

Challenges and opportunities for CLTS:

- Develop robust and lively networks to facilitate sharing and learning from experiences of the dynamics of CLTS implementation
 - Provide encouragement and follow-up after triggering to ensure that there are gradual improvements in toilet technologies, and to help sustain attitude changes
 - Create opportunities for influential policymakers to be exposed to CLTS in practice
- Strike a viable balance between the inherent community-based approach of CLTS and the integration with government structures to enable scaling-up, but be careful to not scale-up too rapidly
 - Engage and invest in ongoing innovation, learning and change with approaches and methods; sponsor action learning, research and feedback on processes and impacts

More reading

Liquid Dynamics: challenges for sustainability in water and sanitation, STEPS Working Paper 6 by Lyla Mehta, Fiona Marshall, Synne Movik, Andy Stirling, Esha Shah, Adrian Smith and John Thompson (2007). ISBN - 13: 978 185864 655 3

Going with the Flow? Directions of Innovation in the Water and Sanitation Domain, STEPS Working Paper 29 by Synne Movik and Lyla Mehta
ISBN: 978 1 85864 788 6

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Credits

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Community-Led Total Sanitation (CLTS): Challenges and opportunities

From STEPS Working Paper 37: The Dynamics and Sustainability of Community-Led Total Sanitation: Mapping Challenges and Pathways

STEPS briefing 37

Access to sanitation is vital to people's health and well-being, particularly women. In the past, sanitation has been provided through top-down, supply-oriented approaches. Now, Community-Led Total Sanitation (CLTS) offers another way, by focusing on behaviour change and local people's needs. This could provoke

policy-makers to change their approach to sanitation. However, CLTS also faces its own challenges. At a local level, it needs to be sustainable and take into account cultural sensitivities. And if the approach is "scaled up", a balance needs to be struck between the community-based approach of CLTS, and government structures.



Villagers in Cambodia map their current sanitation arrangements for World Toilet Day 2009 / Rick Erlebach / DFID Cambodia / Flickr

Sanitation is a vital part of preventing disease. Though long neglected, sanitation has recently started receiving the attention it deserves, and it is included as an important element of the UN Millennium Development Goals (MDGs). But the repeated failures of past top-down, supply-oriented approaches means that alternative, more radical, ways of addressing sanitation are needed. Community-Led Total Sanitation (CLTS) represents such a radical approach. Pioneered by the independent development consultant Kamal Kar in Bangladesh in 1999, it has now spread to more than 30 countries across the globe.

“Alternative, more radical ways of addressing sanitation are needed”

Community action

What makes CLTS different? In contrast to state-led initiatives to improve sanitation – which tend to focus on hardware and subsidies – CLTS emphasises community action and behaviour change as the most important elements to achieving better sanitation. Communities analyse themselves how disease spreads through faecal-oral routes. CLTS uses exercises such as **transect walks** (mobile interviews), **mapping** of defecation sites and the various routes of disease spread (e. g. through flies and animals), and **calculation exercises** aimed at drawing community members’ attention to the amount of faeces they are ingesting. Through these methods, and by using local terms for ‘shit’, powerful emotions of shame and disgust are generated, which in turn triggers a desire for action. A process is ignited where residents draw on local resources, technologies and knowledge to construct sanitary facilities that fit their particular

needs and desires, within the constraints of household priorities and resources.

What distinguishes Community-Led Total Sanitation from earlier community-based approaches, therefore, is the way that it emphasises facilitation rather than education or training. Instead of telling villagers what is best for them, and lecturing on what hygienic practices to adopt, the CLTS approach instead relies on creating a strong sense of self-awareness that in turn serves to trigger action.

Challenges of CLTS

Perceptions of sanitation are important. For example, many Hindus are averse to the idea of having sanitary facilities at or near their home. In parts of Eastern Africa, myths hold that men do not defecate, and that in-laws should not use the same site for defecation.

These examples illustrate the need to pay attention to social dynamics. These dynamics influence how people perceive sanitation and hygiene, and the potential for long-lasting behaviour change. They affect how technology can be designed.

“Social dynamics influence how people perceive sanitation and hygiene”

A second challenge is the **sustainability** of technological options themselves, and potential **ecological impacts**. For example, what are the factors influencing whether households climb the ‘sanitation ladder’ (i.e. whether they invest in more robust technologies over time)? How do households



Villagers involved in a community-organized latrine and hygiene project in Limón, Panama / Andrew T. Hable / Flickr

respond to ecological shocks and stresses, such as floods, droughts and collapsible soils: do they rebuild and improve structures, or are they abandoned? Moreover, what are the potential ecological risks involved in a CLTS scheme? For example, switching from open defecation to site-specific latrines may imply a greater risk of groundwater contamination. There is, therefore, a need to understand more in-depth the resilience and sustainability of CLTS over time.

Case 1: Women in Bangladesh

In a village in Dinajpur District in Bangladesh, the women feared defecating in the dark; they would get injured or assaulted. Sometimes they would not defecate for days on end, causing constipation, extended abdomen and bleeding. After CLTS was introduced, many women reported that their health and well-being had been significantly improved as a result of having access to a toilet that afforded privacy and dignity.

Case 2: Sparking a ‘damp matchbox’

The Rambusi community in Kenya was a ‘damp matchbox’ (where positive responses could not be triggered), after years of subsidy-driven programmes resulting in deeply-entrenched dependency. But when the neighbouring community of Manera launched a CLTS campaign (including T-shirts with the slogan “I am from Manera, I don’t defecate on grass, I defecate in a latrine, what about you?”) a flurry of latrine construction occurred in Rambusi too, which now prides itself on being Open-Defecation Free (ODF).