This issue updates the May 2013 Weekly on CLTS with more recent reports and other resources. Included are presentations from a sanitation workshop in Benin, reviews of CLTS successes and shortcomings, a UNICEF overview of CLTS in Asia and the Pacific, a video on school-led total sanitation in Nepal, among others.

If you haven't done so already, the WASHplus Knowledge Management (KM) team would appreciate your comments and suggestions about WASHplus KM services. The link to the KM survey is [https://www.surveymonkey.com/s/3G7SH7C](https://www.surveymonkey.com/s/3G7SH7C).

**REVIEWS**

**Testing CLTS Approaches for Scalability: Systematic Literature Review (Grey Literature),** 2012. V Venkataramanan. ([Full text](#))
This study presents findings from a systematic literature review on the effectiveness and impact of CLTS programs. This document was prepared by The Water Institute at UNC for Plan International USA as part of the project Testing CLTS Approaches for Scalability, funded by the Bill & Melinda Gates Foundation.

Decreases in diarrhea, cholera, and skin infections were the main health outcomes reported in this study. However, methodological weaknesses, including the lack of clarity around the proportions of the population exposed before and after implementation of CLTS to these conditions, made it challenging to determine the quality of the evidence presented. Evidence on impact of CLTS on non-health outcomes was also reported. Improvements in open defecation free/open defecation status, latrines constructed, and access to sanitation were commonly reported. However, none of the studies that reported on these tested the increment/decrease for statistical significance.

**The Cost of a Knowledge Silo: A Systematic Re-Review of Water, Sanitation and Hygiene Interventions,** 2013. M Loevinsohn. ([Full text](#))
The health impacts of CLTS have yet to be comprehensively assessed, although it is evident that people realize a range of benefits such as dignity, privacy, security—especially for women
—and a clean environment, which they may value more than protection from infection.

**Impact of Indian Total Sanitation Campaign on Latrine Coverage and Use: A Cross-Sectional Study in Orissa Three Years Following Programme Implementation.** *PLoS One, Aug 2013.* S Barnard. [Full text]
A large-scale campaign to implement sanitation has achieved substantial gains in latrine coverage in this population. Nevertheless, gaps in coverage and widespread continuation of open defecation will result in continued exposure to human excreta, reducing the potential for health gains.

**Sanitation and Hygiene in Africa: Where Do We Stand? Analysis from the AfricaSan Conference, Kigali, Rwanda, 2013.** P Cross. [Full text]
Chapter sixteen of this report provides an overview of CLTS developments in Africa. At least seventeen African countries have made CLTS central to their national rural sanitation policies. Increasingly, CLTS has become a continent-wide movement, ushering in a new era for rural sanitation. Nevertheless, many challenges and questions remain, for example, concerning appropriate follow up after triggering, monitoring and evaluation, sustainability, equity, and the interface and interaction between CLTS and other approaches such as sanitation marketing. Perhaps the most important overarching question for CLTS remains how to go to scale with quality.

**EVENTS/PRESENTATIONS**

**West Africa Learning and Exchange Workshop, Towards Sustainable Total Sanitation, Benin, Nov 2013.** [All presentations]
This learning and exchange workshop, organized by IRC International Water and Sanitation Center in partnership with WaterAid, SNV, and UNICEF, brought together about 60 practitioners from 10 West African countries to share experiences on CLTS and other programmatic approaches. Selected presentations include:

**Towards Sustainable Total Sanitation Workshop Report, 2013.** [Full text]
This report gives the overall proceedings of the workshop, the list of participants, all the links to the PowerPoint presentations and papers presented during the three days, as well as the script of all materials produced during the working groups.

**From CLTS to Sustainable Sanitation Services, 2013.** A Dubé. [Full text]
This paper aims to strengthen the foundations of how interventions with a focus on CLTS can better contribute to sanitation services.

**Use of a Natural Leader Network in Liberia to Scale-Up CLTS, 2013.** P de Vries, CHF International. [Full text]
The USAID-funded IWASH program and the Ministry of Health’s CLTS National Technical Coordinating Unit in Liberia are implementing a sustainable, cost-effective methodology for CLTS by utilizing Natural Leader Networks to trigger and monitor target communities. Planning and monitoring are enhanced by innovative use of GIS mapping.

**REPORTS/VIDEOS**

**Growing Tall and Smart with Toilets, 2013.** Water and Sanitation Program. [Link]
Stopping open defecation improves children’s height in Cambodia. The extent of open
defecation in a community is more important for a child’s development than whether
the child’s household itself openly defecates.

**Coming Up Short without Sanitation: A Community Sanitation Program by the**
**Indian Government Helped Children Grow Taller and Healthier in the State of**
**Maharashtra**, 2013. Water and Sanitation Program. ([Full text](#))
Children living in villages that received sanitation motivation treatment grew taller on
average. Research suggests that taller children are more likely to lead healthy and
economically productive lives and to develop closer to their cognitive potentials. The village-
level sanitation intervention caused an important improvement in the height of children under
5.

**Community-Driven Sanitation Improvement in Deprived Urban Neighbourhoods,**
2013. G McGranahan, SHARE. ([Full text](#))
The health benefits and transferability of CLTS remain uncertain, and there are differences of
opinion on both the costs and benefits of CLTS, among advocates as well as between
advocates and detractors. One can debate whether the no-subsidy policy that many
proponents of CLTS adhere to is appropriate, whether the resulting improvements are really
sustainable, whether CLTS addresses gender equity, whether eliminating open defecation
necessarily results in sufficient health improvements, and whether the “shaming” really
conforms to the principles of participatory research or undermines people’s human rights.

**Community-Led Total Sanitation in East Asia and Pacific: Progress, Lessons and**
**Directions**, 2013. UNICEF. ([Full text](#))
Drawing extensively on country-level experiences and data, this report provides insights into
some of the CLTS success factors, and offers recommendations for strategic planning to
support wider and better quality uptake of CLTS in these countries. The document also
provides an up-to-date summary of CLTS status, lessons, and experiences from the region.

**Nudge, Don’t Shove: A Case for Reflexive WASH Behavioral Change, Part 1.**
*Hydratelif*, Dec 2013. S Tam. ([Blog post](#))
There have been no studies on the long-term mental health effects that CLTS leaves upon
those who have been “saved” from open defecation.

**Participatory Design Development for Sanitation. Frontiers of CLTS: Innovations and**
**Insights, Nov 2013. B Cole. ([Full text](#))**
Participatory design offers a methodology for ensuring that users participate in creating and
selecting sanitation technologies that are appropriate and affordable for them. It provides an
opportunity for users to express their traditional and often hidden knowledge and skills in
partnership with designers and researchers.

**A Randomized, Controlled Study of a Rural Sanitation Behavior Change Program in**
In 1999, India launched the Total Sanitation Campaign with the goal of achieving universal
toilet coverage in rural India by 2012. This paper reports on a cluster-randomized, controlled
trial that was conducted in 80 rural villages in Madhya Pradesh to measure the effect of the
program on toilet access, sanitation behavior, and child health outcomes.

**Results, Impacts, and Learning from Improving Sanitation at Scale in East Java,**
**Indonesia**, 2013. R Pinto. Water and Sanitation Program. ([Full text](#))
This Field Note presents the achievements, learning, and reflections that resulted from implementing a large-scale sanitation program in East Java, Indonesia, and provides recommendations for future initiatives aimed at increasing access to improved sanitation globally.

**SCHOOL-LED TOTAL SANITATION (SLTS)**

*School Children Changing Sanitation Behaviours in Communities*, 2013. UNICEF/Nepal. *(Video)*

The video is about school children who serve as agents of change for improved sanitation and hygiene behaviors in their communities. They do so using various participatory tools like social mapping, triple T (telephone, television, and toilets), and through demonstrations of the fecal transmission routes. This is part of the UNICEF-supported SLTS program in Nepal.


These guidelines provide an overview of the sanitation challenges schools in Malawi face, the goals of SLTS, and the SLTS triggering process.

*WASHplus Weeklies* will highlight topics such as Urban WASH, Indoor Air Pollution, Innovation, Household Water Treatment and Storage, Hand Washing, Integration, and more. If you would like to feature your organization's materials in upcoming issues, please send them to Dan Campbell, WASHplus Knowledge Resources Specialist, at dacampbell@fhi360.org.

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About WASHplus - WASHplus, a five-year project funded through USAID’s Bureau for Global Health, supports healthy households and communities by creating and delivering interventions that lead to improvements in access, practice and health outcomes related to water, sanitation, hygiene (WASH) and indoor air pollution (IAP). WASHplus uses at-scale, targeted as well as integrated approaches to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under five years of age globally. For information, visit www.washplus.org or email: contact@washplus.org.