

# Taking Community Led Total Sanitation to Scale with Quality

## Emerging issues and scaling up CLTS into different contexts

### Introduction

It has been quite a few years since CLTS has been introduced and a lot has been learned since then. We have come to a point where we must ask whether what we have learned so far from CLTS in settled rural communities might be also practicable in other contexts. The importance of inclusion and of sanitation as a human right has also become better recognised. Questions have arisen about situations, areas and groups of people for whom CLTS may or may not be an option, or not the best option: in a range of urban areas; during emergencies and post-emergency mass refugee contexts; in deserts or extremely wet areas; with people such as nomads, transhumants and migrants when they are on the move; and with migrant workers. Hopefully this write up will encourage further exploration, innovation and documentation of CLTS approaches in such contexts, and the sharing of experiences and insights into feasible adaptations and coverage and going to scale with these.

The challenging and emergent contexts considered below are then:

- Inclusion, equity and the Rights Based Approach
- Urban applications in informal settlements and slums
- Emergency, post-emergency and post-conflict situations
- CLTS in nomadic, transhumant, migrant and migrant worker communities

### 1. Inclusion, equity and the Rights Based Approach

#### *Introduction*

The key question is this: is CLTS possible at scale to enable all people to practise safe sanitation and hygiene? Mere commitment to action will not work, unless policies, investments and actions are based on the principle of equity, which is essentially fairness. Equity involves recognising that people are different and may need specific support and measures to overcome particular impediments that stand in the way of their being able to access, use and practice safe sanitation and hygiene and to do this sustainably. Sanitation is a right for everyone. This means that governments need to create the enabling environment for everyone to have access to improved sanitation. But it also means that people have the opportunity to claim their rights and to act on these rights, with in the end the ultimate goal of sanitation for all.

The implications need to be worked through for all people: children, women, men, and especially all who are marginalised, powerless, overlooked or unable to provide for themselves. The special difficulties, vulnerabilities and needs of many of these in connection with sanitation have rarely until recently been recognised, and recognition and action have a long way to go if anything approaching equity is to be achieved.

## ***Challenges***

Many less visible and marginalised groups of people are liable to be left out of CLTS applications and processes, or discriminated against because of their inability to provide for themselves.

They include those who are:

- Physically or mentally disabled, very old, weak or sick
- Very poor
- Landless
- Women and girls, widows
- Transhumant or nomadic pastoralists
- Migrant workers, when migrating and when working on arrival
- Living in informal urban settlements and slums. (Exclusion may be more of a problem in urban areas compared to rural because of such factors as land tenure, lack of space, less community coherence, and difficulties preventing passers-by from open defecation)

## ***Recommendations, experiences and ideas***

- Issues of equity and access to be considered in every context and activity – especially in CLTS triggering (who is present and takes part, and who is not and does not), post-triggering follow up (who helps those who have difficulty helping themselves?), and post-ODF sanitation marketing (financial instruments, savings groups etc, for those who need them).
- The design of latrines to be accessible and convenient for those who are disabled. Such designs in rural areas could emerge from participatory processes which can also heighten awareness of the sanitation problems of those who are disabled
- A Rights-Based Approach in urban areas, especially where the right to sanitation is enshrined in a national constitution as in Kenya, to be used strategically to support claims for services such as connections to sewers and for enforcement of laws and bye-laws, for example that landlords must provide sanitary facilities.
- Special initiatives to offset or eliminate vulnerabilities and meet the needs of those at risk, especially women and girls (for an example, see box)

### **Hope out of conflict – How sanitation plays a vital role in protecting women and children from sexual violence in DRC**

- Working in the North Kivu Province of DRC, the Programme de Promotion de Soins Santé Primaires (PPSSP) takes an innovative approach to addressing the needs of women and children. Sexual violence is a common tragedy facing women and children in eastern Congo. Diseases, such as cholera, diarrhoea and nematode infections resulting from poor water, sanitation and hygiene are also commonplace. The links between sanitation and sexual violence become apparent when, due to lack of access to private latrines, women faced no choice but to walk outside of their village, often at night, to defecate – increasing their exposure to sexual violence. Prior to this project, in 2009 only 20% of the local population had access to latrines, 60% had access to clean water, and there was no system for waste management. Victims of rape did not have access to medical and psychological support and marriage of underage girls was acceptable by all. PPSSP responded with an integrated and holistic approach. Adopting a CLTS approach, and working in schools and health clinics, maternal and child health in the area has improved, and the increase in household latrines has reduced the vulnerability of women. In addition, through establishing community protection committees, survivors of sexual violence are able to speak out, receive counselling and seek justice. The involvement of women is fundamental to the whole process from the identification of water springs, to being part of water point protection committees, and community protection committees. They participate in community sensitization, mobilization and participation. This approach has enabled more victims to speak out about sexual violence.
- Source: Programme de Promotion de Soins Santé Primaires  
<http://www.communityledtotalsanitation.org/resource/hope-out-conflict-how-sanitation-plays-vital-role-protecting-women-and-children-sexual-viol>

### ***Sources & follow-up contacts***

- <http://www.wsscc.org/resources/resource-publications/equity-and-inclusion-sanitation-and-hygiene-south-asia>
- Equity and Inclusion in Sanitation and Hygiene in Africa: A Regional Synthesis Paper by WaterAid (July 2011)

## **2. CLTS in urban informal settlements and slums**

### ***Introduction***

By 2030 more than 2 billion people will be living in informal settlements or slums, and the number is currently (2011) increasing by 7% per year. The pressure this will put on urban settlements is immense. The fact that most of these settlements lack access to proper sanitation already creates huge problems which can be expected to become even more acute.

CLTS has been predominantly used in rural areas but there is increased interest to try it in urban areas.

### ***Challenges***

The challenges are enormous.

- There are multiple and powerful players with vested interests. These need to be targeted and engaged with differently to ensure that they are triggered and committed to working with the communities. Those involved in facilitating urban CLTS, therefore need to be strategic in building partnerships and alliances that will enable communities to address the politics surrounding urban waste management, service provision, urban planning, housing, land tenure, the enforcement of sanitation and hygiene bye-laws, leadership and governance.
- Busy household heads (mothers and fathers) lack time to attend triggering meetings or to follow up.
- Systems for physical services, such as sewerage, are expensive to construct, as are solid and liquid waste disposal and recycling systems
- Land issues with insecurity of tenure and lack of space often make self-help provision as in rural areas very difficult or impossible.
- Questions arise about alternatives and their management – household latrines, shared communal latrines, and various technologies like Ecosan, biodigesters, and the like.
- Community cohesion may be less than in rural areas
- The achievement of ODF problematical because of the many people who pass through.

### ***Experiences***

#### ***CLUES and the manual **Community Led Urban Environmental Sanitation*****

A great presentation was made during the WEDC Conference at Loughborough in July 2011 by Christophe Luthi of EAWAG. The manual is about demand-driven approaches to urban sanitation. This gives the steps involved in the planning cycle, including developing the enabling environment, financial analysis and technical issues. More information can be downloaded at [http://www.eawag.ch/forschung/sandec/gruppen/sesp/clues/index\\_EN](http://www.eawag.ch/forschung/sandec/gruppen/sesp/clues/index_EN)

#### ***Urban CLTS Pilot in Mathare, Nairobi***

In June 2010, Plan Kenya, in partnership with (CCS) Community Cleaning Services (a youth social enterprise) pioneered a CLTS pilot in Mathare 10, part of one of the largest informal urban settlements in Kenya. Four villages with a population of about 50,000 were triggered. The communities were galvanized and committed to taking collective action, but in contrast with rural areas, action to construct latrines and end open defecation could not be immediate through self-help. Much was done to clean up the area, particularly reducing and managing solid waste and reducing OD, but making progress with landlords, the municipality, government and other stakeholders has demanded a sustained effort over months and now years. The commitment, energy and enthusiasm of the Natural Leaders who have emerged has been even more important than in rural areas.

#### ***Urban CLTS in Zambia: the Legal Enforcement Approach***

Choma, the Chiefdom of Chief Macha, was declared ODF in 2010 but this was only for rural areas while Choma town remained OD. So in 2010, UNICEF Zambia started with a (peri-) urban pilot in Choma and later also in Lusaka. The Joint Monitoring Programme Team for sanitation (JMPT) decided to adapt CLTS for urban areas. A cornerstone of this has been official institutions taking steps to become ODF, and legal enforcement of laws and bye-laws to address and confront “urban nuisances” related to sanitation as well as food and general hygiene. Following rural CLTS and this urban’ CLTS’. Choma has had no cholera in three years after first triggering, but Lusaka and other urban areas have continued to experience cholera. Urban ‘CLTS’ through legal enforcement was implemented initially as emergency preparedness and a response to cholera outbreaks in Lusaka, targeting most affected areas. Trainings have been held in other districts to sensitize the business community, government and public on adhering to public health and food safety laws. The specific target of ‘CLTS’ legal enforcement is public places, public buildings (e.g. government buildings, schools), food establishments and lodges in urban and peri-urban areas.

### ***Sanitation in Peri-Urban Areas***

Plan in the Netherlands is supporting a programme on sanitation in peri-urban areas in 4 African cities (Kabwe in Zambia, Mzuzu/Blantyre in Malawi, Arba Minch in Ethiopia and Parakou in Benin). The overall objective is to support local partner consortia in providing sustainable sanitation services to poor peri-urban communities. A mid term evaluation was recently done. The focus of the programme so far has been mainly on the supply side (entrepreneurs and financial institutions). In order to stimulate demand the clients will be actively involved in the programme. This involvement will be through the participatory approaches of Urban-Led Total Sanitation, together with Social Marketing.

The obstacles facing urban CLTS are illustrated by the blog in the box by one of those who have been engaged in mapping Mathare 10 in Kenya. The maps, made by young volunteers using GPS and Open Street Mapping provide powerful tools which can now be used in advocacy, showing the location of latrines, the amount they are used, areas of open defecation, and open drains. These maps can be accessed at <http://www.mapkibera.org/blog/2011/02/14/base-map-of-mathare-is-complete/> Since the original triggering there has been an increase in the number of latrines in the communities.

## Reflections on Conditions in Mathare 10 by a Mapping Volunteer

In the last two months we have been actively involved in mapping water and sanitation, open defecation areas and open drainages in Mathare number 10, Thayu, Mabatini, Mashimoni and later in the rest of Mathare. During this process I was surprised to see people shitting in an open ground, not worrying about people watching them.

Children in Mathare lack playing grounds and recreational facilities. This is because a lot of free space is being used by open defecation areas therefore forcing the children to play near roads which often leads to accidents.

I was touched by what I saw during mapping process. Because of it I started my own investigation. I wanted to find out why people still perform open defecation instead of using the toilets, which were built, at a very high cost, by the NGO's and the government through community development fund (CDF).

Here are my findings:

- **Maintenance Cost:** For the use of a toilet in Mathare 10 one needs to pay five or three shillings daily or a monthly fee. If one doesn't or can't pay he/she must look for other alternatives – like using open defecation areas or flying toilets which are scattered all over Mathare.
- **Poor housing facilities:** Most houses in Mathare 10, Mabatini, Mashimoni and Thayu lack toilets inside, forcing people to use flying toilets or open defecation areas
- **Poverty**
- **Lack of awareness to proper hygiene and sanitation**

Nowadays toilets are being constructed all over in Mathare. The area leaders have put out a request to the government and NGO's involved in construction of new toilets, to train community members on importance of clean sanitation and hygiene.

– Blogged by: Javin (Map Mathare) May 31st 2011

### *Recommendations and ideas*

- Use a Rights Based Framework and Government and municipal bye-laws. Build on already existing public health instruments and human settlement laws.
- Create an enabling environment with all the many different stakeholders involved – Natural Leaders and community members, landlords, administration, municipality, politicians and elected representatives, NGOs, the business community, people's organisations, and others, and convene meetings and facilitate exchanges and negotiations
- Cluster specific areas to reach ODF, as far as possible where there is a degree of community coherence
- Mobilise and encourage youth.
- Create a sense of awareness and ensure that citizens know their rights and responsibilities, so they can claim them.
- Learn from experiences elsewhere, and facilitate lateral sharing, visits and exchanges

### ***Sources & follow-up contacts***

- [Blog on Mathare Urban CLTS Pilot by Sammy Musyoki](#)
- [Mathare Mapping Blog](#)
- [Mathare Blog](#)
- For more information on CLUES contact: [christoph.luthi@eawag.ch](mailto:christoph.luthi@eawag.ch) or go to [http://www.eawag.ch/forschung/sandec/publikationen/sesp/dl/sustainable\\_san.pdf](http://www.eawag.ch/forschung/sandec/publikationen/sesp/dl/sustainable_san.pdf)
- [Revolutionising Sanitation in Zambia](#) by Giveson Zulu, Peter Harvey and Leonard Mukosha; PLA 61 [PLA 61 Tales of Shit: CLTS in Africa](#)
- CLTS Evaluation for Zambia –Leslie Iveson and Bonarventure Siantumbu
- One Pager by Giveson Zulu on Urban CLTS in Zambia  
<http://www.communityledtotalsanitation.org/resource/urban-clts-zambia>
- For more information on the Sanitation in peri-urban areas programme in Africa please contact [Sharon.roose@plannederland.nl](mailto:Sharon.roose@plannederland.nl)

### **3. CLTS in emergency situations and post-conflict/post-emergency conditions**

#### ***Introduction***

Emergency situations include civil conflict, floods, droughts, violent storms, earthquakes, tsunamis and other disasters which afflict and displace people. IDPs (internally displaced people) and refugees across borders number some 40 million. The conditions in which they find themselves vary widely: from severe physical disability from starvation and/or epidemics, to physical health and strength of many members; from being scattered in communities to being concentrated in camps and settlements; and from being largely on their own and self-reliant to having dependent attitudes as a result of the efforts of international agencies, NGOs and governments to provide for them. Generalisations about the relevance and feasibility of CLTS are therefore difficult. However, common experience is that it will be most feasible where people are together in numbers, physically able, with some social cohesion, and free of dependent attitudes. In the past it has been found that displaced people have more energy and more capacity to help themselves and be self-reliant than many NGO workers have understood.

#### ***Challenges and questions***

- Are 'Emergency NGOs' with their reflexes of provision and delivery of subsidised sanitation hardware sometimes part of the problem, reinforcing a misleading image and so reality of helplessness among the affected population?
- Can CLTS contribute to self-reliance and self-respect? And to wider livelihood development in post-conflict or post-emergency situations?
- To what extent in what conditions may subsidised hardware be needed and desirable, and in what conditions should it be avoided?
- What can be done when dependence is already an institutionalised culture?
- What are the best ways to distinguish between different conditions, so that actions can be more fitting?

## ***Experiences***

### ***Southern Sudan and DRC***

In post-conflict situations in the Southern Sudan and the DRC CLTS has been introduced recently. This has proved challenging but possible. There will be much to learn from how this plays out.

### ***Liberia***

In Liberia CLTS is not yet really lifting off but it is difficult to judge to what extent this is the result of post-emergency conditions. Issues here revolve around the mobilization and training of facilitators. There are few trained trainers. Institutions at the county levels are weak and cannot provide strong support. UNICEF and WaterAid are the main supporters of CLTS. Though the Government of Liberia is committed, the modalities for rolling out to the regions and the coordination at the Central Government level need further strengthening. During the current emergency with a large influx of refugees from the Cote d'Ivoire post-election violence into border communities, all WASH NGO partners agreed to adopt a version of CLTS for emergencies. It remains to be seen how successful this approach will be.

### ***Elsewhere***

There is also experience of implementing CLTS in post-flood Mozambique, in post-earthquake Haiti, and in situations in Pakistan.

## ***Recommendations and ideas***

These are early stages in learning to what extent CLTS is feasible, even before trying to take it to scale. Scepticism can be expected from some external actors in emergency and post-emergency conditions. Recommendations and ideas are therefore to

- Be bold in seeking to introduce CLTS in a range of conditions
- Document and compare the experiences, and what works and what does not
- Learn from current practices and experiences with participation and self-help by affected populations
- Develop a typology of situations which can be used prescriptively
- Strive for rapid and accurate learning about types of conditions and key parameters and development a typology of situations which can be used prescriptively
- Assess the requirements for going to scale in mass displacement conditions. This may include reorientation of those in humanitarian agencies.

## ***Sources & follow-up contacts***

- See reports on [CLTS in DRC](#) and [South Sudan](#) written by Philip Otieno
- [CLTS in post emergency context in Pakistan](#)
- [CLTS adaptation in Haiti](#)
- [One pager by Frank Greaves, Tearfund](#)
- For Tearfund in the DRC see [ppsspcic@yahoo.fr](mailto:ppsspcic@yahoo.fr) and <http://ppssp.org>
- [PLA 61 Tales of Shit: CLTS in Africa](#) (page 48-49)

- For more information on Liberia contact Ada Oko-Williams [adaoko-williams@wateraid.org](mailto:adaoko-williams@wateraid.org)

#### **4. CLTS in nomadic, mobile and migrant communities**

##### ***Introduction***

Nomads, transhumants, migrants and migrant workers tend to be marginalised and overlooked. But like all others they have rights. They pose special problems. For highly mobile nomads as in Niger latrines may not be an option. Where they are in sparsely populated hot and dry areas CLTS may be neither feasible nor much needed beyond encouragement of the cat method, or shallow trenches which are then filled in on leaving. Quite commonly, however, pastoralist women, children and those who are old and weak stay in permanent or semi permanent settlements and others practice transhumance. These settlements, as in Karamoja in Uganda, can be highly insanitary, sometimes with problems of hygiene accentuated by lack of water. Maasai manyattas in Kenya and Tanzania where people live with their animals and close to quantities of animal dung as well as human may present special problems. One consequence is the high rates of trachoma and blindness among pastoralist women and eye infections from flies among children. Yet another type of problem is when pastoralists are transhumant and pass through settled areas, as in parts of Darfur. Again, the cat method and /or shallow trenches may be the solution. Also serious is the failure of ODF communities, as in Himachal Pradesh in India, to provide adequate latrines for very temporary migrant workers, and persuading them to use them.

##### ***Challenges and questions***

- What forms of sanitation and hygiene are appropriate and feasible, for whom, in what conditions?
- How relevant are variations in environment, climate, season and so on?
- Is conventional CLTS triggering the right approach, or is innovation called for to fit nomadic, transhumant, migrant and migrant worker conditions?
- Do such populations pose serious problems of defecation when they pass villages or cities?

##### ***Recommendations, experiences and ideas***

- Use media, especially radio, to communicate with nomads, transhumants, migrants and migrant workers and their hosts
- Gain experience with CLTS where nomads and transhumants have settled communities where some live all or most of the time, and others return seasonally, and establish whether individual household or shared communal latrines are better
- In CLTS follow up and triggering in places where passers-by, transhumants or migrants practice OD, encourage the Ethiopian practice of constructing and maintaining roadside or other latrines for their use

- Make it clear that shallow trenches which are covered over regularly, and the cat method, may often be the best feasible solution, and can be acceptable and hygienic where other options are not realistic

***Sources & follow-up contacts:***

- For follow up on inclusion and rights, contact Sharon Roose  
[Sharon.roose@plannederland.nl](mailto:Sharon.roose@plannederland.nl)
- For more information on nomadic communities contact Ada Oko Williams [adaoko-williams@wateraid.org](mailto:adaoko-williams@wateraid.org)
- For more information on the road side latrines contact Atnafe Beyene  
[Atnafe.Beyene@plan-international.org](mailto:Atnafe.Beyene@plan-international.org)