



Issue 202 | August 14, 2015 | Focus on Community-Led Total Sanitation (CLTS)

This issue updates the March 6, 2015 [Weekly on CLTS](#). Studies and resources in this issue include a webinar series on what constitutes success for CLTS, new reports from the UNC Water Institute and the Institute of Development Studies, a presentation by Kamal Kar on CLTS and scaling up, and a UNICEF report on CLTS in fragile and insecure contexts. Also included are recent studies on the health impacts of open defecation in India and Nepal and a Waterlines review on the safety of burial or disposal with garbage as forms of child feces disposal.

WEBINARS

What Constitutes Success for CLTS? Measuring Community Outcomes and Behavior Changes, 2015.

The webinar had a chat show format where, following a panel interview, the audience will have the chance to interact with the panelists. This webinar was organized under the Knowledge Management initiative of the Building Demand for Sanitation (BDS) program of the Bill & Melinda Gates Foundation. Organizers included Euforic Services, the SuSanA secretariat and the Stockholm Environment Institute.

- Introduction (Part 1 of 4) by Pippa Scott. [Link](#)
- Chat show (Part 2 of 4). Speakers: Ada Oko Williams, Technical Support Manager, Sanitation and Hygiene, WaterAid UK; Darren Saywell, Senior Director, Water, Sanitation and Health, Plan International USA and others. [Link](#)
- Feedback from breakout rooms (Part 3 of 4). [Link](#)
- Closing panel (Part 4 of 4). [Link](#)

Seminar: CLTS at Stockholm World Water Week, August 23rd, 9:00 – 10:30, FH 202.
[Link](#)

In this 90-minute event, speakers from Plan International and the Water Institute at UNC will discuss with the audience the results of an operational research program on the role and potential of local actors to sustain CLTS outcomes. Highlights will be shared from activities in 10 countries across Africa, Asia, and the Caribbean.

BRIEFS

CLTS in Cambodia: An Implementation Learning Brief, 2015. V Venkataramanan, et al. UNC Water Institute. [Link](#)

This learning brief by the Water Institute at UNC shares key findings and implications from a case study of CLTS implementation in Plan International Cambodia program areas. The brief suggests how Plan International Cambodia staff can work with partners on developing a systematic approach to community selection, strengthening CLTS facilitation, and standardizing monitoring and evaluation processes.

REPORTS

CLTS Learning Series: Implementation Case Studies from Indonesia, Laos, Nepal, and Uganda. 2015. V Venkataramanan, UNC Water Institute.

The Learning Series is a collection of seven country case studies on CLTS implementation prepared by the Water Institute at UNC. Four new country reports by the Water Institute at UNC highlight the roles of local actors throughout CLTS implementation and illustrate a range of factors for improving program outcomes for Plan International country offices in Indonesia, Laos, Nepal, and Uganda. A cross-country synthesis, guided by the goal of assessing different approaches to CLTS implementation, will be produced at the end of the series.

- **CLTS in Indonesia: An Implementation Report**, 2015. Venkataramanan V. UNC Water Institute. [Link](#)
- **CLTS in Nepal: An Implementation Report**, 2015. Venkataramanan, V. UNC Water Institute. [Link](#)
- **CLTS in Uganda: An Implementation Report**, 2015. Venkataramanan, V. UNC Water Institute. [Link](#)
- **CLTS in Cambodia: An Implementation Report**, 2014. Venkataramanan, V. UNC Water Institute. [Link](#)
- **CLTS in Laos: An Implementation Report**, 2014. Venkataramanan, V. UNC Water Institute. [Link](#)

Frontiers of CLTS: Innovations and Insights: Breaking the Next Taboo - Menstrual Hygiene within CLTS, 2015. S Roose. | [Link](#) | [The Frontiers of CLTS Series](#) |

This issue of Frontiers of CLTS illustrates how Community-led Total Sanitation (CLTS) programmes can be expanded to address menstrual hygiene management (MHM) in schools and communities to alleviate these stresses on women and girls. It shares learning, recommendations, innovations and experiences from Plan International, WaterAid, WSSCC, UNICEF, WASH United, Grow and Know and USAID/WASHplus.

Frontiers of CLTS: Making Sanitation and Hygiene Safer- Reducing Vulnerabilities to Violence, 2015. S House. | [Link](#) | [The Frontiers of CLTS Series](#) |

looks at good practices within organisations to ensure that those working in the sector know how to programme to reduce vulnerabilities to violence and to ensure that sector actors also do not become the perpetrators of, or face violence. It also points out areas in which CLTS methodologies, if not used skilfully with awareness and care, can run the potential risk of creating additional vulnerabilities, for example as a by-product of community pressure to reach ODF.

Final Report: Impact Evaluation of Community-Led Total Sanitation (CLTS) in Rural Mali, 2015. M Aluza. [Link](#)

The CLTS campaign was highly successful in increasing access to private latrines, improving the quality of latrines, and reducing self-reported open defecation. Access to a private latrine almost doubled among households in CLTS villages (coverage increased to 65% in CLTS villages compared to 35% in control villages). Self-reported open defecation rates fell by 70%

among adult women and men, by 46% among older children (age 5-10), and by 50% among children under five. Children too young to use latrines were also more likely to use a child potty in CLTS villages. The program also increased perceived privacy and safety during defecation among women. These results were sustained over time.

Community-led Total Sanitation (CLTS): Challenges of Nation-wide Scaling up and Sustainability, 2015. [Link](#)

Dr Kamal Kar, the pioneer of CLTS, spoke about the challenges of nation-wide scaling up of CLTS, especially in the run up to the Sustainable Development Goals (SDGs) with a particular focus on new strategies of some African nations on national scaling up. He also discussed second and third generation challenges of CLTS such as sustainability, inclusion and waste containment.

Analysis of Behavioral Change Techniques in Community-Led Total Sanitation Programs. *Health Promot Int*, Mar 2015. R Sigler. [Abstract](#)

The aims of this study are to (i) show which behavior change frameworks and techniques are the most common in CLTS interventions; (ii) describe how activities are implemented in CLTS interventions by region and context; and (3) determine which activities program implementers considered the most valuable in achieving open defecation free (ODF) status and sustaining it. The results indicate that a wide range of activities are conducted across the different programs and often go beyond standard CLTS activities.

CLTS in Fragile and Insecure Contexts: Experience from Somalia and South Sudan, 2014. UNICEF. [Link](#)

CLTS has been very successful in Somalia and South Sudan: Somalia has gone from zero ODF (Open Defecation Free) villages to 144 (self declared) ODF villages in 2 years and South Sudan declared 103 communities, 200,000 people in ODF communities in 2 years. CLTS is ideally suited for situations where access for aid workers is constrained since much of the action is community initiated rather than aid agency delivered.

CLTS in Fragile and Insecure Contexts, *Waterlines*, July 2015. N Balfour. [Abstract](#)

This article presents the experience of using the Community-Led Total Sanitation (CLTS) approach in a recent program in Somalia and explains some of the adaptations that were necessary to adjust to the specifics of a fragile and insecure context. The article goes on to explore the applicability of CLTS in fragile and insecure contexts more generally, using examples from South Sudan, Chad, and Afghanistan, and argues that in some ways it is an ideal approach for overcoming some of the challenges of working in these areas.

Community-Led Total Sanitation Mobile Surveillance, 2015. Akros. [Link](#)

Based on DHIS2 (District Health Information System), Akros partnered with the Government of Zambia to design a comprehensive WASH surveillance system that enables the rapid flow of village-based water and sanitation data. Almost 1,000 community-based volunteers in 28 rural districts across Zambia submit monthly data using simple Nokia feature phones. The data are submitted to a central server and immediately available to decision makers at district, provincial and national levels, allowing them to monitor and respond more quickly to sanitation concerns in each village, engage traditional leaders, and better target interventions.

Micro-Planning for CLTS: Experience from Kenya, 2015. UNICEF. [Link](#)

Micro-planning is a tool often used in the context of decentralisation to guide decisions and to monitor the achievement of objectives. It has been used in a variety of sectors including

planning immunization to reach target children as well as in education to reach out-of-school children.

Process Documentation- Angul, 2015. V Bejjanki. [Link](#)

This document seeks to put forth the various change processes in place for achieving Open Defecation Free Villages through a CLTS Approach in Angul Block of Angul District in the state of Odisha. The document serves as a tool for other Districts and States to learn from and utilize as part of their sanitation programs and also to present evidence on replicability of this model across the country. It outlines the activities, interactions between stakeholders, issues and contextual factors during the plan, design and implementation of the Community-driven Sanitation Model.

OPEN DEFECATION STUDIES

Are Burial or Disposal with Garbage Safe Forms of Child Faeces Disposal? An Expert Consultation. *Waterlines*, July 2015. R Bain. [Link](#)

The importance of safe handling and disposal of child feces given its potential role in disease transmission are increasingly recognized. Household surveys demonstrate that the burying of child feces ('dig-and-bury') is common in several countries, especially in sub-Saharan Africa and South-east Asia. Disposal with garbage is widely practiced in middle- and high-income countries and is becoming increasingly common in urban areas of low-income countries. The safety of these two approaches is difficult to assess given the limited evidence available.

Management of Child Feces: Current Disposal Practices, 2015. E Rand. [Link](#)

Safe disposal of children's feces is as essential as that of adults' feces. Sanitation estimates are based on the household's primary sanitation facility, and may overlook the disposal practices of young children feces. In many cases, children may not be able to use an improved toilet or latrine because of their age and stage of physical development or the safety concerns of their caregivers, even if their household has access to one.

Sanitation, Disease, and Anemia: Evidence From Nepal, 2015. D Coffey. [Link](#)

This paper is the first to propose the hypothesis that poor sanitation, a public good with other well-documented health externalities, significantly contributes to hemoglobin deficiency via its role in creating a poor disease environment. Researchers show that within regions over time, cohorts of children exposed to worse community sanitation developed lower hemoglobin levels and displayed higher anemia incidence. The results contribute to the basic science of anemia's causes and suggest the possibility of new policy tools for reducing anemia in the developing world.

Psychosocial Stress Associated with Sanitation Practices: Experiences of Women in a Rural Community in India. *Jnl Wat, San Hygiene for Development*. January 2015. S Hirve. [Link](#)

This study examined sources of psychosocial stress related to the use of toilet facilities or open defecation by women and adolescent girls at home, public places, workplaces and in schools in a rural community in Pune, India. Women resorting to open defecation feel stressed and harassed by community leaders trying to enforce open defecation-free policies. The study highlights the need for sanitation programs to consider the specific needs of women with regard to latrine maintenance, safety and privacy offered by sanitation installations.

The Short- and Medium-Term Impacts of Household Water Supply and Sanitation

on Diarrhea in Rural India, 2015. E Duffo. [Link](#)

This paper estimates the impact of an integrated water and sanitation improvement program in rural India that provided household-level water connections, latrines, and bathing facilities to all households in approximately 100 villages. The estimates suggest that the intervention was effective, reducing such episodes by 30-50%. These results are evident in the short term and persist for 5 years or more. The annual cost is approximately US\$60 per household, as compared to annual household consumption of approximately US\$740.

WASH, Nutrition and CLTS: Revolutions in Insight and Action, 2015. R Chambers. [Presentation](#)

A presentation at the DSAI and Irish Aid Seminar on Nutrition and WASH: integration, research and future challenges held at Printing House, Trinity College Dublin, 19 May 2015.

Risk of Adverse Pregnancy Outcomes among Women Practicing Poor Sanitation in Rural India: A Population-Based Prospective Cohort Study. *PLoS Med*, July 2015. B Padhi. [Link](#)

This study provides the first evidence that poor sanitation is associated with a higher risk of Adverse Pregnancy Outcomes (APOs). While it is intuitive to expect that caste and poverty are associated with poor sanitation practice driving APOs, and additional confounders cannot be ruled out, results demonstrate that the association of poor sanitation practices (open defecation) with these outcomes is independent of poverty. Results support the need to assess the mechanisms, both biological and behavioral, by which limited access to improved sanitation leads to APOs.

Focus on Poverty: Using Disgust to Stop Open Defecation. *SciDevNet*, Apr 2015, R Williamson. [Link](#)

A community-led approach gets local people to realize they must end the problem. The World Bank thinks it is more important to provide subsidized toilets. But disgust backed up by evidence is likely to be more potent than cheap toilets or latrines.

WEBSITES

Community-led Total Sanitation - [Website](#)

Maintained by the IDS CLTS Knowledge Hub, the Community-led Total Sanitation website aims to be a global hub for CLTS, connecting the network of practitioners, communities, NGOs, agencies, researchers, governments, donors and others involved or interested in CLTS.

Plan International / UNC Water Institute: Testing CLTS Approaches for Scalability - [Website](#)

Plan International USA's Testing CLTS Approaches for Scalability project aims to advance rural sanitation efforts in Kenya, Ethiopia, Ghana, and worldwide by improving the cost-effectiveness and scalability of the CLTS approach. In collaboration with The Water Institute at the University of North Carolina, this goal will be achieved by collecting, critically evaluating, and disseminating lessons about overcoming common challenges to implementing CLTS at scale, based on applied research from interventions in Kenya, Ghana, and Ethiopia and case studies conducted in seven countries (Cambodia, Haiti, Indonesia, Laos, Nepal, Niger, and Uganda).

UNICEF – Monitoring Community Approaches to Total Sanitation (CATS) – [Website](#)

Over 53 countries are implementing some form of community approach to eliminate open

defecation, collectively called Community Approaches to Total Sanitation (CATS). CATS is an umbrella term developed by UNICEF sanitation practitioners in 2008 to encompass a wide range of community-based sanitation programming, including Community-Led Total Sanitation (CLTS), School-Led Total Sanitation (SLTS) and Total Sanitation Campaigns (TSC).

WASHplus Weeklies highlight topics such as Urban WASH, Household Air Pollution, Innovation, Household Water Treatment and Storage, Handwashing, 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.



About WASHplus - WASHplus, a multi-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 or email: contact@washplus.org.