

# Frontiers of CLTS: Innovations and Insights



## CLTS and the Right to Sanitation

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CLTS Knowledge Hub at



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



## About the CLTS Knowledge Hub

IDS has been working in support of Community-Led Total Sanitation (CLTS) since its beginnings. CLTS has now become an international movement for which IDS is the recognised knowledge hub.

The Knowledge Hub is dedicated to understanding the on-the-ground realities of CLTS practice and to learn about, share and promote good practices, ideas and innovations that lead to sustainability and scale. We seek to keep the CLTS community well connected and informed and to provide space for reflection, continuous learning and knowledge exchange. We work in collaboration with practitioners, policy-makers, researchers and others working in the development, sanitation and related communities.

Ultimately, the Hub's overarching aim is to contribute to the dignity, health and wellbeing of children, women and men in the developing world who currently suffer the consequences of inadequate or no sanitation and poor hygiene.

### Front cover

SOCIAL AUDIT OF COMMUNAL FLUSH  
TOILETS IN FOUR INFORMAL  
SETTLEMENTS IN KHAYELITSHA, SOUTH  
AFRICA, JULY 2014.

CREDIT: SHAUN SWINGLER

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# CLTS and the Right to Sanitation

## Introduction

Lack of sanitation impacts on the rights to life and health, the right to education (through loss in school days, particularly for girls) and the right to dignity (UNRIC nd). The purpose of this issue of *Frontiers of CLTS* is to examine Community-Led Total Sanitation (CLTS) in light of human rights: Does CLTS contribute to realising the right to sanitation and other inter-related rights? Are the principles and practices of CLTS compatible with human rights? What are the specific areas of compatibility? What areas raise concerns about actual or potential incompatibilities? With regard to areas of compatibility we discuss CLTS' consistency with the principle of interdependence of rights, our interpretation of the nature of state duty in relation to CLTS, and CLTS' recognition of the need to balance individual and community rights and duties. With regard to actual or potential incompatibilities with human rights, we discuss complex and controversial issues surrounding the use of shame and disgust, the range of sanctions employed by communities and governments, and subsidies, in light of the right to improved sanitation for all. We demonstrate that while CLTS is compatible with a human rights based approach to sanitation, there is the potential risk of violation of human rights through bad practice in the name of CLTS. This risk is arguably multiplied with the scaling-up of CLTS, which highlights the need for a fuller understanding of human rights and more rigorous coaching of CLTS practitioners, as well as re-orientation of the attitudes of government public health officials and local leaders.

## CLTS's contribution to realisation of the right to sanitation

The rights to water and sanitation<sup>1</sup> are components of the right to an adequate standard of living, contained in Article 11 of the International Covenant on Economic, Social and Cultural Rights. The standards required for their realisation have been spelled out in documents issued by the relevant UN bodies: General Comment No. 4 on the right to adequate housing (1991) issued by the UN Committee on Economic, Social and Cultural Rights; and the 2010 Resolution of the UN Human Rights Council on access to safe drinking water and sanitation (A/HRC/RES/15/9). UN Special Rapporteur, Office of the High Commissioner for Human Rights, Catarina de Albuquerque has produced a handbook on realising the rights to water and sanitation (de Albuquerque, 2014). Some national constitutions incorporate the right to sanitation: Algeria, Bangladesh, Bolivia, Ecuador, Honduras, Kenya, the Maldives, South Africa, Sri Lanka and Uruguay.<sup>2</sup> This recognition demonstrates that sanitation is 'a legal entitlement and not charity' (COHRE et al 2008: 2).

But to what extent are these rights being realised in practice? Despite improved access to sanitation globally, 2.4 billion people still use unimproved sanitation facilities of which 1 billion practice open defecation (OD). Nine out of 10 people defecating in the open live in rural areas (WHO/UNICEF, 2015). This suggests that even where these rights have been incorporated into national constitutions, they are not integrated into implementing legislation, sector-wide policies and programs. In general, sanitation has tended to receive even less attention than water (see also Gore et al 2014; WHO 2015).

CLTS has had remarkable impact in realising the right to sanitation. The WHO/UNICEF Joint Monitoring Programme report (2015) shows a significant reduction in OD worldwide. It was estimated in 2014 that CLTS is currently practiced in 66 countries worldwide (Sigler et al 2014), while many governments in Africa and Asia have officially adopted

<sup>1</sup> A UN General Assembly resolution defined water and sanitation as two separate rights for the first time in December 2015, see [http://www.exteriores.gob.es/Portal/en/SalaDePrensa/NotasdePrensa/Paginas/2015\\_NOTAS\\_P/20151218\\_NOTA327.aspx](http://www.exteriores.gob.es/Portal/en/SalaDePrensa/NotasdePrensa/Paginas/2015_NOTAS_P/20151218_NOTA327.aspx), accessed 4 March 2016.

<sup>2</sup> Source: [www.righttowater.info/why-the-right-to-water-and-sanitation/the-rights-to-water-and-sanitation-at-the-national-level/](http://www.righttowater.info/why-the-right-to-water-and-sanitation/the-rights-to-water-and-sanitation-at-the-national-level/), accessed 17 November 2014.

CLTS as their main approach for scaling up rural sanitation. Countries where CLTS has been formally integrated into government policy show impressive progress. Ethiopia reported a reduction in OD from 92% in 1990 to 29% in 2015 (WHO/UNICEF 2015). Nepal reduced OD from 86% in 1990 to 30% in 2015, although CLTS was only recently adopted as official policy (WHO/UNICEF 2015: 1622).

CLTS contributes to the realisation of the right by working with communities to enable them to reflect critically on their state of sanitation and how they could draw from their own resources to improve it, taking action at both the individual and community level. Given the reality of generalised absence of mechanisms for safeguarding these rights, and the reality in most countries of limited state resources or lack of prioritisation of sanitation, this focus on community-based initiative is indispensable. This does not negate the role and responsibility of the State to its citizens. The need to establish adequate regulations, to create an enabling environment, and enable people to exercise their right to sanitation are central state obligations, and ones that CLTS activities and the WASH sector can contribute to through advocacy and awareness raising.



Behaviour change campaign in Nepal. Placard reads 'Make a toilet. Is not an expense of wealth, it is the protection, promotion and preservation of community health'. Credit: SNV Nepal

## Is CLTS compatible with human rights?

As an approach that is committed to the full realisation of the rights to sanitation, the goal of CLTS is compatible with human rights. There are also areas of actual and potential incompatibility.

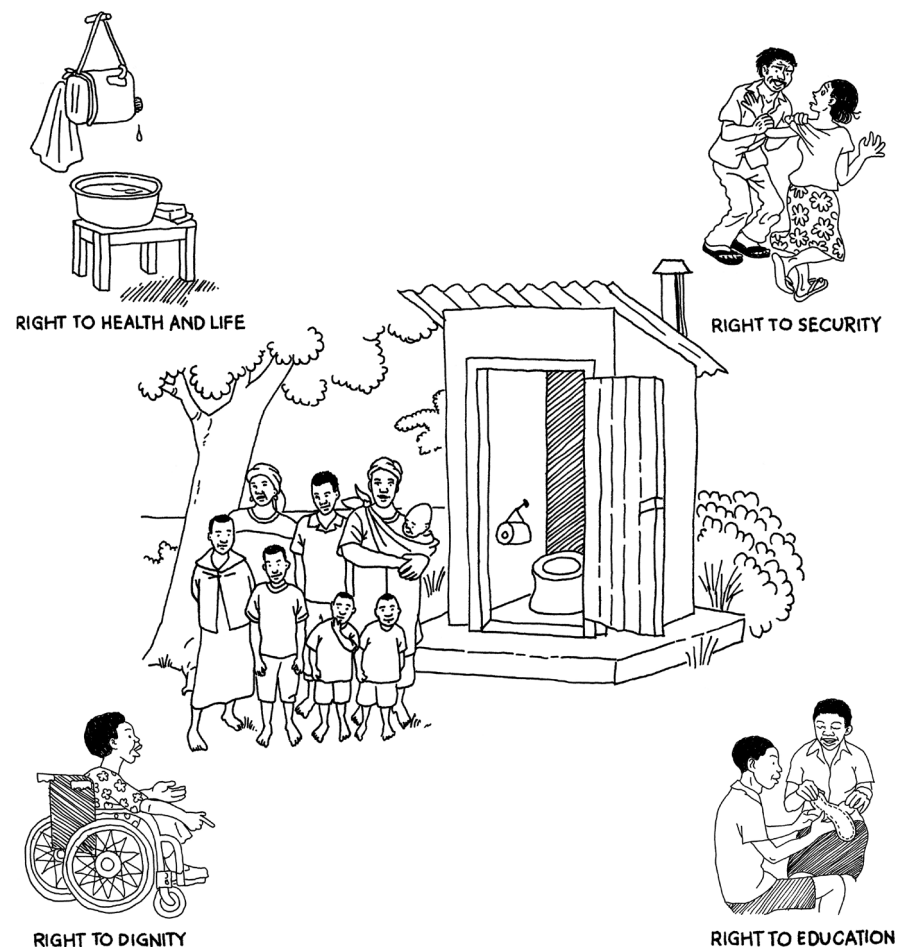
### Areas of compatibility

#### *CLTS and the interdependence of rights*

Realisation of the right to sanitation triggers realisation of other related rights. Recent research has highlighted the link between poor sanitation, undernutrition and stunting, underlining implications for realisation of the right to food (Chambers and von Medeazza 2014). The benefits to the right to health cannot be over-stated – from reduced incidence of faecally-transmitted infections (FTIs) to their total eradication (Humphrey 2009; Spears 2014), decrease in urinary tract infections for women, reduction in cholera and reduced psychosocial stress (Sahoo et al 2015). There are benefits with regard to the right to education too: improved sanitation means reduced absence from schooling on account of ill health, or management of menstrual hygiene (see *Frontiers of CLTS* issue 6). The right to security is enhanced, as women and girls' vulnerability to attacks as they access OD sites is reduced (*Frontiers of CLTS* issue 5). The dignity of every person who no longer has to practice OD is assured. Like all approaches that seek to improve access to sanitation, CLTS is therefore compatible with the principle of interdependence of human rights (see Figure 1).

#### *CLTS and the nature of state duty*

CLTS is underpinned by a basic principle, namely 'the empowerment of local communities to do their own analysis and take action to become open-defecation free' (Kar with Chambers 2008: 18). In contexts where toilet coverage is relatively good, the focus is on collective analysis toward improved sanitation and behaviour change toward proper toilet use and hygienic practice such as keeping the toilets clean and handwashing. The bottom line is that analysis and action must be led by the community itself and not by external agents.



**Figure 1:** *The interdependence of rights*

CLTS discourages use of a household hardware subsidy approach: where states either deliver prescribed model toilets or provide hardware subsidies to people to build toilets. However, as discussed later in the issue, this is not a discouragement of all forms of assistance, particularly in relation to the poorest and most vulnerable (a forthcoming issue of *Frontiers of CLTS* will discuss this subject in more detail). Contrary to criticism that this amounts to encouraging or endorsing a state's abrogation of its responsibility to communities, the opposition to subsidies is actually in line with the nature of the state's

duty. It has long been understood by people working in the field of economic and social rights that state obligation is about much more than material provision and delivery.<sup>3</sup> State obligation is thought of as consisting broadly of three levels: *respect*, *protect* and *fulfil*.



Social audit in four informal settlements in Khayelitsha, South Africa, July 2014.  
Credit: Shaun Swingler

The duty to *respect* rights means that the state should not interfere with the enjoyment of rights. The state is under an obligation to refrain from acting in a manner that would threaten the ability of citizens to exercise their rights. This level of duty embodies the ‘do no harm’ principle: governments must not prevent people from accessing sanitation. An example of violation of a state’s duty to respect people’s right to sanitation would be ordering immediate demolition of toilets considered sub-standard, without offering any alternative, thus forcing people to revert to OD and the violation of dignity that goes with it. Another illustration would be the case of a government official with vested interests in promised subsidies obstructing a CLTS triggering process.

The duty to *protect* rights calls upon the state to enact and implement laws and institutions that deter impairment of the right. This entails preventing violation of rights, whether by private individuals or groups, by instituting sanctions against violators and providing remedies to rights-holders. For instance, the duty to protect rights requires the state to ensure people in low-income areas are not charged excessively for use of public toilets or pit emptying. It would require that the state has consumer laws in place to ensure that manufacturers and suppliers of sanitation hardware and sanitary products adhered to quality standards.

<sup>3</sup> I.e. although there is a right to food, it doesn’t mean you shouldn’t have to buy food (Carter 2014).

The duty to *fulfil* rights entails both a duty to facilitate and a duty to provide. The obligation to facilitate means that the state must take proactive action to strengthen people’s capacity to realise their own rights and promote an enabling environment for them to do so. This might involve helping with technical knowledge and skills, or indeed subsidised construction, for instance in a slum upgrading project. Government public officials’ involvement in a CLTS triggering and monitoring process also counts as facilitation.

The duty to provide entails actual provision of goods and services to realise rights. This level of duty is often thought of as kicking in when due to circumstances beyond their control people are unable to meet their own provision. For instance, people who have been displaced due to conflict or natural disaster.

In executing all three levels of duty, the state is required to act in a non-discriminatory manner and to ensure equal enjoyment of rights for all. This requirement is found in all international human rights documents.

CLTS counts on the State to be effective in playing its role to ‘protect’ rights by creating the necessary regulatory environment. This is most visible in urban CLTS, whose emphasis is on catalysing community advocacy to get actors to take up their respective responsibilities: landlords of both residential and business premises, frontline public health officials, departmental supervisors within city government, legislators and policy-makers (see for example, Murigi et al 2015). Faecal sludge management is an area of growing interest in urban settings. It is also considered the responsibility of government to ensure that appropriate options for collection, treatment, disposal or reuse of excreta are utilised (McGranahan 2015; Myers 2015, Musyoki 2012<sup>4</sup>). This does not mean services should



Faecal sludge management in Malawi.  
Credit: Joseph Magoya, Water for People

<sup>4</sup> See also <http://www.communityledtotalsanitation.org/resource/piloting-clts-urban-setting-diary-progress-mathare-10-nairobi-kenya>



Two boys play on burnt out communal toilets in BM Section of Khayelitsha after a fire swept through the informal settlement.  
Credit: David Harrison.

be given to all free of charge: 'Individuals and households should be expected to contribute to the costs of services, which should be differentiated according to ability of households to pay' COHRE et al (2008: 2). In rural settings too, CLTS relies on the state's duty to protect and fulfil (in terms of creating an enabling environment), whether this is explicit or implicit. Public health regulations might be engaged to take action against wilful refusal to stop disposing of waste into rivers, for instance.

It is clear from this discussion of the multi-level nature of a state's

obligation that with respect to sanitation, it is about much more than simply delivering toilets and household hardware subsidies.

### *CLTS recognises the need for balance between individual and community rights*

Sanitation is both a public and private good. CLTS focuses on the whole community rather than individual behaviour. CLTS relies on the realisation that unless everyone takes measures to stop OD and to practice good hygiene, everyone is at risk (Chambers and von Medeazza, 2014). For this reason, it is not enough simply to establish satisfactory toilet coverage; rather, the focus is on attaining and maintaining Open Defecation Free (ODF) status for the entire village, district, and ultimately, country.

The emphasis on community-wide ODF status has sometimes been misunderstood as the pursuit of community goals at the expense of individual rights (Bartram et al 2012: 501). Critics refer to a conflict between community 'goals', 'interests' or 'the common good' versus individual 'rights', thus obviating the choice in favour of the side that has 'rights'. It is rather, a tension among several rights: the right to safe drinking water; the right to a healthy environment; the right to sanitation; the right to the highest attainable standard of health; the

right to bodily integrity; the right to choose whether and where to invest one's labour; the right to participate in decision-making; the right to be free from degrading and inhuman punishment, among many others. There may arise conflicts among these rights, both at the level of interpersonal relations (individual-vs-community) or indeed within the same individual. When a person refuses (*not* is unable) to construct or use a toilet and chooses to continue practicing OD they have exercised their right to choose whether and where to invest their labour. This choice has consequences for the other rights listed, both to himself and to others in the community.

CLTS calls for collective re-examining of individual behaviour that has community-wide impact. OD or unhygienic toilets have a negative impact on the individual as well as their neighbours. CLTS relies on peer accountability in achieving ODF status, and then moving up the sanitation ladder toward the highest attainable standard of sanitation within a given social and economic context. Those who take issue with peer accountability view it as subordinating the individual to the community's



Women Leaders Meeting, Kilifi, Kenya.  
Credit: Plan International, Plan ODF Study

welfare, which is regarded as contrary to individual autonomy. The view that individual autonomy should trump community interests has been debated for a long time. It defined the birthing of the foundational international human rights document, the Universal Declaration of Human Rights. There were strong views on both sides of the debate, both within the drafting committee and beyond. The resulting document and subsequent treaties place the individual at the centre of rights but they also recognise that some situations will call for trade-offs in the public interest, or in the pursuit of group rights of cultural minorities.<sup>5</sup> CLTS recognises that the simultaneous existence of harmony and tension between individual and community rights is inevitable because rights are not exercised in isolation.

<sup>5</sup> Art. 29.1 UDHR. Everyone has duties to the community in which alone the free and full development of his personality is possible.

## *CLTS and the language of individual duties*

CLTS counts on the commitment of everyone in a community to take individual and collective action: to end OD, to construct and use a toilet, and in some cases to take part in collaborative efforts to clean up OD sites. Individuals commit to take up these duties so that they, in community with others, are able to enjoy their rights – to sanitation, to health, to safe drinking water and so on. This is a simple statement about action and consequence: the individual acts on his/her commitment, as a result of which he/she and others enjoy their rights. However, it may be read narrowly to suggest that the right is thereby made conditional upon performance of the duty by the individual.

In general, the citizen is thought of as the ‘right-holder’ while the State is thought of as the ‘duty-bearer’. There is a discomfort with the language of individual duties among human rights scholars and practitioners (Mutua 1995). This discomfort stems from fear that acceptance of the idea of individual duties will mean a slide toward accepting the notion of rights as conditional upon the performance of duty, yet human rights should be seen as inherent, vesting in all individuals simply because they are human, as expressed in the preamble to the UDHR.

Aversion to the language of duties on individuals is based on a partial view of human rights. There *is* a place within human rights for duties on individuals. International and national human rights laws make it clear that while the state is the primary, it is by no means the only duty bearer. For starters, a duty is placed on all persons to respect the human rights of others by refraining from exercising their own rights in such a manner as to interfere with other people’s rights (Art. 29.2 UDHR). A duty is also placed on every person toward his or her community, ‘in which alone the free and full development of his personality is possible’ (Art. 29.1 UDHR). Both the Civil and Political Rights Covenant and the Covenant on Economic, Social and Cultural Rights contain the language of duties in their preambles. The UN Declaration on the Right to Development also emphasises each person’s duty to community for purposes of realising the right to development. The most detailed elaboration of the language of individual duties is to be found in the African Charter on Human and Peoples’ Rights (Articles 27-29).

Thus, CLTS’s focus on individual and collective duty to contribute toward attaining the highest possible standard of sanitation is in alignment with human rights.

## **Areas of actual and potential incompatibility**

### *Does use of disgust and shame lead to stigma and violation of dignity?*

In order to ignite a change in sanitation behaviour, the triggering phase of CLTS often invokes a sense of disgust and shame (and concurrent positive emotions like pride, self-respect and dignity) that lead a community to resolve to take collective action. Disgust in CLTS has not generally been controversial, but the experience of ‘shame’ has attracted criticism from a human rights perspective (Engel and Susilo 2014; Galvin 2015). In the following table, we attempt to distil from decades of research in order to discuss the different concepts of shame and disgust. The summary is by no means exhaustive, but we hope to establish the core meanings and their relationship to the CLTS process, particularly during triggering.



A CLTS process organised by Plan International in Bondo, Kenya in 2007. Credit: Samuel M. Musyoki



CLTS triggering in Malawi, May 2015. Credit: WSSCC/ Katherine Anderson



Definitions of disgust <sup>6</sup>	Definitions of shame <sup>7</sup>
<p>1. To sicken or fill with loathing.</p> <p>2. To offend the moral sense, principles or taste.</p> <p>3. A great loathing or distaste aroused by someone or something.</p> <p>Disgust has immediately physical reactions 'The manifestations of disgust include a particular facial expression (wrinkling of the nose, pulling down the corners of the mouth), characteristic neurological signs (lowered blood pressure, lowered galvanic skin response, and nausea) and characteristic actions (stopping, dropping the object of disgust, shuddering or saying "yuk!")' (Rozin et al 1993 in Curtis and Biran 2001)).</p> <p><i>Sources of disgust</i></p> <p>It is believed that the emotion of disgust has evolved cross-culturally chiefly 'as a mechanism for defense against infectious disease' (Curtis and Biran 2001: 17). Faeces has been identified as a 'universal disgust substance' (Rozin et al 1993). Curtis and Biran argue 'Feces are prime objects of disgust and are also the source of over 20 known bacterial, viral, and protozoan causes of intestinal tract infection.'</p> <p>Rozin and Fallon develop Andras Angyal's definition (1941), and define 'core' disgust as 'Revulsion at the prospect of (oral) incorporation of an offensive object. The offensive objects are contaminants; that is, if they even briefly contact an acceptable food they tend to render that food unacceptable.' (1987: 23)</p>	<p>1. A painful emotion resulting from an awareness of having done something dishonourable, unworthy, degrading.</p> <p>2. Capacity to feel such an emotion.</p> <p>3. Ignominy or disgrace.</p> <p>4. Verb: to cause to feel shame</p> <p>Synonyms of 'to shame': embarrass, disgrace, humiliate, humble, disconcert, mortify, take (someone) down a peg (informal), abash (ibid).</p> <p>Shame (according to the dominant interpretation), is a negative emotion which makes us feel badly about who we are, and we may want to conceal from others.<sup>8</sup></p> <p>Physical reactions to shame include: blushing, lowering of or restlessness of the eyes, bowing of the head (Darwin 1872).</p> <p>There are alternative interpretations, understandings and valuations of shame, which vary according to the cultural context. Applying one 'lay' meaning for an emotion across cultures can be misleading (Haidt and Keltner 1999). For example, shame can be valued in a more positive light, as a socially constructive response to a culture's particular code of ethics or norm (Wong and Tsai 2007).</p>

<sup>6</sup> From the Collins Dictionary: [www.collinsdictionary.com/dictionary/english/disgust](http://www.collinsdictionary.com/dictionary/english/disgust) (accessed 16 October 2015).

<sup>7</sup> From the Collins Dictionary: [www.collinsdictionary.com/dictionary/english/shame](http://www.collinsdictionary.com/dictionary/english/shame) (accessed 16 October 2015).

<sup>8</sup> <https://en.wikipedia.org/wiki/Shame> (accessed 26 October 2015)

CLTS practitioners underline that the 'disgust' and 'shame' spoken of in CLTS comes from self-critique both at the individual and at the community level. They maintain that it is not 'shame' in the sense of externally imposed humiliation (to shame), and certainly not by the facilitators. CLTS practitioners argue that shaming people is not used as an intentional motivator (House and Cavill 2015). The primary motivator for behaviour change, which comes from the realisation 'we are eating each other's shit', is often disgust (Bongartz 2012). While shame may be experienced, there is no intention to stigmatise individuals, 'but to make the practice of OD shameful' (House and Cavill 2015: 8).



A CLTS process organised by Plan International in Bondo, Kenya in 2007. Credit: Samuel M. Musyoki

In the spirit of letting the community lead, the *CLTS Handbook* advises facilitators not to interrupt a charged discussion in which community members are 'arguing among themselves or shaming each other' (Kar with Chambers 2008: 10). There is potential danger in this hands-off approach. The process could slide from the kind of shaming that challenges one to positive action, to the kind of shaming that puts down one person or group. This could happen if those on the receiving end fit an existing stereotype, perhaps based on class, caste, gender, marital status or some other marker of devalued identity. Facilitators need to exercise sensitive judgement to avoid this, and make it clear to all participants that non-discrimination is a fundamental principle that should guide a CLTS process that is compatible with human rights.

Another moment that presents a risk of going too far is the 'calculation of shit', which is then used to illustrate the scale of faecal-oral transmission and the link to medical expenses on water borne diseases. For example, some facilitators may engage the community in banter about which household produces the most and the least shit and so on.<sup>9</sup> The

<sup>9</sup> This is a practice outlined in the *CLTS Handbook*. However, there is no one set process for CLTS implementation, which has developed and changed significantly since the handbook's publication in 2008. Adaptations and translations into local context and language also mean differences in implementation.

gathering is then invited to ‘congratulate’ the family that produces the most for their contribution to the village, while the least productive is ‘encouraged’ to produce more (Kar with Chambers 2008: 33). This is intended to make the process humorous and light, but it may very well offend some people. A facilitator must have training in order to judge how far is far enough, or whether to do away with the ‘shit ranking’ altogether, since the crucial point is to depict the magnitude of the problem overall.



CLTS triggering in Bombali, Sierra Leone.  
Credit: Plan International, Sierra Leone



A woman laughs at how much shit her neighbour produces in a day, Port Loko.  
Credit: Plan International, Sierra Leone

Discussion among CLTS practitioners has brought about an emphasis on training and coaching for good facilitation skills that enable one to discern and manage possible negative consequences (Musyoki 2007; Musyoki and Winarta 2012). Local facilitators, or facilitators who have some prior relationship with the community have an advantage because they are more likely to be accepted as a ‘critical friend’ and will have a better sense of acceptable boundaries (Musyoki 2007). The *CLTS Handbook* expresses a preference for local facilitators such as Natural Leaders<sup>10</sup> from one village moving on to trigger a neighbouring one (Kar with Chambers 2008: 69-73). Local facilitators in Pakistan, for instance, after working with CLTS methods for a while, decided that

<sup>10</sup> The term ‘Natural Leaders’ refers to individuals who come forward during the triggering sessions as committed to taking action to end open defecation in their communities. Often they are not people already in leadership or necessarily prominent, and include a significant number of women and youth. See for example Shutt (2010), Zombo (2010).

it was more effective to work with the flip side of the shame concept – pride, which they found more effective in achieving behaviour change (Musyoki and Winarta 2012). Identifying the most effective motivator for change is essential, this will vary according to context.

Incidents of negative experiences of shame have led critics to equate ‘shame’ with social stigma (Bartram et al 2012: 500). To avoid increasing or reinforcing pre-existing social stigma, or inadvertently stigmatising vulnerable or marginalised groups within a community, it is important to understand a community’s dynamics at the pre-triggering stage. Changing the social norm and preference for OD is the key, removing any sense that it is normal or desirable. The reasons for preferring OD may be numerous and vary within a community (see Chambers and Myers 2016; Coffey et al 2014). Frank discussion of OD is intended to bring collective community ownership to the problem, and to prompt collaboration in the search for affordable solutions.

The strategy of stigmatising bad practice has been employed successfully against other practices that violate human rights, such as gender-based violence. Using clearly negative terminology, for instance through usage of the term ‘wife battering’ has led to a discernible shift in societal and official discourse and practice (Merry 2006). Other examples include corruption (termed looting or plunder of public resources); and female circumcision (termed female genital mutilation). As the UN Special Rapporteur on water and sanitation advises, ‘speaking openly about what seems “unmentionable” can act as an eye-opener, precisely because stigma is instrumental in propagating silence and imposing a culture of invisibility and shame’ (UN Special Rapporteur on the Rights to Water and Sanitation, 2012: para. 6).

#### *Coercive or demeaning sanctions*

Sometimes some community members fail to comply with measures agreed at the triggering, such as stopping OD, constructing household toilets, or participation in communal cleaning of OD sites. The sanctions that some community members or local administrators choose to employ in dealing with these non-compliant members can raise human rights concerns. Examples would include the imposition of sanctions without first verifying that the household in question can indeed afford

to construct a toilet. Some studies have established that reversion to OD is highest amongst the poorer and more vulnerable households.<sup>11</sup> Therefore they are the ones most likely to be on the receiving end of sanctions. Care should be taken to ensure people are supported and encouraged, rather than harassed and bullied into changing their behaviour (House and Cavill 2015).

With community-imposed sanctions, there is a tension between safeguarding a community's decisional autonomy and ensuring that abuses are not thereby carried out in the name of CLTS by the community. Government instigated sanctions motivated by the need to meet public health targets can also distort and undermine CLTS and disempower the community. They can also potentially lead to law-breaking and violation of rights, as was the case



Youth monitoring open defecation. Credit: Mohd Shehfar, Plan International, India

in Madhya Pradesh. A government-led sanitation programme in this Indian state, purporting to use some CLTS principles, issued guidelines suggesting sanctions which were in clear contravention of a number of national human rights laws (e.g. on the rights of women, children and lower caste). The sanctions were also in direct conflict with CLTS principles (Arickal and Khanna 2015).

The following box highlights some examples of reported sanctions, which have been acknowledged by CLTS practitioners as anecdotal and not necessarily widespread practice (Kar with Chambers 2008: 51, 53, 5):

<sup>11</sup> This may be for a number of reasons, for example their lower resources and capacity tend to result in less well-built, less durable and less well-located toilets (Robinson and Gnilo, forthcoming 2016), or they may have been provided toilets by other community members without consultation, which as a consequence they did not want or were not suitable.

- Issuing whistles to children who blow them at people going for OD. These children (in Northwest Bangladesh) were termed 'bichhu bahini' (army of scorpions).
- Children in Sierra Leone marching in a procession, making stops at the homes that still practiced OD.
- Children in Northwest Bangladesh singing CLTS campaign songs to the offending persons.
- A community Natural Leader in Ethiopia compelling people caught in the act to hand-shovel their own shit into nearby market toilets they had failed to use. The toilets were among those recently constructed by villagers following triggering.
- Children in Northwest Bangladesh flagging piles of shit with the name of the person responsible.

Besides the ridicule and humiliation of the persons engaging in OD, the children are exposed to the risk of possible confrontation (see *Frontiers of CLTS* issue 5), raising broader concerns about children's rights: are the children willingly participating as agents of change? Is this an appropriate role for them? Who decides?

A recent study of sanitation campaigns in two Indian states (O'Reilly and Louis 2014: 47-48) also documented incidents of coercion in CLTS<sup>12</sup>:

- Threats of fines against people who had constructed toilets for their households but whose farm labourers continued to defecate in the open.
- Taking photographs of people in the act of OD.
- Compelling 'deviant' community members to hurriedly construct toilets.
- Withholding government subsidies on food and cooking fuel until people constructed toilets.
- Encouraging people to throw rocks at those who practiced OD near water sources (though no record of actually throwing rocks).

All the sanctions documented in O'Reilly and Louis (2014) were carried out post-triggering by local government (panchayat) leaders. They were not community initiatives nor were they endorsed in community

<sup>12</sup> Other accounts cite further examples, but these were in relation to sanitation campaigns in general, not specific to CLTS. See Chatterjee 2011; Bartram et al 2012.

forums. This raises an issue of serious concern as CLTS is scaled-up and adopted into government public health policies and campaigns, and implemented through local administrators. Similar issues were found in Madyha Pradesh (Arickal and Khanna 2015).<sup>13</sup> Government officials at the local level acting in the name of CLTS may employ the strong arm measures they are accustomed to, failing to grasp the shift that a community-led approach requires. This calls for pre-triggering engagement, training and orientation, indeed open and rigorous assessment of officials who are to promote and support CLTS.

Whether extreme acts of coercion or humiliation are attributed to community members or to local officials, what should the stance of CLTS practitioners, supporters, and institutional sponsors be? Where sanctions have resulted in criminal conduct (as in the cases of assault or blocking access to food subsidies), they must be reported to the police and dealt with under the relevant criminal laws. In our view, CLTS practitioners, supporters, and institutional sponsors should definitely and unequivocally denounce and disassociate themselves from such sanctions. It also goes against the principle of interdependence of rights if the right to sanitation should be pursued at the expense of a person's right to food or a livelihood. It would be inconsistent if CLTS practitioners, supporters and institutional sponsors were to discuss and/or write about such sanctions uncritically, thereby appearing to endorse or legitimise them.

### *No subsidies even for the most marginalised?*

Questions have been raised within the CLTS community and outside, about whether opposition to household hardware subsidies ignores the needs of those who, on account of poverty, disability or age (or other factors), cannot afford to construct a toilet. The 2015 JMP report highlighted again that there is a gap between the richest and poorest in relation to access to improved sanitation, and that progress has been slowest among the poorest. It predicts '[a]t current rates of reduction, open defecation will not be eliminated among the poorest in rural areas by 2030' (WHO/UNICEF 2015: 24). Some critiques have pointed out that subsidies would bring on board households who would otherwise fail to adopt or improve sanitation, enable them to gain access to more durable toilets, and contribute to equitable distribution of public resources (O'Reilly and Louis 2014).

<sup>13</sup> This campaign was only using some CLTS techniques and principles, and had not adopted the approach in full.



Consultations with elderly men and women, Kathmandu, Nepal. *Credit: WSSCC/ Javier Acebal*

Rejection of household hardware subsidies from government does not mean that the needs of the most marginalised are ignored. Subsidy in the form of assistance from within the community is heartily encouraged (Kar with Chambers 2008). Facilitators are urged to be alert for emerging donors within the community and to facilitate the identification of those who are poor, landless or otherwise unable to construct their own toilets. Better off households are

encouraged to help the less well-off by lending land, donating materials or labour, or allowing poor community members to share their toilets in the short-term.

However, the extent to which this happens in practice needs to be understood better. In addition, some forms of targeted assistance such as vouchers, rebates or rewards (Robinson and Gnilo, forthcoming 2016) would still be consistent with the CLTS position on hardware subsidy, as well as human rights' commitment to ensuring access for the most marginalised. An example would be linking up persons with physical disabilities with entrepreneurs or funders who might subsidise the cost of constructing accessible toilet facilities or modify existing ones (Wilbur and Jones 2014).



Fixed toilet seat with handrails. Rails could be made from wood to reduce cost.

*Credit: WaterAid/ Jane Wilbur.*

Such assistance, financial or otherwise, should be facilitated in a manner that does not stifle community initiative, discourage future mutual assistance and long-term behaviour change.

## Conclusion

This issue has demonstrated that CLTS is compatible with a human rights approach to sanitation. The multiplier benefits of CLTS on other rights, such as food, health, education and personal security affirm the principle of interdependence of rights. State obligation has been defined as more than material delivery, emphasising the state's duty to respect, protect and fulfil the right to sanitation by playing its regulatory and facilitative role. CLTS processes provide opportunity for mediating the inevitable trade-offs between different types of rights, and between individual and community rights implicated in the collective management of sanitation. CLTS's expectation that each individual will do their part to contribute to community action toward attaining and sustaining ODF status is consistent with the universal duty to respect rights by refraining from exercising one's own rights in a manner that interferes with other people's rights.



Zinah and her daughter, Zin, 13 years old, building their toilet. Ambohimasina village, Talatan' Angavo commune, Ankazobe district, Analamanga region, Madagascar. October 2013. Credit: WaterAid/ Ernest Randriamalala.

The trend of adoption of CLTS by government, non-governmental and donor organisations presents opportunity but it also calls for caution. The opportunity is that adoption into sanitation policies and programmes renders CLTS more visible, thus offering greater scope for scrutiny and monitoring to ensure that practice is consistent with human rights. The caution is this: For a process that depends heavily on the attitude, skill and experience of the facilitator, there is admittedly an ever-present risk of violation of human rights through bad practice in the name of CLTS. This risk is arguably multiplied with the scaling-up of CLTS into government and other large institutions. Thus, there is even greater need for coaching of facilitators and practitioners, peer accountability, as well as re-orientation of government public health officials and local leaders (e.g. chiefs) to change their attitude and approach.

It is noteworthy that many of the anecdotal incidents of coercive sanctions discussed above involve local level government officials. CLTS training or re-orientation should bring them to the point of realising that their role is to give support to community Natural Leaders rather than become central players who hijack community initiative. A preoccupation with ambitious and unrealistic targets can also undermine quality and may increase the likelihood of incidents that compromise human rights. In contexts where local administrators currently wield unchecked power (such as chiefs in some contexts), training and orientation will need to make it explicit that this is a community-led approach that will not tolerate the excesses they may be accustomed to. Public health officials who, in many contexts, have for a long time functioned simply as law enforcers or collectors of fees and fines from vendors instead of hygiene promoters and facilitators of citizen knowledge and action need to be reoriented when CLTS is formally adopted by governments and institutional sponsors.

We need to learn much more about how to integrate context-specific practical measures into CLTS processes to avoid human rights abuses occurring. For example, to the extent possible, conduct power analysis and identify the main fault lines of social divisions and inequalities before entering a community. Training of CLTS facilitators should include the issue of stigma, awareness of social norms and pre-existing inequalities within the community in order not to unwittingly reinforce these inequalities during CLTS implementation, and to trigger disgust

and shame in a respectful way. Sanctions should not target people who are unable to afford to construct a toilet. The poorest and most marginalised people may instead need targeted financial assistance and should be meaningfully involved throughout the process. Perhaps the next frontier is a role for CLTS practitioners, supporters and institutional sponsors (NGOs, donors, government departments) to work jointly with communities to develop and regularly review a set of human rights guidelines for CLTS practice. These guidelines would be a component in the training of CLTS facilitators. The guidelines would need to be updated regularly as new lessons are learnt so that they embody a robust and dynamic understanding of rights. They would need to be flexible enough to adapt to different settings. Such guidelines would kick start the process of building in context-specific safeguards against violation of human rights in the name of a process whose intention is in fact to make the most basic human rights real for all at the community level.

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# CLTS and the Right to Sanitation

Lack of sanitation impacts on the rights to life and health, the right to education (through loss in school days, particularly for girls), and the right to dignity. The purpose of this issue of *Frontiers of CLTS* is to examine Community-Led Total Sanitation (CLTS) in light of human rights: Do the principles and practices of CLTS reflect and promote a rights-based approach to sanitation? In what specific areas do they do so? What areas of CLTS practice raise concerns about actual or potential incompatibility with human rights? Through this issue we hope to give a fuller understanding of human rights for CLTS practitioners to help improve practice.

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Illustration by Barney Haward



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