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**ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT
OF WATER AND SANITATION FOR ALL**

**Community Led Total Sanitation (CLTS)
in fragile contexts: the Somalia case**

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This paper presents the lessons learnt from a pilot CLTS intervention in the challenging context of Somalia. This experience presents the challenges in contexts where highly subsidised latrine construction was previously applied. Results show that it is still possible to trigger to a great extent a community 'with a desire for change with regards to open defecation and facilitate them to build their own household latrines without subsidisation'. Hundreds of latrines have been constructed and Open Defecation Free status achieved in two locations in Gedo Region in South Somalia where no subsidy was provided, while not a single latrine has been constructed by households in 14 villages in Gabiley Region where subsidy was provided. Households that didn't receive subsidy are still waiting for it and open defecation continues. Commitment, attitude and mind-set of the implementers, community and the local authority are key to success in any context – fragile or stable.

Introduction and context

Over the years, Somalia has received generous donor funds directed towards latrine construction in rural, urban and IDP contexts in order to improve the sanitation situation in the country and thereby reduce diarrhoea-related illnesses and deaths. Despite the support provided, assessments and surveys undertaken by WASH agencies in Somalia, including the most recent one undertaken by UNICEF in 2015, indicate that subsidising the cost of constructing latrines has been ineffective in increasing both sanitation coverage and usage by the communities. Due to this highly inadequate sanitation situation, Somalia records alarming rates of open defecation (OD), diarrhoea-related deaths, malnutrition and subsequent under-five year child mortality. At least 83% of the rural population practices open defecation and the overall average (rural and urban) for open defecation stands at over 53% (WHO/UNICEF, June 2015). The country is prone to frequent diarrhoea and cholera outbreaks resulting to increased cases of U-5 mortality. Reports from the community health workers and results from local health centres indicate that the highest cases of diarrhoea are recorded during the rainy seasons thus it is evident that due to OD, faeces are washed to water sources and people drink the contaminated water. Somalia's Infant Mortality Rate (IMR) is 180 (for every 1000 live births) which is the second highest in the world and of every 100 deaths among children under 5 years, 16 are due to diarrhoea (Danzhen, et al). The situation is exacerbated by the fragile security situation that has ravaged the country for years and the harsh climatic condition that puts a lot of pressure on communities who remain in constant search of basic needs.

Somalis maintain a strong sense of community coherence and embrace pulling effort together for any noble course. This is evident during the harsh drought conditions when communities pull efforts together and organise water trucking to their villages. In this context, Community Led Total Sanitation (CLTS) is seen as an effective strategy to rapidly change the sanitation situation in Somalia as the approach relies heavily on communal action towards a common objective – eliminate OD for better health outcomes. This approach, founded between the year 1999-2000 by Dr. Kamal Kar, Founder and Chairman of the CLTS Foundation, has seen many countries improve their sanitation to a great extent. Although most WASH actors in the country backed up by the government acknowledge the CLTS approach, its implementation and outcomes have been a challenge. Reasons being:

- continuation of subsidy provision by donors and implementing agencies;
- limited capacity for effective CLTS facilitation;
- lack of policy, systems and protocols to guide effective CLTS; and
- challenges in establishing the attitude and the essential mind-set for effective CLTS facilitation.

The role of the government

On recognition that the country is falling very far behind track in achieving the Millennium Development Goal target for sanitation, the Ministries of Health in Somaliland and South Central Somalia issued decrees in the year 2014 and 2015 respectively, officially endorsing CLTS as the only approach by which organizations can support communities to improve sanitation. Literally, the government put a ban on subsidization of household latrines except in settlements for displaced people and in institutions. The government calls for promotion of collective behavior change.

This is considered as a major step forward in the country's sanitation strategy which Concern contributes to. The move by the Ministry of Health is driven by the realization that despite the efforts made by the donors, implementing agencies and the government to improve the sanitation situation through construction of latrines in Somalia, very little in terms of health impact is achieved. This is because latrine construction focuses on providing the facility in the hope that it will be used, with little focus on influencing communal behavior change. The government is committed to create an enabling environment for the CLTS approach and to roll out protocols to guide effective action.

Our strategy

Concern Somalia has adopted a model that aims at improving sanitation in rural set-ups through the CLTS approach, while construction of latrines through subsidy is still implemented in urban set-ups, mainly IDP camps. Given that the country has been donor dependent for over 20 years since civil war broke out, implementation of programmes that seek significant community responsibility is viewed differently by stakeholders including the implementing agencies and the beneficiaries. In order to apply the CLTS approach effectively, Concern Somalia has focused on building the technical capacity of its implementing staff and partners to enable them to:

1. Gain a clear understanding of the approach, effective facilitation and the meaning of an ODF environment;
2. Understand the importance of collective behaviour change for positive health outcomes;
3. Appreciate the role of the government in creating an enabling environment for effective CLTS;

It's all about change of attitude and mind-set

Besides building knowledge and skills on CLTS application, changing the attitude of the implementing staff and partners has proven to be the most essential part of the strategy. This is evidenced by the outcomes of implementation in Somaliland and South Somalia. The Somaliland staff was well trained on all necessary steps in the application of the approach. The training was undertaken by a well-qualified and competent consultant. Given the long subsidisation approach that has traditionally been applied in Somaliland and South Central Somalia and the fact that CLTS is relatively new in Somalia, the approach did not gain full acceptance and total buy-in from the staff. Actual implementation thereafter became a challenge and a decision was taken to support the community partially to build their own latrines (by providing a floor slab and door). Of 14 target villages, none achieved ODF status even with the support provided.

In Southern Somalia, staff were trained and then taken for a learning visit in Loleys village, Belet Hawa District, Gedo Region where the approach has been applied through Cooperazione Internazionale (COOPI - another International NGO) and has achieved a positive outcome. Interaction between the staff and the local community in the ODF village changed the implementers' mind-set and attitude whereby they started believing that indeed it is possible for the communities to construct latrines on their own despite the many hardships they deal with on a daily basis. This change in attitude by both the implementing staff and the community has been instrumental in facilitating a strategy that has been endorsed at governmental level and is gradually gaining traction.

A rare success story

Through a DFID funded programme entitled "Building Resilient Communities in Somalia (BRCiS)", Concern and its implementing partner LifeLine Gedo (LLG) selected four villages in Belet Hawa District, Gedo Region of South Somalia for sanitation improvement through the CLTS approach and undertook the

necessary activities to trigger the communities to change their behaviour. Special focus was paid to identification of Natural Leaders as these are the constant drivers of the communal effort towards any objective the community aims to achieve. Out of the four communities, two (Oridimtu and Qaranri) have done very well in constructing and using their own latrines. As of January 2016, 97% of the households had their own latrines and are using them. The few without latrines are not allowed to defecate openly but rather share with their relatives who own latrines. The Natural Leaders are proud of the ODF status and have put in place strict by-laws relating to open defecation and defaulters are publicly shamed.



**Figure 1. Concern Worldwide:
A Natural Leader, Mr. Aden proudly shows his family latrine with a handwashing facility**

Source: Concern Worldwide

The story of a natural leader in Oridimtu village, Gedo Region

"I remember when these boys (implementers) came to me; I told them to stop joking with old people who are the age of their fathers...." Aden continues "...because it was unethical to talk about shit in public and especially when women, men and children are altogether. Now I appreciate the work of these boys." He narrates an incident that took place during the triggering process: "I was shocked and felt a lot of shame during the walk that we had around the village because it happened that when these boys asked children to show them shit in an open area, the moving crowd unfortunately targeted my own family's defecation site that was near my house. My own shit was lying on the ground; the boys were mockingly talking about the shape, colour and consistency of the shit. I and my wife felt very ashamed as everyone else laughed heartily. I took a decision there and then that this will not continue and I was the first to construct a latrine in this village" Aden summarizes proudly.

Plans to declare these two villages ODF are underway and the communities look forward to celebrate the clean environment. While achieving ODF is a great success, sustaining the same requires interminable effort that can only be assured through the Natural Leaders. Any newcomers to the village are monitored by the Natural Leaders to ensure that they do not practice OD and that they construct their own latrines using locally available materials (sticks, cloth, leaves, fodder stalks and logs).

What we learned

- CLTS is all about changing attitudes and the mind-sets of the communities so that they define their own problem and find practical solutions. The change has to start with the implementers, however.
- Sufficient time and financial means should be allocated for the initial training and attitude change of implementing staff, with full CLTS training with hands-on exercises. Follow-up in collaboration with the Natural Leaders is essential.
- The CLTS approach relies mostly on the facilitators' skills: it is crucial to select staff who are comfortable speaking in front of large groups and who have acting skills to make the facilitation lively. This implies that we need to adapt the standard criteria for staff selection.
- Commitment is the key in any context – stable or fragile. Implementers must develop a passion for change and instil the same in Natural Leaders that mingle with the community on daily basis.
- Communities can do anything on their own as long there is communal responsibility, passion and means. Trust in the community's capacity, do not teach but only guide them in realising the problem and they will find a solution by themselves.

Conclusion

The CLTS approach has been proven to be most the effective strategy to improve sanitation especially in rural set-up. Subsidisation has been found to undermine community capacity to construct latrines and increases dependency. Change of implementers' attitude and mind-set and the community's capacity to solve their own problems is best achieved through learning exchange visits to locations where the approach has been applied successfully and communities have been declared ODF. Declaration of ODF for the two villages will be made as public as possible through mass media so as to influence change among other communities. Publicising the ODF achievement will also act as a means to show appreciation to the two communities whose efforts to remain ODF will continue even after the project ends.

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