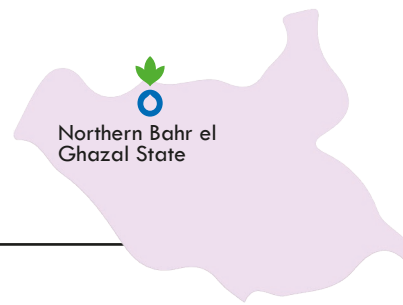




**SOUTH SUDAN
COMMUNITY-LED TOTAL SANITATION
IN NORTHERN BAHR EL GHAZAL**

This case study documents the experience of implementing the Community-Led Total Sanitation (CLTS) approach in Northern Bahr el Ghazal, South Sudan. It first presents the context and project background, then the CLTS approach and how it was implemented, and its results. Finally, challenges and solutions are reported, and reflections on the way forward are proposed.





Humanitarian Context

Background

Northern Bahr el Ghazal state faces different challenges in terms of access to water, sanitation, and hygiene. It is one of the states with the lowest proportion of household population with access to sanitation, with only 2% using improved sanitation facilities in 2010¹.

This is particularly significant given the high rates of mortality and malnutrition in this area. Northern Bahr el Ghazal has the highest infant mortality rates (120 deaths per 1,000 live births) and children under-five mortality rates (157 deaths per 1,000 live births) in South Sudan.

In November 2015, a post-harvest SMART survey conducted by Action Against Hunger in Aweil East County found Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) rates of respectively 25.6% and 7.2%².

The practice of open defecation and exposure to feces has been shown to contribute to childhood stunting³ and is a factor in environmental enteropathy. The risk posed by dependence on contaminated surface water sources during the rainy season increases the risk of acute watery diarrhea (AWD) and cholera, which are both endemic in the region.

Therefore, Action Against Hunger undertook sanitation promotion as a component of a wider holistic approach to address the main contextual causes of undernutrition. The Community-Led Total Sanitation (CLTS) approach was selected and implemented in 20 villages (approximately 18,600 people) between 2015 and 2016.

CLTS Approach

The CLTS approach, developed by Kamal Kar in the late 1990s⁴, is based on the use of Participatory Rural Appraisal methods to enable local communities to analyze their sanitation conditions and collectively internalize the negative impact of open defecation on their own health and neighborhood environment. CLTS' goal is to achieve and maintain Open Defecation Free (ODF) status.

Its main principles are the "no hardware subsidy" policy and a hands-off approach by the facilitator. It goes through a process of triggering that is focused on igniting a change in sanitation behaviors rather than on constructing latrines.

In Northern Bahr el Ghazal, Action Against Hunger implemented CLTS that respected the principle of "no hardware subsidy" policy, which was also promoted by governmental WASH authorities. Targeting was done in collaboration with the Departments of Rural Water Supply and Sanitation (RWSS) and Health from the two counties, Aweil North and Aweil East, in January 2015.

The criteria for selection were: poor sanitation coverage, diarrhea incidence, and poor availability of safe water sources. As a result, the sanitation coverage of the selected 20 villages was close to zero.

The team of hygiene promoters began by conducting rapport building activities in the 20 villages, to develop relationships and trust with the local authorities, such as Payam administrators (administrative sub-divisions of counties), village chiefs, RWSS local hygiene promoter, community health workers, teachers, and religious leaders.

Then, some triggering activities were carried out in each community every two weeks for several months until communities' members decided to take action. Among others, transect walk, community mapping, "shit calculation" (calculation of the amount of feces produced by the community during one year), medical expenditure calculation, interactive discussions, food contamination and glass of water demonstrations were used until reaching the triggering moment.

Once communities' members realized how open defecation directly affected them and decided to take action, the team members went on with planning activities and follow up on a weekly basis, without being too directive on the latrine design and construction.

Given the context of poverty, lack of access to material and the almost inexistence of sanitation facilities, communities were encouraged to take any steps onto the sanitation ladder, even if the resulting structures would not be measured as "improved" under the Joint Monitoring Program (JMP) measuring the Sustainable Development Goals.

The certification process for Open Defecation Free (ODF) villages was carried out jointly with RWSS and partner NGOs. The criteria for the certification covered: absence of signs of open defecation; household latrines constructed and used by all households; presence of a cover over the drop hole of pit latrines; and community rules or sanctions in place to deter open defecators. A sample of the minimum 15% of the houses was verified randomly for each village. The ODF declarations were carried out around World Toilet Day celebration on November 19th.



Results

After 20 months of intervention, 2,892 latrines have been constructed in the targeted 20 villages. The sanitation coverage dramatically increased from nearly 0% to 97% of households having and using a latrine.

The total number of latrines constructed during the project (2,892) exceeded the number of households for some villages (total of 2,581 households).

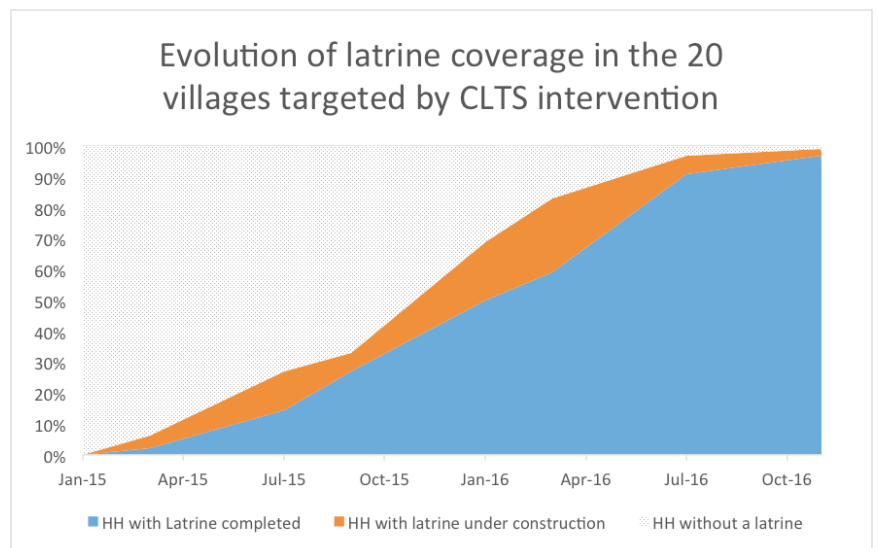
Around 300 households reported to have constructed more than one latrine because heavy rains destroyed their first one. In a few cases, the heads of households also reported having constructed two latrines to respond to the needs of their two wives.

The Joint Monitoring Committee conducted the certification process, including house-to-house verification in each village. 17 out of the 20 villages were declared ODF in November 2016.

Three villages were not declared ODF.

- At the time of the verification, some latrines had collapsed during the rainy season and were being rebuilt in one of the villages, delaying the certification.
- Two smaller villages of 89 and 98 households had limited results, with respectively 71% and 39% of households having completed the latrine, and a few still under construction at the time of the verification.

Figure 1. Evolution of Latrine Coverage





Lessons Learned and Project Findings

Highlights of the Key Factors

- In most villages, community members were very eager to participate in activities.
- The villages with no previous failed CLTS triggering and no subsidized latrine program were more reactive and quickly completed 70% construction.
- Regular follow up visits were conducted in each village (every 1 or 2 weeks). The systematic monitoring and the perspective of a certification allowed the coverage to increase from 70% to 100%.
- Setting clear figures as goal for CLTS intervention (achieving 100% coverage vs. increasing awareness) made a difference in how the staff planned and followed up on the activity.)
- Ensuring adapted trainings of the teams and partners from the early phase of the project should not be overlooked and remains essential to successfully conduct CLTS. To partly cope with the delay of those trainings, having experienced and trained staff among the team to take the lead on the activity and transfer their know-how to their peers helped to achieve initial results.
- Hygiene promoters that were facilitating CLTS were from the area, were well known in the villages, and have built strong relationships with the communities.
- Strong interest of the WASH Program Manager in hygiene promotion, behavior change and social marketing was an asset to encourage hygiene team to conduct CLTS steps until reaching 100% coverage and officially declare villages as ODF.
- A strong WASH governance and NGO coordination is key to ensure successful implementation of CLTS.
- A mid-term review workshop and refresher training involving Action Against Hunger and RWSS staffs was a very productive activity to review the approach and tools, discuss the challenges and look for solutions towards common goals.

In April 2016, a workshop was conducted for Action Against Hunger and RWSS hygiene promoters to refresh their competencies on the CLTS approach, discuss current challenges and solutions, and draw lessons from this experience.

This workshop happened approximately half way through the project, due to delays, gaps in personnel and lack of prioritization of the CLTS in the initial stages of the broader WASH project, and while it highlighted gaps that could have been addressed from the start, such as teams' capacities, objectives and coverage monitoring requirements, it proved to be extremely useful to reflect and improve the program, review the approach, motivate the teams with new tools and finally achieve good results.

A few findings from the mid-term workshop and the project are discussed below:

Team Capacity and Support

- Among the hygiene team, most of the promoters did not have experience with CLTS nor with hygiene promotion in general. Only three staff members had previous experience with CLTS triggering.

Due to some gaps in human resources and security challenges, the formal CLTS training was postponed several times and finally conducted in April 2016. Fortunately, the few experienced staff members took the lead in the activity and coached their co-workers in the field.

- Despite the lack of formal CLTS training of the team, they had triggered communities and conducted post-triggering follow-up visits, with encouraging results as an increase in latrine construction was observed.

- The access to the communities was hindered by a lack of transportation means. Few vehicles were allocated to the activity and villages were far from one another.

The teams could not easily split when working in one county, which in turn became an advantage as knowledge and experience transfer happened organically between team members.

Setting Objectives and Monitoring Progress

- Prior to the workshop, the team of hygiene promoters did not really expect to reach 100% coverage and aim for the ODF certification. They were promoting sanitation without a specific goal in mind. They considered that having the majority of people having access to a latrine was a fair goal.

- Communities were very responsive to the activities: after triggering, many community members began to construct latrines. The most critical step of the project was implementing the monitoring mechanisms in order to continue supporting the activity until reaching 100% latrine coverage.

- Measuring coverage was particularly challenging because no census was available. The number of household per village available at the beginning of the project was a rough estimate from village chiefs.

- Conducting the exhaustive count of households was therefore essential to the monitoring process, as well as the regular verification of latrine status (no latrine, under construction, completed, and in use).

This was very time-consuming and challenging, in particular given the distance between houses in rural Northern Bahr el Ghazal. But it allowed for strong monitoring that was shared with local authorities, an adaptive management of the project, and a targeted support to communities depending on the stage they were at.



Planning, Construction and Design

- The CLTS was implemented without being directive on latrine design, materials or techniques for construction.
- Some villages proved more difficult to trigger as the sessions were held at the beginning of the main cultivation season. The project planning should have more carefully anticipated the availability of communities and their needs for labor work.

Even if attendance in community sessions were acceptable, the lack of time to start constructing the latrine soon after the session impacted the efficiency of the triggering. The ideal schedule for CLTS triggering would have been in the middle of the dry season (January – March) when communities typically have less daily commitments for cultivation activities.

- It was observed that both men and women were actively participating in latrine construction, although with traditional division of roles and responsibilities: men usually dug the pits, collected the logs and wood, and built the slab, while women collected the grass and thatch for the latrine walls and roof. After the men erected the superstructure wood frame, women would complete the walls and roofing with thatch and mud.

- Communities also mentioned the lack of availability of materials as a delay in construction. In particular, the grass used for roofs and walls is traditionally available around April, which is also the period households repair their dwellings.

- During the rainy season at the beginning of the intervention, the first latrines built collapsed. Some slabs also collapsed due to poor construction with wood sticks and mud.

- Despite an initial worry that these households would give up and become frustrated with having to start the construction over, households remained motivated and eager to discuss with external facilitators and community members

the reasons of the collapse and how to improve the design.

- About 10% of the latrines had to be rebuilt after the rainy season. During the mid-term workshop, the hygiene promoters concluded that they needed to provide more technical guidance on latrine design to prevent this issue.
- Some visual aids and posters were developed to reinforce the perception of latrine use as a positive and locally approved habit. The poster presented a collage of photos of beneficiary standing proudly, thumbs up and smiling in front of their latrine.

Using photos of local people was also a way to recognize that villagers from those localities had been able to construct their own latrine, with a large variety of design, and that latrines were for everyone in the community: children, girls, boys, men, women, elderly, families, and couples. Hygiene promoters reported that the poster was very appreciated and that many other beneficiaries requested to have their photo taken in front of their own latrine.

Coordination with Other Actors

- Coordination of approaches between different NGOs proved challenging, as some actors did not follow the “no subsidy policy” for sanitation promotion. Communities that had been triggered before through subsidized approach, or surrounded by villages targeted by subsidized approach, were much more reluctant to participate in the CLTS approach.
- Although South Sudan’s WASH Department have national guidelines promoting non-subsidized latrine intervention at county level, RWSS was confronted with difficulties to ensure the compliance of the NGO. Staff members reported problems with other NGOs disturbing the triggering by providing or promising to give material or money, and taking the reward for ODF declaration achieved by an organization.

- In 2016, South Sudan also was in the process of reorganizing the State Administration and

geographical boundaries. RWSS departments were in transition for reorganizing their offices and during a few months, it was difficult to identify the right counterpart to organize the joint follow-up and to advocate for non-subsidized coordinated actions.

- The two villages that showed disappointing results were in this situation of expecting subsidies, and required more efforts from the facilitators. These communities were slow to start constructing latrines, and the sanitation coverage stagnated after the early adopters built their latrines.

However, when the ODF certification process started, with visits from the Joint Monitoring Committee and the award of a status to the other villages, an important increase in latrine construction was observed in these villages.

- During the mid-term workshop, the hygiene promoters reported feeling some discouragement with the coordination of actors, and felt unfair with “not providing something to the people” when others were.

- Exchanging on these issues with relevant counterparts, including the WASH authorities, and providing solutions and comparison points between approaches provided a broader picture to the staff and helped renew motivation and commitment as they realized how successful they had been and what they could try to continue improving the results.

- Although the non-subsidized sanitation approach was respected, the unfavorable economic context⁵ in South Sudan, increasing food insecurity, and a clear lack of access to hygiene items and to safe water was showing a worsening humanitarian situation in Northern Bar el Ghazal.

It was decided to support the villages reaching 100% latrines coverage by distributing hygiene items to each household. The perspective of the distribution certainly had an influence for the late adopters’ households to complete their



Conclusion

latrine, and for the two villages that had been somehow a bit reluctant.

The preparation of this distribution occurred when more than 80% already had constructed their latrine, and beneficiaries were not aware that they might get something since it was not planned from the beginning of the project. The distribution was linked to the ODF declaration of the villages and World Toilet Day celebration, and was used to reward the collective effort of the community to get rid of open defecation.



The CLTS approach had been successfully implemented in various parts of South Sudan by WASH partners and Action Against Hunger in Northern Bar el Ghazal. Despite organizational challenges, including a lack of initial training, scarce transportation means, difficulties to coordinate approaches and align NGOs with the governmental guidelines of non-subsidies for sanitation, the hygiene promotion team had been able to achieve very encouraging initial results.

Conducting a mid-term workshop to reflect on the first results, challenges and solutions provided a great opportunity to identify gaps and strengthen competencies of teams through a refresher training, and more importantly gave room to recognize the achievements of the teams and renewed their motivation toward a clear goal of ending open defecation, which culminated with the award of ODF certification in 17 villages six months later by the Rural Water Supply and Sanitation Departments. In general, the CLTS approach was well received by the villagers. Community members were very eager to participate.

The CLTS intervention was an activity of a broader WASH intervention, which also improved water access in villages, and this factor was also essential to support the communities, as water was the biggest concern expressed by communities in the consultations.

While households understood well their role in improving the sanitation in their communities, water availability and access to hygiene enabling items were beyond the local capacities and required more support from Action Against Hunger to build or rehabilitated water points, improve the access to spare parts and to provide essential hygiene items at a time where the economy and food security of the area degraded further quickly, an additional burden in an area already experiencing an undernutrition crisis.

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The views expressed in this document are the responsibility of Action Against Hunger and should not be taken, in any way, to reflect the official opinion of its partners and donors.

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¹ Ministry of Health and National Bureau of Statistics, 2010. South Sudan Household Survey 2010, Final Report. Juba, South Sudan.

² Action Against Hunger SMART Survey, Aweil East county, NbeG State, November 2015.

³ Spears D, Ghosh A, Cumming O (2013) Open Defecation and Childhood Stunting in India: An Ecological Analysis of New Data from 112 Districts. PLoS ONE 8(9): e73784. doi:10.1371/journal.pone.0073784

⁴ Kamal Kar, Robert Chambers (2008). Handbook on Community-Led Total Sanitation. Plan International (UK) Institute of Development Studies with the support of Plan UK.

⁵ Within a few months in 2016, the South Sudanese Pound (SSP) was devaluated from 3 SSP for 1 USD to more than 45 SSP for 1 USD, due to several factors and in particular the conflict affecting the country, and the major access issues for traders between states linked with the insecurity.



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