



## Issue 181 | March 6, 2015 | Community-Led Total Sanitation

This issue focuses on recent CLTS studies, reports, blog posts, and videos. Included is a new issue of *Frontiers of CLTS* on sustainability; reports on the health impacts of open defecation; videos and reports on CLTS programs in Ethiopia, Ghana, India, Indonesia, and Kenya; and other studies/resources.

### JUST PUBLISHED

**Sustainability and CLTS: Taking Stock.** *Frontiers of CLTS: Innovations and Insights*, Issue 4, Feb 2015. S Cavill. [Link](#)

There are multiple and complex challenges associated with achieving sustainability. Habits are hard to break and so sustainability of behavior change continues to be a major preoccupation. The CLTS and WASH communities need to continue to share learning and insights and to draw practical conclusions that lead to better practice. Action learning that is grounded in field realities, open-mindedness, mutual respect, and sharing is the way forward. The accessibility of the four evaluations in the opening pages of *Frontiers* sets a good precedent.

Other issues covered in this series of *Frontiers of CLTS* are: [Issue 1: Participatory Design Development for Sanitation](#) | [Issue 2: How to Trigger for Handwashing with Soap](#) | [Issue 3: Disability—Making CLTS Fully Inclusive](#) |

### UPCOMING EVENTS

**Webinar on Participatory Design Development for Sanitation – March 26, 2015, 6–8 a.m. EDT.** [Link](#)

Ben Cole will be discussing his experiences in applying participatory design to accompany and extend Malawi's national CLTS program since 2012. Participatory design is a natural extension to the processes applied in CLTS programs. Mr. Cole's work in three rural districts of Malawi demonstrates the immense potential that participatory design can offer to CLTS programming. It offers a low-cost engagement tool that can support traditional follow-up approaches to CLTS programming.

### 2015 STUDIES/RESOURCES

**Talking Shit: Is Community-Led Total Sanitation a Radical and Revolutionary Approach to Sanitation?** *Wiley Interdisciplinary Reviews: Water*, Jan/Feb 2015. M Galvin.

[Link](#)

In contrast to past approaches, one of CLTS's main tenets is strictly no subsidies of finance or materials. In the absence of monitoring and evaluation systems, it is not clear whether its immediate achievements are sustainable. In addition to questioning its sustainability, it is essential to examine CLTS through the analytical lens of power dynamics and human rights.

**Lessons from Pakistan's Approach to Total Sanitation.** *CLTS Blog*, Feb 2015. J Myers, CLTS Knowledge Hub. [Link](#)

Pakistan represents an excellent example of adaptations being made to the traditional CLTS process due to local conditions. It is due to conducting CLTS in areas recovering from the 2010 floods that some of these adaptations have been made.

**Realizing the Right to Sanitation in Deprived Urban Communities: Meeting the Challenges of Collective Action, Coproduction, Affordability, and Housing Tenure.**

*World Development*, May 2015. G McGranahan, International Institute for Environment and Development (IIED). [Link](#)

Serious institutional challenges are associated with low-cost sanitation in deprived urban communities. These include a collective action challenge, a coproduction challenge, a challenge of affordability versus acceptability, and a challenge related to housing tenure. This paper examines these challenges, revealing both the importance of community-driven sanitation improvement and its difficulties. The nature of the challenges, and the means by which two successful community-driven initiatives have overcome them, suggest that while recognizing the human right to sanitation is important this should not be taken to imply that typical rights-based approaches are the appropriate means of realizing this right.

**Why Do Sanitation Campaigns Fail?** *People, Spaces, Deliberation blog* (The World Bank), Feb 2015. S Chattopadhyay. [Link](#)

This blog discusses the findings of a Lancet paper that looks at the impact of India's Total Sanitation Campaign on the coastal Puri District in Odisha. The study found that the rural sanitation program did not reduce exposure to fecal matter. A few reasons for the failures demonstrated by the Odisha study: without total coverage, the gains from improved sanitation cannot be realized in a community. And unless all families adopt hygienic sanitation practices, a sanitation program will not make a dent in the incidence of disease prevalence.

**The False Dichotomy Among Sanitation-for-All Advocates.** *People, Spaces, Deliberation blog* (The World Bank), Feb 2015. S Chattopadhyay. [Link](#)

While sufficient evidence exists from locations using the CLTS approach that households construct latrines and start using them, little evidence is available showing that these latrines continue to be used in the long term. For instance, a study from Kenya, Uganda, Ethiopia, and Sierra Leone reveals a slippage rate of nearly 90 percent, meaning nearly 90 percent had gone back to unhygienic sanitation practices over a period of two years after the intervention. The study calls for identifying ways to help families upgrade their sanitation infrastructure alongside greater follow-up and continuous health messaging. CLTS does not address this infrastructure gap, neither does it support the poorest families in need of usable and lasting toilets.

**What Explains Widespread Open Defecation in India? Links Between Widespread Open Defecation and Culture,** 2015. S Vyas. [Presentation](#)

Caste, and concepts of purity and pollution, make India unique and pose particular challenges for use of simple latrines in rural north India.

**The Asian Enigma: Exploring the Causal Linkages between Undernutrition and Insanitation in Children with Reference to India**, 2015. F Kuriakose. [Link](#)

This paper proposes to trace the relation between undernutrition and insanitation in India and its effects on children under 5. The study is based on secondary data. Questions of nutritional sufficiency and sanitation facilities are examined in the theoretical framework of the Capabilities Approach developed by Amartya Sen and Martha Nussbaum. The paper concludes that universal access to sanitation is an integral step in eliminating nutritional deficiencies in children.

**How Does Health Promotion Work? Evidence from the Dirty Business of Eliminating Dirty Defecation**, 2015. P Gertler. [Link](#)

This study estimates the causal relationship between village open defecation rates and child height using experimentally induced variation in open defecation.

**Triggering Five Pillars of Community Based Total Sanitation in Ende District–Indonesia**, 2015. STBM Indonesia. [Video](#)

To change hygiene and sanitation behavior of the Tiwerea community in Ende District, Plan Indonesia collaborated with the district government to trigger community-based total sanitation (CBTS). This video shows the community going through each of the five pillars of the CBTS process.

**Social Network Predictors of Latrine Ownership**. *Social Science & Medicine*, 125 (2015). H Shakya. [Link](#)

Results show that, controlling for the standard predictors of latrine ownership such as caste, education, and income, individuals are more likely to own latrines if their social contacts own latrines. Interaction models suggest that this relationship is stronger among those of the same caste, the same education, and those with stronger social ties. The results suggest that interventions designed to promote latrine ownership should consider focusing on those at the periphery of the network. The reason is that they are less likely to own latrines and more likely to exhibit the same behavior as their social contacts, possibly as a result of the spread of latrine adoption from one person to another.

**Can Smartphones Solve India’s Sanitation Monitoring Conundrum?** *WaterAid Blog*, Jan 2015. A Hueso. [Link](#)

The new sanitation campaign in India, the Swachh Bharat Mission, is about to bring some changes in terms of monitoring, primarily through the use of smarter technology, which will allow the inclusion of photographs and GPS geo-tags of the latrines that are being constructed in rural areas. This is intended to improve the accuracy of the monitoring system, which has been very poor in the past. But can smartphones really solve India’s sanitation conundrum?

## **2014 STUDIES AND RESOURCES**

**Urban Community-Led Total Sanitation (UCLTS)**, 2014. Plan India. [Video](#)

This case study is about a slum in Madanpur Khaddar in South Delhi. Plan India and its partner organization helped establish women’s groups to manage the community toilet, solid and liquid waste management, etc. Children’s groups were also created to monitor the hygiene practices and usage of facilities.

**Community Led Total Sanitation in Keiyo North, Kenya**, 2014. World Vision. [Video](#)

This video shows public health officers supported by World Vision Kenya conducting CLTS triggering at the Songeto/Rimoi Community Health Unit located in Keiyo North subcounty in Rift Valley Province.

**Explaining Obstacles to 'Total Sanitation' in India with Spatial Methods: Evidence from the District Level Household Survey, 2014.** G Pierce, University of California, Los Angeles. [Link](#)

Inadequate toilet use directly contributes to high rates of morbidity and mortality in India. Despite a strong research focus on sanitation solutions, understanding of the determinants of toilet use in India is remarkably poor. This paper uses spatial analysis techniques to explain variation in sanitation use at the district scale. A test of global spatial autocorrelation confirms that sanitation use is strongly clustered geographically, and spatial clustering remains robust after controlling for socioeconomic explanations. In addition to providing an empirical model of toilet use, this paper suggests that variation in regional adoption of use must be incorporated into future national program design.

**Child Feces Disposal, 2014.** Water and Sanitation Program; UNICEF. [Link](#)

Safe disposal of children's feces is as essential as the safe disposal of adults' feces. This series of country profiles provides an overview of the available data on child feces disposal in 26 locations. Each brief concludes with ideas to consider, based on emerging good practice.

**Key Findings of a Sanitation Supply Chains Study in Eastern and Southern Africa, 2014.** UNICEF. [Link](#)

While capacity and materials to provide sanitation services are generally available at district levels, provision of services to households at the community level remains fragmented. Prices for basic sanitation materials differ significantly between countries impacting product options and business models. Innovation in sanitation product design and availability is taking place, but there is room for more.

**The Role of Local Government and Community Structures in Community Led Total Sanitation (CLTS) Monitoring, n.d.** M Namwebe, Plan International. [Link](#)

Local level participatory monitoring has proven effective in tracking progress toward open defecation free (ODF) attainment and sustaining ODF status through the use of existing structures like the local government and community resource persons. Furthermore the linkage between monitoring at the local/program level and the government/national-led monitoring system has enhanced the keeping of real time data on ODF status in the country. In turn this has supported decision making and the feedback mechanism.

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WASHplus Weeklies highlight topics such as Urban WASH, Household 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](mailto: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 household air pollution

(HAP). 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](http://www.washplus.org) or email: [contact@washplus.org](mailto:contact@washplus.org).