

Re-examining CLTS in Pastoralist Communities: Learning and Recommendations





- Present findings from lit review on CLTS in pastoral areas
- Present findings on CLTS research in Garissa
- Small-group case studies
- Small-group share
- Discuss next steps, key deliverable

What is the meaning of pastoralist?



Pastoralists / Nomads – terms used to encompass a wide range of people, cultures, traditions, religions, practices, etc.

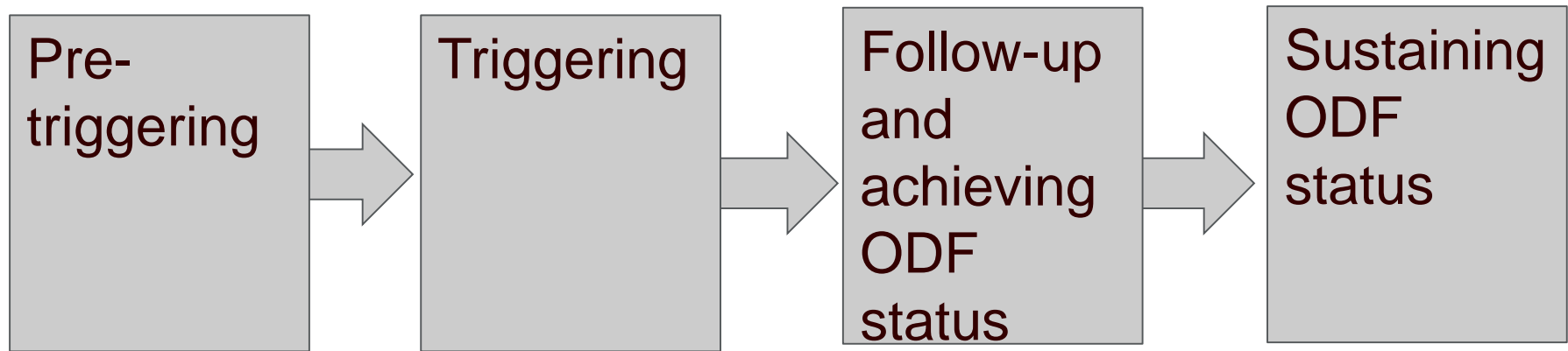
- move around throughout the year with their families and herds in search for water and pasture, *or*
- sedentary *or*
- both mobile and sedentary depending on year: rainfall patterns, water and grass availability, crop viability, (pastoralists produce food in harsh environments), and whether male or female

Why discuss pastoralists?



- Because they are rarely targeted
- Because they are often not included in government policy
- Because they are often marginalized
- Because their health outcomes are usually worse than sedentary communities
- Because

Community Led Total Sanitation (CLTS)



CLTS Study – Objective & Study questions



1. *Study objective:*

To understand barriers and opportunities for increasing sanitation coverage among pastoral populations in Garissa County – specifically in the rural areas where CARE is working.

2. *Study questions*

- a) Why is CLTS uptake slow?
- b) What can be done to accelerate ODF-certified communities?

3. *Items explored:*

- What are cultural attitudes and traditions regarding sanitation?
- How do beneficiaries feel about the CLTS approach?
- Are there barriers (or perceived barriers) for latrine construction?
- Is there sufficient follow-up?

1. Literature review of reasons for CLTS failure

- a) General reasons for failure or reasons for non-sustained ODF
- b) Challenges specifically in pastoral settings or among pastoralists

2. Household surveys

- a) Quantitative & Qualitative – No FGDs due to limited time
- b) Sampled 3 CARE supported communities
- c) Sampled 2 UNICEF supported communities
- d) 3 enumerators who spoke KiSwahili, Somali and English

3. Key informant interviews

- a) To understand perspectives of stakeholders within Garissa County government and UNICEF

Literature review: Sanitation challenges



Category	A selection of findings
Challenges to building latrines	<ul style="list-style-type: none">• no tools for digging latrine pits• limited knowledge of how to construct latrines• no local supply chain for sanitation materials• limited knowledge on technical options for latrines• local building materials too costly• structures do not last

Literature review: Sanitation challenges



Category	A selection of findings
Latrine attitudes	<ul style="list-style-type: none">• latrines attract snakes / other animals• multiple latrines needed for same family (e.g. gender separation)• people don't want to defecate in a "little house"• people don't want to be seen entering a latrine• latrines fill up quickly and are smelly /flies• latrine use can shorten lifespan / health hazards• poor construction / unsafe / not suitable for reduce mobility• no light/no ventilation• no need – bush gives privacy / traditional practice

Motivators

- Privacy, pride, convenience, dignity, health of family saves money

CLTS methods

- More in-depth pre-triggering activities necessary to better understand community – *attitudes/challenges/abilities*
- Good facilitation / “Early adopters” to accompany triggering
- Triggering done during certain seasons
- Alternative designs for areas prone to flooding or sandy soil

Not necessarily CLTS methods

- Sanitation and hygiene promotion materials developed and customized for pastoralist communities.
- Address taboos, don't ignore them
- Pilot latrine models first
- Work with high school students in pastoral areas to come up with innovative solutions (Hetherington et al., 2017)
- Don't do CLTS in pastoral areas

Expanding community options

- Micro-finance options for sanitation and hygiene items
 - local suppliers, mobile phone payment methods directly to beneficiaries
 - sanitation marketing schemes in pastoral communities, pilot “smart subsidies” for vulnerable populations

Results: Household Interviews & KIIs



- Key informant interviews: 2 Garissa County government staff and 1 UNICEF staff

Household respondents per village

Community	Setting	Women	Men	Total
Baraki (CARE)	Rural	5	4	9
Kongowea (CARE)	Rural	9	2	11
Raya (CARE)	Peri-urban	6	6	12
Medina (UNICEF)	Urban	6	3	9
Makaa (UNICEF)	Peri-urban	4	2	6
TOTAL		30	17	47

(In parentheses is the organization that provided the government with logistical and/or financial support)

Results: Reported sanitation practices



Village	Current place of defecation
Baraki (rural)	<ul style="list-style-type: none">• Majority use nearby bush
Kongowea (rural)	<ul style="list-style-type: none">• Majority use nearby bush• Some use neighbor's latrine
Raya (peri-urban)	<ul style="list-style-type: none">• Majority use HH latrine• Some use neighbor's latrine
Medina (urban)	<ul style="list-style-type: none">• Majority use HH latrine
Makaa (peri-urban)	<ul style="list-style-type: none">• Majority use HH latrine

- Most reported anal cleansing after / some reported HW /HWWS
- In any given family, all members tend to use same defecation method

Results: Respondents' opinion on latrines



- 54% reported “no issues” with latrines
 - 46% reported their likes and dislikes of latrines. The most common reported dislikes were:
 - 27% - offensive or bad smell
 - 18% - uncomfortable and small space
 - 16% - either fills fast or structures are short lasting
 - 12% - attracts flies, cockroaches and are possible hideouts of scorpions and snakes
- (multiple answers possible)

Results: Desire for privacy may lead to functional latrines



- Privacy was the main “attraction” of latrines

	Yes, functional latrine	Non-functional latrine	
Privacy mentioned as reason latrines are good	20	5	25
Privacy not mentioned as reason	3	5	8
	23	10	33

- Functional latrines: 51% (23/45)
- Non-functional* latrines: 22% (10/45)

*Non-functional: built and fell over, built and is full, building is incomplete

Results: Respondents happy with CLTS method



- 38% reported that CLTS approaches were fine
- 35% had no opinion
- 27% just reported what was done (taught about HW, health)
- 100% reported that the CLTS facilitator was friendly and approachable (government official facilitates triggering)
- 100% reported that they only need one latrine at their HH (okay with sharing with family members)

Results: Outcomes of CLTS Activities



<u>Village</u>	<u>Latrine status</u>	<u>CLTS follow-up (F/up)</u>	<u>Change since CLTS in HH?</u>	<u>Change since CLTS in neighbors?</u>
Baraki (rural)	55% built latrines after CLTS, but they fell in April rains and have not been re-built 45% (now 100%) use bush	11% report F/up “there needs to be more follow-up to boost morale and motivate changes”	100% yes Bury feces with soil More handwashing How to use a latrine	100% yes Built latrines but fell in rain Dug rubbish pits More hand and compound hygiene
Kongowea (rural)	33% have 33% constructing 33% no latrine	60% reported F/up	90% yes Bury feces Improved personal hygiene Latrine built Purify water Clean compound	90% yes Some were able to build latrines Dug rubbish pits Clean compound

Results: Outcomes of CLTS Activities



<u>Village</u>	<u>Latrine status</u>	<u>CLTS follow-up (F/up)</u>	<u>Change since CLTS in HH?</u>	<u>Change since CLTS in neighbors?</u>
Medina (urban)	83% functional latrine	86% report F/up	100% yes HW technique HWWS Latrine built Dispose of child feces in latrine Clean latrine daily	100% yes Built latrines HHWT Clean compound
Makaa (peri-urban)	78% functional latrine	17% report F/up; 33% report no F/up 33% not heard of CLTS 17% did not participate in CLTS	50% yes Latrine built Clean compound Dispose of child feces in latrine	60% yes Most have built a latrine Dug rubbish pits Boil water

Challenges building or maintaining latrines

- Too costly
- Limited natural materials
- No tools for construction
- No knowledge on good design
- Limited access to markets

Conclusions of CLTS study



“Good” findings:

- People have positive views of latrines.
- People are convinced that latrines are good (CLTS “done” well)
- People want a latrine in their HH and are happy with one for all.

Challenges:

- People can’t afford, or perceive they cannot afford latrines
- People have not re-built latrines after the rains
- There is limited follow-up in remote villages where access is more difficult and Community Health Volunteers (CHVs) or Public Health Officers (PHOs) or others are either not there, or not active

In-depth, Improved Pre-triggering

- Identify community history, challenges, population diversity, attitudes (getting information ***not only*** from community leaders)
- Map influential gate keepers and decision makers / Intimately and honestly involve leaders **BEFORE** triggering
- Involve men in triggering (women currently overrepresented; possibly separate sexes during triggering events; address HH decision-making dynamics as women attend but men make decisions on latrines)

Possible considerations - 2



Integrate alternative motivation for latrines

- Privacy, convenience and safety current motivators
- Education, good health, religion and income are other priorities of this population

Problems anticipated and solutions discussed during triggering

- Addressing latrine dislikes: solutions for smell, space, bugs
- Addressing short life-span: “mental preparation” and solutions

When the nurse tells your that you may get side effects of a vaccine – and that night or the next day you’re achy or feverish; you are okay with the symptoms because you knew in advance there was a chance they would come. You were mentally prepared for “negative side-effects.”

Formal Follow-up plan and agreement

- Currently inconsistent follow-up, particularly where no Community Health Volunteers or Public Health Officers
- Perhaps focus on a few villages at a time, get them through the full process to ODF, learn what works best, learn the challenges.
→ then move on to other villages, at a faster rate of implementation

Trying out Sanitation Marketing or Micro-finance options

- Loans for better toilets, better slabs; Piloting sanitation marketing options for remote communities
- Setting up temporary sanitation stalls during triggering to capture people while motivated
- Alternative methods – maybe CLTS doesn't work in certain contexts?!
- “Smart subsidies” for unique communities – Government to have special considerations / exceptions for certain contexts.

Potential considerations – Summary



In-depth, Improved Pre-triggering

Integrate alternative motivation for latrines

Problems anticipated and solutions discussed during triggering

Formal Follow-up plan and agreement

Trying out Sanitation Marketing or other options

Questions or Comments?



December 7, 2018



Woman in Baraki village, 1 Sept, 2018, taken by Klara Appel

End goal:

Each group to come up with **2-3 key recommendations** that the WASH sector should embrace when working on sanitation in pastoral areas.

These can be recommendations for **implementing organizations**, donors **or governments**, **or researchers**.

As you discuss

- you can **review the case studies**, to look at how other implementing organizations address challenges in pastoral areas

And/Or

- you can throw away case studies and **discuss your own experience**