring visits by facilitating organisation is effective
9. Monitoring board and notice board effective tool to generate awareness in the community
10. Provision of award both at community level & from facilitating organisation helpful to motivate community
11. Easy and effective to replicate the programme in neighbouring community of the open defecation free declared community and the observation visits in these areas motivates people from other communities to adopt this approach
12. The community link the transformation of their community with their own dignity
13. This approach needs to be adopted on the basis of the place, culture, practices and geographical location
14. Role of media important for effective dissemination of information on the CLTS approach

Sharing and scaling up of the approach

Sharing programmes have been organised at the national, regional and organisational level based on the learnings from the Bangladesh visit as well as the progress of the programme to inform and disseminate about CLTS to wider range of sector organisations and stakeholders. A loose network of organisations also exists to promote the CLTS approach and jointly address the problem of low coverage of sanitation in Nepal. This network needs to be more active, energised and better coordinated to learn from each other and avoid any kind of duplications.

Today CLTS programmes are adopted by various organisations in the sector (NEWAH, ECARDS, RUWSAPS, RADO, IDS, RRN) and supported by donors/INGOs like WaterAid Nepal, Plan Nepal and DFID Nepal. And now have been scaled up to support in achieving the national and global sanitation targets. The School Led Total Sanitation Programme being adopted in the country has been able to take up the main principles of CLTS and ignition PRA tools to promote this approach.

Recommendations

The pilot projects though adopted differently, according to the geographic, socio-economic conditions and need of communities have been a good learning experience for NEWAH. They have allowed drawing up recommendation based on the learnings of these projects and that of the new projects adopted thereafter and is as follows:

1. Ignition PRA tools are useful for any future programmes related to sanitation
2. More skill and practical knowledge need to be provided to the facilitator to use tools effectively
3. Children need to be mobilised effectively as they work as agents of change
4. It is necessary to provide various latrine options and promote SaniMart widely in the community
5. A separate & modified Health Motivator Training has to be designed for CLTS programmes
6. Linkage programmes have to be introduced such as improved cooking stoves, kitchen gardening, saving and credit programmes, biogas etc.
7. Frequent sharing and observation visits need to be coordinated & organised at organisational and community levels
8. Systematic and proper documentation have to be maintained
9. Effective advocacy is necessary to promote greater sector coordination
10. For greater financial accountability, the cost of programme needs to be publicly declared

Way Forward

A process document of the three pilot projects of NEWAH was prepared in September 2005. A CLTS guideline developed in 2005 based on the findings, learnings, issues and challenges of the pilots is followed to implement the new CLTS programmes.

Assessment of the pilot programmes is important to analyse the effectiveness and sustainability. At the same time, help identify ways and options of addressing the issues and challenges concerning poor and landless to upgrade or construct their latrines based designs that are suitable and affordable for them. Some of the organisations have started the assessment of their CLTS projects. NEWAH has recently completed the assessment of 8-10 CLTS projects that were used as samples.

Considering the core strategy of scaling up and enhancing its present service delivery, the need to speed up services to meet the national and universal targets and proven success of this approach in making communities aware and motivating them to build and use latrines, the CLTS approach is being mainstreamed in all NEWAH projects starting 2007/2008, through revision of its sanitation policy. The assessment findings will also be used to improve the sanitation policy revised in 2007.

In Nepal to promote CLTS on a larger scale like in Bangladesh, the loose network alliance of organisations in the sector promoting and implementing the approach need to meet regularly to discuss and learn from each other by sharing their knowledge, experiences and practices rather than going their own ways and duplicating work. This kind of practice will help to improve the CLTS programmes at large in Nepal and serve to improve the low status of sanitation in the country. And if this approach is found to contribute to the effective and noteworthy changes in the sanitation sector, it can be incorporated into our sanitation policy like in Bangladesh to speed up coverage, support to the MDGs and national targets on sanitation and make sanitation practices sustainable.

Communities where Community Led Total Sanitation Projects have been adopted through the facilitation of NEWAH

SN	Eastern Region	District	SN	Central Region	District
1	Dumre Ekata Chowk	Morang	21	Karkidanda	Dhading
2	Dumre Prakriti Chowk	Morang	22	Sulikhola	Dhading
3	Subhidhajoda	Morang	23	Deurali	Dhading
4	Redcross Tole	Morang	24	Devisthan	Dhading
5	Babiya Khatwe Tole -6	Sunsari	25	Goganpani	Dhading
6	Simariya Charaiya	Sunsari	26	Jugekuwa	Dhading
7	Valuwa Pachira	Sunsari	27	Amarkhu	Dhading
8	Aurabani Bichtole	Sunsari	28	Niyaledanda Gaon	Dhading
9	Tanmuna Simarwona	Sunsari	**Western Region**		
10	Bakradil	Morang	29	Bhorle	Gorkha
11	Sirujhar	Morang	**Mid Western Region**		
12	Bishal Tole	Morang	30	Raitole	Banke
13	Tanmuna	Sunsari	31	Bagheswari	Banke
14	Bhaluwa	Sunsari	32	Gaughat	Banke
15	Simariya	Sunsari	33	Pashupatinagar Rajha	Banke
16	Aurabani	Sunsari	34	Neulidanda	Banke
17	Babiya Sukrahat	Sunsari	35	Birpur	
18	Babiya Khatwe Tole -7	Sunsari	36	Beldandanda	
19	Babiya Mahato Tole	Sunsari	37	Babasthan	
Far Western Region			38	Chandranga	
20	Chotipaliya	Kailali			

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