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**ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT
OF WATER AND SANITATION FOR ALL**

**CLTS versus other approaches to promote sanitation:
rivalry or complementarity?**

Martina Rama (HYDROCONSEIL, France)

BRIEFING PAPER

Community Led Total Sanitation (CLTS) is a no-subsidy approach increasingly used in development projects and programs to promote hygiene and sanitation improvements in communities. Notwithstanding significant success in decreasing open-air defecation, CLTS still faces many challenges, and its impacts and sustainability are limited by competing approaches, fall-backs (“slippage”) and difficulties to “move up the sanitation ladder” and sustain achievements over time. This article argues that instead of considering CLTS and traditional subsidized approaches as opposing, these approaches should be seen as complementary as they address different links of the same chain: while CLTS boosts demand creation, subsidized approaches increase supply. These approaches, together with new techniques such as sanitation marketing, should therefore be smartly combined to address the whole sanitation services chain and therefore achieve sustainable access to improved sanitation.

The origins of CLTS : an alternative approach to subsidy

Community Led Total Sanitation (CLTS) is an approach used in development projects and programs to promote hygiene and sanitation improvements in communities. It is “an innovative methodology for mobilizing communities to completely eliminate open-air defecation (OD)”¹. CLTS was developed in 2000 in Bangladesh by Kamal Kar, an Indian consultant working for the Village Education Resource Centre (VERC) and WaterAid, who was disappointed by traditional top-down sanitation programs based on subsidy. Kamal observed that subsidized toilet construction was not sustainable, as beneficiaries lacked ownership over the facilities and were not always convinced of the benefits of using them; therefore, they tended not to correctly use and maintain latrines and to frequently slip back into their previous habits of OD. Such (expensive) programs ended up having low sustainability and creating a culture of dependence on subsidies. In contrast with traditional top-down, demand-led and subsidy-based approaches, CLTS is about convincing communities about the dangers of OD (through demonstration of fecal–oral contamination), creating collective decision-making to stop open defecation, and encouraging communities to engage in their own latrine construction, using local solutions, thus leading to greater ownership and sustainability. CLTS does not guarantee that people will construct improved sanitation facilities at first, but its promoters believe that community members will slowly become accustomed to using latrines and convinced of the benefits of using them, and will gradually improve their sanitation facilities, therefore “moving up the sanitation ladder” towards improved sanitation.

Success of CLTS mainstreaming in recent years

Following the success of the first CLTS projects, Kamal Kar set up the CLTS Foundation to promote the approach and facilitate its dissemination through manuals and guidebooks. CLTS was initially very successful in Bangladesh and was adopted by national and international NGOs. The Water and Sanitation Programme (WSP) of the World Bank adhered to the concept and contributed spreading the approach to neighbouring India and then subsequently to Indonesia and parts of Africa. Over time, many other organisations have become strong supporters of CLTS, amongst them Plan International, UNICEF, WaterAid, SNV, WSSCC, Tearfund, Care, World Vision and others. Research Centers such as IRC, IDS etc. have become increasingly interested in this new approach. There has been at the same time a

flourishing literature production on the subject, with many manuals, researches, case studies, articles, best-practices, videos and other knowledge material being produced and disseminated. Examples include:

- Scaling-Up Rural Sanitation in South Asia. Lessons Learned from Bangladesh, India, and Pakistan. WSP. May 2005.
- Kar K, (2008), Handbook on CLTS. Institute of Development Studies and Plan UK
- WSSCC, (2009), Compendium of Hygiene and sanitation software-An overview of approaches
- Tearfund, 2010: Guidance for programming of CLTS in Tearfund-supported projects
- Kar K. and K. Milward, (2011), Digging in, Spreading Out and Growing Up: Introducing CLTS in Africa, IDS Practice Paper Number 8
- UNICEF, 2011: CLTS Training manual for Natural Leaders
- Verhagen, J and Carrasco, M, (2013), Full-chain sanitation services that last : non-sewered sanitation services. The Hague, The Netherlands: IRC

(for more resources, see <http://www.communityledtotalsanitation.org/>).

Nowadays, CLTS is implemented in more than 50 countries around the world. Encouraged by development actors and the international community, which has undertaken strong advocacy efforts addressed at governments to mainstream CLTS, at least 16 national governments have now adopted CLTS as national policyⁱⁱ. The evaluation of UNICEF's version of CLTS, the Community Approaches to Total Sanitation (CATS), undertaken by HYDROCONSEIL in 2014ⁱⁱⁱ, showed that the principles are now shared by most countries where CATS programs have been deployed, with a relatively high degree of ownership, at all levels, from central to local governments. In many countries of the world, projects are now on the way to scale-up CLTS to national levels and make it the official approach to sanitation promotion.

Strengths and weakness of CLTS

All observers agree that CLTS is an innovative and promising approach to address sanitation challenges throughout the world. Among CLTS's strengths and successes, we can mention:

- CLTS is effective in reducing OD: at global level, an estimated 24 million people abandoned open defecation since 2008 as a direct result of the intervention of CLTS;
- CLTS helped move the sanitation sector from technically-based supply-driven approaches towards behaviour-change, demand-driven approaches;
- CLTS highlighted the need to work on social norms and collective decision-making to achieve behaviour change (namely ending open defecation);
- CLTS's use of smart and context-based participatory tools and methodologies (based on PRA/PLA techniques^{iv}) helps increase community ownership;
- CLTS has encouraged equity and inclusion by successfully targeting hardest-to-reach communities and the ultra-poor populations, and empowering women (often playing the role of "natural leaders");
- CLTS approach is efficient and performing in terms of value-for-money (lower unit costs) and enables to achieve quick results (minimal time span between triggering and ODF declaration) as compared to other sanitation promotion techniques.

However, CLTS still faces many challenges. Most researchers and practitioners agree that impacts are limited by competing approaches, fall-backs ("slippage") and difficulties to "move up the ladder" and sustain achievements over time. CLTS weaknesses and challenges include:

- The CLTS approach is not suitable for every context as it requires the existence of certain factors to be successful (such as prevalence of OD rate, no history of subsidies, high social cohesion and strong village leadership). For these reasons, CLTS does not work in urban and peri-urban environments.
- Challenges occur regarding applicability of CLTS in difficult environments ex. post-conflict areas, nomad communities, rocky or flood-prone soils, etc. Capacity to adapt the approach to different social/demographic contexts and different hydrogeological /ecological contexts is relatively weak.
- Sustainability is a key concern. Due to the relatively recent introduction of CLTS in many countries, and due to widespread weaknesses in CLTS monitoring and evaluation, there is to date insufficient data on long-term impact of CLTS. However, case studies have shown that falling-back is frequent, as most CLTS programs give insufficient attention to the post-certification phase.
- Insufficient support is provided by CLTS programs to improve the basic latrines constructed by the households themselves and to help communities move-up the sanitation ladder.
- Insufficient attention is given to developing the supply side (making sanitation products available for communities) and experimenting innovative financing mechanisms to link supply and demand.

- The success of CLTS is weakened by the coexistence of subsidized sanitation programs (either in the neighbouring communities or even within the same community).

Overall, up to date CLTS has not succeeded in significantly increasing access to “improved sanitation”, defined as access to “a sanitation facility that hygienically separates human excreta from human contact” (Joint Monitoring Program, JMP definition), therefore preventing oral-fecal contamination and reducing diarrheal diseases. CLTS is in fact successful in stimulating (short-term) sanitation **demand** in subsidy-free environments, but does not address the whole sanitation service chain. There is a high risk that the strong momentum created by triggering and ODF certification goes “lost” unless significant efforts are put into providing simultaneously an affordable **offer** of sustainable sanitation services.

The artificial antagonism between a zero-subsidy and a subsidised approach

The majority of observers traditionally tend to oppose CLTS to other more traditional sanitation approaches which combine “soft” sanitation promotion techniques (such as the Participatory Hygiene and Sanitation Transformation approach, PHAST or Information, Education and Communication, IEC techniques) with “hard” provision of equipment – i.e. construction of subsidized latrines for households. When they are well conceived and effectively implemented, these traditional programs can have the advantages of: (1) providing improved and long-lasting facilities to households, (2) targeting particularly poor households, (3) provide upgraded technical solutions to address specific difficult conditions (ex. flood-prone areas), and sometimes (4) build capacity of local private sector. However, these traditional approaches have frequently failed to create ownership and sustainability, as beneficiaries tend to passively accept the “gift” of a new latrine, without being profoundly convinced of its utility and therefore without putting much effort into using and maintaining it (see WSP, 2009). The main weakness of such programs is clear: while their “hard” component is able to provide a high-quality sanitation product, their “soft” activities are unable to spark real demand and create long-lasting behaviour change.

In reaction to such traditional sanitation approaches, a variety of new approaches have emerged in recent years to improve subsidy targeting, such as the “sanitation-marketing” approach and “smart subsidies” initiatives. There is no consensual definition of “sanitation marketing”, but practitioners overall agree that it is about “strengthening supply by building capacity of the local private sector” on one side, and “using commercial marketing techniques to motivate households to buy or build toilets” on the other side. Implementing a sanitation marketing approach is about analysing the market (categorizing sanitation products and producers, analysing prices and price components, localizing shops, understanding who are the clients and what channels are used to bring the products to the clients, etc.); identifying and implementing measures to support the market (including reducing prices, developing a catalogue of products, facilitating transport, better communicating to clients, etc.); and monitoring results.

The failure of traditional subsidized approaches, but the belief that subsidies remain necessary to address poverty and equality issues, led development actors to rethink the approach to try identify a smarter way to provide subsidies. The concept of “smart subsidies” is not clearly defined and is evolving over time, but overall identifies the need to address subsidies to the sector to support both supply and demand and to help bringing the two together. The idea behind is to try avoid “direct subsidies” - i.e. directly providing constructed facilities to households, but rather adopt indirect subsidies which end up helping households through indirectly supporting the sector. These include: providing tools/equipment (start-up costs) and training to latrine-construction artisans, providing loans and bank guarantees to local sanitation investors, creating output-based mechanisms, partially subsidizing purchase of sanitation products for targeted poor families which have submitted a specific demand, testing the development of new sanitation products, setting-up financial mechanisms (such as credits) to help families equip themselves, and supporting an enabling environment for sanitation supply chain (stocking, transport, etc.). While sani-market and smart subsidies do introduce interesting innovations to the traditional approaches, they still fail in addressing the whole problem and promoting sustainable sanitation.

In fact, both CLTS and such (traditional or innovative) subsidized approaches share a common weakness: Both are unable to provide long-lasting sanitation services, because they either create demand for sanitation facilities without providing such facilities, or they support provision of sanitation facilities which are not used. On the contrary, to be successful in decreasing morbidity and mortality, any sanitation service approach needs to **address the full sanitation chain**. IRC^v identifies the following key components that underpin provision of sustainable on-site sanitation services:

1. creation of demand to use the facility and encourage behaviour change;
2. facilitation of an enabling environment (strategies, guidelines, capacity building, M&E);
3. strengthening of the supply chain (availability and affordability of sanitation products);
4. financial arrangements and incentives that help equilibrate offer and demand.

In order to provide a sustainable service, sanitation programs need to address all four key components and make sure these components are interlinked with one-another. It is for this reason that the above-mentioned approaches (CLTS and subsidized programs) are both somehow lame and cannot stand all-alone: they only address one link of the chain, either the demand side or the supply side, without having an integrated approach. The approaches are therefore not opposite but rather complementary, and they would need to join together to become complete and effective.

Reconciling supply and demand: how to combine CLTS with other approaches

While sani-market and smart subsidies usefully reform and improve traditional subsidized approaches, they still mainly work on the supply side of the sanitation chain, thus leaving space for CLTS to step-in and work on the demand side. The combination of CLTS with such approaches (PHAST/IEC, sani-market, smart subsidies) would therefore be a winning choice that would enable to address the whole sanitation chain in an efficient and integrated manner to promote sustainable access to improved sanitation. Although NGOs and donors worldwide are much attached to their predominant approaches (including CLTS for some actors), and overall reluctant to change their methods of intervention, a minority of researchers and practitioners is increasingly starting to acknowledge the benefits of such combination of approaches, and some literature is beginning to be available on the subject. For example, a recent study by IPA^{vi} found that in Bangladesh, CLTS alone had little effect, yet sanitation coverage substantially expanded when the approach was combined with subsidies for hygienic latrines targeted to the poor. These results counter the idea among many development practitioners that subsidies undermine intrinsic motivation. Rather, this research shows price is a primary barrier.

Some challenges may occur while trying to combine CLTS with other approaches such as sani-market, due to the fact that not all approaches apply in the same contexts. For example, it is acknowledged that sani-market approaches are more successful in urban settings where consumers have a more diversified purchasing power as compared to rural environments. However, a good analysis of case-by-case situations can allow to identify adapted and flexible solutions as overall flexibly combining approaches is actually the best way to provide context-tailored solutions. HYDROCONSEIL has been working in recent years to encourage governments and development agencies to adopt such combination of approaches. For example, in Morocco, while working on a EU-funded “National Sanitation Plan for the rural areas”, based on the success of sani-market approaches in urban and peri-urban areas, we advised the government to expand the approach to rural areas, yet combining it with demand-creation approaches: Supply to rural areas will then be provided by small companies which operate in neighbouring small-towns and which will be subsidized to bring their services to the rural areas. In Mauritania, HYDROCONSEIL works on a AFD-funded program which initially included subsidized latrine construction. HYDROCONSEIL succeeded in convincing stakeholders to shift the approach towards a mixture of CLTS and sani-market interventions: the economies endangered by CLTS (as opposed to latrines construction) are invested into developing supply through training of artisans, producing a latrine catalogue, eventually subsidizing constructions for specifically targeted poor families. Finally, in Myanmar, HYDROCONSEIL was hired to develop a study on scaling-up CLTS approach nation-wide, but on the contrary the study showed that health impacts of CLTS alone were limited due to the unhygienic latrines being constructed. The study rather encouraged to combine CLTS with other partially-subsidized approaches aiming at providing simple technology improvements (ex. introducing a syphon) to render latrines hygienic and prevent the oral-faecal contamination process. These examples show the potential benefits of combining techniques on one side, and the growing interest shown by development actors to these combined approaches on the other side.

Is scaling-up CLTS compatible with context-specific challenges?

A smart combination and sequencing of CLTS and other sanitation promotion approaches such as sanitation marketing can therefore be a relevant and effective solution to compensate some of the flaws of the single approaches by creating complementarity and synergy between them and addressing the whole chain of sanitation services provision. It is such smart combination of demand creation and supply provision approaches, instead of CLTS alone, that development agencies and Governments should adopt and promote in official sector strategies for on-site sanitation. Nevertheless, actors must bear in mind that context-specific challenges will always exist and hinder implementation of any officially adopted method or strategy. A certain flexibility should therefore be allowed to adapt to different contexts. It is advisable that guidelines be established and provided to implementing actors on how to adapt to specific contexts,

and on the extent of flexibility that remains acceptable within certain general norms. For example, experience shows that adaptation would be required to intervene:

- **In communities that have been “spoiled” by subsidies** for years, and where the majority of existing latrines have been built by partners: in these communities, the CLTS no-subsidy approach is very likely to fail in creating genuine demand. If in such communities OD still exists, CLTS can still be relevant to increase knowledge over fecal-oral contamination; but households will not be willing to personally invest in sanitation because they will expect the donor to provide some kind of subsidy. In such communities, it will be difficult to completely avoid subsidy. The community should be involved in defining the kind of mechanisms to be adopted to follow-up CLTS, which could be a partially-subsidized approach, cross-subsidy, specifically targeted subsidized mechanism, etc..
- **In peri-urban and urban settings.** Mainly due to lack of social cohesion, but also due to lack of space for latrine construction, CLTS approaches are not very successful in these environments. Some attempts took place, for example in Kenya or Mozambique by the NGO Plan, but with necessary adaptations. Certain steps of the CLTS approach can still be used in urban settings, namely to arouse awareness on fecal-oral contamination, but other solutions need to be found to propose adapted technical solutions and to encourage behaviour change in such environments.
- **In rural areas of low density, dry climate and sometimes nomad populations.** Doubts may arise concerning the relevance of fighting against OD in such environments, where concentrating pollution in dirty, stinky and often precarious latrines can become more dangerous for health than dispersing pollution in the environment. If defecation takes place far from inhabited areas, danger is limited, but lack of knowledge over fecal-oral contamination can still be a problem especially when defecation takes place near houses (especially by children). In such environments, some practitioners have suggested to consider developing a guide on “how to safely defecate in the open air”, instead of encouraging people to build latrines. Context-specific approaches need to be identified and tested.
- **In post-emergency settings and fragile states:** traditional subsidizes approaches as well as innovative sanitation approaches such as CLTS both tend to fail in such instable environments since they all require a well-structured governance system in place and stable interlocutors (beneficiaries and well as authorities), which is not often the case in these contexts. Some attempts have however been made, with a certain success, to adapt approaches to post-emergency settings in Afghanistan, Haiti, and Indonesia. UNICEF has reported good outcomes in Somalia and South Sudan.

If a single method shouldn't be imposed in order to enable adaptation on a case-by-case basis, the role of government is fundamental in providing guidelines for development partners: promoting flexible solutions yet discouraging the anarchical multiplication of contrasting approaches. It is essential that governments take position on what approaches are to be privileged and on how development partners should collaborate with public authorities at different levels (national, regional, local) to implement interventions. A clear task-sharing needs to be identified between the beneficiaries, the implementing partners, and the public authorities including sector ministers and municipalities. Only the effective leadership and in-depth involvement of public authorities will enable any approach to be sustainable over time. Regarding CLTS, public officers may be trained to become agents of triggering, and to certify ODF status. NGOs can be in charge of setting-up sani-market mechanisms and accompanying communities with behaviour-change activities, but any subvention mechanisms including sani-market needs to involve public authorities and possibly be allocated through official financial mechanisms. Capacity building and institutional support addressed to public officials at all government levels, especially at local level, should be provided by development partners as by-activities of sanitation programs, in order to help national authorities take the lead of all sanitation promotion strategies.

Conclusions

CLTS is a very relevant and efficient approach to raise awareness over fecal-oral transmission and to fight open defecation, but it does not ensure access to improved sanitation because “CLTS-latrines” are often traditional and do not block the road to oral-fecal contamination through flies. CLTS should in fact be seen as the beginning of a process: it stimulates demand of sanitation services, but it is incomplete in that it does not address the supply part of the sanitation service chain. Without addressing supply, and without seriously accompanying communities in the process of “moving up the ladder” by building/ accessing improved latrines, impact on health will remain limited.

In order to move up the ladder, CLTS approaches need to be completed by other sanitation-promotion approaches such as PHAST/IEC (which should help the community develop and implement an action-plan to move up this ladder) and sanitation-marketing / smart subsidies (which should support the supply side, offer accessible and affordable sanitation products, and identify adequate financial mechanisms to

help connect supply and demand). The combination should therefore be encouraged of a *non-subsidy approach* (CLTS) at an initial stage to stimulate demand and a *smart subsidy approach* in a second stage to boost supply and eventually complement the purchasing power of specific vulnerable households or communities living in challenging physical environments where improved latrines are very expensive. This smart yet flexible combination of approaches should not only be adopted as preferred strategy by national governments, but public authorities at different government levels (national, regional, local) should take the leadership in implementing activities to enable sustainability and scaling-up. A task-sharing needs to be identified between public authorities and development actors in implementation of sanitation promotion strategies, including a possible sequencing of interventions.

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- IPA, 2015, *Encouraging sanitation investment in the developing world: A cluster-randomized trial*, by R. Guiteras, J. Levinsohn, A. M. Mobarak

Notes

- ⁱ Source: <http://www.communityledtotalsanitation.org/page/clts-approach>
- ⁱⁱ Source: Idem
- ⁱⁱⁱ Source: UNICEF, 2014
- ^{iv} Participatory Rural Appraisal (PRA) and Participatory Learning and Action (PLA)
- ^v Source: IRC, 2013
- ^{vi} Source: IPA, 2015

Contact details

Martina Rama is a political scientists and socio-economist specialized on WASH services in developing countries. She currently works as consultant for the French Company HYDROCONSEIL.

Martina Rama

Address: Chemin d'Avignon, 84470 Châteauneuf-de-Gadagne, France

Tel: +33 4 90 22 57 80 / +39 333 13 45 420

Email: rama@hydroconseil.com

www: [www: www.hydroconseil.com](http://www.hydroconseil.com)
