

A Second Open Letter on CLTS

Dear Colleague,

In November last year we wrote an open letter on Going to Scale with CLTS. We argued that the huge potential of CLTS would only be achieved if quality was maintained as CLTS went to scale. We wrote then, as we do now, in our personal capacities.

While great things are happening in the spread and scaling up of CLTS in new countries, recent developments have been alarming. Cases are coming to light where CLTS has been “taught” in a classroom manner without triggering in communities. Trainers are setting up who do not have a personal track record of successful triggering. Certificates have been given to people trained. There has been cascade training of trainers who then go off to train others. The term CLTS has been increasingly abused. It has even been used for a baseline survey to be followed by teaching!

If these practices continue, CLTS will be discredited and little of its huge potential will be achieved.

As we see it, at its practical core CLTS is an approach to sanitation that is:

- Community-led. Members of communities are facilitated to do their own appraisal and analysis, come to their own conclusions, and take their own action. They are not lectured to or taught.
- Total. The objective is total safe confinement of faeces. The overarching criterion of success is to be credibly open defaecation free (ODF)
- Free of upfront individual household hardware subsidy. The Indian Total Sanitation Campaign (TSC) is not CLTS

CLTS in practice is found to work where:

- Training is hands-on in and with communities
- In triggering, facilitators do not lecture, teach or preach
- Community members are encouraged to help those less able to help themselves
- Emerging natural leaders are encouraged
- Designs are local
- Numbers of latrines constructed and used indicate progress but success is communities credibly ODF
- CLTS is a starting point for other hygienic practices and progress up the sanitation ladder

Good spread can be through local volunteers and natural leaders. And it can be through hands-on training with communities, using this to identify good facilitators and potential trainers. This allows participants with an aptitude for triggering to be identified, and all who take part to appreciate the radical changes in orientation and behaviour that are essential. For this, trainers must themselves be able to set an example, and have a track record of successful triggering which leads to rapid progress to an end to open defecation.

We are all struggling to see what best to do, and learning and unlearning. We are all fallible. That said, based on our best judgments and experience to date, we appeal to all concerned:

- To identify trainers with a good practical track record, and who have “got it”. Have they and those they have trained effectively triggered rapid progress towards ODF conditions? If not, is something wrong?
- Ensure that all training is hands-on in real time with communities, with follow up
- Consider limiting use of the term CLTS to good practice as outlined above
- Contribute to all of our learning through critical reflection and sharing

This looks like a branching point in the history of CLTS. It could be spread well with immense benefits. Or current degeneration could spread exponentially. We hope this letter will contribute to good spread. Please pass it on to others.

Yours sincerely,

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PS. The Handbook on CLTS can be downloaded from http://www.livelihoods.org/hot_topics/CLTS.html or ordered in hardcopy from Plan UK mail@plan-international.org.uk