

# Tales of shit: Community-Led Total Sanitation in Africa – an overview



by **PETRA BONGARTZ, SAMUEL MUSEMBI MUSYOKI, ANGELA MILLIGAN and HOLLY ASHLEY**

## Sanitation: the big issue

Where do you shit?<sup>1</sup> This question may be an unusual way of starting a conversation: it may cause embarrassment, nervous laughter, shock or outrage. To many of us in the ‘Global North’, using the toilet is not something we spend much time thinking about. We take it for granted that when we need to relieve ourselves, there is a private, clean place where we can do so.

But in developing countries, the answer to this question may determine whether you live or die. Around 2.6 billion people do not have access to a toilet – about four in ten of the world’s population. Instead, they practice open defecation: in the bush, the forest, by riverbanks and lakes, near train tracks and by the side of the road. The consequences are dire (Box 1). Shit carries disease and is a major killer. Lack of sanitation also impacts on general well-being, human dignity and personal freedom.

Given the wide-reaching effects of poor

or no sanitation, why is it that there is so little awareness of the grave situation facing the developing world? One answer is that nobody likes to talk about shit. The taboos around what is politely called ‘human waste’ are bigger than those around sex. It hasn’t helped that sanitation is often thrown in with water. Water is clean, sanitation is considered dirty business. Politicians rarely view it as a vote-winning agenda. Despite the importance of sanitation, and decades of sanitation programmes, many countries look unlikely to meet the MDG sanitation target.

But this is slowly changing. In recent years, a radical, participatory approach called Community-Led Total Sanitation (CLTS) has encouraged millions of people around the world to (literally!) look at, talk about and ‘tackle’ their shit. This has not happened through education, force or monetary incentives, but through the facilitation of a participatory process called ‘trig-

<sup>1</sup> An important part of the Community-Led Total Sanitation approach is to use the crude word for ‘shit’, rather than politer words that disguise what we are talking about. Hence we have used the word ‘shit’ throughout this publication.

**Box 1: Impacts of lack of sanitation**

Around 6,000 people a day or 1.8 million a year – 90% of whom are children – die of fecally-transmitted diseases e.g. hookworm, Guinea Worm disease and bilharzia. More children under the age of five die from diarrhoea than from HIV, malaria and tuberculosis put together. And many more are irreversibly debilitated and stunted by illness during their early years (Humphries, 2009).<sup>2</sup>

Women and girls in particular are badly affected. In many countries, they relieve themselves either before dawn or after dark, to avoid being seen. This puts them at risk of attack, rape and wild animals (Amnesty International, 2010). In addition, avoiding food and water during the day to delay 'going' can cause urinary tract diseases, dehydration and malnutrition. Lack of a private and safe space is even more of a problem during menstruation. Girls may not be allowed to attend school (or choose not to go) if there is no toilet or no separate and clean facility for them.

The recurring cycle of disease has a major impact on school attendance, productivity and livelihoods. The World Health Organisation (WHO) estimates that nearly 273,000 days of school attendance per year would be gained if the water and sanitation MDG was met (Hutton and Haller, 2004).<sup>3</sup> Poor people get ill, miss out on work hours, spend their income on treatment to get well again and earn money for the next bout of disease. WHO figures suggest that by increasing access to improved water and sanitation for everyone, 5.6 billion productive days a year would be gained worldwide (Hutton and Haller, 2004).

gering' that raises awareness and mobilises collective action for change. CLTS has shown promising results where previous rural sanitation programmes have failed.

CLTS was pioneered by Dr Kamal Kar, an independent development consultant from India, with WaterAid Bangladesh and its implementing partner VERC (Village Education Resource Centre), in Mosmoil village, Rajshahi District, in 1999. Kar was proactive in the spread of CLTS first within Bangladesh, then to Asia more widely, and then to Africa, Latin America, the Middle East and the Pacific. CLTS is now used in over 40 countries, although so far on a limited scale.

This issue of *Participatory Learning and Action* focuses on CLTS in the African context. Following its introduction three years ago, the pace with which the



**Kamal Kar has played a leading role in the development and spread of CLTS.**

approach has been taken up and developed in Africa is astonishing. The United Nations Children's Fund (UNICEF) estimates that several hundred thousand people across Africa have stepped onto the

<sup>2</sup> In addition to diarrhoea, Dr Jean Humphries (Lancet, 2009) has posed the hypothesis that poor sanitation causes a disease called tropical enteropathy. Faecal bacteria damage the gut lining making it permeable for other microbes. This triggers an immune response that contributes to stunting in infants and small children, from a combination of mal-absorption of nutrients and energy having to be diverted from anabolism to fighting off bacterial infections in the gut. Whereas with diarrhoeas, children have catch-up spurts between episodes, with tropical enteropathy this is not the case. Good sanitation and hygiene are therefore even more vital than previously thought.

<sup>3</sup> The United Nations Millennium Development Goals set out a series of development targets. The target for sanitation is 'to halve the number of people without access to basic sanitation' by 2012.

<sup>4</sup> Kamal Kar was one of the early pioneers of participatory rural appraisal (PRA) in India and has been responsible for many innovations in PRA in different contexts, e.g. DfID-supported slum improvements projects in Kolkata and several other Indian cities, rural development in Mongolia, GTZ projects in India and livestock projects. Kar was one of the three PRA trainers who first introduced CLTS into Bangladesh in 1993, along with NGOs and agricultural scientists. For more detail on the origins of CLTS and the Bangladeshi context from which it evolved, see Kar (2003).

sanitation ladder in the two years since CLTS was first introduced. In Zambia alone, through the CLTS approach, over 245,000 people are now living in open defecation free (ODF) communities (Bevan and Hickling, this issue).

This issue draws on this large and growing body of experience from Africa. It will be of interest to the many organisations and individuals involved in implementing and taking CLTS to scale in Africa and elsewhere, as well as to other participatory practitioners.

In this overview to the issue, we provide an introduction to CLTS: how it differs from traditional approaches, its key principles and methodology, its history and spread, and its potential for revolutionising rural sanitation. We then look at some key elements for successful CLTS before moving on to a discussion of issues around scaling up CLTS in Africa.

### Traditional approaches to sanitation

Traditional approaches to rural sanitation are based on two assumptions. The first assumption is that people do not know about sanitation and hygiene, but if they are educated they will change their behaviour. The second assumption is that people will use toilets if they are given assistance to build them, but they are too poor to build them themselves. However, both these assumptions often prove to be wrong. Research shows that knowledge about the health-related risks of poor sanitation does not necessarily trigger changed behaviour.<sup>5</sup> Furthermore, a high proportion of latrines constructed with subsidies are never used as toilets, but as storage space, animal shelters, or prayer rooms – the buildings are too high quality to be wasted on toilets! Handouts also cultivate ‘dependency syndrome’,

### Box 2: Key principles of CLTS

- From ‘we must help the poor’ to ‘they can do it’
- From imposing solutions and standards from the outside to local solutions, diversity and context-appropriate innovations
- From teaching, educating, telling people what to do, to facilitating, empowering, enabling people to come to their own conclusions
- From sanitised words to crude ones
- From counting latrines to counting ODF communities
- From building latrines to building capacity
- From being sensitive to cultural norms and taboos to letting communities deal with them<sup>6</sup>
- From focus on individual behaviour change to social solidarity, cooperation and collective action

encouraging people to wait for handouts rather than build toilets themselves, or repair existing ones. Traditional programmes also focused on individual households rather than encouraging whole communities to take action together to clean up their environment.

### Let’s talk about shit: a new approach

CLTS is based on very different principles (see Box 2). It does not offer direct subsidies to households, and it targets communities, not individuals. As long as even a minority still defecates in the open, all members of a community are in danger of ‘eating each others’ shit’. CLTS uses PRA tools to help communities recognise the problems of open defecation (i.e. shitting in the open rather than in a toilet) and take collective action to become open defecation free. It explicitly talks about and makes visible the shit that is normally hidden beneath taboos and polite language. In CLTS, the local, crude word for shit is **always** used.

At the heart of CLTS is the triggering process. This is based on a range of different participatory tools, used flexibly by

<sup>5</sup> See for example Curtis *et al.* (1995), Curtis *et al.* (2003), Scott *et al.* (2007).

<sup>6</sup> In CLTS, cultural norms or taboos, which are often cited as reasons for continuing to defecate in the open or for not building latrines, are not accepted as obstacles to behaviour change and attaining ODF status. Instead of quietly giving up and accepting these cultural taboos as obstacles, or outsiders suggesting how to overcome them, facilitators leave it to the community to find ways of working with these taboos and finding a solution. See also section on Training later in this overview and articles by Chimhowa, Bwire, Zombo, Musyoki, this issue.



Photo: CLTS Flickr photostream

Buleze villagers coming back from transect walk during a CLTS training in Zambia, July 2009.

facilitators according to the context (see Tips for Trainers, this issue). It usually includes participatory mapping of households and defecation areas, during which it becomes clear that no area is defecation free. Communities calculate the amount of shit produced per day, week, month and year, for both individual households and the entire village. Similarly, they estimate medical expenses for treatment of diarrhoeal diseases.

During a 'transect walk' to common areas of open defecation, the problem stares people right in the face: shit is everywhere and seeing it, smelling it and stepping in it is highly unpleasant. Some turn their heads away in embarrassment, others vomit, some laugh nervously. The effect this exercise has on people is written large on their faces. Combined with exercises that illustrate the paths from shit to mouth and the way food and water gets contaminated, this generally leads to a moment of ignition, when the community realises that

they are all eating each others' shit and decides to take collective action. Action plans for latrine construction are drawn up.

During the process, the facilitator(s) do not teach, preach or tell the community what to do. They are there to learn about the community's sanitation habits and not to give handouts. During the triggering 'natural leaders' emerge and it is they who take the lead in their communities' efforts to become ODF. When communities realise that open defecation is a collective issue, the poorest people do not need outside assistance but are supported by those who are better off in their community. For example in Got Kabok, Homa Bay, Kenya, where there is a large percentage of sick and elderly people due to the high prevalence of HIV/AIDS, social solidarity has been key to ensuring that vulnerable members of the community receive help in constructing latrines (Musyoki, pers. comm.).

Latrine designs are based on the community's own innovations. They are



Credit: Petra Bongartz

An example of a community toilet design.

usually low-cost, made from locally available materials and constitute the first step on the sanitation ladder.<sup>7</sup> The idea is that over time, as resources become available, people can and will upgrade, especially if the very simple pit latrines built at the beginning do not stand the test of time, floods or the local soil type.

Whilst much attention is focused on the triggering process, CLTS does not stop with triggering but is an ongoing process that requires good follow-up by external agencies. This includes supporting natural leaders in monitoring progress in the construction, use and maintenance of latrines, verifying ODF status, and certifying and celebrating the achievement of this status. It also includes supporting sharing

and learning activities to encourage the spread of CLTS to neighbouring communities and districts.

As we discuss later in this overview, and as several of the articles in this issue illustrate (e.g. Wolfer and Kloot, Raeside, Shutt, Soublière, Musyoki), CLTS not only requires changes in the mindsets and attitudes of communities, but also in government and development organisations. These shifts are not always easy. They involve breaking the cycle of dependency and expectations caused by subsidy schemes, having confidence in communities' capabilities and social solidarity, and resisting pressure to reach spending targets.

Early reviews of CLTS suggest that it is costing in the order of US\$15 per household, or US\$2.50 per person in Western and Central Africa.<sup>8</sup> This compares very favourably with the cost of subsidised latrine building programmes, where the tendency to require standard 'high technology' latrine models can raise the cost to as much as \$600 per household (Hickling and Bevan, this issue).

### CLTS in Africa

CLTS was introduced in Africa in 2002, but the real story starts in 2007, when Kamal Kar facilitated two trainings in Tanzania and Ethiopia for Plan RESA (Region of East and Southern Africa). Since then, CLTS has been introduced in 32 countries, in many cases following initial training by Kamal Kar.<sup>9,10</sup>

Since those first trainings, CLTS has been introduced in 32 countries in Africa. International NGOs such as Plan, WaterAid, World Vision and SNV Netherlands Development Organisation and agencies such as UNICEF and the World Bank's Water and Sanitation Programme

<sup>7</sup> See glossary for explanation.

<sup>8</sup> Personal communication with Chris Cormency – 'all-in' costs from a review of West and Central Africa regional data.

<sup>9</sup> CLTS was introduced in Uganda (2002), Zambia (2003), Ethiopia (2004) and Nigeria (2004), but most of these early attempts were 'test-triggerings' and were very limited in scope and success (Kar, forthcoming in *Shit Matters*, eds. Mehta and Movik).

<sup>10</sup> An account of the Tanzania training and first impressions and reflections on how the approach might work in the African context can be found in Musyoki (2007).



(WSP) have adopted CLTS as their method of choice in sanitation programmes. This has yielded good initial results. There are now many attempts by governments (e.g. in Ethiopia, Kenya, Malawi and Zambia) and large institutions such as UNICEF to scale up CLTS. There is also increased interest by training and research institutions as well as practitioners in undertaking action research to assess and learn from the experiences.

As many of the articles in this issue show, the speed with which CLTS has been taken up in Africa is very promising. At AfricaSan in Durban, February 2008, just one year after the introduction of CLTS to the continent, there was already widespread recognition of the potential of this approach.<sup>11</sup> The sense that 'something very remarkable has happened with CLTS' reverberated through many of the speeches, presentations and discussions at the conference.<sup>12</sup> The consensus was that 'business as usual' will fail to make real and lasting improvements to the lives and well-being of the 300 million Africans who are still lacking access to improved sanitation, and indeed many countries can ill-afford the sanitation hardware subsidies associated with traditional approaches (see e.g. Rukuni, this issue). A different way of tackling the sanitation crisis is needed, and CLTS seems to be meeting the challenge.

The AfricaSan event and the follow-up workshop in Mombasa in March 2009 raised many questions and challenges for CLTS.<sup>13</sup> As with any new approach, and especially with one that spreads as fast as CLTS has done, there are issues that emerge as it is taken up, rolled out and

### Box 3: Factors for successful CLTS

#### Community level

- Starting in favourable conditions
- Ensuring right timing
- Good facilitation
- Supporting natural leaders
- Involving women, children and youth
- Verification, certification and celebrations
- Follow up: beyond ODF
- Timing of sanitation marketing

#### Scaling up

- Mentoring and coaching natural leaders
- Building high quality training capacity
- Organisational changes
- Supporting and multiplying champions
- Supportive policy environment and local ownership
- Role of the media
- Documentation, networking, sharing and learning

adapted to different contexts. Experience to date in Africa and elsewhere suggests that a number of factors are important for successful CLTS (Box 3). Some of these factors are more important at community level, others are important for scaling up, whilst others are important for both. Each factor is discussed further below, drawing on insights from the articles in this issue.

### Successful CLTS

#### Start in favourable conditions

It makes sense to start CLTS in favourable conditions where there is likely to be success. Kar with Chambers (2008) discusses these conditions in some detail and Musyoki (Box 1, Tips for Trainers, this issue) provides a summary of physical, social and cultural conditions, programme policies and current community practices that promote success

<sup>11</sup> The Second African Conference on Sanitation and Hygiene – AfricaSan+5 – was held in Durban, South Africa from 18th–21st February 2008. For more information, see: [www.africasan2008.net](http://www.africasan2008.net)

<sup>12</sup> See e.g. report of the Sharing and Learning Workshop co-convened by the Institute of Development Studies (IDS) and Plan Eastern and Southern Africa Regional Office (RESA) at AfricaSan: <http://tinyurl.com/africasan-workshop>. Full URL: [www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/AfricaSan\\_CLTS\\_workshopreport.pdf](http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/AfricaSan_CLTS_workshopreport.pdf)

<sup>13</sup> See: <http://tinyurl.com/clts-mombasa-workshop>. Full URL: [www.communityledtotalsanitation.org/resource/clts-africa-mombasa-workshop-march-2009](http://www.communityledtotalsanitation.org/resource/clts-africa-mombasa-workshop-march-2009)

in CLTS. For example, cohesive communities with a history of collective action, visibly filthy conditions and no history of sanitation subsidies are more likely to be triggered successfully. Villages that become ODF after triggering can become an inspiration and a 'learning laboratory' for other, more challenging contexts.

### Timing

Musyoki (Tips for Trainers, this issue) points to the importance of getting the timing right for triggering. For example, it is unwise to trigger during the rainy season when the weather is not conducive for digging latrine pits and constructing the structure, or when communities are very busy on their farms, or during festivals or funerals. Choosing the right time for triggering helps communities move more rapidly to ODF status.

### Good CLTS facilitation

CLTS needs good facilitators. But what is good CLTS facilitation and what kind of qualities are needed? Kar with Chambers (this issue) describe the process of triggering in detail, and their account, together with those of Musyoki, Bwire and Chimhowa (all this issue) point to the sorts of skills and qualities good facilitators need to develop.

Let them do it

As with good PRA/PLA approaches, facilitators are there to facilitate a process that empowers the community to come to their own conclusions and make their own informed judgements, and develop action plans. Many of the qualities needed, therefore, are those that PRA facilitators need:

- being able to build rapport with a community
- good listening and communication skills
- being observant
- not lecturing or trying to educate
- asking questions

### Box 4: Emotional triggers: Shame, shock, disgust and dignity

CLTS strategically provokes strong emotions such as shock, disgust, embarrassment and shame as well as pride, self-respect and dignity, to trigger community's collective action towards stopping open defecation. The impulse for change comes from the emotions – the gut rather than the head, which conventional educational programmes try to appeal to. Many critics of CLTS have latched onto the 'shame' element of CLTS in particular, arguing that this is an unethical way of creating change. However, the shame is not triggered by or necessarily felt in relation to outsiders (there may be embarrassment when showing visitors how the community deals with their shit), but rather an internal process and feeling that comes with the realisation of the implications of shitting in the open. Moreover, based on communities' accounts, shock, disgust and embarrassment rather than shame are the main triggers of change.

- a belief that communities can do their own analysis and planning.

Facilitators also need to make it very clear to communities that they are not bringing help or subsidies, but that they want to know more about sanitation in the area and find out the number of villages where people are practising open defecation.

### Play devil's advocate

However, in some ways CLTS requires a very different style of facilitation. The aim of the CLTS facilitator is to engender powerful emotions in participants that lead to triggering of collective action (see Box 4). As Musyoki (this issue) points out, this means that instead of being 'nice and humble' as PRA/PLA approaches usually require, 'in CLTS our role is required to change to that of devil's advocate'.<sup>14</sup> This does not mean judging or commenting on the community's sanitation behaviours, or behaving disrespectfully towards the community. But the facilitator does ask challenging questions and supports analysis to lead communities themselves to re-think their sanitation practices (Box 5).

<sup>14</sup> A devil's advocate is someone who takes a position s/he does not necessarily agree with for the sake of argument.

**Box 5: Questions facilitators can ask during the transect walk**

- Who comes to shit here?
  - Where do the women go?
  - Which are the places used by the children? (However, a children's group should be facilitated separately and they take their facilitators and others to places which they use for open defecation).
  - Whose shit is this?
  - Indicate two or three different heaps of shit, ask if they see any difference in shapes, colour, form-viscosity, etc. What do they think the reasons could be for such differences (e.g. diarrhoea, dysentery, cholera, indigestion etc.)?
  - Pointing to a fresh shit, ask if they could see any living things on it (e.g. flies, maggots, insects, mosquitoes, dung beetles, etc.)?
  - If you find some covering their noses or spitting in disgust, ask why they were doing that? Do they do the same whenever they visit the sites everyday?
  - Ask how far the flies can go, and if they visit their homes carrying shit?
  - Tease them by suggesting they should probably not worry much because the flies they see on shit are different from those that sit on their food (they might not agree with your suggestion and they will say that those are the same flies that carry shit to home).
  - Ask if more flies sit on liquid shit or solid shit, dry or wet shit?
  - Ask which shit dries up earlier, normal faeces or faeces from someone with diarrhoea? Which are more watery?
  - Ask which ones attract more flies (dry or watery/semi-solid shit)?
  - Ask if the contamination from a liquid diarrhoea shit spreads faster or whether normal semi-solid shit spreads faster?
  - Finally, ask if they enjoy living in such environment?
- Ask any other questions you think might raise disgust amongst them. Innovate locally.

Source: Kar and Chambers (2008).

Photo: Petra Bongartz



**Village shit calculations done during a CLTS training in Kabengele, Zambia, July 2009.**

### Use crude language

In CLTS, facilitators employ crude language that confronts people with the problems of open defecation and triggers emotions such as disgust and shock. Zombo (this issue)

believes that language is crucial to successfully attaining ODF ('shock changes lives!'). In the same way that triggering exercises such as mapping, transect walks, 'shit and water' and 'shit and food' render the problems of open defecation visible, coarse language confronts people with the problem head on: shit really is shit!<sup>15</sup> Once someone has said publicly that they are eating each other's shit, facilitators can repeat this from time to time.

### Challenging taboos

Contrary to usual participation practice, in CLTS, facilitators and outsiders do not flinch from challenging communities to consider how certain cultural taboos are implicitly sanctioning open defecation and its terrible impacts on health and well-being. The facilitator's behaviour is insensitive in so far as she or he does not see these traditional norms, beliefs and taboos as given obstacles, but acts in the belief that

<sup>15</sup> For more information on these methodologies, see also Tips for trainers 'Triggering: an extract from the Handbook on Community-Led Total Sanitation', this issue.



people themselves will decide how to (re)interpret, adapt or change them once they have become aware of the problems of open defecation. In Kilifi, Kenya, for example (see Bwire, this issue) communities realised during the triggering process that, contrary to cultural taboos, the faeces of fathers and daughter-in-laws were mixing as a result of open defecation. Along with the realisation that they were eating each others' shit, this caused them to resolve to end open defecation.

Humour, theatricals and passion

Kamal Kar says a CLTS facilitator needs to be someone who can 'sing and dance', whilst Musyoki (this issue) suggests facilitators should have 'a natural sense of humour, and be theatrical, passionate and communicative'. She or he needs to be 'fun and humorous in a teasing way' (Kar with Chambers, 2008). Chimhowa, for example, describes how facilitators encouraged communities to replace the lyrics of well-known songs with shit-related ones, which helped break the ice and establish good rapport.

Be creative and flexible

Chimhowa (this issue) suggests that facilitators need to be able to 'free their imagi-

native mind'. He shows how, in Zimbabwe, creative CLTS facilitation turned seemingly unfavourable conditions (such as cholera outbreaks) to an advantage, developing powerful triggering tools. Religious teachings that prescribe cleanliness, found in the Bible and the Quran, can also be turned into potent triggers as both Chimhowa and Zombo (this issue) point out, and cultural and religious beliefs about the spirits of the dead can also form the basis for triggering innovations (Chimhowa).

Overall, facilitators should be able to:

- think on their feet;
- reflect and learn as they go along;
- innovate;
- be creative and nimble in their implementation; and
- take into account emerging opportunities and unpredictable outcomes.

Identifying and supporting natural leaders

Natural leaders are individuals in the community who are 'fired up' by the triggering process and become committed to making their communities ODF. The emergence of natural leaders is crucial to the success of CLTS: they inspire and motivate others, and often take the lead in the community committee that draws up



Photo: CLTS Flickr photostream

Community natural leaders present their action plans to the workshop during a CLTS training organised by Plan RESA in Zambia in July 2009. The training was facilitated by Kamal Kar at Fringilla Lodge, Chisamba, Zambia and included two hands-on triggerings in the field.

action plans to attain ODF status. They may also go on to trigger neighbouring communities and take the lead in their own village in developing further activities and plans.

Natural leaders can be of any age, background or gender. More than anything, the role requires excellent communication skills and an ability to build trust with all members of the community, and it is a role which many women are able to take on effectively (Bamford, 2009). In CLTS, groups of people that are often marginalised in traditional sanitation programmes can take on lead roles, e.g. women, children, the poorest groups. It is enthusiasm, innovation and passion that allow anyone to qualify for leadership in CLTS rather than the traditional attributes of social standing, power, knowledge and wealth (see e.g. Zombo; Shutt, this issue).

Musyoki (Tips for Trainers, this issue) points to the kinds of post-triggering follow-up needed to help support natural leaders, for example, monthly review and reflection meetings to assess progress and develop strategies to overcome any challenges faced. It may also be necessary to help with transport, especially when they are supporting villages outside their locality. This could be done through local schemes. For example, in Kenya the Ministry of Public Health and Sanitation supports volunteers such as natural leaders through the Community Health Strategy.

### Women's involvement and empowerment

As women and girls are particularly badly affected by inadequate sanitation, it is often women who persuade their husbands and families to construct and use a toilet, and they can be keen leaders of their community's process towards ODF. However, the extent of women's involvement in CLTS is affected by any social, cultural and religious restrictions placed on them in their particular context. It is vital that those facilitating the triggering and follow-up activities ensure that gender-specific concerns are heard and



Photo: EWB, CLTS Flickr photostream

**Veronica Kawala, Community Development Facilitator at Plan triggers Chikhuthu village, Malawi. Photos taken by Engineers Without Borders Canada (EWB) staff working with Plan Malawi.**

that women are actively encouraged to participate, for example by arranging for women to meet separately from men to allow them to express themselves freely and by having women in the facilitation team.

Women tend to be less involved in latrine construction and more active and responsible in their maintenance and cleaning, in establishing usage norms, and sustaining behaviour change. Mehta (forthcoming) points out that this can increase women's workload and reinforce stereotypical gendered labour divisions and roles, such as women being responsible for household health.

There are however also clear benefits for women in improved sanitation, both on a personal basis (e.g. privacy, better health) and in their gendered roles (e.g. time savings, reduced incidences of sanitation-related illness lessening the burden of caring for sick family members). From our experience of CLTS in Kenya and Africa, women often comprise a majority of the natural leaders coming forward, and this can boost their self-confidence and lead to increased respect and work opportunities.

**Box 6: Children and CLTS: a personal reflection**

I vividly recall an incident in one village in which the adults had tried to hide the extent of open defecation. Their position was challenged when the children provided their analysis during the joint meeting for sharing action plans. Whereas the adults said that in their village the majority of the homes had functional latrines, the children contradicted this, saying that the figure was only about 30%. One of the adults who was unhappy with this revelation challenged the children by asking them, 'How can you say such a thing! What proof do you have that only 30% of our homes have latrines?'

One of the children promptly stood up and said, 'In our group of 30 children from different homesteads, less than 10 children have latrines in their homes.' The adult bowed his head in shame as the stark truth was bared to him.

*Philip Vincent Otieno, Plan Kenya.*

**Children and youth**

Children can play a key role in CLTS, acting as powerful advocates of (behaviour) change, for example by leading processions, shouting slogans against open defecation or using whistles to draw attention to anyone still defecating in the open.<sup>16</sup> However, the cultural environment may inhibit children's free expression in the presence of adults, so children and adults are often triggered and develop action plans separately. As Box 6 shows, the participation of children can lead to a more accurate assessment of the sanitation profiles of villages.

Whilst it is clear that children often play an important part in CLTS processes, Shutt (this issue) raises the question of whether this involvement empowers children and youth to play a greater role in community development and governance. Her three-country study looks at how the opportunities available to individual children are determined by practical, social and cultural factors. Power structures and adults' mindsets about children's roles and proper behaviour can prevent some children, especially girls, from fully engaging in CLTS activities. However, she also finds evidence that children and youth's involvement in



Photo: CLTS Flickr photostream

During a CLTS training in Simoonga, Zambia July 2009 by Plan RESA. Children sing a song against open defecation.

<sup>16</sup> See also Kar with Chambers (2008), pp. 50-52.

CLTS can earn them respect and create new opportunities for their engagement in community development. Nevertheless, there is much room for innovation in furthering children and youth's engagement in CLTS and their empowerment as well as a need to reflect carefully on potential dangers and risks.

### Verification and certification

Once communities have been triggered and have developed action plans, it is very important that external agencies follow up on progress and support natural leaders.<sup>17</sup> Triggering should be the start of a process of encouragement and support leading to communities becoming sustainably and verifiably free from open defecation, and empowered and inspired to go further. While most villages will take a period of one week to three months to attain ODF, others can take six months or even a whole year, especially if triggering is not well-timed (see 'Timing' above).

Box 7 shows some indicators and questions that could be asked to verify ODF status. However, it is best if indicators are developed with natural leaders rather than being imposed from outside (Musyoki, Tips for Trainers, this issue). Depending on the situation, communities may ask external agencies to carry out verification (see Box 8), or natural leaders from other nearby communities may carry out the assessment. This often works well as they know what to look for and it can promote healthy competition between villages. No rewards should be involved as this undermines the process. A tell-tale sign that verification has not been very stringent can be if no communities fail the verification exercise. On the contrary, if many communities fail, this can be evidence that the verification process has been thorough and is therefore more credible.

### Box 7: Verification

Some indicators and questions for verification of ODF status.<sup>18</sup>

- Is there evidence of open defecation? Use sight and smell! Even though old defecation areas may no longer be in use, new ones may have been created.
- What happens in public spaces and areas away from home, e.g. schools, markets, work places?
- Check areas near rivers, lakes and the sea that may provide good places for OD.
- Is there evidence that the newly built and improved latrines are being used?
- Are there handwashing facilities?
- Do the latrines have lids? Are there flies in or near the latrines, which can spread shit?
- Check latrines for cleanliness and smell but remember that a latrine that looks too clean may also indicate that it is not being used!
- Track the community's progress against the action plan they made after triggering.
- Ask children to verify information provided by adults – they often know if there is still open defecation and are more honest about it!

### Box 8: Verification: a case study

A youth group from Sirowo location, Siaya District, Kenya asked Plan to verify that their community was ODF. Although Plan does not work in the area, it agreed to assist the community. Plan started with a meeting at which the community could articulate why they thought they were ODF and generate a verification checklist. Plan staff and natural leaders then used the checklist as they walked through the village. At the end of the walk, Plan asked whether now they had seen the situation in the village they thought they were ODF. The community said that although all the households had constructed latrines, they did not think they were ODF because not all latrines had covers to ensure no flies spread shit, handwashing facilities were sometimes lacking and some latrines were not kept clean. They then went back to the community to discuss the remaining issues and develop an action plan to address them. The result was that, in time, all 21 villages in Sirowo became ODF. This kind of self-assessment with external support is a valuable learning experience.

<sup>17</sup> See Musyoki's Tips for trainers (this issue) for more tips on key do's and don'ts following triggering. Useful guidelines for follow-up can be found here: [www.communityledtotalsanitation.org/resource/clts-follow-guidelines](http://www.communityledtotalsanitation.org/resource/clts-follow-guidelines)

<sup>18</sup> Also see the following checklist and tips by Philip Vincent Otieno of Plan Kenya in Homa Bay: [www.communityledtotalsanitation.org/resource/verification-odf-status-kenya](http://www.communityledtotalsanitation.org/resource/verification-odf-status-kenya)



MWAMFUMBA VILLAGE

## ACTION PLAN

| NO. | ACTIVITIES                             | WHEN       | WHO  |
|-----|--|------------|--|
| 1.  | VILLAGE MEETING                        | 18-07-2008 | HEADMAN  |
| 2.  | FORMING A VILLAGE SANITATION COMMITTEE | 25-07-2008 | HEADMAN<br>VILLAGE COMMITTEE<br>VILLAGE PEOPLE |
| 3.  | MONITORING                             | 10-08-2008 | COMMITTEE MEMBERS                              |
| 4.  | VISIT BY PLAN TEAM                     | 15-08-2008 | PLAN TEAM AND<br>COMMITTEE MEMBERS/<br>VILLAGE |

Photo: Petra Bongartz

A village action plan, Mwamfumba, Zambia.

As well as being motivating for communities, ODF certification and the accompanying celebrations help spread the word to other communities and showcase CLTS work to government, other agencies and the media, thus contributing to scaling up efforts (Musyoki, Tips for Trainers, this issue). Formal monitoring and certification

also lend credibility to CLTS and are vital for advocacy of the approach (Bevan and Hickling, this issue).

### Beyond ODF

CLTS is an empowerment approach and as such often does not stop with the attainment of ODF. The community spirit, the

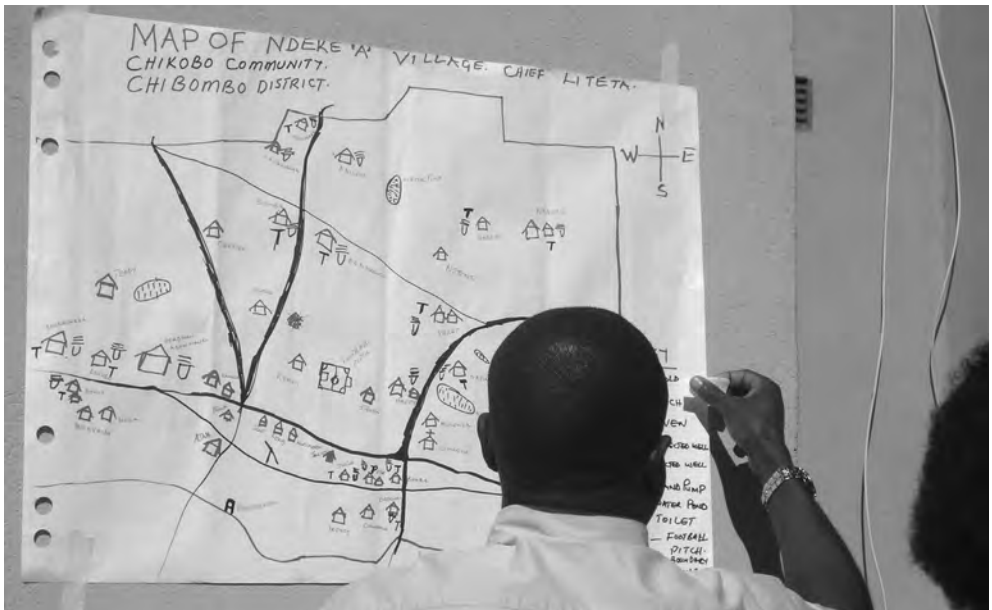


Photo: Petra Bongartz

A map of Ndeke A village, Zambia.



discovery of the power of collective action and quick results can spark off other community-led activities, for example in the area of livelihood improvement. Bevan and Hickling (this issue) suggest that it is possible to capitalise on the renewed community cohesion to promote other primary health issues such as child nutrition. Rukuni (this issue) observes that at community level, CLTS has boosted the confidence of communities in their ability to solve their own problems. Chief Macha in Zambia echoes this: 'We should always be thinking what we can do for ourselves.' And in Zambia, CLTS has led to a range of other community-led activities like fruit tree planting and action on HIV/AIDS. In Kilifi District in Kenya where the first village celebrated ODF, natural leaders and communities are now engaged in livelihood activities such as passion fruit, mushroom and spices farming to boost their income and improve their nutrition. They have also started public forums to discuss issues of child abuse and developing strategies for becoming Child Abuse Free zones.

Monitoring and follow-up are also needed to maintain ODF status and to support movement up the sanitation ladder without giving subsidies.

### Sanitation marketing

When innovating their own latrine designs, many communities initially rely on the use of locally available materials. However, demand for latrine components will rise as each household desires to move up the sanitation ladder and build a latrine that reflects their economic status, needs and specific location (e.g. plastic bowls, concrete latrine slabs – san plats – and other hardware parts). Sanitation marketing addresses the supply of these materials.

The timing of sanitation marketing activities is crucial. Sanitation marketing should only be introduced once communities have been triggered and people's mindsets and behaviours have changed. For example, in Kilifi, community artisans were

trained to produce slabs 15 years ago, but only after 2007, when CLTS had taken hold, was there a demand for the slabs.

Another problem with introducing sanitation marketing too early can be that families want to start at the top of the sanitation ladder, with expensive latrine models, believing that these are better than some of the simpler constructions. When they realise that they cannot afford the expensive options, it dampens their enthusiasm and they may abandon latrine construction altogether, or look for someone else to provide, thus reverting back to the old mindset of dependency and handouts. Demand and desire for technology should be driven by the communities themselves. It should never be prioritised over or introduced in parallel with the transformation of mindsets and behaviour.

In some cases, the private sector also has expectations of subsidy. In Kenya, for example, Plan invited the private sector to CLTS triggering but it was not easy for them to understand the demand created by CLTS and to produce affordable technology to respond to this demand, and after realising that Plan was not going to buy their technologies to give to communities, they disappeared (Musyoki, pers. comm.).

Sanitation marketing seems to work better in urban settings. In Nairobi's informal settlements, for example, latrines are a business and toilets with biogas digesters seem to be working very well. People want affordable technologies that can address urban sanitation challenges (Musyoki, pers. comm.).

### Issues around scaling up

CLTS has spread quickly and shown promising results in Africa. Many organisations are keen to start using the approach and to take it to scale. However, there are many questions and ongoing debates about how to do this. When thinking about scaling up, it is useful to distinguish between horizontal scaling up and vertical scaling up (Box 9).

**Box 9: Scaling up CLTS**

**HORIZONTAL SCALING UP** is geographical spread to cover more people and communities through replication and adaptation, and involves expansion within the same sector or stakeholder group. Decision making is at the same social scale.

**VERTICAL SCALING UP** is higher up the ladder. It is institutional in nature and involves other sectors/stakeholder groups in the process of expansion – from the level of grassroots organisations to policymakers, donors and development institutions at international levels.

**Source:** Menter *et al.* (2004).

We discuss factors relating to both these kinds of scaling up in this section, but of course they are interrelated. The higher up the institutional levels you go, the greater are the chances for horizontal spread. Likewise, the further CLTS spreads geographically, the greater are the chances of influencing those at higher levels (Menter *et al.*, 2004).

Robert Chambers suggests that the starting point for scaling up must be at the 'lower' levels:

*...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* (Bongartz *et al.*, 2009).

So how can we scale up with reasonable speed but without compromising quality? Hickling and Bevan (this issue) point to some key factors, and also some challenges. Here, we focus on capacity-building issues (natural leaders, training), organisational change, finding and supporting champions, the policy environment and local ownership, the role of the media and the importance of documentation, sharing and networking.

#### Mentoring and coaching natural leaders

At community level, the success and leadership of one community can generate a sense of excitement and a feeling of 'not

wanting to be left behind' amongst other communities, encouraging spontaneous spread. From the very beginnings of CLTS, there has been a question of whether CLTS can become a self-spreading movement. Can it go to scale by spreading naturally and spontaneously from community to community through natural leaders, bare-foot consultants and competition between villages? As yet, there is not enough evidence to answer this question. However, experience so far suggests that such spread is possible, but only after a considerable period (probably two years) of mentoring, supporting and coaching natural leaders, encouraging links between them and building a strong partnership with the mandated institutions. In Kenya, for example, the Ministry of Public Health and Sanitation (MPHS) and the provincial administration are working with natural leaders to spread CLTS (Musyoki, this issue).



**A natural leader draws a toilet design, during a CLTS training in Ndeke B village, Zambia.**

**Photo:** Petra Bongartz

### High-quality training of facilitators

Training of facilitators is the starting point of CLTS and one of the most crucial factors for 'getting CLTS right'. High quality training is especially important for scaling up – it lays the foundations for all that follows. In most countries in Africa and elsewhere, CLTS has been introduced through repeated trainings and visits by Kamal Kar and other experienced trainers. However, as CLTS has spread, the demand for training has sharply increased. This raises the danger of the quality of training, facilitation and follow-up being compromised. Institutions trapped in the 'old' mindsets and accustomed to 'top-down' programmes, may try to 'deliver' CLTS through traditional classroom training and lectures without community triggering. Associated with this is also the danger of hiring inappropriate trainers or training institutes which may not have the necessary commitment and capacity to see things through (see e.g. Soublière; Musyoki, Tips for trainers, this issue). More regional and national capacity in training and facilitation needs to be built as currently demand outstrips supply (Hickling and Bevan, this issue).

In his note for trainers, facilitators and commissioners of training (Tips for trainers, this issue), Musyoki discusses what works and what doesn't work. Amongst other things, he points to the need for:

- Careful selection of trainees: those likely to work directly with communities after training; from different disciplines (not just sanitation).
- Good gender balance, background in PLA, participatory theatre and popular communications often work well, but remember that not all those trained will become good facilitators or trainers.
- Allowing time for follow-up, reflection, learning and documentation – not one-off events.
- Not paying facilitators: their motivation needs to be their passion for CLTS.
- Having hands-on training in communi-

ties, not just in classrooms.

- The need to encourage trainees to raise critical questions and fears, and engage in a constructive debate about CLTS.

Chambers (2009) also points to the importance of freeing up good trainers' time – too often the best people are tied down by other jobs when they are needed to train full-time.

Bevan and Hickling (this issue) emphasise that it is not simply good training that is needed but a more comprehensive programme that addresses the complex mindset changes and different professional conduct that CLTS requires. This in turn points to the need for organisational change, which we discuss more fully below.

### Organisational change for CLTS

All the articles in this special issue directly or indirectly point to the need for organisational change if CLTS is to be scaled up. Soublière (this issue) argues that the role of development agencies in CLTS is to create enabling conditions for communities to commit themselves to end their sanitation problem – at their own pace – for their own reasons. The development agency ceases to be 'in control' of the community's change process. As with other participatory processes, this shift from a top-down to a bottom-up approach has implications for organisational culture, field-level practices and organisational processes. For many organisations funding or implementing sanitation projects, particularly those which are subsidy-based, the changes required are profound, for example moving from counting money disbursed or latrines constructed to supporting communities to become ODF and verifying and certifying their ODF status.

Raeside (this issue) looks at what CLTS means for management structures and relationships between field staff and their local- and district-level managers. She argues that in order for field-level staff to be able to facilitate successful CLTS, their

managers must understand the different ways of working that CLTS entails, and move from a directive management style to a coaching style. It is not just the attitude and skills of the facilitator that are key to successful CLTS but the ‘relationships and communication’ between different types and levels of staff and their managers. Raeside’s article describing her experience of being a ‘friendly process facilitator and thought partner’ for district managers in Malawi shows ways of helping managers create more enabling conditions for their field staff and shares some practical tips for giving participatory technical support.

A key word that echoes through many of the articles presented in this special issue is flexibility. This is flexibility in terms of the approach taken in each context (Bevan and Hickling), flexibility in triggering (Chimhowa), and flexibility in organisations (Soublière) and in management (Raeside). Good CLTS recognises the complex and differing realities in each setting and needs to be adapted in an appropriate manner to the circumstances on the ground.

#### Supporting and multiplying champions

CLTS relies hugely on the commitment, passion, and motivation of ‘champions’ both in communities and in organisations supporting sanitation programmes, e.g. government ministries or NGOs. This reliance on individuals is both a strength and a potential challenge for CLTS. With the right people on board, incredible things can happen at speed, but it is not possible to ‘create champions’: they have to come forward themselves. However, once they have emerged, they can be supported and encouraged.

Traditional leaders can also play an important role in their capacity as trans-generational and trans-political wielders of influence, helping gain community acceptance for CLTS and generating momentum and support from different stakeholders, including ministers of state, elected coun-

cillors and other chiefs, as well the media. Chief Macha’s strong leadership of CLTS in Zambia, for example (Zulu et al., this issue), has been recognised by the AfricaSan/African Ministers’ Council on Water (AMCOW). Zambia is also an example of champions at many levels and in different organisations – in local government, NGOs, UNICEF, donors, the private sector, the media and communities themselves – working to promote CLTS.

The power of seeing CLTS firsthand cannot be underestimated – ‘seeing is believing’ – so including key individuals and organisations in workshops and trainings is extremely important to create champions at all levels.

#### Supportive policy environment and local ownership

Community approaches to sanitation need to be locally owned whilst also being approved and supported by governments and external agencies (Hickling and Bevan, this issue). In countries where CLTS has been successful, there has been strong policy support for CLTS and high-level government buy-in. For example, in Kenya the Ministry of Public Health has recognised CLTS as the main approach for accelerating sanitation coverage and use in rural areas, and in Ghana and Eritrea CLTS is the recognised national approach to sanitation. These countries have CLTS working groups and coordination units that support CLTS work. However, there are challenges in working with government:

- the continuation of subsidised sanitation programmes;
- a lack of clear responsibility for water and sanitation within government;
- unrealistic national standards for sanitation at community level; and
- government staff’s time constraints and expectations of per diems and other payments.

These can all be issues that those attempting to implement and scale up CLTS have to reckon with (Rukuni and

Musyoki, this issue).

No matter what pattern a given country follows and who takes the lead in introducing CLTS, there seems to be agreement that cross-sectoral buy-in and collaboration is crucial (Hickling and Bevan, this issue). In Choma District, Zambia, for example, a 'three pronged approach' was taken involving the knowledge power of technocrats (NGOs and government), the civil and political power of elected local councillors and the authority of traditional leaders (Zulu *et al.*, this issue). The success of this approach is shown by the recent approval of CLTS as one of the key strategies for rural sanitation provision in the Sanitation Component of the Government's National Rural Water Supply and Sanitation Programme. It is now being implemented in nine districts in the Southern, Western and Copperbelt provinces and there are plans to scale it up to all nine Zambian provinces.

In Kenya, there is a growing movement of NGOs and agencies such as Plan, UNICEF, Aga Khan, Network for Water and Sanitation International (NETWAS) and government, together with natural leaders (including children and youth) working to advocate for and scale up CLTS in favourable districts in the three provinces of Nyanza, Coast and Eastern.

### The media and sanitation campaigns

The media plays an important role in spreading the word about CLTS and its successes. In Zambia, government and UNICEF have worked closely with the media to advocate for CLTS, raise awareness and disseminate information. Now there is even a soap opera on national TV that has woven CLTS into its storyline and brings the message to a huge audience.

Plan Kenya has also recently entered into partnership with the Kenya Broadcasting Cooperation (KBC) to use one of the oldest and most popular Swahili television comedies *Vitimbi* to bring CLTS to over 4 million Kenyan viewers.<sup>19</sup>

Rukuni (this issue) shows how sanitation campaigns with a CLTS theme can be a vital tool in influencing government opinion and creating interest in CLTS. He describes how members of the Zimbabwean Water and Sanitation Programme National Coordination Unit (NCU) visited triggered villages in Mutoko district in 2008, and then decided to hold the 2009 National Sanitation Week (NSW) in Mutoko, providing an opportunity for higher level government officials to see for themselves what CLTS can achieve. While challenges still remain for successfully scaling up CLTS in Zimbabwe, such exposure has helped to challenge the mindsets of policymakers at national level.

### Documentation, networking, sharing and learning

Sharing and learning activities are another vital building block for ensuring quality as CLTS goes to scale in Africa. This can take the form of sharing and learning events such as those organised by IDS at AfricaSan and in Mombasa (see Bongartz's article on networking, this issue), the sharing of lessons, challenges, successes and questions via fora such as the CLTS website and the CLTS global mailing list or, within one country, through a CLTS newsletter, for example in Malawi where district officers shared their experience of involving natural leaders and verification (Raeside, this issue).<sup>20, 21</sup>

Events which bring together practitioners from different countries, organisa-

<sup>19</sup> For an example of a successful campaign in Homa Bay, Kenya see: <http://tinyurl.com/manera-clts-campaign>. Full URL: [www.communityledtotalsanitation.org/resource/wearing-message-loud-and-proud-how-manera-s-clts-campaign-has-inspired-and-confronted-other](http://www.communityledtotalsanitation.org/resource/wearing-message-loud-and-proud-how-manera-s-clts-campaign-has-inspired-and-confronted-other)

<sup>20</sup> See: <http://tinyurl.com/shits-newsletter>. Full URL: [www.communityledtotalsanitation.org/resource/shits-sharing-highlights-total-sanitation](http://www.communityledtotalsanitation.org/resource/shits-sharing-highlights-total-sanitation)

<sup>21</sup> See: [www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org)





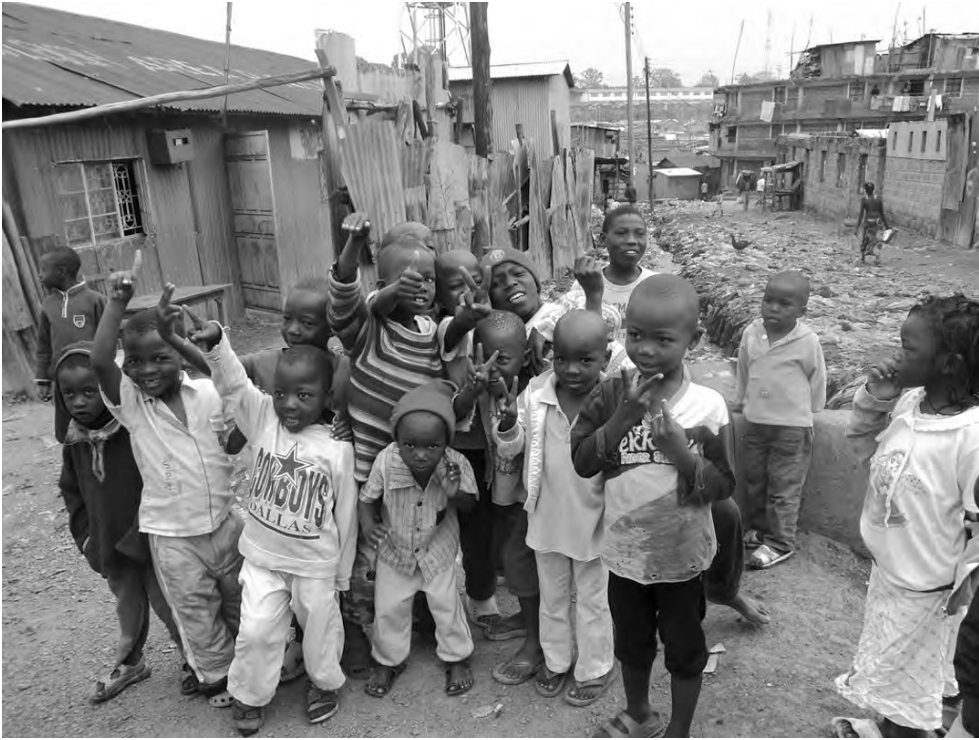


Photo: CLTS Flickr photostream

**Children in Mathare 10, Nairobi, Kenya. Photo taken on a visit during a workshop on School-led Total Sanitation (SLTS) and children's involvement in Community-Led Total Sanitation (CLTS) in August 2010. Twenty practitioners from different countries and organisations interested in the role of children and schools in CLTS gathered in Nairobi to discuss and share experiences, to brainstorm key issues and ways forward, to make linkages for follow up and to network.**

then write, and using other forms of documentation – such as video, audio/radio – to capture learning.

### **Beyond CLTS in rural communities: schools, urban and emergency settings**

#### **School-Led Total Sanitation (SLTS)**

School-Led Total Sanitation (SLTS) is a growing area of interest and innovation.<sup>22</sup> Where CLTS is started in a school setting, children act as messengers, taking their learning about open defecation and their desire to stop it back into their homes.

Plan Kenya uses schools as catchment areas and venues for the actual CLTS triggering. Children are also involved in the entire process and they share the outcome of their analysis and action plans with the

wider community. They can also act as natural leaders. There are cases where they have pressured their parents to construct sanitation facilities after they had been to a CLTS triggering exercise. The schools also serve as good venue for the ODF celebrations – this in itself provides a huge learning opportunity for the children and the community. During such celebrations children use drama, poetry and music to entertain and educate the community on sanitation issues.

In Zambia, Plan uses focus group discussions and transect walks with children for post-triggering follow-up, getting the children to assess whether there has been a significant change in behaviour in hygiene practices in their villages. Plan Uganda uses the child-to-child approach as a basis for

<sup>22</sup> IDS and Plan co-convoked a workshop on SLTS and children's involvement in CLTS in August 2010 to gather experiences in these areas and brainstorm ways forward.



Photos: Philip Vincent Otieno

**Children in Arujo, Homa Bay, Kenya creating an action plan and then reporting back to the adults.**

School-Led Total Sanitation (SLTS).<sup>23</sup> CLTS is triggered in schools, allowing children to identify hygiene and sanitation issues within their schools and to draw up action plans to keep their school latrines clean, wash hands after latrine use, uphold personal hygiene and above all practice what they have learnt from the process at home.

### Urban CLTS

Use of CLTS in urban environments has so far been limited, though there is keen interest in exploring how the approach could be adapted for urban settings. There are many additional factors to consider with urban

sanitation, including physical issues such as space and the emptying of latrines, legal questions around tenancy and informal settlements, as well as social questions around community cohesion.

In Cairo, Plan Egypt has used a CLTS-type approach for urban waste management. They facilitated an appraisal of garbage blocking tunnels under the ring road – a situation that led to children dying as they crossed the busy road. This led to community mobilisation, negotiations with the authorities, community participation in helping remove the garbage, and sustainably clean tunnels with children's paintings on the walls.<sup>24</sup> In Kenya, in Kilifi town, there have also been some new initiatives. In summer 2008 there was a CLTS training for government staff based in the town of Kilifi on the Kenyan coast. This prompted several meetings at the town council, after which action was taken to stop open defecation along the beach and land allocated to a youth group to construct a commercial public toilet.

Zulu *et al.* (this issue) also discuss how CLTS has been adapted to urban and peri-urban contexts in Zambia. The approach is somewhat different to how CLTS works in rural areas, although some aspects of triggering are still used. As the authors note, the community self-awareness created has demonstrated that sanitation improvements can be made in urban settings, and that these communities can develop without external subsidies and support.

In Mauritania, in the town of Rosso which has 32,000 inhabitants, eight urban neighbourhoods have become ODF and 67 more are in the follow-up phase.<sup>25</sup> The experience of UNICEF in Mauritania has shown that CLTS in urban settings is much more complex and takes longer than in rural areas. It can be diffi-

<sup>23</sup> Child-to-child is a rights-based approach to children's participation in health promotion and development. It is an educational process that links children's learning with taking action to promote the health, well-being and development of themselves, their families and their communities. See: [www.child-to-child.org/about/approach.html](http://www.child-to-child.org/about/approach.html)

<sup>24</sup> See: <http://tinyurl.com/urban-clts-cairo>. Full URL:

<http://www.communityledtotalsanitation.org/resource/community-led-environmental-project-cairo>

<sup>25</sup> This was despite severe floods in September 2009.

cult to attract large groups for triggering. Public latrines are often badly maintained. Space is scarce and pits need to be emptied in a way that is sustainable and prevents faecal contamination. Based on the experience of Rosso, it was found that it helps to sub-divide cities into smaller neighbourhoods, to identify neighbourhoods with good social cohesion and encourage competition between neighbourhoods. Urban settings can also offer several advantages, such as better communication channels which allow messages to quickly pass to a larger population, e.g. radio, newspapers, television etc. A city can become a role model for towns and villages in surrounding areas. And in some cities, more affluence means that people can build more sustainable toilets from the start.<sup>26</sup> Very recently, in June 2010, Plan Kenya initiated a CLTS pilot in a larger urban informal settlement. Four villages in Mathare 10, Nairobi, were triggered after a training of young people who are involved in a social enterprise called Community Cleaning Services (CCS).<sup>27</sup>

Even though there is no doubt that CLTS is applicable in urban settings, there are huge differences to rural settings. Those involved in urban CLTS need to be strategic in building partnerships that will enable the communities to address issues of poor governance in the management of urban sanitation. While it is relatively simple for rural communities to dig a pit after they have been triggered, in urban informal settlements communities do not own land. The land belongs to the city council. In the case of Mathare 10, most of the land earmarked for public utilities has been taken. This means that spaces for communities' engagement with the key actors e.g. the Ministry of Local Government, City Council of Nairobi and the Ministry of Public Health and Sanitation

need to be created, so that the latter can be lobbied to commit to making land for construction of toilets available.

The Mathare 10 pilot project is young but has already attracted a lot of attention from key players. A series of targeted roundtable engagement fora between the communities and the key stakeholders are underway. These are geared towards ensuring that the different players are triggered and committed to playing their roles to ensure that the people of Mathare are able to realise their right to live in a clean and sanitised environment. As a recent report by Amnesty International shows, women and girls' safety is also a crucial issue in urban slums.<sup>28</sup> Women and girls face the threat of gender based violence and rape when they go to defecate in the open at night. As a result, many are forced to defecate in plastic bags or in basins and dilute the faeces with water and pour it out in the narrow walkways.

### CLTS in emergency settings

There is also an emerging interest in adapting CLTS for emergency and post-conflict settings. So far, there is not much experience of using the approach in these contexts, but organisations like Oxfam are interested in exploring the potential of using CLTS in both an emergency and perhaps also rehabilitation or prevention programmes. In Haiti, UNICEF has already experimented with adaptations of CLTS in the aftermath of the January 2010 earthquake.<sup>29</sup>

### Conclusion

As Chambers (2009) writes, 'to spread CLTS well requires continuous learning, adaptation and innovation'. The experiences shared in this issue have clearly demonstrated that CLTS, though pioneered in a different conti-

<sup>26</sup> For more on Mauritania, see: <http://tinyurl.com/urban-sanitation-mauritania>. Full URL: [www.communityledtotalsanitation.org/resource/lessons-learn-urban-sanitation-mauritania](http://www.communityledtotalsanitation.org/resource/lessons-learn-urban-sanitation-mauritania)

<sup>27</sup> See: <http://tinyurl.com/urban-clts-nairobi>. Full URL:

[www.communityledtotalsanitation.org/resource/piloting-clts-urban-setting-diary-progress-mathare-10-nairobi-kenya](http://www.communityledtotalsanitation.org/resource/piloting-clts-urban-setting-diary-progress-mathare-10-nairobi-kenya)

<sup>28</sup> See: <http://tinyurl.com/amnesty-sanitation-nairobi>. Full URL:

[www.communityledtotalsanitation.org/story/amnesty-international-report-insecurity-and-indignity-womens-experiences-slums-nairobi-kenya](http://www.communityledtotalsanitation.org/story/amnesty-international-report-insecurity-and-indignity-womens-experiences-slums-nairobi-kenya)

<sup>29</sup> M. Foster, pers. comm. (30th June 2010) and M. Henderson, pers. comm. (5th August 2010).



ment, is applicable in Africa. The practitioners in the issue have made significant innovations based on the different contexts of their work and have further contributed to the development of CLTS. As CLTS evolves there will be a need for continued action research and documentation to ensure that experiences from the continent feed into the

growing body of knowledge on CLTS.

Let us endeavour to realise the full potential of CLTS for the benefit of the billions of women, children and men in Africa and globally that are still suffering the terrible consequences of open defecation – and who deserve to play a role in their own development.

---

#### CONTACT DETAILS



Petra Bongartz  
 Coordination, Communication and Networking  
 Officer: Community-led Total Sanitation (CLTS)  
 Institute of Development Studies (IDS)  
 University of Sussex, Brighton BN1 9RE  
 UK  
 Email: p.bongartz@ids.ac.uk  
 Website: www.communityledtotalsanitation.org



Samuel Musembi Musyoki  
 Director of Programmes  
 Plan International Kenya Country Office  
 Dennis Pritt Road  
 PO Box 25196-00603, Nairobi  
 Kenya  
 Tel: +254 20 3870216/3874987/3862593  
 Email: samuel.musyoki@plan-international.org



Angela Milligan  
 Co-Editor, *Participatory Learning and Action* series, IIED  
 Email: angela.milligan@iied.org  
 International Institute  
 for Environment and Development (IIED)  
 3 Endsleigh Street, London, WC1H 0DD  
 UK  
 Tel: +44 20 7388 2117  
 Fax: +44 20 7388 2826  
 Web: www.planotes.org



Holly Ashley  
 Co-Editor, *Participatory Learning and Action* series, IIED  
 Email: holly.ashley@iied.org

#### REFERENCES

- Amnesty International (2010) *Insecurity and Indignity Women's Experiences in the Slums of Nairobi*, Kenya. Amnesty International Publications: London.
- Bamford, E. (2009) 'Where are all the Female Natural Leaders?' In UNICEF WASH Newsletter, July–September 2009. Online: <http://tinyurl.com/bamford-wash-article>. Full URL: [www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/September\\_09\\_UNICEF\\_WASH\\_Newsletter.pdf](http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/September_09_UNICEF_WASH_Newsletter.pdf)
- Bongartz, P., R. Chambers with K. Kar (2009) 'Beyond Subsidies – Triggering a revolution in rural sanitation.' In: *IDS In Focus Policy Briefing Issue 10: Community-Led Total Sanitation*, July 2009. Online: <http://tinyurl.com/ids-pb-10>. Full URL: [www.ids.ac.uk/index.cfm?objectid=7D7C3724-C56C-04E2-B320FA6F58C95FBF](http://www.ids.ac.uk/index.cfm?objectid=7D7C3724-C56C-04E2-B320FA6F58C95FBF)



- Chambers, R. (2009) *Going to Scale with Community-Led Total Sanitation: Reflections on experience, issues and ways forward*. IDS Practice Paper 1, IDS, University of Sussex: UK. Online: <http://tinyurl.com/chambers-clts-scale>. Full URL: [www.communityledtotalsanitation.org/resource/going-scale-community-led-total-sanitation-reflections-experience-issues-and-ways-forward](http://www.communityledtotalsanitation.org/resource/going-scale-community-led-total-sanitation-reflections-experience-issues-and-ways-forward)
- Curtis, V., B. Kanki, T. Mertens, E. Traore, I. Diallo, F. Tall and S. Cousens (1995) 'Potties, Pits and Pipes: Explaining Hygiene Behaviour in Burkina Faso.' *Social Science and Medicine* 41: 3.
- Curtis, V., A. Biran, K. Deverell, C. Hughes, K. Bellamy and B. Drasar (2003) 'Hygiene in the home: relating bugs and behaviour.' *Social Science and Medicine* 57: 4.
- George, R. (2009) 'How to save the world with sanitation.' *Huffington Post*, 27th October 2009. Online: <http://tinyurl.com/george-sanitation>. Full URL: [www.huffingtonpost.com/rose-george/how-to-save-the-world-wit\\_b\\_334223.html](http://www.huffingtonpost.com/rose-george/how-to-save-the-world-wit_b_334223.html)
- Kar, K. (2003) *Subsidy or Self-respect? Participatory total community sanitation in Bangladesh*. Working Paper 184, IDS, University of Sussex: UK.
- Kar, K. with R. Chambers (2008) *Handbook on Community-Led Total Sanitation*. Plan: UK and Institute of Development Studies (IDS): Brighton, UK. Online: <http://tinyurl.com/CLTShandbook>. Full URL: [www.communityledtotalsanitation.org/resource/handbookcommunity-led-total-sanitation](http://www.communityledtotalsanitation.org/resource/handbookcommunity-led-total-sanitation). See p.36.
- Humphries, J. (2009) 'Child undernutrition, tropical enteropathy, toilets and handwashing.' *The Lancet* September 19th, 2009; 374: 1032–35.
- Hutton, G. and L. Haller (2004) *Evaluation of the Costs and Benefits of Water and Sanitation Improvements at the Global Level: Water, sanitation and health protection of the human environment*. World Health Organization (WHO): Geneva.
- Mehta, L. (forthcoming) *Shit Matters: Community-Led Total Sanitation and the Sanitation Challenge for the 21st Century*. Practical Action. Online: <http://tinyurl.com/shit-matters-mehta>. Full URL: [www.communityledtotalsanitation.org/resource/shit-matters-community-led-total-sanitation-and-sanitation-challenge-21st-century](http://www.communityledtotalsanitation.org/resource/shit-matters-community-led-total-sanitation-and-sanitation-challenge-21st-century)
- Menter, H., S. Kaaria, N. Johnson and J. Ashby (2004) 'Scaling up.' In D. Pachico and S. Fujisaka (Eds.) *Scaling up and out: Achieving widespread impact through agricultural research*. Cali, Colombia: International Center for Tropical Agriculture. Online: <http://tinyurl.com/mente-et-al-scaling-up>. Full URL: [http://ciat-library.ciar.org/Articulos\\_Ciat/scaling\\_up\\_chapter\\_1.pdf](http://ciat-library.ciar.org/Articulos_Ciat/scaling_up_chapter_1.pdf)
- Musyoki, S.M. (2007) 'Sceptics and Evangelists: Insights on scaling up Community-Led Total Sanitation (CLTS) in Southern and Eastern Africa.' IDS, University of Sussex: UK. Online: <http://tinyurl.com/sceptics-evangelists>. Full URL: [www.communityledtotalsanitation.org/resource/sceptics-and-evangelists-insights-scaling-community-led-total-sanitation-clts-southern-and-](http://www.communityledtotalsanitation.org/resource/sceptics-and-evangelists-insights-scaling-community-led-total-sanitation-clts-southern-and-)
- Negussie, A. (2010) *Pan-African Exchange/Learning Visit to Ethiopia*. Online: <http://tinyurl.com/clts-exchange-africa>. Full URL: [www.communityledtotalsanitation.org/resource/pan-african-clts-exchangelearning-visit-ethiopia](http://www.communityledtotalsanitation.org/resource/pan-african-clts-exchangelearning-visit-ethiopia)
- Scott, B., V. Curtis and T. Rabie (2003) 'Protecting children from diarrhoea and acute respiratory infections: The role of handwashing promotion in water and sanitation programmes.' *Regional Health Forum* 7: 1.