

IDS IN FOCUS POLICY BRIEFING

Research and analysis from the
Institute of Development Studies

ISSUE 10
COMMUNITY-LED
TOTAL SANITATION
JULY 2009

Beyond Subsidies – Triggering a Revolution in Rural Sanitation

About two billion people living in rural areas are adversely affected by open defecation. In many countries the Millennium Development Goal for sanitation is off track. Community-led Total Sanitation (CLTS) is a radically different approach to rural sanitation and has shown promising successes where traditional rural sanitation programmes have failed. Unlike traditional programmes, CLTS does not involve providing subsidies for individual household hardware. In CLTS, communities conduct their own analysis, come to their own conclusions, and take their own action. All gain, especially women, adolescent girls and children. CLTS is now in over 20 countries, but its spread faces obstacles. This *In Focus Policy Briefing* asks how can we maximise the huge potential for transforming rural sanitation that this approach offers? What has worked? What hinders progress? What should be done?

Triggering CLTS

CLTS is an unsubsidised approach to rural sanitation that facilitates communities to recognise the problem of open defecation and take collective action to clean up and become 'open defecation free'. Triggering is the vital core of CLTS. Facilitators convene communities and through participatory mapping of households and defecation areas (and by walking through these areas) the problem of 'shitting in the open' is quickly made visible. The crude local equivalent word to 'shit' is always used and facilitators run exercises that are aimed to shock and disgust, for example, calculating the amounts of 'shit' produced and analysing pathways between 'shit' and mouth. This leads to a moment of 'ignition' when Natural Leaders speak up and resolve to take action. Whole communities are then galvanised into action.

Open defecation in rural areas affects almost a third of humankind, mainly in Asia and Sub-Saharan Africa. It causes sickness, inability to work and high healthcare expenditures that undermine livelihoods. It impacts on educational performance of children through illness, and causes women suffering, embarrassment and inconvenience.

The Millennium Development Goals (MDG) target to halve the proportion of the population without access to safe sanitation is currently off track in many countries in Asia, Africa and Latin America. The benefits of improved sanitation are many, impacting on livelihoods, health, education, child health, and women's and girl's wellbeing, safety and convenience.

Traditional programmes have failed to reach those they set out to help. They involve providing subsidised hardware

to individual households, often with standard designs. Better-off elites have often captured subsidies and subsidised latrines, and materials handed out have often not been used or used for other purposes such as storage and animal shelters. CLTS offers a beacon of hope for better rural sanitation with resulting gains for millions of the people affected by open defecation. All stand to benefit, especially children, women and girls, not least through privacy, convenience and menstrual hygiene. Enough is now known to recognise that if effective CLTS could become widespread the gains in human wellbeing would be immense.

This *In Focus Policy Briefing* tries to answer the critical question: how can CLTS be adopted and spread on a large scale in the many countries and regions where open defecation still prevails?

Beyond Subsidies—Triggering a Revolution in Rural Sanitation

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Case study: Kilifi's CLTS 'bushfires'

After being trained at the first CLTS training in Tanzania in February 2007, Plan Kenya staff introduced CLTS in three areas: Homa Bay, Kilifi and Machakos. The first triggering in Kilifi district took place in July 2007. On 19 November 2007, World Toilet Day, Jaribuni in Kilifi became the first ODF (open defecation free) community in Kenya. The Ministry of Health and the Public Health Department took part in the celebrations and were so impressed with what the communities had achieved that they asked Plan to train their staff in CLTS. Following on from the training District Health Management staff and Plan triggered communities across the district with so much success that other districts on the Kenya coast requested training from Plan and Kilifi District staff. Dr Tsofa, District Medical Officer of Health in Kilifi, says that CLTS is 'spreading like bushfire'. Reflecting on the success of CLTS in Kilifi, he said that one of the strengths had been the stewardship from senior District Health Management Team members and the fact that the trained public health staff had taken up CLTS with such enthusiasm. Kilifi is now planning to become the first ODF district in Kenya and in the region.

The spread of CLTS

CLTS is radically different from all other approaches to rural sanitation. Through unconventional facilitation (see box on triggering CLTS) and without any subsidies for hardware, communities recognise that they are 'eating one another's shit' and decide to take collective action to clean up and become ODF (open defecation free), digging and building simple pit latrines to their own designs. Some may at first share latrines and others improve existing unhygienic ones. Action is often immediate and dramatic. CLTS was pioneered by Kamal Kar in Bangladesh in 1999, working with the Village Education Resource Centre (VERC), a non-

government organisation (NGO) supported by WaterAid. Since then CLTS has been introduced in more than 20 other countries in Asia, Africa, the Middle East and Latin America. In some countries such as Indonesia, Pakistan, Kenya, Ethiopia and Zambia, it has a solid and expanding base. These are all countries without subsidy programmes, and where Kamal Kar and others have carried out a series of high quality trainings.

The scale of CLTS is hard to assess. Standards of verification and certification of ODF status vary. Also, the numbers of communities achieving ODF status can be exaggerated as in some regions (e.g. In parts of India) there are rewards to communities declared ODF. What is beyond dispute is that in the more successful countries progress has been dramatic, leading to hundreds if not thousands of communities galvanised into action with a remarkable acceleration of the construction and use of latrines, and with communities being proudly declared ODF.

WSP (Water And Sanitation Program) of the World Bank, Plan International, UNICEF and Water Aid have been leaders in scaling up and spread. Governments have been key players, and several, for example the governments of Indonesia and Ethiopia have adopted CLTS as official policy. Others, for example Sierra Leone, Malawi and Uganda have included CLTS as an essential part of their national water, sanitation and hygiene strategy.

Problems

It has not all been plain sailing. CLTS has encountered and continues to face three major problems:

- **Entrenched programmes of hardware subsidy.** Wherever, as in Bangladesh and India, government and NGO programmes of hardware subsidy persist, CLTS is difficult. Community members instead of acting on their own, wait for help. And where there is a shift to CLTS, it can be difficult to



spend the large budgets allocated for hardware subsidies. Also, programmes to convert subsidies into rewards for achieving ODF status are open to false declarations and other abuses.

- **Opposition at senior levels.** Although organisations like UNICEF, Plan International and Water Aid have shifted their policies to adopt CLTS, pockets of past attitudes and policies persist. In a number of countries, CLTS has been blocked by opposition from sceptics in senior positions and by those involved in large scale subsidy programmes. CLTS demands quite radical changes of mindset and orientation on personal, professional and institutional levels. It reverses traditional assumptions such as the philanthropic view that 'the poor need external help' and goes against the professional reflex towards standardisation of process and design.

Who wants to stop open defecation?
Villagers in Kabengele village,
Chisamba district, Zambia, decide
it's time to take action.



Petra Bongartz

It requires awareness of and confidence in the capabilities and social solidarity that exist and can emerge within communities.

- **Demands for too much too fast.** In some cases, policymakers and NGOs have embraced CLTS but tried to implement it at an unrealistic speed and scale. Agencies and institutions with traditional mindsets and years of experience of implementing 'top-down' sanitation programmes, may try to 'deliver' CLTS through traditional classroom training and lectures without community triggering. There are linked dangers of recruiting inappropriate trainers and lax verification and certification of ODF status. With CLTS, scaling up cannot be driven, only approved and supported from the top. It has to be built from below with much of the spread occurring laterally through local supporters.

Keys to Success

Experience in many countries points to the same lessons: the importance of champions, good training and effective follow up as keys to success.

- **CLTS champions.** Throughout, and at all levels, alliances of like-minded and committed champions have been critical for the acceptance and spread of CLTS. Changes in policy and practice have often been secured through the passionate commitment and the collaboration of different players. Once convinced of the power and efficacy of well conducted CLTS, emergent and established Natural Leaders at the local level, champions in local government, and advocates and supporters in regional or national governments, donor and NGO organisations have all played a key role.
- **High-quality training.** Exceptional facilitators are critical to the success of CLTS. High quality training and mentoring for those who facilitate triggering and those who train them is crucial. CLTS training demands a vital combination of energy, humour, passion and commitment. And training has to be hands-on in real time in communities.
- **Follow up after triggering and stringent verification of ODF status.** CLTS starts with triggering. Continued support, monitoring and follow-up needs to be planned from the outset. This is to maintain enthusiasm and momentum, and to ensure sustainability and movement up the sanitation ladder. The momentum of collective action can also be used to support other initiatives such as dealing with solid waste and improving livelihoods.

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For policy and practice

Strategies have to vary by context but basic principles and practices that have been found to work include the following:

To influence and change national policy:

- Form informal alliances of champions for mutual learning and support.
- Organise opportunities for influential policymakers to visit countries and/or communities where CLTS is succeeding, to meet Natural Leaders and to experience triggering in real time.
- Work to phase out and abolish rural household hardware subsidies where they still survive. Do not provide material incentives or rewards for achieving ODF status. Let pride, self-respect, health and convenience be enough reward in themselves.

To introduce CLTS into a country or part of a country:

- Train and trigger first in favourable conditions and assure effective follow-up after triggering.
- Do not demand or expect too much too fast. Do not drive top down but build bottom up from a base of achievement.
- Ensure that training is hands-on in real time in communities, with trainers who have a record of triggering that has led to ODF conditions.
- Establish a core critical mass of ODF communities. Use them as learning laboratories for policymakers, and for other communities. Encourage Natural Leaders to speak, show and tell to visitors, and to be active in spreading CLTS.
- Mount focused multi-pronged local campaigns with teams of facilitators. Do this where there are champions and local support. Foster competition between communities, sub-districts and districts.
- When CLTS takes off, assess whether there is a need to encourage the private sector to recognise the opportunity and need to supply materials for toilet construction.

To achieve and maintain quality:

- Provide encouragement and follow-up after triggering, leading later to gradual improvements in standards of latrine construction.
- Ensure strict verification and certification when ODF status is claimed. Make latrine use and real ODF status the benchmark, not the numbers of latrines constructed.
- Guard against going to scale too rapidly. Avoid top-down targets and the misleading reporting and myths to which they can give rise.
- Engage in ongoing innovation, learning and change with approaches and methods. Sponsor action learning, research and feedback on processes and impacts.
- Above all, find and support trainers with flair, energy and passion, and who have proven track records. Trainers and facilitators who have got what it takes are crucial for success. Release them from other responsibilities so that they devote more, or better all, of their time to CLTS. Multiply the number of trainers and facilitators. Maximise their use. This is the greatest priority for donors, governments, NGOs and other actors if CLTS is to achieve its immense potential.

Credits

This *In Focus Policy Briefing* was written by **Petra Bongartz** and **Robert Chambers** of the Institute of Development Studies with inputs and advice from **Kamal Kar**. It was edited by **Carol Smithyes**.

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Further reading

The CLTS website www.communityledtotalsanitation.org is a global hub for CLTS, connecting the network of those involved or interested in CLTS. The site contains practical information about the approach, information on CLTS in different countries, research papers, relevant news and events and more.

Chambers, Robert (2009) *Going to Scale with Community-Led Total Sanitation: Reflections on Experience, Issues and Ways Forward*, IDS Practice Paper, Brighton: IDS

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