

---

This item was submitted to [Loughborough's Research Repository](#) by the author.  
Items in Figshare are protected by copyright, with all rights reserved, unless otherwise indicated.

## Community-led total sanitation - promising antecedent to attain fully sanitized villages in Ethiopia

PLEASE CITE THE PUBLISHED VERSION

PUBLISHER

© WEDC, Loughborough University

VERSION

VoR (Version of Record)

PUBLISHER STATEMENT

This work is made available according to the conditions of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) licence. Full details of this licence are available at:  
<https://creativecommons.org/licenses/by-nc-nd/4.0/>

LICENCE

CC BY-NC-ND 4.0

REPOSITORY RECORD

Kidanu, Muchie, and Belinda Abraham. 2019. "Community-led Total Sanitation - Promising Antecedent to Attain Fully Sanitized Villages in Ethiopia". figshare. <https://hdl.handle.net/2134/29733>.

**34th WEDC International Conference, Addis Ababa, Ethiopia, 2009**

**WATER, SANITATION AND HYGIENE:  
SUSTAINABLE DEVELOPMENT AND MULTISECTORAL APPROACHES**

**Community-led total sanitation – promising antecedent to  
attain fully sanitized villages in Ethiopia**

*M. Kidanu & B. Abraham, Ethiopia*

REVIEWED - LOCAL

---

*Strategies for sanitation and hygiene in Ethiopia in the past focused more on the provision of information with the expectation that this will elicit change. However, much has not changed in the sector both in terms of access, use and improved hygiene practices. In the Ethiopian context, a number of approaches are being implemented including Community Conversation, Community Dialogue and Community-Led Total Sanitation (CLTS). The latter, CLTS, is characterized by participatory facilitation, community analysis and action, and no hardware subsidy. It is viewed as a primary strategy for improving usage of latrines and not only counting the physical assets.*

*As CLTS focuses primarily on enabling communities for a collective action on issues that affect their health, it has been observed that in places where CLTS ignition has taken place such communities become receptive for the rest of the HEP packages. Therefore it is important to note that successful application of CLTS approaches would pave the way for the acceptance and uptake of the other elements of the HEP by communities*

---

## **Background**

Community-led approaches are gaining wider acceptance as an innovative methodologies for mobilizing communities to analyze their situations and take collective actions on matters that affect their health and wellbeing. Strategies for sanitation and hygiene in the past focused more on the provision of information with the expectation that this will elicit change. However, much has not changed in the sector both in terms of access, use and improved hygiene practices. In the Ethiopian context, a number of approaches are being implemented including Community Conversation, Community Dialogue and Community-Led Total Sanitation (CLTS). The latter, CLTS, is characterized by participatory facilitation, community analysis and action, and no hardware subsidy. It is viewed as a primary strategy for improving usage of latrines and not only counting the physical assets.

The Federal Ministry of Health (FMOH) designed the National Millennium Hygiene and Sanitation Movement in pursuit of achieving 100% sanitized villages as outlined in the National Strategy for Hygiene and Sanitation. Pursuant to this fundamental initiative, there is now ample evidence that in a matter of just weeks, communities mobilize themselves to construct and use latrines thereby creating Open Defecation Free (ODF) environment. Such encouraging in-country developments are clearly observed in SNNPR, Oromia, Amhara and Tigray Regions.

UNICEF, along with the FMOH and RHBs, took the initiative to introduce CLTS first by organizing orientation workshops for partners, April 20 – 24, 2008. The aim of the orientation workshop was to provide first hand information on CLTS approaches and its application to experts (about 40) coming from the Health, Education and Water Sectors from the Federal, Regional, Woreda and Kebele (HEWs) levels, as well as UNICEF WASH POs. The workshop focused on discussing approaches currently being used to scale up access to and use of sanitation facilities as well as elicit behavioral change through CLTS. Besides receiving theoretical insights on CLTS from Plan International (a key partner implementing this approach), a practical field visit to communities which have registered ODF status and improved hygiene practices was

included. This situation created an opportunity for workshop participants to hear from the communities themselves as well as observe the changes communities have gone through as a result of CLTS triggering and post-triggering exercises.

Following the orientation workshop, UNICEF supported the organization of hands-on training on CLTS in May 2008 in Mekele, Tigrai. Akin to the orientation workshop, in attendance in the training were Government Officials from the Health, Water and Education Sectors, UNICEF WASH POs, INGOs, and local NGOs. The five days hands-on training dealt with theoretical aspects and practical application of community triggering for ODF. A total of 30 participants attended in the hands-on training workshop. The training was facilitated by Dr. Kamal Kar, engineer of CLTS.

As part of the training, CLTS ignition was carried out in five villages located in Kilte Awlalo and Hintalo Wajirat Woredas. The communities selected for the triggering had a history of open defecation and resistance to construction and use of latrines. They were classified as resistant communities. The selection was purposely done in such communities as an experiment to test the convincing power of CLTS approaches on spurring community response. The results were fascinating. After the workshop, a follow up plan for attaining ODF status in the CLTS triggered communities was drawn up by Natural Leaders and presented in a meeting attended by regional decision makers.

### Results of follow up visit to communities triggered for ODF

In July 2008 a follow up visit was made in communities triggered in May 2008 to assess and observe the progress of the post-triggering activities. Upon our visit in the two Woredas the findings are shown in the table below:

<b>Table 1. Sanitation Profile of CLTS Ignited Communities – Pre and Post Triggering in Tigrai Region</b>							
Woreda	Kebele	Village	Village profile		%age of HHs with Latrine Facilities		Remarks
			No. of HHs	Pop'n	Before CLTS	After triggering	
Kilte Awlalo	Messano	Berki	308	1,540	21.1%	95.1%	15 HHs are owned by older persons
		Laelai Agula	246	1,230	20.3%	83%	13 near completion; 25 HHs are older people
		Adenguar	318	1,590	27%	78.9%	32 HHs near completion; 15 HHs older people; 20 HHs not decided
Hintalo-Wajirat	Hewane	Hewane Town	768	3,424	No data but very low	89%	Lack of space is the major problem

### Lessons learned

CLTS challenges a paradigm shift of focus from counting of constructed latrines to actually focusing on usage by everyone. In the case of the communities where CLTS ignition was undertaken, it was noted that CLTS was able to increase access and usage, i.e. evidence of open defecation practices was reduced and considerable latrine coverage achieved in about 3 months. The focus on '*open-defecation*' therefore means a shift of focus from monitoring facilities to monitoring behaviors.

The process of ignition was seen as being more effective as it captured the attention of the whole community at once, as opposed to household visits which take time to mobilize the community at large. Ignition also led to emergence of Natural Leaders (NLs) who take up the leadership role, support and commitment to create an ODF environment.

With CLTS, it was easy to introduce and promote other practices such as hand washing at critical times, control of flies, safe storage of food and water, etc. In some cases, it was observed that households were upgrading their facilities, having appreciated the benefits obtained from proper use and management of such

facilities. It was also noted that focusing on a single message or focus area could bring about rapid change as households were not bombarded with redundant messages related to sanitation and hygiene. This differs from conventional methods which focus on many different messages at the same time. It was generally felt that CLTS was an important tool for raising awareness, enhancing collective community action, creating demand for sanitation facilities and formed a basis for assisting in scaling-up sanitation coverage and use, potentially adding value to other promotional activities like hand washing and safe water handling.

It was also observed that CLTS is not only about engaging community-level health workers, but rather all segments of a society from Kebele leaders, agricultural workers, school teachers, students, women and children. In this way, the approach lends itself for integration and collaboration of many stakeholders and also promoted inclusion of women, children and men. This further lends itself to greater ownership and buy-in by everyone – not a few in the community.

## **Challenges**

### **Ideological differences**

As stated above, the Health Extension Program is the main pillar for the Government's strategy for sanitation and hygiene. Significant investments have been made in the recruitment and support of over 26,500 Health Extension Workers (HEWs) exclusively women placed in pairs in each Kebele. As part of the training for HEWs, there is an intentional focus on the provision of 'hygiene education and technical' support to households to adhere to minimal standards for sanitation and hygiene. As such, there is a fundamental ideological conflict between what is being purported in the current approaches and CLTS in relation to promotion of sanitation & hygiene and technology adoption. In the CLTS approach, households are empowered to choose and build latrine facilities to start with. Many experts feel this in the long-run could compromise efforts as households may build insecure or poor facilities which sooner or later may collapse, emit offensive smell, become fertile ground for fly propagation or may not bring about improved health impacts. In time, households may lose confidence in facilities and revert to open defecation. The issue of poor quality latrine construction with limited technical inputs resonates as a major concern. In CLTS, There are possibilities that following a successful triggering, communities will naturally follow the sanitation ladder and build acceptable levels of facilities later into the process.

### **Shift of focus**

The adoption of CLTS principles also shifts focus from teaching and promotion of building latrines to good quality facilitation. Currently, HEWs are the major stakeholders at community-level and are primarily involved in teaching. In order to ensure high quality facilitation of CLTS and other approaches, a greater consideration needs to be placed now on building the capacity and monitoring the quality of facilitation of HEWs and other experts. That is, it is very important to ensure that a high-level of effective and quality facilitation is maintained for CLTS to succeed.

### **Not open for comment**

To some degree, it was felt that CLTS, as it stands as an approach, is not open for comments or changes because any radical changes to the approach would mean it is no longer CLTS. At the same time there is a general fear that implementers may coin their approaches as CLTS and in actual fact are not. This is primarily related to concerns about using guilt, shame and fear as triggering emotions. Some feel that this may not be appropriate emotions to evoke under different cultural settings and it may be necessary to find other means to evoke emotions. However proponents of CLTS argue this is the foundation of the approach to trigger communities based on fear, guilt and shame (Kamal, 2008). Without it, it would not be CLTS. Moreover, triggering elements, if done by a high quality facilitator can be done in an effective and culturally acceptable way.

### **Sustaining CLTS**

In order for the outcomes of CLTS to be sustained, it needs to be housed within an institutional context which allows for regular follow up and monitoring. The Health Extension Program provides an institutional context to make follow-up of the CLTS post triggering activities. However, for this to happen there must be an already established linkage during the ignition. It was noted that follow-up on CLTS was considered labor intensive requiring a large cadre of persons both within and outside the community and resources. CLTS in its pure form does not consider 'institutional' issues, as there is a deliberate attempt to remove the

‘experts’ from the picture and work through natural leaders. Issues were brought up that the natural leaders may not be enough to sustain ignited communities nor properly support households in terms of technology options, quality of construction or other areas. HEWs are indisputably instrumental to ensure sustainability. School-led approaches are also equally important to the success of community-led approaches.

### **Incentives**

Related to the above, there were issues raised on incentives/recognition of HEWs, communities and others who have put relentless efforts in the attainment of ODF status villages. As such, this should be supported through the establishment of the award system which may not be necessarily monetary. When communities apply for ODF status and are verified it is clear that the HEWs along with the Natural Leaders are also recognized for their facilitation and coordination efforts.

### **Blending CLTS with HEP**

As CLTS focuses primarily on enabling communities for a collective action on issues that affect their health, it has been observed that in places where CLTS ignition has taken place such communities become receptive for the rest of the HEP packages. Therefore it is important to note that successful application of CLTS approaches would pave the way for the acceptance and uptake of the other elements of the HEP by communities. It is suggested that the CLTS approach enhances the implementation of the HEP when applied as follows:

- Start with CLTS triggering & empowering communities & let communities move towards ODF. HEWs could usefully contribute to pre-triggering, triggering and post-triggering activities.
- As soon as a community achieves ODF status, initiate the next step promoting the other elements of the HEP program. CLTS would pave the way!
- CLTS initiates a host of other collective local actions from the initial success of the tool. The same is likely to happen if HEP is sequenced properly with CLTS
- Early introduction of CLTS would also allow sufficient time for emergence of Natural Leaders (NLs) who would strengthen the hands of HEWs – work of HEWs would be very easy and achievable with the support of NLs.

### **Enabling factors and gender roles**

As noted above, CLTS has been introduced in places with a history of open defecation. In many cases, sanitation coverage is relatively low in such places. Therefore, a minimal-level for an enabling environment needs to exist before CLTS can be successful. This is what is termed as pre-triggering activity which involves above all advocacy to decision makers at Regional, Woreda, Kebele/community levels and religious leaders as well as experts from the health, water and education sectors, etc. It is observed that CLTS enhances current gender roles and responsibilities. That is, looking at the engagement of women and vulnerable groups in the communities, they are empowered through this process and their role through natural leadership further strengthened.

### **Opportunities for CLTS implementation in Ethiopia**

Based on an in-depth discussion related to lessons learned, challenges encountered and opportunities available, there is now an opportunity to expand CLTS in a wider scale. However, prior to broader replication it is important to learn from experiences and document lessons for further improvement of application of the approach.

Questions related to whether Government is the best institution to introduce and scale-up CLTS is a contentious issue, as Government has the overall mandate to lead and coordinate sanitation and hygiene interventions. However, a conflict may exist on one hand Government is in the position of ‘piloting or introducing’ a new approach, while at the same time expected to ‘scale-up’ the same approach to achieve 100% sanitized villages. It may be prudent for CLTS to be introduced cautiously in a small scale by an external partner, who has some flexibility to integrate innovations and changes easily in their programming. Aspects of the pilot should be evaluated and shared with Government and later used for the at scale program.

There a general consensus that the CLTS approach would need to be adapted to the current context of Ethiopia which focuses around the HEP program. More attention would be paid in generating evidence-based reporting - starting with a baseline, evaluating changes and outcomes. The recommendations from the

outcomes would then be used for 'scale-up'. There should be a deliberate attempt to consider a variety of contexts including places with low coverage and pastoral areas. In refining the approach for Ethiopia, consideration should be given for minimal technical input and linkages to institutions for follow-up. Many opportunities exist to compliment HEP with CLTS.

## **Conclusion**

In recognition of the fact that CLTS can accelerate attainment of sanitation and hygiene goals and at the same time MoH is developing the community conversation approach, which is a very similar methodology, some action points would need to be proposed. It is suggested that CLTS should be adapted to the Ethiopian context using acceptable language of which MoH would guide the process.

---

## **Acknowledgements**

The author/s would like to extend his sincere thanks to WASH Project Officers, UNICEF Mekele Office, Tigray Regional Health Bureau, the Health Extension Workers and the Natural Leaders in the villages as well as for all who contributed to the entire undertaking.

---

## **References**

Kamal Kar with Robert Chambers: Hand book on Community-Led Total Sanitation (2008). Institute of Development Studies and Plan International, London.  
Ministry of Health, Federal Democratic Republic of Ethiopia (2005): National Hygiene and Sanitation Strategy, Addis Ababa, Ethiopia.

---

## **Note/s**

Paper based on practical application of the approach with support from UNICEF in Tigray Regional State, Northern Ethiopia

---

## **Key words**

Community Led Total Sanitation, Open Defecation Free, Natural Leaders, Health Extension Workers.

---

## **Contact details**

Muchie Kidanu,  
Specialist: Water, Sanitation & Hygiene,  
WASH/UNICEF,  
P.O.Box 1169 Addis Ababa Ethiopia,  
Tel 251 11 518 4000 Ext 4180;  
Direct 251 11 518 4180

Contributor:  
Belinda Abraham  
Program Specialist- Sanitation and Hygiene  
Direct phone line: +251 (11) 518-4171  
Office mobile: +251 (0) 911 385 929  
E-mail: babraham@unicef.org

---