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Going to Scale with Community-Led Total
Sanitation: Reflections on Experience,
Issues and Ways Forward

Robert Chambers
March 2009

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Going to Scale with Community-Led Total Sanitation: Reflections on Experience, Issues and Ways Forward

Robert Chambers

Summary

Perhaps as many as 2 billion people living in rural areas are adversely affected by open defecation (OD). Those who suffer most from lack of toilets, privacy and hygiene are women, adolescent girls, children and infants. Sanitation and hygiene in rural areas have major potential for enhancing human wellbeing and contributing to the MDGs. Approaches through hardware subsidies to individual households have been ineffective. Community-Led Total Sanitation (CLTS) is a revolutionary approach in which communities are facilitated to conduct their own appraisal and analysis of open defecation (OD) and take their own action to become ODF (open defecation-free).

In six of the countries where CLTS has been spread – Bangladesh, India, Indonesia, Pakistan, Ethiopia and Kenya – approaches differ organisationally with contrasting combinations of NGOs, projects and governments.

Practical elements in strategies for going to scale have included: training and facilitating; starting in favourable conditions; conducting campaigns and encouraging competition; recruiting and committing teams and full-time facilitators and trainers; organising workshops and cross-visits; supporting and sponsoring Natural Leaders and community consultants; inspiring and empowering children, youth and schools; making use of the market and promoting access to hardware; verifying and certifying ODF status; and finding and supporting champions at all levels.

To spread CLTS well requires continuous learning, adaptation and innovation. It faces challenges. Paradigmatically, it requires major institutional, professional and personal shifts. Opposition at senior levels, pressures to disburse large budgets, demands to go to scale rapidly, and programmes to subsidise hardware for individual rural households, have been and remain threats and obstacles. Issues for review, reflection and research include: diversity, definition and principles; synergies with complementary approaches; scale, speed and quality; creative diversity; and physical, social and policy sustainability. In seeking constructive ways forward, four key themes or thrusts are: methodological development and

action learning; creative innovation and critical awareness; learning and action alliances and networks, with fast learning across communities, districts and countries; and seeking to seed self-spreading or light touch movements. A key to good spread is finding, supporting and multiplying champions, at all levels, and then their vision, commitment and courage.

Keywords: champions; community-led; innovation; MDGs; movement; participatory methodologies; rural; sanitation; scale; sustainability.

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1 This was a conference linked to the DFID-funded project, 'Going to Scale? The Potential of Community-Led Total Sanitation'. This conference marked the end of the International Year of Sanitation 2008, and was an opportunity to disseminate some of the research findings, and to share and learn from experiences of CLTS and sanitation with a wide audience from around the world and to tease out implications for wider development agendas.

Abbreviations

ADB	Asian Development Bank
BRAC	Bangladesh Rural Advancement Committee (now simply known as BRAC)
CARE	CARE (an INGO, whose staff do not all know what the acronym originally stood for)
CLTS	Community-Led Total Sanitation
GTZ/KFW	Deutsche Gesellschaft für Technische Zusammenarbeit/ Kreditanstalt für Wiederaufbau
IAS	Indian Administrative Service
IHHS	individual household hardware subsidy
INGO	international NGO
IRC	International Water and Sanitation Centre, Netherlands
IRSP	Integrated Rural Support Programme, Pakistan
MDG	Millennium Development Goal
NGO	non-government organisation
NGP	Nirmal Gram Puraskar, India
NL	Natural Leader
OD	open defecation
ODF	open defecation-free
Plan RESA	Plan International, Region of Eastern and Southern Africa
PM	participatory methodology
PRA	Participatory Rural Appraisal
PRI	Panchayati Raj Institution (local government entity), India
RSPN	Rural Support Programme Network, Pakistan
SACOSAN	South Asian Conference on Sanitation
SACOSAN III	Third South Asian Conference on Sanitation, New Delhi, 16–20 November 2008
TSC	Total Sanitation Campaign of the Indian Government
UNICEF	United Nations Children’s Fund
VERC	Village Education Resource Centre, Bangladesh
WSP	Water and Sanitation Programme, World Bank

1 Context and background

1.1 Purpose, limitations and critical reflection

Community-Led Total Sanitation (CLTS) is widely and correctly recognised as a revolutionary participatory approach to rural sanitation.² In December 2008 it celebrates its ninth birthday. It is timely and the purpose of this paper is to review experience gained as it has spread, and to explore options and ways forward for the future.

Let me point out three limitations of this paper.

The first is speed of change. CLTS is evolving and spreading fast in many places and in many directions. Practices are diversifying and experiences are deepening and widening. New evidence and insights become available almost daily. Second and third generation issues multiply. It is difficult to keep in touch and up to date.

The second is the nature of the evidence and insights, and the gaps which they leave. It is not easy to know what is really happening on the ground. The papers to the December 2008 conference have shed useful light on important aspects. They have also pointed to much that we do not know and need to know in order to better inform policy and practice.

The third limitation is personal. I have been engaged with CLTS since its early days. Over two and a half years I have been a participant at IDS in the DFID-funded project of research, action learning, and networking 'Going to Scale?: The Potential of Community-Led Total Sanitation', led by Lyla Mehta. On the action learning component I have worked closely with Petra Bongartz who has a central role in coordination and communications, and with Kamal Kar, the original innovator and energetic and dedicated disseminator of CLTS around the world. In my considered view CLTS has a huge potential for enhancing human wellbeing, and it hangs in the balance whether anything like that potential will be realised. I have thus a personal commitment to improving and spreading CLTS as an approach and movement.

This commitment need not conflict with academic values. On the contrary, it reinforces concern for good research and learning. Only by knowing the realities, whatever they are, can policy and practice be improved. Critical views and negative findings are opportunities to learn and to do better. Commitment to a movement like CLTS can also influence perceptions and judgement.³ I have tried

2 CLTS was innovated by Kamal Kar working with the NGO VERC in Bangladesh in December 1999 and evolved by him and others in various contexts. For the early history of CLTS see Kar (2003). For up-to-date information about CLTS in many parts of the world, please visit www.communityledtotalsanitation.org.

3 This is not the place for a reflective review of the experience. In due course I intend to write a self-critical account of my behaviour (which on occasion has surprised and shocked me) and learning, similar to what I wrote about my experience and learning with an earlier project which came to be known as 'Voices of the Poor' (Chambers 2002).

to reflect critically on how this affects how I am treated, where I am taken, what I see, what I am told, what I recollect, how I frame evidence, and the judgements I make. All the same, biases, misperceptions and misjudgements must surely remain. Disagreements, corrections and qualifications are necessary and welcome, with ongoing debates from different points of view about policy and practice to help us forward in our collective struggle to do better.

1.2 Rural sanitation: the scale of the problem and opportunity

The orders of magnitude of the sanitation and related health context are striking. Of the 2.2 million people estimated to die each year from diarrhoeas and related diseases, the great majority are children, with a death rate of 5,000 children a day often being cited. The strong links between these figures and open defecation (OD), lack of access to, or use of, means for the safe disposal of human excreta, lack of hygienic practices and contaminated water, are not in dispute. Urban sanitation presents massive problems, but of the more than 2.5 billion people estimated to be without improved sanitation more than 7 out of 10, some 1.8 billion, are rural inhabitants (WHO and UNICEF 2008: 13, 10).

The rural problem is concentrated most in South Asia and sub-Saharan Africa.

Table 1.1 Population without improved sanitation facilities (2006)

	Per cent of total urban population	Per cent of total rural population
South Asia	43	77
Sub-Saharan Africa	58	76
Developing regions	29	61

Source: WHO and UNICEF (2008: 10).

In these statistics, the simplest improved sanitation facilities are pit latrine with slab.⁴ There are many gradations of sanitation, and many of those with improved facilities suffer health risks from the OD of others. Many of those in rural areas who are counted as having improved facilities do not use them or do not use them all the time. Taking this into account, a reasonable estimate may be that in 2009 at least four-fifths of those living in the rural areas affected, the great majority in South Asia and sub-Saharan Africa, are practising OD. This also constitutes a health risk to those who are using toilets in their communities. This means that the

4 Definitions and statistics are riddled with problems. Improving sanitation is often seen as a ladder, in which the very bottom rung is digging a hole and covering excreta.

total population adversely affected by rural OD will be more than the roughly 1.8 billion estimated to be without improved sanitation, perhaps of the order of two billion.⁵

If the scale of the problem is so huge, so is the scale of the opportunity for gains in physical, social and psychological wellbeing, through convenience, privacy and self-respect as well as health. If, at a stroke, all rural areas could be ODF and all rural people were to adopt hygienic behaviours, the impact could be massively transformative. That is the vision to fix in the mind. The question is how big a contribution CLTS can make towards achieving that vision.

1.3 What is CLTS?

That most rural sanitation programmes have disappointed is not disputed. For decades, programmes in many countries, supported and promoted by governments, aid agencies and NGOs alike, have relied on targeted hardware subsidies to individual households. These have led to partial sanitation and toilets often not used or used for other purposes. Widespread OD has continued. In contrast, Community-Led Total Sanitation (CLTS) has since 2000 been struggling against such subsidy programmes and instead seeking to provoke communities through their own appraisal and analysis to decide to become open defecation-free (ODF) and to do this through their own efforts.

CLTS⁶ is an approach in which people in rural communities are facilitated to do their own appraisal and analysis, come to their own conclusions, and take their own action. They are not instructed or taught. With CLTS in its classical form, a small team of facilitators conduct a triggering.⁷ The facilitators may be government, NGO or project staff, or Natural Leaders from other communities. The PRA (Participatory Rural Appraisal)⁸ principle that 'they can do it' is fundamental and PRA methods are used. These include participatory mapping on the ground to show where people live and where they defecate, transect walks to visit and stand in those places, calculations of quantities of shit (the crude local word is used) produced by each household and the community, and identifying pathways to the mouth leading to the shocking recognition that 'we are eating one another's shit'. This triggering is designed to lead to a moment of ignition and a collective decision to end OD followed by action to become ODF. When triggering

5 This estimate is based on the assumption that progress since 2006 will be more than offset by including in the estimate the exposure of those with improved facilities to the OD of others. The imprecision of 'substantial' and 'at least four-fifths' is deliberate.

6 There are now many sources including Kar (2003), Kar and Pasteur (2005), Kar and Bongartz (2006), Handbook (2008), and papers (forthcoming) to the December 2008 conference on CLTS at IDS. These and other materials can be found on the CLTS website at www.communityledsanitation.org. The Handbook can be downloaded from the CLTS website or from www.plan-uk.org/newsroom/clts/ or obtained in hard copy by emailing mail@plan-international.org.uk. For those not familiar with CLTS, I recommend it as a companion to this paper.

7 For pre-triggering see Handbook (2208: 13–17) and for triggering (20–41).

8 For sources on PRA visit www.pnet.ids.ac.uk/prc_index. See also Chambers (1997: 102–61).

is successful, Natural Leaders emerge. People dig holes and build latrines. There are no standard models and construction is by self-help with or without purchase of hardware from the market.

Principles can be induced from successful practice. From an early stage the basic principles of CLTS were:

- No external individual household hardware subsidy (IHHS). Communities install their own latrines or toilets with their own resources. Those who are better off help those who are too weak or poor to help themselves.
- No standardised top-down designs. People decide for themselves.
- Facilitation, not teaching or preaching. Appraisal and analysis are facilitated. But after triggering information and encouragement can be provided.

More recently, two further principles that can be inferred from effective practice are:

- Creativity and innovation in approach.
- Review, reflection, learning and change.

As is now well recognised, CLTS requires reversals of entrenched institutional, professional and personal behaviour, attitudes and mindsets. The changes resonate with shifts from a paradigm of top-down control associated with things and set procedures to a paradigm of bottom-up empowerment associated with people and social processes.⁹ The depth and scale of such transformations of personal and professional conviction are empirically one of the strongest indicators of the revolutionary power and effectiveness of CLTS.

Table 1.2 The radical shifts from past tradition to CLTS

From	To	Demanding
Teaching with authority 'we know' 'they are ignorant'	Facilitating hands-off 'they can find out' 'they can do it'	Changed behaviour, with institutional and personal reorientation from 'we know' to 'they can do it'
Engineering designs	Starting with local designs	Professional restraint and hands off ¹⁰

⁹ For more on the contrast between these paradigms see Chambers (1997: 36–8).

¹⁰ For initial minimal guidance at the end of triggering, see Handbook (2008: 37). Technical advice from trained community engineers or others has a place in the post-triggering phase and when people upgrade to improve and assure quality, safety and sustainability. This may include siting to minimise water contamination.

From	To	Demanding
Hardware subsidies to households as incentives	Dignity and self-respect as incentives	Changing mindsets about local people's priorities and motivations
Drives to disburse budgets	Spending less to achieve more	Changing perceptions, priorities and rewards in organisations
Latrines constructed as indicators of achievement	Communities ODF as indicators of achievement	Focus on changes in individual and collective behaviour
Targeted assistance to the poor, disabled, weak	Leaving it to communities to help	Restraining philanthropic reflexes and encouraging local concern and action
Being sensitive to local culture and taboos	Communities to sort out for themselves	A hands-off approach, and even the boldness to appear insensitive ¹¹

1.4 Potentials of CLTS

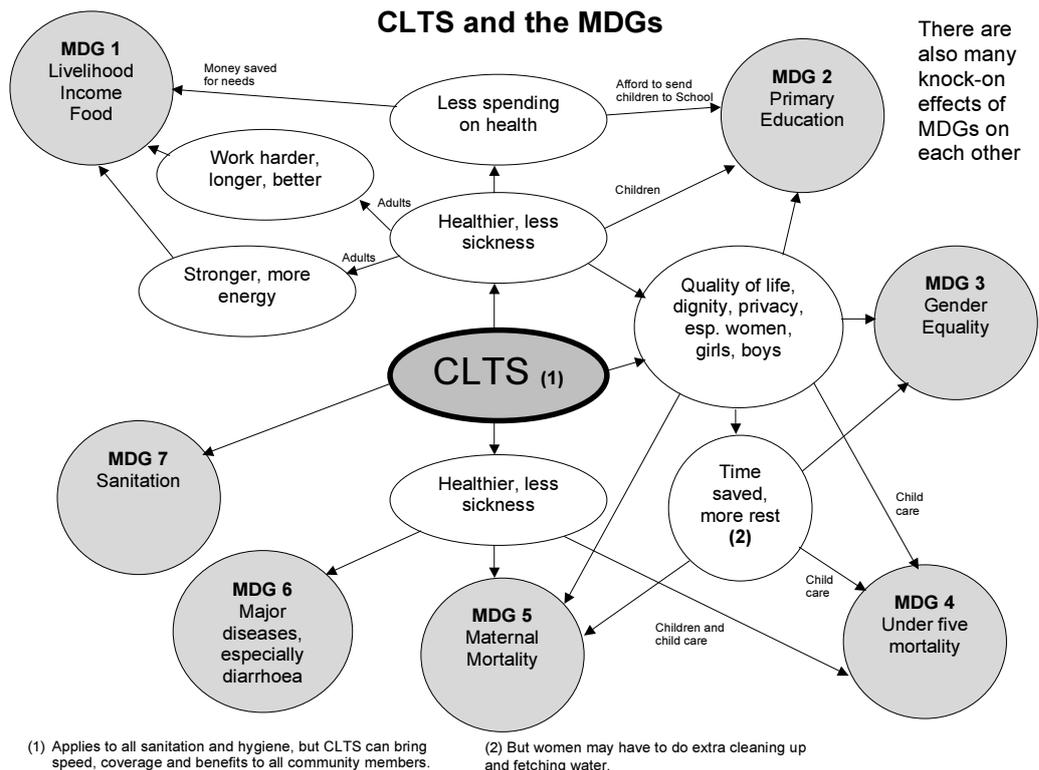
The benefits of sanitation and hygiene are many. To outsiders, health is the most obvious, and especially the health, survival and growth of children. But many want latrines and toilets less for health than for convenience, dignity, and other reasons. For women and older girls, in particular, they can mean not having to go out before dawn or after dark, safety from the associated risks of violence and sexual abuse, time saved and rest gained, less constipation, and less embarrassment and difficulty in dealing with menstruation (Pearson and McPhedran 2008; Mahbub 2008; Mehta 2008). Where there are health impacts, gains can be expected from reduced health expenditure, less time spent seeking treatment, more days worked and more strength for work.¹² ODF and hygienic conditions and behaviours also improve the environment and enhance wellbeing and self-respect.

11 This line of the table needs nuancing. See Musyoki (2007) and Movik (2008) for discussion of taboos and examples of their significance. Not all earlier approaches to sanitation and hygiene were particularly sensitive to them. And overlooking them completely could lead CLTS facilitators astray. The key word here is *appear*. A facilitator who raised questions of taboos, or attempted to discuss them, in triggering would be liable to slow and undermine the process. Post-triggering support may need to be sensitive and adaptable.

12 However, there can be a downside as well, when, as is usual, it is women who have to keep toilets clean, and to fetch water when water is scarce (Mehta 2008).

Sanitation and hygiene have for too long had low priority in development. Professionals prefer to work with whatever is clean, odourless, standardised, centralised and controllable (Chambers 1986) but sanitation, and the more so when it is rural, is a dirty, smelly, dispersed, diverse and recalcitrant area where many normal professional preferences and reflexes do not apply or do not work. Unsurprisingly, when as so often water and sanitation are part of the same Ministry, Department, programme, project or subject for a conference, sanitation has been a marginalised poor cousin. Moreover, rural people themselves usually give higher priority to water. And water lends itself better to the exercise of professional skills, attracts more money, and can produce satisfying and photogenic¹³ physical outputs. For its part, hygiene entails behaviour change, again dispersed, diverse and difficult to pin down. But as Figure 1.1 indicates, sanitation and hygiene can contribute to all the first seven MDG goals, and especially those affecting women, girls and children.

Figure 1.1 CLTS and the MDGs



13 Smiling women and children at a nicely constructed well is a cliché of development photography. It is almost unthinkable to take and publish photographs of them – or anyone for that matter – squatting in a latrine, though washing hands afterwards (of course with clean, odourless etc. water) is acceptable (which new cliché photograph I have on my office door).

CLTS brings with it the potential for five benefits beyond those of previous partial sanitation programmes:

1. *Speed*. The speed of going total, meaning that the community is claiming to be ODF, can be remarkable. In best-case scenarios communities declare themselves or are declared ODF in a matter of weeks. Where triggering is successful, there is typically a sudden acceleration of activity.

2. *Totality*. ODF conditions provide a public and not just a private good (Kumar and Shukla 2008; Ellery 2008). CLTS has shone a spotlight on this aspect. From sanitation and hygiene which are total, meaning universal in a community and its relevant neighbours (for example upstream and downstream), all stand to gain.

A question is to what degree achieving total or degrees of total ODF status increases these benefits. Claims of dramatic drops in diarrhoeas and other diseases following the achievement of ODF conditions are numerous, and can be added to on any field visit. People in ODF communities do again and again report sharp drops in diarrhoeas and medical expenses. Anecdotal evidence is so widespread, and seems such commonsense, that it is easy to believe. However, caution is in order. Diarrhoeas have multiple causation: confounding factors include water supply, oral rehydration therapy, other hygienic practices, and seasonality. It is also of serious concern that there may be a courtesy bias with people in communities telling casual visitors what they are thought to want to hear.¹⁴ Research must also be examined critically. In 2007, the WSP published (2007a: 4) research findings interpreted to show that 'Only villages declared to be open defecation-free [sic, defecation-free], with 100 per cent toilet usage, reported a significant drop in diarrhoea recall¹⁵ to 7 per cent' (WSP 2007: 4 and Knowledge Links 2005). However, the samples of villages and households were small, there are as ever questions about recall data, 'total' may not always be fully ODF, and there are many potential confounding factors. At best, the findings are suggestive, and an invitation for further research.

3. *Social solidarity leading to other actions*. The community solidarity and sense of achievement from a successful CLTS process can be an entry point for other initiatives. The Social Development Unit of CARE Bangladesh (Handbook: 67–9; Haq and Bode 2008) has pioneered here, and there have been examples of communities coming together to build embankments to prevent flooding and crop loss, following CLTS triggering and action. They have also tackled the annual hunger season in other ways, with the aim of achieving hunger-free communities.

14 An anecdote about anecdotes is apposite here. In 2007 I visited Hatibandha, the first *upazilla* (subdistrict) to be declared ODF in Bangladesh, a year and a half earlier. A group of women in a near by village for whom I was unlikely to have been the first visitor, were articulate and enthusiastic about the improvements to their children's health. Doctors in the hospital likewise reported a sharp drop in admissions for diarrhoea. Checking against the hospital's diarrhoea admissions register for recent years showed, however, high variability and no clear trend. This is confirmed in Howes (2008a: 17).

15 The WSP publication does not specify whose diarrhoea the recall is for. The original source (Knowledge Links 2005: 20) is recall of diarrhoea among children less than one year old.

4. *Local leadership, self-confidence and livelihood.* Linked with and reinforcing social solidarity is the emergence and growing confidence of local leaders – in a CLTS context usually described as Natural Leaders (NLs). This provides opportunities for people with leadership potential and can also apply pressure on the existing leadership. The voluntary work and commitment of NLs can contribute to the sustainability of CLTS and other activities beyond the life of any external project. In addition to voluntary work, CLTS Natural Leaders like Mrs Momtaj Begum Mukti in Bangladesh (Huda 2008: 14) can gain livelihood by being employed as a facilitator (in her case by NGOs), and in Pakistan (by local government).

5. *Applications in other contexts.* A CLTS approach has been applied in urban areas.

The first known case is Kalyani, a slum north of Kolkata, where exceptional political leadership galvanised people to achieve ODF conditions without subsidies (Kalyani Municipality 2008). In July 2008, a CLTS training of government staff based in the town of Kilifi on the Kenya coast provoked meetings and action to install and improve facilities and strive for total sanitation in the town. In other cases, for example in Panipat District in Haryana, large villages which in other places would be described as urban have been declared ODF.

A CLTS-style approach has been applied to urban waste. In August 2008, in Alibag, Raigad District, Maharashtra, a CLTS team from Knowledge Links conducted a training of trainers in CLTS. This included triggering for OD but focused strongly on a desire for an environment that was litter-free. Plans and action were triggered to make Alibag a waste-free city (Knowledge Links 2008a). In Cairo, Plan Egypt has facilitated appraisal of tons of garbage blocking tunnels under the ring road. This led to community mobilisation, negotiations with the authorities, community participation in helping remove the garbage, and sustainably clean tunnels with children's paintings on the walls (Plan Egypt 2008).

2 Scale and country cases

2.1 Scale and statistics

The reported scale and speed of spread has been impressive. There are zones with credible evidence of large-scale achievements; for example (this is illustrative only) some *upazillas* (subdistricts) in NW Bangladesh, parts of Indonesia such as East Java, Districts in India such as Panipat (Agrawal 2007), Sirsa and Bhiwani (Gupta and Pal 2008) in Haryana and Mandi in Himachal Pradesh, and parts of Cambodia and Pakistan. In Africa, Ethiopia has been leading and there have been promising developments especially in Kenya and Zambia. Large-scale cascade CLTS training has taken place in Nigeria. And starts have been made in other countries including Bolivia in South America and Yemen in the Middle East. However unknowable the 'real' numbers may be, something remarkable has happened and is now in early 2009 happening very fast.

That said, the actual scale of CLTS is difficult to know and impossible to put sharp figures on. Two reasons stand out.

First, developments in many countries, organisations and places are rapid. There is no central point for collecting and verifying numbers, even within any country, let alone globally. The IDS website is a source of some data but it depends on contributions and updating which are inevitably partial and continuously in need of refreshing.

Second, claims to have achieved ODF status have often been exaggerated¹⁶ and estimates of numbers of ODF communities inflated. Lyla Mehta (2008: 10) describes OD continuing transparently in communities in India and Indonesia that had been declared ODF. There are problems of verification, certification and counting. The history of estimates for numbers of communities that have become ODF does not inspire confidence. In Bangladesh, the high figures reported in the early days of CLTS were later scaled back. In India, the numbers of local government entities certified for the Nirmal Gram Puraskar (NGP) award¹⁷ has taken us into realms of fantasy. There, in Maharashtra, rewards for achieving ODF status were an ingenious way round the problem of having to spend big budgets for hardware subsidy, but gave incentives for false claims and certifications, reportedly rampant more widely with the NGP. The certification process was stringent at first but then become a farce with subcontracting by NGOs commissioned to carry out inspections, and then even those subcontractors at times subcontracting to individuals. This is not to say that campaigns had no effect. There may indeed have been improvements in sanitation in many communities, but without getting anywhere near the ODF status certified. In Maharashtra, target-driven competition between districts can hardly have failed to inflate the numbers. Elsewhere, as in Kenya and Ethiopia to date, with small-scale and careful verification, the numbers have been more credible. The larger the number of verifications, the harder it may be to know how reliable they are unless there is a substantial proportion of failures. In these circumstances, some claims and statistics lack credibility and may be set to become a source of embarrassment, if they are not already.

Third, ODF is in theory an absolute condition, with no faeces exposed anywhere. This is vital as a community objective but is unlikely in many cases to be fully, strictly, achieved. What are counted are communities that have declared themselves, or have been declared, ODF. Conditions may be dramatically better than they were but problems have persisted, for example of passers-by, children's faeces, old people reluctant to change their ways, some who are mentally disturbed, and men who are obstinate, and sustainability has been an issue (see section below). ODF statistics must be taken for what they are – claims and certifications of progress. Only rarely are they likely to be statements of an absolute condition.

16 Exaggeration is not confined to CLTS. It is endemic with sanitation statistics. See Bostoen and Evans (2008) and Cotton and Bartram (2008) for reviews of the problems.

17 The Nirmal Gram Puraskar award is to local government entities that satisfy a number of qualifications, of which being ODF is a major one. The award is both financial, and in prestige: the village head has been invited to Delhi to be congratulated in person by the President.

2.2 Country diversity in patterns of spread

Repeated hands-on trainings by Kamal Kar have introduced similar processes and patterns for triggering in communities in many countries. However, the strategies and practices for taking CLTS to scale in these countries differ and present a diversity of practice and experience from which to learn and on which to draw in looking to the future. Thumbnail sketches of Bangladesh, India, Indonesia, Pakistan, Ethiopia and Kenya (listed in the order in which CLTS was introduced) can show some of the diversity.

In *Bangladesh*,¹⁸ where CLTS originated (Kar 2003), going to scale has been NGO-led, often in collaboration with local government. Total sanitation (but not CLTS) became national policy. CLTS was innovated by Kamal Kar with the National NGO VERC supported by the international NGO WaterAid. Other NGOs – notably CARE, the Dhaka Ahsania Mission (DAM), Plan Bangladesh and World Vision (in alphabetical order) – joined VERC, its early adoption and spread. WSP has a significant support and policy advocacy role. Some NGOs, notably with large donor grants, were wedded to household subsidy approaches and vehemently opposed CLTS, as in an impassioned debate at the first SACOSAN Conference in Dhaka in 2003. Dishari (Howes 2008a), managed by DAM and funded by DAM, Plan, WaterAid and WSP, is a project with staff dedicated full-time to introducing CLTS with government at the local level. In some areas where Plan and WaterAid's partners were active, their staff together with Dishari worked closely with local government in CLTS campaigns, leading to declarations of ODF in some *upazillas*. In these areas Union Councils used some of their funds for hardware. Government set itself a target of total sanitation by 2010 and itself promoted sanitation on a national scale through local government, in practice with a combination of targets, sanctions against those without latrines, and rewards for Unions declared 100 per cent latrined. Neither the government nor the very large national NGO BRAC adopted CLTS but continued with policies and practices of individual household hardware subsidy. National figures for reported percentages of rural families using sanitary latrines rose from 29 per cent in October 2003 to the inflated and exaggerated figure of 87 per cent in June 2008 (Bangladesh 2008: 7).¹⁹ The verdict that 'with the many active promoters of sanitation in Bangladesh today, the CLTS approach is at risk of diluting its inviolable principles and spirit' (Ahmed 2008: 21) is if anything an understatement. CLTS remains a small minority approach of a few NGOs, dwarfed by the large traditional target and subsidy-driven top-down construction and latrine-focused campaigns of the government, BRAC and other NGOs.²⁰

18 For a full and more authoritative account which may qualify this paragraph see Ahmed (2008). See also Haq and Bode (2008), Huda (2008) and Howes (2008a and 2008b).

19 For discussion of reported achievements, see Ahmed (2008: 17 and 19-20), who reports that government sources recognised that the figures were inflated and were seeking to introduce M and E (Monitoring and Evaluation) systems that would be more accurate.

20 This assertion is made to the best of my judgement with the information I have to hand. I invite qualifications, corrections and amendments.

In *India*,²¹ the pattern has been promotion and spread of CLTS by government with very little involvement of NGOs. From the start, WSP and champions in government played key roles. The national Total Sanitation Campaign launched in 1999 (Government of India [GOI] 2008; Knowledge Links 2008b) provides hardware subsidies to families below the poverty line. This has posed a major obstacle to the adoption and spread of CLTS. Maharashtra sought to overcome the problem by using the subsidy budget for rewards to Panchayati Raj Institutions (PRIs, local government entities) that were declared to be ODF. Apart from Maharashtra, CLTS was introduced and adopted most successfully through champions in two states of the north-west – Haryana, and Himachal Pradesh where CLTS is state-level policy. In Panipat District in Haryana, an intensive campaign with dedicated staff and support driven by the District Administration achieved widespread triggering in rural communities and reported high levels of success (Agrawal 2007). On a national scale, in 2008 CLTS hands-on training was initiated for two government staff from each of India's 611 districts, and created a demand for further training in some districts. It was unclear what effects all this would have. Despite this training, CLTS was not mainstream government policy: the India Country Paper (GOI 2008) to SACOSAN III makes no mention of CLTS, only of the Total Sanitation Campaign (TSC) and the Nirmal Gram Puraskar, a high-profile programme of rewards to communities that are declared totally sanitised. In the judgement of Deepak Sanan (2008: 31), 'The immediate prognosis for CLTS in India is not very positive'. At the same time there are indications of flexibility and of space for CLTS as feasible within the broad framework of the TSC.

In *Indonesia*,²² the pattern has been project- and government-based with central support for local pluralism, without hardware subsidies. CLTS was introduced through WSP. Indonesia has 440 districts. WASPOLA (Water Supply and Environmental Sanitation Policy and Action Planning Project), supported by the Government of Indonesia, WSP and AusAid, was involved in the introduction of CLTS into WSLIC II (the second Water and Sanitation for Low Income Communities) project which operated in 36 districts, and an ADB-supported project in a further 20 districts. CLTS was pronounced a national approach for rural sanitation in August 2006, and launched as official national strategy in 2008 by the Minister of Health. CLTS is part of a national programme (PAMSIMAS) in 115 districts and also of the TSSM (Total Sanitation and Sanitation Marketing) programme in East Java, a partnership between the Gates Foundation, Government of Indonesia and the WSP. Both projects are stressing sanitation marketing. Other organisations that have picked up CLTS include Project Concern International in Indonesia, GTZ/KFW and, lately UNICEF, with national support for training. Local campaigns led by committed champions have been significant. Between November 2007 and mid-2008, through the TSSM programme alone, 262 communities had been verified as ODF by local primary health care centres (pers. comm., Nilanjana Mukherjee).

21 For a full and more authoritative account which may qualify this paragraph see Sanan (2008). See also Kumar and Shukla (2008).

22 For a full and more authoritative account see Mukherjee and Shatifan (2008). See also Jamasy and Shatifan (2008) and Priyono (2008).

Pakistan stands alone in putting Natural Leaders at the centre of the strategy for going to scale (Handbook 2008: 63). CLTS was introduced by Kamal Kar at a large national workshop organised by WSP – South Asia in 2004. This was adopted and successfully piloted by a local NGO (IRSP) in Mardan. This experience, combined with the support of WSP, the Rural Support Programme Network, UNICEF and others, enabled a series of further trainings to take place. A key shift of the approach to CLTS in Pakistan commenced with an experience-sharing conclave for 70 Natural Leaders in December 2007. This led to the development of a strategy whereby Natural Leaders would be hired by local governments, NGOs and communities as consultants to introduce and support CLTS. An element in this scale-up strategy is the external creation of demand by government policies and projects that reward ‘open defecation-free’ local governments and communities. There is no household hardware subsidy. The CLTS movement is designed to be decentralised and self-managing, perhaps the closest to a self-spreading movement to be found in any country. The RSPN, in collaboration with Rural Support Programmes and local government, has been a major actor with CLTS in four provinces. At SACOSAN III it was reported that by October 2008, over 500 villages comprising a population of 0.89 million had been declared ODF across all provinces with over 1,600 activists trained by UNICEF, IRSP, RSPN and other NGOs (Pakistan 2008).

In *Ethiopia* the pattern has been NGO and government collaboration. There is no programme of hardware subsidy. A government-led programme in the SNNPR (Southern Nations Nationalities and Peoples Region) achieved successes preceding CLTS. On the NGO side Plan Ethiopia has played a prominent role. The first training by Kamal Kar in October 2006 was followed by others. In September 2007, the first community, Fura, was declared ODF. Plan Ethiopia, UNICEF, Goal Ethiopia, and the Irish NGO Vita were all active and the government showed interest. Sanitation and hygiene activities using CLTS were piloted in four regions. In each of these there was in late 2008 an expanding nucleus of communities that had been triggered and declared ODF. Plan Ethiopia piloted a system of joint government-NGO action research teams and meetings with a national forum, a scaling-up strategy of learning workshops, and National and Regional Steering Committees. In 2008 there was much debate within government, donor agencies and NGOs about strategies for scaling up, with the government ambitious to achieve 5,000 *kebeles* (subdistricts) ODF by the end of 2009.

In *Kenya*, the process has been through partnership between NGOs and the Ministry of Public Health and Sanitation. Since May 2008, Plan Kenya has played a key role in equipping government and NGO staff, and children and youth, with CLTS facilitation skills and supporting them to implement it in their communities. There is a growing movement of NGOs and agencies such as Plan, UNICEF, Aga Khan, NETWAS, and government, together with natural leaders (including children) to advocate for and scale up CLTS in favourable districts in the three provinces of Nyanza, Coast and Eastern. Since CLTS was introduced in Kenya in March 2007, about 500 CLTS facilitators have been trained and about 200 villages triggered. As of World Toilet Day 2008 (19 November), 25 villages had attained ODF status, and about 50 more were at an advanced stage. There is demonstrated commitment by the lead ministry to scale up sanitation using the

CLTS approach, which is in line with the government policy on environmental health and sanitation launched in 2007. There is a component of action learning to share and document experiences, challenges and lessons that are emerging from the implementation of CLTS. In Kenya CLTS is steadily becoming a movement.²³

These are only six out of perhaps 20 countries in which there has been significant progress with various forms of CLTS. The other countries are as diverse as Bolivia, Cambodia, Nepal, Nigeria, Sierra Leone, Yemen, and Zambia (for which see Harvey and Mukosha 2008).

Diversity of approach is not only between countries. It is also between organisations in the same country. In Bangladesh, for example, Dishari (Plan-supported), Dishari (WaterAid-supported), CARE and VERC all differ (Huda 2008: annexure 6). At the same time there are many commonalities. Lessons can be drawn from comparisons and the rich range of experience about practices that have been found effective.

3 Practices found effective

The key practices which follow are not a complete list, but illustrate some of the range of what has been done and what has been learnt. They do not include the basics of the triggering process which can be considered to be at the core of CLTS practice. These are fully documented and illustrated elsewhere (Handbook 2008: 20–41). The practices described below which work with CLTS have parallels with elements of other participatory methodologies (PMs). They may thus be a source of ideas for those who seek to take other PMs to scale.

3.1 Train and facilitate

Facilitators, facilitation and training are central and fundamental.²⁴ With participatory methodologies again and again – for example with Reflect, Stepping Stones and Integrated Pest Management – the identification, selection, training, orientation, mentoring and support of facilitators, have been recognised as fundamental to good practice (see e.g. Nandago 2007; Chambers 2008). And prior to the training and mentoring of facilitators comes the training and mentoring of trainers. CLTS differs here from other PMs. Most PM trainers and facilitators are encouraged to facilitate in a sensitive manner. With classical CLTS triggering there is a sort of cultural insensitivity in broaching an unmentionable subject, and teasing, fun and laughter as well as provoking disgust. Kamal Kar has said that a

23 I am grateful to Sammy Musyoki for the content of this paragraph.

24 See IRSP Mardan (n.d.) *Training Manual Community Led Total Sanitation* and WSP (2007b). Both these draw heavily on and acknowledge the work of Kamal Kar who is currently also himself preparing a training guide. For a reflective account of a training by Kamal Kar, in Dar es Salaam in February 2007, see Musyoki (2007).

good facilitator should be someone who can sing and dance - not that singing and dancing are essential, but they indicate a type of person. But a variety of styles and sequences for triggering exists. The acid test is whether they work.

With our current state of experience, training should be hands-on and for real in communities. Leading trainers consider that this is essential, and that classroom instruction and dry runs are no substitute; on their own they may even be disabling. This is the same principle that has been applied so effectively with Integrated Pest Management. Some of the most effective training for long-term establishment and spread of CLTS has involved mixed groups of participants, especially including government staff, for they may be able to support or undertake follow-up, and to request further training.

Plan Kenya, latterly with UNICEF, have carried out several such trainings strategically designed to create a cadre of trainers in various districts. It has been strategic to respond to requests for training. It was a breakthrough when such a request came from government staff in Kilifi District. Successfully carried out with 50 participants, this led to plans by the government to introduce CLTS to the whole district through its own staff, and to appointment of one of their staff as the CLTS coordinator.

3.2 Start in favourable conditions ²⁵

Empirically, many conditions have been found favourable and enabling for CLTS – in the programme policy environment, current conditions and practices, physical conditions, and social and cultural conditions. Among these some of the more significant and well established are:

- *Absence of hardware subsidy.* Cambodia, Ethiopia, Indonesia, Kenya, Pakistan and Zambia are among the countries with the advantage of no national policies of individual household hardware subsidy. Fieldworkers in Bangladesh have reported that where subsidies were being provided by NGOs in nearby communities, people were reluctant to take their own action, preferring to wait for support from outside (Haq and Bode 2008; Howes 2008b). Much of the disappointing progress with CLTS in India is attributed by those in the CLTS community to the subsidies of the national Total Sanitation Campaign.
- *Community characteristics.* CLTS has been found easiest in communities that are relatively small and socially homogeneous, with lack of cover for OD, and where women have more influence or become more vocal. But it can also be triggered successfully in a wider range of conditions than was at first supposed, including quasi-urban large villages as in Panipat District in Haryana.

²⁵ For more extensive treatment of favourable and unfavourable conditions, see Handbook (2008: 14–17).

But when a workshop of CLTS fieldworkers and headquarters staff brainstormed in Jakarta in 2006, they gave high scores to teamwork, dedicated facilitation, Natural Leaders, a tradition of self-help traditions and intensive follow-up after triggering, as in Table 3.1.

Table 3.1 Scoring of conditions for the spread of CLTS

Unfavourable		Favourable	
Hardware subsidy	25	Teamwork	36
Poor facilitation	20	Dedicated facilitation	28
Unresponsive leadership	12	Natural Leaders	25
Long-term habits	11	Tradition of self-help	20
Geographical/physical conditions	11	Intensive follow-up	20

Source: Outcome of brainstorming and scoring at WSLIC II workshop, Jakarta, November 2006

Choosing a good time of year can also help. This is likely to be outside the rains and in agricultural slack seasons. It will also be when materials for construction are available, for example palm leaves in Kilifi in Kenya. Good timing can help maintain momentum.²⁶

Finally, there is the issue of the government ministry or department responsible for sanitation. Comparing Indonesia and India, and drawing on other experience, Joshi (2008: 6–7) concludes that CLTS is more readily accepted and spread when sanitation is in health, as in the Ministry of Health in Indonesia, than when it is in other ministries or departments, as in India.

3.3 Conduct campaigns, encourage competition ²⁷

Sanitation campaigns can be at national, state (India) or province (Indonesia), district or subdistrict levels. The examples documented and known at this stage are at district or subdistrict levels. In all cases government staff have been prominent in leadership. This has been most notable in India with senior members of the Administration and district-level heads, for example in Jalna District in Maharashtra (Vinayak 2006), Panipat District in Haryana (Agrawal 2007), Sirsa

²⁶ The issue of seasonality and timing is not yet in the Handbook.

²⁷ For further details see Handbook (2008: 64–6).

(Knowledge Links 2008c) Districts in Haryana, and Mandi District in Himachal Pradesh, and in Bangladesh with Upazilla Nirbahi Officers in charge of *upazillas* (subdistricts), which have combined NGO (Dishari, Plan, and WaterAid) and local government staff. Others have been led by staff of one department, as with midwives in Muara Enim in Sumatra led by Ibu Augustine (Handbook: 66), or by Pak Budi in Lumajang in East Java.

Campaigns have combined many activities: triggering and follow-up; training of barefoot engineers; encouraging and promoting private sector and self-help group supply of hardware materials; regular reporting of progress; mobilisation of teachers and schools; involvement of priests, especially imams in Bangladesh; official sanctions against some of those who hold out; and encouraging assistance to the poor and weak.

Competition has been fostered – between communities, wards, subdistricts and districts. Cross-visits (see below) have played their part. Meetings where progress and its lack are announced in public, have provoked a ‘second triggering’ (Pak Budi of Lumajang, Indonesia, pers. comm.), with leaders asked to make commitments. Communities which are lagging have been shamed with offers from other communities to come and help them dig holes.

In all countries, rallies have been held to celebrate success with declarations of ODF status.²⁸ A photograph of the first celebration of ODF status in Kenya, on World Toilet Day 2007, is inside the cover of the Handbook. Radio, press, and television have played a part.

Campaigns have shown a capacity to generate excitement, energy and teamwork within and between organisations and departments, whether government or NGO or both. This has been a key factor in success. In Hatibandha Upazilla, in NW Bangladesh, declared ODF in 2006 after an eighteen months campaign, Plan staff look back with nostalgia on the intensive team activities of the campaign.

3.4 Recruit and commit teams and full-time facilitators ²⁹

Teamwork has again and again been stressed. Teams range from full-time, as in Panipat, to *ad hoc* campaigning just for a day, as sometimes in Bangladesh. Teams may be all Natural Leaders, or all government, or joint government and NGO, or other mixes. Who they are seems to matter less than their orientation and commitment.

A persistent problem has been when facilitators are only part-time on sanitation and on CLTS. Really good CLTS facilitators and trainers tend to get promoted to managerial posts where they do less facilitation or training, or none at all. Sanitation anyway has often had low priority: when water and sanitation programmes are being implemented by the same field staff, water tends to take

28 See also Handbook (2008: 55).

29 See Handbook (2008: 15).

priority; WSLIC II field staff in West Java said that they spent nine-tenths of their time on the water programme, and only one tenth on sanitation, of which CLTS was a part.

In contrast, the best results have been achieved when facilitators are full-time and strongly motivated. The outstanding example is the campaign in Panipat District, in Haryana. One of the main factors linked with the extraordinary results achieved there is the deployment of full-time staff, including an Assistant Project Officer, and teams of about six people each, made up of Natural Leaders who were so enthusiastic and committed that they at first worked for nothing for some months. To my knowledge, there is not yet anything comparable anywhere else. The lesson is strong and stark.³⁰

3.5 Organise workshops and cross-visits

International and intranational workshops and visits have been significant in the spread of CLTS. The classic case was the three-day workshop held at Bogra in Rajshahi District in Bangladesh, in which the 45 participants were senior government officials and others from India and Bangladesh (Kar 2003: 24–5). The insights and inspiration that came from intense interaction in communities were seminal for the introduction of CLTS in Maharashtra and later elsewhere in India. For Indonesia, a familiarisation workshop for policymakers, followed by a carefully planned visit of key senior officials to Bangladesh and India, helped to create the supportive environment in which CLTS later came to be declared national policy. The value of cross-visits of this sort depends on the quality of CLTS practice in the host organisation. As with PRA in its early years, there could be a danger of organisations gaining a reputation when they are no longer at the forefront of practice. A prudent precaution can be to visit several organisations and a number of communities.

International training workshops with cross-visits have become increasingly common. Initially many of these have been conducted by Kamal Kar with hands-on triggering in communities in real time. Those participating have usually been from several countries. More and more, these cross trainings have been occurring regionally, in nearby countries – for example: Syed Shah Nasir Khisro and his team from IRSP, Pakistan conducting training in Afghanistan; Martin Hinga, Philip Otieno and others from Plan Kenya in Uganda; and trainers from Bangladesh in East Timor. The international cadre of trainers who do these cross-visits is growing.

Within countries, some communities gain an early reputation, and then come to host many visitors. Shibpur in Bangladesh, Fura in Ethiopia and Jaribuni in Kenya are examples. They are valuable as ‘learning laboratories’ and their leaders become skilled in dealing with visitors and answering their questions. They can inspire others. But show villages can also be bogus. In India Kamal Kar and I were taken to a community with a board proclaiming its ODF status, and a

30 For further details see Agrawal (2007).

Minister's visit: within a few minutes a casual group of men gathered, half of whom raised their hands when asked if they had defecated in the open that morning.

3.6 Support Natural Leaders and community consultants ³¹

The potential of those who become leaders in CLTS at the community level has been recognised in Bangladesh since the beginning. In March 2007, CARE convened a Natural Leaders' Fair in Nilphamar District, attended by over two thousand people. Enamul Huda (2008) has concluded from his study of NLs in Bangladesh that NLs are better than NGO staff because they can motivate people using the local language and the experiences of their daily life. Whereas NGOs have their own agendas and their staff move on, NLs stay put, enhance sustainability, and have 'tremendous potentials and enthusiasms'. This potential of NLs is borne out by the full-time teams of six persons each who have been so successful in Panipat: they were drawn from NLs who first showed their enthusiasm and commitment by working for nothing, and only subsequently received a modest honorarium.

Others too have gained satisfaction, respect and income. In Bangladesh, in the words of Momtaj Begum (Mukti), Manda, Rajshahi 'In exchange for my efforts I have earned Tk 7,200. Now my family members respect me for the earning and I have become a professional community consultant on CLTS' (Huda 2008: 14). In India, Knowledge Links has developed a system of putting NLs' details on the internet so that they can be contacted and called on.

Pakistan has gone furthest, evolving a national strategy based on training, and encouraging and developing a system for NLs with a business model for transforming NLs into barefoot consultants. There is a 'Contract for the Mobilisation of "Shit Free Communities"', the minimum qualification being that the home community of a consultant shall have 'successfully eradicated the menace posed by the unsafe disposal of human excreta'. In one area 18 teachers were trained in CLTS and issued with a contract with a Rs 5,000 bonus if they achieved ODF. They worked in their own and neighbouring villages. Eleven achieved ODF status within the first five months (Khan *et al.* 2008 and pers. comm., Mark Ellery 24 April 2008). Training material included an imaginary case of an out-of-work teacher who learnt to trigger CLTS and, responding to demand, developed a flourishing business of offering CLTS services. In December 2007 Kamal Kar, Knowledge Links from India, and Pakistani trainers combined in training NLs. At the same time, RSPN (Rural Support Programme Network) and WSP convened a convocation, or learning conclave, of CLTS practitioners (NGO staff, local government councillors, community activists, teachers, religious leaders, etc.) who had successfully triggered CLTS in a village that had been declared ODF: successful activists were keynote speakers. There are already, and will be, many lessons for the rest of the world to be learnt from Pakistan's pioneering.

31 Handbook (2008: 47–9).

3.7 Empower children, youth and schools ³²

In a range of countries and cultures, children and youth have played significant roles.³³ In Bangladesh, known as *bichhu bahini* (army of scorpions), they have blown whistles at people found going in the open. In Sumatra, they have sung songs at the offenders. In Lumajang in East Java, school students conducted surveys of type of latrine and hygiene behaviour and checked water points and containers. In India, too, children have proved their value as researchers (Khale and Dyalchand 2008: 3). In India, Indonesia and other countries they have marched in processions through villages shouting slogans. In Homa Bay in Kenya children prepared their own action plan and presented it to adults. Again and again schools play a key part, with students taking home what they have learnt, passing it on to their parents, and applying pressure on them. Children and youths become Natural Leaders. In Panipat District in India, 300 of the most active students were invited to a rally. In Bangladesh, students were the fourth largest category (after farmer/fisherman, housewife and business) of NLs in Huda's (2008: 9) study and were found to be very enthusiastic in taking on responsibilities and mobilising people.

In Nepal, there have been several years' experience with a programme of School-Led Total Sanitation. In Pakistan, UNICEF, the Society for Sustainable Development, and local NGOs have also developed a School-Led Total Sanitation approach (Khan *et al.* 2008). This includes capacity-building of teachers in CLTS, and CLTS triggering combined with School Sanitation and Hygiene Education (SSHE). The early results are said to be 'extremely encouraging' (Khan *et al.* 2008).

3.8 Make use of the market: promote access to hardware ³⁴

Like CLTS community action, the market is largely self-sustaining once stimulated. The speed of action by communities often creates a demand for hardware – slabs, rings, pipes – not available in local markets. Many initiatives have sought to meet the demand: local manufacture and marketing by NGOs and self-help groups; inviting traders to community meetings to assess demand; rural 'sani-marts' where hardware is on display and for sale; and finding cheap, light and effective wares. In the relatively prosperous Panipat District in India, self-help groups were provided with seed money to set up Rural Sanitary marts to supply hardware to communities in response to bulk orders. In East Java, the Total Sanitation and Sanitation Marketing Programme funded by the Gates Foundation has three thrusts: creating an enabling environment, supporting CLTS campaigns,

32 For triggering in schools, see Handbook (2008: 41); for roles of children in CLTS see Handbook (2008: 50–2).

33 However, Pak Owin Jamasy has reported (March 2008) from Indonesia that failures in the triggering process have been caused by the young age of the facilitator. What is acceptable and possible for young people and children to do will vary by culture, and also depend on the boldness and support of facilitators and Natural Leaders.

34 See Handbook (2008: 53–4 and 66–7).

and sanitation marketing. Having an adequate and timely supply of hardware at low prices can encourage those who can to start above the bottom rung of the sanitation ladder, and others to progress up it.

Box 3.1 Triggering in schools and student activists

In Panipat District in Haryana, India, CLTS triggering in schools began in September 2007, forming the *Chhatra Jagruk Dal* – ‘students’ awakened group’. In the first seven weeks, teams of full-time facilitators covered some 125 schools, more than half those in the district. Students did mapping and other triggering activities. When they did transects, adults were curious and followed them. Sometimes shit calculations were made standing in the area, looking at the faeces to estimate weight. Disgusted students at once became activists. Those most keen were formed into groups of Natural Leaders and given caps, whistles and written materials. They are to be rewarded with marks for Social and Environmental Productive Work. Teachers are engaged in support.

One boy aged about 12 led other students to go out and blow whistles at those doing OD. He was three times assaulted but not even his parents could stop him. He said ‘Why should I stop? I am not doing anything wrong’. After the third assault, a special village meeting decided that enough was enough. Rapid action was undertaken to implement OD. Three hundred of the most active students were invited to a rally. About 50 of them spoke, and the Assistant District Commissioner presented all of the students with wrist watches.

The Project Officer said: ‘It is amazing. Students are so enthusiastic. They are proving great Natural Leaders. I never thought they could be so keen. Sometimes we wonder why this idea never struck us earlier’.

Source: Rajesh Kaushik, APO, Rural Development Agency, Panipat, Haryana, India, December 2007.

3.9 Verify and certify ODF status ³⁵

Verifying ODF status has proved to be a key activity. Verification entails inspection to assess whether a community is ODF. Certification is the subsequent confirmation of the status and its official recognition. Especially where there are rewards for ODF status, communities and officials can have incentives to seek certification before ODF status has been fully achieved. Where certification earns community rewards, cases are reported of deception and corruption.

To guard against this, and to assure sustained ODF standards, many different approaches have been used. Inspections have been carried out by combinations of: people from neighbouring communities (especially when there is competition);

35 See Handbook (2008: 54–5).

Natural Leaders and others from ODF communities; a government committee; staff of government departments; staff of NGOs; teachers; and members of the general public. In one campaign in NW Bangladesh, when the verification of a subdistrict was open to all, some 500 people descended on the area. Many techniques have been used. A test of the standard of declarations and certifications has been the frequency with which they are withheld or withdrawn. When Natural Leaders were inspectors in Cambodia, 7 out of 11 communities failed. The ODF status of the four that passed then gained in credibility.³⁶

From the start, in Bangladesh, reports and impressions were misleading. Estimates may have been made in good faith but were unreal. Where there have been rewards for achieving ODF status, as with the Nirmal Gram Puraskar scheme in India (see Box 3.2), and verification and certification have been lax, if not tacitly corrupt, figures are not credible.³⁷

Box 3.2 Going to scale with verification and certification

Going to scale with verification and certification presents problems, especially when there are rewards. In India, the Nirmal Gram Puraskar (NGP) scheme gives awards to local government entities that achieve ODF status and are environmentally clean. Leaders of successful entities have been honoured by the President, and receive substantial financial rewards. A Gram Panchayat in Mandi District in Himachal Pradesh which had made a great effort was failed because TOILET had been painted by mistake on the doors of two store rooms (and this despite the fact that the rooms had no pans). More recently as the number of applicants has reached thousands (reportedly likely to be some 15,000 in 2007) verification and certification have been contracted out to NGOs which have in turn subcontracted to others who have in some cases subcontracted again, sometimes to unqualified individuals for a fraction of the original remuneration. One well-informed source said that when this happened the result could be 'a joke'; and when a successful outcome leads to prestige and a substantial reward, the scope for abuse is obvious. This contrasts with the relative rigour of much other verification carried out locally and when there is no reward apart from recognitions, pride, self-respect and the other inherent benefits of ODF conditions.

Source: Handbook (2008: 55 [lightly edited])

How ODF status is established is another variable. At one extreme are claims made in order to receive rewards and with no or biased verification, as with the

36 An exception could be in corrupt conditions where a big bribe was demanded for certification and communities that refused to pay up were denied certification.

37 Field research has found OD in a majority of NGP Gram Panchayats. See for example Khale and Dyalchand (2008: 7 and 14), and Knowledge Links (2008b: 91), the latter finding that 9 out of 15 NGP Gram Panchayats were not ODF.

Indian NGP as it gained momentum; at the other are stringent standards and processes. In contrast, at one time in Ethiopia, of 240 communities claiming ODF status, only 21 had been certified (though this could have been because certification could not keep up with claims). And in between these two poles lie many other degrees of rigour and credibility.

Another problem is that ODF presents an absolute standard of no open defecation. In the conditions in which CLTS takes place this is unlikely to be completely 100 per cent in the short or perhaps even medium term. Patterns and sequences with schools, markets, bus stops and similar public places vary, but where their adoption of ODF tends to be after, not before, communities. Markets in particular have not initially been a primary focus of CLTS and may have much OD around them.³⁸ In communities, there are liable to be a few people – who are old, obstinate, eccentric, mentally disturbed, dissenting, disabled, or very young children – who regularly or intermittently will go in the open. And others will do so in an emergency. And yet others again will go when some distance from a village, for example on their farms (though their faeces can easily be dealt with by burying). Then there are passers-by who are unaware of or do not respect the prohibition. Declarations of ODF may be associated with big changes in behaviour and many gains in wellbeing but perhaps not often with conditions that are completely and strictly ODF.

3.10 Find, inspire and support champions

Committed champions have again and again been the key to the spread of CLTS (Joshi 2008: 7–9). At the local and community level champions are of many sorts. Much depends on local conditions. Traditional leaders have been crucial in a pilot project in Zambia (Harvey and Mukosha 2008). Assistant Chiefs have proved important allies and champions in Kenya. Others may be local administrators, local staff of ministries, politicians, or staff of NGOs. The most numerous are Natural Leaders from the communities themselves. They may be old, young, relatively poor or rich, women or men, and variously teachers, students, farmers, labourers, people with small businesses, religious leaders, village medical practitioners, and others.³⁹

At higher levels, in international organisations, governments and NGOs, individual champions have again and again been decisive. A number of Indian Administrative Service (IAS) officers in India have shown extraordinary energy and commitment (Joshi 2008: 7–9). In India, Indonesia, Bangladesh and elsewhere, and in international organisations, a few senior managers have had a decisive influence in securing changes in policy and practice. I will not name names. They know who they are and the battles they have fought over the crucial issue of stopping programmes based on individual household hardware subsidies.

38 With exceptional local leadership, CLTS has led to the clean-up of markets and the installation of market sanitation.

39 See Huda (2008) for a study of Natural Leaders in Bangladesh and Askari (2008) for Pakistan.

One big enabling condition for CLTS has been the movement of people committed to CLTS into senior positions where they can work to reorient whole organisations and national policies. Indeed, people with the grounded experience and vision to be able to recognise the nature and potential of CLTS may be precisely those with other qualities as well that lead to their promotion.

It is striking how passionate many champions become. For professionals one can speculate whether this is in part because so many 'normal' orientations have to be turned on their heads. There seems something special about CLTS that selects its champions and fires their commitment and enthusiasm. Triggering and common responses to it are remarkable and improbable. Shit is such a foul and taboo topic that uncovering it, so to speak, makes for strong emotions. Shock, disgust, shame and embarrassed laughter combine to generate energy and drive action. And again and again, there are individuals in communities and in organisations at all levels, who find meaning, purpose and fulfilment as champions. Passionate commitment is a pervasive and recurrent strength of CLTS.

It can also be a weakness. Some who are unconvinced see CLTS as a sect of believers. An impression of exclusiveness can unnecessarily alienate sceptics. Others may feel constrained by what they perceive as its fixed principles and want to adapt them and innovate, or apply them in new contexts. CLTS is then renamed. We have then examples like *Community-driven* Total Sanitation (WSP 2007b) and *School-Led* Total Sanitation in Nepal and Pakistan. This is similar to what happened with much creativity in the many variants of PRA in the 1990s and of Reflect in the 2000s (where in Nepal it had 16 different Nepali names).

A latent weakness of passionate commitment is not facing problems, or denying them. As Gerry Bloom pointed out in the December 2008 IDS conference, any big idea like CLTS is bound to generate negative effects as well as positive. If it did not, it would not be a big idea. Those who bring problems to light and investigate them are performing a signal service. For recognising, confronting and dealing with negative effects are key to improving practice. The challenge for champions is to combine passion and commitment with openness, welcoming critical findings and learning from them how to do better. This was indeed the pervasive spirit of the IDS conference on CLTS held in December 2008.

4 Obstacles

The acceptance, spread and quality of CLTS and its impact face obstacles. Three stand out.

4.1 Opposition of senior people

Understandably CLTS has met opposition, especially from professionals who have been working for many years in rural sanitation. It has been hard for some to accept. So much has to change at the same time. It is not just mindsets: it is institutional procedures and budget allocations; it is the orientation of large programmes; it is government policies; it is personal behaviour and attitudes. It is

less remarkable that there has been resistance than that so many have made the change so quickly and with such commitment, enthusiasm and energy. That said, CLTS has failed to gain a foothold in countries where senior people have opposed it. On many occasions some in influential positions in funding organisations, NGOs or governments have been sceptical and have opposed CLTS, preventing it from having a fair trial or from taking off. Just one senior person can block it or stop it.

In Sri Lanka, at a meeting in Galle, senior government officers of World Bank-funded water and sanitation projects, together with consultants, at first denied the existence of OD. They were then shown a video that contradicted this. Then they held to the view that the installation of latrines was impossible without a subsidy. A test triggering in a community in the district showed the normal positive responses but was not followed up. The political, professional and personal blocks were too strong. CLTS was stillborn (pers. comm., Kamal Kar).

In China, Plan (China) convened a full hands-on training in Shaanxi with more than 50 participants from communes, municipalities, Beijing Agricultural University and local NGOs. CLTS was triggered in eight communities with 'matchbox-in-a-gas-station' responses in three, others with promising indications, and no 'damp matchboxes'.⁴⁰ Follow-up was, however, blocked at a senior level and CLTS did not take off (pers. comm., Kamal Kar).

Training can be subverted by the intervention of a senior person. In one case such a person came only at the end of a training, having missed the vital hands-on experience, remained unconvinced, and then blocked implementation by others. In another, a Country Director intervened in a training, publicly opposing CLTS and insisting on continuing with household hardware subsidies.

With all organisations, whether government, multilateral, bilateral or NGO, powerful individuals like Country Directors or local heads of government can block CLTS or simply continue past practices. Organisations like UNICEF and Plan International have gone through sequences in which CLTS is first espoused in one, and then a few countries, before it becomes preferred practice approved from headquarters. But countries may be unaffected. Plan has become a most active pioneer and disseminator of CLTS in eastern and southern Africa, but in some cases elsewhere has continued to provide toilets to sponsored families. On the other hand, sceptics can change their views through participation in hands-on field training, through field visits, and even through watching videos. There may be much to learn from the personal journeys of those who began as sceptics and have become champions. The best advocacy approach with sceptics is to invite them to the field for direct experience of triggering or to meet Natural Leaders and others in CLTS communities.

40 The references are to the four categories of community response to triggering – 'matchbox in a gas station', 'promising flames', 'scattered sparks' and 'damp matchbox' (Handbook 2008: 38–9).

4.2 Institutional factors: inertia, big budgets and vested interests, and rapid scaling up

As sanitation rises, as it should, in the agenda, more money is allocated to it. What might be called the MDG-money reflex – cost an input, multiply by those who should receive it, and then allocate the funds needed – is easy to apply to sanitation and is liable to sustain and spread programmes of hardware subsidy. These in turn are liable to generate and support local vested interests who can have much to gain from big budgets, local manufacturing, contracts and the like.

Big budgets and pressures to disburse have linked with hardware subsidy. This has happened both in the NGO sector and in government.

In the NGO sector, Edward Abbey, Country Director of Plan Bangladesh had a large budget for individual household hardware subsidy. On conversion from subsidy to CLTS he spent only one fifth of his budget, landing him in trouble with his head office, even though ten times as many people were included (see Box 4.1). Elsewhere, many NGOs are locked into hardware subsidy programmes by big grants from donors. NGOs can present a major problem, and on a wide scale, for example in Bangladesh (Haq and Bode 2008).

Box 4.1 Overcoming the problem of underspending

Latrine construction was popular with Plan Bangladesh because funds could be spent directly on the poor families whose children had been sponsored, with a unit cost of \$30–50 for materials. But Plan also knew that many of these latrines were not used and subsidies could not reach all the families. After training by Kamal Kar in 2003, Plan staff saw how a whole community would pledge to stop open defecation and construct their own latrines. While Plan had projected construction of 600 latrines, adoption of CLTS in the same villages led to their declaring ODF and constructing over 6,000 latrines. Staff were ecstatic about the results, but as Country Director I soon noticed a problem. Because we were no longer paying for materials and technical staff, we were only going to spend \$12,000, mostly for training and promotion materials, out of our budget of \$60,000 for that year. We were achieving much, much more, but for only a fifth of the cost. Seen from Head Office, underspending could indicate poor planning and weak capacity to execute programmes as approved, and the money from sponsors would not be seen as directly benefiting the sponsored families.

With further experience, we found good uses for the funds, most importantly joining others to create a new NGO, Dishari, dedicated to the promotion of CLTS throughout Bangladesh. And the benefits to poor people from the funds disbursed were immeasurably greater.

Source: Edward Abbey, former Country Director, Plan-Bangladesh (Handbook 2008: 61).

With government, on a vast national scale, India has faced the momentum, inertia and incentives of huge existing sanitation budget allocations from the Central

Government to the States. It is very difficult to refuse funds. With dedicated negotiation over six months, the Secretary of the Government of Maharashtra responsible for sanitation, with support from the Water and Sanitation Programme (WSP) of the World Bank, negotiated agreement that the subsidy could take the form of a block grant to local government entities after they had been declared ODF. This was hailed as, and was, a breakthrough, but brought its own problems of misleading claims and declarations of ODF status in order to benefit from the rewards.

Once CLTS is accepted, an even greater danger is that it is seen as a magic bullet, a mass solution to be introduced instantly. Along with this may be rewards and incentives which distort behaviour and reporting. All demands that CLTS go instantly to scale threaten quality. Training, reorientation and support for facilitators, and training of trainers, are vital, need time, cannot be rushed, and become bottlenecks. Paradoxically, too much support can undermine the spread of CLTS itself. A large new budget can pose problems. A donor mission sought to support CLTS. The resulting grant was so large that it forced the receiving international NGO (INGO) and its partners to devote great efforts to recruiting new staff, in one case reportedly expanding ten-fold, adding many staff who were unlikely to be familiar with the approaches, behaviours and attitudes of CLTS facilitation. This brought with it the risk of losing quality, especially with an approach like CLTS which challenges so many norms.

4.3 Individual household hardware subsidies (IHHS)

The issue of individual household hardware subsidies has been hotly debated.⁴¹ With IHHS programmes, hardware is provided free or nearly free. The strongest argument for such programmes (as for example put forward at the first SACOSAN conference) is that they are needed by the poorest and weakest people.

The CLTS counter to that argument has been that with such programmes of IHHS,

- a. hardware has rarely gone to the people for whom it was intended,
- b. toilets built (sometimes over half of them) have often not been used,
- c. dependence and delay are generated and self-help is undermined
- d. the poorest and weakest people are best helped and supported within their own communities
- e. sustainability is reduced when people do not repair their CLTS latrines, hoping for subsidies or materials (Haq and Bode 2008)
- f. such subsidies slow and may altogether prevent the triggering and spread of CLTS.

41 For further discussion of these issues see Mehta (2008: 15-16), Sanan (2008 *passim*), and Kalimuthu and Hossain (2008).

Further, two phenomena can be noted, one historical, and one emergent.

Historically, we have the experience of decades of failing IHHS programmes. Continuing with such programmes, and intensifying them, is then a form of brickwallitis.⁴²

The second is more recent. It is the relative speed and ease of the spread of CLTS in countries which do not have programmes of individual household hardware subsidy – notably Indonesia, Pakistan, Ethiopia, Kenya and Zambia – contrasting with the difficulties experienced in Bangladesh and India where such national programmes prevail.

5 Issues for review, reflection and research

There are many issues. The following seem to me to be among the more salient.

5.1 Diversity, definition and principles

Not only with CLTS but also with other PMs, there can be a tension between ideas of standards and quality, on the one hand, and creativity and adaptation on the other. Ideas and guidance can be sought in the large literature on going to scale with PMs.⁴³ Andrew Deak's earlier Working Paper, *Taking Community-Led Total Sanitation to Scale: Movement, Spread and Adaptation* (Deak 2008) reviews the literature and experiences with five other PMs – Participatory Rural Appraisal (PRA), Reflect, the System of Rice Intensification (SRI), Integrated Pest Management (IPM), and Community-Based Development/Community-Driven Development (CBD/CDD) – and then compares these with CLTS itself. CBD/CDD illustrates how an abstract, universalist and top-down discourse could stifle the excitement and genuinely community feel of CLTS with its 'contextualist core', which I take to mean that local and community context determines much of the form it takes. This is inherent in PMs which stimulate and empower people to make their own decisions and do things in their own way. Deak concludes that much variation can be expected in how CLTS spreads and is spread in practice.

In their evolution and spread, participatory methodologies that become movements have much in common. The closest parallels to CLTS considered by

42 Brickwallitis is the condition where when you bang your head against a brick wall and it does not fall down; the injunction is 'BANG HARDER'. IHHS programmes also bring to mind H.L. Mencken's aphorism 'For every problem there is a solution that is simple, direct, and wrong'.

43 See Pozzoni and Kumar (2005) for a review of the literature on participatory approaches to local development; Ryan (2004) for a literature review of scaling up in the water and sanitation sector; and Deak (2008: 42–5) for sources for CLTS and the comparators he analyses. For other sources and comparisons see Blackburn *et al.* (2002) for mainstreaming participation in development, and Chambers (2005 chapter 5: 119–55) for PRA, participation and going to scale.

Deak are PRA (Chambers 1997; Singh 2001; Cornwall and Pratt 2003) and Reflect (Archer and Goreth 2004; Archer 2007). With these, three overlapping phases can be discerned:

1. Pioneering, enthusiastic excitement, and rapid initial national and international spread, through travelling trainers. There is demand for standardisation and manuals.
2. Abuse, bad practice and problems. Polarisation between 'evangelists' and 'sceptics' (to borrow Musyoki's terms). Second and third generation problems coming to light. The originators and enthusiasts may react strongly, issue warnings and seek to assure quality.
3. Creativity, diversification, learning and changing leading to exponential uncontrolled spread, with mixed quality, but better performance based on core principles and practices, merging with other approaches, and local adaptation and ownership. (This has been a major feature of both PRA and Reflect.)

CLTS is straddling all three, and is in different phases in different countries and organisations. From PRA and Reflect we can learn the paramount need for openness, flexibility, communication and review and reflection. With CLTS, institutional forms for this will have to be improvised on the run. With both PRA and Reflect, a key aspect was continuous and intensive networking and sharing ideas, insights and practices.

Variation and diversity raise questions of definition and boundaries. What is, and is not, CLTS? A few might argue narrowly that CLTS can only be said to occur when triggering or igniting follows the process and style described in the Guidelines (Kar 2005) and Handbook (Kar with Chambers 2008). Others more reasonably hold that many participatory pathways are possible, and that all that matters is that communities find ways to become sustainably open defecation-free (ODF). Yet others can take the view that becoming completely ODF is anyway rare and that what matters is moving sustainably towards that condition and other benefits of sanitation and hygiene.

Some might consider that the term 'CLTS' should only be used when six basic principles are followed:

- Community self-help action
- Hands-off triggering
- Facilitation, not teaching
- No standard designs
- Poorer and weaker people are helped by others
- No individual household hardware subsidy (IHHS).

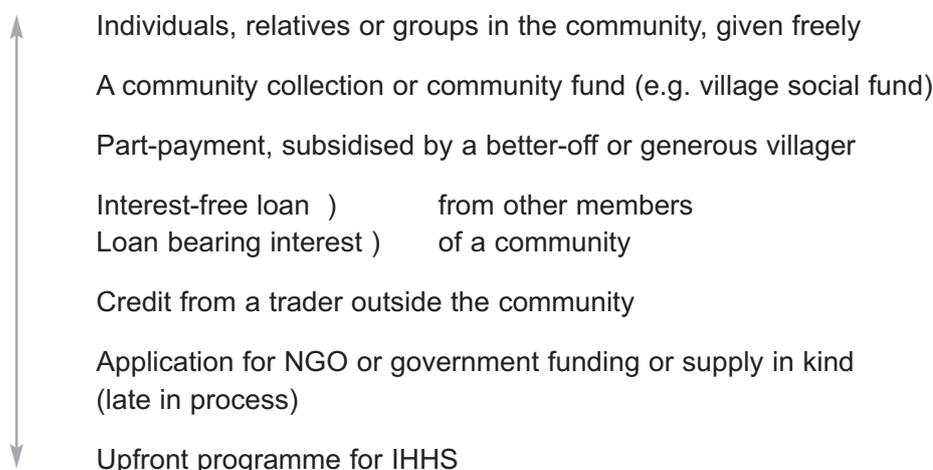
The first three are uncontroversial. The last three raise questions.

There have been instances of standard designs provided in the form of cement rings in Bangladesh or permanent superstructure in India. Whatever the context-specific case for or against these, they are liable to entail costs beyond the reasonable reach of poor families. Those who are sick, old, disabled or otherwise physically weak are also often unable to dig their own pits or build their own structures. In the ideal practice of CLTS, those in the community who are

better off and stronger help those who are poorer and weaker with materials and/or labour.⁴⁴ There is much cited anecdotal evidence of this taking place but also of poor people being penalised.

The word *subsidy* has triggered passionate debate. In reality, the issues are quite nuanced. In practice, forms and sources of financial and physical help for the poorest and weakest can be found on a continuum from entirely internal to a community to entirely sourced from outside. This continuum of forms and sources of help, from internal and supportive for CLTS, to external and inhibiting, can be illustrated as follows:

Internal, supportive for CLTS



External, inhibiting CLTS

Local government funds were used in Northwest Bangladesh at a late stage in some *upazilla* campaigns. With poor communities in Bangladesh, again at a late stage in the process, CARE has facilitated a participatory process to identify those least able to install their own latrines and has submitted their names to the local government Union for assistance. A distinction here is between *limited funds of last resort* which (in theory, though vulnerable to elite capture) are applied for at a late stage for a few families who have been too poor or weak to manage on their own, and *programmes* such as the TSC in India that are based on upfront IHHS from the start. Both undermine motivation for members of communities to help one another, and make it harder for CLTS to take root and spread, but the widespread programmes are more damaging.

Labels and practices vary. CLTS is at the stage that PRA was at in the mid 1990s with a proliferation of acronyms and a mix of creativity and good and bad practice. Ownership has become diffuse. Independent identities have been established with for example Community-Driven Total Sanitation (WSP 2007a and b) in India,

⁴⁴ See Handbook (2008: 49–50). The Handbook was written before knowing about the promising PRA procedure of mapping and facilitation that has been developed to encourage those who are better off to help those who are weaker, poorer and less able to help themselves. See page 24.

Community-Based Total Sanitation in Indonesia, and School-Led Total Sanitation in Nepal and Pakistan. All these follow CLTS principles. The diversity of names is a feature of a 'big idea' participatory methodology as it comes of age.

5.2 Synergies with other approaches

There has been a stage when CLTS was seen by some to be competitive with other approaches, or a distraction from them. But there are often complementarities. Objectives are shared. CLTS is about behaviour change. All aspects of hygienic behaviour are implicated and can follow on from triggering. Faecal-oral transmission routes identified in participatory analysis include those through the hands. Handwashing is an integral part of triggering, for example in Zambia, with the recognition that without it people might not be eating one another's shit but still their own or their children's. The first immediate action after triggering is often digging pits. Complementary hygienic campaigns and actions may have preceded CLTS or may follow and be part of it. The question here is sequence and style of sharing information. A teaching and lecturing mode is inconsistent with a relationship of facilitating and making information available. The traditional approach of instructing people induces deference and diminishes self-help and contrasts with situations in which they come to their own conclusions. This is an area about which more needs to be known and understood.

Synergies should be strong with approaches (sometimes described as ecological) in which faeces have economic value. The Arborloo is one straightforward example, where a not very deep pit is covered over with earth when nearly full, a tree is planted and the superstructure moved to a new site.⁴⁵ There are several other approaches for Ecological Sanitation (Ecosan).⁴⁶ With all approaches, there are issues of sequence. CLTS can provide a powerful entry point. Judgement is then needed when deciding at what stage and how to phase in other approaches.

5.3 Scale, speed and quality

CLTS is now in widespread demand. Governments including those of Cambodia, Ethiopia and Indonesia are seeking to make CLTS into national programmes. Major international organisations have come to support and advocate CLTS. Early on, the Water and Sanitation Programme of the World Bank in South Asia was a champion and disseminator, leading the field. WaterAid, Plan International, and other INGOs have been changing their policies and practices to support and promote CLTS, country by country, in Asia and Africa, with support from their head offices. Most significantly, UNICEF, the largest and most influential player among

45 See <http://aquamor.tripod.com/ArborLoo2.HTM> (accessed 3 January 2009). The Arborloo pit is recommended to be a maximum of 1 metre deep, having a typical life of around one year before moving on. Soil and ash are added for the best results. Guavas and other fruit trees, bananas, papaya and pumpkins are among the useful plants that have done well. The shallowness of the pit reduces dangers of groundwater pollution.

46 For an overview, see http://en.wikipedia.org/wiki/Ecological_sanitation (accessed 3 January 2009).

the relevant aid agencies, has decisively begun the transformation of its policies and practices. In these organisations, resistance is on the wane and increasingly isolated in single country programmes and in pockets. In some countries, the demand for CLTS is escalating exponentially. Driven by its successes and its champions, and drawn by demand, CLTS has become part of the sanitation discourse and could be described now as a movement. Its spread seems to have a gathering momentum.

But as CLTS becomes fashionable many who espouse it may not understand what it requires. They may seek to take it instantly, by command, to scale. As with other participatory methodologies, there is a scenario in which it is done badly: a rush to scale opens the door for bad practice, abuse and failure. There could be a close parallel with PRA in the early and mid-1990s. At that time, drawn by demand, consultants appeared who claimed competence but lacked experience. Many limited themselves to classroom teaching and dry exercises without hands-on engagement in real time with communities. The danger is the introduction of such bad practice that CLTS becomes discredited. As with PRA, implementation can be too fast on too wide a scale. In the case of CLTS, this is liable to mean attempts to trigger communities by facilitators who lack the training, flair, confidence and experience needed for success. Or that follow-up after triggering is neglected. Governments, NGOs, and donors will then be disillusioned and CLTS will not be just diluted and ineffective, but abandoned. There might even be a stage when a group of academics would come together and write a CLTS equivalent of *Participation: The New Tyranny?* (Cooke and Kothari 2001), the title of which speaks for itself, to be followed perhaps with a corrective similar to its sequel *Participation: From Tyranny to Transformation? Exploring New Approaches to Participation in Development* (Hickey and Mohan 2004).

The problem and opportunity are to find ways to combine scale, speed and quality. The classic view is that there are trade-offs. Optimal scale and speed are difficult, even impossible, to judge with any confidence. A purist may argue for small, slow and beautiful. A policymaker may demand big and fast, unaware that it may be fatally flawed. The best for human wellbeing may lie in between, with trade-offs between scale and speed on the one hand, and quality on the other.⁴⁷ The great challenge is to get beyond the trade-offs, and find win-win solutions where scale, speed and quality go hand in hand.⁴⁸

47 For a much fuller discussion, see Chambers (1995), reproduced with wider comparative analysis in *Ideas for Development* (2005) chapter 5, 'PRA, participation and going to scale'.

48 In our personal capacities and with our advocacy hats on, Kamal Kar and I have written two open letters on going to scale with quality. These can be found on www.communityledtotalsanitation.org. We especially stressed the importance of hands-on training in real time with communities, assuring follow-up after triggering, multiplying good trainers, enabling them to become full-time, and going to scale at a measured pace. Across the board we need continuously to learn more from experience and find ways to optimise outcomes and impacts.

5.4 Creative diversity

With any PM, there is a temptation to codify and standardise, justifying this in the interests of quality. With Reflect, this was an own goal: a Mother Manual was produced and distributed, but soon abandoned when it was found to inhibit rather than promote good practice. Despite abuses, PRA survived and flourished with many applications, hybridisations and offshoots, including CLTS. There is a lesson from ActionAid's Accountability, Learning and Planning System (ALPS). The notes for the core of ALPS – the Participatory Review and Reflection Process – had at the head of every page 'Health Warning: **Ideas & options only – innovate and learn**' [emphasis in the original]. Users were encouraged to be inventive and evolve their own activities and procedures. In the same spirit, Kamal Kar has written (Handbook 2008: 8):

Users of this handbook must feel free to use its guidelines in the way they find best. The methods described are not the only ones for implementing CLTS. Users are encouraged to explore different ways of preparing for CLTS, for triggering, for post-triggering follow-up, and for supporting and spreading CLTS that fit with local conditions, cultures and opportunities.

In this spirit there has been an explosion of innovation, devising and inventing mixes of methods, and insights. Illustrations can give a taste of this creative diversity:

- In Pakistan, in Azad Jammu and Kashmir, a partnership of UNICEF and Society for Sustainable Development merged the School Sanitation and Hygiene Education programme with CLTS methods to create School-Led Total Sanitation (SLTS) (Khan *et al.* 2008) in which teachers were key Natural Leaders.
- In Ghana, triggering in a community by the NGO Rural Water and Sanitation Services was ineffective because only a few people took part and some missed the 'walk of shame'. But the facilitators had taken a video, and played this back to an evening meeting. It was this that sparked commitment and action (pers. comm., Lorretta Roberts).
- In Indonesia, in a village in West Sumatra, there was no collective triggering. All the Natural Leaders were women except for the drummer (poems, songs and singing were an important part of the process). Pairs of women Natural Leaders visited each household and facilitated some of the methods – the 'shit calculation' (the calculation by each household and for the whole community of the amount generated in a day, a month and/or year), and the pathways to the mouth included. This was effective and the community was later declared ODF.
- In Indonesia, in Village Perring in Nganjuk District, ODF status was achieved in all four hamlets in only two weeks. Whenever a triggering was held, likely leaders from other hamlets were invited. The village chief publicly stated that in the Javanese spirit of mutual self-help (*gotong royong*) he would be happy to invite people from other hamlets to help any hamlet that was having difficulty: self-respect then sped up action by those that were lagging (pers. comm., Nilanjana Mukherjee, October 2008).

- In Kenya, the timing of triggering has been found to need judgement. On the Kenya coast if coconut palm poles are needed for flooring, it is best if the coconuts can be harvested first; and if dead fronds are needed for the structure it is best to wait until the time when they fall down. In parts of rural Kenya, immediately after a funeral is a good time to trigger because many will have visited and will have gone in the open, leaving more of a disgusting mess than usual (pers. comms., Sammy Musyoki).
- In Cambodia, in a programme partnership of the Cambodian and Swiss Red Cross organisations, after classic CLTS triggering there is continuous follow-up by Red Cross volunteers who already have status in the villages from their first aid, health and other work, together with monthly workshops mainly dedicated to CLTS follow-up and hygiene promotion (pers. comm., Heino Guellemann, October 2008).
- In parallel in different contexts facilitators have introduced social and sanitation mapping (Handbook 2008: 44–7). For example, in South India (where the procedure was developed), central Java, coastal Sri Lanka and eastern Nepal, as part of the CLTS process and in a PRA mode, the poorest households have been identified and mapped, shown in colour codes on a community sanitation map, and entered into a community sanitation matrix. Then ‘The community sanitation committee or any other community organisation which manages the local CLTS programme uses the map and matrix as tools to plan, monitor and account for solidarity, supporting those least able to build a toilet in cash and/or kind’ (Sijbesma 2008).

These examples, chosen for their diversity and because they came to hand, could be multiplied many times with respect to other organisations and countries.

5.5 Sustainability: physical, social and policy

Recent research (see e.g. Palakudiyil 2008)⁴⁹ sheds much light on physical and social sustainability, and on the environment of policy and practice. Some of the more salient potentially negative factors can be listed.

- Physical factors in sustainability include:
 - collapse of the walls of a hole
 - general collapse with flooding (Bangladesh) and/or a seasonally high water table
 - damage to superstructure
 - hole filling up
 - smelly and unpleasant conditions especially when latrines are hurriedly constructed

49 Palakudiyil summarises findings from research on equity and sustainability in CLTS conducted in Bangladesh, Nepal and Nigeria and sponsored by WaterAid. Barbara Evans was the lead researcher. This section draws on that research, the IDS-associated research, the IDS conference discussions, and other sources.

- lack of water, or effort collecting it, when water is needed
- groundwater pollution
- progress up the ladder of improved forms of sanitation
- effectiveness of market supply of hardware after initial peak demand

Much more needs to be known about these and how to optimise processes to deal with them. What solutions fit where will vary widely. There are questions around depth and lining of pits, the planting of trees when pits are full, progress up the sanitation ladder, and awareness of water pollution issues. Many are questions of sequence in follow up after triggering.

- Social factors in sustainability include:
 - tensions over sharing latrines, including reluctance because of the speed of filling up
 - taboos over joint use of latrines by certain family members
 - reluctance to continue to help the poorest and weakest after the initial enthusiasm has passed
 - unwillingness or lack of funds to empty latrines when they are full (and when land for another hole is difficult to come by)
 - weakening with time of community sanctions against those who practice OD
- The environment of policies and practices affecting sustainability includes:
 - individual household hardware subsidies in neighbouring areas arousing expectations, leading to demands and undermining self-help
 - conflict or competition with other policies and practices
 - didactic and criticising teaching styles in health extension

All of these could undermine the spirit, energy and effectiveness of CLTS triggering and follow-up.

These are all phrased negatively. Each has a positive opposite. The challenge is to recognise and minimise the negatives, and to support and enhance the positives.

6 For the future: innovating, learning and sharing

For the future, four key areas for innovating, learning and sharing, stand out: methodological development and action learning; creative innovation and critical awareness; learning alliances and networks; and seeding and strengthening CLTS as a movement.

1. *Methodological development and action learning.* All the aspects of sustainability above are potential subjects for research. For further methodological development and action learning, some priorities reinforced by findings and discussion at the December 2008 IDS conference are:

- (i) *Helping the weaker and poorer.* How to facilitate analysis and action to encourage those who are stronger and better off to support and help those who are weaker and poorer. Research findings (Haq and Bode 2008; Mahbub 2008; Mehta 2008) reveal both inspiring examples and serious problems. Incorporating social mapping creatively into the post-triggering phase and post-ODF phases appears promising (see above page 37). This is a most vital and urgent area for innovation and learning.
- (ii) *Minimising water contamination.* How to optimise the siting, depth and maintenance of toilets to minimise risks of contaminating water supplies, and introducing this into CLTS. This applies not just to CLTS but to all rural sanitation.⁵⁰ Where conditions are suitable, the Arborloo is a promising win-win; its shallow pit and rapid composting reduce contamination of ground-water and at the same time contribute to agricultural and home garden production.
- (iii) *Combining and sequencing.* How to combine and sequence complementary actions and approaches (pages 23–4). Handwashing is already part of CLTS. The safe disposal of children’s faeces is another priority. Throughout the challenge is to find an optimal balance of behaviour and attitudes between hands-off facilitation and providing information and advice.
- (iv) *Sustained support and interventions.* How to follow up with communities that do not become ODF in a first phase, and post-ODF with those that do. This can entail, for example, participatory monitoring for sustainability, guarding against relapse, and encouraging movement up the sanitation ladder.
- (v) *Initiating CLTS.* How to introduce CLTS into new countries, organisations and contexts. This includes practices and sequences for policy change, for finding and supporting champions, and for training and piloting CLTS.

2. *Creative innovation and critical awareness.* Methodological development and action learning, in the above five areas as in others, demand creative innovation and critical awareness. At the field level, identifying and embracing principles of CLTS can be the core of good practice as it spreads and develops, bearing in mind that principles themselves can evolve. At all levels, including policy influence, creative innovation includes inventing and adapting practice to overcome obstacles and shortcomings, and to suit local capacities and conditions. Critical awareness for rapid and sensitive learning and change demands reflexivity – that is, being reflective about one’s own mindset, predispositions and perceptions, embracing error, and learning from what works and what does not. The litmus test is behaviours, attitudes and processes that have good results, including being effective and equitable, optimising multiple trade-offs, and leading to dynamically sustainable outcomes.

50 Research conducted by the Institute of Health Management, Pachod, (Khale and Dyalchand 2008) found higher contamination in three TSC and three CLTS villages than in three villages which had no sanitation programme. The authors point out that although the findings are not generalisable, they indicate a need for urgent large-scale quantitative research with a robust design. For some sources on this, see Movik (2008).

3. *CLTS Learning Alliances and Networks*. In learning alliances actors and agencies network, share experiences and plan together. This can be through virtual communication, websites, and/or meeting together. The IDS website for CLTS www.communityledtotalsanitation.org is the principal resource at present for CLTS information and sources. In Ethiopia, for five years, and preceding the introduction of CLTS but now embracing it, there has been an annual meeting of IRC, Plan Ethiopia and others to share experiences and findings from action research. More recently, in the UK, a small informal CLTS Action and Learning Group has been meeting, hosted each time by a different agency, and taking turns to write a record. Learning and action alliances can be at different levels depending on scale – whether national, regional/provincial or district or some combination – and can evolve to be optimally inclusive, for example with complementary programmes. International meetings can be used opportunistically to convene meetings of CLTS practitioners, as at SACOSAN II in Islamabad (Bongartz 2007), AfricaSan in Durban (Bongartz 2008), and SACOSAN III in Delhi (Bongartz 2009). Internationally, nationally, and at sub-national levels, networking and communications for sharing and learning represent a key way forward.

For the next few years, a combination of rapid, realistic and relevant innovation, learning, sharing and changing seems to be the key to good spread. African countries have already gained from lessons learnt in South Asia. Increasingly there are lessons to be learnt from African experience, and globally from the sharing of approaches, methods and experiences in going to scale. What matters is to learn fast from what works and what does not, and from bad effects and good effects, not avoiding error but maximising benefits from it through fast identification and correction. The worst error would be to deny or repress negative findings from research.

4. *Seeding and strengthening CLTS as a movement*. Movements are typically self-spreading. Seeking to seed CLTS to become self-spreading has been on the agenda for over five years. A few cases are reported where Natural Leaders are strongly motivated, as reported in western Kenya (pers. comm., Sammy Musyoki), or are trained and then contracted, for example by local government as intended in Pakistan and as researched in Bangladesh (Huda 2008). In Kenya, the Kilifi District Medical Officer of Health, Dr B. Tsofa, has said ‘the fire of CLTS is spreading very fast and is becoming “uncontrollable”. The good fire is burning bright as it is now spreading beyond Kilifi, catching Kwale, Malindi, Kinango, Msambweni and Kaloleni districts in Coast Province’ (Marita and Musyoki 2008).

Also promising is Indonesia where CLTS is government policy, there is no hardware subsidy and budgets are decentralised to districts. There ‘stakeholders agree that CLTS has the potential to spread spontaneously in the densely populated Java and Bali islands’ (Mukherjee and Shatifan 2008: 22). Elsewhere, existing social movements present an opportunity that has not yet been explored.⁵¹ Women’s organisations and movements may have special promise. An example of what can happen is the spread of Non-Pesticidal Management recently in three years from 225 acres to 700,000 in Andhra Pradesh through

51 Readers are requested to provide examples to r.chambers@ids.ac.uk and p.bongartz@ids.ac.uk.

action by the federation of women's self-help groups known as the Mandal Mahila Samakhya (Prasad *et al.* 2008: 6; Prasad 2008). Could this movement, and others, go from strength to strength by adding CLTS to their activities?

With CLTS, as this paper illustrates, there is now a rich diversity of initiatives in many different contexts. Keywords are hands-on, community-led, learning, pluralism, sharing, inclusiveness, review, reflection, critical awareness, honesty, and creativity as part of the eternal struggle to do better. Opening up, exploring, incorporating and spreading synergies, sequences and complementarities with other approaches present a frontier as the walls of professional and organisational silos crumble. A light-touch self-spreading movement with quality remains an ideal towards which to strive even if it can never be fully achieved. New opportunities and new priorities can be expected as innovations proliferate. Crucial elements are networking and fast learning and changing by all concerned, across communities, districts and countries. The biggest lesson is that a key to good spread is, at all levels, finding, supporting and multiplying champions, and then their vision, commitment and courage.

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