

Implementation of CLTS in Central and West Africa Countries: Financial constraints and challenges

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The hunter-gathering approach

Hunter-gathering is a process of rapidly collecting and collating information, experiences and contributions. In a workshop setting, hunter-gatherers self-select a topic they are most interested in championing and work together in groups to produce a short report (2-6 pages) by the end of the workshop – groups and topics are decided upon on the first day. Each day, dedicated time is given for people to collect relevant information from one another. Over the course of the session the groups self-organise collecting contributions and feeding into other topics. Participants are asked to collect information informally through breaks and mealtimes. They may also like to use the opportunity in plenary sessions to take notes on their particular topic and ask questions to presenters that could help them with their reports. Outputs are action-orientated, with groups asked to reflect on what should be done moving forward and recommendations for policy and practice.

The notes produced are not meant to be polished or exhaustive, and they are not peer reviewed. They are rapid explorations into priority topics, which are written and disseminated quickly in the hope that they will trigger further conversations, debate and interest. As such, they are not for citation.

This methodology is very much a work-in-progress. Comments and suggestions to strengthen and develop the hunter-gatherer process and method, as well as the content and structure of the notes would be very welcome. Or if you wish to do a rapid exploration into a topic that interests you, please contact us: clts@ids.ac.uk

1. Introduction

The situation of sanitation remains a concern in many countries in West and Central Africa. Although Governments in West and Central African countries have adopted CLTS as one approach to address the issue, substantial achievement is yet to be realised. It is estimated that about 10 million people in the region need to stop open defecation each year until 2030 in order to reach the Sustainable Development Goals. One of the bottlenecks identified is the low level of financial resources allocated to sanitation sector by Governments.

2. Problems

This situation of limited financial resources result from the following points:



Almost no public funds allocated to implementation of CLTS approach

A rapid survey conducted during the workshop revealed that out of 14 countries just four Governments (Nigeria, Burkina-Faso, Mauritania and Ghana) allocated resources to the implementation of CLTS. The amount of public funds allocated by those four countries to CLTS represents less than 25 per cent of the total cost. This does not take into account the salaries of governmental staff. However, in all countries public funds are allocated for the construction of latrines in institutions, including the construction of latrines in schools, markets, health centres and other public places. For the remaining 10 countries (71 per cent of countries in the region), all funding for the implementation of CLTS comes from different sources (key donors of CLTS are the European Union, World Bank, Islamic Development Bank, FADES, DfID, UNICEF, Bilateral cooperation (German, USAID), NGOs and the Red Cross). In some countries (e.g. Cameroon) even when some public funds were allocated to CLTS, they were not disbursed and used for their intended purpose due to a number of reasons, including:

- Government at different levels do not budget for CLTS implementation and sustainability.
- Governments' investment in the sanitation sector across the West and Central Africa region is restricted to the payment of staff salaries.

Cost of implementation of CLTS is unknown and even where known it is not being approved at different levels or by different actors

In many countries, the implementation of CLTS projects is still at the pilot stage of the project. The unit cost of implementing CLTS is not known. Only Ghana has a scheme for financing pro-poor individuals.

No long term visibility of financial resources.

In most countries funds are allocated using a 'project based approach'.

Low institutional awareness on sanitation issues

There is little evidence at country level of the return on investment on sanitation that will encourage resource mobilisation from government and donors. Governments mobilise resources only for water and neglects sanitation and in particular issues related to sanitation at the household level.

3. Solutions

To address the issue of low financing and constraints, some Government have been able or have reached the point where they can:

- Mobilise resources from foreign donors and banks through loans or grants. These are to address the specific sanitation needs of the poor, vulnerable and the marginalised in communities. This includes raising awareness, provision of latrines for the poor, people living with disabilities, the elderly, people with chronic diseases, people registered on existing government poverty reduction programmes etc., as is the case in Ghana.
- Develop financing toolkits and documentation on sanitation which focuses on the CLTS approach. This should include:
 - Estimating and agreeing on unit cost of CLTS /sanitation project implementation.
 - Producing local evidence on the impact of improved sanitation.
 - Conduct a study to determine the cost effectiveness of the CLTS approach. In some countries there have not been any studies carried out to assess the cost or the level of funding allocated to sanitation in order for the country to achieve the SDG goal.
- Advocate for the inclusion of sanitation indicators in results based projects.
- Mobilise local resource through:
 - Micro-credit (ie village savings and loans in Liberia) that support the construction of latrines.
 - Mobilisation of artists and community leaders (ie in Burkina Faso).
 - Production of television programmes on sanitation (ie "Sanithon" in Burkina Faso).
 - Decentralisation of budgets; Governments finance celebrations. Costs are managed at district level.
 - Involvement of local government authorities (municipalities, district) in the implementation of CLTS.

- Capitalise on on-going community project and initiatives
 - It is important that the community itself leads the targeting: criteria should first be agreed upon and then the community should designate the relevant households.
 - A target monitoring committee should be put in place.
 - CLTS can be integrated in the day-to-day work of health workers and other community project interventions. Some projects have sanitation indicators (i.e. the Maternal and Child Health Nutrition Project in Gambia, Performance Based Funds project in Cameroon) such as having a latrine in every household, which encourages households to construct latrines.

A good example of a community based financing scheme is the one that has been introduced in Senegal:

In Senegal CLTS is financed at village level. Upon arrival at the village for the CLTS triggering, the CLTS facilitating team identifies the vulnerable people within the village and also forms a village development committee (VDC).

The VDC is responsible for the implementation of the CLTS action plan. The communities open a savings account where each member of the community contributes a certain amount either monthly or weekly depending on the agreement of the village. The vulnerable and poor are allowed to contribute whatever they can afford. The account is managed by the VDC and at a later point they loan money to individuals to construct latrines. The individual will then decide on how to repay the loan plus the 10% interest due. Latrines are constructed for free for the poor and vulnerable households in the community.

They also trained two artisans from each village on improved technologies that are affordable.

Stakeholders have to sign a Memorandum of Understanding (MoU) with the Government outlining their financial commitments to the sanitation sector.

4. Emergency questions

- Should the poor be supported? Is support for **pro** poor sustainable?
- How do we leverage the circumstance of emergencies to have more investment in CLTS programmes? Can CLTS be used as a first response to address sanitation issues during emergencies situations?
- Considering the financial situation, how can CLTS be integrated into other sector/community projects to address the open defecation situation in the region?
- Can CLTS be sustainable if it is financed only by donors?
- What mechanism should be put in place to mobilise additional and long term resources towards CLTS?
- How can the private sector be engaged to work towards ending open defecation in the region?

5. Recommendations / ways forward

- Make government understand that there is “money” in sanitation and produce evidence of this and/or the value for money in sanitation/CLTS.
- Develop resource mobilisation strategies mostly based on local resource and public funds (Government and Municipalities, communities) to address the issue of open defecation. This should include round table dialogues with donors and sector actors emphasising the need for government to take the lead in CLTS financing.
- Increase advocacy on sanitation issues. Take the opportunity of an increase in sanitation related epidemic (cholera, polio, etc.) to bring an end to OD through the use of CLTS.
- Government must dedicate budget lines for post ODF activities and at least the proportion of its sanitation budget as agreed along the e-Thekwini commitment (0.5% of GDP).
- Innovative ways of raising resources must be adopted.
- Develop technologies that can help address the challenge.
- Implement sanitation marketing.