

Facilitating CLTS in Nigeria: A case study of Ebvoneka village, Edo State, Nigeria

Aneni, T.I.

Executive Director, Sustainable Environment Development Initiative (SEDI)

Phone: 08055514010

Email: tomaneni1@yahoo.com

Abstract

The Sustainable Environment Development Initiative (SEDI) carried out a series of activities to promote and test the Community-Led Total Sanitation (CLTS) methodology in Ebvoneka, Ovia North-East Local Government, Edo State. Based on this effort, lessons learned – including what works and what doesn't work in CLTS triggering – focusing on methodology and tools. It was discovered that communicating CLTS was most effective through the village head, youth group and religious leaders. This is part of efforts for adoption of the CLTS approach and scale-up. This work is intended to provide policy makers and decision makers with information to facilitate evidence based decision making.

Key words: CLTS, Triggering, Ebvoneka, Tools, Scale-up

Introduction

Current impediments to achieving State-wide sustainable sanitation include inadequate political priority (low resource allocation) and weak sector capacity.

The Sustainable Environment Development Initiative (SEDI) works to achieve sustainable access to sanitation in the rural communities of Edo state. SEDI strategy emphasizes community ownership of plans and actions. It is estimated that meeting the sanitation and drinking water targets of the Millenium Development Goals (MDG) by 2015 would have an annual economic benefit of \$38 billion to developing countries. If universal coverage for sanitation and drinking water is achieved, the economic benefit would rise to \$171 billion annually (Hutton et al., 2007).

The Ebvoneka village in the Ovia North East Local Government Area, Edo State, Nigeria was identified to be practicing mainly open defecation, with a large number of households without toilets of any kind. Other households use unhygienic pits covered with wooden plank as toilets.

The report identifies key target groups to promote the necessary behavioral change that would stop open defecation in rural areas.

Attendance

A total of 25 people participated. Males (23) and females (2). (See appendix 1).

Methodology

The Advocacy Planning Cycle was utilized to make an in-road and promote CLTS in the community. This was through the following: Identifying the issues; Analysis; Setting objectives; Identifying allies; developing the message and Monitoring and Evaluation.

1. Identifying the Issues –

There is a high degree of open defecation in the community (Fig 1 and 2).



Fig. 1: Shows open pit latrine in the village



Fig. 2: Shows open pit latrine close to the kitchen behind

2. Analysis –

A review of specific information about the sanitation profile of the community was obtained. Total number of households – 77. Breakdown of houses with sanitation facility: Water closet – 3; Latrine (pit) – 40; Semi- latrine (Pit covered with wooden plank) – 14; and No toilet – 20.

Decision making is strictly by the elders but enforced the youth body.

Total number of people living in the community – 460. Children: 45%; Women: 35%; and Men: 20%. Religious groups are made up of Christians (90%) and traditional worshipers (10%).

3. Setting Objectives –

- The community should be open defecation free
- This is measurable from agreed time bound assessments
- This is achievable as the community is not very large
- Sanitation is recognized as a key health and social issue

4. Identifying the targets –

Community residents including Men, Women and Children. Key targets includes the village elders, youth body and churches.

5. Identifying allies –

Partners include the Water and Sanitation Collaborative Council (WSSCC), the Nigerian Water, Sanitation and Hygiene (WASH) coalition, and the community youth body.

6. Developing messages –

The key message is that open defecation free status is achievable.

7. Monitoring and Evaluation –

The construction of simple latrines by community residents and visible signs of open defecation.

Criteria for selection of the Ebvoneka village included:

- Practice open defecation
- Not too large (77 households)
- Close to Benin-City (45km) for follow-up

Results and Discussions

The number of direct beneficiaries:

The village has 77 households made up of 460 persons: Men - 92; Women - 161; and Children - 207.

Pre-triggering:

Initial familiarization meeting with Mr. Festus (Secretary of the community youth wing) on the 25th June 2010, where I indicated SEDI intention for social marketing of the CLTS to the community. He agreed to work with us to mobilize the youth, women and elders of the community for a meeting.

Triggering Exercise

Village head of Ebvoneka, Mr. Samuel Imafidon, was visited to intimate him about the CLTS concept and seek his cooperation for triggering the village to be open defecation free.

Participation:

CLTS strategy emphasizes community ownership of plans and actions. A total of 25 people participated. Males (23) and females (2).

Social mapping

All community members present indicated their houses on the map and where they do open defecation. Key features in the village were also put on the map. They include the major roads to the community, several churches and the streams Eke ad Eze-nukodo (fig. 3).



Fig. 3: Social mapping

Transect Walk

5 youth volunteers agreed to participate in the transect walk where sample shit was collected in a cellophane bag. This generated shame as they were covering their noses.

Water and Shit

A bottle of water was opened and a volunteer, master Emmanuel drank from it. It was then placed beside the shit and a thread containing shit placed into the water. Nobody agreed to drink anymore.

Food and Shit

A volunteer (Mr. Erukogu) and Mr. Aneni tasted the food before it was placed beside shit. A thread from the shit was placed in it and flies were observed to be around the food (fig 4). Nobody volunteered to eat the food again and at this point they were triggered because they agreed that they have all been eating their shit (fig. 5). Heads were turned away from the shit in disgust.



Fig. 4: Food and shit being displayed



Fig. 5: Triggering point

Faecal Route of Disease Transmission

The following questions were asked: What happens to the shit? And are flies on the shit observed on food. At this point, they engaged in a heated debate for 10 minutes. Those who had pit toilets (4 people) said they would ensure it is covered.

Religious groups:

All church leaders in the community were sensitized on the need for them to reach their members on the need for building a simple latrine and having their community ODF. The pastor of a church, The Redeem Christian Church Of God, allowed me to address his congregation (fig. 6).



Fig. 6: Mr Aneni advocating dangers of open defecation in a church service

Sustainability:

Sustainability of the activities would be achieved through the formation of the village water, Sanitation and Hygiene Committee (WASHCOM) made up of members of the community. They would set up modalities for monitoring ODF compliance of community members.

Action Plan

A participant suggested that the village head should set up a committee to ensure compliance. This was agreed to be done within 2 weeks. He also added that the community will be ODF in 2 months (November 15, 2011). He further added that SEDI and a local government sanitation officer come for inspection. A youth leader volunteered to form a youth committee that would motivate and ensure the community changes their defecating habits. He volunteered to write the action plan and use it to monitor progress.

Post-triggering

Weekly visits were made to the community leaders to monitor and ensure compliance. This has led to an estimated compliance rate of 70%.

Conclusion

Success in water and sanitation activities depends on focusing on target groups and creating a sense of local ownership to enable hygiene behavioral change.

Open defecation free communities in Edo State will improve access to sanitation and contribute significantly to achieving the MDG's on health, education, gender equality and poverty alleviation. The millennium development sanitation target is to reduce by half the proportion of people without a toilet between 1990 and 2015. There is need for sustained support to ensure that communities achieve their sanitation targets. This is realizable in Nigeria, if there is the required behavior change and purposeful scale-up of CLTS in the country.

Next Steps

1. Post triggering monitoring to ODF using the village head, youth leader and religious leaders. WASH unit in the Ministry of Water and Energy to be informed.
2. SEDI would like to use natural leaders identified for triggering of other communities.

Lessons Learnt

1. Engagement of key segments of the community, in this case the village head, youth group and religious leaders.
2. Community development map as a monitoring tool for ODF assessment.

Acknowledgements

The author would like to extend thanks to the Water Supply and Sanitation Collaborative Council (WSSCC), Switzerland for IEC materials provided. UNICEF Nigeria supported with CLTS training for a staff of SEDI. I also thank SEDI staff and volunteers.

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