

CLTS-Plus:

Some suggestions for strengthening Community-Led Total Sanitation

IRC International Water and Sanitation Centre, The Hague, the Netherlands¹

1. Introduction

While Community-Led Total Sanitation (CLTS) is a relative success in a growing number of countries, there are also some difficulties in sustaining the momentum and results with equity: freedom from open defecation, safe and durable toilets, and hygienic use of toilets and other hygiene practices by all. There are also possibilities to include equity on gender and for the poor more structurally than is currently done. This paper is a summary of potential steps for addressing these issues. It draws on the personal experiences of the author, her discussions with colleagues and the growing amount of evidence-based literature on CLTS. It covers the following subjects:

- ◆ Structural inclusion of solidarity with the poor;
- ◆ Gender-sensitive choice of technology and designs;
- ◆ Schools as alternative entry point;
- ◆ Women suppliers, producers and masons;
- ◆ Community management and quality control of construction;
- ◆ Community monitoring of maintenance, use and sustained access;
- ◆ Capacity building for facilitation and community management;
- ◆ Monitoring sustainability of CLTS achievements over time.

2. Structural inclusion of solidarity with the poor

A key characteristic of CLTS is the absence of toilet subsidy as the core of sanitation promotion. To become open defecation free (ODF), households get information on technology options and designs and use any kind of local materials - including very low cost and free materials - to build the types of toilets they want and can afford. External funds that in the past were used for household subsidies now go in principle to capacity building for the CLTS approach and sometimes also to awards that communities can get for achieving ODF status. Very poor households that do not have the required material, labour and minimum of cash depend on solidarity within their community to get the help that they need (Kar and Bongartz, 2006).

This solidarity is an essential condition for equity within CLTS and could be built in structurally by two measures: (1) including the identification and mapping of the poorest household as explicit steps in the sequence of Participatory Rural Appraisal (PRA) tools and (2) making planning, monitoring and accounting for the support of these households an integral part of the community sanitation programme. The steps were developed in a sanitation programme in South India and were also used in sanitation projects in central Java, coastal Sri Lanka and eastern Nepal. In the PRA sequence, identification and mapping of the poor happen after mapping the open defecation and calculating faecal loads and before planning the programme and is done in three steps:

- (1) Welfare classification. The facilitator organizes a meeting with a local group of women and men. In the meeting s/he asks the group to form three or four sub-groups (the number depends on how many main social welfare groups there are in the community: e.g. better off, poor, intermediate and ultra-poor). S/he gives each sub-group a sheet of paper and some felt-tipped pens in different colours, asks each group to choose a welfare category, and to depict the typical characteristics of that category on their paper. They may do this in any

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way they want: make a list of indicators (Fig.1) or draw the indicators or draw a typical household for each class (Fig. 2). The groups then present their results and count how many households in the community fall in each category.

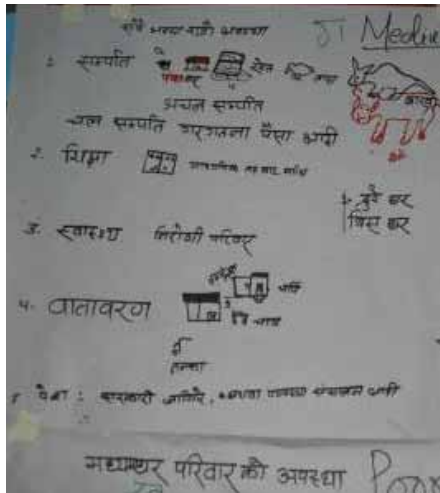


Fig. 1 List of indicators of the poor in Ratapur, Nepal (photo: C. Sijbesma, IRC)



Fig. 2 Indicators of best-off households in Karukapone, Sri Lanka (photo: C. Sijbesma, IRC)

(2) Stratification of community sanitation map. The whole group then chooses a colour for each category and draws a stratified sanitation map on a large sheet of paper. Each house of the ultra-poor, poor etc. is drawn in the agreed colour. They also indicate if the house already has a toilet, e.g. by adding a dot behind the house or placing a T or a cross in the house (Fig.3). *Gender focus*: In cultures in which (young) women cannot easily participate, males and females may each make their own maps, and then decide which one the community will use for action planning and monitoring. A second reason for each sex doing their own map is that males and females map in a different way. While males prefer to draw the community outline (borders, road system) first (the 'structural approach'), females prefer to start with a central feature such as the local mosque, school or house that they sit in, and then draw the houses of the neighbours left and right, a part of the road and then the neighbours opposite, and so on (the 'social approach');

(3) Preparing a community sanitation matrix. Having completed the sanitation map by social welfare categories, the group finally compiles the sanitation matrix. In this matrix, they list the three or four welfare categories noting the number of households with and without toilet in the respective columns (Fig. 4). They then discuss the situation when monitoring the emerging trends.



Fig. 3 Counting households with toilets by class in Sewukan, Indonesia (Photo: C. Sijbesma, IRC)



Fig. 4 Latrine matrix of Wotawati, Indonesia, in 2002 (Photo: C. Sijbesma, IRC)

The community sanitation committee or any other community organization which manages the local CLTS programme uses the map and matrix as tools to plan, monitor and account for solidarity, supporting those least able to build a toilet in cash and/or kind. Local financing options include e.g. to give support by neighbourhood, by partnering each poor household with a group of intermediates and better offs who share the costs, by a fund raising collection among middle class and better-off, or from community resources such as local government funds. The organization monitors and accounts for the contributions and results (built toilets) in the sanitation map and matrix.

3. Gender-sensitive choice of technology and designs

This method was piloted with low-income farming communities in central Java and a poor fishing community in Sri Lanka. Needed are a set of simple line drawings of a range of toilet models made with different types of local materials. Using line drawings makes it possible to make as many sets as needed at a very low cost by simply photocopying the drawings and putting each drawing in a plastic sleeve for protection. After having triggered a demand for toilets, the facilitator gathers a group of local men and women, e.g. by inviting male and female household heads to a neighbourhood session at one of the houses or in a communal place (Fig. 5). S/he explains that the purpose is to review the options, estimate costs, and list those households that have already decided which type of toilet they want to build, although there is no obligation to decide already during the meeting.

Initially, the CLTS facilitator leads the activity, but local groups such as students, youth clubs and women groups soon grasp the idea and method and easily take on the activity with groups of their own. At the meeting participants look at the different drawings, make cost estimates based on different types of local materials, learn about local support when they belong to the worst-off and can ask clarifications as per their needs. In gender-disaggregated cultures, husbands and wives sit in separate groups and each group makes their own choices. The men then move over to the women to learn about their preferences, and thereafter the women go to the men's corner to learn about the choices of the men. Both groups then sit together to arrive at common choices. The facilitator then lists the households that have already made up their minds on the option that they want, and notes the others for follow-up visits.

The next meetings are led by local volunteers such as the boys and girls from the youth club and/or the women from the women's club, and the household lists with the options are handed over to the community sanitation committee for the organization of the next step. The committee is chosen by men and women in each community and has a balance of male and female members.

4. Schools as alternative entry points

Within communities external facilitators usually cooperate with the local formal or informal leaders in mobilizing the community and getting activities started. Once CLTS is underway, existing or newly emerged leaders may take over and turn an externally initiated campaign into an ongoing community programme. Having gained experience in their own communities, propagators of the CLTS movement such as VERC (Village Education Resource Centre) in Bangladesh saw and took up the potential to engage these hands-on local experts also as low-cost CLTS facilitators in neighbouring communities, thus increasing outreach at lower recurrent costs. But what to do in areas where local governance structures have broken down because of conflicts or natural disasters and development work becomes part of the efforts to alleviate damage and foster cooperation?

In such situations (but also in non-troubled areas), local schools have proved to be suitable and acceptable alternative entry points to end open defecation in rural communities. Dubbed SLTS (School-Led Total Sanitation), the first aim of the outreach programmes is to make 'school catchment areas' (the home villages of the schoolchildren) 100% ODF (Open Defecation Free). With the teachers as facilitators and children as mobilizers, parents and children carried out social/latrines mapping and located the sites of open defecation. They drew defecation mobility maps to trace contamination from open defecation and unhygienic water sources. Tracing flow diagrams helped to identify the transmission routes of diseases and calculate the costs of

disease. The teachers then helped the groups use the diagrams to calculate how many grams of faeces they produced and subsequently consumed through the transmission routes each year and how many baskets/trucks of faeces they produce each day/month/year. Expense calculations gave insight into the costs of these diseases. On transect walks they placed coloured flags in open defecation areas, taking them away when defecation had stopped completely. In the Pakistani state of Azad Jammu and Kashmir (AJK), school teachers and other school-related workers became effective CLTS moderators in making the villages around the schools open defecation free (Adhikari and Shrestha, 2008, Khan et al., 2008).

5. Women suppliers, producers and masons

A further characteristic of sanitation programmes in various states of India is that also women are trained as producers of sanitation wares (e.g. platforms, blocks, and pans), sellers (in small shops, Fig. 6) and masons. Female masons work in teams of two, which are all members of a mason group which runs the business as a small-scale enterprise. The programme was used to train female mason helpers, poor women, often single heads of households who worked as unskilled day labourers for skilled male masons.



Fig. 5 Informed technology choice in Karukapone, Sri Lanka (Photo: C. Sijbesma, IRC)



Fig. 6 Women masons training in Morrelganj, Bangladesh (Photo: SEUF)

Working conditions and payments of female mason helpers are generally bad and they are often sexually abused. The women lack self-confidence and this is addressed in their training along with technical and managerial skills training, groupwork and leadership. Initially they had to build confidence in their skills in the communities, but after building a few toilets their work became much appreciated for a better quality (especially in finishing) at equal prices. A big gender advantage appreciated by the men and women in the house is to have women working in the house or compound during the day when men are away².

6. Community management and quality control of construction

This step stems from a large, ten year community-managed sanitation programme for ODF communities in Kerala, India. When the community has got a sufficiently long list of households wishing to install a toilet, they form an Implementation Team. This team lists the amounts of the different types of bought material needed for the planned toilets, such as cement, bricks, poles and tiles.

The team then visits the local suppliers and negotiate for the best price-quality ratio covering such aspects as transport, material and construction (for toilets to be built by skilled masons), the quality control by the committee and the user households and the conditions of payment. Examples are that no more than 5% of the delivered bricks may be damaged and final payment is made only after the quality has been checked and accepted by households and committees.

In summary, quality control consists of the following six steps:

² A video on the approach and the impacts, Building The Balance, can be viewed at <http://www.irc.nl/page/43643>

- (1) The technical supervisor visits the local suppliers together with local construction team or sanitation committee members to select the best quality material at the lowest cost (Generally, local councils already supply supervisors; if they don't it is a condition that they hire one);
- (2) Masons, supervisors, sanitation committee members and participating households all have the same checklist on quality of construction;
- (3) The programme trains the household heads on the use of the checklist. Male *and* female householders are trained, as women in the households supervise construction during the day when most men are away for work;
- (4) The Committee and Supervisor visit each completed latrine in a batch before it is signed off and the mason is paid;
- (5) Suppliers and masons that deliver poor quality or overcharge get warned and their claim is not paid until they have made the required corrections;
- (6) Consistently bad performers get blacklisted.

Both the transparent and accountable support for poor households described in Section 1 and the community management and control of construction quality have led to lower corruption and contributed to 100% coverage and an estimated 25% lower latrine cost (Sijbesma, 2007).

One critique on CLTS has been that some toilets are not sanitary (Kalimuthu and Hossain, 2008). For the cheaper and lowest cost type of toilets used in CLTS, organizations such WaterAid in India and NEWAH in Nepal use simple quality criteria: no visible excreta or excreta smears in pits or pans or on floors, doors or walls, no bad smell and no flies in toilets, no risk of contaminating water sources. Table 1 below gives a simple (self) scoring ladder for latrine monitoring which also includes hygiene aspects developed in Nepal. Because the sanitation monitoring system includes both ratio scores (e.g. % toilet ownership by class) and ordinal scores (as in the table below), a universal scaling system from 0-100 is used.

7. Community monitoring of maintenance, use and hygiene

For an impact on hygiene and health, follow-up on actual use and hygiene is important. In the Kerala programme, the female members of the sanitation committee paid follow-up visits to the toilets each time when a new batch had been completed (Fig. 7). The members visited each household toilet to observe and discuss its hygienic operation, maintenance and use by all household members, including by young children (along with the safe disposal of the stools of infants and babies in the latrine), the presence of water, a brush, and if affordable a cleaning/disinfection agent for toilet flushing and cleaning, water and soap for hand washing and help from male members in keeping toilets clean, especially when water for flushing, cleaning and washing hands needed to be collected at some distance. Each household was visited three times: upon toilet completion, after about one month and after three months. Thereafter hygienic use was assumed to be assured unless the specific household conditions require extra support.

Table 1 Participatory observed toilet hygiene: from zero to a four star-toilet

Indicator	Potential scores	Given score
IDEAL: Toilet present, in use AND no visible excreta in pan and/or floor, walls and door AND covered hole or filled water seal AND brush for cleaning AND water and soap/ash for hand washing at the toilet ★★ ★★	100	
Toilet present, in use AND no visible excreta in pan and/or floor, walls and door AND covered hole or water-filled water seal AND brush for cleaning ★★ ★	75	
BENCH MARK: Toilet present, in use AND no visible excreta in pan and/or floor, walls and door AND covered hole or water-filled water seal ★★	50	
Toilet present and in use, but excreta/excreta smears exposed in pit/pan/on floors/walls/doors ★	25	
Toilet present, but not useable / no signs of use	0	
Reasons for score:		

Proposed action(s):

Source: Quantified Qualitative Information System, NEWAH & IRC

8. Capacity building for facilitation and community management

While the previous four points concerned activities at community level, capacity building and the next point, programme monitoring, are activities for the higher support level, e.g. the districts. Having capable long-term facilitators and community sanitation managers/management organizations has been a major challenge in large CLTS programmes. Often, the initial triggering is less difficult than sustaining a programme until ODF status is achieved and then maintain it over time as the population continues to grow, toilets grow older and need to be emptied or replaced, or users want to upgrade them to a higher quality facility. The crucial issue is therefore to get and train committed and long-term facilitators and community sanitation management bodies at and below local government level.

In Bangladesh, VERC, the NGO which pioneered CLTS, supports a system of horizontal learning. Under this approach, the CLTS support agency stimulates that neighbouring communities invite the person who had a leading role in implementing a successful CLTS programme in his or her own community to become the CLTS consultant in the surrounding communities, paying him or her an agreed fee for his/her visits. In N.E. Pakistan where the instable situation has made it difficult to work through the existing clan structure, this role was taken by local teachers who became CLTS consultants for their particular areas (Khan et al., 2008). In Indonesia it has been proposed to train community midwives as CLTS consultants. However, it could be considered to give also others the possibility to take on this role, on the condition that they have a proven and effective track record in supporting CLTS in their own community. From experience it seems further advisable to help establish and train integrated water and sanitation management committees or separate community sanitation and hygiene committees for the planning, management, monitoring and accountability of sustained freedom from open defecation and ongoing installation, use and hygiene of toilets as part of overall public health and social development.

Building the capacity of CLTS facilitators and community committees has been done in different ways. The classical way is to organize training workshops at district or sub district level. An alternative is to build capacities hands-on in communities by having roving teams of trainers who make scheduled rounds to participating community clusters. Once these communities have got successful facilitators and committees of their own, the roving teams are replaced by inter-community learning programmes and village consultants (Fig. 8). Having a tested step-wise approach with clear methods and tools for all activities and tasks and a good evaluation system on acquisition and use of the different capabilities are two important conditions for effective community capacity building and implementation.



Fig. 7 Monitoring visit by local committee member in Kerala, India (photo: SEUF)



Fig. 8 A facilitators' 'dry' practice before hands-on learning with villagers (photo: I. Krukkert, IRC)

9. Monitoring sustainability of CLTS achievements over time

As already mentioned above, CLTS programmes are not short-term campaigns. Not only do the programmes aim at achieving an ODF status in all communities, but once attained the status should be maintained for ever. Evidence-based results on the progress to ODF communities in large areas and the preservation of the ODF status over time are remarkably scarce. Perhaps this is because monitoring such results becomes only possible when local community monitoring is linked to monitoring systems with periodic sample verification checks at the sub-district and district level. The WSLIC-2 project³ is an example of a project which successfully monitored access by class (better-off, intermediate and poor) in some 2,500 communities in 37 districts in eight provinces in Indonesia. An analysis of these data along with their verification in inspiring and empowering 100,000 Indonesian communities to become ODF, while ambitious, is also very worthy, as it will bring dignity, privacy, cost-savings and health to a large number of people and set a shining example for others. It is hoped that these few comments based on personal experiences and work with different sanitation projects/programmes in Asia will be of use to the CLTS programme in Indonesia.

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³ See <http://www.irc.nl/page/44379> for more information on this project.