

Sierra Leone

Singing about the unmentionable

Tilorma, a small village in Kenema district, is the first in eastern Sierra Leone to commit to eliminating open defecation. On 3rd August 2008, the village held a triumphant celebration where the children sang ‘kaka don don o, Lef for kaka na bush’ (‘no more excreta in the open and stop defecating in the bush’) whilst dancing to drums and parading the gorboi, a traditional masked devil, around the village.

Six months previously, the people of Tilorma took part in an important sensitization exercise. Visitors from the Ministry of Health, UNICEF, NGOs and community organizations showed them – by actual demonstration – how flies travelled backwards and forwards from excreta left exposed in the open, and deposited fragments on their food. For the first time, the villagers recognized that they were actually eating each other’s faeces.

They were profoundly shocked, not least because they now recognized the important link between open defecation and disease transmission via the ‘faecal-oral’ route. In 2004, there had been an outbreak of cholera in the Kenema district, leading to many deaths. So they now decided that the building of latrines was vital, as well as insistence that everyone use them, something which has ultimately led to Tilorma being ‘open defecation free’.

Despite their enthusiasm, the villagers faced many constraints. Sierra Leone is impoverished and only just recovering from a 10-year civil war. As a result copious amounts of emergency relief have poured in. In many



A young girl, dressed in traditional attire, dances at the Open Defecation Free (ODF) celebrations

© UNICEF Sierra Leone/2008/Davies

rural communities this has created a sense of dependency on outside interventions as opposed to taking action for themselves.

In the past, the international community has supported sanitation programmes which rely on the provision of materials and often labour, for the digging of pits and building of toilet houses. In contrast, the new



Community-Led Total Sanitation (CLTS) philosophy states that no subsidies or building costs should be donated from outside the community. Once a village has made a plan to introduce ‘total sanitation’, it is up to them to put it into effect.

Motivation – and reluctance

Mahmud Konneh, a farmer from Tilorma, was one of those who received CLTS training at the introductory workshop. Mahmud lost his grandmother to cholera in 2004; this became one of the motivating factors for building a toilet, triggered by his training experience and the subsequent field visit to the village.

‘We found it very difficult in the beginning to accept that we ourselves should build our own toilets with our own local materials,’ explained Mahmud. This was echoed by Yambasu Koker, a facilitator from UNICEF’s partner NGO, GOAL.

In the end, after a lot of work, we managed to change their minds.’

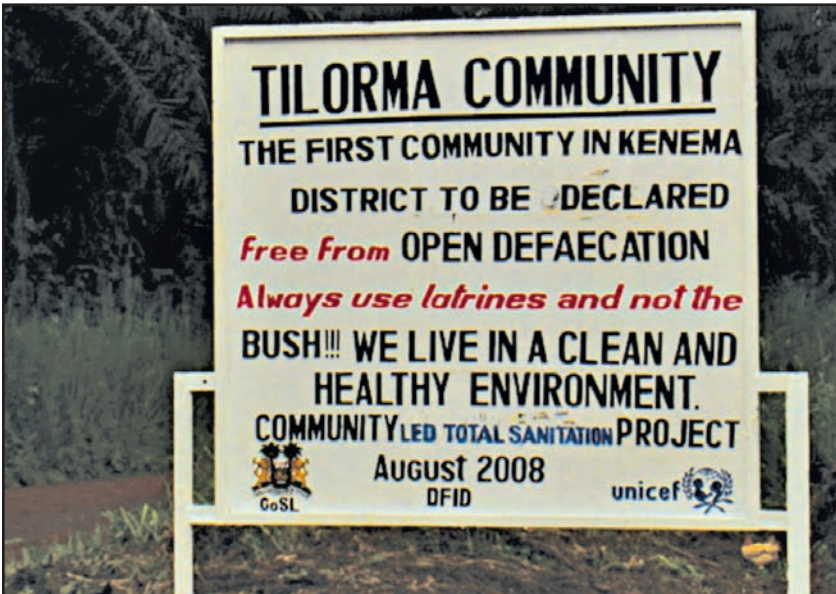
Yambasu’s key ally was the village’s most prominent figure, Chief Boima Swarray. The Chief declared that open defecation must end and set up a two-man team to patrol the village every morning. Villagers who did not keep their surroundings clean were cautioned and those seen defecating in the open were taken to the Chief for correction. ‘Eighty per cent were willing to adopt the project after awareness was created,’ says Chief Boima. ‘The by-laws are simply to ensure complete compliance.’

The commitment of Tilorma’s leadership was critical to the success of CLTS in the village. Thirty latrines have been built so far, to serve 600 of Tilorma’s residents. Mahmud has built one of them himself, a two-compartment structure with one compartment for children and one for adults, to be shared by his own five-member family and those in two neighbouring houses. Mahmud’s nine-year-old daughter, Rugi, is a dedicated user. Rugi has learnt about the connection between excreta and disease, and as a result she now regularly washes her hands with soap. She is also a strong advocate for CLTS in Tilorma: ‘Today, I can say that diarrhoea and cholera have gone from my village,’ she states.

More toilets are planned so that, eventually, every family will have their own. At present, the building materials used are all natural, cheap and locally available (palm fronds, sticks and gravel). ‘During the next year we will improve the toilets with cement and better construction’, says Chief Boima. ‘We have also established cassava farms, and will use the proceeds to improve our toilets.’ If Tilorma can keep up their sanitary progress, they will act as a CLTS showcase and inspiration for other communities in Kenema – and the country at large.

Inspiration is needed

Inspiring examples of clean communities are vital in a country whose infrastructure and trained personnel are only just beginning to get back on their feet after the war. A 2006 study showed that only 30 per cent of people in Sierra Leone have access to improved sanitation; in rural areas the proportion was even lower (17 per cent). Just over 10 per cent of people had access to both clean drinking water and sanitation. Lack of sanitary facilities



A billboard on Tilorma village’s attainment of ODF status at the entrance of the village

© UNICEF Sierra Leone/2008/Davies

Following the initial excitement, Yambasu has been working hard to sustain awareness and promote toilet construction in Tilorma, working with Mahmud and others he identified as natural leaders for such a mission. ‘At first, we were very pessimistic about whether people would accept the project,’ said Yambasu. ‘They became very interested during the “triggering” stage, but later when the novelty wore off, requested subsidies.



Case Study #8

Sierra Leone: singing about the unmentionable

and poor hygiene is a major contributory factor to Sierra Leone's exceptionally high under-5 mortality rate (267 per 1,000 live births), the highest in the world. Maternal and infant mortality are also among the highest, also in many cases attributable to poor sanitation and hygiene.

This situation has prompted the government of Sierra Leone, together with UNICEF and the UK's Department for International Development (DfID), to embark on a five-year programme to improve water supplies, sanitation and hygiene (WASH) across the country, with a special focus on rural areas.

Previous target-driven sanitation programmes, emphasizing coverage and numbers of toilets built, had proved unsuccessful: people in many cases failed to use the new facilities and were unable to grasp the link between poor hygiene and disease. This was the background to the agreement to try out CLTS, a community-led sanitation approach originally developed in Bangladesh and successfully exported to a number of countries in Asia, Africa and Latin America.

However, promoting a strategy based on community self-empowerment without the benefit of external support was something of a risk. The new approach went against the grain of existing programme patterns and expectations of officials and communities. It therefore required extensive training at all levels, from senior officials in Ministries of Health and Environment, to members of the community.

The CLTS workshops held in early 2008 in Kenema and two other districts were designed to set this process in motion. Altogether, 160 participants representing all 13 districts of the country (government officials, NGOs and community members) took part in the workshops. The process was organized in such a way as to test a number of different constraints. It was important to find out whether there were areas – by the coast, or in towns for example – where CLTS might be less effective or simply not work at all.

What impressed the organizers the most was the extraordinary enthusiasm of the workshop participants, following their introduction to the CLTS concept. After initial training, they were divided into teams and sent to hold community meetings in pre-selected villages. Here they put into practice the techniques they had been taught: the mapping



Participants of the Community-Led Total Sanitation workshop in Kenema

© UNICEF Sierra Leone/2008/Davies

of open defecation sites via a 'walk of shame', the faeces and flies test and other demonstrations showing different routes of faecal-oral disease transmission, as well as estimating the health and economic impacts of open defecation.

As a result of the three workshops and field-based action, a total of 34 villages were 'triggered' to take action. Leaders from these communities then attended the workshop to explain their plans for creating ODF villages. Finally, the more senior district representatives worked together to formulate plans for institutionalizing CLTS and taking it forward in the following months.

'Triggering' is not enough

In some parts of the world, CLTS has taken off so fast that within a matter of weeks, communities have built a full quota of household toilets. This however has not been the case in Sierra Leone where progress has been much more gradual. UNICEF and the Ministry of Health had hoped that at least one village could be declared 'open defecation free' (ODF) in time for World Water Day celebrations (20 March 2008). They soon discovered that this was not to be the case.

One of the communities that had shown the most initial promise was Ogoo Farm, a village just outside Freetown. However, a spot-check carried out a few weeks after the workshop found that construction works had stalled at the point of pit-digging. No toilet had yet been completed. The visitors were understandably disappointed, and it was difficult not to relapse into lecturing the defaulting community.



This experience showed that continued engagement with triggered communities by community organizers was necessary to ensure that projects were completed. Triggering alone was not enough – having dug their pits, the people of Ogoo Farm became confused about the next steps. They needed technical support with toilet design and advice about construction. And they needed the stimulus provided by regular contact from someone such as Yambasu Koker, his encouragement to Chief Boima, Mahmud Konneh and others, and reminders that people were putting their health at risk by continuing their old habits.



Mahmud, with wife and children, pose in front of their newly built latrine

© UNICEF Sierra Leone/2008/Davies

The experience of CLTS in Sierra Leone illustrates how hard it is to bring about a permanent change in attitudes in such an intimate area of people's lives – and one in which their existing behaviour is so entrenched. It is equally difficult to convince programme staff to place the responsibility for change in the community's hands, rather than follow the familiar patriarchal pattern of authority and dependency and dictate to villagers what they should do. It was found that facilitators and government officials quickly relapsed into a top-down mentality unless there were constant reminders and refresher trainings. Without this essential follow-up, progress inevitably stalled.

A special impact on children

On a more positive note, an inspiring aspect of the programme has been the way in which CLTS has engaged children. In Sierra Leone, it is the children who suffer the most from the effects of poor sanitation and disease. In Tilorma, for example, community members said there might be five child deaths a month due to diarrhoea. Through CLTS, children can become key figures in bringing about a reduction in the diarrhoeal infection load.

During the village exercises, special facilitators worked closely with children, using the CLTS tools, mapping defecation sites and faecal-oral contamination routes to help the children analyse the sanitation situation. They often turned out to be the best sources of information for facilitators because children are more open and honest than adults. In one village, children led facilitators to a large house that belonged to the late paramount chief, some of whose rooms were now used for defecation, despite the presence of two toilets in the building. The children described it as 'Kaka House'.

In all the villages, children developed songs and slogans about the evils of 'kaka', asking that their parents build toilets to stop the spread of disease. They would go through the villages singing their songs, and in several cases this was a turning-point in persuading the village to commit themselves to ending open defecation. Some young people have also become 'clean village' leaders within their communities. During the last day of the workshop in Kenema district, several children represented their villages and actually helped to lay out future sanitation plans.

Ideas that the older generation may have a hard time accepting often appeal to youngsters who are less set in their ways – in sanitation as in other areas. Although the initial excitement surrounding CLTS generated over-optimistic expectations and has proved much harder to consolidate than anticipated in Sierra Leone, the mark it has made and will make on many young minds augurs well for an 'open defecation free' future.

Contact: UNICEF
3 United Nations Plaza
New York, NY 10017 USA
www.unicef.org/wes



Case Study #8

Sierra Leone: singing about the unmentionable