

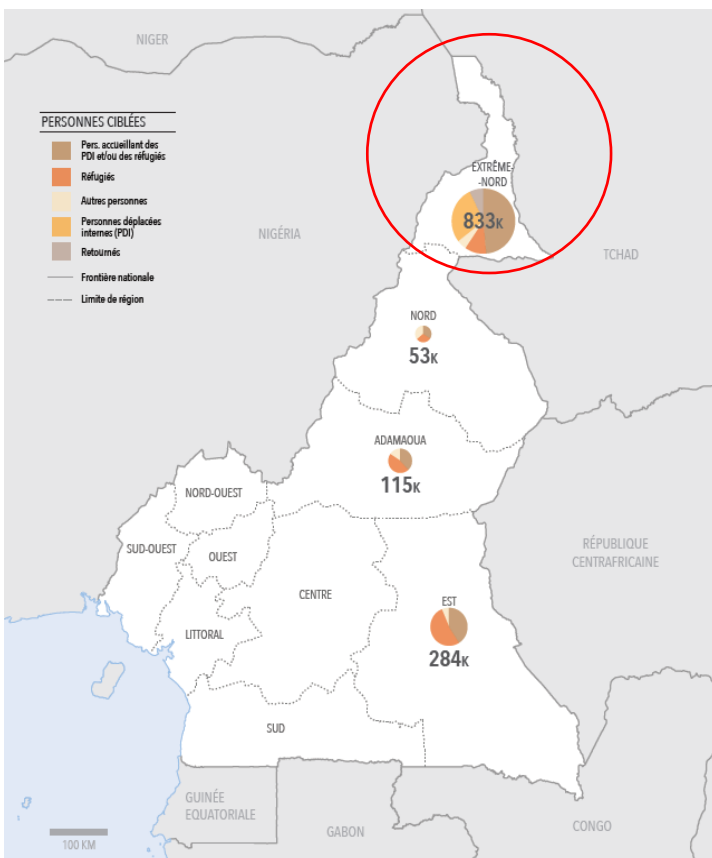
Challenges and Constraints of implementing community approaches for total sanitation in conflict area: *case study of the implementation of CLTS in Boko Haram conflict area in Cameroon*

Presented by:

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I. SITUATION



Far North of Cameroon:

- More than 90,000 refugees and more than 240,000 IDPs.
- Open Defecation: 22% (Far North, MICS 2014), 6% (national, JMP 2015)
- Improved drinking water: 41% (Far North, MICS 2014, 76% (national, JMP 2015)
- Poor hygiene practices
- Cholera: 37.578 cases and 1.695 deaths between (2010 – 2017).
- Limited or no access for humanitarian actors
- Insufficient resource: 49% of HRP 2017
- Cross boarder transmission: Reported case of cholera in neighbour country
- Regular attacks and kidnapping by Boko Haram

II. CLTS approach

- Localisation: Partnership between UNICEF and local NGO (ACDC)
- 60% of villages targeted with CLTS (Fotokol and Waza)
 - Baseline: 76% Open Defecation
- CLTS Launched in 126 communities and 7 IDP Camps
 - Target ODF, zero subsidy, household latrines
 - Intervention period: 6 months (2017)
 - 304 community animators trained (36% of women)
 - Motivation: disgust, cholera, security of women/children
 - Beneficiaries: 65,000 people
 - Cost/Beneficiary 1.5 USD/person

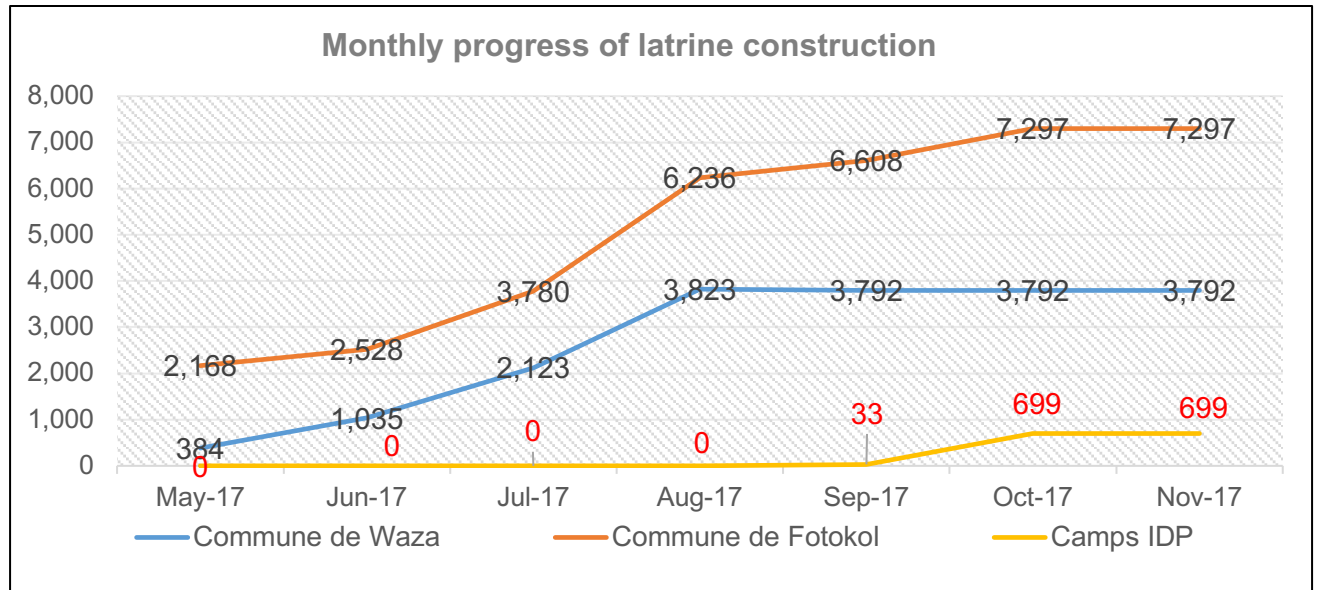


II. Household toilet



II. Results achieved

- Increase from 24% to 98% access to latrines.
- 9,341 latrines constructed (and equipped with handwashing)
- No cholera case reported



- CLTS Entry point for other WASH intervention: 46 300 persons covered by sensitization activities (cholera, MHM, HWT, Handwashing)

II. Constraints and Challenges

- **Limitation of people and vehicle movement**
 - Advocacy : authorisation letter
 - Transport through motorbike, bike and foot
- **Regulars attacks of targeted villages by Boko Haram**
 - Reschedule of activities
 - limitation of presence in village
 - Soldiers accompany staff on mission
 - Respect of security measure defined by communities
 - More door to doors rather than communities meetings
- **Administrative constraint: Government restricting NGO movement**
 - UNICEF advocacy to Government and traditional authorities
- **Displacement/arrivals of populations**
 - Permanent monitoring of the situation
 - Adoption of new social norms in communities



III. Lessons learnt

- CLTS is a cost effective rapid approach to emergency household sanitation in resource constrained and insecure hosting communities
- CLTS is an entry point for other WASH interventions
- Implementation success was achieved when:
 - local community organized security to protect civilians
 - Collaboration between NGO and local governmental body was formally established
 - Partnership with local NGOs who understand the local culture and security environment
 - Motivation for improving sanitation link disgust, cholera control and women/children security
 - There is quality training of trainers and monitoring systems in place
- Further operational research is required to scale up emergency sanitation programmes in insecure environments to:
 - Determine the sustainability of the approaches/sanitation social norm
 - Understand sanitation as an entry point for other WASH interventions
 - Understand the preconditions and motivations for sanitation behavior





for every child

THANK YOU



Credit photo: ACDC