

CLTS at the 36th WEDC International Conference, Nakuru, Kenya, July 2013

Community Led Total Sanitation (CLTS) had a strong presence at the WEDC conference in Nakuru, Kenya. The CLTS Knowledge Hub hosted a number of events throughout the week, which are described in this report. New innovations came to light, and exciting discussions were had both during the sessions, and at the CLTS exhibition stall, which was a key focal point for all people interested in CLTS. Dr Kamal Kar gave a powerful keynote speech in the opening plenary which brought CLTS to the minds of all conference participants from the outset.

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CLTS Sharing and Learning Workshop, 30th June 2013, Nakuru, Kenya

On the 30th June 2013, the CLTS Knowledge Hub hosted a one day CLTS Sharing and Learning workshop in Nakuru, Kenya, in advance of the 36th WEDC International Conference. Over 40 people from different countries and with varied experiences on CLTS participated in the day. They discussed the situation of CLTS in each country or organisation, shared lessons, experiences and challenges faced, identified existing knowledge gaps, and shared the latest innovations from across the world. The agenda was shaped by participants' interests which included:

- national policy,
- resource allocation,
- outcomes (total communities triggered and open defecation free (ODF)),
- participatory design,
- urban CLTS,
- sanitation marketing and sequencing,
- institutional challenges,
- verification and certification challenges,
- use of Information Communication Technology,
- innovations and
- research priorities.

The following is a brief summary of the event, with key messages at the end that were fed in to the main WEDC conference.

Country updates

A number of people gave brief summaries of the latest situation in their country or organisation, and the latest innovations to be used. This section outlines these reports.

Madagascar: sanitation marketing and CLTS

Madagascar is one of the countries where CLTS has spread most successfully, with a clear zero-subsidy national policy and Natural Leaders playing a crucial role in spreading the message. Challenges facing the country were outlined by Tom Russell from [Medair](#), particularly with regard to a new rural WASH programme which has recently been started. An essential aspect of the programme is creating demand; sanitation marketing (using Sanplats) is already embedded in the programme, but CLTS has not been written in so far, and discussions are taking place to see if CLTS can be the approach used to create this demand.

Initial conversations have been conducted with CARE, CRS and a local NGO in Madagascar. The main issues and challenges raised were:

- Challenge of sustainability, keeping villages ODF after achieving ODF status (regression is occurring frequently).
- Projects can be rushed with insufficient follow-up, and too little time and resources devoted to helping the communities achieve and maintain ODF status after triggering.

The focus and targets for projects is often on the number of villages triggered, which can result in a low percentage of villages becoming ODF. For example, in one project, 200 villages were triggered, but only 50 of them achieved ODF status. The approach is seen as low cost, but to do it well, it is crucial to spend time on every aspect of the process (pre-triggering, triggering, post-triggering follow-up etc).

- High water tables lead to contamination, flooding, collapsing pits. Sanitation hardware also needs to be cyclone proof, meaning local products are often more suitable than standard ones.
- The approach depends on strong facilitation.
- Training local masons to create local products happens before triggering in order that it is in place before triggering occurs to meet the subsequent demand. However, the timing and sequencing of marketing and CLTS is crucial – experience in Uganda has been when marketing comes too soon, it can stall/stop the CLTS process.
- Which product is used is crucial, whether a local product and materials are used or a standard one (e.g. Sanplat). The cost of a standard product such as the Sanplat is often prohibitive. For example, in Cambodia, the bottom rung of the product is USD50, which makes it unaffordable for many people when subsidies are not available.
- Problem of institutional coordination, once the project finishes - who is there to support villages to stay ODF, who is responsible?
- Help households make an investment in sanitation – village level small loans to individuals to support people in buying toilets (start off higher up the ladder)

Malawi: participatory design methods

Ben Cole briefly outlined the experience of UNICEF in applying participatory design methods to identify more appropriate and sustainable latrine technologies in Salima, Mangochi and Nkhata Bay districts in Malawi (areas with sandy or clay soils), following reports of poor product designs in their existing CLTS programme which collapsed after only a short time. He presented the approach in full at a session in the main conference, and also in the CLTS side session at the end of the week. The participatory approach was adopted to come up with local innovations over a 3-day workshop, which resulted in 3 non-cement designs being developed. These designs are now undergoing testing and revisions at Mzuzu University's SMART Centre, and are to be developed and rolled out at a national level. An important aspect of the design is that the cost is kept down to US\$ 3-5. The use of local materials helps to keep costs to an absolute minimum. The only costs are for labour/technical expertise. There is a strong no-subsidy national approach in Malawi, so affordability is vital for this to go to scale.



For more information, please see [Ben Cole's blog](#) on the CLTS website, his [one pager](#) and also pages 3-4 of the [WEDC conference report](#) by Andrés Hueso González:

Bhutan: pre-triggering knowledge and adaptation of triggering tools

John Collett (World Vision) outlined the importance of pre-triggering to obtain base line knowledge. In Bhutan, World Vision went to the villages first and found that sanitation coverage was already at 75%, due to a royal decree on sanitation that had been issued in 1990. As a consequence, the triggering tools were adapted to address the specific needs at that point of time. When the village mapping occurred it was discovered that there was a wide range of sanitation facilities, some good, some bad. Villagers were asked to jointly locate their toilet, and grade it from 1 chilli to 5 chillies (1 chilli being the poorest facility, 5 chillies being the best, with zero chillies meaning no toilet at all). This process was used for the community to gauge the types and quality of toilet. The next stage was to go and visit the different grades of toilet – for people to see ones they hadn't seen before, exchange ideas and suggest improvements that could be made. Then the community would draw up an action plan outlining what to do next – e.g. build a 3 chilli toilet, or something more simple. The aim has been to try and get people to improve on what they have already got, or if OD, to get on the sanitation ladder. There was also a focus on traditional self help methods – communities helping those who can't afford toilets. There was good uptake and elimination of OD in districts the project focussed on. The programme has scaled up to other districts, and taken on a sanitation marketing element.

Kenya

Current government policy and approach:

The draft national sanitation policy is currently being finalised, and has incorporated CLTS approaches. The government is drawing up a rural roadmap working in various districts, supported by UNICEF – the target is for rural areas to be ODF by the end of 2013, and urban areas by 2015. A sanitation strategy in Nairobi is being written on urban CLTS – the aim is for this to be implemented across the county.

Approaches being used include: training sector workers, using innovative technologies and ICTs for monitoring. Sludge management currently involves sludge being taken to treatment works, or put in existing sewers.

A coordination hub for CLTS has been set up by the Kenya Government, and the devolution of MOPHS (Ministry of Public Health and Sanitation) is currently underway – the focus will now be at the county level instead of national level. There is a need to look at the implications of devolution. With lots of change happening, the rate at which things will occur may be affected: for example, NGOs losing some existing contacts, delays with draft policies being written but not being implemented yet, and new personnel taking time to orientate themselves in the new set up.

Challenges:

- Professionalisation of the CLTS approach in Kenya (professionals hijacking the community process)
- Sustaining ODF status, especially in urban areas and informal settlements
- Funding for urban sanitation

- By-laws in urban areas are hindering the community-led process. The local authority is asking for approval of designs, plans etc.
- Scaling up CLTS/UCLTS
- Monitoring and evaluation – inaccurate results due to the delay between verification and certification. Long delays due to the limited number of organisations approved to do the verification.
- Institutional OD

Afternoon session: Key topics and significant issues

Urban CLTS: experiences and innovations in Kenya

Participatory design process:

Practical Action and the Umande Trust have been working together on a project (funded by Comic Relief) with communities in Nakuru since March 2012 to design appropriate technologies for local urban settlements. In urban areas people are not allowed to start at the lowest level of the sanitation ladder (pit latrine). The participatory design process has to adhere to strict local by-laws, while official approval of the design is needed before implementation.

Existing toilet designs such as the ventilated improved pit (VIP) latrine raise important questions of sustainability; all foreign materials are put into the pit which means it gets filled quickly, and is hard to empty. Other challenges in the area include the problem of volcanic soil; existing toilets were previously collapsing after only two rainy seasons. Currently, less than 10% of residents have access to sufficient sanitation facilities, with on average 37 people sharing a latrine.

The participatory design process began with triggering the communities, with different triggering sessions for the tenants and the landlords. The local administration, elders, chiefs and churches were all brought together, and the schools were involved too. During the triggering, there was an assessment of the technologies which are currently used, and the challenges which are associated with them. Together with different community representatives, they came up with ideas and appropriate long lasting sanitation designs for solving the problems. Practical Action/Umande Trust then took the ideas and developed them, consulting with the community to see if it was



Photo taken by Andrés Hueso González

what they envisaged. Once agreed it was taken to the authorities for approval. A set of six sanitation designs which are suited to the different conditions across the settlements have been pre-approved by the council and are now being used. The project has made it easy for landlords to invest by allowing them to take loans at a reasonable interest rate from a local bank.

For more information, please see the [project summary](#) on the Practical Action website:

There is also a [photo report](#) from a field visit to low-income areas in Nakuru after the WEDC conference.

Other innovations:

- Bio-sanitation innovations – biodigester which collects human waste and produces gas from it (which is used for cooking etc).
- Synergy toilets in households – makes disposal of waste easier. People can collect waste, bring it to a biodigester nearby the homes which processes it and turns it into gas.

Use of Information Communication Technology (ICTs) in urban communities

ICTs are used a lot in urban communities, and with things constantly changing the use of mobile phone technology to create a base map of communities (covering for example roads, paths, public services, water points, sanitation facilities, OD areas etc) and then monitor subsequent changes, reduction in OD etc, is an efficient way of keeping up to date. In Mathare, OpenStreetMap (free software) is used.

For more information on the use of ICTs in monitoring, please see the [Lilongwe Briefing note on ICTs](#) and also the [Lukenya Notes](#).

For further information on Mathare, please see the [Mathare Valley blog](#) and the [CLTS website](#):

Institutional Open Defecation

Kamal Kar introduced the concept of ‘institutional open defecation’ in the workshop, referring to the main challenges to sanitation progress that are embedded in the institutions themselves. Essentially, this is when institutions work on their own, not linking up or communicating effectively with other organisations. He spoke about how working together on a common platform is vital, knowing what everyone is doing, co-ordinating priorities and goals in order to avoid missed opportunities, and realising the potential of CLTS to go to scale. In summary:

The nature of the problem

- Organisations operating in silos – no contacts outside their own, very inward looking.
- Narrow professionalism – personalities and egos.
- Poor communication and non-communication.
- Competitive environment for donor funds. Donor bias.

What to do?

- Establish a neutral platform to bring different organisations together.
- Choose carefully who to work with. This will be different in different areas.
- Nurture strong allies. Personal relationships are vital. Choose allies carefully and support them in ways that will help their own organisation.
- Look at things from their situation and point of view, which pressures are making them react in a certain way etc. Being non-confrontational is vital in maintaining and nurturing relationships between organisations.
- The context can also affect organisations' co-ordination, for example in an emergency situation the levels of co-ordination and co-operation are much higher. However, when the situation starts moving into the rehabilitation phase, the organisations start drifting apart – this needs to be anticipated.

For some further reflections on institutional open defecation, please see the [blog written by Andrés Hueso González](#) and also [his report](#) which complements this output:

Sanitation marketing

This was briefly discussed. Key points included:

- Sanitation marketing varies considerably according to context – how wealthy, how cohesive the communities are, how much poorer/more vulnerable people receive help from the rest of the community.
- Getting the sequencing is vital; it is important not to introduce it too early while the triggering and post-triggering follow-up is ongoing.
- It can be done badly and the toilets supplied made too expensive for people, for example, even the lowest option in Cambodia is far too high for most (USD 50).
- It is important to understand barriers, triggers of communities and to use this information to inform your approach.

Much has been written about sanitation marketing; please see the CLTS website for further information, for example the [Lukenya Notes section](#) on the subject.

Future research priorities

- CLTS health and hygiene.
- Role of community health workers.
- Health extension workers in the urban context.
- Randomised control trials would be useful for health research.
- Health research, outcomes – baselines useful to measure outcomes. Monitoring and Evaluation and how to speak to different sectors, how to dialogue effectively in order to understand each other better.
- Pastoralists: often a neglected group, because of their livelihood (always moving around) they find it difficult to subscribe to the systems that are provided to them – not suitable for their livelihood. There is a need for research into practical solutions for this.
- Inclusivity, equity.

- Community dynamics supported to help the disadvantaged. Research should be context and community specific.
- Formative research – finding out in advance about communities you will be working in
- What is a community (in relation to CLTS effectiveness)? Most CLTS is in the rural context. Key attributes for a community (most ideal to least ideal in adopting the CLTS approach). The CLTS handbook has favourable and unfavourable conditions outlined. Definition of urban and rural a big issue, in different countries one thing may be defined as rural, yet urban in another.
- Formative research into cultural practices, links to minimum standards, partial understanding of complexity. Best practice should be based on research.
- Social and cultural context.
- Institutional context – e.g. in schools.
- Some generic guidelines, principles – more on how CLTS can be adapted to different contexts, bringing in socio-cultural factors.
- Comparative research – behaviour change in different communities.
- Collective behaviour change – CLTS is a powerful method to trigger behaviour change but what are other methods, where CLTS may be at a disadvantage, e.g. in India.
- Financing modalities (and sustainable financing).
- Hybrid CLTS – CLTS, PRA and SanMark.
- Sustainability of CLTS in India: research into different experiences in India, also policy level research (e.g. introducing CLTS in a context where the national/local policy is hostile to it), and what compromises can be found.
- Systems approach: looking at the entire system and what your system is within that – danger of people only seeing their bit – how to address silo thinking (see section on institutional open defecation for further exploration of this). This will lead to a better understanding of other people’s perspectives, and what their system is. It is important to recognise differences between stakeholders, and to go from partial understanding to a more complete understanding.
- Research: role for sharing evaluations across organisations, incorporate into our work
- Good documentation of research and sharing what we’ve already got is essential – new research may not be needed if the research already exists.
- How we learn – horizontal, vertical.
- Improving urban sanitation facilities – are there any negative repercussions on people – e.g. increased cost of living for people?
- Joint systematic research by multiple organisations on participatory technology development - looking at a range of technologies developed in a participatory way.

Key messages and themes fed into the conference:

- Emphasise the need for Monitoring and Evaluation, with honest information and accurate reporting (rewards for doing it).
- Verification and certification needs to occur in a timely way, unless we want to waste efforts. We need to empower communities to do this; it doesn’t have to be a professional organisation (however, we need to be wary of collective rewards/incentives for over-reporting).
- Ensure institutional mechanisms are in place for measuring sustainability.

- Create strategic partnership for implementing CLTS.
- Focus on moving up the sanitation ladder.
- Understand the role of CLTS in special conditions such as pastoralist communities or post-emergency situations. These conditions involve different challenges which need to be addressed.
- Participatory technology development is key when common latrine designs don't work (e.g. in Nakuru, Malawi).
- Emphasise the collective focus when talking about sanitation, with special attention to equity (especially when people are not familiar with CLTS).
- Pay special attention to solid waste when in urban settings.
- Address Menstrual Hygiene Management (MHM).
- Danger of thinking one size fits all

CLTS side session

CLTS: Taking stock, challenges, innovations and ways forward

This event was designed both for those engaged with CLTS policy and practice, and for those wishing to learn more about CLTS. Participants took stock of the current situation and outlined major challenges. A number of participants shared some innovations they were introducing in their areas to meet these challenges. Topics covered included: the health impacts of CLTS; the use and potential of participatory design methods to provide low cost, high quality toilets; failure and distortion of statistics in the TSC campaign in India; and the use of reflection meetings to analyse data on triggering, ODF status and make changes to the project based on that evidence.

Context and setting (*Robert Chambers*)

It is 12 ½ years since Kamal Kar innovated CLTS: it is now practised in over 50 countries and the best guess figure for the number of people in ODF communities is over 20 million.

New developments:

- Sanitation is now seen as a fundamental right
- 'Shit stunts': half of the undernutrition in children under 5 would disappear if faecally-related diseases were wiped out (for more information on sanitation and stunting in India see for example [Chambers and von Medeazza's article in EPW](#);
- Focus on menstrual hygiene management and equity and inclusion

Challenges:

- Scaling up with quality
- Sustainability
- Learning and changing

Problems and opportunities:

- 1.) People: facilitator, trainers supported to be full time. Continuity of champions, natural leaders and their potential. What can young people do in their communities?
- 2.) Policies and institutions: Donors are a major problem, for example they want to give subsidies.
- 3.) Process: sequencing is vital (pre-triggering, triggering, post-triggering, verification etc)
- 4.) Technologies and hardware becoming more and more central, with constant innovations (for example, the participatory designs coming out of Malawi). Getting sanitation marketing in the right sequence is key, and will vary according to place and context.
- 5.) Knowledge, sharing, learning, monitoring and evaluation will all help avoid misleading reporting. Research on what is happening at the grassroots level in the communities is

needed, and there is a need to understand more about what leads to collective behaviour change.

Recent innovations

Impact of CLTS: Madende Dispensary, Nambale District, Kenya *(Charles Ngira, Plan Kenya)*

CLTS was introduced in 2009 in Nambale district; by May 2012 179 villages were ODF and in November 2012 on World Toilet Day celebrations were held and the district was officially declared ODF.

Health profile of district:

- 8 health facilities

Madende dispensary has:

- Population 15,681
- Number of women of child bearing age (WCBA): 3590
- Number of children under 5: 3417

Women are being served by CLTS, CLTS is linked to Millenium Development Goals 4, 5 and 6.

The following figure outlines monthly diarrhoea trends before and after CLTS was introduced (data received from the health facilities):

DIARRHOEA DISEASE TRENDS BEFORE AND AFTER CLTS

Month	No. of cases		Month	No. of cases
Jan	77		Jan	35
Feb	75		Feb	24
March	71		March	20
April	40		April	20
May	43		May	16
June	41		June	19
July	35		July	11
Aug	38		Aug	10
Sept	30		Sept	00
Oct	28		Oct	00
Nov	29		Nov	13
Dec	20		Dec	01
TOTAL	527 cases		TOTAL	169 cases

It shows a clear decrease in the numbers, which can at least partly be attributed to CLTS

Participatory design methods in Malawi *(Ben Cole, UNICEF consultant)*

The Malawian policy target is that the country should be ODF by 2015. CLTS and sanitation marketing are the main mechanisms being used to achieve this target. The Ministry of Health, Ministry of Irrigation and Water and the leading NGOs were brought together to form a task force. Subsidy is banned (unless you are disabled). If NGOs are caught subsidising they get sent a strongly worded letter from the government; this has changed their strategies.

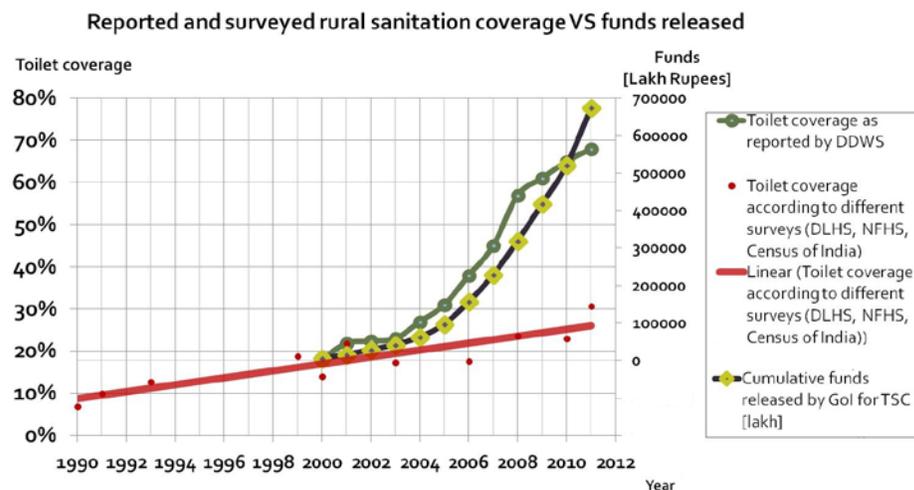
Please see page 3 of this report for a summary of the participatory design process used in Malawi.

Please also see [this one pager](#) by Ben Cole for an outline of how to use participatory technology design within the context of CLTS.

An untold story of policy failure: the Total Sanitation Campaign (TSC) in India *(Andrés Hueso González, Universitat Politècnica de València)*

Andrés outlined the disparity between what the TSC campaign is presented as (demand driven, community-led and incentive driven, with a collective focus), and the reality: supply led, construction orientated, subsidy based and top down. The monitoring system was seriously flawed which resulted in major over-reporting and distorted statistics.

Toilet coverage reported by the Ministry was 18% in 2000 and 70% in 2011. But real progress (shown in the GoI 2011 Census) was 18% in 2000 and between 25-30% in 2011. Only 1 in 5 of the reported toilets were found to be in place. It was also shown that there were 8 million more households defecating in the open in 2011.



This flawed data was due to vested interests, and an unreliable verification system with no external cross checks. There was misguided accountability and incentives, and poor institutional capacity. People responsible for implementing the campaign were held accountable if they didn't spend the money allocated, and didn't show progress. This was a strong incentive for over-reporting. The monitoring system monitored reported execution (which was related to the amount of funds spent), not what actually happened on the ground.

For the next campaign, Nirmal Bharat Abhiyan (NBA) to be successful, there needs to be greater focus on awareness-raising. Facilitators should be paid according to how many villages are triggered, and how many become and remain ODF. Subsidy should be better targetted - recognition of villages when they become ODF can be an incentive to over-report. The monitoring system should be external and independent.

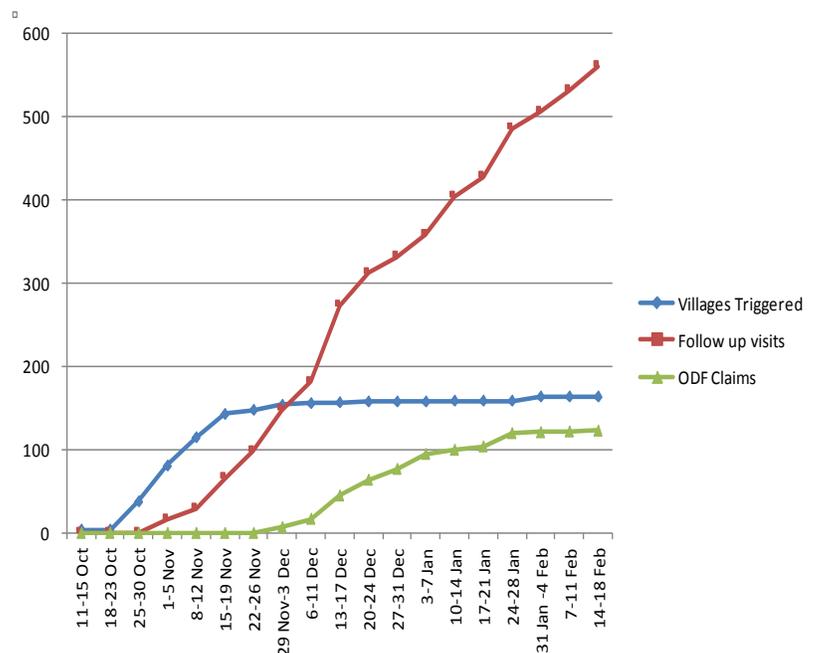
For more information, please see [Andrés' blog](#) on this subject. An article on this is also forthcoming in *Water Policy* journal.

Reflection Meetings (SNV Kenya)

These meetings were held regularly by those responsible for the CLTS programme (operating in 6 districts: Bondo, Busia, Kisumu West, Nyando, Siaya, and Rachuonyo and run by SNV, GoK and UNICEF) in order to carry out an audit of the programme, analysing data collected to find out what is being done, how it is being done and reorienting the programme if needed. Prior to these meetings, the collected data was just automatically forwarded to the national office. The meetings aimed at:

- Focussing not only on triggering, but also on achieving ODF status
- Reflecting and analysing the data and taking action based on evidence
- Seeing the bigger picture
- Refining and sharpening the monitoring tools

For instance, these meetings were used for analysing the numeric trends of the campaign in terms of number of villages triggered, number of ODF claims and number of follow-up visits. Previously, the focus was on the number of villages triggered and the number of new latrines built, not the number achieving ODF status. This analysis showed that a lot of villages had been triggered, and follow-up had taken place; however the number of ODF claims were very low (see figure).



In one area 50 villages were triggered, but 10 months later only 8 were declared ODF. It was

identified that the problem was related to the poor quality of the follow-up activities, not the number of follow-up visits being done. As a result, there was a change of focus; triggering was stopped in order to improve and intensify the follow-up of the villages already triggered. The post-triggering monitoring tools were refined. Gradually, ODF claims started to pick up.

For further information please see [this summary note](#).

Tearfund project in Tonga, North Kivu, DRC and Afghanistan (*Frank Greaves, Tearfund*)

Frank Greaves outlined the results of Tearfund's work in Tonga, North Kivu, a re-settled community which is post conflict, but with security issues. Communities are highly motivated and enthused through excellent facilitation, built on committed relationship and trust. A "Tools Bank" was established, which has enabled people to do their own construction. There is an emphasis on the use of local materials (costing anything between USD 6-200) to provide adequate and useable latrines (despite the security risk of obtaining materials for construction). There has also been good linkage with UNICEF-led/Government favoured "Village Assaini" ("healthy villages") approach.

He went on to talk about their work in Afghanistan, where the focus is on facilitation, promotion, marketing, and training, leaving construction and distribution to the local community, homeowners and tradesmen. CLTS is followed with hygiene messaging education and campaigns, in order to consolidate hand-washing practice. Religious leaders have been heavily involved. There has been a strong lobbying component to main Government Department responsible for WASH ("MRRD"), and as a result, the National WASH Policy now includes a total sanitation concept, and "ODF" status.

A number of livelihoods opportunities were opened up as a result of these projects, for example:

- Construction of latrines was left for homeowners and local masons.
- Tearfund provided training to local tradesmen, including environmental considerations, latrine siting, design and construction quality.
- Increased demand for hand washing facilities was met by local steel workers, producing small steel drums with a tap designed for hand washing.
- Increased demand for soap was met by local shop owners.

Importance of pre-triggering knowledge and adaptation of triggering tools in Bhutan (*John Collett, World Vision*)

John outlined the adapted triggering process used by World Vision in Bhutan in villages which already had high sanitation coverage, please see page 3 of this report for details.

Important innovations at the WEDC conference

The next section of the side session involved participants coming up with examples of important innovations that they had heard throughout the week at the conference, which included:

- Use of sanitiser instead of water and soap
- Menstrual Hygiene Management (MHM) and the use of sanitary kits and reusable pads
- Participatory design for toilets (Ben Cole, UNICEF)
- Tippy tap: an improved handwashing facility which means that you don't have to touch anything
- Track how much the sink is used by planting grass around the handwashing facility: if the grass is healthy it is a good indicator that the facility is being used regularly
- Cross checking of handwashing (see recent research by Jolly Ann Maulit, UNICEF)
- Integration of nutrition and WASH projects, with Mother to Mother groups including messages of WASH/sanitation within the meetings.
- Solving problems of poor soil. For example, two parallel bore holes next to each other instead of a septic tank.

What to do now?

The session ended with a brief discussion on what to do now. Ideas included:

- A research study into what is happening now 3 years post-ODF would be very useful.
- Documenting what is new, what is innovative
- Research on how to unblock the problems in India
- Women's movements may be important in India
- Continue with honesty, openness, learning from failure

Annex 1: List of participants at the CLTS Sharing and Learning Workshop, 30 June 2013

First name	Surname	Email	Organisation	Country
Fredrick	Abich	abich.fredrick@yahoo.com		Kenya
Peter	Akim	peter.akim@plan-international.org	Plan Kenya	Kenya
Ferdinandes Silas	Axweso	FerdinandesAxweso@wateraid.org	WaterAid	Tanzania
Emmanuel	Baya	emmanuel.baya@plan-international.org	Plan Kenya	Kenya
Sue	Cavill	suecavill@hotmail.com	WaterAid/SHARE	UK
Robert	Chambers	r.chambers@ids.ac.uk	IDS	UK
Ben	Cole	ben_cole_h2o@mac.com	Consultant to UNICEF	Malawi/ Australia
John	Collett	john_collett@wvi.org	World Vision	Kenya
Pamela	Furniss	pam.furniss@open.ac.uk	The Open University	UK
Om	Gautam	omprasad.gautam@lshtm.ac.uk	London School of Hygiene and Tropical Medicine	UK
Andrés	Hueso González	ahuesog@upvnet.upv.es	Universitat Politècnica de València	Spain
Ephy	Imbali	communityassetbuilding@yahoo.com	Community Asset Building and Development Action (CABDA)	Kenya
Peter	Irungu Murigi	Peter.Murigi@practicalaction.or.ke	Practical Action	Kenya
Domiano	Juma	domianodan@yahoo.com	Dream Support International Kakamega	Kenya
Joyce	Kamande	j.wambui@umande.org	Umande Trust	Kenya
Kamal	Kar	kamalkar@yahoo.com	CLTS Foundation	India
Jakub	Kocanda	jakub.kocanda@gmail.com	People in Need	Ethiopia
Alison	Macintyre	alison.macintyre@wateraid.org.au	WaterAid	Australia

William	Makori Misati	w.misati@umande.org	Umande Trust	Kenya
Colin	McCubbin	Colin.McCubbin@medair.org	MEDAIR	UK
Heni	Meke	henimeke@hotmail.com	Anglicare PNG	Papua New Guinea
Vinod	Mishra	vinodmishra2810@gmail.com	National Coordinator, India, WSSCC and Director, Key Resource Centre, Water & Sanitation, Centre for Good Governance, Uttarakhand Academy of Administration	India
James	Mturi	JamesMturi@wateraid.org	WaterAid	Tanzania
Grace	Mukasa	Grace.Mukasa@practicalaction.or.ke	Practical Action Eastern Africa	Kenya
Beneah	Musikoyo		Dream Support International Kakamega	Kenya
Patrick	Mwanzia	Patrick.Mwanzia@practicalaction.or.ke	Practical Action – Eastern Africa	Kenya
Charles	Ngira	Charles.Ngira@plan-international.org	Plan Kenya	Kenya
John	Njuguna	jowanju2002@gmail.com	Ministry of Health, Kenya	Kenya
Kepher	Nyamwanga	Kepher.nyamwanga@gmail.com		Kenya
Rose	Nyawira	Rose.Nyawira@plan-international.org	Plan Kenya	Kenya
Serene P.	Philip	Serene.Philip@practicalaction.or.ke	Practical Action	Kenya
Tom	Russell	pmwash-mar@medair.org	MEDAIR	Madagascar
Rebecca	Scott	R.E.Scott@lboro.ac.uk	Water, Engineering and Development Centre (WEDC)	UK
Naomi	Vernon	n.vernon@ids.ac.uk	IDS	UK
Zelda	Yanovich	Zelda.Yanovich@wsscc.org	WSSCC	Switzerland

Annex 2: Some recent innovations in CLTS

Handwashing

How to Trigger for Handwashing with Soap

The Open Defecation Free (ODF) Malawi 2015 Strategy and National Hand Washing Campaign have been contributing to an increased focus on hand washing with soap (HWWS) in Malawi. This document outlines several practical tools which can be used as a part of CLTS in order to trigger realization among communities of the importance of hand washing with soap.

<http://www.communityledtotalsanitation.org/resource/how-trigger-handwashing-soap>

Innovative monitoring method for hand washing facility usage

Case study of Jimu village where community members have come up with an innovative way of monitoring whether handwashing facilities are actually being used.

<http://www.communityledtotalsanitation.org/resource/innovative-monitoring-method-hand-washing-facility-usage>

How to prevent goats from eating soap: an innovation to protect handwashing facilities

In many communities, soap placed at handwashing stations disappears because goats (or other animals) eat it. Communities in Malawi have found a simple but innovative way to prevent this.

<http://www.communityledtotalsanitation.org/resource/how-prevent-goats-eating-soap-innovation-protect-handwashing-facilities>

Information Communication Technology (ICT)

Use of Information Communication Technology (ICT) In Monitoring, The Lilongwe Briefings

A series of case studies on ICT systems for rural and urban settings used to generate timely, accurate information about sanitation indicators and monitor the progress (or lack of progress) from open defecation to improved sanitation.

<http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/LilongweBriefing ICTS.pdf>

Concurrent M&E system to track CLTS progress using Google Fusion and Google Earth

The CLTS programme in Budni Block, Madhya Pradesh, India, supported by UNICEF, aims to obtain the first-of-its-kind model resource ODF Block in Madhya Pradesh, through CLTS. The programme uses a combination of innovative M&E applications to track progress and manage follow-up: Google Earth and Google Fusion offer powerful tools for fine-tuning implementation, triggering and follow-up strategies to accelerate progress towards ODF.

<http://www.communityledtotalsanitation.org/resource/concurrent-me-system-track-clts-progress-using-google-fusion-and-google-earth>

Linking Participatory Monitoring with Mobile Communication Technology to Monitor Rural Sanitation Progress in East Java

[One pager](#) on [using a participatory SMS-based reporting system to monitor progress towards ODF](#) in East Java. Full report also available.

<http://www.communityledtotalsanitation.org/resource/linking-participatory-monitoring-mobile-communication-technology-monitor-rural-sanitation>

Technology and design

Introducing Participatory Design into Sanitation Programmes

One pager on how to use participatory technology design within the context of CLTS.

<http://www.communityledtotalsanitation.org/resource/introducing-participatory-design-sanitation-programmes>

Sustainable sub and super-structures

One pager on local solutions that address the issue of collapsing latrines and offer sustainable super and sub-structures for latrines.

<http://www.communityledtotalsanitation.org/resource/sustainable-sub-and-super-structures>

How can poor communities make sustainable use of locally available materials without endangering the environment?

Ideas on how the communities can be facilitated to use their environment (trees for making latrines) in a sustainable manner, while at the same time constructing affordable latrines without subsidies. Based on an experience of Tearfund UK in Darfur.

<http://www.communityledtotalsanitation.org/blog/how-can-poor-communities-make-sustainable-use-locally-available-materials-without-endangering>

Termite-proofing wood used for latrine construction

One pager on how to make wood used for latrine construction termite-proof and thus create more sustainable latrines, experience from Plan Niger.

<http://www.communityledtotalsanitation.org/resource/termite-proofing-wood-used-latrine-construction>

Verification and Certification

ODF Verification and Celebration: Process Options, Tools, Ideas

Presentation on processes, tools and innovative ideas for ODF verification and celebration given by Ashley Meek, EWB Canada at the ODF Malawi Annual Review meeting (March 2013)

<http://www.communityledtotalsanitation.org/resource/odf-verification-and-celebration-process-options-tools-ideas>

Lukenya Notes: Taking CLTS to Scale with Quality

The Lukenya Notes are a collection of experiences and key recommendations from the IDS meeting of CLTS practitioners held in Lukenya, Nairobi in July 2011. The aim of the workshop was to focus on the key challenges we all face in taking CLTS to scale. Insights, case studies and options are clustered by themes which emerged from workshop brainstorming.

<http://www.communityledtotalsanitation.org/resource/lukenya-notes-taking-clts-scale-quality>

Financing

Using Micro Finance and Village Savings and Loans Schemes in CLTS

One pager on involving Micro Finance institutions and Village Savings and Loans Schemes in CLTS based on the Malawian experience.

<http://www.communityledtotalsanitation.org/resource/using-micro-finance-and-village-savings-and-loans-schemes-clts>

Urban

Innovative Approaches to Implementing CLTS in an Urban Setting in Ghana

Lessons, challenges and opportunities from piloting CLTS in a small town of Lekpongunor in the Dangme West District of Ghana.

<http://www.communityledtotalsanitation.org/resource/innovative-approaches-implementing-clts-urban-setting-ghana>

Urban CLTS: Establishing roots in Nairobi County

Insights from Kenyas urban CLTS experience, how it got institutionalized and what challenges aroused.

<http://www.communityledtotalsanitation.org/blog/urban-clts-establishing-roots-nairobi-county>

Harnessing GIS Mapping and Social Media for Better Sanitation & Hygiene in Informal Settlements

Experience on the outcomes and impacts of data and information emerging from the participatory GIS and social media work in Mathare (Kenya)

<http://www.communityledtotalsanitation.org/blog/harnessing-gis-mapping-and-social-media-better-sanitation-hygiene-informal-settlements>

Inclusion

Menstrual hygiene matters

Resource for improving menstrual hygiene for women and girls in lower and middle-income countries. Nine modules and toolkits cover key aspects of menstrual hygiene in different settings, including communities, schools and emergencies.

<http://www.communityledtotalsanitation.org/resource/menstrual-hygiene-matters>

India's women given low-cost route to sanitary protection

Few Indian women can afford sanitary towels. But one social entrepreneur aims to change that, and provide an income too: Arunachalam Muruganantham went to great lengths to develop an effective solution, even wearing sanitary towels and a device filled with blood himself to test his innovations.

<http://www.communityledtotalsanitation.org/story/indias-women-given-low-cost-route-sanitary-protection>

Why WASH matters for people living with HIV

Infographic produced by WaterAid showing how important good water, sanitation and hygiene are for people living with HIV.

http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/wateraid_infograph.pdf

Disability Inclusion in WASH

Since the beginning of 2012 Plan Indonesia has been explicitly trying to implement disability inclusion approaches within its existing sanitation and hygiene projects. Even though the results achieved at the community level vary, it is clear that disability inclusion approaches are making a difference for people with disability.

<http://www.communityledtotalsanitation.org/resource/plan-indonesia-disability-inclusion-wash>