'Sceptics and Evangelists': Insights on Scaling up Community Led Total Sanitation (CLTS) in Southern and Eastern Africa

By Samuel Musembi Musyoki[1]
Institute of Development Studies
University of Sussex
Brighton UK

Abstract: The question of attitude and behaviour change continues to be major challenge to organisation working on water and sanitation. Many bilateral and NGO sanitation programmes have spent huge budgets designing and rolling out latrine models with very limited success. Most sanitation approaches developed have focused on training and sensitising communities to adapt and construct pre-designed latrines. Such approaches have not made a huge difference. Community Led Total Sanitation CLTS[2], pioneered by Kamal Kar in Bangladesh together with the Village Education Resource Centre (VERC) and WaterAid, has been around now for almost a decade. It is beginning to take root in South and South East Asia and spreading to other parts of the developing world especially Latin America and Africa. Experience from the countries where CLTS has been tried is quite promising. While appreciating CLTS as a powerful and innovative approach to sanitation that has the potential to go beyond where previous methods have been, this paper takes a critical look at CLTS and how the attempts to pass on the knowledge, skills and attitudes to others could be made more effective. It raises pertinent issues that those committed to advocating for and promoting CLTS need to pay attention to. It calls upon advocates/promoters, researchers, practitioners and trainers of CLTS to be more reflective and engage in process that will deepen understanding, development and effective and sustainable application of the approach.

Introduction

This paper is based on my reflection, as a participant observer and co- facilitator, at the Plan International Community-led Total Sanitation (CLTS) training workshop held in Dar-es-Salaam between the 11th and 18th Feb 2007. The workshop was facilitated by Kamal Kar, the key pioneer of CLTS. The paper first provides the background and the context within which this CLTS training was undertaken. This includes a background description of the participants who attended; a justification as to why Plan Eastern and Southern Africa is interested in CLTS now; definition and background of CLTS and positioning myself, stating my interests and those of my

[1] The author is a trainer and facilitator in participatory approaches/methods to development and has experience in Eastern, Southern and West Africa. When he wrote the paper he was coordinating a networking and capacity building programme on participatory action research and learning with the Participation Power and Social Change team at the Institute of Development Studies (IDS).Currently he is the Strategic Programme Support Manager for Plan International Kenya.

[2] A participatory approach to sanitation based on stimulating a collective sense of disgust and shame among community members through simple visual methods to analyse their sanitation practices and develop action plans (See Kar 2005).

organisation (IDS). The main part of the paper draws on my experience and that of other participants that I interviewed based on the classroom and the fieldwork sessions of the training workshop. The insights highlight aspects of CLTS that resonated with participants' work, perceived strengths and weaknesses of CLTS and assumptions on which it is based. Suggestions on how some of the weaknesses and assumptions can be addressed are also made in this section. The last two sections of the paper capture participants' views on rolling out CLTS and outline some of the institutional challenges they are likely to encounter and how these can be addressed and some propositions for a possible action research and learning agenda for IDS and other institutions interested in the development of CLTS. The paper is suitable for anyone working on or interested in community sanitation issues.

The Participants

The workshop in Dar-es-Salaam brought together 38 participants from seven African countries namely, Tanzania, Uganda, Kenya, Malawi, Zambia, Zimbabwe and Egypt[3]. Each country, apart from Tanzania, was represented by two participants. There were three categories of participants: First, Plan's Programme Unit Managers who are overall in charge of Plan business in the area/districts they are working. They oversee all projects (Water, Health, Education, Livelihood etc) in the area and act as link between Plan and the local government in the district/area. They also handle managerial and administrative issues at programme unit level. The second category of participants was Plan's Community Development Facilitators. These in Tanzania are also called Water and Sanitation (WATSAN) point persons. They coordinate all the WATSAN activities at the programme unit level including planning, implementation and monitoring and evaluation. The Community Development Facilitators will be the key mandate holders for rolling out CLTS at community level. The third category of participants was the Community Development Officers, who are government civil servants. They serve as frontline staff at district/area level and they collaborate with any agency implementing sanitation programmes. Most of them have technical background, mainly in the sectors of water or public or environmental health. Those from Tanzania who attended the workshop were from the water department but responsible for implementation of WATSAN projects. In Plan Tanzania they work directly with the Community Development Facilitators on the ground. In a nutshell the participants were a good representation of front-line managers and practitioners engaging in the promotion and implementation of sanitation programmes at grassroots level.

Plan RESA interests in CLTS

The CLTS training workshop was hosted by Plan International Tanzania and sponsored by Plan Region of Eastern and Southern Africa (RESA[4]) and Plan UK national office. The training in Tanzania should be seen as the first step towards actualising Plans' RESA intention to scale up sanitation programmes in the region. Plan RESA's interest in CLTS stems from a concern that the growing sanitation challenge in Eastern and Southern Africa may make it impossible to achieve the Millennium Development Goal (MDG) for sanitation. This, they argue, is because of

[3] List of participants available on request from francis.mtitu@plan-international.org
[4] RESA countries include: Ethiopia, Mozambique, Sudan, Rwanda, Kenya, Uganda, Tanzania, Zimbabwe, Zambia and Malawi (CLTS RESA Proposal Feb2007)

lack of political will, lack of awareness among decision-makers about the importance of sanitation, or a lack of information on best practices (methods) as well as limited financial and other resources to tackle the problem. It is important to note that recently, Plan programme countries in Eastern and Southern Africa have increased their budget and have been implementing integrated WATSAN initiatives using an approach they call Participatory Hygiene and Sanitation Transformation (PHAST)[5]. PHAST has been used along side the WATSAN subsidized project. There are doubts from within Plan as to whether this approach can promote sanitation and hygiene at a scale that would significantly contribute to the realisation of the MDGs. Plan RESA, in their search for innovative ideas and approaches that could be used in scaling-up sanitation and hygiene in all the RESA Program Countries, learnt about Community Led Total Sanitation (CLTS) which has had well documented positive impact in South and South East Asian countries. The motivation for RESA to engage in CLTS can therefore be attributed to expectation that (CLTS) has potential for scaling up sanitation initiatives and thus contributing significantly to the achievement of the MDGs.

Basics of CLTS

Perhaps it would help to provide some basics about CLTS as not all readers may be familiar with it. Kamal Kar *et al* (IDS working Paper No257:2005) describes CLTS as an approach based on stimulating a collective sense of disgust and shame among community members as they confront the crude reality about mass open defecation and its negative effects on the entire community. The approach draws on and uses Participatory Learning and Action methods to enable communities to analyse their sanitation practices including open defecation, spread and flows of faecal-oral contamination that detrimentally affect them. The underlying assumption of CLTS is that no human being can stay unmoved once they have learned they are ingesting other people's or their own faeces-it is this sense of disgust that holds the power to ignite people to take action and use their resources to stop open defecation and be totally sanitised. Most proponents of CLTS advocate zero subsidies - no material support is given to households or communities. Kamal Kar argues that subsidy only induces an attitude of expectation and dependency. Others are modifying this stance to argue for some subsidies for the poorest. CLTS does not prescribe latrine models-instead, it encourages the initiative and capacity of the community to take action[6]. Since its birth, in Bangladesh in 1999, CLTS has spread to over ten other countries in South and South East Asia. There are a few instances where CLTS has been tried in Africa (i.e. Ethiopia, Uganda, Nigeria and Zambia), but uptake has so far been limited. According to Kamal, the Plan CLTS training workshops in Tanzania and Ethiopia are the first official launch events for CLTS in Africa. So Plan Tanzania and RESA can take pride in being the pioneers of CLTS in Africa.

[5]PHAST s a participatory training method that uses visuals to demonstrate relationship between sanitation and health status. It is geared towards increasing self esteem of community members and empower them to plan environment improvements and own and operate water and sanitation facilities. See PHAST Step-by Step Guide (Pg5), WHO 1998.

[6] See Practical Guide to Triggering CLTS Kamal Kar Institute of Development Studies, University of Sussex, Brighton UK November 2005

My interest in CLTS

My personal encounter with and interest in CLTS is quite recent- it started 2-3 years ago when Kamal came to IDS as a visiting fellow. Though I had been involved in earlier discussion between IDS (Robert, Lyla, Petra and Kamal) and Water Aid, I had not had an opportunity to attend a practical CLTS exercise yet. My interest in CLTS has been first to understand it and be able to apply it –this stems from my background as a trainer and facilitator of participatory methods. My second interest has been to assess CLTS and explore opportunities for its applicability in the African context which is quite different from South and South East Asia where the approach was first developed. My colleagues Robert and Lyla and Kamal, all aware of my interests, have been grooming me to be more active in CLTS in Africa if the opportunity arose. They belong to a small team at IDS involved in a DFID-funded research project entitled ***'Going to Scale? The Potential of Community-Led Total Sanitation'.*** The project is aimed at deepening understanding of the CLTS approach and its applicability in different settings, and sharing lessons from communities' experiences. This workshop, being the first major CLTS training in Africa, was therefore a timely opportunity for me. In addition to my participant observer role I sought views from participants on their first impressions on the CLTS approach; its applicability in the different contexts in which they work; expected challenges and how they would address these as they roll out CLTS in their respective countries.

However, I would like to caution readers of this paper that my reflections and insights are limited as they are based on a very quick and rapid exercise. I did not have enough time to carry out in-depth discussions and triangulate opinions of the participants. My multiple roles (participant, observer and co-facilitators/trainer) in the workshop do carry with them many contradictions and I have found it difficult to express my views without bias. These are my first impressions and thoughts to inspire others who would like to learn more and try out CLTS. Please do not take them as authoritative views on how CLTS could be applied in Tanzania, East Africa or Africa in general.

The CLTS Training Workshop

The overall objective of the training was to introduce CLTS in the region and create a conducive institutional environment for scaling up sanitation initiatives. Specifically, the training sought to increase awareness in all Plan Tanzania Programme Units by training frontline staff, their partners and community members; introduce CLTS to Five RESA Programme Countries by inviting at least two participants from each country; initiate the process of institutionalisation of CLTS in all the participating Plan countries through pilot trials, intermittent sharing workshops and cross visits to other Plan countries where CLTS is being implemented and; Increase the awareness of policy makers and other key stakeholders by organising a one-day CLTS National Workshop in Tanzania[7].

The CLTS training itself was five days long. The training approach comprised classroom sessions, practical sessions with communities in the field and a national half-day workshop to share experiences from the field. The classroom sessions (two days) covered the basics of CLTS-what it is and its historical background; methods

[7] Slides presentation on Workshop Objectives 12 February 2007

and facilitation skills (mapping, transect and flow diagrams) and modalities for calculating quantities of faeces and expenses incurred by families in treatment of illnesses associated with faecal oral contamination. The practical sessions (two days) involved applying the training tools in real village contexts before coming back to reflect on the process and the outcomes and preparing for the national workshop. It was a very tight agenda and could have perhaps benefited from two more days.

CLTS Classroom Sessions

I like the structured and hands-on approach Kamal has adopted for the CLTS training. The training gets people to start talking about 'shitting in the open' from the outset and gradually builds their confidence to talk about it freely. During the introductory exercise we walked around to meet as many participants as possible telling many things about ourselves -most important of all revealing to them when we had last defecated in the open. At the end it emerged that most people had done it. There were those who had done it the previous day, a month to two months ago, and others who could not remember when they did it last. This exercise gets people to experience what it feels like to talk about things which are quite personal and embarrassing yet hard realities about themselves. This made me reflect on what I felt like being asked such a personal question and I therefore realised how others would feel. By responding to the question honestly, I felt so liberated and free to ask the same question of others. While it was difficult asking and even responding to the first person, by the time I got to the third and the fourth person it was much easier and I was already having fun and encouraging fellow participants to use direct language.

Another exercise that I found useful was getting participants to reflect (in country groups) and share their experiences of sanitation projects that had failed and why these had failed. Most of the examples shared were about sanitation programmes that focused on constructing latrines either for families, schools or communities. Most of these were either funded through bilateral programmes, governments and/or international NGOs. As the participants pointed out, although such programmes adopted a cost sharing policy, with an external agency providing material/financial support and communities contributing labour and locally available resources, the approaches used were top-down. The agencies did not involve the communities in the identification and prioritisation of needs and projects. The agencies focused on constructing/replicating prescribed models of latrines, most of which were too costly and culturally inappropriate. The pressure to spend huge institutional budgets was highlighted across countries as the main reason for adopting and promoting expensive models of latrines which most communities could not afford to sustain.

I personally found the classroom sessions and the overall training very useful. In fact after going through the CLTS experience I find myself at ease and enjoying talking about 'shitting behaviours.' Though I had attended CLTS seminars given by Kamal before, I must say these did not have as much impact as going through the training and the fieldwork in the villages. I would recommend the **FULL PACKAGE** to anyone who is contemplating working on sanitation issues in the future. If anyone offers you the CLTS training without the fieldwork component do not bother taking it-not good value for your time and money!

This is not to say the training is perfect. One disturbing question, I was left with after the CLTS training, is whether the tone being used in CLTS training is not too 'evangelistic' -making disciples spread the CLTS gospel. The mood in the training seems not to encourage scepticism, yet this is crucial for building confidence and further innovation/development of the method. I think facilitators of CLTS training should seek to find ways of mediating between promoting or advocating for CLTS and allowing time for critical questions and dealing with doubts. Participants need to be prepared to confront challenges that they may encounter in rolling-out CLTS. Building aspects of questioning the foundations and applicability of CLTS through posing problematic scenarios (what if?) and sharing examples of where it did not work may help in this balancing act. Having a session to go through, debate, expand or delete or add items (as they see appropriate) from the list of favourable and the unfavourable conditions for CLTS may be a useful entry point[8].

Other aspects of the training that may need further improvement are as follows: The training seems to assume that all participants are familiar or have prior experience with PRA/PLA methods. CLTS builds on basic PRA tools namely social mapping, transect walk and flow diagrams. I did get the impression that some participants did not have a clue what PRA is. Someone who does not have any knowledge of these methods and the principles behind them can easily get lost or engage in the CLTS process in a very mechanistic manner. It may help to spend some time assessing participants' background knowledge and experience with PRA or other participatory methods and providing some basics where these are needed. Also the three pillars of CLTS i.e. shame, disgust and fear are not well elaborated on in the training. Why are they important? How does a facilitator manage these to achieve the triggering/ignition needed for action? How do you avoid overdoing any of these aspects (disgust, shame and fear) and how do you manage any negative consequences? These kinds of skills do not come so easily to everyone (the would-be facilitators of CLTS), particularly if they have not done much facilitation previously, and, more so, if their background is somewhat technical and their training did not involve community interaction, e.g. engineering, or public health. Even for experienced facilitators, there is a new approach to be learnt and internalised.

The concept of subsidy, I think, needs to be unpacked during the training itself. A few participants did express this concern too. Some of the questions raised by the participants include: what does subsidy really mean and what forms does it take? Is cost sharing, for example, considered to be subsidy? Is a partnership agreement between a poor household and Plan International to share in the cost of constructing an improved toilet a subsidy? What if an organisation has the resources and they can still manage to achieve CLTS with subsidy-what is wrong with this? Reinforcing this position, a senior manager said he did not see anything wrong with Plan supporting needy households to build improved latrines since they were already supporting community projects. I felt there were a few people who needed further convincing on the zero subsidy principle. If some of the people, being equipped to roll out CLTS, are not convinced themselves it may not be easy for them to convince others. Kamal (2005:10) and other champions of CLTS strongly argue that CLTS is far

[8] See favourable and unfavourable conditions for CLTS from http://www.livelihoods.org/hot_topics/CLTS.html

less effective when there are agencies following a hardware subsidy approach and that hardware subsidies undermine the impact of CLTS thus slowing down community action. However, in CLTS learning or training events, if the no hardware subsidy message is to be understood it would help to make space for discussing the issue and convincing each other. This may even allow the participants to explore suitable ways of articulating what is referred to as subsidy in the CLTS approach in order to confront and convince those championing for a subsidy approach. We should not take it for granted that everyone understands and is comfortable advocating for zero hardware subsidy principle to total sanitation. It will be interesting to learn from Bangladesh what is emerging on the subsidy debates and how this has affected the practice seven-eight years after CLTS was introduced.

Another key concern is that the training did not pay much attention to Monitoring and Evaluation (M&E). Other than mentions of how M&E could be done using the social maps and whistle-blowing to shame people defecating in the open, very little was covered on how to systematise M&E in CLTS. As the Community Learning Advisor from Plan Tanzania observed, monitoring and evaluation of the approach (CLTS) is not well established and will therefore need more work. For instance, introducing and integrating participatory sanitation baseline into the CLTS process will be a useful innovation. This could borrow from some work that has been done in Malawi on using PRA methods to generate statistics, by Carlos Barahona and Sarah Levy[9]. This will not only help in strengthening M&E and impact assessment components of CLTS, but also in building evidence that could be used to influence policy at national and regional levels. Future CLTS training, with more time, could therefore include sessions on the basics of PRA/PLA, and more grounding on Participatory Monitoring and Evaluation [10]. It is very easy for CLTS to stop at the participatory appraisal stage and leave the M&E and impact assessment to external agencies and miss the opportunities for internal learning and appreciation of the changes happening in the community.

CLTS Practical Sessions in the Field

The practical component of the training was meant to engage the participants in facilitating CLTS in 10 villages of which 8 were in areas Plan Tanzania had been working in. We were only able to cover 6 villages due to constraints of time and distance from the workshop venue. I was involved in two villages, namely Disunyara and Masaki in the outskirts of Dar-es-Salaam.

The central goal of the practical sessions was to put into practice what we had learned - to facilitate a CLTS process, arouse disgust and shame amongst the villagers and consequently trigger action to stop open defecation. The suggested steps to be followed included rapport building with the community; participatory analysis using mapping, flow diagrams; transect walk, simple calculations, ignition moments and community action planning[11]. When we were preparing for the fieldwork, it was pointed out that most of the villages we would visit were already receiving support from Plan Tanzania to construct latrines. This posed a big

[9] See IDS Working Paper No. 212 (Pg23-47) November 2003

[10] See Estrella M *et al* Learning from Change: issues and Experiences in Participatory Monitoring and Evaluation 2000 IT Publications London,

[11] See Practical Guide to Triggering CLTS Kamal Kal 2005

challenge as one of the favourable conditions for CLTS is the absence of programmes with hardware subsidies [12]. Some participants from Tanzania also expressed a fear that most of the villages would have relatively high latrine coverage, hence evidence of mass/open defecation would not be obvious, contrary to the situation in South and South East Asia. With these fears, there was a last minute panic and it was left upon the teams to decide how to handle the challenges. Nevertheless, most of us were enthusiastic and motivated to go ahead. In my team we agreed that if we found that the villages were truly and totally sanitised, we would focus on engaging and learning from them how they managed to achieve this. We also decided we would do the mapping in sub-groups balanced for gender and age so that we would create opportunities for diverse and if possible contradicting opinions. In the first village (Disunyara), this worked very well. In one group, where the village head dominated and therefore influenced the discussion heavily, the villagers 'decided' that there was no open defecation. The second group, however, indicated that there was a lot of open defecation taking place in the farms and along the streams and rivers that are the village's water sources. When the two groups came together to share their outcomes, the first group (which had maintained that there was no open defecation) could not defend their position. Instead, they endorsed the reality of the other group. The rest of the analysis was based on the fact that there was open defecation in the village as depicted in the map produced by the second group. Dinsunyara, as we learned, has 278 households and a population of about 2500 people. Only thirty two households were represented in the mapping exercise. Through the calculations it emerged that the village generates about 145 tonnes of faeces per year, out of which more than 50% is from open defecation that happens mostly during the rainy/farming season. The villagers also acknowledged that the faeces flow to the water sources and back to their homes through the water they fetch for domestic use. They reported cases of Typhoid, dysentery and seasonal cholera outbreaks which coincide with the rains. The other fact that emerged through the mapping exercise is that most of the latrines are of poor quality and not well kept. For instance, the latrines do not have covers/lids and they have gaping holes that allow flies to come out and spread faeces to the homes nearby. It was evident, therefore, that the fact of having latrines did not, in and of itself, guarantee safety from faecal oral-contamination.

Though it was unanimously accepted that open defecation is happening in Dusinyara village, the areas where it happens are scattered and difficult to find. Due to this fact, our transect walk focused on visiting and inspecting the state of latrines. Latrines in which we could see the faeces, maggots and flies coming out were deemed to represent a source for faecal-oral contamination. This inspection in itself was a very disgusting exercise to us and the community. At one point, we used a stick to scoop faeces from one of the latrines and took it back with us to the

[12] See favourable and unfavourable conditions

meeting venue where it would be used to trigger further disgust! Some people could not stand our actions and found it really shameful and disrespectful to the owner of the latrine where we scooped the faeces. They found us a strange lot- that we could go to that length did not make any sense to them. At this point I could not help wondering whether the community would have been that tolerant with us, had it not been for the fact that we were from Plan, with whom they already had a good working relationship prior to the CLTS. Were we really not overstepping our boundaries?

In a nutshell what I learned from the practical session is that CLTS builds on very basic PRA/PLA techniques but calls for facilitators to be the devil's advocates throughout the process. One has to go beyond just being the typical 'nice to people', laid back humble facilitator. What is unique or radical about CLTS, is that it pushes the facilitator to prick people's conscience using the principles of disgust, shame and fear. A facilitator is forced to deliberately use tactics to disgust people, make them uncomfortable but in the process help them learn and discover some hard truths about their sanitation behaviour and therefore be moved to take action on their own. While in most typical PRA/PLA exercises the tendency is to come up with action plans/proposal that will be funded primarily by the facilitating institution, in CLTS the facilitators trigger the communities and then leave them to decide on their own what they want to do and who, among them, will take the actions forward. If they decide to do nothing (opt to continue eating each others' faeces) that is fine too. The facilitators are under no obligation as such to decide what is to be done or how to support it. Facilitators of CLTS have to choose not to see it as their role, but rather that of the community, to take action to stop people 'ingesting each other's shit'. If the community wants to stop it, then the facilitators will encourage them to go ahead and discuss what it is they ought to do, when they will do it and who will be in charge of implementing the plans they generate. The facilitators promise to come back (on invitation) to see whether what the community planned to do has been done. This kind of provocative and awakening analysis is very powerful. It is gradual and well calculated to touch people's innermost passions, anger and disgust and therefore move them to action. Perhaps for facilitators to be able to adopt these attitudes is one of the biggest challenges of CLTS.

It would seem then, that CLTS facilitation is an art to be learned from experience, rather than a skill that you can just pick up from training. The facilitator has to become a bit of an actor, and a devilish one at that. Not everyone can easily step into this role of becoming the 'arrogant' facilitator who pushes people beyond limits and still gets them to see the purpose of going through it all. There are some questions for the CLTS trainers that may need further work: how do we pass on the knowledge, skills and attitudes to others so that they can become effective facilitators of CLTS? Does the selection of participants for training matter? Or should we assume that anyone can become a CLTS facilitator after the training? Could factoring in a critical self assessment session help participants to judge whether they have what it takes to become effective facilitators and whether they are ready for the role?

The other big remaining question for CLTS pioneers is whether it is possible to achieve the triggering of action without shaming and disgusting the communities? In other words can we achieve CLTS without the three pillars i.e. disgust, shame and fear? Should we care about maintaining respectful or good relationships with the communities with whom we are working, post the CLTS exercise? In Disunyara, the

village I referred to in my example above, the village head felt disrespected and was really angry with us after it emerged that his family generated the highest quantities of 'shit' in the village. He complained bitterly about us getting the villagers to admit that open defecation meant that people were 'eating each other's shit': *"Sikufurahia kuambiwa tunakula mavi. Sio Utanzania kuongea hivyo"* (I am not happy to be told that we eat each other's shit. It is not the Tanzanian way to speak like that). Fortunately we did not have to respond or defend ourselves as another village leader jumped in immediately and reminded the village head that this was the reality and unless they named it as it is they would not realise the magnitude of the problem and they would continue facing the costly consequences, i.e. regular diarrhoea outbreaks and typhoid among other diseases. Other speakers followed and at the end of the day the village head was further humbled and reminded of his role in working with the community to ensure that the business of eating each other's shit came to an end. We were delighted to see him come to the national workshop with a delegation from his village to present their action plans to stop open defecation. They had already gone around taking an inventory and assessing quality of latrines in all the households in his village. We have to bear in mind that in some cases backlash could occur post- CLTS. What contingency plans need to be put in place?

Participants' Impressions and Views on CLTS

Towards the end of the training I had an opportunity to collect views from a cross-section of participants. I deliberately waited to do this exercise towards the end so as to give the participants an opportunity to learn and experience the CLTS approach. The objectives of my inquiry were to gauge their first impressions on the CLTS approach i.e. what resonates with their work and what they see as its strengths and weaknesses; assess its applicability in the different contexts represented; ascertain whether they would roll it out in their programmes and; identify any foreseeable challenges and how these could be addressed. In the following section I summarise the emerging views around these questions

Strengths of CLTS

Most participants were of the view that in spite of having originated in Bangladesh, CLTS resonates with the contexts in which they work and does offer opportunities for addressing the challenges they face in sustaining sanitation projects. All participants had very positive first impressions of CLTS. As the Zimbabwe team put it:

> "This is a good approach in that it involves people who are at grassroots level. I think it should be mainstreamed into our programming in Zimbabwe. The involvement of the people, and getting them to see and discover on their own that they drink dirty water; leading them to form pressure groups and mapping the way forward is great. This method (CLTS) is absolutely participatory and it builds on the approach we're using is Plan i.e. Participatory Hygiene and Sanitation Transformation"[13].

[13] Extract from Questionnaire filled by Derrick Numbe Wonder Mufunda: Zimbabwe Kwe-Kwe Plan Programme Area

Additional attributes of the approach that the participants liked include: its emphasis on community participation and empowerment in the analysis and the development of action plans that emerge through the process; community ownership of the process, ensuring commitment to the action plans and the implementation that follows; the immediacy of results and the actions that follow i.e. it awakens people and inspires them to act immediately without waiting for any external support; it taps into communities' experience (knowledge and skills) and encourages the use of local resources to support sanitation initiatives and; it empowers the communities to solve their own sanitation problems. For Plan Tanzania, where most participants work in a rural setting, CLTS was found to suitable for their context. In terms of institutional approaches or strategies used in Plan International, most participants acknowledged that CLTS would complement their existing strategy. This view was reinforced by a senior manager from Plan Tanzania when he said;

> "CLTS is basically about empowering communities which is in line with Plans' development approach, the Child Centred Community Development (CCCD). This approach (CLTS) promotes [the idea] that communities should be in the driver's seat when it comes to dealing with their development issues".

This view was echoed by the participants from Egypt:

> "CLTS as we always say "everybody is invited" and it is a very good approach to adopt and is concerned with community empowerment. This approach is applicable not only for sanitation but for all the programmes and activities…the approach could strengthen self reliance of the community and guarantee the sustainability of CLTS activities"[14].

Children participation during the CLTS in Kumba village confirmed that the method is not just limited to working with adults and therefore could strengthen CCCD. As the group reported, children under five years old participated in mapping defecation areas. They were less shy, as compared to the adults, mapping and talking about open defecation. They simply had fun as they walked on the map to squat and demonstrate where they defecate. Children of school going age indicated on the map where they defecate on their way to and from school too. Plan staff, no doubt, identified an opportunity to explore further and integrate CLTS to the Child Centered Community Development (CCCD). One question was raised though: what role for children in CLTS since they do not have decision-making powers as concerns use of resources needed to meet sanitation needs at the household level? At some point it would be good to engage with CLTS spread in South Asia, especially Bangladesh. Here children have played an important role in spreading the message of no open

[14] Field notes 16th Feb 2007 Dar-es-Salaam

defecation. In Bangladesh children have also played a key role in monitoring and shaming those caught defecating in the open.

CLTS: Assumptions, Questions and Challenges

There are questions and challenges articulated by participants. These revolve around some of the assumptions the participants felt CLTS makes. These are debatable. I record them here for future probing and reflection.

First is the assumption that most people defecate in the open. This is not always the case. As a participant from Zimbabwe put it, "in some cases CLTS has to be applied in the context of the situation obtaining on the ground. If for instance, the village has about 90% coverage in terms of the existing toilets, the CLTS emphasis should be placed on use or appropriate use of the toilets and not open defecation". In Tanzania, as some of the participants reported, some villages have 90% toilet coverage. In Dusinyara, one of the villages we visited for the CLTS, they attributed the high coverage to enforcement of a local government public health by-law that required every household to have a pit latrine. Any family that did not comply was heavily fined or the head of the household would be arrested and locked up until the family constructed or committed to constructing a pit latrine. Just like CLTS, this approach, though top down, seems to have advocated for zero subsidies, used fear and shame as key pillars and aimed at ensuring there was total sanitation in the villages. What can CLTS champions learn from such an approach while ensuring they do not arouse bad historical memories which may cause backlash to sanitation initiatives? This could be a subject of research, because, as we learned, the by-laws are not in force any more. The reason for their lifting is not clear, but there is evidence that their coercive approach was hugely unpopular, and a comparison with CLTS could be revealing and useful.

The second assumption noted by the participants is the somewhat arrogant assumption that past programmes by governments and other institutions have failed or that they have not yielded any positive results, and that CLTS is the magic bullet that offers the remedy. This raises question about which lessons might be drawn from previous sanitation programmes and used to make a case for CLTS: What did previous programmes achieve? What were they not able to achieve and why? How different is CLTS and how differently is it likely to deliver what previous programmes did not? How sustainable will the gains from CLTS be? Does it risk promising too much? If there is a risk, how can it be mitigated? These are questions to be answered by experience.

The third assumption is that sanitation is a priority for all or most communities. This may not be the case. In some regions, in Eastern and Southern Africa, where the effects of open defecation are not obvious, sanitation is not articulated as a top priority. The effects of sanitation on people's health may not be obvious. In such cases then, CLTS, even with its participatory ethos, could be viewed as an externally induced and driven process. This was evident in the second village in which we did fieldwork, Masaki. There was a very strong feeling, from a segment of community members, that although there was sparse open defecation there was no evidence that this was having any negative effect on their health. A middle aged man argued that they had not experienced any major cholera outbreak in their village for decades.

Although most villagers acknowledged there was open defecation, some felt there was no evidence that the isolated cases of open defecation resulted in water contamination. They wondered whether the results generated by the exercise, making such a link between open defecation and water contamination, were due to our own insistence that they go through the exercise (i.e. did we simply generate the results we were looking for?). It seems that the villagers were questioning the whole logic and psychology of the exercise. So while facilitators' previous experience and the logic of CLTS may seem right at an intuitive level, we need to step back from the exercise as such and create opportunities for cross checking whether the results generated really make sense. Sometimes our sheer determination to go through the process to trigger shame and disgust could blind us and prevent us from hearing what is really being said and what is not being said. This does not make us good reflective practitioners and is not good for the overall development of CLTS. In Masaki the villagers said their priority was clean water for domestic use. Some felt we should have paid more attention to discussing water issues but we only focused on sanitation - the mission that brought us there.

The fourth assumption is that simple and cheap local technological options for making pit latrines provide a sustainable solution to the management of faeces. As we noticed in some of the villages, households have had simple pit latrines made of local materials for a long time. What they aspire to have are improved models (i.e. going up the sanitation ladder). An example was given by an area manager from Plan Tanzania Mwanza region (on the shores of Lake Victoria), where most households have had simple (weak and temporary) sanitation facilities, and what they want now are improved ones. In such cases champions of CLTS need to acknowledge the local efforts and aspirations, and create opportunities for the communities to realise their aspirations without reinforcing a dependency syndrome. In such cases it may be better to adapt the CLTS process to the situation as articulated by the community, rather than going through the whole CLTS process.

The fifth and last assumption that CLTS makes is that upfront hardware subsidy or external support is a bad thing and should be avoided at all cost. It may help to open up space to discuss people's own perceptions of what constitutes subsidy. While on the one hand CLTS seems to be totally against subsidy by governments and NGOs, on the other hand it seems not to have any problem with community members subsidising one another. This in itself seems like a contradiction particularly to those in favour of a subsidy approach and we may need to ask whether the problem is with subsidy as such, or with the identity of the giver. While the major point is to encourage help within the community, this leaves the question as to whether internal subsidy is any better than external subsidy and whether the consequences are not the same in the long term. Can the subsidised households replace or construct new latrines after the first one fills up without being supported by the community?

Other concerns regarding CLTS noted by the participants include: too much emphasis on 'shit management' to the relative neglect of other sources of contamination which are equally harmful to human beings; limited application in urban areas where people live in rented houses and the environment is not favourable for open defecation. People here may still have sanitation problems such as uncollected garbage and blocked drains. CLTS may also not be applicable in sparsely populated areas and in nomadic communities that have no permanent

homesteads. The notion of having a latrine therefore does not resonate with their lifestyle. In such cases the CLTS package could include mapping the seasons and movement patterns. Seasonal analysis will also be useful for farming communities who, though they may have pit latrines in their homesteads, certainly do not have them in the farms, yet this is where they are likely to be spending most of their working hours. We found that this was the case in Dusinyara village: although coverage was very high the participants admitted that open defecation was still a problem because they did not have latrines in their farms which are located at considerable distances from their homes.

Rolling out CLTS within Plan

There was very strong buy-in and all the participants from the seven countries committed and made plans to implement CLTS in their respective programmes. However, most of the participants felt that it will not be possible to adopt the approach uniformly. Every country, and even specific programme areas within the countries, will have to assess and understand their situation before they can embark on any CLTS activity. Most action plans indicated that they would start with building institutional support through awareness creation within Plan and with partners. They would then organise CLTS training and fieldwork.

I sought their views on the challenges they felt they were likely to face in implementing their CLTS plans at country level. Top on the list was the current approach used in Plan which they said is built on subsidy characterised by supporting families of the children they sponsor to build pit latrines. In Plan Tanzania, rigidity of government departments, partners and Plan it self, in cutting or abolishing subsides was highlighted as a key challenge. Selling the CLTS idea to government line ministries was seen as a challenge in particular because the government technocrats are used to working in particular ways and may not find it easy to apply the CLTS pillars of disgust, shame and the zero subsidy policy.

This point was echoed by Plan Egypt participants:

> "We fear some of our stakeholders may be opposed to the principles of CLTS and may have negative attitudes towards it."

Plan has been practising a form of subsidy i.e. supporting households with materials such as cement, iron sheets and reinforcement bars as well as the technical capacity to build toilets. Most of the participants pointed out that it will be very difficult to introduce CLTS in such communities since they already see Plan as a provider and they have internalised the notion that they are poor. The Plan approach to sanitation, no doubt, has created very high levels of dependency at community level. We experienced this in the two villages I was involved in. Even after going through the CLTS process, some leaders still dragged the facilitators aside and asked them to come back and provide help in constructing improved latrines. This is a challenge the participants are determined to confront. Some of the strategies they said they would use include awareness raising, involving some of the community members and staff of collaborating agencies in the CLTS training process itself, so as to create a cadre of internal champions of CLTS.

Some participants felt that the pressure from Plan headquarters to spend budgets set aside for sanitation projects could be a big challenge. Plan already has a huge budget for sanitation and this is likely to increase as a result of the renewed interest after the CLTS launch in RESA. It is clear that CLTS is a "low budget - high impact" strategy. What will staff do with such huge budgets? Participants felt that they needed time to think through ways of tackling such challenges. Some felt that such money could be used to facilitate CLTS processes outside of Plan programme areas so as to increase coverage and reduce sanitation-related illnesses in the wider community.

Another challenge identified by the participants was the dilemma of introducing CLTS in communities where sanitation is not a priority issue. CLTS may be seen as a good thing, but its focus or promotion of a single issue may create a huge challenge to institutions and facilitators leading it. The possibilities or opportunities for applying CLTS may therefore be greatest in areas where communities have already prioritised sanitation. It will be better for Plan to initiate CLTS in areas where general needs assessment PRA/PLA has been done and sanitation listed as one of the key priorities. Lessons learned from such areas could be applied when introducing and rolling out CLTS in other areas.

Another key challenge for rolling out CLTS articulated by the participants is cultural beliefs among some communities. An example was given of the Maasai communities in some parts of Tanzania where social convention upholds the myth that men do not defecate at all, making public discussion of defecation virtually impossible. This poses a huge barrier for any approach that seeks to engage communities in mapping and publicly discussing about defecation. In other communities it is a taboo to share toilets among some members of the family. For example among the Luo in Kenya, Uganda and Tanzania, it is taboo for in-laws to share a toilet or bathroom. You do not undress in the same space as your in-laws and if you do, you will be cursed. Pregnant women and young children are forbidden from using pit latrines too. It is believed that pregnant women lose their fertility by doing so. As for children this is to protect them from any danger of falling into the pit. However we were told of some parts of Uganda where they believe that if a child uses the pit latrine or if you dispose of their waste in a pit latrine they will not grow up healthy. These kinds of fears no doubt have to be addressed in different ways in different contexts. The assumption that every community sees the logic or value of pit latrines may not hold everywhere. In such communities one would need to understand and find ways to navigate through cultural beliefs before engaging in any sanitation programme or factor such issues into the approach. Most participants felt that there was need to have a thorough understanding of each context in its own right before engaging in the CLTS process and, if possible, find innovative ways of adapting the approach.

Future Research and Action Learning Agendas

As already indicated earlier in this paper, previous attempts to introduce CLTS in Africa have been *ad hoc* and quite sporadic. The Plan RESA attempt is the first massive launch of CLTS in Africa and therefore presents a useful opportunity for learning and assessing how CLTS will be applied in a context that is quite different from where it was pioneered.

For Plan Eastern and Southern Africa: In spite of the challenges outlined above, all the Plan staff present in this workshop developed their action plans to initiate and roll out CLTS in their programmes. Will the fire and the commitment they made be translated into reality? They agreed to set up a mailing list and space for CLTS facilitators on the Plan website to ensure continued sharing and learning based on the experiences emerging from rolling out CLTS. Immediately after the Tanzania workshop there was a Plan senior Managers CLTS training in Ethiopia so we can only hope Plan RESA has bought into CLTS and that a cadre of champions of CLTS will emerge and propel CLTS to greater heights in Africa.

For IDS and other research institution interested in CLTS: The launch of CLTS in Africa provides an enormous opportunity for developing a research and action learning agenda to deepen our understanding of the approach, its strengths and weaknesses in different settings, and to share the lessons from communities' experiences widely. This could be done by initiating a dialogue with potential/interested parties to collaboratively develop the agenda. The '*Going to Scale? The Potential of Community-Led Total Sanitation*' research team at IDS could play a lead role in pulling this together. The collaboration could involve working with Plan RESA and other organisations interested in rolling out CLTS in Africa through accompaniment, facilitating reflective learning sessions and participatory writeshops to document and share experiences.

The launch of CLTS in Eastern and Southern Africa also provides an opportunity for a structured comparative study with South and South East Asia where CLTS was pioneered. Such a study, for example, could be carried out between a few selected countries in South and South East Asia and Eastern and Southern Africa where Plan International is implementing CLTS. For instance it would be possible to compare Bangladesh and Tanzania or Ethiopia or India and Kenya or Uganda. The comparative study could for example explore the questions:

- **Meanings and interpretation of CLTS:** How has CLTS been interpreted in these different contexts and why?
- **Purpose and applications or uses of CLTS:** Why have different institutions taken up CLTS?
- **Results and experiences:** What have been the results (achievements, successes, impact and challenges) of applying CLTS in the different context?
- **Important factors:**
    - What important factors have promoted or determined success of CLTS?
    - What important factors have hindered success of CLTS?
- **Comparability and key lessons:**
    - What similarities and differences can be drawn between the countries around the study questions?
    - What is changing in terms of content/principles, structure /approach and methods as CLTS is being rolled out in new and different contexts in Africa?
    - What justifications or explanations can be given for such changes?
    - Do these changes make it more or less effective?

Another area of interest is to carry out a study to compare CLTS with other participatory approaches/methods used in the area of sanitation. How is CLTS

different? How can CLTS complement such approaches/methods and can it (CLTS) borrow from them to be even more effective?

In this CLTS action learning process both "evangelists" who are convinced practitioners and trainers, and "sceptics" who have doubts and questions, have important parts to play. Committed practitioners and trainers can learn from questions that are asked and from issues raised by insightful research. Those with doubts can learn experientially from the processes of CLTS. And all can learn continuously from critical reflection on practice.

In sum, this is an exciting time for CLTS practice and spread in Africa. Future action learning and research on the part of IDS, Plan and others[15] can shed light on how CLTS can help address the MDG and sanitation challenges in East Africa.

April, 2007

[15] For example, the DFID funded research programme 'Research Inspired Policy Practice and Learning in Ethiopia' (RiPPLE) also has a component that focuses on total sanitation initiatives in Ethiopia. IDS is a network partner in this initiative.