

# Frontiers of CLTS: Innovations and Insights



## CLTS in Post-Emergency and Fragile States Settings

Frank Greaves, Tearfund

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CLTS Knowledge Hub at



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[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

EARTHQUAKE-DAMAGED LATRINE IN  
NEPAL, 2015

CREDIT: FRANK GREAVES

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# CLTS in Post-Emergency and Fragile States Settings

## Introduction

WASH responses in post-emergency and fragile states contexts (see Box 1) have tended to be supply-driven, focusing on providing materials or complete services, with training in hygiene, sanitation, and management of the improved water, sanitation and hygiene (WASH) facilities. The problems resulting from this approach are highlighted by Nancy Balfour and colleagues in their WASH responses in Somalia and South Sudan:

*“During more than 20 years of civil conflict in both Somalia and South Sudan, sanitation interventions were mostly limited to construction of emergency latrines for affected populations or education on sanitation and hygiene (using the Participatory Hygiene and Sanitation Transformation (PHAST)<sup>1</sup> approach) followed by fully subsidized latrine programmes for selected households. There is little evidence that these interventions achieved the desired results: recent surveys in Somalia show that access to sanitation in rural areas actually decreased between 1995 and 2012”*

*(Balfour et al, UNICEF, 2014).<sup>2</sup>*

<sup>1</sup> The PHAST approach aims to improve hygiene behaviours to reduce diarrhoeal disease and encourage effective community management of water and sanitation services. It believes that community participation empowers the community and increases ownership of services. Whilst PHAST and CLTS share some rhetoric, their learning principles differ radically. PHAST comes out of SARAR (Self-Esteem, Associated Strength, Resourcefulness, Action Planning, and Responsibility) and relies on pre-set cards, charts and pictures. CLTS comes out of Participatory Rural Appraisal (PRA) and relies on people doing their own analysis in media with which they are comfortable, often on the ground. SARAR and PHAST have predetermined and extended processes with controlled steps towards an objective pursued over several meetings, often with smaller groups. PRA and CLTS are more open-ended, with a versatile and opportunistic repertoire, take less time, are less controlled, more emergent, and often involve larger groups, touching whole communities. Whilst common language may suggest similarity, the meaning of facilitation and empowerment differs enormously between PHAST and CLTS and this is evident in facilitators' behaviours. CLTS is hands-off: 'We are only here to learn' 'We are not here to teach you anything'. PHAST, although participative, is far more prescriptive and methodical in its approach (Adapted from e-mail communication of Robert Chambers addressing IFRC, April 2010).

<sup>2</sup> WHO/UNICEF (2012) quotes the incidence of open defecation (OD) in rural areas increasing from 68 per cent in 1995 to 83 per cent in 2012.

**Box 1: Note on terminology of emergency types**

Throughout this account on the use of CLTS in post-emergency contexts, the term **'post-emergency'** refers to the phase of humanitarian intervention which follows the immediate emergency / catastrophe response (usually at least some weeks after the emergency event) when affected populations are temporarily settled into camps or intermediate/ host communities. Their lives are no longer under immediate threat, and their basic needs are being met by humanitarian actors. Whilst firm plans for returning to home, or long-term, settlements are not in place, on a day-to-day basis people are able to focus on improving their well-being within the community they find themselves.

**Fragile States** (officially, 'Fragile and Conflict-Affected States (FCAS)') refers to contexts characterised by instability and insecurity, in which deteriorating government environments results in an inability to meet basic services. Populations in these countries or regions may be recuperating from losses of earlier events of insecurity, and overall, some degree of humanitarian intervention remains necessary to help ensure basic needs are met.

As an alternative, CLTS can appear fundamentally mis-matched with post-emergency and fragile states contexts: the core principle that sanitation hardware should not be subsidised can conflict with urgent need, and with what some will view as a contravention to the right of human assistance. Affected populations have often lost all their wealth, and are traumatised, physically weak, insecure, and at the point of greatest dependency on the aid community. Furthermore, the least able members of the community may not be able to rely on help from others when their community structure and its social capital have been devastated. Yet as time progresses, priorities and human capacities change, sanitation itself will become a key consideration for health and well-being, and conditions for CLTS self-action often improve.

In more recent years, this dichotomy has led to a revised approach by some agencies, through which poor and vulnerable groups may receive some specific form of subsidy towards constructing their own latrine, for example in the context of aiding rehabilitation in their original settlement, or for accessing their own latrine in a host-settlement context where continued sharing of facilities is not a viable solution.

This issue of *Frontiers of CLTS* draws on the experiences of relief and development agencies which have facilitated CLTS in post-emergency and FCAS contexts. It analyses case study experiences from:

- |                    |   |
|--------------------|---|
| <b>Pakistan</b>    | Internally Displaced Peoples (IDP) in camps and settled communities affected by flooding. |
| <b>Haiti</b>       | IDPs in camps.  |
| <b>Sudan</b>       | Long-term IDPs living in host communities.  |
| <b>Afghanistan</b> | Settled / Re-settled villages which continue to receive returnees.                        |
| <b>South Sudan</b> | Home communities in FCAS contexts.  |
| <b>Somalia</b>     | Home communities in FCAS contexts.  |
| <b>Nepal</b>       | Rehabilitation of home settlements.   |

Its purpose is to contribute to understanding, and distil learning and guidance around the application of CLTS in these situations. It explores the question: **How, when, and in what circumstances can a CLTS-style process of analysis, action, and collective behaviour change be undertaken?** As this question is unpacked through the various case studies and discussion, some of the challenges of the CLTS approach are considered, such as the question of inclusivity amongst particularly vulnerable groups, and the circumstances in which subsidised hardware, or other incentives, may be appropriate.



## Typology of situations for adopting CLTS

Instead of attempting to categorise learning of CLTS applicability under set types of disaster, recent studies have suggested that a 'typology of situations' affecting both the lives of people caught up in the emergency, and the overall enabling environment, has the most important influence on whether or not a demand-led sanitation solution, such as CLTS, could be successfully adopted.<sup>3</sup>

It is beyond the scope of this publication to explore each situation typology in depth. A simplified, broad typology is used to present the key learning points on the applicability of CLTS in three categories:

- **Displaced people living in camps.**
- **Displaced people living in host communities.**
- **People living in settled villages in conflict affected areas, or undergoing recovery/ rehabilitation.**

Within each of these three key situation typologies there will be sub-typologies / situations which will influence the effectiveness of the CLTS approach. For example, within camp settings it would be important to know if the IDP / refugee population were living in socially cohesive groups or not, or whether or not the level of safe water supply and sanitation services were deemed adequate (and, of course, the level of OD). In the host community context we would be interested in knowing if the affected population retained social proximity with one another, or whether they were integrated with the host population. In the re-settlement context we would be interested to know how the affected population perceived the availability of other key services, such as markets, income opportunities, and the availability of schooling. In all three of the typologies it would also be important to understand perceptions of security, and thereby gain an insight to people's willingness to invest in constructing new or improved sanitation facilities.

The case studies that follow are divided into these categories, with key learnings for each typology drawn out.

<sup>3</sup> Research conducted jointly by WEDC and Tearfund during 2011-2012 (Scott, 2013), supports this view, but places equal focus on the status of the overall enabling environment. This includes considerations such as agency and government capacities and mindsets, the influence and preferred approach of coordination mechanisms, available financial resources for the response, and the effect of conflict and insecurity on overall strategy.

## Displaced people living in camps



*In IDP or refugee camps, essential services, such as WASH, are provided by external agencies as circumstances allow. WASH facilities are invariably communal (e.g. toilet blocks, taps-stands, handwashing and bathing facilities), and are usually managed by one or more implementing agencies, although in some cases IDP / refugee groups may be established to assist in day-to-day management.*

*People may be living in tents or container-type structures, or even basic shelters built of local materials. In the latter case, people would inevitably seek to improve their shelters with more robust materials.*

## Oxfam GB's experience in Hyderabad, Pakistan

*(Original case study by Sonya Sagan and Qasim Barech, Oxfam GB Hyderabad, 2011)*

### Context

IDP camps

### Background

Flood victims who were given temporary shelter in IDP camps in Hyderabad in 2010 were from various ethnic backgrounds.

### Problems faced

The study quotes a low level of cohesion in camp populations, with up to twelve different tribes resident. Consequently, common agreement and unified action was very difficult to achieve. In particular, within the formal camps it was difficult to motivate women from different tribes. A key issue was that many latrines in the camps were not being used or properly maintained, and OD was prolific. One reason for this was the long distance that some people had to walk to the latrines.

Overall, the quality of facilitation is paramount. It must be dynamic, able to stimulate, motivate and challenge people. Immediate results of the triggering showed that if facilitation skills were weak, the community did not take action. The main reason that only four of the nine community groups went on to create and implement action plans was due to the skills of a dynamic facilitator (who actually had a communications, and musical background).

### Intervention

CLTS triggering, using a number of the classical original triggering activities (e.g. defecation walk, fly transfer between food and shit, mapping, offer to drink faecally contaminated water) was conducted amongst nine groups within the camps.



Triggering at Shahbaz camp, Hyderabad, Pakistan. In 2010, Pakistan was hit by its worst natural disaster when massive flooding affected an estimated 20 million people. *Credit: Sonya Sagan, Oxfam International*

Four of the groups subsequently developed action plans for change, which incorporated:

- Males holding daily clean-up campaigns and simultaneously raising awareness within the community that 'we are eating our own shit'.
- Increased demand for solid waste management kits.
- Children's initiatives: 'OD police', raising awareness of parents and other adults, daily clean-up campaigns, competitions between children from different blocks for the cleanest block, covering OD with lime or soil.
- OD patrols blowing whistles on OD'ers.
- OD areas cleaned, and subsequently used for recreation (sports grounds, entertainment venues, children's play areas, etc.).

Finally, the Oxfam team saw that follow-up to monitor the implementation of action plans after facilitating CLTS was essential to ensure action plans were being adhered to.



## Community Approaches to Total Sanitation (CATS)<sup>4</sup> Pilot in Haiti

(Fiorella Polo, UNICEF, Port-au-Prince, March 2010)

### Context

IDPs in camps

### Background

UNICEF supported the implementation of CATS in IDP camps following the earthquake in 2010. In camps where sanitation facilities already existed, the focus was on the resident community taking ownership of cleaning and maintenance, and the proper use of toilets (many toilets had previously been dismantled by households, and the materials used for other construction purposes around the home). This helped to stop OD. In camps where no sanitation facilities existed, the community took the decision to build latrines, and promote their use.

### Problems faced

A difficulty in urban sites has been the limited land available for building latrines, and sometimes landlords were unwilling for latrines to be built, since this suggested IDPs



Community decision to stop OD in Haiti, leading to this man immediately beginning to dig a latrine. Credit: Fiorella Polo, UNICEF



Children signing no more 'caca par terre' at a CLTS triggering in Haiti in 2015. Credit: Susana Sandoz

<sup>4</sup> CATS was coined by UNICEF in 2008 to capture the variations of sanitation programming across its country offices including CLTS in Sierra Leone, School Led Total Sanitation (SLTS) in Nepal, and the Total Sanitation Campaign (TSC) in India. Many of the programme designs were inspired by CLTS and similarly aimed for open defecation free (ODF) villages with one of the key distinct features to CLTS being government's involvement from the start.

would remain on their land for some time to come. Communal latrines are suggested as the best way forward in these circumstances. While this requires community participation for construction, cash payment incentives are suggested as being necessary to accomplish the work.

The study warns that focusing on disgust might not be appropriate/ethical to people who have already experienced shock.<sup>5</sup> It is also noted that several concurring supply-driven projects do not encourage people to take ownership of WASH facilities, and the responsibility for their cleaning and maintenance.

### Intervention

Tools used in the UNICEF CATS campaigns included the 'taboo walk' (transect walk), and food/water contamination through flies transferring shit. As with Oxfam's experience in Pakistan, UNICEF concluded that in their pilot events the success of the 'triggering' phase seemed to be more related to the quality of facilitation than to the type of site.

In rural sites where no latrines exist, family latrines are normally accepted as the most appropriate, sustainable option due to issues of ownership and day-to-day management. However, overall most progress was seen in sites which already had latrines, particularly in respect of families cleaning toilets.



Transect walk, Haiti, 2015. Credit: Susana Sandoz

<sup>5</sup> This was also a fear expressed by people being trained as facilitators in South Sudan, [www.communityledtotalsanitation.org/blog/tackling-fear-and-scepticism-advice-and-examples-clts-trainings-south-sudan](http://www.communityledtotalsanitation.org/blog/tackling-fear-and-scepticism-advice-and-examples-clts-trainings-south-sudan) (Otieno, 2012). A recent issue of *Frontiers of CLTS* tackles the issue of human rights and the sensitivity and high level of facilitation needed, particularly in more problematic contexts (Musembi and Musyoki, 2016).

## Key learning

### Main evidenced situation typology: *Displaced people living in camps*

Prioritise CLTS/CATS in sites where sanitation already exists: CLTS found to be most effective in keeping environment clean rather than for building toilets (*Polo, F.; Sagan, S.*).

Very well-facilitated triggering activities, along with consistent follow-up of the resulting communal action plan, directly addressed the issue of poor use of existing, functional latrines (*Sagan, S.*).

Quality facilitation is the primary concern: the role of an implementing agency might be focused on quality training, control/monitoring, and improvement of facilitators (*Polo, F.; Sagan, S.*).

To reduce the likelihood of latrines being destroyed or dismantled, focus should be given to ensuring adequacy of family shelters (*Polo, F.*).

To encourage ownership and self-dependency, avoid facilitating CATS/CLTS alongside several supply-driven projects, even though they may not be directly related to sanitation or WASH (*Polo, F.*).

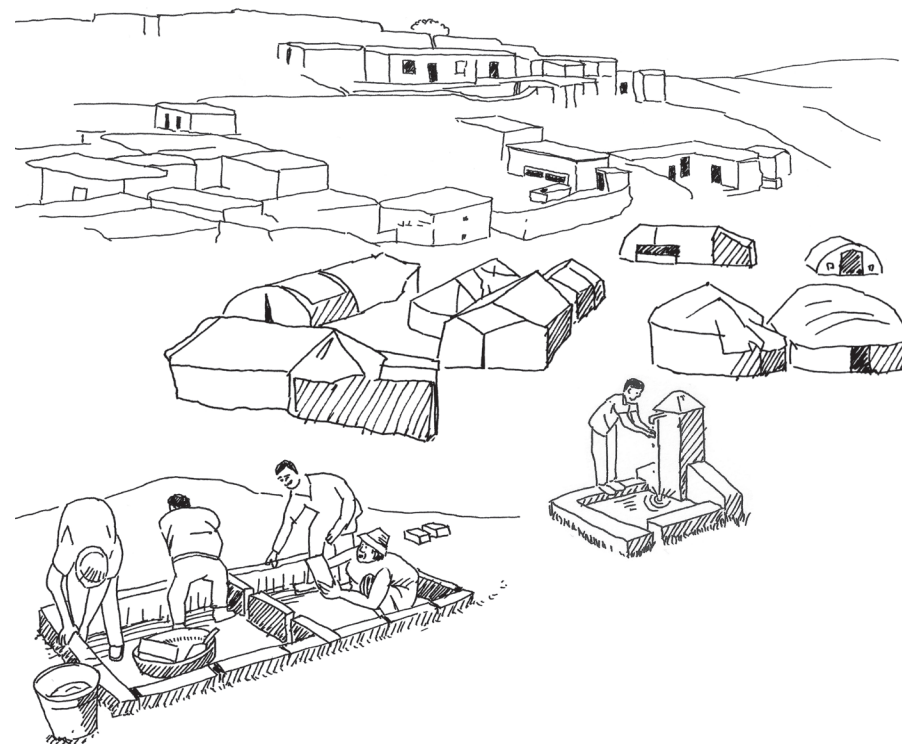
Children can have a unique and hugely impacting role in encouraging and maintaining ODF within their community areas (*Sagan, S.*).

Discuss with and support women in respect of what safe and comfortable sanitation 'looks like' if they are to be persuaded to cease using OD sites (*Sagan, S.*).

Follow-up of the CLTS process by the implementing agency, in order to monitor adherence to the action plan, is key to maintaining momentum and sustainability of the group's initial response (*Sagan, S.*).

As in settled / development contexts, a lack of social cohesion makes unified action difficult to achieve (*Sagan, S.*).

## Displaced people living in host communities



*This typology refers to affected populations living in a home community, inhabited by a population who have not been directly affected by the emergency or conflict, and either sharing WASH facilities, or using temporary emergency facilities.*



## Community Approach to Total Sanitation in Sudan

(The Department of Water and Environmental Sanitation (WES), Sudan, November 2010)

### Context

Long-term IDPs living within host communities.

### Background

WES has attempted to roll out CATS within the context of a defined scenario for total sanitation in Sudan. Their key criteria for total sanitation include:

- Provision and use of sufficient water (20 litres per person/day) for personal hygiene and domestic use.
- Maintenance/ cleanliness around water points, cleanliness of containers and water transportation, safe storage in the home.
- Use of latrines by all members of the family when they are at home, and safe disposal of child's excreta.
- Availability of low-cost options of latrines.
- Washing hands with soap, ash or sand/soil, after defecation and before eating.
- Separating livestock waste from human contact, solid waste management, wastewater management.

### Intervention

Strong emphasis on no hardware subsidy (not even for the poor) is incorporated in WES's approach here: instead, focus is placed on the availability of a range of sanitation options (i.e. locally available solutions, materials).

This is a Muslim context: religious teachings are used to support the promotion of ODF. For example, Islamic and Christian teachings are very specific on ODF-like concepts:

- "Defecation should be done in privacy or while defecating nobody should see you" (Hadith Riwayat Abu Daud).
- "You shall have a place outside the camp, and you shall go out to it. And you shall have a trowel with your tools, and when you sit down outside, you shall dig a hole with it and turn back and cover up

your excrement." (Deuteronomy 23: 12, 13)

- "God loves those who purify themselves", and "Cleanliness is half of faith: it fills the scales of good actions" (Quran, 9: 109).

The participating community prepares an action plan based on mapping, sanitary inspection (incorporating a physical inspection of public WASH facilities using a sanitary inspection checklist, along with water quality testing strips), sanitation and hygiene promotion, and group discussions). The Community Action Plan (CAP) addresses the entire community, since OD and poor hygiene practices affect all of the population. Hence, the CAP also incorporates a plan for improving WASH access at schools and health centres.



Stemming from this integrated WASH scenario for total sanitation, the Department of WES in Sudan links Household Water Treatment (HHWT, or 'Home-based Water Treatment Systems', HBWTS) with CATS. The following activities are incorporated in the overall approach:

Village map prepared by the community.  
Credit: WES, Sudan.

- Water quality testing using H<sub>2</sub>S vial at source and HH levels.
- Introduction of chlorination tablets solution/tablets at HH levels.
- Provision of solutions/tablets at sale centres.
- Piloting of other options such as commercial filters.
- Preparation of IEC materials on HHWT.

Hence, in essence, WES in Sudan encompasses a demand-led, livelihoods approach to their CATS programme. This is worthy of note since CATS effectively encourages the participating community to step on to the 'sanitation ladder' of self-help / self-improvement of private sanitation facilities. Hence, by grounding CATS in a wider programme of self-help / self-improvement, it can be argued that participants will more readily embrace the concept that no hardware subsidies will be given for private latrines once triggering has taken place.

Supporting this concept, WES constructed demonstration latrines using local materials (after assessing the availability of local materials in the vicinity). They costed out the various options of latrines that they were to demonstrate. Certain basic parameters (e.g. depth of pit, diameter, suitable lining options) are agreed/promoted, given WES's subsequent knowledge of the local materials available, and the prevailing physical ground conditions. Additionally, the local WES warehouse is used as a spare-parts sale counter for different WASH technologies.

## Key learning

<p><b>Main evidenced situation typology:</b>  <b><i>Displaced people living in host communities</i></b></p>
<p>An integrated, multi-sector approach supports CLTS. Programming alongside relevant community level activities in WASH and linking with other sectors (Health and Nutrition) through CHWs can improve community acceptance, and potentially sustainability, of CLTS (<i>WES, Sudan; Polo, F.</i>).</p>
<p>Make use of local religious leaders and the influence and opportunities they have in bringing messages of personal cleanliness and well-being to their community (<i>WES, Sudan; Burt, M.</i>).</p>
<p>Involve religious leaders to help advocate to government authorities for replication of the process, and subsequent policy change (<i>WES, Sudan; Burt, M.</i>).</p>
<p>Focus on Total Sanitation rather than purely on CLTS (<i>WES, Sudan</i>).</p>
<p>Encourage the formation of a practical Community Action Plan for monitoring and maintaining ODF status, maintaining a clean environment generally, and for improving WASH access generally (<i>WES, Sudan</i>).</p>

## People living in settled villages in conflict affected areas or undergoing recovery / rehabilitation



*This typology describes affected populations who have either not been displaced, but are still facing conflict and consequences of disaster, or affected communities who are seeing previously displaced families return to their former homes. Essential services are likely to be in disrepair, and the socio-economic status of the community is still fragile, with typically few people in work, and many households in a vulnerable position.*

## CLTS in Afghanistan

(Murray Burt, Tearfund, May, 2011)

### Context

Settled and re-settled villages, continuing to receive some returnees.

### Background

Tearfund's success with CLTS in Afghanistan is as part of an overall principle of supporting demand-led, livelihoods-based, integrated WASH interventions. In this respect, Tearfund's experience and conclusions align well with that of UNICEF-WES in Sudan (see earlier case study). In their Afghanistan programme, Tearfund focused its efforts on facilitation, promotion, marketing and training, leaving construction, production and distribution for the local community, homeowners, and tradesmen. The programme simultaneously adopted a social marketing approach, which has created sustainable livelihoods for many artisans while also addressing health issues relating to water quality and sanitation.<sup>6</sup>

### Intervention

The CLTS process was incorporated to establish an understanding of the link between OD and diarrhoeal disease in order to stimulate demand for safe sanitation. Following successful CLTS triggering events, construction of latrines was left for homeowners and local tradesmen.



Kapisa, Afghanistan, post-CLTS implementation. Credit: Tearfund

<sup>6</sup> This was done through radio and community-level promotion (bill-boards), which was the focal activity of the hygiene promotion component of this WASH programme.

Most householders opted for the traditional elevated vault latrine design (negating the need to dig a pit in the thin, rocky soil), with a sealed waste collection chamber above ground, which is periodically emptied by men who had this specific job. Ash is added to the waste to control odor and accelerate the composting process. Householders built their latrines themselves with help from local tradesmen who already had the necessary skills and knowledge. Tearfund also provided training to local tradesmen to ensure that they understood the wider best practice issues with regard to safe sanitation, including latrine siting, design and construction quality. After CLTS triggering, and once the communities had started work on their action plans, Tearfund staff facilitated a community PHAST process. This process helped the community understand the importance of good hygiene behaviour, and particularly handwashing with soap (or ash). Overall, the classical PHAST process was not followed rigorously, but more generally, with its techniques being used to complement those previously introduced through CLTS, and through programmes supporting the use of the Biosand Filter,<sup>7</sup> with a special focus on hygiene promotion and handwashing.<sup>8</sup> Hence, whilst the CLTS campaign stimulated demand for household latrines, and after only three months, the PHAST process and hygiene promotion campaign stimulated demand for handwashing. In their pilot village in Kapisa Province, this resulted not only in universal latrine coverage and a cessation of OD, but the majority of households also installed a handwashing system outside each latrine.

Tearfund also worked with the community to promote Global Handwashing Day, and used many social marketing techniques to promote handwashing with soap. The increased demand for handwashing facilities was primarily met by local steel workers, who were already producing small steel drums with a faucet designed for handwashing.

Tearfund has benefited from working closely with the Mullahs – first discussing with them the importance of good hygiene behaviour, and then, together with the Mullahs, carrying the same message to the larger population. Throughout Afghanistan, faith-based institutions are central to the social fabric of a community, and the support of religious leaders validated Tearfund's work in the community.

<sup>7</sup> A Biosand Filter (BSF) is a point-of-use water treatment system adapted from traditional slow sand filter. Biosand Filters remove pathogens and suspended solids from water using biological and physical processes that take place in a sand column which is capped with a biofilm. BSFs have been shown to remove heavy metals, turbidity, bacteria, viruses and protozoa. BSFs also reduce discoloration, odour and unpleasant taste. Studies have shown a correlation between use of BSFs and a decrease in occurrence of diarrhoea.

<sup>8</sup> It is worth noting that Tearfund's work with communities in Afghanistan involved a range of sectors, including WASH, Disaster Risk Reduction (DRR), livelihoods, and other programmes, many of which have taken place concurrently, and nearly all of which are interrelated.



Based on the success observed in Kapisa Province, Tearfund, in collaboration with UNICEF and the Afghan Ministry of Rural Rehabilitation and Development, encouraged other agencies implementing WASH programmes to use demand-led, social marketing techniques, which also promote sustainable livelihoods. Tearfund and other agencies also successfully lobbied the government to amend the National WASH Policy to include CLTS and household water treatment as acceptable WASH interventions. Now UNICEF is working with the government to develop a national plan to implement CLTS across the country.

## CLTS intervention in the post-emergency context in Pakistan

(Syed Shah Nasir Khisro, *Integrated Regional Support Programme*, 2011)

### Context

Settled communities affected by flooding.

### Background

The flooding in Pakistan not only destroyed houses but also damaged the sanitation infrastructure. Affected communities, including women, were consequently forced to defecate in the open. Hence, it became imperative to sensitise communities regarding the harm of OD, particularly in the flooded areas, and to provide them with the knowledge and capacity to use their own resources for safe management of human excreta. Low-cost latrine materials were made accessible to the poorer sections of each community (WASH related projects in this context are usually subsidised in nature).



SLTS and triggering sessions at Peshawar.  
Credit: Syed Shah Nasir Khisro

### Intervention

The key innovation supported by IRSP was the establishment of a Community Resource Person (CRP): a CRP is identified for each 500 households (a case-load which may require incorporating households not just in their own communities), and linked to the PHED (Public Health Engineering Department) Community Development Officers. They are trained to trigger CLTS in their respective communities. The CRPs also mobilise communities for hygiene promotion and a campaign at the community level is carried out. The CRPs also facilitate CLTS in schools. Each CRP receives a cash incentive for their work, and they can compete for a cash award, for example, by being the first village to achieve ODF status.

The CRPs are well acquainted with the initial stages of project activities, and are responsible for the development of action plans and implementation of a project strategy. The process outlined below is followed by CRPs in triggering CLTS and for sustainability of the programme in one community:

- Identifying key persons in their villages (activists).
- Working with schools: collecting WASH information, forming WASH clubs, and arranging special events, including awareness campaigns.
- Meeting with the community on clarifying the objective of sanitation intervention.
- Collecting WASH information about the community.
- Conducting community awareness campaigns.
- Planning and facilitating CLTS triggering in the community.
- Assisting the community in drawing up an action plan.
- Forming part of internal ODF verification committee, and arranging the field visit of the external ODF certification committee, as well as inviting the media.
- Orientation of the key stakeholders on their roles and responsibility in the process.
- Facilitating the practical demo of latrine construction (various types).
- Facilitate in establishing linkages between the communities with trained masons.
- Linking the communities to sanitation mart/ entrepreneurs for low-cost options.
- Follow-up and community monitoring, and interfacing with village sanitation committees.
- Sharing and documenting successful case studies.
- Planning for enabling the community to climb to the next step of the sanitation ladder.

## CLTS in Fragile and Insecure Contexts: Experience from Somalia and South Sudan

(Nancy Balfour, Philip Otieno, Charles Mutai, Ann Thomas, UNICEF, 2014)

### Context

Villages in FCAS contexts.

The following case study narrative is a precis comprising the key background and points of learning taken from 'CLTS in Fragile and Insecure Contexts: Experience from Somalia and South Sudan' (Balfour et al 2014)<sup>9</sup>

#### Background

The high cost of constructing improved latrines – due to logistical difficulties in transporting construction materials on poor roads to remote communities through insecure areas – discouraged comprehensive sanitation programmes in the past. Where sanitation programmes had been carried out they had failed to achieve any real improvements in access to sanitation. With this background, and encouraged by experiences in Afghanistan and other post-conflict contexts, UNICEF WASH teams decided to experiment with CLTS.

### Problems faced

#### South Sudan

Following independence and the restoration of peace in 2006, the government and other agencies were ready to consider sanitation approaches that would better serve the long-term needs of the country. This led to the introduction of CLTS on a pilot basis. However, to begin with there was stiff resistance from many WASH agencies and actors in the country, who maintained that CLTS was inappropriate for a country



A CLTS triggering in Napatet in Kapoeta North County, South Sudan.  
Credit: Ross Kidd

<sup>9</sup> Accessible in full at [www.unicef.org/esaro/WASH-CLTS-Note-V5-single-pages.pdf](http://www.unicef.org/esaro/WASH-CLTS-Note-V5-single-pages.pdf)

like South Sudan which was still struggling to recover from the trauma of war. They argued that the triggering methodology of CLTS, which in their view uses shame, disgust and fear to ignite behaviour change, could easily provoke a backlash within communities. They further argued that the fragile nature of the communities, where the prolonged war had created dependency and devastating poverty, meant it would be impossible for the communities to embrace a no-subsidy approach to household sanitation. Through holding national and state-level workshops, many stakeholders were persuaded to give CLTS a chance by the numerous testimonies about the failure of the conventional approach.

#### Somalia

A feasibility study in 2011 indicated that communities were very willing to adopt CLTS, but hygiene and sanitation staff from NGOs and government public health staff were much more doubtful about the new approach due to religious/cultural taboos on discussing 'shit'. Their scepticism was overcome by wide involvement of sanitation stakeholders in CLTS triggering activities where doubters could see for themselves how enthusiastically the people engaged in the exercises. UNICEF then went ahead with a comprehensive programme of capacity building for partners to develop a better understanding of CLTS and how it differed from the more familiar PHAST.

### Intervention

Both country offices recognised the importance of overcoming resistance to CLTS amongst stakeholders and institutions and bringing key local leaders on board as agents of change. This 'institutional triggering' was critical to the successful introduction of CLTS in both countries.

#### South Sudan

The South Sudan WASH team started by implementing a large scale one-year project in five states. The rapid scale-up of triggering (over 300 villages in about six months) by many partners led to a high number of failures for a variety of reasons, including insufficient resources for follow-up, overlap with subsidised sanitation projects, and population movement. A decision was made to promote CLTS only in states that had the most favourable conditions for its success. Mass triggering of villages in each state was stopped, and triggering only performed in villages where there

were sufficient personnel on the ground for effective follow-up. These actions helped to put CLTS on a better footing, and more and more villages attained ODF status.

**Conditions considered favourable for CLTS in South Sudan included:**

- Stable soil formations.
- Homogeneous culture.
- Predominantly rural settlements.
- Sedentary lifestyles.
- Secure land tenure.

There were challenges related to the fragile context in South Sudan that had to be overcome through dialogue, sensitisation and regular follow-up.

These included:

- Heterogeneous cultures within single communities that had lingering ethnic suspicions making collective action difficult.
- Land tenure uncertainties creating a reluctance to construct a latrine.
- Poor logistics and neglected capacity development leading to insufficient digging tools and inadequate technical skills for constructing latrines.
- Mobility, a common feature of conflict-affected communities, is a challenge for the sustainability of ODF status. Identified natural leaders in some 'triggered' villages left due to fighting or drought, which negatively affected the construction of



Unused slabs at a store in Kapoeta South, South Sudan because of no follow-up by the donor.  
*Credit: Ross Kidd*

latrines. A broad group of natural leaders need to be involved in the CLTS programme to overcome this problem.

- Long history of 'free' relief made it more difficult to introduce the no-subsidy approach.

Somalia

In Somalia, the programme had triggered more than 370 villages with 140 self-declaring ODF by August 2014. One of the main successes of the programme has been the training of more than 120 NGOs as implementers. These included nutrition and health partners who are helping to take CLTS to scale through the new community health worker (CHW) programme. Using the high acceptance of CHWs by the communities, usually involved in curative work, the WASH programme has leveraged support for CLTS.

The Somalia WASH team focused on local NGOs as implementing partners because of their access to communities, even in the conflict-affected areas. Following extensive training, local NGOs trained CLTS facilitators and community leaders. The use of participatory tools was new to many staff who are more familiar with relief work; NGO staff had to be 're-oriented' to work with and empower communities rather than distributing life-saving relief items.

The ban on public gatherings makes it difficult for local NGOs to facilitate CLTS in areas with strong Al Shabab control in South-Central Somalia. They are still able to work in areas with less Al Shabab control but it is still considered too insecure for international NGOs and UN agencies. For support and monitoring purposes, the programme has taken a conscious decision to implement first in areas that are easier to reach. These are rural areas where security is good. The programme will then gradually move to difficult-to-reach areas with more Al Shabab control in the rest of South-Central Somalia.

Implementing partners have noted that a number of villages trigger as a result of other activities going on in neighbouring villages. This trend has the potential to partially address the problem of Al Shabab controlled areas where villages which cannot go through a full CLTS programme can still trigger community action to improve sanitation. Improved monitoring of 'self-triggering' will help measure the full impact of CLTS programmes.



## The rationale for a ‘Kick-Start ODF’ programme in Nepal

(Enos Wambua, Tearfund, 2015)

### Context

Rehabilitation of home settlement.

### Background

Tearfund’s work on CLTS in Nepal following the earthquake on 25 April 2015 provides an interesting example of how to balance the realities of WASH programming in contexts where humanitarian and development norms and operational approaches are under tension. Before the earthquake of April 2015, the Government of Nepal (GoN) had taken a strong lead in addressing total sanitation and hygiene in the country, by putting the ODF movement at the core of its National Hygiene and Sanitation Master Plan of 2011. Even after the earthquake, the GoN continued showing its leadership and commitment to ODF goals, making it clear to humanitarian agencies planning the emergency response that these could not be undermined. In the post-quake context, agencies were not permitted to construct or subsidise household toilets, and were discouraged from engaging in ‘re-triggering’ activities – which were entrusted solely to GoN District WASH Coordination Committees.

### Problems faced

Following extensive consultation with communities, WASH Cluster coordination forums,<sup>10</sup> and review of relevant policies, it was clear to concerned agencies that commitment to the ODF narrative was strong, but that many communities had insufficient resources to self-build new replacement household toilets. Communities advocated for sharing toilets to prevent OD, but some community members (excluded groups and small children) were not permitted or able to use neighbours’ toilets – forcing them to return to OD.

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<sup>10</sup> The Cluster movement is the Inter-Agency Standing Committee (IASC) approved coordination mechanism for all emergencies. This includes national WASH Clusters in emergency contexts whenever WASH becomes a need. UN agencies are usually chosen as the lead agency in each country.

### Intervention

Tearfund and other agencies engaged with the national working group for hygiene and sanitation to push for an ‘ODF kick-start campaign kit’ made up of a minimum package of essential material for vulnerable households to reconstruct their own toilets. Negotiations were extensive due to the strongly held positions and vested interests. The agencies involved promoted their involvement in the ODF process by emphasising that they could support local builders and communities with awareness of more disaster-resilient construction, while agreeing to work within GoN approved community WASH structures as a basis for coherent planning and monitoring. Central authorities such as the WASH Cluster eventually agreed that the decision on provision of in-kind support should be delegated to the district level. Tearfund was then able to use its established relationships to work closely with the relevant District authorities, who agreed to the provision of the ODF kick-start campaign kit. Criteria for targeting according to vulnerability have been devised and are being verified by communities.

The compromise reached represents concessions by both sides. The implementing agencies involved took into account the pre-disaster context, particularly around respect for the ODF narrative and leadership from Government and communities. The GoN, especially at the District level, realised that modest and targeted support could be necessary to protect public health and ensure vulnerable groups did not have to resort to OD. The concept of resilience provided an entry point to allow external agencies to work within GoN systems and structures to support adequate sanitation in the post-quake context. The compromise was not easy to achieve and implementation challenges persist, for example around the ongoing fuel crisis, political disruption and the limited capacity of District WASH structures to oversee the Total Sanitation approach.

## Key learning

<p><b>Main evidenced situation typology:</b>  <b>People living in settled villages in conflict affected areas or undergoing recovery/ rehabilitation</b></p>
<p>Consult with local authority leaders on the ODF concept prior to starting the CATS process or selecting a community.</p>
<p>In collaboration with government WASH authorities and all other stakeholders, embed the CATS / CLTS process in a wider programme of improved WASH access, based on a demand-led, livelihoods approach. Focus on demand-led, livelihoods based activities and outcomes, where the emphasis falls on facilitation, promotion, marketing and training, leaving construction, production and distribution for the local community, homeowners, and tradesmen.</p>
<p>Make use of local religious leaders and the influence and opportunities they have in bringing messages of personal cleanliness and well-being to their community. Involve religious leaders to help advocate to government authorities for replication of the process, and subsequent policy change (<i>WES, Sudan; Burt, M</i>).</p>
<p>Work with households to build robust and appropriate latrine versions from the start, even though the latrines may be basic. External technical advice is critical in challenging environments.</p>
<p>Target 'smart' subsidies to particularly vulnerable groups, or to households facing significant technical and physical challenges to latrine building. Those identified as the most vulnerable segments of the community are given vouchers that can be exchanged for building materials and components at local markets (<i>UNICEF, Pakistan floods, 2010</i>).</p>
<p>A phased scale-up can be more successful than rapidly going to scale. CLTS programmes should start in areas that are accessible with a plan for expansion to more difficult areas once the approach is well established (<i>Balfour et al, South Sudan</i>).</p>
<p>Post-ODF interventions that could support sustained behavioural outcomes such as improved monitoring, coaching or sanitation marketing need to be explored for their potential applicability (<i>Khisro, IRSP</i>).</p>
<p>An integrated, multi-sector approach supports CLTS. Programming alongside relevant community level activities in WASH and linking with other sectors (health and nutrition) through CHWs has improved community acceptance, and potentially sustainability, of CLTS (<i>Balfour et al, Somalia</i>).</p>

<p>CLTS is ideally suited for situations where access for aid workers is constrained since much of the action is community initiated rather than aid agency delivered (<i>Balfour et al, Somalia and South Sudan</i>).</p>
<p>Partnership with local NGOs was an essential component in Somalia. Their facilitation skills and mobility enabled follow-up and support to Natural Leaders where access for INGOs, UN and government was limited (<i>Balfour et al, Somalia</i>).</p>
<p>Close working with National and District Government from the outset, recognising that they already supported a no-subsidy total sanitation approach (<i>Wambua, E</i>).</p>
<p>Strong collaboration and joint advocacy by WASH agencies holding the same vision for rehabilitation (<i>Wambua, E</i>).</p>
<p>Subsidy toward sanitation may be appropriate in a context where high household ownership and usage of latrines existed prior to a natural disaster. In this case, there may be no need (or mandate) to re-trigger. Instead, focus on achieving more resilient shelter and sanitation facilities by 'building back better' (<i>Wambua, E</i>).</p>
<p>Enhance sustainability of CLTS campaigns through creation of Community Resource Persons as key, trained co-ordinators who plan the CLTS event, encourage maintenance of the ODF status, and further improve their community's access to safe sanitation (<i>Khisro, IRSP</i>).</p>
<p>The development of adapted, context-specific protocols to guide CLTS programming is essential for effective roll out in fragile contexts (<i>Balfour et al, South Sudan</i>).</p>
<p>CLTS alongside a CHW programme has the potential to make a significant contribution to strengthening resilience in communities at risk. The empowerment process for community action implicit in CLTS together with the impact of improved hygiene and sanitation on family nutrition and health enhances human capital (<i>Balfour et al, Somalia</i>).</p>
<p>Institutional triggering is critically important in fragile contexts. Involvement of key opinion leaders, particularly traditional and religious leaders, is critical during triggering and implementation. This will include 'gate-keepers' who have always directly benefited from subsidy latrines and so may not embrace CLTS (<i>Balfour et al, South Sudan</i>).</p>
<p>Consider running short-term tool banks to enable poorly resourced households to dig a latrine pit, and construct their latrine (<i>Tearfund, North Kivu, DRC, but adopted by Tearfund in other CLTS programmes</i>).</p>

## Themes and Trends

The case studies cited highlight themes which pose ongoing challenges of applying CLTS in a humanitarian and fragile states context, and these are briefly discussed below.

### Social capital / cohesion

There is some evidence to show that in communities with low social capital or cohesion (either before, or following conflict or emergency), CLTS has been less successful, and collective action or agreement has been difficult to achieve (Cameron et al, 2015). This is also supported by a number of the case studies, which found more success in homogeneous communities (*Balfour et al; Sagan; Polo*). Mobility and fluctuation of populations have been identified as challenges to the CLTS process and its sustainability. People who are triggered or emerge as Natural Leaders may have to leave the community (*Balfour et al*). Security concerns are also a challenge, for example the ban on public gatherings in some parts of Somalia (*Balfour et al*). All these issues lead to unfavourable conditions for implementing CLTS or other sanitation projects sustainably.

There is also a clear need for sensitivity when triggering, the strong emotions it can bring up could be detrimental to the process (*Balfour et al*), and may not be appropriate or ethical in situations where people have experienced recent shock or trauma (*Polo*). As always, context is critical: facilitators must be experienced and understand the context and culture before implementation. A recent



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

issue of *Frontiers of CLTS* discusses human rights in relation to CLTS in more detail (Musembi and Musyoki, 2016). In villages with a history of conflict, it may be necessary to switch focus from triggering disgust, to triggering pride (for example walks of pride (Myers, 2015)), and pointing out positive deviants, in an attempt to encourage trust and community cohesion.

## Subsidies

Thinking around subsidies within the CLTS community is subtly shifting, with the realisation that subsidies for the poorest and marginalised may be necessary in a number of situations (Robinson and Gnilo, forthcoming 2016; Vernon and Bongartz, forthcoming 2016). As several of the case studies outline (*Sagan; Wambua; Balfour et al*), this is clearly applicable in many fragile post-emergency contexts: where household resources are extremely limited and there are high levels of poverty, other life essentials are inevitably prioritised. The use of smart, targeted subsidies for example vouchers and rebates and integrating financing strategies into programming could help avoid reversion to OD in cases where people are undergoing recovery in settled communities, and help displaced people achieve ODF status in camps. Criteria for targeting will vary according to context; establishing clear guidelines which are verifiable, perhaps at different levels (e.g. community, local government) will help create a process which is clear for everyone. Care will need to be taken to avoid undermining the behaviour change process.

### Capacity and land issues

A key challenge to the CLTS process is how to deal with several concurring supply-driven projects, which might undermine the behaviour change process and not encourage people to take ownership. Poor logistics, capacity and infrastructure is another huge hindrance in fragile states and post-emergency context, leading to a lack of tools and technical skills for construction (*Balfour et al*).



Mathare slum, Kenya, 2010. Credit: Petra Bongartz.

Land tenure uncertainties also create a reluctance to construct a latrine (*Balfour et al*). Additionally, in urban sites, there is often limited land available for building latrines (*Polo*). There is an ethical concern if households are asked to put resources into building toilets which face the prospect of being demolished. CLTS programmes may not be best suited in areas where



land tenure is uncertain, this is also one of the challenges of using CLTS in informal communities in urban areas. Any organisation wanting to use CLTS in these areas must couple it with efforts to work with government to provide settlements with legal recognition.

### Local leadership



Natural leader in action in Haiti, 2015.  
Credit: Susana Sandoz

Some of the case studies show the importance of identifying and working with local leadership (*Burt; Khisro; Balfour et al*). This is especially true in engaging religious and other traditional leaders in the programme where social cohesion and/or restricted access for NGOs are constraints to CLTS effectiveness (*Balfour et al*).

### Themes for further investigation

Key emerging humanitarian trends and programme approaches have a particular influence on the applicability of CLTS, and will require further monitoring and investigation. These include the following:

#### Cash programming

Recently quoted by Ban Ki-moon, Secretary-General of the UN, to be the default intervention type for relief response,<sup>11</sup> cash programming (as a response package for improved access to sanitation) is likely to have a strong impact on latrine access, post-triggering. For example, latrine components and services might be purchased by affected populations in

<sup>11</sup> In the report *One Humanity, Shared Responsibility* released in March 2016 for the World Humanitarian Summit, UN Secretary-General Ban Ki-moon urges leaders to put people at the centre and support their capacity to adapt and recover from crisis. Cash transfers are key to achieving this. The UN Secretary-General calls for cash-based assistance to become the default method to support people in emergencies wherever possible, echoing recommendations from the Cash Learning Partnership (CaLP) and its wider community of practice, paving the way for a global reshaping of humanitarian aid (UN, 2016).

the recovery phase to obtain safe sanitation. On the other hand, it has the potential to undermine self-actuation towards sustainable sanitation by offering subsidised hardware (depending on the cash modality adopted). Much will depend on how cash programming will be administered alongside demand-led, behavioural change processes.

### Multi-sectoral programming approaches

There appears to be an increasing trend towards multi-sectoral responses, such as WASH and food security, WASH and nutrition, or WASH and livelihoods. This will offer some advantages for demand-led sanitation approaches (including CLTS), such as building skills and capacity around construction of WASH facilities and components, and offering a more holistic and tangible route towards well-being and resilience for the affected household. On the other hand, history has shown that sanitation is usually the least prioritised component of integrated programmes. But, Balfour et al remind us that this can be turned around if the empowerment inherent in CLTS can be used as an entry point for other resilience building initiatives.

### Resource management approaches

Response programmes which focus on sustainable resource management will likely bolster approaches which seek good stewardship of materials, and might encourage greater innovation and sustainability of latrines and water supplies.

### Payment by Results (PbR)

There are strong opinions on both the pros and cons of PbR towards achieving sustainable sanitation, ranging from the focus on payment-qualifying outputs on the negative side, to the greater efforts placed on sustainable outcome indicators on the positive side. But we must realise that PBR is becoming an accepted, accountable funding modality.

### Insecurity, and restricted access by implementing NGOs

The importance of quality facilitation and follow-up is clearly highlighted in the case studies, so hindrance to direct, frequent, relational access to target communities will pose a challenge to demand-led processes.

## Conclusion

These contexts, and other emerging programming themes, may appear to make CLTS more challenging to implement effectively. However, this simply calls for more learning about the adaptation of the CLTS process to different settings and diversification of the approach. We are bound to see thematic areas where CLTS is entirely appropriate, and some contexts where we must concede that other approaches are more applicable and effective. One thing is clear, we must be innovative and flexible, and we must be evidenced-based in our findings and conclusions, otherwise we will not persuade the institutional donors who support relief and FCAS response to finance our programmes. And as we progress in our learning, it is paramount that we maintain first-class facilitation capacity, both in terms of frontline facilitation, and learner-of-learners based people, who are fully informed of contextual applications and learning.

The CLTS Knowledge Hub encourages readers to share experiences and learning points ways which empower affected populations to avoid long-term dependency on supply-driven humanitarian aid. Send your e-mail to [CLTS@ids.ac.uk](mailto:CLTS@ids.ac.uk)

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**These and many other resources are available at [www.communityledtotalsanitation.org/resources](http://www.communityledtotalsanitation.org/resources)**

Bongartz, P., Musembi Musyoki, S., Milligan, A. and Ashley, H. (2010) *Tales of Shit: Community-Led Total Sanitation in Africa*, Participatory Learning and Action 61, London: International Institute for Environment and Development

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# CLTS in Post-Emergency and Fragile States Settings

This issue of *Frontiers of CLTS* explores the potential, and some of the recorded learning, on how CLTS, as a community-based, collaborative approach to sanitation behavioural change, can be applied successfully in contexts of fragility and displacement, leading to communities more convinced and prepared to maintain and develop safe sanitation practices.

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Illustration by Barney Haward



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