

Healthy places, healthy people

Community-Led Total Sanitation at work

‘Healthy places, healthy people’ – is a phrase from the WHO Commission for the Social Determinants of Health and one which resonates strongly with development practitioners using Community-Led Total Sanitation (CLTS). CLTS is a grassroots approach to stimulate change in people’s sanitation behaviour through social action. Communities are taken through a participatory process. They realise their hygiene habits are unhealthy and decide to do something about it. Njoroge Kamau reports on the changes taking place in Kenya.

Improving daily conditions is a key part of the social determinants of health approach. Close to two million people die every year from diarrhoeal diseases. Over 60 per cent of these deaths are attributed to poor hygiene and inadequate sanitation. Access to clean water and sanitation are human rights, but in many parts of the world, sanitation coverage is very low and open defecation in the village environment is a normal practice.

Sanitation coverage in Kenya is low, at 43 per cent. The Government’s sanitation policy calls for strategies to raise sanitation coverage but in some areas of Kenya only three out of 10 households have access to improved sanitation. The rest have no option but to relieve themselves in the bush. In a bid to raise sanitation coverage in Coast Province, Kenya, Plan International is working with the Ministry of Public Health and Sanitation. It has introduced a strategy that empowers communities to analyse their sanitation behaviour and make decisions to stop open defecation. This strategy is called Community Led Total Sanitation (CLTS).

CLTS is an integrated approach to achieving and sustaining 100 per cent access to and use of latrines. When successful, a community is said to have achieved open defecation free (ODF) status. The process is community-led. A facilitator takes people through a process where they realise that human excrement is contaminating their water supplies and making them ill. The facilitator uses methods to allow people to see for themselves what they are doing. For example, social mapping is used to identify where people defecate. The facilitator then takes people on a transect walk across the village. Whenever they come across human faeces in the open, the community is asked to think about where they think the flies will land next. Through a

series of steps people understand that the faeces are contaminating their water and food. (Read the full description of the process in the online edition <http://healthexchange.com>) The process kindles feelings of shame, disgust and fear. People agree they are not going to continue eating shit: they decide to stop open defecation.

This is called total sanitation because it concentrates on the whole community rather than on individual behaviours. People decide together how they will create a clean and hygienic environment that benefits everyone. A departure from traditional sanitation strategies is that in CLTS there is no subsidy; people use their own means and resources to construct latrines. They also learn to wash their hands with soap or ash before preparing food and eating, after the toilet, and after contact with babies’ faeces; how to handle food and water in a hygienic manner: and how to dispose of waste safely.

When every household has built and uses a latrine, a committee of community members, health officials and civil society verifies the use of latrines and hand washing. After verification, it is declared an ODF Village and a certificate is issued. In many instances, ODF villages go on to trigger neighbouring villages to attain ODF status to make sure that these villages do not pollute the ODF village’s water sources and environment.

In Kilifi District, the absolute number of latrines constructed has risen by more than 3,500 in a little over one year, thanks to CLTS. Research is planned to assess the outcome on sanitation related ill-health and deaths as a result of this dramatic increase in coverage.

CLTS can be an entry to more community-based health interventions, empowering communities to take charge of their own health. Communities in Kilifi District have gone beyond CLTS and have adopted integrated health messages spearheaded by community health workers. Their messages include health education on community-integrated management of childhood illnesses; community-based nutrition rehabilitation; positive deviance (PD) health; food security; and HIV and AIDS prevention.

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A woman in Siaya demonstrates how they use cow dung and mud to smear the pit latrine walls. © Samuel Musyoki, Plan International

CLTS was pioneered by Kamal Kar together with VERC (Village Education Resource Centre), a partner of WaterAid Bangladesh, in 2000 in Mosmoil, a village in the Rajshahi district of Bangladesh. While evaluating a traditionally subsidised sanitation programme, Kar succeeded in persuading the local NGO to stop top-down toilet construction through subsidies. He advocated for a change in institutional attitude and the need to mobilise and enable villagers to analyse their sanitation and waste situation and bring about collective decision-making to stop open defecation.

CLTS spread fast within Bangladesh, where informal institutions and NGOs are key. Both Bangladeshi and international NGOs adopted the approach. The Water and Sanitation Programme (WSP) of the World Bank played an important role in enabling its spread to neighbouring India, and subsequently to Indonesia and parts of Africa. Plan International, WaterAid and UNICEF have become important disseminators and champions of CLTS. Today the CLTS approach has been introduced in more than 20 countries in Asia, Africa, Latin America and the Middle East.

From the CLTS website
<http://www.communityledtotalsanitation.org/>

Positive Deviance

Positive Deviance (PD) is a “strength-based” approach to development and is based on the belief that in every community there are certain individuals (the “Positive Deviants”) whose special practices and behaviours enable them to find better solutions to the problem of malnutrition than their neighbours who share the same resources and face the same risks. Positive Deviance focuses on what is going right in a community rather than just on the problems.

An additional article detailing the CLTS process is available in the online version of Health Exchange
<http://healthexchangenews.com>

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