

# SANITATION GATEWAY

Community Led Total Sanitation (CLTS): *Towards sustainable behaviour change*

**FEEDBACK  
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## FROM THE EDITORIAL TEAM

Community led Total Sanitation (CLTS) is an actively practiced approach to achieve total sanitation across the globe. However, this approach has a wide ranging applicability in other development projects involving high degree of community participation. The Capacity Building Division (CBD) has widely used CLTS as an approach in other community mobilization endeavours for the attainment of different sets of development goals. The impacts have been highly encouraging!

We at CBD have been using CLTS successfully in our resettlement and rehabilitation initiatives across the nation. At Jajpur (Orissa), the approach has been used for the implementation of health and hygiene strategy in the two resettlement colonies. This demonstrated a community's shift from dependency to self reliance. The community attained not only the coveted 'open defecation free' status but also became united to work on other development options – a responsibility that the developer was hitherto mandated to do. In Chhattisgarh, the CLTS approach was used to mobilise the tribal communities as a precursor to carrying out a Social Impact Assessment (SIA). In yet another context, at Keonjhar (Orissa), it has been used as a tool for exploring various development options. CLTS as an approach helps in building social solidarity and cohesion while minimizing community disputes. This ensures the participation of the entire community in jointly devising solutions to their problems and thereafter, implementing and monitoring them. The story from Trijanga in Orissa is one such case study shared here.

We also celebrate our expansion to foreign shores - Nepal, where we were invited to conduct CLTS events in order to help the Nepal government increase its sanitation coverage as per the Millennium Development Goals.

### THE CLTS APPROACH PROVIDES CUSTOMISED SOLUTIONS

The CLTS approach to sanitation uses various tools and techniques for community mobilization – often termed as 'trigger tools'. While working across different states, we have gradually realized that these tools have to be customized as per the socio-cultural and economic backdrop of the local communities.

Haryana is the first state from where we initiated the CLTS journey. Igniting the minds of Haryanvi men to provide self respect to their womenfolk by building toilets for them, found an overwhelming response. Where the population of Sikhs was high, 'holy ignition' proved to be a very powerful tool for collective action. The Walk of Shame and defecation mapping played an important role in setting priorities and have been found to be very effective in Madhya Pradesh.

Sikkim provided a different experience. This state has traditional drinking water sources in the form of spring and gadhera. Defecation mapping and superimposing it with traditional drinking water sources proved to be highly effective. People wanted to do something urgently so that water sources could be protected from contamination caused by open defecation.

Our recent experience in Orissa was another revealing tale. In Keonjhar district, no cost technology options emerged as a trigger tool. Toilets were constructed using locally available material. Even the better-off people constructed these toilets while a few have begun upgrading them to low cost toilets.

As we move ahead with our work in different settings we are aware and mindful that our understanding on trigger tools continue to evolve and sharpen.

### Did You Know

- The third millennium B.C. was the "Age of Cleanliness." Toilets and sewers were invented in several parts of the world, and Mohenjo-Daro circa 2800 B.C. had some of the most advanced lavatories built into the outer walls of houses. ([http://en.wikipedia.org/wiki/History\\_of\\_the\\_toilet](http://en.wikipedia.org/wiki/History_of_the_toilet))
- 18% of the world's population – including half of the population of rural South Asia continues to suffer the indignity of open defecation. (<http://uk.oneworld.net>)
- Human excreta contain 66% methane that can be used for cooking and electricity generation. ([www.who.int](http://www.who.int))

### TOILETS CONSTRUCTED USING LOCALLY AVAILABLE MATERIAL



No-cost toilet constructed by the households in Keonjhar district. Two villages attained ODF status in just few days without external support.

### CLTS in Print Media

The Samadhan National Daily, Kayakaran National Daily and Pokhra Patra covered the TOT workshops conducted in Chitwan and Pokhra, Nepal from 27 -31 May and 2-6 June respectively.

Dainik Jagran and Dainik Bhaskar covered the TOT workshop conducted in Hissar from 10-14 June.

Hindustan Times, Dainik Bhaskar and Rajasthan Patrika covered the TOT workshop held in Jaipur from 6–10 July.

Pragya Vani, Vijaya Karnataka (Both newspapers in Kannada), Indian Express and Deccan Herald covered the TOT workshop held in Davangere from 14 -18 July.

### CLTS events conducted

<b>One Day Orientation Workshop</b>	Pokhara, Nepal and Sagar, Madhya Pradesh
<b>Five Day TOT workshop</b>	Chitwan and Pokhara (Nepal); State level in Hissar (Haryana) and Jaipur (Rajasthan); and Belgaum and Davangere (Karnataka)

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## EXPERIENCE SHARING CORNER

### NEPAL'S SANITATION SITUATION & ITS FUTURE COURSE



In Nepal, six children under the age of five die every day due to diarrhoea. Avoidable incidences such as these have only risen in the last three years. From 1990 till 2008, the sanitation coverage across Nepal has increased merely from 6% to 29% (WHO UNICEF 2008). The Nepal government is totally committed to achieve the MDG targets of 53% household coverage by 2015. It has also set fast track national targets of 100% household coverage by 2017. With the current pace of progress- by 2015, 60% population will be covered and by 2017-only 62% coverage will be achieved. Thus there is still a lot to be done.

To accelerate the pace, Nepal has initiated Community Led Total Sanitation (CLTS) approach. The bottleneck we faced was the lack of trained manpower. To address this, Community Development Forum (CODEF) Nepal with the support from multilateral agencies collaborated with Feedback Ventures to produce 60 Master trainers on CLTS. Participants from 20 different organizations mainly - local NGOs, INGOs (PLAN Nepal and CARE Nepal) and the Government Department of Water Supply and Sewerage attended this workshop. This has helped these organisations initiating total sanitation in several areas across Nepal. The Nepal government is also framing national implementation guidelines on the total sanitation programme. CLTS approach therefore can be a strong foundation to help Nepal meet the MDG and its own national targets.

**Guna Raj Shrestha, Executive Chairperson, CODEF Nepal**

### Total Dependence to Self Reliance...

Trijanga is a Panchayat under Daangadi Block in Jajpur district of Orissa. People displaced in 2006-07 from different villages of Trijanga panchayat have been resettled in Trijanga Colony- established by various companies (MESCO, Tata Steel, Jindal Steel) for displaced people. The villages displaced by Jindal Steel have been resettled in two colonies, Hudisai and Bansipur. The main communities are SCs, OBCs, STs and Muslims.

CBD used the CLTS approach to improve health and hygiene standards of the community and mobilize them to take responsibility of their own well-being.

In Hudisai and Bansipur colonies, defecating in the open was a common practice. No space was spared, including the children's park and areas adjacent to the homes. The drains were choked and rarely cleaned. Water used for bathing and cleaning dishes was let out on the roads, which would lead to water-logging. The cases of malaria and diarrhoea were rampant. Consequently, this led to loss of income and high absenteeism at the work place. The residents expected Jindal Steel to do everything for them and did not take the responsibility of their own cleanliness. They were dependent even for trivial things like cleaning of drains. The general perception was that the habits were so deeply engrained that they would be difficult to change.

The CBD team involved the community right from the start. Several rounds of triggering were held in the clusters, households and schools. Gradually the community came to appreciate and took responsibility of their behaviour change. Natural leaders emerged and women SHGs took a leading role on this issue. A dormant CBO-Denga Sangen



Youth Club convinced of the utility of this initiative, extended its whole hearted support and ensured follow-up.

Several technology options were suggested to the communities and they constructed the toilets as per their requirement and ability. Few septic tanks were also converted into leach pit toilets. All these factors finally led the community to make Bansipur 'Open Defecation Free' by 31st July 2009. Instead of no-cost, communities constructed low-cost toilets on their own.

The community monitoring continued even after the colony attained freedom from open defecation. One household in Bansipur had refused to construct the toilet. The entire community along with the CBO took up the responsibility to convince this household and even offered all possible support such as providing him with material. The community pressure was so much on this household that he succumbed to the pressure and agreed to construct the toilet.

Specific mention must be made of Rajan Hembrom, resident of Bansipur colony. There are three members in his family. He points at the latrine made by his own efforts and says that this is a 'Tajmahal' for his family members. According to him the original Tajmahal was built to celebrate love, but his 'Tajmahal' will ensure that his family does not suffer the indignity of open defecation and remains healthy. He has also taken a pledge that his family will never again defecate in the open. According to him, the leach pit is quite a low cost technology and can be built very easily.



Rajan's low cost toilet

*Contributed by CBD Field Team, Jajpur*

Please send comments and suggestions to

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