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CLTS (Community-Led Total Sanitation) in Bounkani: Obstacles to Appropriation by Local Actors

Kouadio Edouard KOUASSI

Doctor of Sociology
Université Alassane Ouattara, Bouaké (Côte d'Ivoire)

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Summary

Known as a participative approach that encourages communities to face up to their responsibilities and carry out their own actions, CLTS (Community-Led Total Sanitation) is increasingly used in projects concerning water, hygiene and sanitation in Côte d'Ivoire. Whilst the objective is to encourage communities to adopt projects for a more collective and sustainable action, it must be acknowledged that its appropriation is not yet a reality in the countryside. In keeping with a qualitative approach, this paper aims to highlight the factors explaining the difficult appropriation of CLTS in the Ivorian context through a case study in the Bounkani region.

The results show that in spite of the beginning of a change in behaviour, most communities remain under the influence of their beliefs. Firmly attached to their representations, they lack the will to implement CLTS and give up at the slightest obstacle in the process. The current crisis of authority and the failure of leadership lead to inertia and lawlessness in most villages, which then compromise the monitoring and the sustainability of the project. Furthermore, the Departmental Monitoring Committees (DMC), which are supposed to take over following the withdrawal of the NGO in charge of the project, struggle to get started due to lack of operational resources. The challenges therefore remain multiple and complex, especially given the lack of real commitment on behalf of the public authorities. Therefore, the sustainability of any behavioural change is still a major concern.

Keywords: Water, hygiene, sanitation, community, MAP International

CLTS (Community-Led Total Sanitation) in Bounkani: obstacles to appropriation by local actors

Introduction

In Côte d'Ivoire, rural sanitation coverage is around 10%[1]. Issues of water-borne diseases, bad hygiene and sanitation practices are therefore a concern in the Ivorian countryside, and especially in the rural areas of Bounkani. In order to address the lack of access to water, sanitation and hygiene, the PADEHA (Support Programme to Accelerate Sustainable Access to Water, Hygiene and Sanitation) was created in 2013. This programme, which was implemented in seven regions, including Bounkani, is based on the signing of a "Sustainability Pact" between UNICEF and the Ivorian State, and aims to ensure behavioural change over the long term.

PADEHA uses Community-Led Total Sanitation (CLTS) as an approach to ensure the health and well-being of vulnerable populations (women and children). Beneficiaries are involved by means of an analysis of their own sanitary situations. By placing populations at the centre of WASH actions, the CLTS approach encourages communities to take responsibility and carry out their own actions in order to adopt behaviours in a collective and sustainable way[2].

In spite of commitments to guarantee the success of the programme, the results have fallen short of expectations. Indeed, the CLTS record in Bounkani after five years of implementation is rather disappointing. Out of the 628 villages that were pre-triggered between 2014 and 2017, 559 were triggered, of which 301 were declared to be ODF (open defecation free). A few years after the project began, three scenarios had arisen: triggered villages that had not achieved ODF status[3], ODF villages[4], and villages that had relapsed back to open defecation (REOD)[5]. In the first category (triggered villages that were non-ODF), CLTS directives had not been followed. In the second category (ODF villages), the requirements of CLTS were broadly respected by the populations. In the third category (REOD villages), the appropriation of CLTS actions remained problematic. Following initial enthusiasm for the project and the achievement of ODF status, efforts lapsed: directives were no longer followed, calling the sustainability of the approach into question.

These obstacles to populations' appropriation of good hygiene and sanitation practices are not specific to Bounkani, or to Côte d'Ivoire. A number of studies centred on CLTS have shown that beneficiaries tend to experience difficulties in appropriating this approach.

Zoungrana's[6] analysis of the effects of the CLTS approach in Koudougou and Ténado in Burkina Faso show changes in behaviour amongst the populations there. Nevertheless, he reported that their perceptions and understandings of sanitation remain unsatisfactory. Moreover, the sustainability of the projects' effects was observed on a technical and material level, but not on a social or behavioural one.

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[1] UNICEF Côte d'Ivoire. Annual report 2014
[2] Kar, Kamal and Chambers, Robert. Handbook on CLTS, 2008.
[3] Villages that did not achieve open defecation free (ODF) status
[4] Villages that obtained open defecation free (ODF) status
[5] Villages that relapsed back to practices of open defecation
[6] Zoungrana, Thierry A. « Contribution à l'analyse des effets de l'approche ATPC appliquée dans le cadre du programme USAID WA-WASH sur les comportements et les perceptions des populations : cas de quatre villages dans les communes de Koudougou et Ténado », 2016

In Benin, the results of UNICEF's 2014 evaluation of CLTS implementation showed that none of the selected villages had achieved ODF status since the approach was introduced in the country in December 2009[7]. Having been widely implemented in Mali since 2012, it was recommended that the CLTS approach be combined with a post-certification strategy given the observation following an evaluation in 2014 that the majority of villages had relapsed back to practices of open defecation[8]. This recommendation confirms the fragile nature of behavioural change in terms of good hygiene and sanitation practices. Evaluation of the implementation of the CLTS approach in Madagascar showed that more than half of the villages visited by the evaluators which had been declared to be ODF had relapsed back to practices of open defecation after a certain time[9].

Evaluations of CLTS in different spaces and contexts show that appropriation of this approach remains problematic, especially over the long term. Whilst these studies have the merit of establishing a picture of CLTS implementation in Africa, they do not sufficiently highlight the obstacles to the appropriation of the CLTS approach. The aim of our research is to highlight the factors explaining the difficult appropriation of CLTS in the Ivorian context, by means of a case study in the Bounkani region. In other words, what are the elements underlying the problematic appropriation of CLTS in Bounkani? Does the populations' perception of CLTS explain the difficulties they experience in appropriating it? Are the difficulties due to the populations' resignation in the face of natural obstacles to its implementation? Or can the obstacles be attributed to leadership failures and a lack of cohesion in the villages? Might the lack of financial autonomy amongst local NGOs and the weaknesses of the monitoring committees account for the difficult appropriation of CLTS in Bounkani?

Materials and Methods

The study, which took a qualitative approach, was carried out in the Bounkani region in the North-East of Côte d'Ivoire. The field site covered three departments and nine villages (see Map 1).

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[7] Protos. CLTS – discussion note, 2016
[8] Protos. *Ibid*
[9] Protos. *Ibid*

Map 1: Localisation of the area of study

SOurce : OCHA et CNTIG, 2016   Oura K. R; Kouassi K. E; Tohouri G. A., 2018

The selection was made using the purposive sampling method. Eligible departments were those in which the PADEHA project had been implemented. The choice of villages was made according to their status in relation to the project, namely: ODF villages, REOD villages and triggered non-ODF villages. Table 1 shows the distribution of villages by status.

Table 1: Distribution of villages by status

Departements	Non-ODF villages	ODF villages	REOD villages	Total
Bouna	Assoum 1	Assidouo	Imbié	03
Doropo	Varalé	Gbonkolou	Tessodouo	03
Nassian	Saboukpa	Gonkidouo	N'sémira	03
Total	**03**	**03**	**03**	**09**

Source : our study

We used a number of tools for data collection, including observation, group interviews, individual interviews, and open-ended interviews. In each village category, we consulted groups of village authorities (chiefs and youth presidents), women's representatives, community chiefs, religious leaders and heads of Village Monitoring Committees (VMCs), to make up the focus groups. We set up a focus group in each of the villages we visited, for a total of nine group interviews. These participatory interviews concerned the daily lives of the beneficiary populations, especially with regard to their hygiene and sanitation practices since the implementation of the project.

Individual interviews enabled us to collect information from resource people. Several interviews were carried out for this purpose, namely: interviews with prefects, sub-prefects, UNICEF Côte d'Ivoire, the coordinator of the NGO Caritas Côte d'Ivoire, the nutrition resource person from the Sanitary District of Bouna, and the coordinator of the PADEHA project at the MAP International level in Bounkani.

Informal interviews were also carried out over the course of the study, with the aim of gaining the trust of some of our respondents. We were therefore able to collect interesting data from village authorities (village chiefs, youth presidents), community leaders, inhabitants, field agents at MAP International, and teachers.

An observation grid enabled us to discover a number of real practices amongst the project's beneficiary populations. We sought to observe certain CLTS-recommended practices in the households that we visited. Moreover, participant observation, which took the form of sharing meals with the populations, enabled us to observe their practices, namely with regard to handwashing.

We used a classification matrix to identify the priority needs of populations at the beginning of the project. In each village that we visited, lists of needs were drawn up and classified by the populations. This had the merit of providing information regarding the real needs of the populations, and their perceptions of the CLTS project.

Venn diagrams enabled us, on the one hand, to discern the links between different households, families, and communities within the villages, and on the other hand, to understand the relationships between the beneficiary villages and the organisations involved in the project.

We also benefited from the support of a geographer, who supplied background maps and drew up maps using GPS (Garming ex 30) and satellite imagery. The cartographical data was processed using QGIS 2.18. 16 software.

Data was analysed by making an inventory, then thematically sorting the information obtained from observation and interviews. This enabled us to establish classifications and search for correspondences between the selected variables.

The study required us to recruit three people for exploratory visits and ten people for the data collection itself. Data collection was preceded by interviewer training, namely regarding ways to carry out group interviews. To better process the collected information, the interviews were recorded with a Dictaphone. A camera was also used for photographs.

Conceptual and analytical framework

Key concepts

Our study was based around two concepts, namely: CLTS and appropriation.

CLTS

CLTS (Community-Led Total Sanitation) is an approach to environmental hygiene. Its development stems from an evaluation of the traditional water and sanitation programme carried out by Dr Kamal Kar in Bangladesh between 1999 and 2000[10]. CLTS, which was developed from PRA (Participatory Rural Appraisal) methods, enables local communities to analyse their own sanitary conditions and to collectively become aware of the impact of open defecation on public health and their immediate environment[11]. The fact of observing, evaluating and analysing their own open defecation practices and its consequences shocks, disgusts and shames communities. This amusing and non-interventionist style often provokes a will amongst participants to put an end to open defecation and to sanitise their environment[12]. CLTS is, in fact, a participatory technique which highlights communities' socio-organisational capital and helps them to find appropriate and cost-effective solutions to sanitation issues that arise[13].

Although the CLTS approach is focused on the eradication of open defecation as a first significant step and starting point, its broader aim is sustainable, collective behavioural change with regard to hygiene and sanitation. This implies a process of social awareness-raising, encouraged by facilitators. In its original formulation, CLTS, which is based on social solidarity, mutual assistance and cooperation between households in a community, did not involve material subsidies for households and did not prescribe specific models of latrines.

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[10] Kar, Kamal and Chambers, Robert. *op. cit*
[11] Kar, Kamal and Chambers, Robert. *op. cit*
[12] www.communityledtotalsanitation.org/sites/org/files/Manuel_ATPC.pdf, *consulted on April 25th 2018*
[13] Unicef Mauritania. Evaluation of community-led total sanitation. Final report, 2010.

Indeed, the idea behind CLTS is the adoption of new social norms[14]. It is a question of defining new social rules so as not to relapse into practices of open defecation[15].

Total sanitation includes a set of behaviours such as:

- Refraining from open defecation,
- Ensuring that everyone uses hygienic toilets,
- Washing hands with soap before cooking or eating and after having used the toilet or been in contact with babies' or animals' fecal matter,
- Handling food and water in a hygienic way,
- Disposing of domestic and animal waste products safely in order to maintain a healthy environment.

The process of CLTS implementation generally includes the following stages:

- Pre-triggering: this is a preliminary stage which actually takes the form of a reference study to establish a picture regarding existing hygiene and sanitation practices in a given community for the implementation of CLTS. This stage begins with data collection. Two or three visits are carried out in order to gather useful information. The analysis of this information paves the way for the triggering stage.

- Triggering: the aim of triggering is to accompany the community in the observation and evaluation of its hygiene and sanitation practices. Triggering is founded on the stimulation of a collective feeling of disgust or shame amongst members of the community by confronting them with the reality of open defecation and its impacts on the entire community. "The basic premise is that no human being can remain indifferent to the fact of ingesting his neighbours' excrements"[16].

- After triggering: After triggering there is a post-triggering follow-up to evaluate the progress of the construction of latrines and their effective use in the communities. Two to three months after triggering, an evaluation is carried out with a view to awarding, or withholding, ODF status. The declaration is followed by a celebration where signs are displayed on the village doors to signify the area's change in behaviour. Certification takes place three years after the ODF declaration and marks the beginning of sustainability.

- Sustainability: Sustainability presupposes the total appropriation of CLTS by the community itself, with the spontaneous rebuilding of latrines, especially using better-quality, more long-lasting materials.

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[14] Réseau Projection. CLTS: an effective method? Report on the meeting of Young Professionals, 2015
[15] MCLAU. Handbook on CLTS implementation in Côte d'Ivoire, 2015
[16] Kar, Kamal and Chambers, Robert. Handbook on CLTS. P. 23.

CLTS, which was originally implemented in Asia at the beginning of the 2000s and imported to Africa from 2006[17], is currently the subject of much debate[18]. Amongst other things, its reach, sustainability and limitations are increasingly called into question.

Appropriation

Understanding of the concept of appropriation varies according to subjects and usages. The sociological use of the concept of appropriation has its origins in Marx's anthropology, and refers to the internalisation of knowledge or know-how[19]. According to Marx, this internalisation is central to appropriation, a process whose lessons, instability and search for new stability correspond to the dynamic of individual identity. It is also, by nature, a socially mediated experience, implying the existence of transmitted models, namely education. Marx also warned that any process of appropriation contained the risk of its own failure.

The concept of appropriation is a vehicle for two dominant ideas[20]. Firstly, the idea of adapting something to a defined usage or precise destination, and secondly, of an action aiming to make something one's own.

The idea of adaptation suggests a goal of harmony between a thing and the use to which one puts it, a happy pairing between two objects or between a subject and an object. Seen from this perspective, appropriation is only possible in relation to something that can be both attributed and possessed. The concept of ownership is therefore an important aspect of appropriation. The particularity is that this concept gets its meaning and legitimacy, not from the existence of a legal title attesting to the lawful possession of an object, but from the judicious intervention of a subject on the latter[21]. Thus defined, ownership here is essentially moral, psychological and affective. The goal of this kind of possession is to make something one's own, which is to say, to adapt it to oneself.

Giddens sees appropriation in the context of a more dynamic framework[22]. For him, it involves a continuous process. Roux defined appropriation as being the way in which a group uses, adapts and reproduces a structure[23]. Studying structuration therefore requires a focus on the processes of interaction within the group, the lived experience of the actors, their autonomy and their skills.

The phrase "difficult appropriation", used here, refers to the difficulties which the local actors experienced in internalising CLTS or adapting it to their practices. This approach requires communities to abandon their former practices, judged to be "bad" in hygiene and sanitation terms. It also requires authorities and local NGOs to take steps towards better

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[17] Kar, Kamal and Milward, Kirsty. « Creuser, s'implanter et grandir : Introduire l'ATPC en Afrique », 2011

[18] Réseau Projection. *ibid*

[19] www.henri-maler.fr/Marx-et-l-appropriation-sociale-1-Enjeux-et-modalites.html, consulted on May 19th 2018

[20] http://www.perlaserfaty.net/texte4.htm, consulted on June 21st 2018

[21] http://www.perlaserfaty.net/texte4.htm, consulted on June 21st 2018

[22] Giddens, Anthony. The Constitution of Society, 1987

[23] Roux, Angélique. De l'usage à la pratique : les processus d'appropriation. Emprunts à la théorie de la structuration et empreinte du chercheur, 2010.

implementation, especially for the adoption of good hygiene and sanitation practices in rural areas.

Different experiences, especially in Africa, have shown that CLTS has never been an easy task, whether at the community level or at the level of other local actors. Certain communities reject CLTS, whilst others struggle to respect its directives to achieve ODF status. Those communities that do achieve the status overwhelmingly relapse back to their former practices. Other local actors (NGOs, committees, authorities, etc) struggle to fulfil their roles and responsibilities. In short, all local actors experience difficulties in appropriating CLTS, hence the phrase "difficult appropriation".

Framework for analysis

To show the process of adoption of CLTS, as a new environmental management approach, and to analyse the attitudes of beneficiary populations, we used Rogers' diffusion of innovation theory. We also used Crozier's theory of the strategic actor in order to understand the strategies adopted by local actors (communities, NGOs, authorities) in the face of CLTS.

Rogers defined the process by which an innovation is communicated through time by means of certain channels amongst members of a social system. Hence, the diffusion and adoption of an innovation is dependent on four elements: *innovation, communication channels, time, and a social system*[24].

According to Rogers, the speed at which innovations are diffused and adopted depends on the way they are perceived by the beneficiaries[25].The latter effectively analyse the relevance, compatibility, complexity and divisibility of the proposed innovation or change.

In the context of CLTS, therefore, communities will seek to understand the benefits of this approach, or what is in it for them. The beneficiaries will also look at how CLTS might be integrated without fundamentally calling the established order into question. The approach will also be judged on the basis of how complex it is. Moreover, communities will examine the possibility of trying the approach out noncommittally and returning to old practices in the event of failure.

Communication is at the heart of the innovation process. The efficiency of the implementation of the change or transfer of innovation, as well as its results, will depend on the type of communication channels that are used. Are the channels used in the framework of CLTS adapted to the context and particularities of the beneficiary communities in Bounkani?

Time is a fundamental concept in the diffusion or implementation of change. Rogers distinguished several categories of adopter, depending on time[26]. Whilst some individuals adopt innovations without hesitating, others will take a lot of time to decide. This aspect of

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[24] Everett Rogers, Diffusion of innovation, 4th edition
[25] Everett Rogers, *op. cit.*
[26] Everett Rogers, *op. cit.*

the theory of diffusion calls into question the collective or mass adoption championed by CLTS and enabled us to explain the attitude of the beneficiaries with regard to this approach.

One of the key elements to take into account in the diffusion of an innovation, according to Rogers, is the complexity of the social system. This complexity does not permit linear analysis, if we want to guarantee the success of the proposed innovation, since processes of innovation are not simple transfers. Any initiated innovation necessarily goes through processes of adaptation and reinterpretation. Innovation, especially in the rural African context, therefore requires new ways of communicating, informing, training, etc[27]. The implementation of CLTS in Bounkani must follow these requirements in order to guarantee its chances of success.

Crozier's theory of the strategic actor also allowed us to understand the obstacles to changes in behaviour and to the appropriation of CLTS. For Michel Crozier, change should not be presented as a solution or an end in itself. It should rather be perceived as a sociological issue of relationships amongst actors[28]. The behaviour of actors in a process of change should not therefore be considered as being any kind of "resistance to change", but rather as representing group opportunities and strategies. Changing, in fact, is establishing new models of "play", with affective, cognitive and relational components. Actors may be prisoners of former "concrete systems of action". Actors or groups of actors are not always willing to give up their "zones of uncertainty". When they are unable to grasp the opportunities that they would like, they prefer to safeguard their assets. The theory of the strategic actor therefore has the advantage, for the current study, of highlighting the different strategies developed by the actors engaged in the implementation of CLTS in Bounkani. The light shed on these strategies contributes to understanding the difficulties in appropriating CLTS for local actors in Bounkani.

Results

Populations' perception of CLTS

Beneficiaries' perception of CLTS was measured according to three analysis criteria: relevance, compatibility and complexity.

CLTS was well-perceived in terms of relevance, both by local authorities and by the populations themselves. These are remarks by a public figure from the royal court in Bouna:

"The NGO MAP International is doing a good job. Thanks to its CLTS project, our villages are now clean. Often, the heads of MAP involve us in awareness-raising and gift-giving".

From prefects and sub-prefects to village chiefs and the royal court, all parties joined in with MAP International's efforts for the success of the project. Nevertheless, the bigger

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[27] Delmas, Patrick « Foire aux innovations paysannes », Grain de sel N° 27, June 2004
[27] http://www.sietmanagement.fr/les-phases-du-changement-la-conduite-des-etapes-des-trajectoires-k-lewin-r-zmud/, consulted on July 1st, 2018

villages, which were undoubtedly influenced by town practices, found the low-cost latrines prescribed as part of the project to be rather basic. "Big villages near the town reject low-cost latrines", confirmed the coordinator of MAP International in Bounkani. These villages would rather be given subsidies to build improved or modern latrines, he concluded.

In terms of compatibility, populations still had difficulties incorporating CLTS into their daily practices. By making a stipulation of cleanliness throughout the living environment, the approach demanded a major change in habits, namely in terms of management of the family space. Plots of land were seen as living spaces as well as spaces for agricultural production. The surrounding areas were used to grow maize, beans or soya (photos 1 and 2). According to the populations, these fields were the primary sources of food for the families, those further from the village being used essentially to grow produce for sale.

Photos 1 and 2: View of land plots in a Lobi village visited by the research team in the department of Doropo

In Lobi villages, the living space is also used for agricultural production. These photos show fields of maize in the middle of the village.

Source : Our study

These practices flouted CLTS prescriptions which required hygiene and cleanliness to be maintained throughout all living spaces, alongside the construction of latrines. Lobis do not generally feel the need to dig holes for latrines. In the Lobi representation, in fact, digging a hole makes reference to a body to be buried. "Amongst the Lobis, when you dig a hole, it's to bury a corpse", we were told by a public figure in Tessodouo (Doropo). This was confirmed by a youth from the village of Imbié in Bouna, who shared the following anecdote:

"When the CLTS project arrived, I accepted to build my latrine. I dug the hole: that night, I slept, and it turned out it was my own tomb I had been digging. So I stopped the construction of the latrine".

The representations and beliefs of the population represented a real obstacle which altered their involvement in the implementation of CLTS. In accordance with their beliefs, they were concerned with securing their lives rather than fully engaging with the project, especially since, in their eyes, human excrement did not represent any particular danger. Hence, the initial enthusiasm gave way to reticence as the communities discovered that CLTS was incompatible with their beliefs.

Although populations recognised the relevance of CLTS, they found the approach to be complex. They saw CLTS as requiring new attitudes and practices, and above all, a consistency which demanded a lot of effort. Populations in Bounkani overwhelmingly deemed the application of CLTS to be complicated. Adopting CLTS, according to them, required not only technical and financial means to overcome natural obstacles (sandy soil, climate hazards, termites, etc), but also constant efforts on behalf of the entire household to apply the directives. The relapse back to old habits, especially to practices of open defecation, can also be explained by this complexity of CLTS in its implementation.

Moreover, the populations and leaders of the project (MAP International agents in charge of the project's execution) did not always share the same interpretations regarding certain aspects of the process of CLTS implementation. Often, there was a loss of motivation amongst communities in ODF villages. The inhabitants considered the changes that had been implemented (PHV, latrines in schools, etc) as "Rewards" and no longer found it necessary to pursue their efforts, once the infrastructure was in place. In some villages, populations accused the NGO of having broken its promises. In response, the NGO agents declared that promises regarding the construction of basic infrastructure had never been part of their implementation protocol. In the wake of such arguments, several ODF villages relapsed back to practices of open defecation, because communities saw no interest in pursuing their efforts. The members of the Village Monitoring Committees, who were supposed to motivate the populations, themselves demanded encouragement bonuses. In response to our question about why the VMC in his village was no longer working, a chief told us that:

"At the beginning of the project, the VMC was working properly. All of its members were motivated. Now they have all stopped work, because they felt they were working for nothing". (H.T. village chief of N'Semira, S/P of Nassian).

These words illustrate that during the process, the members of the VMC stopped consenting to the sacrifices which they had willingly accepted at the beginning of the project. They felt that they had the right to encouragement bonuses which would acknowledge their efforts.

"Monitoring takes a lot of time. When you come back from the fields, already tired, you have to do the rounds through the village. It's not an easy task. We need some gesture of encouragement", reported a VMC President in Saboukpa.

From initial voluntary participation, VMC members therefore progressively fell into a logic of demands for compensation for their efforts, once they had taken full stock of the task that has been assigned to them. There was a kind of request to adapt or update the game to account for the discovered reality. When this expectation was not met, there was a withdrawal, in comparison to the determination expressed at the start. This withdrawal or disengagement of VMCs explained the slackening in several ODF villages and left the door open to former practices of open defecation. The possibility of sustainable behavioural changes through CLTS was therefore called into question after only two years, at most. Populations went back to their old habits. It was difficult for them to adopt the recommendations, especially when they tended to give up at the slightest obstacle.

Populations' resignation in the face of obstacles

Populations' efforts were further hindered by natural obstacles. The sites of the villages were often not conducive to the requirements. In villages located in sandy or hydromorphic areas, such as Saboukpa and N'sémira in Nassian, the soil was not adapted to the kind of latrines that were recommended. During the rainy season, the pits collapsed after landslides. Moreover, the risk of contamination was very high, since the groundwater was close to the surface. In villages located in ferruginous areas, like Imbié in Bouna and Varalé in Doropos, the populations found the earth to be hard to dig. Calling in well-diggers, who are increasingly hard to find, required significant financial investment. Faced with these obstacles, the communities gave up and looked to the executive NGO to solve the problems.

"We have lots of problems. MAP International is aware of our difficulties. Our area is sandy. It is difficult to dig and build latrines", said a village chief in Nassian.

This quote demonstrates that communities avoided directly confronting the obstacles they encountered in the implementation of CLTS. They seemed to forget that this approach is essentially dependent on the community, which must find its own solutions whenever an obstacle arises in the process. Indeed, "when the CLTS method is implemented, the solutions have to come from the populations. They are the ones who have to resolve to end open defecation and therefore decide to build latrines", said the office manager of MAP International in Bouna. Instead of fully assuming their responsibilities, we can observe that communities reinterpreted the project somewhat when they came across constraints.

Determination was often lacking in communities. Obstacles certainly exist, but a real will to overcome them has enabled villages to achieve ODF status or to guarantee its sustainability for those communities who have obtained it. Instead of facing up to the obstacles, most communities chose to give up and go back to their former practices. They did not hesitate to reference the lack of financial means in order to justify their actions. The following opinion, expressed by an inhabitant of Saboukpa, clearly illustrates this situation, which we observed in triggered non-ODF and REOD villages: "We have difficulties building the latrines. During the rainy season, the latrines collapse. We know that we need to build them more solidly, but we lack the means to".

These were generally the reasons given for returning to the practice of open defecation. In reality, there was no real will expressed by the populations at the beginning of the project. Communities signed up to the project with the aim of using it to obtain what they needed for what they considered to be their priority needs. When these needs were not satisfied, the populations became discouraged and abandoned CLTS, which was a way for them to protest a kind of injustice by referring to villages who did benefit from certain infrastructures. In some cases, when these needs were met, we observed a loss of motivation amongst communities and the neglecting of latrines after the completion of social constructions (see photos 1 and 2). Indeed, these populations considered these infrastructures (PHV, latrines in schools) to be "rewards" and no longer found it necessary to pursue their efforts once they had been acquired.

Photo 3 and 4: abandoned latrines in REOD villages

These images illustrate the fragility of the ODF status. They are latrines that have been abandoned due to the non-delivery of desired infrastructures, according to the communities.

Source : our study

These photos show abandoned latrines after the achievement of ODF status, and clearly illustrate that priorities lie elsewhere. Indeed, the classification of needs carried out by the different communities in the study enabled us to observe that no village listed hygiene and sanitation as a priority. Priority was given to the building of schools, water pumps or health centres.

In reality, this lack of will on behalf of the populations stemmed from the fact that they had not yet fully become aware of the dangers represented by a lack of hygiene and sanitation, and especially by open defecation. A community spokesperson confirmed this observation, saying: "For Lobis, poo is a natural substance that is not seen as a problem".

Living with *poo* (human excrement) or near to areas used for defecation did not seem to bother the Lobi populations. Indeed, "sweeping, sanitation, hygiene, cleanliness are not anchored in the behaviour of our Lobi villages", said a field agent at MAP International. The lack of will was therefore linked to the populations' representations in terms of hygiene and sanitation. This representation might have been open to change if the leadership had not been in crisis.

Failure of leadership and absence of cohesion in the villages

Most of the villages in Bounkani were undergoing a real leadership crisis. This manifested itself at various levels. There were many power conflicts in the Bounkani countryside, from conflicts between chiefs and youth presidents to conflicts within VMCs, along with the calling into question of the chiefs' authority by the community. These conflicts mainly stemmed from leaders' inability to create harmonious relationships or unite people within the community. Due to a lack of authority, many village chiefs and youth presidents were challenged by their populations, as described by this chief who himself admitted that his legitimacy had been called into question, in the following terms: *"I do not know whether they want to take my*

place. They know that everybody has to wait their turn. I was appointed chief when my father died".

From his point of view, the situation was caused by the fraternal links between him and the rest of the community. "They do not respect me because we are all brothers. They know that, whatever happens, I cannot send them to prison", he confided.

This case is an example amongst many others. Overall, leaders are unable to exert an influence on their communities. In most of the villages, the chiefs have lost their authority and the populations have lost their esteem for them, to the extent that several villages have descended into anarchy.

And yet, in order to guarantee the sustainability of CLTS, it is imperative to have leaders who are capable of influencing the community and fostering cohesion within their villages, as highlighted by the office manager of MAP International in Bouna: "The influence of the village chief is a major factor in the advancement of the project, both before and after implementation. From triggering to post-ODF follow-up, the chief is a key player. When things go wrong, we turn to the chief".

These words illustrate the central role of chiefs in the implementation of CLTS, especially since most villages are not configured in such a way as to encourage the formation of strong links between families and communities. Households are set up far apart from each other (see Map 2), which creates a certain independence or autonomy between households.

Map 2 : Village of Imbié 1

Sources: Google earth, 2018; Enquête de terrain, 2018   Oura K. R., Kouassi K. E., Tohouri G. A., 2018
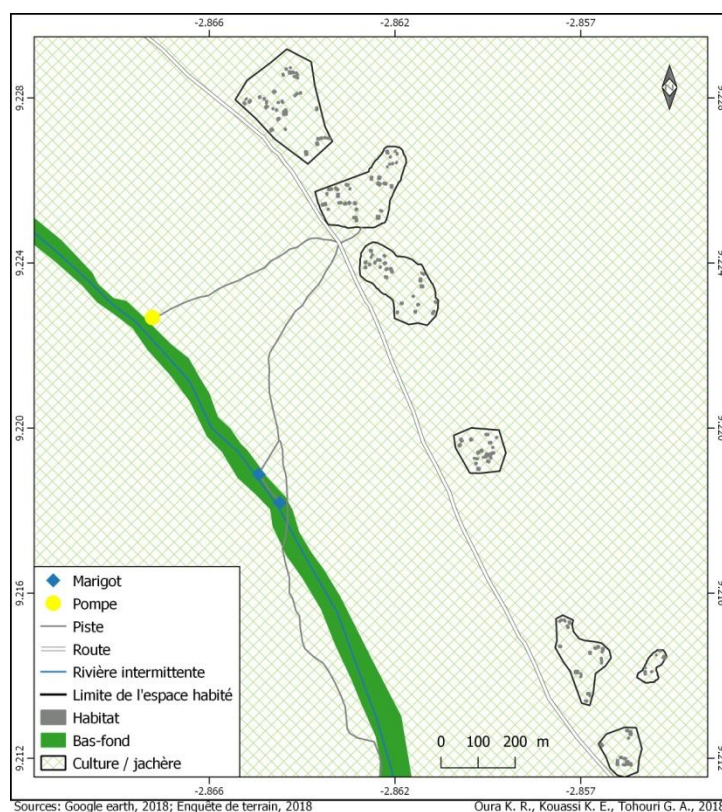
Like Imbié 1, most of the villages are fragmented, with each household enjoying a degree of autonomy. As a result, the chief's authority was often flouted, social cohesion and solidarity were virtually non-existent, Village Monitoring Committees no longer functioned, and relationships with the project partners were strained. On further analysis, we observed that communities had not yet developed a real awareness of the importance of CLTS, which itself compromised its adoption. In the triggered non-ODF villages such as Assoum 1 in Bouna and Varalé in Doropo, for example, which were mainly large villages (more than 70 households and located near a big town or a tarmac road), the reaction of communities and households illustrated a degree of freedom and urbanity, with unruly young people and a chief who was ignored.

Local NGOs' difficulties and the failure of monitoring committees

The NGO MAP International encountered huge difficulties in carrying out the CLTS project. These various difficulties especially concerned field activities, in terms of both financing and security.

Constraints affecting field activities were related to the bad state of the access roads to most of the villages involved in the project, and to a lack of equipment. The disastrous state of the roads led to delays in field visits. This prevented regular and adequate follow-ups from being carried out after the triggering stage. The state of the NGO's dilapidated motorbikes also led to delays in the implementation timeline. MAP International was therefore unable to properly carry out awareness-raising activities, training and monitoring, as we observed in Imbié 1, Varalé and Saboukpa, respectively in Bouna, Doropo and Nassian. Moreover, the

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reticence of certain populations, especially during the rainy season, made the activities difficult to carry out. Indeed, during this season, the communities gave precedence to working in the fields rather than focusing on CLTS.

In terms of security, field agents were often attacked on the roads. They were therefore forced to curtail their working hours in order to prevent potential attacks.

"Since the crisis, there have been too many attacks on the roads. We are constantly victims of attacks by armed men, as part of our activities. Be careful: when you go into the field, try and be back before 6pm", warned a field agent from MAP International, prior to our field visits.

Unsafe conditions therefore remained a barrier to the effective implementation of CLTS in Bounkani. Whilst these difficulties did represent real obstacles to the smooth functioning of CLTS, they could essentially be traced to the lack of financial autonomy of MAP International, the NGO in charge of the execution of the project in Bounkani. Its funding came from UNICEF and only covered the execution stage of the project. Funding stopped as soon as the project ended. "It's with a twinge of regret that PADEHA is coming to an end – a lot has been left undone. It's an unfinished symphony", said the coordinator of MAP International in Bounkani. The project did indeed come to an abrupt end just as it was reaching maturity. Hence, the sanitation marketing[29] which was intended to reinforce sustainability had not yet begun when the project ended. As for the follow-up activities, they were left to the VMCs, most of which were not working properly. These as-yet-unequipped local committees struggled to play their role in achieving ODF status or in maintaining this status over the long term. In the villages, project monitoring was not properly carried out. Most of the management committees set up for the implementation and follow-up of the project ended up malfunctioning. Hence, the goal of total sanitation to prevent sanitary risks was far from being met. The NGO MAP International, which was somewhat powerless in the face of difficulties, did not hesitate to reduce its actions in the fight against open defecation. One of the NGO's office managers clearly illustrated this when he said:

"The absence of poo in the villages is the main factor in the ODF declaration. The rest is a long, drawn out process. Total sanitation in the villages entails building soak pits, cleaning the villages, making crockery racks: that's a whole process, it comes after the ODF declaration, but the most important thing is for there not to be stools in the street".

These remarks justifying the insalubrious nature of villages that had had declared ODF status for more than two years illustrate the difficulties encountered by MAP International in trying to get communities to adopt total sanitation.

The departmental monitoring committees (DMCs), in charge of CLTS follow-up with regard to coordination and sustainability, which were supposed to take over after the NGO withdrew, were often not operational, since they did not have the means to act. "When the project ends, DMCs do not yet have field agents, vehicles, etc", explained a sub-prefect. DMCs, presided over by the Prefect and made up of the departmental sub-prefect or prefects, and

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[29] Sanitation marketing promotes improved latrines with social costs that are logically accessible to all.

representatives from the Regional Council, the town hall, the Departmental Directorates of Construction and Health, the Regional Directorate of National Education and Technical Training, and CLTS implementation organisations (NGOs or other organisations), are top-heavy entities which require significant sums to function. Hence, the organisations created on paper experienced difficulties in starting up and guaranteeing the sustainability of CLTS. This aim was made even more hypothetical given that, as a sub-prefect told us, leaving DMCs to take over was akin to signing the project's death sentence. This illustrates a lack of real commitment on the political and administrative levels. Consequently, the withdrawal of MAP International represented the failure of the project and the return to bad practices of hygiene and sanitation. The State's commitment to the sustainability pact was therefore called into question.

Discussion

By prompting the community to become aware of the dangers represented by bad practices of hygiene and sanitation, CLTS reduces the sanitary risks in the villages where it is implemented. Its success in several countries in Asia led to it being introduced in Africa[30]. Yet after more than a decade of application on the African continent, the results remain disappointing [31]. Although the promoters of this approach have chosen a positivist perspective, experiences in several countries, including Côte d'Ivoire, suggest that the initial positions need to be reconsidered. The adoption of the new social norms advocated by CLTS is difficult, especially over the long term, in most of the communities where it is implemented. Community-Led Total Sanitation is now rightly being called into question with regard to its methods, effective results and sustainability.

Regarding the results, following the example of Bouna, a number of experiences of CLTS campaigns carried out in different contexts show mass adhesion thanks to good implementation in the short term[32]. CLTS also has the advantage of offering an alternative to the real issue of insalubrity and sanitary risks observed in rural areas[33]. Nevertheless, these experiences show that the appropriation of this method remains difficult. Overall, studies highlight the lack of standards for the latrines, the lack of follow-up, the shortlivedness of the latrines that were built and of the behavioural changes incurred[34]. Chambers and Myers[35] reported a partial use of the latrines several years after ODF status was obtained.

As a result, the effectiveness of CLTS methods is increasingly being called into question[36]. For example, the principle of collective or community cohesion in the record time of 2 to 3 months has questioned, in order to understand the motivations behind such a provision. Villages which do not adhere to this principle are effectively excluded from the process, as illustrated in the case of Bounkani, the aim being to move quickly from practices of open

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[30] Kar, Kamal and Milward, Kirsty. *op. cit.*
[31] Protos. *Ibid.*
[32] Réseau Projection. *ibid*
[33] Unicef Mauritania. *Ibid.*
[34] Cavill, S. with Chambers, R. and Vernon, N. « Durabilité et ATPC : État des lieux », Number 4, 2015.
[35] Chambers, R. and Myers, J. « Normes, connaissances et usage », Number 7, 2016
[36] House, S. and Cavill, S. « Rendre l'assainissement et l'hygiène plus sûrs : Réduire les vulnérabilités face à la violence », Number 5, 2015

defecation to ODF status to mark the change in behaviour. By proceeding in this way, the project side-lines a number of villages that might have achieved ODF status if they had been given enough time. The limits of this approach are also laid bare by the speed with which ODF-declared villages relapse into practices of open defecation. Forcibly imposed community adhesion represents an obstacle for the appropriation of CLTS. Indeed, any innovation or change introduced in a community must generally respect an appropriation process which takes place gradually and individually, or by groups of individuals[37]. The concept of time is even more essential given that individuals and groups give themselves a trial period in which to evaluate the compatibility of the new element with their habits and to either find possible adaptations, or reject the change.

The infrastructures built as "rewards" can sometimes represent obstacles to the fundamental principles of CLTS. Whilst rewards can be effective incentives in the short term, they can also have disadvantages and threaten the principles of CLTS[38]. Indeed, communities can be misled into working for the rewards, when the goal ought to be the achievement and maintenance of ODF status.

The responsibility of choosing the technical model of the latrines, which often falls exclusively to the communities, is another limitation of the CLTS approach, especially in areas where there are major natural obstacles. Communities seeking quick solutions are often led to choose easily assembled models of latrine, without taking natural obstacles into account. And yet, sandy areas and those affected by natural disasters (cyclones, flooding, high tides, monsoons, landslides or tornadoes) require appropriate technical models[39].

A number of observations have been made regarding the sustainability of CLTS. Cavil et al[40] note that bodies of water (lakes or ponds, streams, rivers, sea, etc) in close proximity to households or villages compromise the sustainable adoption and use of toilets, since they provide convenient places for open defecation and washing. According to them, the lack of room to replace or dig new toilets where population density is high can also reduce sustainability. For these authors, the sustainability of handwashing and maintenance of the toilets depends on access to water. The issue of water in rural areas is therefore raised, without really being resolved. This issue limits the scope of CLTS, just as natural obstacles do.

The most commonly mentioned obstacle is the kind of soil and the proximity of the groundwater to the surface[41]. For example, in Benin, in areas where the soil is very rocky or lateritic, digging is a difficult task. In areas with hydromorphic soil, the latrines frequently collapse and take a long time to rebuild. In Uganda, especially in Kayinja, the proximity of the groundwater to the surface means that it is very difficult for the community to build ordinary toilets. This is due to the unstable nature of the ground. Hence, the most vulnerable households, with old people, women, etc, are excluded and cannot acquire latrines[42].

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[37] Everett, Rogers. *op. cit.*
[38] Kar, Kamal and Milward, Kirsty. *op. cit.*
[39] Cavill, S. with Chambers, R. and Vernon, N. *Ibid.*
[40] Cavill, S. with Chambers, R. and Vernon, N. *Ibid.*
[41] Réseau Projection. *ibid*
[42] Wilbur, J. and Jones, H. « Handicap : Rendre l'ATPC véritablement accessible à tous », Number 3, 2014.

Observers therefore question whether this is really the best-adapted method to reduce sanitary risks linked to bad sanitary practices.

In response, young professionals [43] have suggested avoiding overestimating CLTS, becoming aware of its weaknesses and going to the root of the problem in order to understand its causes and origins. For these professionals, it is essential to adapt the solutions to each context, if not to each village, and to guarantee monitoring over the long term in order to bring about lasting changes in behaviour. A study carried out in the west of Côte d'Ivoire by the Hydraulic and Sanitation Program for the Millennium (PHAM) supports these suggestions[44]. According to this study, the CLTS approach must be improved from a technical standpoint, by defining adapted norms for the latrines. In terms of methodology, it also suggested that the approach be improved by extending the necessary monitoring period before and after the awarding of ODF status. This would enable ongoing support for behavioural changes in terms of hygiene and sanitation.

Kamal and Kirsty[45] contend that, because of different national circumstances and different strategic choices, adaptations must be developed with a clear idea of their advantages and disadvantages. They conclude that as CLTS gains ground, it is important to learn the lessons from its adaptation in order to preserve the vision of the potential of CLTS to radically transform sanitation, health and living conditions in rural areas.

Conclusion

In this study, we sought to answer a key question: which factors explain the difficult appropriation of CLTS in Bounkani? We used different qualitative research tools to answer this question. Nevertheless, a number of issues arose over the course of the study which must be mentioned. Given the safety risks and the difficulties in travelling to and from the field, we were not able to stay for long or repeated periods in each village. However, the range of the study, which included three departments and a number of villages, enabled us to compensate somewhat for this shortcoming.

Although we acknowledge the relevance of CLTS, the study shows that communities remain under the influence of their beliefs and representations. Digging a hole to make a latrine is antithetical to certain beliefs. The communities, who are attached to these representations, demonstrate a lack of will to implement CLTS. They are therefore likely to give up at the first obstacle in the process. This situation is compounded by leadership failures, which have resulted in anarchy in most of the villages in Bounkani. The Village Monitoring Committees (VMCs) have disappeared or are barely functioning. The NGO MAP International is struggling to fulfil its role, namely due to a lack of financial autonomy. The Departmental Monitoring Committees (DMCs), which were supposed to pick up where the NGO left off, do not have the operational means to get started. Hence, the sustainability of

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[43] Réseau Projection. *ibid*
[44] COTE D'IVOIRE. Hydraulic and Sanitation Program for the Millennium (PHAM) – CRIS 024147
[45] Kar, Kamal and Milward, Kirsty. *op. cit*

behavioural change continues to present various complex challenges, with habits proving hard to break.

Beyond the factors explaining the difficulties in appropriating CLTS, which we identified thanks to the local actors, we found that the very principles of humanitarian intervention have effectively been called into question. Increasingly, observers are questioning the operational methods adopted by humanitarian workers, especially with regard to cycles of projects that focus on the diffusion of good practices and behavioural change. These projects, which are usually implemented over a short time span, end whilst beneficiaries are still in a learning phase of hesitation for various reasons (social, cultural, economic, financial, political, etc). Local NGOs in charge of implementation find themselves without a mandate and unable to carry out post-project activities. Communities then turn to decentralised powers and collectives, and to the state. But the politicisation of the projects, as in the case of CLTS, and the lack of real commitment on behalf of the public authorities, compromise their long-term vision, even though, in terms of sustainably, the learning process by definition is continual and ever evolving[46].

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