

Update on Some Recent Developments in Community-Led Total Sanitation

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Introduction

This paper is intended to complement IDS Working Paper 257 (November 2005), by giving a short update on recent developments in the rapidly changing field of Community Led Total Sanitation (CLTS) in six countries in South and South East Asia. It highlights emerging trends, successes, challenges and lessons from Bangladesh, Cambodia, China, India, Indonesia and Nepal. The information given herein is accurate to the best of our knowledge but does not claim to be comprehensive. For a description of the CLTS process and earlier developments please refer back to IDS Working Paper 257.

Since its emergence in early 2000, CLTS has been spreading slowly but surely in at least six different countries in Asia and three in Africa. While some agencies are still using pilot projects to try to learn more about the approach before adopting it in their own sanitation programmes, others have already institutionalised the no-subsidy CLTS approach and are observing the power and impact of local communities' collective action in rapidly ensuring open defecation free status. The innovations and local diversity in developing latrine models by using locally available, low-cost materials are astonishing and new and innovative models of implementation, monitoring, community reward and penalty schemes are constantly developing.

However, CLTS has come up against a number of obstacles which slow down or even prevent spread and scaling up. CLTS has challenged mindsets and practices which have been normal conventional wisdom. This is most marked with hardware subsidies based on the assumption that sanitation is expensive and many cannot or will not afford it. CLTS is based on the premise that subsidies can slow and inhibit the spread of sanitation, and advocates expenditure not on hardware, but on training and supporting facilitators, with a light touch to support spread by community consultants. This approach turns philanthropic reflexes on their head: the poorest people are assisted not by outside subsidy, which is vulnerable to capture by local elites, but by those who are better off in their own community who recognise a common interest in stopping open defecation by everyone.

Accordingly, a number of agencies who are used to promoting sanitation with individual household hardware subsidy in villages are finding it difficult to adopt CLTS. Some, even though they believe in and have observed the effectiveness of CLTS, are struggling to break the cycle of dependency and expectations put in place by traditional hardware subsidy schemes. Philanthropic attitudes of outsiders, external prescription of costlier models of toilets, lack of confidence in and awareness of communities' capability and social solidarity, and, above all, pressure to spend subsidy money, often prevent governments, NGOs and donors from triggering collective local action leading to 100 per cent open defecation free status.

However, most agencies who have tried out the CLTS approach through pilot projects were quickly convinced of the power of local communities to turn their villages into totally open defecation free

environments. The following sections outline experiences, lessons and future plans on a country by country basis, also highlighting particular challenges within the different country contexts. The outlook for the future spread of CLTS is hugely encouraging, as long as the counteracting forces of subsidy programmes operating in parallel are overcome.

Bangladesh

Background and recent developments

As the CLTS continues to spread fast, the total sanitation movement in Bangladesh is going on steadily. It is not only CLTS without external subsidy which is increasing sanitation coverage in Bangladesh, there are other subsidised approaches being implemented as well. Sanitation achievements are continuing in the rural areas in more or less every district in Bangladesh. The problem is in the poor urban slums and settlements which are lagging behind.

According to the available data 482 *Union Parishads* (UP) and 19 *Upazillas* have been officially declared open defecation free. A rough estimate of the number of villages would be more than 5,000 because each union consists of about 10 villages. Each village has again several (5 to 15 or more) *Paras* (sub villages). Many *Union Parishads* have made significant progress towards total sanitation (personal communication, Shafi Ahmed, WSP-Dhaka).

Amongst others, some of the major actors promoting CLTS in Bangladesh are Plan Bangladesh and their partner organisations, Water Aid and their partners, some programmes of CARE, Dhaka Ahsania Mission and World Vision.

Challenges

- ***Subsidy continues to be a key challenge:*** Government and other major agencies commitment to shifting towards a no subsidy approach will be a major determinant of the future of community led total sanitation in Bangladesh. The Government is giving a small subsidy to the hardcore poor households in the form of a few sets of latrines per village. These are being distributed by the *Union Parishads* but often misunderstandings and dissatisfaction arises between the members and the Chairmen of the UP over the distribution of these free toilets. There is National Sanitation Strategy in place which has brought some degree of harmony among various approaches followed by different agencies. The government is continuing to allocate fund for promoting sanitation, and recommends that 75 per cent of this allocation be used for free latrines for the hardcore poor families, and 25 per cent for promotional activities. In the ODF areas, the proportion is reversed and the subsidised hardware is given to public places like schools or markets.
- ***Communities are victims of target driven push for CLTS:*** Government's target of 100 per cent sanitation coverage by 2010 is both a blessing and a curse. While the GoB initiative on a national

sanitation strategy is good in that it highlights sanitation, it introduces the real risk of failing to create household demand and facilitate a community drive process. The target driven approach is leading to a rush to declare the Unions, *Upazillas* or Districts ‘Totally Open Defecation Free’ in order to obtain the reward for UPs that reach ODF status. Often in the villages communities are informed by the UNO (*Upazilla Nirbahi Officer*) and *Upazilla* administration to construct latrines within a stipulated time, failing which households having means of constructing toilets would be fined up to Tk 2,000. Announcements are generally made by using loudspeakers in the villages. The supply of free hardware from the *Union Parishads* rarely goes to the poorest families through a community decision making process. In many villages people complain about defective cement pans often without a bend pipe (water seal) which make them direct pit latrines. People construct toilets out of fear of being fined without understanding the reasoning for doing so or the best methods for construction. This in turn leads to poor use of the latrines, i.e. children defecate all over the squatting plate and around the toilet pan, then chickens enter these toilets eat human shit.

Successes

- Since its innovation in early 2000, the success of CLTS has been most promising in Bangladesh. It is difficult to ascertain the exact number of paras or villages who have either totally freed themselves from open defecation or very near to it. Rough estimates done by some agencies say it must have passed 10,000 paras. The approach has now spread all over the country including some of the Haor and Char *Upazillas* and Unions. Mijchar Union of Bajitpur Upazilla became the very first Haor union who could make the entire Union of 34 (Antis) small islands totally free from open defecation.
- Visitors from all over Bangladesh, India, Indonesia, China, Cambodia and Nepal visited the communities of this successful CLTS union.
- The Social Development Unit of CARE Bangladesh has been doing a pioneering work with Dr Kamal Kar where CLTS is being used systematically as an entry point for triggering multi-dimensional community led development initiatives. The *Nijeder Janya Nijera* (We For Ourselves) programme of SDU has successfully facilitated ‘Community Led Development’ in at least 30 *paras* across seven Unions in Rangpur, Dinajpur, Nilphamari, Lal Monir Hat, and Kurigram Districts of Bangladesh. Amongst others, community led initiatives range from establishment of equal wage rate for male and female labourers through consultation with the landlords (social solidarity triggered in CLTS played a major role in bringing the rich and the poor together), eradicating ‘*Monga*’ (seasonal hunger and starvation), ensuring primary education for all children in paras, creating livelihood opportunities for the poor, landless and unemployed through efficient utilisation of unused resources and common property resources and reducing forced migration.
- Under the SHOUHARDO programme of CARE Bangladesh in the Haor region, one of the greatest collective local actions inspired by CLTS so far has been taking place Kewarjore. Inspired from the success of CLTS in their small paras, more than 3,000 people joined efforts in constructing a huge

7.2 km long earthen dam (10ft in the bottom and 5 ft on the top) to protect their only crop of rice in more than 6,000 acres. The dam will protect and delay the flooding of vast areas of crop land by at least one to two weeks in late June or early July depending up on the onset of monsoon. Previously they depended on the government departments to raise the height of the embankment. The determination to do it for themselves took place from the initial success of CLTS and the realisation of the power of collective local action.

- Good numbers of excellent Natural Leaders are emerging from these initiatives who help and support to other communities on request. Additionally, the SDU has been implementing ‘*Union Parishad*-initiated Community Led Development’ programme in Botlagari Union of Nilphamari district. Under this unique programme all the elected members of the UP and the Chairmen are trained and exposed to improve their capacity to ensure better and participatory governance. The essence of CLTS and community led development is incorporated in these training and field activities. They learn to understand the strength of collective community action as well as learning how to mainstream community participation in local governance and thereby reduce external dependence. So far the pilot is going well and UP Chairmen and members are emerging as champions who could train other elected representatives in the future.

Lessons learned/recommendations

- Like minded organisations implementing CLTS in Bangladesh have joined together to form a consortium called Deshari, to coordinate and oversee implementation and monitoring of CLTS. Member agencies include Plan, Water Aid, WSP, Dakha Ahasania Mission and World Vision.
- It is important to develop more and more Natural Leaders for scaling up of CLTS. The SDU Rangpur and the SHOUHARDO Haor region of CARE Bangladesh have encouraged developing at least 50 Natural Leaders from the success of CLTS and other livelihood initiatives those followed. At least 19 such NLs from Bajitpur area are regularly visiting other districts far from their homes and are rendering consultancy support to other communities in freeing their villages from open defecation. The services of these NLs are being supported by SHOUHARDO, Haor programme, who are paid a daily consultancy fee of Tk, 500 (US\$ 8). This provides a great opportunity to many dynamic and energetic people in remote villages who could do wonders in triggering local actions for development and social change.

Cambodia

Background and recent developments

In 2004, Dr Kamal Kar facilitated a number of training workshops for the staff of Concern Worldwide in Cambodia, triggering CLTS in nearby villages. Soon, a number of villages were declared open defecation free and a number of very good Natural Leaders, some of whom were ex-chiefs or members of Commune Councils, emerged. Over the next two years, more training workshops followed. Concern Worldwide initiated CLTS with Commune Councils in four provinces, Pursat, Siem Reap, Kampong Chhnang and Kampong Cham. The Ministry of Rural Development (MRD), UNICEF and other NGOs visited CLTS villages in Siem Reap in March, 2005.

In March 2006, a Training of Trainers on CLTS for the six UNICEF-supported provinces was organised. It was facilitated by four trainers from MRD and was attended by 26 participants. Last year, MRD piloted CLTS in two villages; one in Kampong Speu and the other in Kampong Thom. Plan Cambodia has also piloted CLTS in four villages, two each in Siem Reap and two in Kampong Cham. This year, UNICEF is going to support implementation of CLTS in at least ten villages in each of the six provinces.

MRD remains committed to improving the sanitation coverage in rural areas and is open to piloting new approaches such as CLTS in order to find the right model for community sanitation in Cambodia that would achieve this vision. Experience in Cambodia has shown difficulties in achieving targets in subsidised projects where many families did not utilise the material and those who built latrines did not use them.

Challenges

- ***Ensuring sustainability of latrines:*** Building latrines from locally available, low-cost materials (broken jars, the base of palm tree leaves etc.) means that many of these are temporary structures, built without properly lined pits. The challenge lies in ensuring technical assistance and access to durable sanitation hardware to those communities willing to improve their structures, whilst maintaining their initiative and ownership. Linking 100 per cent open defecation free (ODF) communities in remote rural areas with urban markets, suppliers and vendors to give them access to a wide range of sanitary hardware, will be a further challenge.
- ***Latrine design vs behaviour change:*** Concerns were raised regarding the design of the simple low-cost pit latrines, used by most of the families in the villages, as they are not water seal latrines and thus do not meet MRD national standards. However, the priority of CLTS is to trigger the behavioural changes required to stop open defecation, using locally available low cost materials to construct simple toilets. Once the age old practice of open defecation is changed, the rest of the

process flows easily and happens quickly: people start to improve the toilet structure and design and hardly anyone ever continues to use the simple and low-cost toilet constructed at the onset of triggering CLTS.

- ***Spread and extension of CLTS:*** Spread and scaling up of CLTS requires intensive expert facilitation. Thus, training activities for community leaders, front line staff of government departments, NGOs, INGOs and interested members of the Commune Councils are needed. This training is not only useful for strengthening their capacity in working with communities but also serves as a motivational tool to reward them for the time and energy they volunteer.

Successes

- Initial success of Concern Cambodia's CLTS programme in Pursat, Kampong Cham and Siem Reap has drawn the attention of many agencies including the MRD and UNICEF.
- Early CLTS villages served as training and learning grounds and a live demonstration of what could be accomplished by communities.
- Natural Leaders from these early CLTS villages visited other villages and helped them to also attain ODF status.

Lessons learned/recommendations

- Communities are willing and able to build their own latrines without any subsidy but this requires good facilitation and intensive encouragement, for example inviting them to present their experiences in workshops.
- PDRD (Provincial Rural Development Committee) staff are capable and willing to serve as CLTS focal points if they are given appropriate training. Additional training on how to communicate effectively, how to facilitate community meetings and on health education methodology would be useful.
- More community leaders and community consultants are required for larger villages. Village chiefs and commune representatives need to be provided with training on technical and facilitation skills. This ensures that each community leader is assigned a role that is within his/her capacity.
- National level workshops on CLTS need to be organised for exposing interested agencies in Cambodia to community led processes. The more people see CLTS in real life and interact with the communities involved, the more they understand its dynamics.
- More motivational activities such as participatory hygiene promotion, sanitation campaigns, involvement of children and religious leaders need to be included.

Plans

- Plan and UNICEF are collaborating in the training of Provincial Department of Rural Development (PDRD) staff (as well as Plan Cambodia staff) in order to carry out CLTS in Kampong Cham and Siem Reap provinces (Plan Cambodia target areas). UNICEF is supporting PDRD to do the same in six other provinces. So far, about six pilots are under way, and a first-stage scale-up of CLTS is now being planned in UNICEF's working areas.

China

Background and recent developments

Plan China decided to introduce the CLTS approach in their programme in Puchang County in Shaanxi province last year (2005) and arranged a study visit for programme staff to Bangladesh during March/April 2005. After the exposure visit to CLTS villages in Bangladesh, Plan China decided to train the front line staff of all the four PUs (Programme Units) and especially the staff from the WES (Water and Environmental Sanitation) programme in CLTS. Dr Kamal Kar conducted a visit to the Plan China programme areas in December 2005 to explore the feasibility of introducing CLTS in rural China and to train a group of Plan staff, community leaders, NGO staff and local government technicians in the approach whilst also intended triggering CLTS in a few communities.

Almost all households in the villages visited reported regular bouts of diarrhoea and dysentery in the summer seasons every year. Many families even reported to have dysentery all year round. On average, each family spends about RMB 500–700 (US\$ 60–90) or more on treatment and medication for diarrhoea and other stomach ailments every year. Some communities calculated the total average annual loss of money from their respective villages and found the cumulative annual expenditure to exceed US\$ 3,000.

Challenges

- ***Toilets in households – a different kind of mind-set:*** In the villages of Puchang County in Shaanxi province, most families have small brick walled enclosures without roof or door attached to their dwellings. Here, people defecate on the ground, sometimes using a squatting plate or a squatting stand made of two bricks. The human excreta generally remain accumulated there for days and weeks. Except in winter, when everything is frozen solid, these toilets emit a terrible stench and are infested with flies.
- ***Faeces used as manure:*** Human excreta are systematically used as manure for fertilising crops and vegetables. In many houses, the excreta of all family members are collected in buckets over the course of five to seven days, and then taken to the field and applied raw in the crops. As the practice is an age old tradition and of enormous economic value in terms of agricultural production, it presents a major challenge for introduction and sustainability of CLTS. Appropriate toilet models,

allowing access to and use of faeces yet breaking the faecal-oral contamination cycle, need to be developed in consultation with communities. Plan China has developed an eco-san toilet model that separates urine and faeces. The latter can then be collected separately for use as manure. In addition, nearly 70 per cent of the smell can be reduced if urine and stool are separated.

- ***School sanitation:*** Rural schools have separate toilet blocks for boys and girls, with a row of squatting plates used for both defecation and urination. In addition to the problems of smell and fly infestation due to accumulation of faeces and urine in a ditch behind the walls of the toilet buildings, hygiene is another problem that urgently needs addressing. Toilet paper is used for anal cleaning, but hand washing after defecation is almost non-existent. Generally, there are no water taps or water containers nearby. If water is available outside, it quickly freezes. Ensuring alternative hand washing facilities in schools months is therefore a challenge, particularly during winter. At the same time, there is great potential for scaling up CLTS through introducing it in schools and spreading it to the villages through schoolchildren.
- ***Technology:*** In contrast to tropical countries or southern China, in Shaanxi province in central China latrine technology presents a challenge as temperatures often drop below zero. Frozen soil makes it impossible to dig latrine pits. Extremely cold winds also make people reluctant to walk a distance for open defecation away from their houses. Moreover, plastic pans and pipes of different quality and standard are needed to prevent cracking and bursting in these extreme cold temperature regimes.
- ***Prescription and subsidy:*** Even though Plan China's seems, on the surface, to be embracing CLTS, the essence of CLTS is missing from both the programmes and on the ground reality. The main reason for this failure is a vicious cycle of subsidies which robs real CLTS of any chance to be triggered and sustained. As in most Plan countries, Plan China staff are used to prescription of toilet models with subsidy. Generally, stronger and costlier model of toilets, for example the new Eco-San toilet, are prescribed. The fact that Plan China's new WES programme has millions of dollars worth of subsidy makes it difficult for Plan China staff to move to a subsidy-free approach like CLTS.
- ***Five Year Plan:*** Government officers and Plan field staff are finding it difficult to promote CLTS without subsidy. The main reason for this, according to Plan China, is that in the Five Year Plan for 2006–2010, the Chinese Government has decided to increase rural investment, almost doubling the amount from the last Five Year Plan. A major part of the investment will be used for infrastructure as well as providing subsidy to farmers for fertilisers and seeds to improve the productivity and their livelihood. Rural sanitation is still not on the government's main agenda. However, it is believed that stopping the subsidy for sanitation would lead to the community losing interest in building latrines as they are getting subsidy for agriculture.

Successes

- The first CLTS training workshop in Puchang in December 2005 introduced the approach to a number of interested national and international institutions in China.
- Senior officials of Plan China, including the Programme Support Manager and other sanitation specialists, seemed convinced by the approach and have decided to pilot it in non-Plan villages.
- The Programme Support Manager met with the officers of China State Council Poverty Alleviation, who showed interest in collaborating with Plan China on the natural resource management in BaiShui County of ShaanXi Province. This could be a good opportunity to trigger CLTS in non-Plan areas.

Lessons learned/recommendations

- There is great potential for CLTS in China, provided it is facilitated with the right attitude, behaviour and spirit. If it is possible to avoid the up-front, hardware subsidy for toilet construction at the individual household level, it would be possible to trigger and spread CLTS in the rural areas quite fast, similar to other countries in south and south east Asia. As in India and other countries in south Asia, rural people still feel that sanitation is something which the government should provide and thus often expect an external subsidy.
- A flexible approach may need to be adopted to initiate CLTS in some areas where subsidy on sanitation hardware cannot be avoided. The individual H/H hardware subsidy could be changed to a 'collective community reward'. As soon as a community stops open defecation totally through local action, the amount of subsidy originally allocated for the village could be given to the community to spend on community causes like water, roads, school repair etc. This approach reduces external dependence, encourages communities to initiate local action, builds community confidence and triggers other local actions in the wake of CLTS.
- The notion that the construction of sanitary toilets costs a lot of money and that they are therefore not affordable for the poor living in villages needs to be eradicated. Raising awareness and demonstrating construction of low cost simple toilets of different types is essential.
- It is important that an agency interested and capable of piloting CLTS in China steps forward as soon as possible, in order to pursue the introduction of CLTS in selected non-Plan programme areas.
- It is recommended that in each of the Programme Units of Plan China, special pilots are carried out, introducing the CLTS approach without subsidy. This type of pilot might provide crucial new insights on CLTS in China and show which approach is able to ensure faster total sanitation coverage.
- Because of Plan China's hardware subsidy approach, it is recommended that CLTS is initially started in some non-Plan villages. This would make the work of the field facilitators easier. Once a few

villages stop open defecation totally, they could be used as learning ground for the Plan villages. The Natural Leaders emerging from such successful CLTS villages should be used as resource persons and catalysts for triggering CLTS in other villages.

- It is important to involve senior government officers from the relevant ministries of China who might be able to influence the development of a nation wide no subsidy sanitation policy and who could support launching CLTS in China.

Plans

- Plan China's WES programme is to be implemented in Plan's five Programme Units (PUs) on a full hardware subsidy basis for individual house holds. The WES team, whose members are mostly convinced of the CLTS approach, has requested that the Programme Unit Managers start real CLTS in at least some of the non-programme villages. However, due to human resources capacity at PU level, this is currently not seen as feasible. Plan are looking for new avenues to promote CLTS in cooperation with other NGOs or government organisations in non-Plan programme areas.
- Plan is hoping that the WES operational guidelines, which stress the need of promoting sanitation ahead of water supply and gradual reduction of sanitation subsidy in the coming years, will prepare the ground for CLTS. In their eyes, subsidy will be reduced gradually and CLTS will come into effect within 2–3 years. It remains to be seen, if this is a likely scenario, given that the current approach and thinking further enhances the dependence mentality of the communities and slows down the process of empowerment and self mobilisation.
- Shaanxi Research Association for Women and Family, Chinese Academy of Agricultural Engineering, AUSAID in Xian Yang, the Conservation Bureau of Shaanxi Province and a few Directors of county and township programmes have expressed an interest in piloting the CLTS approach in their respective areas in 2006.

India

Background and recent developments

The Community Led Total Sanitation approach, introduced in Maharashtra in 2002 with pilot projects in two districts, Ahmednagar and Nanded, has proved successful in creating Open Defecation Free (ODF) communities in rural Maharashtra. The success in the pilot districts, has led to the ODF approach being adopted by all the districts in the state. On becoming totally open defecation free, the *Gram Panchayats* are given incentives in the form of a reward or *Nirmal Gram Puraskar* from the government. Currently about 2000+ *Gram Panchayats* have achieved ODF status. In addition, two blocks, Mahabaleshwar (Satara

district) and Murud (Raigad district) have been declared full ODF blocks. In March 2006, the Government of India awarded *Nirmal Gram Puraskar* to 770 *Gram Panchayats*. Of these 381 were awarded in Maharashtra state alone.

In addition, other states have been showing keen interest in adopting the CLTS approach. While Himachal Pradesh has already adopted this strategy and is implementing it, Madhya Pradesh has accepted it in principle and is finalising its strategy. Other states, like Haryana, Rajasthan, Chattisgarh, Orissa, Gujarat, Karnataka and Andhra Pradesh have all either shown interest in the approach or are in the process of adopting the strategy.

According to our knowledge, the only Urban Local Body (Municipality) where CLTS has been introduced and is being implemented is the Municipality of Kalyani near Kolkata, in the state of West Bengal, which comprises 52 slums. The Chairman of Kalyani Municipality, Dr Shantanu Jha, took the opportunity of piloting CLTS under a Community-led Health Initiative (CLHI) initiated by Kolkata Urban Services for the Poor (KUSP) in Kalyani. So far the pilot is bringing very encouraging results in sanitation coverage.

The Kolkata Urban Services for the Poor (KUSP), a DFID supported urban development project which is being implemented in all the 38 Municipalities and three city corporations of the greater Kolkata area, has sanitation as a major component. Under KUSP, Rs 9,900 (roughly US\$ 220) are being given to each household as hardware sanitation subsidy. There are several thousand slums in the Kolkata Metropolitan Area (KMA) area where open defecation is practised widely and environmental sanitation is a serious problem. However, as not all the poor households living in these slums will receive a sanitation subsidy, it is difficult to imagine ODF slums emerging as a result of this programme.

Challenges

- ***Scaling up in other states beyond Maharashtra:*** Scaling up of CLTS in other states in India is either not taking place or only happening very slowly. This is generally due to the following reasons:
 - Sanitation has not been made into a high profile sector.
 - Concentration on implementing the Total Sanitation Campaign (TSC) with a narrow focus on how to push toilets to BPL (Below Poverty Line) families. There is no community approach which involves APL (Above Poverty Line) and BPL (Below Poverty Line) families.
 - High state subsidy regime.
- ***Andhra Pradesh and government subsidy:*** In the state of Andhra Pradesh, CLTS was introduced in early 2005 in Kaddapa district through training and village triggering. Prior to that, the State Minister and senior officials visited CLTS villages in Maharashtra and were thoroughly convinced by the approach. State level workshops were held in mid 2005 and it was officially decided to adopt and implement CLTS. However, even though everyone seemed to be in favour of the CLTS approach, nothing much has happened since then and CLTS has not taken off in Andhra Pradesh. This is partly

due to the upcoming elections in *Gram Panchayats* (GPs) in June/July 2006. The Andhra Pradesh State government has announced a big infrastructure building programme and sanitation is meant to be one of its components. However, this may not be fully realised as the state government is under financial strain and the announcement could be seen as part of their election campaign. It is yet to be seen whether after July, when the elections are over, a new sanitation strategy will be adopted by the government that would allow CLTS to be implemented without up-front subsidy.

- ***Urban Subsidy in West Bengal:*** Considering that huge money is being made available for up-front individual household hardware subsidy in urban sanitation under KUSP (as described above), it is difficult to imagine any change in political will to promote community empowerment and collective local action following CLTS approach in urban areas in West Bengal.

Successes

- In addition to 2000+ *Gram Panchayats*, two blocks/*tehsils* in Maharashtra (one in Satara and one in Raigad district) have become fully ODF. In Maharashtra, each *Gram Panchayat* has a population of about 2000. In 2003 there were only one or two ODF GPs in Maharashtra, now there are more than 2000. The spread is enormous. At the present rate of growth and spread of CLTS, all the 28,000 GPs in 33 districts of the state could become Open Defecation Free very soon.
- Many states of India are starting to get interested in CLTS and are visiting Maharashtra to learn more about the no-subsidy approach.
- Within the space of only two months after initiation, two slums in Kalyani have already been converted to nearly ODF slums without any external subsidy. In one of them, Vidyasagar colony, out of 280 households only 12 H/H are yet to complete their toilets but are currently sharing other toilets.
- The Chairman and the Ward Councillors of Kalyani Municipality have taken an official and political decision to stop sanitation subsidy and will not provide any subsidy on household sanitation. If the money saved on sanitation subsidy is converted into an incentive fund, it could be used in other slum development work. If successful, the example of Kalyani Municipality would mean a great progress towards introduction of CLTS in urban areas.

Lessons learned/recommendations

- Most of the states which have not adopted the CLTS approach are not doing well in sanitation. Seeing the good performance of states like Maharashtra, Tamil Nadu, West Bengal and other states are now becoming more and more amenable to adopting the CLTS approach. Some states, like Gujarat, which previously used high state subsidy, have given up subsidies and are pitching for CLTS. Still others, like Chattisgarh, have not given up state subsidies, but are seriously looking at the CLTS approach and considering ways of giving up subsidies.

- Many practitioners interested in promoting sanitation are themselves coming to the realisation that subsidies targeting BPL families only will not work.

Plans

- Government of India has set the target of achieving ODF status for the entire country by 2012.
- The state government of Himachal Pradesh has officially adopted the CLTS approach and is planning to implement it very soon across the entire state. Eight to ten villages have already been declared ODF.
- The state government of Madhya Pradesh is going to adopt CLTS approach soon, converting subsidy into community rewards. CLTS has already being rolled out in the state.
- The Municipality of Kalyani is going to declare the entire municipality as an open defecation free town this year. CLTS will be implemented with the slum communities in all the 52 slums of Kalyani.

Indonesia

Background and recent developments

The potentials of Community Led Total Sanitation (CLTS) were first assessed in September 2004 through a rapid assessment carried out by Dr Kamal Kar which considered the potential for CLTS in the WSLIC-II (Water and Sanitation for Low Income Communities Phase 2) project areas in South Sumatra and in West Java (funded by World Bank and AusAid and implemented by the Indonesian Government). The initial findings from this assessment led to plans for pilot in six different provinces in Indonesia, namely in: Nusa Tenggara Barat NTB (district Sumbawa), East Java (district Lumajang), South Sumatra (district Muaranim), West Java (district Bogor), West Kalimantan (district Sambas) and Jambi (district Muaro Jambi). Of these six pilot locations, two (Sambas and Muaro Jambi) were non-WSLIC-II project locations. Of these six pilot locations, two, Sambas and Muaro Jambi, were non-WSLIC-II project locations.

Training workshops on CLTS in Lumajang and Sumbawa in May 2005, were attended by at least 70 participants from different districts of east Java and NTB, among them more than 20 senior level officials from the Health Ministry, WSLIC-II project, the National Planning Board (Bappenas), Ministry of Home Affairs and Ministry of Public Works and the different District administrations. Additionally a good number of Field Facilitators, Kabupaten (district) and Kecamatan (sub-district) level extension staff; *Kepala desas* (village chief) and community members also participated. As part of the learning activity in the training workshops, the workshop participants triggered CLTS in at least ten *dusuns* (hamlets) in Lumajang and in Sumbawa.

Later on, the CLTS team, who had been trained in Lumajang and Sumbawa, facilitated two more training workshops for other field staff and facilitators. These two workshops were held in Sambas and in Jambi, where the participants also triggered CLTS in surrounding villages close to the workshop venue.

The first review of CLTS pilots in Indonesia was carried out between 9 November and 1 December 2005. During this time, CLTS pilot areas in Sambas in West Kalimantan, Jambi in South East Sumatra and Bogor in West Java were visited. Officials of WSLIC-II project, the Ministry of Health and WSP-EAP, accompanied the review team. Additionally, local officers from the district (Kabupaten), sub district (Kecamatan) and heads of *desas* (villages) and *dusuns* (sub-villages) from the respective areas participated in the rapid appraisal of the present status of the CLTS pilot. Afterwards, a national workshop on CLTS was facilitated in Jakarta from 28-30 November 2005. Participants from all the six CLTS pilot areas attended the national workshop and shared their first experience of adoption/introduction of CLTS as well as planning strategies for scaling up. Other donor agency personnel and NGOs that had expressed interest in CLTS were also invited to the workshop.

The sudden rise in community demand for sanitary hardware due to CLTS recently paralysed the supply chain. On visiting a village in the district Muaraenim, the chief of the Primary Health Centre (Puskesmas) reported that even though the village had committed to becoming totally open defecation free a month before, they had not been able to meet this target and that 19 households were still missing latrines. However, the reason for the delay in achieving total sanitation was due to reasons that attest to the popularity and spread of CLTS: latrine hardware in the city had run out and it took a few days to get in new stock.

Challenges

Technical/practical

- Non-availability of any low-cost sanitary hardware in the open market (such as plastic pans, pipes etc.).
- No technical guidance to community on low-cost toilet construction using locally available low-cost materials.
- Higher level of ground water demands more sophisticated designs of latrine to prevent over flooding.
- Difficulty of fetching water from the river to toilets (earlier this was not needed as they used to defecate in the canal water and clean themselves up there).

Behavioural

- Changing many years of open defecation behaviour and habits takes time.
- Families living on the banks of the rivers or very close to river and canals didn't want to change habit easily.

Bureaucratic/institutional

- Old mind-sets amongst line department government staff (latrine construction-focused, hardware subsidies-dependent, counting latrines instead of monitoring communitywide behaviour change).
- Presence of agencies promoting sanitation with hardware subsidy and those who do CLTS in the same areas, resulting in confusion amongst the communities.

Subsidies

- News of subsidy being distributed in nearby villages by other programmes/projects dampens the spirit of self-mobilisation by the local communities. Often such communities don't agree to construct simple toilets but prefer to defecate in the open and wait for the toilet subsidy.
- The country-wide sanitation project with 30 per cent household level hardware subsidy and standardised designs, initiated by Plan Indonesia, is antagonistic to CLTS.

Staff

- Facilitation skill of the Project staff needs to be improved further.
- Availability of time for the WSLIC-II project staff to follow-up CLTS villages after triggering. The staffs have to do this in their spare time in addition to their normal work.

Successes

- ***WSLIC II embraces CLTS:*** So far the WSP-EAP (Water and Sanitation Programme East Asia and Pacific) office in Jakarta is receiving good reports of spread of CLTS. A four-day orientation and training for WSLIC-II project officers, attended by WSLIC district managers from 23 districts and four provinces was organised in the Eastern Region in March 2006. The main objective of the orientation was to give comprehensive and detailed information about CLTS, training the participants in the approach and allowing them to practice it in eight communities in Kediri. As result, in addition to triggering CLTS in eight communities who committed to change, the 23 WSLIC district managers came to the conclusion that CLTS is much more effective and low risk and decided to apply the CLTS approach in the project instead of using a revolving fund mechanism, even though WSLIC gives them the flexibility to choose. On the last day of the training, top officers from the Health department (deputy of the Health Minister and Director) came to the training. They saw the collective re-triggering process and community commitment declaration. Two weeks later, the facilitator of the four-day orientation was asked by the WSLIC project to assist them in carrying out a similar orientation in South Sumatera (Palembang/Muaraenim) for the Western Region. The WSLIC project has fully embraced the concept of Natural Leaders to support the expansion of CLTS. Some natural leaders were invited to the orientation, where they played a crucial role, as well as to other

meetings and workshops related to CLTS. The new national programme, WSLIC-III, called *Pamsimas*, has a 10 million dollar component for CLTS. The Ministry of Health (MoH) has committed to mainstreaming the approach.

- **Enthusiasm:** There is great enthusiasm within communities to stop open defecation and ensure a cleaner environment. Community groups exist in every village in Indonesia, for example the highly motivated youth group *Karang Taruna* and women's groups of the Family Welfare Programme (PKK, a voluntary movement most active in Java). These have contributed substantially towards spreading the message of CLTS. In addition, *Kepala Desas* (village chiefs) and the Section Chief of Dinas Kesehatan (local government Health Department), proved to be very committed and keen. Great support and encouragement also came from the *Bupati* (Head of District Administration).
- **Natural Leaders:** Natural leaders emerged from all successful CLTS villages. In most villages the heads of villages were found to be the main driving force behind the success. However, local village youth, men and women, local elites, Imams, schoolteachers and others also emerged as natural leaders.
- **Innovation:** Members of the community designed locally appropriate toilet models to combat the problem of the rising water table.
- **Gotong Royong** (the concept of community cooperation/help) is very popular in rural Indonesia – this has helped the community to build their toilets faster.
- **Promotion of CLTS:** During the weekly religious gathering at which the community organises Koran reading competitions, the matter of cleanliness is a regular discussion topic. Distribution of caps with the word CLTS embossed on them created great enthusiasm. The other side of the cap bears the caption *Pemicu Perubahan* meaning 'One who brings awakening change'.
- **Health:** The fall in the number of patients after initiation of CLTS in the *dusuns* (sub village) was remarkable and is backed up by the local health centre's record of diarrhoea patients, skin disease incidence and children with worm infestations over four months of assessment. As a result, primary school attendance has also risen remarkably in the CLTS villages. Monthly household medical expenses have decreased from around Rp 25,000–100,000 (US\$ 2.50–10) per month.
- **External visitors:** Villages are receiving more visitors from towns as the visitors can now stay overnight without having to worry about going to the bush in the morning.

Lessons learned/recommendations

Overall, the scaling up of CLTS in Indonesia seemed to be far less difficult than in India or in Bangladesh. Reasons for this are:

- Although open defecation is common in rural Indonesia, a more wide-spread practice is defecation in water or streams. As a result, problems common in rural areas in India, Bangladesh, Nepal, Cambodia, Laos and a few other countries, such as bad smell, flies, dangers of stepping on shit and visible impact of defecation on surroundings, were largely absent in Indonesia. People generally felt

that they were clean, even though the opposite was true as everyone was bathing in shit-contaminated water. When CLTS was triggered and the community realised that they were smearing shit all over their bodies whilst bathing, they immediately withdrew from this practice.

- Overall, rural Indonesian society loves to live a clean life. Washing and cleaning, *Suci* ('being clean'), is part of the daily chores of Indonesian women. Thus, once triggered, CLTS could spread very fast.
- In every village and sub-village, there are *Kepala Desas* (village chiefs) and *Kepala Dusuns* (sub village chiefs) who have been formally recognised leaders for many years and are therefore crucial in the process of scaling up CLTS. As local leaders, they can act as champions of the CLTS cause and are able to influence local people and initiate local campaigns. Wives of the village and sub-village chiefs have been very important agents of change.
- Initial failure after triggering of CLTS entailed a valuable lesson for the field staff. 'Subsidy kills collective local enthusiasm'.
- In non-WSLIC-II project supported villages, the mind-set of the community was advantageous as these communities are not expecting to receive hardware subsidy or any external material help.
- Training of community Natural Leaders is of immense importance. It is suggested that weeklong training of Natural Leaders and Key Communicators from different provinces should be arranged. The training should take place in locations where the Natural Leaders get ample opportunity to practise and trigger CLTS in new villages, together with local government staff. Focus should also be on building and improving the facilitation skills of Natural Leaders during these training workshops.

Plans

- **CLTS as an entry point for further hygiene behaviour and social change:** Total open defecation free status is only the first step towards total sanitation. Other important hygiene behaviour practices like hand washing with soap, wearing sandal, nail trimming, covering food and proper handling of drinking water etc. need to follow. The empowered community must be encouraged to move beyond the achievement of total eradication of open defecation. Lack of awareness often means that old hygiene behaviour practices survive, even when villages are free from open defecation. A good example of this is Muaro Pijuan village in Jambi. During an assessment visit, the community there proudly explained how they had achieved open defecation free status, stopped open defecation in rivers and other water bodies and moved towards proper toilets in almost every household in the space of two months. However, they were then asked to form an evaluation committee, made up of random people from the crowd and to go around ten randomly selected houses and check if they had soap or ash in their newly constructed toilets/latrines. They reported that there was no soap or ash in any of the ten houses they visited and that, even though household members cleaned their toilet pans periodically with soap, they did not wash their hands with soap after defecation. This resulted in spontaneous declarations from many of the women present that they would start using soap after defecation from now on as well as ensuring that everyone else would do so, too.

Nepal

Background and recent developments

CLTS was introduced in Nepal in July 2004 but its status is not very encouraging at the moment. Organisations mainly involved in promoting CLTS are Plan Nepal and their partner organisations, Water Aid Nepal and NEWAH (Nepal Water for Health). A few other organisations like Rural Reconstruction Nepal and Nepal Red Cross have also shown interest and piloted the approach in a few communities. A team of at least ten people from Nepal Red Cross recently visited CLTS districts in Maharashtra state in India.

Challenges

- Scaling up of CLTS in Nepal has been a challenge. It has been difficult for Plan Nepal to follow CLTS approach completely in its sanitation programme as it could not propagate as expected. The pace is rather slow. Plan Nepal is therefore adopting CLTS in its new communities and partial subsidy approach for total sanitation in its old communities. Water Aid/NEWAH is also following the same path.
- Subsidy given by NGOs and the Government also poses a challenge to scaling up CLTS.

Success

- Since CLTS initiation in June 2004, Plan communities declared totally free from open defecation are only six till to date, four in Morang district and two in Bara district. Numbers of CLTS ongoing communities in Plan working areas are fourteen. Plan Nepal is in the process of evaluating CLTS implemented in its all six districts.
- Newah (and WaterAid) has successfully completed three pilot projects in Karkidhanda in Dhading district, Dumre Ekta Chowk in Morang district and Bhorle in Gorkha district. These sites have now been declared open defecation free. Other projects have since been undertaken and more are planned. Buoyed by the positive experiences of WaterAid Bangladesh, WaterAid Nepal have played a key role in driving forward the CLTS process here – although they do not implement CLTS projects directly. WaterAid staff completed an internal field trip to Bangladesh in spring 2005, where they had been able to compare the process and impacts of the Government's non-CLTS approach with the CLTS pilots. WaterAid have also developed a monitoring toolkit (personal communication, Chrissie Wellington, consultant).
- UNICEF has been using an approach called School Led Total Sanitation (SLTS); a mixture of CLTS and their school sanitation programme, and have prepared a guideline for this approach. The government is implementing the sanitation programme under this approach. There is no subsidy for hardware, however, they have introduced the concept of Revolving Fund in which seed money is

provided for lending to communities for constructing latrines. This is given to the communities later for use in other activities after total sanitation is achieved. There is provision of subsidy for constructing latrine to some extremely poor families.

- Rural Reconstruction Nepal (RRN) has been piloting CLTS as part of its EU (ECHO) funded community water, sanitation and health (CWASH) project. Having received training from Plan Nepal and Newah, their field staff ignited the approach in two villages in Salyan district, and it has proved incredibly successful. Every household in both sites has constructed a toilet, and they are being used and maintained. Field staff have seen a dramatic improvement in sanitation and hygiene behaviours, due to CLTS and the concomitant health and hygiene training for community people and health workers (personal communication, Chrissie Wellington, consultant).



Community in Hetauda, Nepal mapping defecation areas and planning to stop open defecation.



Plastic pans are available in the shops of remote villages in Bangladesh wherever CLTS is in progress.



Locally innovated toilet model in flood prone areas and in places with high water table. Sambas West Kalimantan.



Tin sheet, old plastic bottles and plastic sheets are used to construct toilets.*



CLTS embossed caps given to successful village chiefs by the Local Government in Indonesia as recognition, and to encourage neighbouring villages.



Newly constructed toilets in Kampong Svay village in Kampong Chhnang province in Cambodia. Mr Hoeun invites his neighbours to use his toilet in order to get more manure at the end.



Using plastic funnel as toilet pan: an immediate measure to declare the village free from open defecation, South Sumatra, Indonesia.

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