

case  
study



## CLTS and PHAST in Eritrea

**A case study documenting experiences and lessons from the Red Cross Society of Eritrea in community-based sanitation and hygiene programming**



Household latrine in the highlands of Eritrea, constructed as part of the CLTS/PHAST process implemented under RCSE's Rural Water Supply and Sanitation Project.

Sanitation, hygiene and water supply continue to be key components of the Red Cross Society of Eritrea's (RCSE) community-based programming initiatives.

Located in the Horn of Africa with an estimated population of 5.4 million, Eritrea has some of the lowest sanitation statistics in the world. In 2010, only an estimated 4% of the rural population used an improved sanitation facility (UNICEF, 2010). The Government of Eritrea has increasingly recognised the importance of improved water and sanitation facilities, to reduce the burden of diarrhoeal disease, and is committed to achieving the MDG target of 54% of the population having access to an improved latrine by 2015 (JMP, 2012).

In 2007, the Government of Eritrea adopted the Community Led Total Sanitation (CLTS) approach, which was further outlined in the Rural Sanitation Policy and Strategic Directions (2009). Prior to this, there was a limited Government subsidy for sanitation facilities. In the Eritrean context, un-subsidised CLTS was seen as being able to offer communities a greater role in promoting and maintaining their own sanitation facilities than the previous approach.

In 2009 the Ministry of Health, supported by UNICEF, launched a nationwide sanitation programme. From 2009 to March 2012, 165 villages were declared open defecation free (ODF) out of a total 436 villages that were triggered.

Despite these significant achievements in both the number of people gaining access to sanitation facilities, and in a clear policy direction, significant sanitation challenges remain in Eritrea.

## Purpose of this case study

This case study captures key experiences of the RCSE in implementing a WatSan project where a hybrid CLTS and PHAST approach (no subsidy) was the core WatSan software component.

The lessons and recommendations outlined are relevant for RCSE and other National Societies in the region (along with Partner National Societies and the IFRC), who may be looking to implement similar programmes in the future or who are looking to improve the effectiveness of existing WatSan interventions.

This case study focuses solely on aspects related to CLTS and PHAST. Data was gathered from May – July 2013 through a desk-top review of key documents and four key informant interviews with both RCSE and IFRC project staff.

Technical information and guidance on the CLTS approach and PHAST methodology are well documented and therefore are not discussed in detail in this case study.

## Overview of the Rural Water Supply and Sanitation Project (RWSP)

The RCSE, in partnership with the IFRC and the Netherlands, Danish and Austrian Red Cross Societies, implemented a water, sanitation and hygiene project in rural Eritrea with funding from the European Union's ACP Water Facility. The total project budget was 2.9 million Euros, with a target population of 148,330 people (approximately 29,000 households) in 121 villages from all six zobas (administrative regions) in Eritrea.

The overall objective was to contribute towards reduced vulnerability of rural communities through improved health status and livelihoods. Sanitation and hygiene related objectives included improved access to proper excreta and waste disposal facilities, improved hygiene practices, improved access to safe and adequate water and improved capacity of women to participate in planning, management and operation of WatSan projects. In addition, there was a strong component of capacity building for RCSE staff and local communities.

The project agreement was signed in late 2006, however implementation did not begin until late 2009. This unavoidable delay was due to the country specific context, as well as mandates and restrictions on RCSE. The formal project implementation period extended until the end of February 2012 (two years).

The CLTS approach was used as an entry point, followed by a shortened PHAST methodology for improving the sanitation and hygiene behaviours of targeted communities. Community CLTS/PHAST groups were also formed to lead the process of community participation and empowerment.

## WatSan software within RCSE

RCSE places a strong emphasis on the involvement of communities in projects, so that they solve their own problems. A participatory process is utilised to solve complex community problems and to achieve solutions (for example improved hygiene and community management of facilities).

RCSE stresses the importance of participation and community involvement across all project phases, but particularly during the community needs assessment, mobilisation, and monitoring and evaluation components.

PHAST and CLTS are two participatory methods that RCSE uses to improve sustainability, ownership, self-esteem, collaboration and capacity building of local communities in Eritrea. RCSE have experience in using the CLTS approach since 2009, both in lowland and highland areas.

The coaching structure of RCSE is another asset and positive initiative which supports community-based programming. In each village, community volunteers are assigned to a 'Community Volunteer Leader' or CVL.

The CVLs are responsible for liaising between the RCSE branch and the volunteers themselves. This system provides a clear communication channel for implementation of community-based activities including monitoring and evaluation, improves volunteer retention and provides a 'coaching' or support structure for volunteers.



### Sequence of CLTS and PHAST in the RWSP

- CLTS was used at the entry point, to ignite and motivate action in communities for construction of latrines.
- CLTS triggering was done by both Government officers (Ministry of Health) and RCSE project staff. The first three steps in PHAST (problem identification, problem analysis and planning for solutions) were addressed during the triggering sessions.
- No subsidy was provided for latrine construction; communities used locally available materials.
- A shortened PHAST process (steps 4 to 7) was implemented through community volunteers, to improve hygiene behaviours, environmental sanitation, utilisation and maintenance of latrines, and to strengthen community empowerment.
- The RCSE coaching structure (see above) was used for monitoring of PHAST activities and as a mechanism for follow-up in communities.
- Verification and certification of ODF status was conducted by the Ministry of Health in close collaboration with RCSE.
- The idea of becoming an open defecation free (ODF) community is seen as being very prestigious in Eritrea, and can be a strong motivator for neighbouring communities.

### Latrines constructed following CLTS/PHAST activities

In the RCSE RWSP, a total of 105 villages were targeted and triggered. Out of these, 85% (or 90 villages) were declared open defecation free by the respective zobas (administrative regions) following CLTS and PHAST activities. To date, there has been no study of relapse rates.



Household latrine in the lowlands of Eritrea, made from locally available materials as part of the CLTS/PHAST process implemented under RCSE's RWSP.

Generally, latrines constructed by households as part of the project were simple pit latrines made from locally available materials.

One challenge faced was that latrines constructed were often 'short-lived', collapsing easily and/or requiring continuous maintenance. Latrine construction materials are expensive in Eritrea (for complete latrine materials can be approximately USD 800), and local supply chains are poor (particularly private sector suppliers).

*Initially the Government resisted the use of PHAST. RCSE organised a 2 day partnership meeting with the Ministry of Health to explain the benefits and complementarities of PHAST, and to get them on-board. After this meeting, inclusion of PHAST into project activities was accepted.*

*Abel Augustinio, WatSan Delegate/Acting Country Representative, IFRC*

## Strengths and weaknesses of CLTS and PHAST

Through experiences in a wide variety of communities (both lowland and highland), the RCSE has identified a number of strengths and weaknesses with the combined CLTS/PHAST approach.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>● CLTS is a good entry point to the community and strong motivator for igniting behaviour change</li> <li>● Strong follow-up mechanism through PHAST sessions and community activities</li> <li>● Uses local resources, materials and knowledge. No subsidy provided – which means cost effectiveness of activities</li> <li>● Technical guidance and input ensures well-designed latrines that are technically appropriate for the context (rocky and collapsible soils lead to construction problems; issues with ventilation and flies all lead to constructed latrines not being utilised)</li> <li>● Self-esteem of communities is built (they realise they can do things for themselves)</li> <li>● PHAST strengthens sanitation and hygiene awareness and behaviour change (if facilitated and implemented properly)</li> <li>● Encourages creativity and latrines have good replicability</li> </ul>	<ul style="list-style-type: none"> <li>● Shortage of private sector suppliers of latrine construction materials (lack of appropriate and affordable sanitation supply chain)</li> <li>● Difficult to implement in some semi-nomadic lowlands communities</li> <li>● Challenging to address the gap of communal latrines in public areas where open defecation is practised</li> </ul>

For larger settlements and urban areas, the approach requires adaptation to ensure an appropriate fit to the context.

In Eritrea, PHAST is generally associated with provision of subsidies. However, the original PHAST methodology does not include subsidies (communities plan for construction of sanitation facilities using locally available materials).

### Key lessons and recommendations

The following key lessons and recommendations are drawn from the implementation experiences of RCSE Rural Water Supply and Sanitation Project. They are applicable for future community-based health, sanitation or disaster risk reduction programs in Eritrea.

#### **CLTS and PHAST both have limitations, but can complement each other**

In the RWSP, CLTS was used as the entry point to ignite sanitation behaviour change, followed by a shortened PHAST methodology (steps 4 to 7) to strengthen technical guidance, hygiene and sanitation promotion and community follow-up mechanisms.

Recognising the limitations of both CLTS (e.g. focused on construction of latrines, lack of technical guidance, weak follow-up and monitoring) and PHAST (e.g. long process that may bring too many activities/topics, highly dependent on quality of facilitation); RCSE should continue to advocate for and use a hybrid, complementary approach with CLTS followed by specific steps of PHAST.

CLTS triggering should be done with the dignity of the community in mind – instead of using “shame” as a motivator, use “disgust”, “pride” or “shock”.

### **Technical guidance is critical for appropriate, well-constructed and utilised latrines: Aim to get households higher up the sanitation ladder**

Due to the prevalence of rocky and collapsible soils in Eritrea, in previous projects many latrines had construction problems and collapsed. There were also issues with ventilation (bad smell and flies) which led to latrines not being utilised, and damage from wind and rain. If people are not motivated and/or do not have the material and financial resources to repair or construct another latrine then there is a high risk of relapse back to open defecation.

In the RSWP, guidance on appropriate latrine designs for the context and local community were provided through the “sanitation ladder” activity of PHAST, and through the project engineer and technical officers. Communities were able to understand the different latrine options available to them (e.g. simple pit, VIP latrine) and how they can move up the ‘sanitation ladder’ in time.

In difficult terrains and contexts (for example, rocky areas, sandy soils, flood prone areas, urban settings), advice on appropriate construction methods and standard latrine designs are necessary to avoid poor quality latrines that break quickly and that may be extremely hazardous to health.

### **Trust that communities can construct latrines without subsidies- but don't forget about the most vulnerable groups (elderly, disabled)**

In Eritrea, direct provision of construction materials as a subsidy to households is seen to hamper creativity and increase external dependence. Communities have intrinsic and existing capacities and knowledge; if they are empowered and have a high level of ownership over activities then most households are likely to be able to construct a latrine themselves using locally available materials (with technical guidance – see bullet point 2).

Extra caution and care is required to ensure that the most vulnerable groups are not excluded or ‘left behind’ due to the lack of subsidy (materials, labour or financial). Vulnerable groups need to be identified (elderly, disabled, single female-headed households etc.), and a collaborative problem-solving and planning process undertaken so they are able to construct, use and maintain a latrine. RCSE volunteers or branch staff could mobilise other members of the community to support these vulnerable groups.

### **Emphasise WatSan software during project and community level planning**

Along with a WatSan hardware implementation plan, it is equally important that a detailed plan of action is developed for WatSan software activities. Following CLTS triggering, community committees could be tasked with developing action plans (linked to PHAST step 6 and 7 – who will do what, when, with which resources etc.) which may act to guide and motivate community leaders into action. RCSE should scale-up the use of natural leaders or ‘champions’ as role models in target communities.

### **A strong assessment which includes attitudes and motivating factors is key; and should be used to guide project activities (not just for measuring project success)**

In the RWSP, a baseline survey and assessment was completed in order to be able to measure change and impact from project activities. However, if assessment results are also used to guide project activities (particularly the sanitation and hygiene behaviour change related activities), a much greater level of impact and effectiveness can be achieved.

A strong and comprehensive assessment which provides a clear picture of sanitation and hygiene practices, motivators, attitudes and knowledge is critical. While Government directives or other factors may be the main reason why people initially construct latrines, it is also important to assess and identify key motivating factors for continued latrine use. Privacy, pride, convenience, health of family or children,

money and status can all be very strong motivators. These factors should be investigated in the project planning and assessment stages, and then used to guide the messages and channels for hygiene and sanitation promotion activities.

*“Communities served through CLTS/PHAST showed comparatively better environmental hygiene in terms of total open defecation free (including public places), hand-washing facilities at household level, and better waste management at community level. These other elements were not common in other villages who only received the CLTS approach.”*

Yisehak Kiflay, RCSE Project Manager for RWSP





Household latrine in Eritrea, with locally made hand-washing facilities using a jerry-can.

### Investigate sanitation marketing or innovative social marketing approaches

Lack of an appropriate and affordable supply chain for latrine construction materials was a challenge in the RWSP. Further, after creation of demand for sanitation, the ability of communities to continuing maintaining their facilities and/or construct new ones is hindered by a lack of local suppliers and supply chains for sanitation materials and hygiene items.

Aspects of sanitation marketing and/or innovative social marketing approaches should be explored and investigated in the Eritrean context. If appropriate, sanitation marketing could be incorporated into future WatSan project design.

### Think about sustainability: what will happen after ODF certification?

The risk of relapse back to poor sanitation and hygiene practices following declaration of ODF status can be substantial. There is a lack of knowledge and evidence around factors which support or hinder communities to retain their ODF status, in the months and years after certification.

RSCE should learn from those communities that were triggered under the RWSP in 2010 and 2011 and determine first if they are still using latrines or have relapsed back to open defecation, and more importantly, why or why not? In future projects, by including an end-of-project survey or evaluation and if possible a “look-back” review study, the lessons learned, best practices and recommendations for improving sustainability of interventions in the Eritrean context can be determined.

### Conclusion

The Government of Eritrea made a policy decision in 2007 adopting Community Led Total Sanitation (CLTS) as the key approach for improving sanitation coverage in Eritrea. With regular dialogue and strong advocacy, emphasising aspects of sustainability through the provision of technical support and hygiene promotion, the RCSE obtained agreement from the Government of Eritrea to use the hybrid CLTS and PHAST approach in their WatSan program.

This positive initiative and outcome, focusing on continuous dialogue and a strong relationship with Government, is something other National Societies can learn from to improve sanitation and hygiene programs and ultimately achieving greater impact for the vulnerable communities they work with.



**Red Cross Society of Eritrea**  
 PO Box 575  
 Asmara, Eritrea  
 Phone: +291 115 1693  
 Fax: +291 115 1859  
 Email: rcse@eol.com.er

**IFRC Eastern Africa and Indian Ocean Islands  
 Regional Representation**  
 Woodlands Road, PO Box 41275 – 00100  
 Nairobi, Kenya  
 Phone: +254 20 2835 000  
 Email: regional.eastafrica@ifrc.org  
 Website: www.ifrc.org

Follow us:

