

Sanitation

research findings for development policymakers and practitioners

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This issue of *id21 highlights* was produced by id21 in collaboration with the IDS research and action learning programme, 'Going to Scale? The Potential of Community-Led Total Sanitation'

An end to open defecation?

Community-Led Total Sanitation (CLTS) is an innovative approach for mobilising communities to build their own toilets and stop open defecation. First pioneered in Bangladesh in 2000 it has now spread across Asia, Africa, Latin America and the Middle East.

In the past money invested in toilet programmes was wasted as people continued to defecate in the open, encouraging the spread of disease. By contrast, CLTS avoids upfront hardware subsidies and creates self-awareness about waste produced, through facilitation. As the articles in this publication, by **Kamal Kar** with **Robert Chambers**, **Peter Harvey** and **Leonard Mushoka** highlight, the process evokes powerful emotions and often leads to immediate action: people dig and build their own toilets and, more importantly, start using them and thus stop open defecation. Changes can take place in a few weeks, with dramatic effect on human wellbeing.

CLTS is a success story, not least due to its potential for contributing towards several Millennium Development Goals. But unanswered questions remain: How sustainable is local toilet use and the changes in people's behaviour? Are the supporting institutional arrangements sustainable? Does the 'no subsidy' policy exclude poor people?

The Institute of Development Studies (IDS), in the UK, is leading a research and action learning programme, 'Going to Scale? The Potential of Community-Led Total Sanitation' with partners in Bangladesh, India and Indonesia. The work highlights that:

- CLTS challenges conventional donor mindsets about cash disbursements and top-down community development processes (see the article by **Andrew Deak**). It can also serve as an entry point for other poverty reduction and livelihood generation programmes.
- CLTS is most successful when: village or state level champions are present; facilitation and mobilisation are of high quality and time-intensive; communities are cohesive; and it addresses the interests of poor and marginalised people.
- Incentives, rewards and sanctions galvanise communities to achieve Open Defecation Free (ODF) status. But in the drive to achieve targets, massive reward systems as in India – which entail huge cash prizes to ODF



Mapping to facilitate CLTS in Akkelpur Village in Mohanpur, Rajshahi, Bangladesh. Each building, facility and path is mapped and villagers decide if their household latrines are hygienic (drawn in green) or not (drawn in red). Only 6 out of 42 households had hygienic latrines.

WaterAid /Juthika Howlander, 2007

communities – can be counterproductive for the quality of CLTS spread.

- Sanctions are lifted quickly and do not have harmful impacts on poor people. But extreme poverty can hinder sustainable toilet use.
- Women benefit in terms of privacy, time saved, and freedom from embarrassment, as described by **Salma Burton**. CLTS programmes have been powerful agents of change. Sometimes, however, they fail to explicitly address women's interests and need to do more to empower women.
- ODF verification is often arbitrary: better monitoring and follow up systems would ensure sustainability.
- Local people may not be aware of the range of technological options for toilet construction and their impacts: they could have negative environmental consequences, such as groundwater contamination.
- The institutional context is key. Taking CLTS to scale may mean messages are diluted and facilitation is compromised. CLTS needs to be located in the appropriate government institution with buy-in from supporting institutions so that sanitation is mainstreamed in development policies and programmes. Networking around the IDS programme, such as a global CLTS conference in December 2008, provides academics, policymakers and practitioners opportunities to share experiences and strengthen learning. This will help ensure the success of taking CLTS to scale.

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Shit Matters: Community-Led Total Sanitation and the Sanitation Challenge for the 21st Century, Brighton: IDS, Lyla Mehta, (forthcoming, 2009).

Understanding shit helps Zambian villagers meet sanitation goals

Open defecation means that you will eat your own and your neighbours' shit. By shocking local people with such direct language and confronting them with the realities of open defecation, a pilot project in Zambia encourages people to improve sanitation through collective action and fosters a strong sense of individual and community pride.

UNICEF and Choma District Council report on the success of Community-Led Total Sanitation (CLTS) in Zambia's Southern Province. In two months, the local population using a toilet has risen from 23 to 88 percent, without outside funding for building latrines.

Trained government facilitators take villagers through a process of 'guided discovery' that makes them feel uncomfortable about open defecation. Group activities and humour help them to understand that it is unhygienic, unpleasant and unnecessary.

Activities include asking villagers when they last defecated in the open and calculating the total amount of shit the village creates every year. Villagers lead facilitators on a walk through the community showing each other where they shit. A piece of shit placed next to food demonstrates how flies contaminate food with faecal matter. The costs of building a toilet and healthcare expenditures are also compared. Such exercises illustrate the scale of the problem and lead to a desire for change. Villagers then develop an action plan to stop open defecation, and design latrines based on their own innovations. A Sanitation Action Group monitors progress.

The report suggests that although the programme took place in the wet season, it has been a success:

- Many new latrines have been built.
- The project has been most successful in places where few toilets existed before.
- In densely populated communities households may share toilets.
- Traditional and civic leaders are crucial for implementing and sustaining the project.
- Local people have developed great pride and a sense of ownership of their toilets and in ensuring their villages are clean.
- Existing sanitation projects that have had limited impact can adopt a CLTS approach to scale up access.

- While the quality of constructed toilets is variable, a majority meet the Government's definition of 'adequate' sanitation and many have been incrementally improved over time.

Local chiefs are keen to use the approach in all their communities. It has already expanded to more than half of the villages in the entire district. Traditional leaders and district staff need to continue to monitor the programme to assess its long-term sustainability:

- Chiefdom-level verification committees must verify reports from community sanitation action groups; district level certification committees should certify villages as open defecation free (ODF).
- Wards could set up verification committees to create formal links with district councils.
- Villages that are ODF can display a signboard that shows their success.
- Additional handwashing and hygiene promotion can ensure positive health outcomes.
- Technical advice to sanitation action groups, including on toilet buildings and sanitation platforms, pit lining and sites can help to improve the longevity of sanitation infrastructure.
- Artisan Associations can market their latrine construction services and set up demonstration latrines to show different technologies.

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'Community Led Total Sanitation: Lessons from Zambia', by Peter Harvey and Leonard Mukosha, 2008
www.livelihoods.org/hot_topics/CLTS/Zambia.htm



'Who wants to stop open defecation? The realisation that they are eating each others' shit triggers villagers in Kebengele village, Zambia to decide to take collective action against open defecation.'

Petra Bongartz, 2008

Useful resources

Publications

'Community-Led Total Sanitation', *Footsteps* 73, Tearfund, pages 12-13, by Petra Bongartz, December 2007
http://tilz.tearfund.org/webdocs/Tilz/Footsteps/English/FS73_E.pdf

Update on Some Recent Developments in Community-Led Total Sanitation (Supplement to *IDS Working Paper 257*), Brighton: IDS, by Kamal Kar and Petra Bongartz, 2006 (PDF)
www.livelihoods.org/hot_topics/docs/CLTS_update06.pdf

Subsidy or Self-respect? Community-Led Total Sanitation. An update on recent developments, *IDS Working Paper 257*, Brighton: IDS, by Kamal Kar and Petra Bongartz, 2005 (PDF)
www.ids.ac.uk/ids/bookshop/wp/wp257.pdf

Favourable and Unfavourable Conditions for CLTS, *IDS Email questionnaire*, Brighton: IDS, October 2006.
www.livelihoods.org/post/Docs/CLTSfav-unfav.doc

Films

Awakening – The Story of Achieving Total Sanitation in Bangladesh, Water and Sanitation Program, 2007
Part 1 <http://uk.youtube.com/watch?v=2ZObVlirCzQ>
Part 2 <http://uk.youtube.com/watch?v=HkiCi3AEa80&feature=related>
For more information, contact: Ajith Kumar, Ckumar1@worldbank.org

Religious Leaders and CLTS, Plan Bangladesh, 2008

<http://uk.youtube.com/watch?v=5PtM4pZrf1g>

Ten Steps to Total Sanitation, WaterAid, 2008

www.wateraid.org/uk/about_us/newsroom/6613.asp#watch

Asia: Top Down Bottom Up (Bangladesh), Part 1, BBC/TVE Earth Report, 2008

To order contact: Dina Junkermann, TVE, distribution manager
T +44 20 7901 8834
dina.junkermann@tve.org.uk

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 email:

contact.knowledgelinks@gmail.com.

These and many other publications and materials are available to download on 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)
www.livelihoods.org/hot_topics/CLTS.html (This website will change to www.communityledtotalsanitation.org in 2009)

Is CLTS a more effective approach to ending open defecation in Nigeria?

Since establishing a programme in Nigeria in 1995, WaterAid and its partners have tried several approaches to sanitation. These have not led to the desired changes, however. In search for a more sustainable methodology, WaterAid Nigeria initiated a pilot project of Community-Led Total Sanitation (CLTS).

In Nigeria, sanitation coverage is currently around 40 percent and open defecation is widespread. WaterAid realised that subsidised latrine building and hygiene education were not leading to sustained behaviour change. After observing the success of CLTS on a visit to Bangladesh, WaterAid decided to trial the Community-Led Total Sanitation (CLTS) approach in four states in Nigeria.

A report from WaterAid evaluates the second phase of the pilot programme in the four states, Benue, Enugu, Ekiti and Jigawa, where CLTS was initiated in 2006. It assesses the efficiency, effectiveness and

relevance of the CLTS programme, and recommends ways of improving and scaling it up.

Based on information gathered from 13 communities in Benue and Jigawa, the evaluation showed encouraging outcomes of the CLTS pilot:

- Open defecation has significantly reduced and some communities have declared 'open defecation free' status.
 - All communities report health improvements such as fewer skin infections and a reduction in diarrhoea and vomiting, particularly among children.
 - Large numbers of latrines have been constructed with locally available materials.
 - Along with improved access to latrines, overall environmental sanitation and personal hygiene have improved.
 - One of the key benefits cited by communities is the positive effect of CLTS on women and girls, who no longer risk being assaulted on their way to and from the bush.
 - Communities feel a great sense of ownership of the CLTS project and have developed their own systems, such as fund generation, to maintain the facilities.
 - In addition to 'shame' and 'disgust', other triggers for change include the desire to be more 'developed' or 'advanced like Lagos', or to be better than neighbours.
- The evaluation found wide-ranging evidence that CLTS is effective for establishing good

hygiene and sanitation practice in Nigeria. A number of factors that determined success, which will need to be considered when scaling up the initiative:

- CLTS is more effective in communities where it is the only approach promoting hygiene and sanitation: CLTS was less successful in communities that have been influenced by the subsidy approach.
- CLTS worked better in smaller communities of less than 3,000 people.
- CLTS is less effective in more urbanised communities, which include tenant populations.

The evaluation makes several recommendations including:

- A stronger emphasis on gender issues is needed to achieve greater efficiency.
- CLTS facilitators have to be trained in, and comfortable with, a range of Participatory Rapid Appraisal tools.
- Effective regular monitoring of progress and maintenance of CLTS in communities is key for long term success.

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See also

'An Evaluation of the WaterAid's CLTS Programme in Nigeria', WaterAid, by Salma Burton, August 2007 (PDF)
www.wateraid.org/documents/plugin_documents/clts_evaluation_report_final_sept07.pdf

Scaling up CLTS Movement, spread and adaptation

When a practice becomes widespread enough, then it has 'gone to scale'. But enhancing the intensity and spread of a particular practice can be difficult. Community-Led Total Sanitation (CLTS), which has been described as a 'spreading revolution', offers important lessons for understanding spread, which is critical for effective scaling up.

Research from the Institute of Development Studies, in the UK, focuses on CLTS as both an innovative participatory methodology that offers lessons for scaling up, as well as a unique approach to addressing sanitation issues.

The paper demonstrates that spread and adaptation are key focal areas for scaling up, rather than institutional and programmatic dimensions, which are target-driven and costly. Facilitation and general mobilisation are also central.

Despite the importance of self-spread, considerable gaps in knowledge exist about how it happens. To examine this aspect of going to scale, the research considers a number of case studies of innovative methods or approaches that have been successfully scaled up, in addition to CLTS. These include Participatory Rural Appraisals, Reflect, Community Integrated

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Pest Management and System of Rice Intensification. Although each approach followed its own trajectory for scaling up, in each, a focus on people, and the role of individuals were key to self-spread.

CLTS has spread in different ways. In some countries, spread has been vertical, that is, championed by states and government institutions. For instance, in Bangladesh, although non-governmental organisations were key at the start, in time, local government took more responsibility. In India, the bureaucracy was prominent, and in Indonesia, the Ministry of Health's national health policy incorporated CLTS. Government involvement is important even though in such institutional arrangements CLTS can risk being co-opted. However, spread can also happen horizontally, at community level, as well as internationally.

In-country, as in Bangladesh, where CLTS was initiated, CLTS spread both because of organisations committed to CLTS, and champions able to resist institutional pressures. Internationally, spread has resulted because of:

- support for the principal innovator
- transfer of champions within organisations
- international exposure visits
- international meetings and training workshops
- widespread dissemination through publications, networks and websites.

The paper also highlights how CLTS and other participatory approaches challenge dominant thinking concerning community development by critically examining the

World Bank's discourse around Community-based/driven development.

To ensure that CLTS is scaled up, it is important to:

- be aware of the mindsets of professionals who are biased towards existing organisational culture and incentives systems
- stop using more expensive approaches, because of pressure to spend funds allocated to hardware – such as latrines – in sanitation budgets
- realise that hardware subsidies undermine CLTS
- create the space to learn and use the methodology while realising that each application of CLTS is context-dependent
- avoid the 'bandwagon effect' – the danger of labelling approaches that are not CLTS as such
- recognise that institutional obstacles can lead to failure to trigger, particularly when governmental organisations are involved
- maintain quality of training and application as the innovation spreads.

Andrew Deak

'Taking Community-Led Total Sanitation to Scale: Movement, Spread and Adaptation', IDS Working Paper 298, IDS: Brighton, by Andrew Deak, 2008 (PDF)
www.ids.ac.uk/ids/bookshop/wp/wp298.pdf

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Community self-mobilisation ends open defecation

With the Community-Led Total Sanitation (CLTS) approach, communities analyse their sanitation conditions, understand the impact of open defecation on health and the environment, and take collective action to end open defecation. In more than 20 countries in Asia, Africa, Latin America and the Middle East, CLTS emphasises collective behaviour change, community participation and local ownership.

The CLTS Handbook, published by Plan International (UK) and the Institute of Development Studies, also in the UK, is a comprehensive resource for sanitation practitioners, non-governmental organisations (NGOs) and donors. It guides them through the different stages, activities and tools of a CLTS process and provides advice on follow up and going to scale. It is illustrated and supported by case studies from different countries.

CLTS focuses on the behaviour change needed for real and sustainable improvements to sanitation. It therefore invests in community mobilisation instead of hardware. The focus shifts from toilet construction for individual households to the creation of 'open defecation free' (ODF) villages.

CLTS facilitates communities' own appraisal and analysis. They become aware that, even if just a minority continues to defecate in the open, they run the risk of ingesting each others' faeces, contaminating food and water, and spreading disease. CLTS triggers the community's desire for change and provokes them into action to end open defecation. Instead of external hardware subsidies and prescribed latrine designs, CLTS encourages innovation, mutual support and locally appropriate, affordable and sustainable solutions.

The CLTS methodology uses the crudest

local word for 'shit' and includes people mapping and visiting open defecation areas. They calculate the amount of 'shit' they and the community produce and identify the faecal-oral contamination routes (the means by which faeces contaminate food and water).

CLTS seeks to shock, shame and encourage action to create a clean and hygienic environment. The disgust and desire for self-respect that arise during the 'triggering' process can induce communities to immediately build latrines and stop open defecation, without waiting for external support.

CLTS also encourages handwashing with soap or ash and other hygiene-related behaviour. Over time, ODF communities move up along the 'sanitation ladder', improving the structure and design of their toilets.

Case studies show:

- The CLTS facilitator is crucial: a combination of boldness, empathy, humour, local knowledge and fun works best.
- Children can play key roles, observing problems, composing songs, poems and dramas about open defecation and what to do about it.
- CLTS can be an entry point for other livelihoods activities, by building on collective action to address wider environmental, health and food security issues.
- Natural leaders can become community consultants, facilitating change in other villages.

It is essential that:

- donors, governments and NGOs realise subsidies to rural households for sanitation hardware are counterproductive and inhibit collective local action
- donors provide funds to train, support and retain dedicated CLTS facilitators:



Children in a village near Llagagua, Northern Bolivia, present a diagram of how faeces contaminates their food and water. The map on the ground indicates defecation areas in and around their village. Children play a crucial role in CLTS.

Kamal Kar, 2007

rapid scaling up could lead to the deterioration of training quality

- communities build their latrines to their own designs and do not have models forced on them
- triggering should never be a unique event but the start of a continuous process of encouragement and support, leading to sustainable open defecation free communities that are empowered and inspired to go further.

Kamal Kar with Robert Chambers

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Handbook on Community-Led Total Sanitation, Institute of Development Studies and Plan UK, by Kamal Kar with Robert Chambers, March 2008 (PDF)
www.plan-uk.org/pdfs/cltshandbook.pdf

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www.ids.ac.uk/ids/bookshop/wp/Wp257%20pg.pdf

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