



*16<sup>th</sup>-18<sup>th</sup> December 2008*

## **IDS CONFERENCE ON COMMUNITY- LED TOTAL SANITATION (CLTS)**



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## **IDS Conference on CLTS, 16<sup>th</sup> -18<sup>th</sup> December 2008**

The following is a report on the conference on CLTS that took place at the Institute of Development Studies, University of Sussex, Brighton, UK, from the 16<sup>th</sup> to the 18<sup>th</sup> December 2008. This event formed part of the DFID-funded project *Going to Scale: The Potential of Community-led Total Sanitation* in which IDS has been engaged since April 2006. The conference marked the end of the Year of Sanitation 2008 and provided a forum to present the research findings. It was also an opportunity to share and learn from experiences of CLTS and sanitation with a wide audience from around the world and to tease out implications for broader development agendas and ways forward for CLTS. For photos and to download presentations given at the conference, please visit <http://www.communityledtotalsanitation.org/story/ids-conference-clts-16-18th-december-2008>

### **Background to the conference**

Sanitation remains one of the biggest challenges in developing countries. Around 6,000 people, mainly children under five, die every day due to poor sanitation, hygiene and water. Sanitation-related diseases such as diarrhoea and cholera continue to seriously undermine human health and well-being, particularly in South Asia, where 900 million people have no access to adequate sanitation. Improving sanitation is therefore key to achieving the health-related Millennium Development Goals (MDGs) of reducing child mortality and combating disease.

In recent years, the impact of the Community led Total Sanitation (CLTS) approach has drawn significant attention. At the heart of this approach is a shift away from supporting toilet construction for individual households, to an approach that seeks to create 'open defecation free' villages through an emphasis on changing the attitudes and behaviour of the whole community. CLTS is an approach in which people in rural communities are facilitated to do their own appraisal and analysis of their sanitation situation and the extent and consequences of open defecation. They are not instructed or taught but instead encouraged to come to their own conclusions, and take their own action.

In its classical form, a small team of facilitators conducts a triggering. The facilitators may be government, NGO or project staff, or Natural Leaders from other communities. The PRA (Participatory Rural Appraisal) 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 facilitate the communities' recognition of the negative externalities to 'all' as a consequence of the sanitary practices of some, and thus lead to a moment of ignition and a collective decision and action to end open defecation.

There is a growing recognition that this approach offers tremendous potential for developing countries to achieve their MDG targets for sanitation. This has resulted in this approach spreading from Bangladesh, where it originated in 2000, to India, Indonesia, Cambodia, Pakistan and Nepal in Asia; Egypt, Ethiopia, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia in Africa, Bolivia in Latin America and Yemen in the Middle East. *For useful resources on CLTS, please visit the CLTS website at [www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org)*

## Day 1

### Setting the Scene

**Lyla Mehta**, the lead researcher of the IDS project, opened the conference by welcoming everyone and expressed her excitement to have such an amazing group of people gathered at IDS, especially since the conference also constituted the last major event of the International Year of Sanitation 2008.

**Robert Chambers**, IDS Research Associate, then went on to express his appreciation of the unique range of ideas, experiences and backgrounds represented by the participants. Robert placed CLTS in a historical context and, drawing on parallels with Participatory Rural Appraisal, described the three stages of development: Excitement, Realism, and Evolution. In his view, CLTS is currently on the brink of that last stage – evolution – and it is important to develop diverse practices that fit local conditions. This requires less defensiveness, and more eagerness to learn and share from one another's experiences, and the conference represented an excellent opportunity to do just that.

**Lyla Mehta** then presented an overview of the IDS project 'Going to Scale? The Potential of Community-Led Total Sanitation', which started in 2006 and has been funded by the DFID. Given the excitement around CLTS, the project aimed to explore the differences between the myths and reality around CLTS. Some initial burning questions included the local level dynamics of CLTS, what the real impacts on the poorest are, how CLTS affects gender relations, what actually comprises CLTS and the challenges of diffusion and going to scale. A particularly interesting feature of the CLTS project was the diversity of backgrounds of those involved, with researchers, pioneers and practitioners all working together. The research project was partner-driven and the approach in each of the three focus countries, Bangladesh, India and Indonesia, was tailored to the specific country context. The project had three 'legs': research to understand on-the-ground realities, participatory action learning and networking to influence policy and practice. The research looked at the local dynamics of CLTS, the controversies around financing, the role of the government, issues of costs and rights as well as going to scale. The project also highlighted the bureaucratic, institutional and social conditions and constraints for successful CLTS, engaged with the processes and quality of facilitation, and enquired into verification, monitoring, what happens beyond the attainment of ODF status and other issues of sustainability.

**Petra Bongartz**, from IDS, gave an overview of the communication activities of the project, which included the establishment and maintenance of a CLTS network, the CLTS mailing list, the dissemination of publications, and not least the new CLTS website [www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org) which acts as a virtual resource centre. Another activity carried out in the area of networking have been the *One Day Sharing and Learning Workshops on CLTS* that IDS has hosted at major conferences such as SACOSAN II and III and AfricaSan+5. Petra ended by sharing some of the very positive feedback that IDS has received for their research, action learning and networking activities.

The whole of the first day of the conference was dedicated to presenting the research carried out by IDS and its partners in Bangladesh, India and Indonesia. Full papers are available from the website.

### Session 1: Bangladesh

**Shafi Ahmed**, who is an independent consultant, outlined how Bangladesh emerged as a global success story in promoting sanitation and highlighted the key role played by Kamal Kar, VERC as well as the Water and Sanitation Programme and UNICEF in helping facilitate the process. The Government of Bangladesh was centrally involved in scaling up the CLTS approach, Shafi explained, and the government's support helped to elevate experiments in a few villages to a national scale initiative, involving local government through the use of block loans/rewards as incentives. Generally, these incentive packages seem to have helped in better achieving targets, despite concerns about elite capture. Still the question of how to design an effective incentive package remains one of the challenges for CLTS implementation in Bangladesh, and is linked to the issue of how to maintain quality of projects on a large scale. Other major challenges for CLTS in Bangladesh at this stage include very weak monitoring and evaluation systems, particularly with respect to health indicators.

**Mick Howes**, also an independent consultant, discussed the spread and impact of CLTS in Bangladesh, focusing on the work of three NGOs, CARE, VERC and Dishari, to address the following questions: How does CLTS spread, what is the impact on health, economy and wellbeing, how does impact vary for different groups, and how sustainable are CLTS and ODF? Mick observed that though CLTS projects helped reduce open defecation dramatically, 10-20 per cent of the people in each of the communities still went to defecate in the open due to lack of facilities, children being scared of using toilets, problems with sharing, maintenance and limits to social sanctions after initial ignition. He questioned the effects of sanctions and subsidies on adoption of sanitation and hygiene behaviour, noting that unprecedented reductions in open defecation have been achieved by all organisations, but sustainable behavioural and attitudinal change is hard to achieve in a short time span and in the absence of continued projects.

**Amina Mahbub** from PLAN Bangladesh talked about the social dynamics of CLTS, seeking to understand the intensity and significance of the participation of women and children in the CLTS process and to identify the extent of inclusion of the extreme poor and marginalised and their experience over time. She noted that the PLAN projects, drawing on its Child-to-Child approach, involved children from the start, observing that children were key agents of change at the household level and were remarkably creative. Women's involvement in CLTS often took the form of committees, participations in processions and rallies, and promoting latrine installation in households, but the most active women tended to be those who already had a strong voice in the villages. Amina observed that including the extreme poor and marginalised groups such as *adivasis*, was a problem - suggesting that there can be limitations to mobilising collective action for all. Overall, Amina concluded, there were more social changes than health improvements in the communities studied.

**Anowarul Haq** and **Brigitta Bode**, both from CARE Bangladesh, talked about CLTS in the context of the *Nijeder Janyia Nijera* (We, for Ourselves) project of the Social Development Unit of CARE Bangladesh, which uses CLTS as an entry point strategy to address wider livelihood issues. A main objective was to explore the issue of inclusion – if CLTS does not manage to include the poor, then it cannot be sustainable. This poses challenges for planning, paying particular attention to the needs of the poor and finding effective ways to involve them. There is a need to be explicit about the reasons for failure and address these before taking CLTS to the next stage. They noted that there has been an absence of attention in CLTS on how technology gets promoted, and how the poorest benefit. They also remarked that there is a need to be clear about the overarching goals of CLTS, whether focusing narrowly on improved sanitation or more broadly on hygiene issues. If the latter is the case, other hygiene behaviours such as hand-washing should be brought in more explicitly.

**Abbas Bhuiya**, Head of the Social and Behavioural Sciences Unit & Poverty and Health Programme at ICDDR,B, and discussant for the Bangladesh papers remarked that the studies have meticulously collected, analyzed, and interpreted data in relation to CLTS experience in Bangladesh. The findings reflected the success of CLTS in ensuring near universal installation of tube-wells and latrines, and reduced socio-economic inequalities in access to safe water and sanitation. He pointed to the unexpected consequences of CLTS in terms of social pressure on the poor to install latrines that research by Plan brought up and maintained that it is important that future CLTS keeps these unexpected observations in mind while facilitating the process.

In his mind, the studies demonstrated that CLTS, with its unique approach, has shown a huge success in changing human behaviour in resource-poor settings. Abbas found it highly likely that the change induced through CLTS can be sustainable and make positive impacts. He said that in relation to impact of CLTS on health, there have been some indications of reduced diarrhoeal morbidity due to CLTS. This is also backed by findings from water quality, especially from tube-wells, in terms of pathogens content. Surface waters seemed to be less sensitive to CLTS. Based on the evidence that people in the villages failed to adhere to best practices in disposing children's faeces and hand washing, he emphasised the importance of hygiene awareness in the CLTS package.

An issue for future consideration, Abbas said, was the design of latrines. The present cement and concrete made rings and slabs are heavy and hard to carry around for general transportation and for relocation after filling up of the well either through normal use or due to flooding. In his view, efforts to develop lighter version of latrines had been inadequate so far and failed to provide better options. Use of PVC or other similar materials may be a possible solution.

Abbas finished by saying that a discussion needed to be had on what kind of impact of CLTS should be measured. Should impact assessment merely focus on success in terms of ensuring access to water and sanitation or should it should go beyond to assess impact on health, nutrition, and well being.

### **Emerging Issues and Discussion**

Shafi's paper elicited a number of questions concerning the role of government and the extent of their involvement in CLTS. It was suggested that the role played by the government, especially in terms of pressure and penalty schemes, is contradicting key CLTS principles. Some also found it hard to understand how the government can facilitate CLTS without NGOs working on the ground. Shafi explained that in Bangladesh, the government's role was largely confined to scaling up and not linked very much to facilitation and participation. Mick Howes pointed out that even though the local government is mainly driving projects, they are very much working through the local institutions and NGOs. Another emerging topic for discussion was around the causes of diarrhoeal diseases. Diarrhoea may not only be due to faecal contamination as a result of open defecation, there are a variety of other causal links too, such as malnutrition. Hence, though open defecation clearly has major impacts on health, it is not easy to establish clear causal linkages as there are so many other variables involved, causing some participants to argue that it is important to distinguish between promoting sanitation and preventing disease. Another question raised, with respect to Mick's presentation, was: Who are the 10-20 per cent of the community who have reverted to open defecation, and what group (children, the elderly, the disabled) do they belong to? Discussion then moved on to the issue of inclusion - the lack of inclusion of the extreme poor reported in Amina's paper was quite shocking to many in the audience. It was asked whether this was a short-term issue or whether this was an ongoing effect of discrimination. Amina reiterated that reaching the poorest is a big challenge but that after about 6 months of work with the help of natural leaders, greater inclusion was observed. The extreme poor have little time or motivation for sanitation, prioritising strategies to secure their livelihoods. Also they command little power in the community, and it is the better-off who are more active in the initial meetings. Worries were expressed that the whole process of CLTS could become anti-poor, emphasising the necessity to be strategic in order to aid the poor. Even though CLTS might reach the entire community eventually without government intervention, it usually takes much longer and sometimes does not reach the poorest of the poor. But, noted one participant, it is just as important to involve the rich as the extent and form of their involvement ultimately impacts on the poorest.

### **Session 2: India**

**Ashok Dyalchand**, from the Institute of Health Management, Pachod, India (IHMP), talked about what communication and institutional arrangements influence sanitation-related social norms in rural India. He observed that changing socially accepted norms is very difficult, and asked to what extent CLTS actually brings about such change? The emotions triggered at the initiation of CLTS needs social persuasive communication in order to be sustained, he argued, and commented on how certain injunctions, real and symbolic, were used to effect behaviour change (e.g. children blowing whistles at adults caught defecating in the open). He contrasted such injunctions with institutionalised incentives such as the Nirmal Gram Puraskar (NGP) award, awarded by the Indian Government to villages reaching ODF status. In his view, the NGP is problematic as it focuses on construction of toilets rather than their utilisation and often results in activities coming to an end after an NGP has been awarded.

**Manisha Khale**, also from IHMP, talked about the impact of rural sanitation on water quality and water-borne diseases, highlighting health impacts associated with variations in households' access to toilets. She related how her research project had measured health impact through the reported prevalence of diarrhoea and worm infestation in children under the age of six in three types of villages – villages with no sanitation improvement, villages under the Indian Government's Total Sanitation Campaign (TSC), and CLTS villages. Study findings indicated that access and utilization of toilets was significantly higher in the CLTS villages and that the behaviour change communication strategy used in the CLTS approach was significantly more effective in ensuring local spread and sustained utilization of toilets. However, even though there were good levels of adoption and usage in the CLTS villages, it was evident that additional efforts are required to achieve open defecation free communities. Surprisingly, the study found that drinking water samples in the CLTS and TSC villages had similar levels of faecal contamination when compared to the villages with no sanitation

programmes. Manisha pointed out that a more robust study design is needed to pick up the causal links between sanitation and water-borne diseases.

**Nisheeth Kumar** and **J.P. Shukla** from Knowledge Links focused on factors that have led to the adoption of CLTS in India, highlighting three key issues; training and triggering, operational factors, and generating knowledge and communication. They argued that more facilitators must be trained in order to scale up, and it also requires addressing the present inadequate financial and human resources available for up-scaling. They suggested that follow-up of CLTS could include a second-level triggering to address broader issues such as personal hygiene or waste management, In terms of technology, they argued that there is a need to explore what benefits, risks and dangers are associated with different latrine models.

**Tom Palakudiyil**, from WaterAid UK and discussant for the India papers, started by giving a summary of Deepak Sanan's paper *CLTS: The Sanitation Story of the Millennium: The India Chapter*, as Deepak was unable to be at the conference. From this and the other papers, Tom drew out several lessons. He highlighted the critical importance of the champion at all levels – in India, this was especially important at the local government level. But if CLTS is to be a community-led approach, having champions at government level might be somewhat problematic. Are there other ways to embed the approach? Tom also touched on the importance of bringing about shifts in the mindset of people and seeing sanitation no longer as an individual but as a community good. How can we bring about this change in thinking about sanitation? He also pointed out the importance of taking a long-term view beyond ODF; how can one motivate communities to create sustainable long-lasting behaviour change?

### **Emerging Issues and Discussion**

The presentations prompted discussions about the meaning of 'Open Defecation Free' or ODF. There was general agreement that ODF involves more than just using latrines, it should be used to refer more broadly to achieving a pathogen-free and safe environment, which means emphasising adoption of hygienic behaviour and safe storage of waste as well. A hot topic for debate were the links between India's Total Sanitation Campaign (TSC) that relies on incentives to facilitate total sanitation and CLTS, which focuses on triggering community action through awareness-raising. It was highlighted that the word 'total' means different things – for CLTS, it refers mainly to the fact that the entire community ceases open defecation, whilst for TSC 'total' means that all aspects of sanitation, from latrine usage to hygiene behaviour to solid waste management are covered. While some argued that TSC is a significant positive achievement as the Government of India is the only government in the world to have taken on the sanitation challenge in this way, others commented that the Nirmal Gram Puraskar (NGP) award associated with the campaign could be seen as a perverse incentive. It was suggested that TSC and CLTS should not be viewed as competitors, but as complementary, and that we should strive to explore how approaches could be appropriately balanced to achieve improved sanitation coverage in a given context.

### **Session 3: Indonesia**

**Nilanjana Mukherjee**, from WSP, and **Nina Shatifan**, from AusAid, told the story of how CLTS had emerged in Indonesia, where the government had acknowledged the failure of the WATSAN sector to meet rural needs. This led to an overhaul of current approaches, and exposure visits to neighbouring countries to learn about CLTS that triggered field trials of two large-scale projects. In 2007, the Total Sanitation and Sanitation Marketing (TSSM) project was launched by the Gates Foundation and WSP to demonstrate how to scale up CLTS in combination with sanitation marketing, and the following year the Health Minister of Indonesia launched the 'National Community-Based Total Sanitation Strategy'. The TSSM aims to generate sanitation demand at scale through CLTS whilst also increasing the supply of sanitation products and services by working with the market and creating an enabling environment through communication initiatives and advocacy. Nila and Nina observed that the reasons for CLTS spreading so rapidly was due to the high-level public acknowledgement of past failures and sanitation being the responsibility of the Ministry of Health. Challenges remain, though, such as e.g. the lack of a countrywide sector monitoring and ODF verification system and the government's uncertainty with respect to incentive schemes.

**Nina Shatifan** and **Owin Jamasy** presented a study which sought to learn from villagers' experiences in CLTS villages in order to identify factors that promoted or hindered progress. The found that

success is determined factors such as strong support from community leaders, sanitation being seen as a village priority, collective commitment, basic knowledge about the benefit of latrines and hygienic behaviour, women's ability to influence household priorities, ongoing triggering, guidance and support, and available water supply and resources for constructing latrines. Most important was the commitment from village leaders, which enabled other factors to come into play. More thorough analysis of the community relationships, networks, issues of gender, etc. are needed in order to find ways to better integrate CLTS with broader development work.

**Edy Priyono**, from AKADEMIKA, talked about institutional dimensions of scaling up CLTS in Indonesia. There needs to be a compromise between CLTS as a community-led approach and the need to involve government. The question is not whether to compromise, but how much? Edy argued that CLTS efforts should build on existing institutions rather than create new ones, and warned that we need to be careful when scaling up, so that we do not move too fast, and move away from the basic principles of CLTS.

**Anuradha Joshi**, IDS Fellow, compared the experiences of India and Indonesia, focusing on institutions, Incentives and politics. IF CLTS is to affect large numbers of rural people, then government agencies will have to be involved - even where implementing agents are likely to be outside the public sector, an enabling policy environment needs to be institutionalised. How does CLTS as a bottom-up demand driven approach interact with top down, supply driven bureaucracies, and what challenges and constraints exist? Anu argued that the extent to which CLTS is likely to be accepted and take root in countries will be dependent upon the institutional context of the country, the work conditions, responsibilities and authority that 'champions' enjoy, and the nature of incentives in the process of institutionalisation.

### **Emerging Issues and Discussion**

A key issue for discussion was the degree of government involvement in CLTS and the potential for integration of CLTS with other development programmes. Kamal Kar pointed out that the very first CLTS training workshop in Indonesia was attended by government officials in Java and that it was top government officials who facilitated and started sanitation work; there were no NGOs or other champions at that point. With respect to integration – is it desirable? Since development is such a complex issue, some viewed a step-by-step approach as more appropriate, while others countered that, from a bottom-up point of view, it would make more sense to integrate sanitation issues with broader development goals. The issue of facilitation was also raised; floating the question whether facilitation was truly participatory or sometimes took on a more manipulative nature? It was generally felt that a form of quality control of facilitators is called for, and that NGOs would be well placed to address this issue. Following Edy's presentation, the discussion turned to the issue of health outcomes and impacts, with one participant asking about whether there was any data on health linkages. Edy explained that the Government still uses traditional health indicators and Nilanjana pointed out that assessing real health impacts requires in-depth and rigorous research, which the Gates Foundation is now undertaking in India and Indonesia. However, she noted that school attendance might serve as useful proxy indicator of the health status of children. The topic of technology marketing was then briefly touched on, with the point being made that a major challenge is to build vendors' capacity to improve supply and product options, in particular paying attention to the quality of the products and delivery routes. The discussions then moved on to the issue of institutions. , (our partners are not getting such praise.. we should drop this..) The fact that the Indonesian Department of Health commands ample resources and is a strong source of advocacy did much to promote the spread of CLTS in Indonesia, but as Anu pointed out it is very difficult to create champions upfront. She said that the question of where the overall responsibility for CLTS should be placed was a challenging issue, but that what mattered most was not the locus of responsibility, but who took charge of the actual implementation.

## **Day 2**

### **Session 1: Sharing of Experiences**

**Kamal Kar** kicked off the second day of the conference, expressing his excitement to have CLTS champions from all over the world assembled in one room and reflected that CLTS has been and still is very exciting. We have now arrived at a stage when we need to go back and re-examine the things that we did not see the first time around and reflect on how to take things forward. Kamal felt that in

order to go to scale, there are two important things to do: Firstly, to ask early contributors and champion institutions about their views and opinions as they have seen the whole process of CLTS developing, and second, to be mindful about the issue of the inclusion of the poor and extreme poor. Now that CLTS is going to scale so rapidly, it is crucial to ensure that the initial spirit of CLTS especially with regard to inclusion and empowerment of the poor does not get lost along the way. Kamal concluded by encouraged everyone to continuously ask whether and how the poorest could be included.

## **Session 1: The African Experience**

**Amsalu Negussie**, from PLAN RESA (Region of Eastern and Southern Africa), started by giving an overview of the sanitation situation in Africa, where 300 million people lack access to proper sanitation facilities and around 50 per cent of the population is below the poverty line. Over the last two years PLAN, WSP, WaterAid and UNICEF have all conducted training on CLTS and collaborated to draw a critical mass for mobilising political will, and currently there are many joint activities to do capacity building at a regional level. After the struggle to bring sanitation onto the political agenda in the past few years, the international year of sanitation 2008 helped to propel the issue to the top of the agenda. According to Amsalu, current challenges include how to adapt CLTS experiences from Asia to Africa, and to find an institution in Africa which is willing to take on responsibility for CLTS and to lead the process and facilitation of learning and exchange. Another key area in which work is needed is the training and retention of facilitators - CLTS is about creating leaders but the question is how we can empower them to move forward.

**Sammy Musyoki**, from PLAN Kenya, spoke about the immense potential of the CLTS approach, comparing the spread in Kenya to a bush-fire. In May 2008, seventy delegates from government and other organisations like UNICEF took part in a CLTS training. So far 25 villages out of 200 that have been triggered have attained ODF status and 500 facilitators have been trained. The political environment in Kenya is also looking favourable: a Ministry of Public Health and Sanitation has been created and this offers a great opportunity for CLTS to be taken forward.

**Martin Keijzer**, from PLAN Netherlands, emphasised the sharing of experience, and how there is a felt need for effective communication, and outlined the experiences from organising training sessions in Zambia organised in collaboration with UNICEF and PLAN International. In East, West and Southern Africa, many organisations are working hard to create a critical mass of facilitators, and to create political space and mobilise politicians in support of CLTS. A key issue is how to institutionalise trainings and build platforms to share knowledge? CLTS is good at creating natural leaders but it doesn't explicitly show us how to empower them and how to spread their knowledge. Martin concluded by noting that two other key areas of work for CLTS are school and urban sanitation.

**Ada Oko-Williams**, from Water Aid Nigeria explained how CLTS had been introduced in Nigeria in 2004, after WaterAid had observed the CLTS success in Bangladesh. WaterAid Nigeria initiated the pilot testing of CLTS in four states. The analysis revealed a significant reduction in the extent of open defecation in the communities, with some communities declaring 'open defecation free' status. One of the most significant results was the positive effect of CLTS on the dignity of women and girls who no longer ran the risk of being assaulted on their way to and from the bush. One major challenge for CLTS in Nigeria is the diversity and size of the country. There are hundreds of different languages which make scaling up from one area to the next very difficult. Another challenge for CLTS has been the inclusion of children in the process in the way it has happened in South Asia. In Nigeria, there is a cultural understanding that adults are 'always right' and that children should not speak up. Therefore, it was almost impossible to have separate children's groups doing triggering or children leading campaigns to persuade adults to stop open defecation. Another cultural taboo says that defecating in an enclosed covered space is a sin and that it is less shameful to shit in the open. These and other cultural taboos were some of the issues to deal with when transferring an approach to a different context. However, WaterAid has been able to work with 105 communities so far and enjoys acceptance and good will from the local and national government.

**Peter Harvey**, from UNICEF Zambia, related the astounding success story of CLTS in Choma district in Zambia. Having initially been quite sceptical about CLTS, Peter said he had changed his mind in light of the transformation that he had witnessed over the last 8 months. In less than a year, 517 out of 812 villages had been triggered and 402 villages had become ODF. In some villages, access to



latrines rose from 0 per cent to 100 per cent within a month. Perhaps the most impressive figure of all is the total cost of this- a mere US\$14 per household, or US\$2.3 per capita. Peter identified the support from traditional leaders and especially chiefs as one of the key factors that had led to this success. No NGOs had been involved; district councillors and chiefs had taken the lead. Handwashing was integrated into the CLTS process from the beginning. There was evidence that communities had started to go beyond ODF, for example planting trees for conservation purposes - something that is not a traditional custom in the area – suggesting that CLTS is a very powerful approach.

### **Emerging Issues and Discussion**

The presentations generated lively discussion around a number of key issues, for example handwashing and how this was best being incorporated into the CLTS process. In Zambia, handwashing is an integral part of the process; communities are triggered to build one toilet and one handwashing facility at the same time. Plan Kenya has drawn attention to the importance of handwashing through mapping out the routes of contamination. In Ethiopia, as Tezera Fisseha confirmed, handwashing is seen as part of CLTS and the communities employ various indigenous handwashing techniques. All agreed that monitoring and verification of handwashing was a challenge. Other comments and questions once again returned to the need to include the poorest, and some of the presenters on CLTS in Africa elaborated on how this was done in their respective countries. Standards in toilet construction were another topic for discussion, particularly whether communities should be left to decide standards themselves. It was suggested after a year of CLTS, where people construct what they can from available resources, the Government should move in to help people scale the sanitation ladder.

### **Session 2: Diverse useful experiences and insights from Asia and global research**

**Heino Guellemann**, from the Swiss Red Cross in Cambodia, started by outlining the sanitation situation in Cambodia. Cambodia has a population of 14 million with more than 11 million living in rural areas with only 15 per cent sanitation coverage. In the more difficult intervention zones of the Swiss Red Cross, a baseline of only 3-10 per cent sanitation coverage was found. The Prime Minister acknowledged that the lack of sanitation is one of the factors leading to poverty and hinders the nation's economic development and that it is a community issue. Currently, 10 NGOs are involved in CLTS in Cambodia and so far, 600 villages have been triggered and an average of 32 per cent have achieved ODF. In Swiss Red Cross target zones 25 per cent of all villages have reached ODF so far. CLTS is applied through the Red Cross Volunteer network as the main part of an integrated package which also includes hygiene sensitisation, subsidised ceramic water filters, dengue vector control and community based emergency referral systems. Monitoring, particularly of diarrhoea frequency, is done by the health centres. Constraints include lack of local leadership and difficult environmental conditions, such as frequent floods.

**Nipun Vinayak**, from the Government of Maharashtra, presented the story of CLTS in Jalna district in Maharashtra, India. He stated that CLTS had been a 'people's institution' and that it was like 'a cake that everyone wanted to have a slice of'. Positive incentivisation motivated people, and good efforts tend to multiply. Community leaders taught outside facilitators to use 'we' and not 'I' – no one can do anything from the outside. The leaders are the inspiration of change, but the poorest of the poor might not even get the chance to speak up.

**Tom Palakudiyil**, from WaterAid UK, presented the findings from WaterAid's research, which focused on sustainability and equity of long-term latrine use in different cultural environments. The purpose of the study is to contribute to the global understanding of community-wide open-defecation-free approaches, with a focus on the extent to which these approaches result in sustained and equitable improvements in sanitation behaviour. The study seeks to respond both to the global CLTS debate and to WaterAid's internal debate on the effectiveness, sustainability and equity of CLTS-based approaches. The analysis of the preliminary findings appears to confirm the hypothesis that achieving ODF status is a necessary but not sufficient condition for the entire community to use and maintain hygienic latrines in the long-term. CLTS-like programmes, Tom said, are a better 'entry point' than older and more traditional programmes, and we need to understand better the conditions and agents that facilitate or hinder the technical and organisational factors that contribute to lasting change.

**Peter Feldman**, from PLAN's Asia office, talked about Plan's programmes in Asia, mainly focusing on programmes in Cambodia and Bangladesh. He explained that Plan's strategy in Asia consists of three

elements; evidence-based decision making, diplomacy and efforts to harmonise strategies with existing sanitation policies; and thirdly learning/exchange visits to other countries. He emphasised the importance of cross-country visits, which had been the starting points for introducing CLTS in Pakistan, the Philippines, Vietnam and China. Peter related some highlights from Cambodia: CLTS is much more cost-effective than subsidies, it encourages the engagement of the poor, and the use of sanitary facilities is more sustainable. However, the pace of change is much slower than anticipated, and it is hard to sustain ODF in wet seasons, with the poorest particularly hard put to maintain sanitary facilities. In addition, conflict can arise when other institutions working in the same area see subsidy which then impacts on the extent of community's participation in CLTS.. In Bangladesh, ODF has largely been sustained, and poor people have been empowered to take the lead. There are also indications of CLTS leading to better water quality.

**Eddy Perez**, from WSP Washington, confessed that he was not a CLTS supporter but nevertheless a true champion of sanitation. Eddy talked about the Global Scaling Up Sanitation Project, a 5 year project which is currently in its third year, through which WSP is supporting national and local government efforts to increase access to basic sanitation in Tanzania, India and Indonesia. With support from the Gates Foundation, the project is testing new approaches, like CLTS and Sanitation Marketing, to create demand for sanitation at scale and increase the supply of sanitation products and services – leading to increased access to sanitation and improved health for people in rural villages and small towns. The project also seeks to strengthen the enabling environment, ie the policy, institutional and financial frameworks that are needed to make large scale sanitation programmes sustainable and replicable. At the heart of the Global Scaling Up Project, Eddy concluded, is learning what works and disseminating these lessons widely.

### **Emerging Issues and Discussion**

A participant asked what had happened with the remainder of villages in Cambodia, those not included in the 25 per cent that had achieved ODF. Had there been any follow up? Heino explained that the work was mostly done by volunteers and that more follow up was required to see what had happened in the other villages. Lyla observed that in India the NGP did not seem to be working. In Jalna village, despite lots of government intervention, open defecation was rampant. Thus she asked Nipun: Once you move on, what happens to the region? What happens after ODF has been achieved, and to what extent are the poor actually included after the triggering stage? Another issue, raised by Manisha Khale, pertained to the importance of collecting health-related data, not only relating to frequency of diarrhoea, but also malnutrition, stunting and respiratory diseases. Also, health and hygiene education in schools is important, and there is also a need to focus more on school sanitation.

## **Session 3: Breakaway groups**

### **Theme 1: Monitoring & Evaluation, Research and Verification**

The group discussed three distinct levels of M&E: The national or strategic level which needed to ensure that the approach is not diluted in scaling up and adjust policy accordingly; take charge of macro-level progress monitoring and facilitate external participatory evaluations. Secondly, at the district or local government level, effective resource allocation is needed. At the third level of the village or community, internal decision-making takes place. The group suggested that monitoring at the village level should be done by the villagers themselves. Responsibility for verification of the community's achievements should lie at the district level. The group also discussed how formative evaluations to find out what had been going wrong in implementation could be carried out and what the indicators for this would be. The group came up with a long list of indicators for consultation with communities, including e.g. the presence of handwashing facilities, what happens with full pits, what do second generation toilets look like, and do new members of the community build latrines? An issue that emerged during discussions was how to measure health impacts.

### **Theme 2: Inclusion of the poor and the powerless**

The group looked at issues of inclusion in terms of the CLTS process, and particularly the inclusion of the powerless. It was argued that participation of all in a community can be maximised by considering the timing carefully, choosing the seasons and times when most people are available. The possibility of separate triggerings for women and for the elderly was also discussed. In many cases, a village committee or group assumes the responsibility for inclusion, and it was observed that there is a risk of tokenism which needs to be looked at. Looking at ways to identify and define the poorest, it was

agreed that this needs to be context-specific and decided locally, ensuring that there is no manipulation by the better off. A related issue of importance is the lack of low cost durable options for the poorest. The group observed that there is likely to be a direct connection between inclusion and scale, with smaller communities achieving better inclusion.

### **Theme 3: CLTS, other approaches & scaling up**

This theme group discussed what was meant by scaling up, taking into account the different country perspectives. For scaling up to occur, there needs to be political leadership at the national and local levels as well as institutionalised training, and also the respective roles of NGOs and the government needs to be sorted out. Also, the group argued, CLTS needs to be linked with other development efforts, and CLTS should be introduced in the university curricula. There is, moreover, a need to look at what actually constitutes CLTS, and the potential for merging CLTS with other approaches.

### **Theme 4: Financing/incentives/rewards**

The group initially acknowledged that their own experiences – and the evidence presented at the conference – show that subsidies outside of an ODF framework have not worked. The power of the CLTS approach lies in the way it targets collective behaviour change, rather than household technology subsidies, and results in the collective outcome of excreta-free communities. It is clear that such incentive-free approaches have been very effective and empowering for communities. Nonetheless, questions regarding the financing of sanitation on a sustainable basis are likely to continue, especially related to issues of enabling the poorest of the poor to have access to latrines and for the post-ODF situation.

Financing can cut across many tools, including rewards, credit, post-ODF subsidies, competitions etc. The group noted that on a broader basis, funding may also be required for M&E/ follow-up and to build the capacity of local government to address issues when ODF programmes are scaled up. The finance instrument adopted must leverage funds towards the outcome; i. e. it must be cost-effective, particularly at scale. Financing could come before or after reaching ODF status, could be targeted at the household or community level, could come from different sources, could be targeted to the demand or supply side, could be build on social subsidy ideas (either targeted or universal) and sanitation financing could be linked with other project financing (such as, for example, for water supply). The biggest concern with direct subsidies is that demand is not created before supply is increased. The main lessons identified by the group were that subsidies do not work without generating demand first. access to funding support for both poor and rich people may be required to sustain ODF status and progress up the sanitation ladder, funding is required for monitoring and evaluation to follow up both at the community and local government levels and to achieve sustainability and the creation of an enabling environment is essential. Also, incentives for Local Government should be considered. Stakeholders should try to offer options to Local Government to choose from by providing and letting them know about cost-effective options. This may require assisting Local Government with training people. An issue raised by the audience in response was to what extent incentives were actually subsidies in disguise? Also, does do the principles of sanitation marketing and CLTS complement each other or are there fundamental differences?

### **Theme 5: Sustainability**

The group presented different aspects of sustainability, emphasising the following points: 1) that private sector created community demands (e.g. in Bangladesh), 2) the importance of operation and monitoring, and 3) role of R&D, especially the technologies to cope with seasonal variation. Different aspects of sustainability included *technical issues*, that latrines are used and properly maintained, *behaviour*, that open defecation is not practised and that people wash their hands regularly, *institutional*, that the Community-Based Organisation (CBO) continues to function even after the external agency leaves, *environmental*, no contamination, safe waste disposal, *financial*, resources continue to be available, through e.g. micro-credit or savings schemes. The group found that enabling factors that contributed to sustainability included formation of social capital, investing enough time and resources for building community capacity, a well-functioning market and available skills and credit to nurture community-produced cheap latrines, involving the private sector to ensure the supply side of raw materials is secured and having access to adequate operation and maintenance services. In terms of the external support, the entry, implementation, exit and follow-up strategies should be clearly developed from the start, and donors need to be patient. With respect to technologies, there is a need for research and development to produce more durable and user-friendly products, and to get such products on to the local markets. In terms of process, should focus on achieving ODF first before

moving on to other broader goals (e.g. school sanitation, waste management), which prompted an immediate comment from the audience that it wouldn't be possible to declare an area defecation-free if the schools were not included, or if you don't know what is happening to children's waste. A final issue related to the quality of CLTS training, which needs to be paid more attention to.

## Day 3

### Session 1: STEPS Panel

**Melissa Leach**, IDS Fellow and director of the STEPS (Social Technological Environmental Pathways to Sustainability) Centre ([www.steps-centre.org](http://www.steps-centre.org)) opened the final day of the conference with the session on *Sustainability and Scaling Up*, providing some insights on CLTS and the key issues emerging from a STEPS perspective. Bringing STEPS concepts and frameworks of thinking to CLTS means thinking about how sanitation issues interact with dynamic environments and how diverse people in different settings on the ground, as well as policy-makers, think about and understand the different systems at play. Melissa introduced the session by pointing out that CLTS is an example of a successful approach, but that as a system it shows a lot of complexity. Therefore, it is important to think about uncertainties and perspectives that may currently not be so apparent from the success stories we are hearing. As this fantastic approach beds down, what are some of the unintended consequences?

**Lyla Mehta** who is also the STEPS Centre Water and Sanitation convenor, said that within the world of water it is now considered mainstream to look at issues of culture, politics, power and history. But sanitation debates sometimes lack these rich social science perspectives and there is a neglect of rigorous qualitative analysis and an overemphasis on the generation of statistics and numbers which may lead to misleading results. Both quantitative and qualitative approaches can be manipulated and are subject to interpretation and need to complement each other. . Although a rich body of work on the role and understanding of institutions exists, this aspect is often much neglected, as are the interlocking systems between how technology and society co-evolve and produce different pathways. She emphasised that the continuous process of reflection has been a great strength of CLTS. However, despite more and more CLTS-focused research projects, there are still many unknowns that need to be explored. She also suggested that CLTS researchers and practitioners' own background, positioning and knowledge may be too dominant in framing the issues related to CLTS and that we need to ask whether we are sensitive enough to other people's framings.

**Synne Movik**, a researcher involved in the STEPS water and sanitation work, presented an overview of her paper *Dynamics, Sustainability and Governance of CLTS: Some Perspectives*. There is a tendency in policy circles to ignore the fact that social, ecological and technological systems are inherently dynamic, and it is useful to apply the STEPS framework of dynamic systems interaction to CLTS to see how social dynamics, such as group characteristics, religious and cultural practices interact with ecological and technological systems. For example, might CLTS' emphasis on shame and disgust actually be an obstacle for adopting other technological options? Moreover, what is sustainable depends on what functions, structures and goals one perceives as important – sustainability depends on how issues are framed, and is an inherently normative concept. Intimately linked to sustainability is the notion of resilience, which relates to how systems cope with internal and external disturbances, short and long-term shocks and stresses. CLTS focuses on social change and triggering behavioural change and this is related to how to make systems durable and stable, but it is important to look at technological and ecological resilience and sustainability issues as well and to deal with issues of uncertainty and risk, such as the potential long-term environmental impacts of CLTS. A key challenge is to devise institutional frameworks that accommodate the diversity of evolving CLTS practices, and facilitates knowledge exchanges and learning from different settings and from other approaches.

**Gerry Bloom**, IDS fellow and STEPS Centre health convenor, expressed his excitement about CLTS - a little idea having a big impact – and gave his take on the challenges ahead: Will the idea keep spreading? And how does the idea and its expression change as it spreads? What happens to it in different places? He challenged CLTS practitioners to consider whether they would accept that many different ideas will come out of CLTS as it evolves, and that it no longer might resemble what it originally was. He suggested that the originators may not like where the idea goes and wondered how they would keep influencing it. Gerry also sounded a note of caution about the CLTS method of

creating natural leaders within communities. He related the disappointing experience of training village doctors in Zimbabwe in the 1980s when the main outcome of training was that new markets were opened up for western drugs and drug trading, showing how a good idea can have unintended consequences. It is important to ask where CLTS fits in and what the other messages are that people hear about shit. Situating CLTS within this larger context would be vital, he suggested, particularly as the issues around CLTS and sanitation were very powerful. We have radically underestimated the amount of information going to people and the importance of markets, advertising and village doctors, Gerry argued, and also pointed out that it is difficult to get sustainable solutions if governments do not take responsibility. Different kinds of partnerships are needed to take responsibility in sanitation. If an idea is big and powerful, it will inevitably have negative consequences, too, and we need to be honest about this and look for possible bad outcomes and start to think critically about the pathways CLTS is taking and to influence its evolution.

### **Emerging Issues and Discussion**

Kamal Kar said Movik's paper was very exciting and added that macro social, technological and ecological issues need to now be engaged with in order for CLTS to survive. Ingrid Nyborg, a Visiting Fellow from Noragric added that the ideas could shift CLTS from achieving a sanitation 'goal' to a way of thinking about using a framework to encourage institutions to be able to manage diversity and dynamics, observing that the STEPS perspective could lead to a very important shift for CLTS. Nisheeth Kumar agreed that more work needed to be done to understand CLTS in respect to other approaches, adding that CLTS is a technology and that there are other triggers to the process, apart from disgust and shame, which needs to be looked at.

### **Session 2: Panel - Challenges, Lessons and Ways Forward**

Before the panel, Lyla Mehta, Robert Chambers and Kamal Kar each reflected on the future challenges and scaling up of CLTS. Lyla reflected on the process of behaviour change, and noted that we need to be critical about what we mean by this. We need to ask questions such as 'what happens to the community and the intense processes of participation? And if one doesn't conform to the norms, then what happens?' She noted that behaviour change was all about relations of power, which we need to understand better. Robert also picked up on the point of communities and contexts being diverse, and went on to talk about the way that a key challenge now was to recognise such diversity and facilitate learning alliances that could benefit from the variety of experiences coming out from different countries and contexts – the potential for CLTS may be very different in e.g. China or West Africa. There is a need to accommodate different models of CLTS, and also to focus on how to follow up beyond ODF. Kamal concluded by reflecting on the benefits of learning from the history of CLTS, how it has been initiated in different settings, what worked, what did not – and also compare CLTS in its different versions to other approaches that are taking place simultaneously. Then panellists presented their views on the key lessons learned at the conference, the implications from research and practice and ways forward, before the floor was opened for a final discussion.

**Therese Dooley**, from UNICEF, observed that what is included under the term CLTS has been getting more and more complicated. Initially, CLTS was about sanitation, now we expect CLTS to not only have positive health impacts but to also link to sustainable livelihoods in a community. CLTS is not a technology, rather it is a methodology of development. Indeed, CLTS involves behavioural change and social change in a community. In this sense, major challenges that arise are 1) how to encourage these changes after the ODF status, 2) how to involve marginalised people without sanitation facilities, and 3) how to encourage real ODF in terms of behavioural changes. At this stage the overall outcomes of CLTS were quite good in terms of triggering behaviour change in about half of the people targeted - but the other half had ended up with mere 'latrination'. A lot is expected from CLTS which makes the issues very complex, and there is a need to make things simpler and more straightforward, with CLTS being first and foremost 'Community-led Total Sanitation.' In light of the scarcity of examples of ODF communities where everyone had been included, she suggested that we focus on getting a few things, ie on doing the sanitation bit of CLTS properly, rather than doing too many things at once. She emphasized that it is essential to look at and assess the sanitation impacts on children and to promote total sanitation for children.

**Sandy Cairncross**, from the London School of Hygiene and Tropical Medicine, started by expressing his admiration for what a powerful technique CLTS is. He said that in some ways CLTS could be likened to a religion, in which case, he would consider himself a believer too. He observed that there

are some parallels with other activities such as the Community Health Clubs in Zimbabwe, but that the collective decision-making element is stronger in CLTS. He emphasised the vital importance of keeping up intellectual curiosity and scepticism. An example of this is that we do not really know what happens to the villages that don't get triggered - he had not seen any reference made to this other than the 'damp matchbox' example in the handbook but that we really needed to know about this as it is a major factor in terms of cost-effectiveness. Moreover, according to Andy Robinson's statistics, 35 per cent of the villages that get triggered attain ODF status, but after what time and how much input? Sandy pointed out that with CLTS, as with every approach, there are unintended consequences and future problems, and that some of these are already visible in the things that cause us to feel uncomfortable today. For example, there had been a lot of discussions about children's faeces. We explicitly need to include children's open defecation in CLTS – it is children who suffer most from diarrhoeal diseases, children who are most likely to play in areas of open defecation. Sandy closed with a reminder that there are many other traditions and intellectual strands of thought and that we need to be familiar with them before criticising them or ruling them out.

**Eddy Perez**, from the Water and Sanitation Programme, admitted that he had come to the conference as someone who was supportive, but not entirely convinced about the effectiveness of CLTS. He appreciated the openness of participants and the fact that they do not blindly believe in CLTS but are willing to discuss its challenges and concerns. While CLTS is not a silver bullet to achieve total sanitation, he stressed that one needed to appreciate that CLTS is more than sanitation. He stressed that training facilitators is key to the success and sustainability of CLTS but that it is also a very complex process. Other people, such as 'real' World Bank people who may not be convinced, should now be invited to join the discussions. Constructive dialogue and partnerships at country, regional and global levels are crucial ways forward.

**Sammy Musyoki**, from PLAN Kenya, said that one of the things he was taking away from the conference was the knowledge that there is a critical mass of actors at different levels and across countries, who were diverse but all committed to seeking and finding ways of making CLTS a robust approach. He felt that having seen the potential of CLTS, we had moved beyond divisions of 'evangelists and sceptics' and that most agreed on wanting to work on making it better. Sammy highlighted training and the participatory approach as areas that have so far not received adequate attention, but were crucial to success. He maintained that if we want to create reflective and self-critical facilitators, then we have to invest more time and resources.

**Khairul Islam**, from WaterAid Bangladesh, reflected on how original notions and understandings of CLTS have come under criticism, and how revelations about shortcomings and negative side-effects have led to doubts about CLTS. In particular, generating motivation to get things off the ground and to sustain this beyond ODF is a great challenge. But an unintended positive outcome was the enthusiasm on the part of local government, which created new momentum and helped scale up efforts. It is still difficult to achieve sanitation for the last 20 per cent of the community who do not manage to get to ODF. Other challenges include the limited duration of projects and how this impacts on CLTS processes. It is also important to situate CLTS within the political context – it has been rather non-political, yet, in reality, CLTS involves politics with local, bilateral and multilateral organisations. It is critical at this stage to continue to share information and opinions on the success and challenges of CLTS among researchers, practitioners, natural leaders and others involved.

**Brigitta Bode**, from CARE Bangladesh, reflected on the long journey and the progress that had been made with CLTS since the second SACOSAN in Islamabad when many of those involved in the IDS research project had first met. She felt that there was much to be proud of. In Islamabad, the tone of many of the discussions had been defensive and emotional, whereas now, there was more honesty about challenges for and within CLTS. She urged everyone to keep up this spirit of reflection and self-critique. She suggested that from the research presented at the conference one could see certain patterns emerging and that much thought needed to be given to the issue of inclusion/exclusion. She highlighted that communities are complex entities, with many divisions, for example along the lines of ethnic differences, and it is impossible to unpack the notion of community without good capacity building. In the process of eliminating OD, one of the major challenges is how to make sure that the poorest of the poor are not excluded or missed out.

**Ashok Dyalchand**, from IHMP India, stated that it was an important step forward to be able to discuss the processes of behaviour change. CLTS is working in a lot of countries, offering huge opportunities

to learn. However, the issues associated with the CLTS approach have become very complex over time, and we need to make it simpler in order to scale up. The problem is that since CLTS is a profoundly social process, the whole spectrum of social change issues – power, equity, gender, poverty dynamics – there will be a continuous danger of making it too complex. On the other hand, CLTS sometimes gives the impression that communities are homogeneous, and we need to keep in mind that communities are very complex, there are conflicts of interest, and there might be unexpected outcomes associated with the process.

### **Emerging Issues and Discussion**

*Ingrid Nyborg* from Noragric commented that the idea of keeping CLTS simple is getting more and more complex and there is a question of who do we make it simple for? For policy makers? For those on the ground? And how does this simplicity fit with the notions of complexity, diversity and dynamics brought out in the STEPS session? Ingrid also suggested there was much potential for innovative new partnerships, for example including CLTS on curricula, so that students in related subjects have the opportunity to pick this up and then use it when they go on to work for NGOs and governments. *Robert Chambers* responded by saying that if you call for something to be made simple, you are making it into a very routine thing. What we need is something creative to attract attention and to get those who are excluded under routine approaches involved. We constantly need to reflect on how free and innovative our methods are. The critical thing is to train facilitators who are then the driving forces of innovative methodologies. *Therese Dooley* explained that by 'keeping it simple', she meant that one should not lose sight of the goal of improving sanitation through participatory approaches and therefore not get too divisive about different approaches as long as they are fully participatory and comprehensive, that is, they are reaching everyone in a community. Picking up on the issue of confusion about what CLTS is or can be, *Ajith Kumar* from WSP in India noted that there are diverse and wide-ranging interpretations. He looked at CLTS as a one possible methodology or approach of many. Anything that can be community-led and leads to sanitation can be said to comprise total sanitation – does this then mean all kinds of sanitation? He also affirmed Eddy's point about the importance of developing partnerships with government in order to scale up, remarking that it was unfortunate that there were rather few government representatives at the conference as it would be good to hear from them about their potential contribution. He emphasised that whereas the Indian Government's Total Sanitation Campaign (TSC) is a broad programme, CLTS is a process. *Shafi Ahmed* suggested that it is important to look at those communities that have reached a high degree of ODF and ask what approaches and methods we could use to cover the last remaining people that are still continuing OD. *Nilanjana Mukherjee* reflected on her personal commitment to CLTS, saying that even though she is a practical person, she feels it is good to approach this as a dream, have a vision and dream positively about the possibilities of scaling up. Highlighting the remaining knowledge gap, *Marielle Snel* from IRC emphasised that more research is needed into the effects of School-Led Total Sanitation. *Brigitta Bode* from CARE Bangladesh stressed that communities are complex, and that thinking is needed around how do work with local government to sensitise them to the CLTS work, and ensure that all, especially those who are traditionally marginalised, are integrated. Adding to this statement, *Nisheeth Kumar* noted that unless the last family is covered we can't say we have achieved CLTS.

### **Session 4: IDS plans for future activities**

The DFID funded project *Going to Scale? The Potential of Community-led Total Sanitation is in its final phase*. However, several activities are planned, including the publication of a book on CLTS with some of the research papers and opinion pieces. Lyla Mehta is also hoping to continue CLTS research in a new project for which funding will be sought. Irish Aid has provided bridge funding for January to December 2009 for an action learning and networking project entitled *Sharing Lessons, Improving Practice: Maximising the potential of Community-Led Total Sanitation (CLTS)*. Themes and activities include scaling up; influencing policy, practice and research, working with donors, agencies, NGOs; and capacity development, as well as networking, sharing and learning, including the new website [www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org)

The conference closed with a sense of a real community of practitioners, researchers, NGOs and agencies who believe in the potential of CLTS to make a real difference for sanitation in developing countries, and are deeply committed to CLTS, yet dispassionate enough to look at it critically. Participants valued the atmosphere of respect for the diversity of opinions and approaches. The conference re-affirmed the importance of a joint exploration into more meaningful and empowering ways of working on sanitation. The three days had been rich in both substance and passion, with lively

debates and much learning from each other. The conference went a long way in highlighting the exciting aspects of CLTS as well as reflecting on the challenges regarding sustainability, inclusion, scaling up and uncertain dynamics. It was felt that the conference gave a much needed opportunity for reflection and constructive self-criticism – something which we should all try to incorporate much more in our work. As one participants commented: 'My recommendation would be to be more demanding of ourselves in terms of probing deeper into the key challenges around sustainability and inclusion, and be prepared to go beyond sharing the problems and challenges, to finding ways to solve them.'

There is a lot of work ahead in terms of research, learning, policies and improving practice and Lyla Mehta closed the conference with the hope that we can continue to work together towards enhancing human wellbeing via ODF in a way that's sustainable and just.



## **APPENDICES**

**Appendix A: Agenda**

**Appendix B: Participants**

**Appendix C: Research papers**

**Appendix D: Ongoing, planned and proposed research**

**Appendix E: Useful resources**

**Appendix F: Participants' Feedback and Comments on the Conference**

## Appendix A: Agenda

### Day 1: 16<sup>th</sup> December

	Chair		Presenters	Discussant
9.00-9.30		coffee		
9.30-10.30		Opening session: welcome, introductions, setting the scene, our research	Lyla Mehta, Robert Chambers, Petra Bongartz, Naomi Vernon	
10.30-12.30	Mark Ellery	Our research: Bangladesh Including a tea break at about 11.30	Shafi Ahmed, Enamul Huda, Mick Howes, Anowarul Haq, Brigitta Bode, Amina Mahbub	Abbas Bhuiya
12.30-13.30		Lunch		
13.30-15.00	Peter Newborne	Our research: India	Ashok Dyalchand, Manisha Khale, Nisheeth Kumar, JP Shukla	Tom Palakudiyil
15.00-15.30		Tea Break		
15.30-17.30	Maggie Black	Our research: Indonesia And Comparisons between countries	Edy Priyono, Nina Shatifan, Nilanjana Mukherjee, Anu Joshi	Andy Robinson
17.30-19.00		Time for conversations over drinks		
19.00		Dinner at Bramber House		

### Day 2: 17<sup>th</sup> December

	Chair		
9.00-11.00	Robert Chambers and others	Sharing of experiences	Participatory and interactive session on experiences and emergent themes
11.00-11.30		Tea Break	
11.30-13.00		Sharing of experiences continued	
13.00-14.00		Lunch	
14.00-15.00		Breakout groups by theme	
15.00-15.30		Tea Break	
15.30-17.30/18.00		Breakout groups by theme	
19.30		Dinner at Alfresco's, Brighton	

### Day 3: 18<sup>th</sup> December

	Chair		Presenters	Discussant
9.30-10.30	Melissa Leach	Insights on Sustainability and Scaling up (STEPS Centre)	Synne Movik	Gerry Bloom

10.30-11.00		Tea Break		
11.00-12.30	Peter Feldmann	Reporting back from breakout groups from Day 2 and discussion	Group rapporteurs	
12.30-13.30		Lunch		
13.30-15.00	Ingrid Nyborg	Future Challenges and Scaling up	Lyla Mehta Robert Chambers	Kamal Kar
15.00-15.30		Tea Break		
15.30-16.30	Lyla Mehta	Challenges, lessons, ways forward	Panel discussion: Therese Dooley, UNICEF Sandy Cairncross, LSHTM Barbara Evans, independent Sammy Musyoki, Plan Kenya Khairul Islam, WaterAid Eddy Perez, WSP And others	
16.30-17.00		Final reflections, ways forward and closing	IDS	
17.00-18.15		Drinks and conversations at IDS		
19.30		Dinner at the Old Ship Hotel, Brighton		

## Appendix B: List of Participants

<b>Name</b>	<b>Organisation</b>	<b>Country/Region</b>	<b>Email</b>
1. Abbas Bhuyia	ICDDR,B	Bangladesh	<a href="mailto:abbas@icddr.org">abbas@icddr.org</a>
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14. Carolien van der Voorden	WSSCC	Netherlands	<a href="mailto:vandervoordenc@who.int">vandervoordenc@who.int</a>
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## Appendix C: Research Papers

- Ahmed, Shafiul Ahmed (forthcoming) *Community Led Total Sanitation in Bangladesh: Chronicles of a People's Movement*
- Chambers, Robert (forthcoming) *Going to Scale with Community-Led Total Sanitation: Reflections on Experience, Issues and Ways Forward*. Brighton: IDS
- Haq, Anowarul and Bode, Brigitta (forthcoming) *Hunger, Subsidies and Process Facilitation: The Challenges for CLTS*
- Huda, Enamul (forthcoming) *Profile of Natural Leaders Emerged through Community Led Total Sanitation (CLTS) Approach in Bangladesh (Profile and Market Promotion)*
- IDS (2006) *Favourable and unfavourable conditions for CLTS*. Email questionnaire, October 2006. Brighton: IDS
- Jamasy, Owin and Shatifan, Nina (forthcoming) *CLTS – Learning from Communities in Indonesia*
- Joshi, Anuradha (forthcoming) *The political economy of community based sanitation: a comparison of institutions in Indonesia and India*. Brighton: IDS.
- Kumar, Nisheeth and Shukla, J.P. (forthcoming) *Doing CLTS in a Countrywide Program Context in India: Public Good v Private Good*
- Mahbub, Amina (forthcoming) *Social Dynamics of CLTS: Inclusion of children, women and vulnerable*
- Mehta, Lyla (forthcoming) *Shit Matters: Community-Led Total Sanitation and the Sanitation Challenge for the 21st Century* Brighton: IDS
- Movik, Synne (forthcoming) *CLTS, dynamics and sustainability: perspectives on challenges and pathways* Brighton: IDS
- Mukherjee, Nilanjana and Nina Shatifan (forthcoming) *The CLTS Story in Indonesia: Empowering communities, transforming institutions, furthering decentralization*
- Priyono, Edy (forthcoming) *Institutional Dimensions of Scaling Up of CLTS in Indonesia*, paper for the CLTS Conference, IDS Sussex, December
- Sanan, Deepak (forthcoming) *CLTS: The Sanitation Story of the Millennium: The India Chapter*

## Appendix D: Ongoing, planned and proposed research

### Ongoing research

What	Who	Where	Due date
Governance in services and infrastructure	Practical Action	Bangladesh, Nepal, Orissa (India)	Jan 2009
Large cities, sanitation reform	Practical Action	Dhaka, Kathmandu, Nairobi	Jan 2009
Impact of SEWA	ICDDR,B	Bangladesh	December 2009
Study of safe distance between pit latrine and water point	VERC, WaterAid, ICDDR,B	Bangladesh	December 2009
Sustainability and equity aspects of total sanitation programmes	WaterAid	Bangladesh, Nepal, Nigeria	March 2009
Role of local government in promoting total sanitation	DAM (Plan, WaterAid Bangladesh, WSP)	Bangladesh	November 2009
Sanitation financing	WSP	Ecuador, Senegal, India, Bangladesh, Vietnam	February 2009
Political economy of sanitation	WSP	Brazil, India, Senegal, Indonesia	January 2009
Impact evaluation of CLTS and sanitation marketing and enabling environment at large scale	WSP	India, Indonesia, Tanzania	December 2010
Sustainability of ODF Communities (after 5 years)	WSP	Bangladesh	December 2009
Sustainability of sanitation marketing	WSP	Vietnam	December 2009
Comparison and adaptation of social change dynamics for the collection and total abandonment of open defecation	WaterAid West Africa	Nigeria, Mali, Ghana, Burkina Faso, Senegal	March 2009
Going to Scale: The potential of CLTS	IDS	Bangladesh, India, Indonesia plus global	March 2009
Sharing Lessons, Improving Practice: Maximising the potential of Community-Led Total Sanitation (Action learning and networking)	IDS	global	January to December 2009

### Research proposed or planned

What	Who should/could do this?	Where	Date (where applicable)
How can research best influence policies	anyone	India	
School-led Total Sanitation	anyone	Bangladesh	
Why does government prioritise what it does? How then to bring software issues and participatory approaches onto the priority list?	anyone	India	

Action research on non-project CLTS	Akademika	Indonesia (Sambas, West Kalimantan)	
CLTS 'after project', issue of continuity of CLTS in Indonesia	Akademika	Indonesia	
Acculturation of CLTS: Fitting CLTS to different cultures and institutional contexts	WSP	Multi-country	2009/10
Behaviour change at scale using 'Sanifoam' across three country contexts (action research)	WSP	India, Indonesia, Tanzania	2009-11
Lessons in working with enabling environment creation	WSP	6 countries in Asia and Africa	2008-10
Impact evaluation of CLTS Bangladesh (ICDDR,B)	Plan		Early 2009?
Global WES Cost Study (investment patterns, unit cost, cost per beneficiary)			Early 2009?



## Appendix E: Useful resources on CLTS

### CLTS website

[www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org)

If you have difficulty accessing the site, please contact Petra Bongartz [P.Bongartz@ids.ac.uk](mailto:P.Bongartz@ids.ac.uk)

### Publications

***These and many other publications and materials are available to download from the CLTS website. To join the CLTS mailing list and receive updates on new additions to the website as well as any other CLTS related news, please contact Petra Bongartz ([P.Bongartz@ids.ac.uk](mailto:P.Bongartz@ids.ac.uk))***

Bongartz, Petra (2009) One Day Sharing and Learning Workshop on Community-Led Total Sanitation (CLTS), 17<sup>th</sup> November 2008, Workshop Report.

Bongartz, Petra (2008) 'CLTS Sharing and Learning Workshop' at AfricaSan, Durban, South Africa, 17<sup>th</sup> February 2008

Bongartz, Petra (2008) 'Community-led Total Sanitation' in *Global Futures- A World Vision Journal on Human Development* 1(2008) pp 19-20. World Vision.

Bongartz, Petra (2007) 'Community-led Total Sanitation' in *Footsteps* 73 December 2007 pp 12-3. Tearfund.

Bongartz, Petra (2007) CLTS Workshop at SACOSAN II (Second South Asian Conference on Sanitation), Islamabad, Pakistan, 19<sup>th</sup> September 2006.

Chambers, Robert (2008) *Durban remarks: Lessons learned with CLTS*, 19<sup>th</sup> February 2008.

Chambers, Robert (2005) *Participatory Workshops: a sourcebook of 21 sets of ideas and activities*. London and Sterling VA: Earthscan.

Deak, Andrew (2008) *Taking Community-Led Total Sanitation to Scale: Movement, Spread and Adaptation*. IDS working Paper 298. Brighton: IDS

Id21 (2008) *An End to Open Defecation*, Brighton: IDS.

IDS (2006) *Favourable and unfavourable conditions for CLTS*. Email questionnaire, October 2006. Brighton: IDS.

Kar, Kamal (forthcoming) *Facilitating 'Hands-on' Training Workshops on Community-Led Total Sanitation: A Trainers' Training Guide*. London: Plan UK.

Kar, Kamal with Chambers, Robert (2008) *Handbook on Community-Led Total Sanitation*. London: Plan International (UK).

Kar, Kamal and Bongartz, Petra (2006) *Latest Update to Subsidy or Self Respect* (Update to IDS Working Paper 257) Brighton: IDS.

Kar, Kamal (2005) *Practical Guide to Triggering Community-Led Total Sanitation (CLTS)*. Brighton: IDS.

Kar, Kamal and Pasteur, Katherine (2005) *Subsidy or self-respect? Community led total sanitation. An update on recent developments*. IDS Working Paper 257. Brighton: IDS.

Musyoki, Samuel Musembi (2007) *'Sceptics and Evangelists': Insights on Scaling up Community Led Total Sanitation (CLTS) in Southern and Eastern Africa*. Brighton: IDS

## **Film and video**

### **BBC/TVE Earth Report Part 1 'Top Down Bottom Up' (Bangladesh)**

To order a copy contact Dina Junkermann, TVE, distribution manager: tel. +44 20 7901 8834, [dina.junkermann@tve.org.uk](mailto:dina.junkermann@tve.org.uk)

A clip from the film can also be viewed on youtube at <http://www.youtube.com/watch?v=kSCFJxhjNqg>

### **Knowledge Links, Delhi has produced the following films**

- No Shit Please!
- Understanding CLTS with Kamal Kar
- People and their Voices
- Ek Behtar Duniya Ke Liye (Hindi)

To order them, please contact [knowledgelinks@gmail.com](mailto:knowledgelinks@gmail.com).

### **Project Concern International, Indonesia**

CLTS contact: Solihin Abas [abu\\_qowwam@yahoo.com](mailto:abu_qowwam@yahoo.com)

### **WSP/WASPOLA, Indonesia**

Contact Pak Djoko, WSP, [dwartono@worldbank.org](mailto:dwartono@worldbank.org)

### **WSP: Awakening: The story of achieving total sanitation in Bangladesh**

Part 1 <http://uk.youtube.com/watch?v=2ZOObVlirCzQ>

Part 2 <http://uk.youtube.com/watch?v=HkiCi3AEa80&feature=related>

For more information, contact: Ajith Kumar, [Ckumar1@worldbank.org](mailto:Ckumar1@worldbank.org)

**WSP: Awakening Change: CLTS in Indonesia** (in English and Bahasa Indonesia), available from Water and Sanitation Program - East Asia and Pacific, contact Djoko Wartono [dwartono@worldbank.org](mailto:dwartono@worldbank.org)

### **UNICEF Cambodia- CLTS (in Khmer)**

Please contact Hilda Winarta [hwinarta@unicef.org](mailto:hwinarta@unicef.org)

**Plan Sierra Leone** <http://www.plan-uk.org/newsroom/clts/>

**UNICEF Sierra Leone: Community Led Total Sanitation in Beautiful Salone**

Contact: Francesca De Ferrari, [fdeferrari@unicef.org](mailto:fdeferrari@unicef.org) or Darren Geist, [dgeist@unicef.org](mailto:dgeist@unicef.org)

### **On youtube**

**Plan, Bangladesh** <http://uk.youtube.com/watch?v=SPtM4pZrf1g>

[http://uk.youtube.com/watch?v=mOG\\_vUgQCDC&feature=related](http://uk.youtube.com/watch?v=mOG_vUgQCDC&feature=related)

**WSP: Awakening: The story of achieving total sanitation in Bangladesh**

Part 1 <http://uk.youtube.com/watch?v=2ZOObVlirCzQ>

Part 2 <http://uk.youtube.com/watch?v=HkiCi3AEa80&feature=related>

**IRSP Pakistan** <http://uk.youtube.com/watch?v=mzpR-xVH8nQ>

## Appendix F: Participants' Feedback and Comments on the Conference

'The best thing about the conference was the openness of the participants, the willingness to engage critically with issues, and the diversity of backgrounds. Great experience!'

'Great mix of scheduled and informal sessions, opportunities to engage substantially as well as network. I take home an awareness of how far CLTS has spread in Africa and the sense of a global community of CLTS-ers with whom to share the quest further, use each other as sounding boards for new ideas and grow the body of knowledge with healthy debates.'

'The mixture of academics, hands-on people, government and agency personnel was excellent and fruitful. I'm taking home a much clearer idea of how to begin implementing CLTS in Mauritania, based on all the lessons learned from other countries.'

'You cannot estimate how much I profited and learned from these three days- a huge thank you! I gained valuable insights into the interdependency of the various aspects of CLTS which will very probably help a lot to work with the approach much more effectively.'

'The passion for CLTS among the participants was remarkable.'

'I am taking away great ideas for expanding and improving CLTS in our own practice, as well as names and faces to network with and ideas for projects to visit and learn from.'

'I take with me the impression and conviction that CLTS can be a preferred approach for a healthier situation, can be brought to extended level, including SLTS and peri-urban situation, and that there are several hiccups to be overcome, but that this is possible.'

'It is a great initiative- Going to Scale with CLTS. I take home passion, confirmation that we can make CLTS a robust quality methodology for scaling up sanitation.'

'Lots of useful information. Thank you for these inspiring days!'

'I am taking away the challenge to innovate triggering approach of after ODGF towards total sanitation and as well to involve the private sector towards improved and sustainable options.'

'I take home the importance of always being self-critical so that we can continuously improve. We need to focus and develop new ways to deal with resistance, reluctance and politics among donors and decisionmakers in government. There is a need for developing new and innovative exercises for facilitating "beyond ODF".'

'Overall a great learning experience. Small group discussion sessions were very useful.'

'Useful forum with excellent reflection. Very diverse group and experiences. I hope that the discussion recommendations will be useful for a more informed process of practice and research. Looking forward to even more informative networking and exploring links developed here.'