Community-led Total Sanitation (CLTS)

Dynamics and impact at household level

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1. Introduction to CLTS
2. IDS research on CLTS
3. Dynamics and impact at household level
4. Three things we know/don’t know yet
## CLTS vs traditional approaches

<table>
<thead>
<tr>
<th></th>
<th>PAST Target-Driven Partial Sanitation</th>
<th>CLTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Starts with</strong></td>
<td>Things</td>
<td>People</td>
</tr>
<tr>
<td><strong>Core activity</strong></td>
<td>Constructing latrines</td>
<td>Igniting/facilitating processes</td>
</tr>
<tr>
<td><strong>Latrines designed by/no of designs/materials</strong></td>
<td>Engineers</td>
<td>Community innovators</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>Higher</td>
<td>Can be very low</td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
<td>Latrines constructed</td>
<td>Communities ODF</td>
</tr>
<tr>
<td><strong>Key motivation</strong></td>
<td>Subsidy</td>
<td>Self-respect</td>
</tr>
<tr>
<td><strong>Coverage</strong></td>
<td>Partial</td>
<td>Total</td>
</tr>
<tr>
<td><strong>Who benefits?</strong></td>
<td>Usually the better off</td>
<td>All incl the poorest</td>
</tr>
<tr>
<td><strong>Builds</strong></td>
<td>Latrines</td>
<td>Social capital</td>
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</table>
What is CLTS?

• Facilitation of a process that empowers rural communities to stop open defecation
• Use of PRA methods to analyse sanitation profile including the extent of open defecation and the spread of faecal-oral contamination
• A sense of disgust and shame and realisation that everyone is ingesting each other’s ‘shit’ leads to behaviour change
• Action to make community 100% ODF
The process

- Transect walk and visits to areas of OD
- Community mapping
- Shit calculation
- Illustration of fecal-oral contamination route with water and food
Key principles of CLTS

- Community decision and collective local action
- Social solidarity and cooperation
- Local diversity and innovation
- Facilitation not education/prescription
- No household hardware subsidy
Diversity and innovation
Beyond CLTS

‘CLTS is basically about empowering communities… CLTS promotes the idea that communities should be in the driver’s seat when it comes to dealing with their development issues… CLTS is applicable not only for sanitation but for all the programmes and activities…’ (Musyoki, 2007)

‘Everywhere we work with CLTS in Indonesia, people are opening up to the idea that they don’t have to wait for the government to get things done. […] In a country where people have become so dependent on external handouts, it is exciting to see this readiness to move beyond that dependency and get on with their own development. […] CLTS is playing its part in shaping democracy for Indonesia!’ (Nina Shatifan, Indonesia)
### Where is CLTS now?

#### ASIA
- Bangladesh
- Cambodia
- India (Maharashtra, HP, Haryana, also urban CLTS in Kalyani, West Bengal)
- Indonesia
- Nepal
- Pakistan

#### LATIN AMERICA
- Bolivia

#### AFRICA
- Egypt
- Ethiopia
- Kenya
- Nigeria
- Sudan
- Tanzania
- Uganda
- Zambia
- Zimbabwe

#### MIDDLE EAST
- Yemen
Going to Scale?
The Potential of Community-Led Total Sanitation

“… the theory looks good, but careful evaluation of the practice is required before the sustainability and effectiveness of this new approach can be verified” (WSP 2005)

Thus, it is imperative to understand what has happened, its true scale and the potential for spread.
Research focus and questions

• On the ground realities
  Social, financial, institutional sustainability
  Range of approaches described as CLTS?
  Hidden social costs, ostracism?

• The controversies around financing
  Philanthropic reflexes
  How to deal with gov, NGO, private sector resistance?
  Are trade offs in the ‘no subsidy’ policy sometimes necessary?
Research focus and questions continued

• **Scale, spread and quality**
  Generation of myths?
  Sustainability of good practice at scale?
  Spontaneous spread?

• **Learning, monitoring and evaluation**
  How to not be top down but participatory
  Learning across institutions, regions, countries?
Three legs of the research

1) Research to understand on-the-ground realities
2) Participatory action learning
3) Networking and influencing policy and practice
Dynamics and impact at household level

1. External factors acting on the household
   - Drivers
   - Incentives and pressures

2. Household level dynamics
   - What drives demand? Motivations and factors that affect uptake
   - Who drives demand at the household level
   - Impact of CLTS at household level
     - Children
     - Women
External factors acting on the household

Drivers

External pressure on households comes from

• NGOs

• Religious leaders and institutions

• Schools/Children – the next generation!

• Local government bodies and bureaucrats
External factors acting on the household

**Incentives and pressures**

- Business and income/boycott
- Marriage
- Stipends for school
- Loan approval
- Land registration
- Peer pressure
- Tax cuts
- Reputation
- Religious norms, rules
Household level dynamics

Motivations

- Dignity
- Convenience (esp for women)
- Mental wellbeing (pressure to go before sunrise/after sunset)
- Status (social pressure, being modern)
- Aesthetic (odour, flies, appearance)
- Safety (esp for women, but also: snakebites, leopards)
- Health (diarrhoeal diseases)
- Process (shit calculation, slogans, rallies)
- Increased space, time and money
- Visitors from outside
Household level dynamics
Challenges

• Cultural and religious taboos/beliefs
  ➢ Men do not defecate! (Masai, Tanzania)
  ➢ ‘Two holes should never meet’ (Nigeria)
  ➢ Taboo to share toilets among some members of the family (the Luo in Kenya, Uganda and Tanzania)
  ➢ Pregnant women who use latrines lose fertility
  ➢ Children who use them do not grow up to be healthy
  ➢ Purity and pollution (eg Hindu culture)

• Space – what to do in dense settlements?
• Land ownership/tenancy
Household level dynamics
Drivers- Children

• The Magic of Whistling and the Army of Scorpions (Bangladesh)
• ‘Now they are not ashamed of going to school’ (Bangladesh)
• ‘Let’s learn from cats!’ (Ethiopia)
• ‘To fathers as well as mothers and old people we say thank you, should all of you not help us, forever we will be eating shit’ (Song used by school children in Indonesia)
• SLTS (School-Led Total Sanitation –Nepal and Haryana)
• ‘What is often difficult to do by elders is possible by children’
Children write an action plan and present it to their elders, Kenya
Children from Leku School Sanitation Club demand better sanitation, Ethiopia
Impact of CLTS at household level

Children

• Reduction in illness and child mortality
• Increased enrolment and school attendance
• Schools recognized for educational grants
• Reduced school dropouts
• Girls are able to attend school
• More clean space to play
• The next generation
Household level dynamics
Drivers- Women

- More immediately affected by inadequate sanitation
- Safety, dignity, privacy and convenience.
- Open defecation: women have to go before sunrise, after sunset to avoid being seen
- Need to wake others to accompany them

- Health: urinary and reproductive tract infections, kidney disease, dehydration and malnourishment
- Safety: vulnerable to assault and rape
- Menstruation
- School attendance
Household level dynamics
Drivers- Women

• Contradiction between emphasis on women’s modesty (purdah etc) and making them go out in the open, risking being seen in a state of undress (eg Haryana, India)

• Self help groups – eg pooling resources, ‘latrine lottery’

• Village midwives going from door-to-door (Indonesia)

• Shaming men into building latrines:
  “I am an old woman and a widow with energy. I have a pit latrine. If a man cannot dig a pit then I’m ready to become their “husband” and construct for him a latrine.” (80 year old widow in Tororo, Uganda)
Woman building her own latrine, Bangladesh
Impact of CLTS at household level

Women

Results
• Health
• Safety
• Convenience
• Dignity
• Empowerment through women’s self-help groups
• Status
• More time

Problematic
• Time-saver vs extra burden and more work (maintenance of latrines)
• Sanitation as women’s issue
• Women’s empowerment vs using women for CLTS
Other impacts

- Empowerment of individuals and communities
- Increased cooperation and social solidarity
- Improved self respect and quality of life (esp women, children)
- Improvements in economic status due to improvements in health: less expenditure on medicines, income not reduced due to sick days
- Utilization of newly clean space
- CLTS as an entry point to other livelihoods activities

Care Bangladesh: ‘Increase the agency of poor men and women so that they can improve their livelihood conditions and participate in key decision-making forums within their own communities and their larger locality.’
Three things we know/don’t know

- Self-analysis has a transformative effect
- Health is not the main motivation
- CLTS has the capacity to generate committed champions

- Could CLTS become a self-spreading movement?
- M&E? Are institutional mechanisms needed to sustain CLTS after the facilitation process?
- Can key principles and good practice be sustained when going to scale?
More information

www.livelihoods.org/hot_topics/CLTS.html

• **Introduction to CLTS:** Summary introduction plus links to key background documents and practical guidelines

• **CLTS lessons from around the world:** Highlights, challenges and reports of CLTS in practice organised by country or region.

• **Other papers on CLTS:** Further general reading on CLTS in theory and in practice.

• **News and events:** conferences, meetings, and other news relating to CLTS

• **Organisations:** Links to relevant organisations involved in CLTS