

Why not Basics for All? Scopes and Challenges of Community-led Total Sanitation

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Abstract The 'Some for All' dictum may work well for the water sector but is not appropriate and workable for the sanitation sector. We live in a paradox of concern for water quality for drinking, while displaying less concern about the haphazard and uncontrolled contamination of the sources of natural water. By contrast, the principle of 'at least something for all/why not basics for all?' on which Community-led Total Sanitation (CLTS) is based, leads to collective behaviour change on a grand scale and empowers communities to completely eliminate open defecation and thus protect water bodies as well as improve health and livelihoods outcomes. This is achieved through a process of collective local action with no upfront individual hardware subsidy and no prescribed models. With some 50 countries in Asia, Africa and Latin America now adopting the approach, future challenges include sustainability, scaling-up with quality, gaining political buy in and addressing issues concerning environmental health and waste disposal.

1 The limits of 'Some for All'

The 'Some for All' dictum may work well for the water sector but is not appropriate and workable for the sanitation sector. The concept of 'at least something for many' can work only when that 'something' is measured as a good or a commodity that affects some materially (fully or partially) but does not affect everyone uniformly. For example, imagine the ocean bed where thousands of species of fish and aquatic animals live and survive with differential access to their food. In this ecology, which has a wide range of flora and fauna, and is the habitat for many marine organisms, some get more to eat while some get less. Still, the composition of the marine water is the same for all, which sustains the lives of millions. A killer pollutant in the water body could destroy the whole ecosystem and all the life it supports, killing millions. Here the 'common good' is a non-polluted aquatic environment, which needs to be protected to sustain life of any kind.

The same is true for the 7.2 billion people living on this earth, one-third of which is land. Most of the water bodies on land, as originally created by nature, were potable and safe. However,

2.6 billion people defecating haphazardly all over the landmass, especially with a higher concentration in Asia, Africa and Latin America, are constantly polluting the water bodies with a wide range of contaminants, for example *E. coli*, faecal matter containing helminths, parasites and protozoa, harmful bacteria and viruses. This makes a lot of water unsafe for human consumption, combined with other forms of pollution (due to industrial waste, chemicals, oil exploration, pesticides, and so on). As a result, the most powerful habitants of the world, humans, have been thoroughly spoiling the earth's water bodies on a constant basis, making them very unsafe. If all of the world's water was fitted into a one-gallon jug, the fresh water available for us to use would equal only about one tablespoon. We are in fact living in a paradoxical situation. On one hand, massive global efforts are under way to ensure access to safe drinking water for all, through a range of means such as waterharvesting surface runoff, drilling boreholes and tapping groundwater and natural springs. On the other hand, haphazard and uncontrolled contamination of the sources of natural water are taking place through the release of untreated sewage into rivers, lakes and other water bodies,

large-scale open defecation, and so on. We have been polluting water which used to be potable and once the spoilage is made through various contaminations, we started treating the water to make it safe for human consumption.

Not surprisingly, there is now a global industry involved in purifying, bottling and thus commodifying water. This billion dollar business has flourished all over Asia, Africa and Latin America over the last few decades. The use of bottled water has expanded enormously over the past two decades. Today the developed world consumes around *89 billion litres* a year. Currently, the industry is estimated to use around *2.7 million tonnes of plastic* in packaging.¹ On top of this is the transport cost in fossil fuel used to move the product around the globe.

2 The neglect of open defecation and waste

When travelling by Bombay Mail (a high-speed train with limited stops) from Howrah (Calcutta) to Bilaspore in M.P. we used to fill up water bottles at big junction stations. This was in the 1960s (around 1965–9); if this was practised now, it might put you in a hospital bed within a few hours. Nobody would do that now, except for poor people who do not have any other choice. In Europe and the USA, filters against excess mineral content are often required and the water is still drinkable directly from the tap without any concern. There are two ways of looking at the current situation: one is that there is ‘at least something for many’; the other is ‘at least something for all/why not basics for all?’. The first one ‘at least something for many’ has a subtle connotation which depicts that someone from the privileged class is thinking of the underprivileged. The whole debate turns the resource to a commodity or material which is finite. For example, all the sources of pure, natural water provided by nature could be polluted by misuse/abuse by its consumers. The same could be protected and sustainably consumed by all, provided there is sustained collective behaviour change that ensures safe confinement of human excreta and solid and liquid waste management.

Over the decades, the focus of sanitation has been on creation of hardware sanitary infrastructure and not on collective hygiene behaviour change. India, the home of the world’s largest number of open defecators, has been

spending crores of rupees per year over the last few years under Total Sanitation Campaign.² Millions of dollars over the last few decades have been spent on sanitation and many millions of latrines have been constructed. According to Shri Jairam Ramesh, the Rural Development Minister, Government of India, the centre and states spend about Rs2,400 crore every year on sanitation. More than 65 per cent of households have been provided with either free or subsidised toilets, a large majority of which are either not used by all in the family or by none. However, people’s access to basic sanitation continued to remain pathetic and dismal. In India, nearly 600 million people defecate in the open causing the death of 42 children per hour (mostly under five) from diarrhoea and other waterborne diseases which are stoppable. In the whole of Africa, only 46 per cent of the population has access to safe drinking water, of which a large proportion comes from natural sources such as springs, wells, dug wells and so on. Large-scale open defecation contaminates all water bodies through various agents of contamination like rain, animals, flies and other human activities.

The concept of ‘many’ would not hold good at all unless all decide and agree to initiate collective action to change behaviour and stop open defecation. There are great examples across the world where the incidents of diarrhoea, cholera and other waterborne diseases dropped significantly as a result of stopping open defecation. The use of the Community-led Total Sanitation (CLTS) approach in the villages of flood-affected areas of Niando district near Lake Victoria in the Nianza province of Kenya (which was on the top of the list of diarrhoeal and cholera death in the country) is a great example of ‘at least something for all/why not basics for all?’. According to Nicholas Makostsi, District Public Health Officer (DPHO) Niando district, Government of Kenya, some families in many villages of the district received toilets and safe drinking water facilities in the past, but there had been no impact on the reduction of diarrhoea and cholera (Official Report of DPHO Nianza province, Kenya). However, when CLTS was introduced, it worked like magic.

3 The potential of Community-led Total Sanitation (CLTS)

CLTS is an innovative approach for empowering communities to completely eliminate open

defecation (OD). It focuses on igniting a change in collective sanitation behaviour, which is achieved through a process of collective local action stimulated by facilitators from within or outside the community (Kar, with Chambers 2008). The process involves the whole community and emphasises the collective benefit from stopping OD, rather than focusing on individual behaviour or on constructing toilets. People decide together how they will create a clean and hygienic environment that benefits everyone.

Certain features have been fundamental to the evolution of CLTS as an approach to sanitation issues. CLTS involves no individual household hardware subsidy and does not prescribe latrine models. Social solidarity, help and cooperation among the households in the community are a common and vital element in CLTS. Other important characteristics are the spontaneous emergence of Natural Leaders (NLs) as a community proceeds towards open defecation-free (ODF) status; local innovation in low-cost toilet models using locally available materials; and community-innovated systems of reward, penalty, spread and scaling-up. CLTS encourages the community to take responsibility and to take action leading towards achieving the common goal of ODF status (Kar and Pasteur 2005). CLTS is now being used in about 50 countries across Asia, Africa and Latin America. A total of 17 countries have mainstreamed CLTS into their national sanitation strategies, of which 15 are in Africa and two are in Asia (Indonesia and Nepal) (see Mehta and Movik 2011 and Kar and Milward 2011 for further details of how CLTS spread and was scaled-up).

Over the last two decades, the coverage of water supply may have improved but this improvement does not signify improvement to potable and clean drinking water, because there is an appalling continued lack of wastewater treatment. This prevalence of untreated water is responsible for the outbreak of diseases. Therefore, good sanitation practices should be at the heart of the water debate.

In spite of the Government of India spending an enormous amount of money on sanitation, the story of 600 million people defecating in the open with 700 million using mobile telephones and some people even going to defecate in the open by car or motorbike is a classic example of

considering toilet construction as the final solution to sanitation, rather than sustained collective behaviour change. The prevailing mindset of planners, bureaucrats, donors and lenders is based on the assumption that people are poor and must be given free or subsidised toilets. They assume that local people do not understand the dangers of the faecal–oral contamination and so hygiene education is essential. Local people cannot construct toilets on their own, hence toilet models and technological know-how must be prescribed to them. But these top-down attitudes combined with an excessive reliance on numbers and targets are part of the problem. Solutions to collective hygiene behaviour change will not come through building toilets or providing a technological solution by outsiders but by triggering a demand that must come from within the community. What is required is a decentralised bottom-up and community-led approach.

The key drivers of CLTS are values of self-respect and dignity and sanitation as hygienic practice. CLTS has proven to be powerful at the community level to enable local communities to analyse their waste problem and collectively resolve to change behaviour to create open defecation-free communities. Less known is how CLTS can be used as an entry point to generate multiple benefits that go far beyond the focus on diarrhoea reduction. These include addressing food security and nutritional concerns, livelihood generation, gender empowerment and creating resilience to climate change (e.g. in Bangladesh, CLTS leaders have worked to abolish hunger, address corruption and create alternative livelihood strategies to deal with seasonal stresses and shocks; see Bode *et al.* 2006.) There is a need for systematic knowledge generation, exchange and learning on how CLTS can go beyond sanitation to address questions of food security, gender and social justice, rights and governance. It would also be good to explore synergies with other sanitation approaches such as Ecosan to address how waste can be a resource to address food and energy security (see Movik 2011).

4 Future challenges

Like all success stories, second and third generation challenges remain. Sustainability is one of the key challenges of CLTS (Mehta and Movik 2011). Often declarations and certifications of ‘open defecation-free’ (ODF)

status are seen as an endpoint instead of the start of a new process. After the initial momentum dies out, some people can slip back to old patterns of open defecation, defying the component of 'total' in CLTS. Thus, it is important to both understand post-ODF dynamics in CLTS communities and how and whether communities have moved up the sanitation ladder. Technology matters, and needs to be sustainable and appropriate to local problems. CLTS also needs to address issues concerning hygiene and environmental health/waste disposal in order to avoid second and third generational problems such as groundwater contamination, environmental

pollution, etc. Here, useful engagements with the sustainable sanitation movement would be novel and key. Finally, with CLTS spreading fast, it is important to ensure that CLTS is scaled-up with quality, and institutionalised appropriately within governments and bureaucracies. This means going beyond counting ODF villages to mainstreaming CLTS across programmes and districts. This includes institutional capacity, training and facilitation, but also understanding the dynamics of creating an enabling environment to shift from top-down sanitation implementation to bottom-up processes that are sustainable and inclusive.

Notes

- 1 www.uk-water-filters.co.uk/bottled_water.html
- 2 www.indiasanitationportal.org

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