# Improving targeting and outcomes of CLTS in Nigeria

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## Brief summary

- **CLTS approach can be successful in increasing sanitation uptake in some contexts.**
- In a CLTS intervention we implemented in two states of Nigeria, **triggering steps were not always successfully completed in more urban communities.**
- **CLTS is more successful at triggering households to construct toilets in smaller communities.** In line with the point above, no significant impacts are found in larger, more urban settlements; this reinforces longstanding anecdotal evidence from CLTS practitioners.
- While the success of triggering is likely to be driven by a multitude of factors, **population size is a crucial proxy variable.**
- Based on our findings we suggest that **population size can be used to improve CLTS targeting** in Nigeria, and beyond**.**
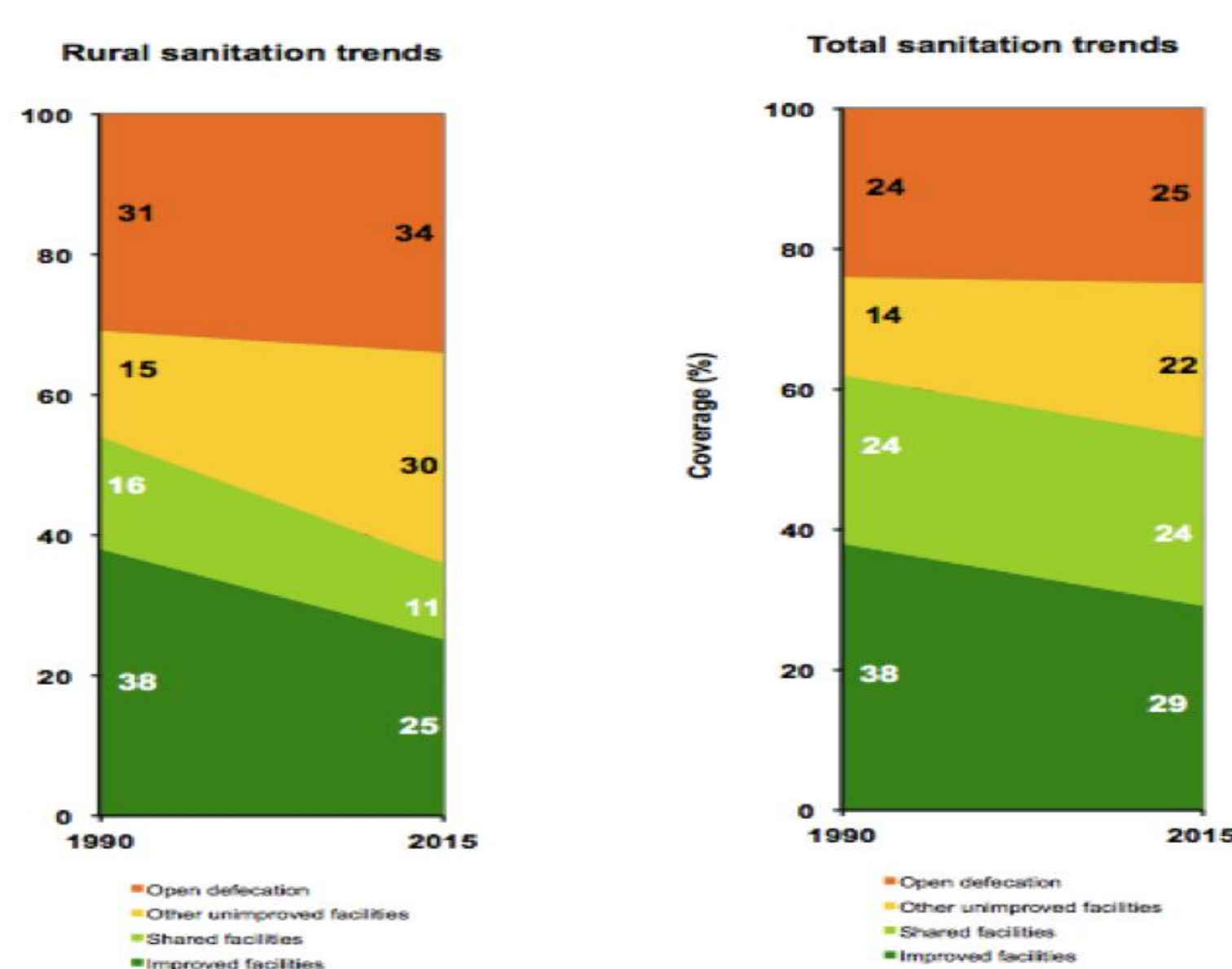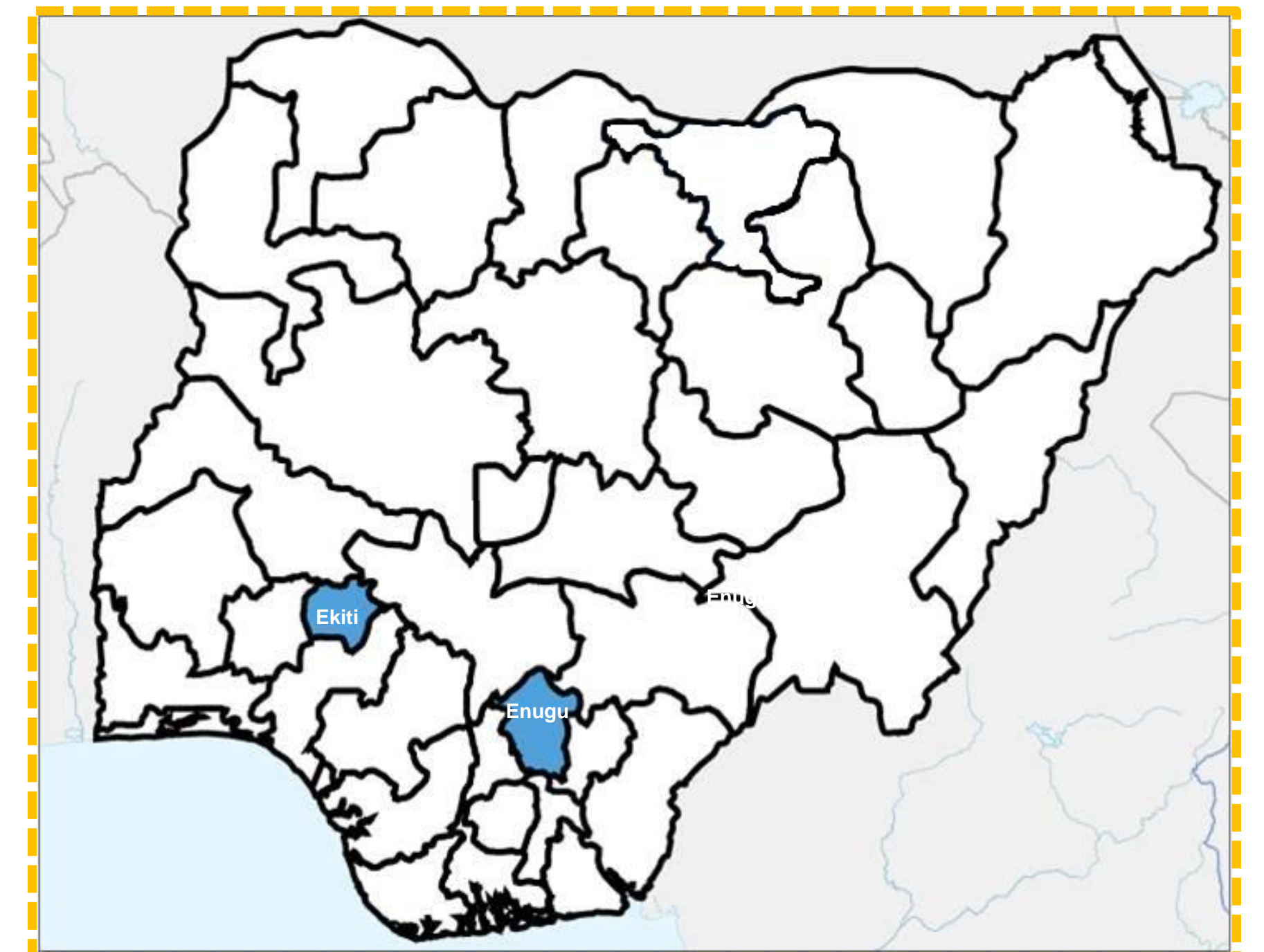


## What is the problem?



**Figure 1:** JMP Sanitation Coverage Nigeria 1990 - 2015

Nigeria is facing a monstrous task to eliminate open defecation by 2030. 25% of the population is defecating in the open and another 22% use unimproved latrines (JMP, 2015); together around 86 million people need to be reached with improved sanitation options in the next 15 years, not taking population growth into account.
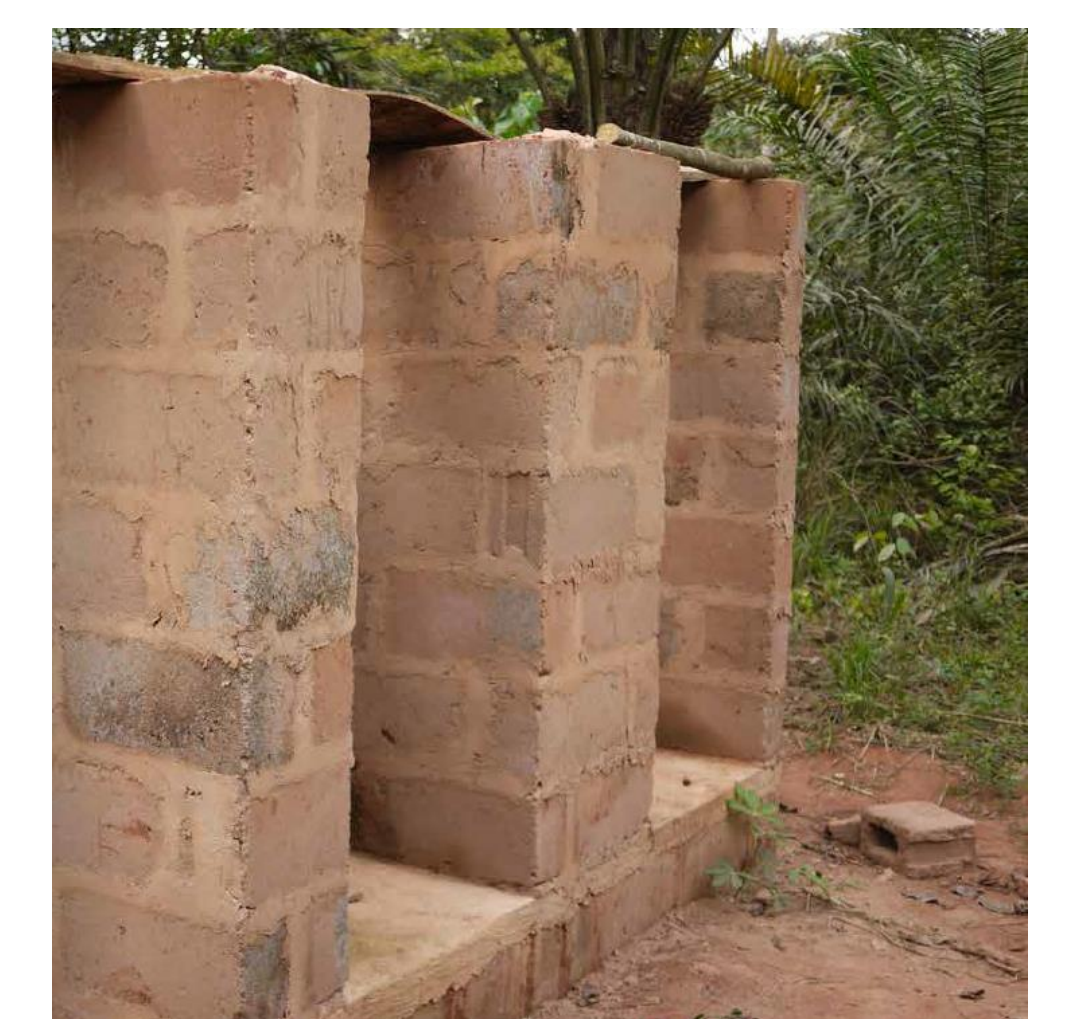
Nigeria adopted CLTS in 2007 as the national Strategy for Scaling up Sanitation and Hygiene towards reducing open defecation rates. Despite this commitment, progress in improving sanitation coverage declined from 1990 levels as can be seen in **Figure 1**.

As part of the formal research component of the Sustainable Total Sanitation (STS) programme in Nigeria, a study was conducted to elucidate the impact of CLTS on sanitation uptake in nine (9) LGAs across Enugu and Ekiti states of Nigeria. We set out to answer two important and interrelated questions:

- **Can CLTS be implemented in all targeted communities?**
- **Conditional on implementation, is CLTS cost-effective in improving sanitation practices?**

## Project method

- CLTS was implemented in a random subset of communities not previously triggered. 192 villages were assigned to receive CLTS intervention and 214 villages were assigned to the control group.
- The baseline household survey was conducted in December 2014, and one year later, when CLTS intervention had been implemented in all CLTS villages, the second round of data collection was carried out. Household questionnaires were used to gather data from a total of 2,269 households in the Control and 2,253 households in the CLTS villages.
- A difference analysis to estimate the impact of CLTS on toilet ownership was carried out on these two sets of data.



## Findings



**Figure 2:** CLTS impacts according to community size

- CLTS had no statistically significant impact on sanitation uptake in communities with more than 20,000 inhabitants (Large Communities), whereas it was successful in getting 4% of the population in communities with less than 20,000 inhabitants (small communities) to build toilets. (**Figure 2**)
- Sanitation uptake increased by on the average by 3% in both states.
- The percentage of households that own a functioning latrine increased from 35% in Enugu and 38% in Ekiti at the end of 2014, to 40% and 45%, respectively, one year later.

The findings however trigger additional questions, such as:

- How sustainable are the achieved impacts, especially in view of many constructed toilets being unimproved?
- Over time, will more households be constructing toilets triggered by the intervention?

Future work under the formal research component of the STS will aim to answer some of these questions, and others.
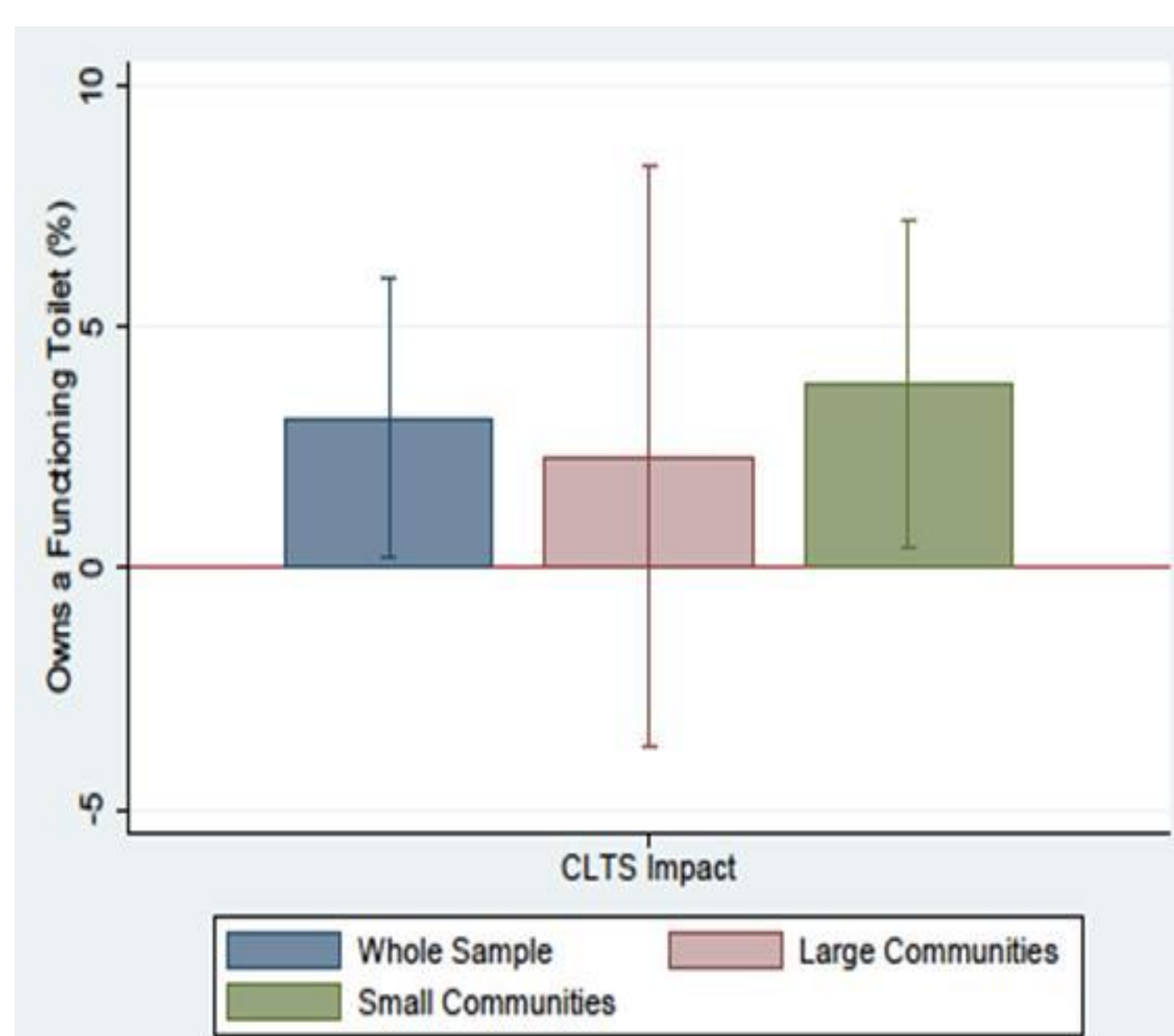
## Lessons learned

- Available population data can be used to prioritise suitable communities for CLTS programmes.

- Semi-urban areas with populations greater than 20,000 people are challenging environments to mobilise for CLTS activities, and, if mobilised, the intervention is often ineffective.

- Given the large amount of diversity in Nigeria it will be important to test and adapt this model

## References

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