

# Presentation

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# Sanitation Promotion through CLTS

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# CLTS in Bangladesh

- Plan Bangladesh started sanitation work in 1996, providing free sanitary latrines based on community demand.
- This did not significantly improve the situation; a survey showed only 5% - 6% households had access to toilets
- To improve performance, Plan added awareness raising activities such as children's drama and folk songs, and a cost sharing mechanism.
- Despite the change in the design, many poor households still did not have toilets and significant changes behavior did not occur.
- In 2002, Plan adopted Community Led Total Sanitation (CLTS) approach

# Evaluation of Bangladesh CLTS Program

- Since 2002, Plan has achieved ODF status in 49 Unions (~1.3 million people)
- Intervention carried out by local government \*(Union Parishad) and Village Development Committees
- In 2008, Plan conducted a evaluation of its CLTS program to gage progress

# Findings in Bangladesh

- Reduction in open defecation (OD) was 92% in the CLTS areas compared to 28% in the control (non CLTS) areas.
- Transact walks showed impact in terms of billboards and handwritten messages on walls, and people's awareness and enthusiasm about water and sanitation issues.
- In non-CLTS villages open defecation areas clearly still exist; in CLTS areas no such areas were evident.
- Open defecation has become an issue of shame in CLTS villages; in non-CLTS villages this was less prevalent.

# BGD findings, cont.

- 16% of the under-five children in CLTS areas and 20% in the non CLTS areas had diarrhoea (may not be statistically significant).
- 45% of the households in the CLTS areas and 9% in the non CLTS areas disposed feces of young children into the latrine

# BGD findings, cont.

- Although installation of toilets in the non-CLTS areas was made through government programs, their utilization was low.
- Proportion of toilet ownership among poor households in CLTS areas was ~3 times that of non-CLTS areas (72.5% vs. 23.6%).

# BGD findings, cont.

- Hand washing behavior in CLTS areas significantly better than the non-CLTS areas.
- Most of the respondents mentioned that they wash hands with soap or ash after defecation or after cleaning a child.
- However, only 14-23% of respondents wash hands with soap or ash before a meal; 12-22% wash hands with soap or ash before feeding a child.

# BGD findings, cont.

- No evidence that HH toilets were contaminating local ground water wells
- Tests suggested significantly better ambient water quality (wells, HHs) in CLTS areas (further work needed to confirm this)

# BGD findings, cont.

- 2-week recall surveys showed 16% of under-five children in CLTS areas had diarrhea; 20% in non-CLTS areas - difference may not be statistically significant.
- Disposal of children's feces still an issue – only 45% of households in CLTS areas disposed children's feces in toilets
- However, only 9% were properly disposed in non-CLTS areas

# What did BGD CLTS Cost?

	Expenditure (US dollars)	Toilets (nr.)	Expenditure (% total)
<b>Plan expenditures: household toilets</b>	<b>\$1,011,000</b>	-	<b>23.3%</b>
<b>ADP + Block expenditures</b>	<b>\$225,000</b>	<b>17,559</b>	<b>5.2%</b>
<b>WSP expenditure</b>	<b>\$57,000</b>	-	<b>1.3%</b>
<b>Household contributions: Non-subsidized toilets</b>	<b>\$2,585,000</b>	<b>143,008</b>	<b>59.7%</b>
<b>Subsidized toilets</b>	<b>\$119,000</b>	<b>18,854</b>	<b>2.7%</b>
<b>Local government expenditures</b>	<b>\$107,800</b>	-	<b>2.5%</b>
<b>ODF reward scheme</b>	<b>\$218,500</b>	-	<b>5.0%</b>
<b>Local NGO subsidies</b>	<b>\$9,000</b>	<b>1,295</b>	<b>0.2%</b>
<b><i>Total expenditure</i></b>	<b>\$4,332,300</b>	<b>161,862</b>	<b>100%</b>
<b><i>Total cost per toilet</i></b>	<b>\$26.8</b>		

Plan's Contribution: \$6.24 – leveraged by ~\$20 of HH and other contributions

# CLTS in Cambodia

- CLTS first introduced ~2004 by Concern
- UNICEF and Plan Cambodia began programs ~2006
- Scale of programs still small but expanding; other agencies also using CLTS now
- Local Rural Development staff, with agency financial supports, are main implementers
- Institutional environment very different from Bangladesh

# Cambodia CLTS Evaluation

- Jointly conducted w/UNICEF in 2008/9

## Key findings:

- Participation of communities is widespread and includes the poor and the poorest.
- From almost 100% Open Defecation (OD) status before CLTS, the approach has resulted in 42% year-long use of toilets
- ODF status is attained in nearly all villages, but primarily in the dry season.

# Cambodia cont.

- Toilets are frequently cleaned; majority have hand washing areas with soap and water
- CLTS has resulted in a positive outlook on advantages of owning toilets, & satisfaction with toilet ownership
- CLTS faces challenges - unlined dry-pit latrines prone to failure from flooding, loose soil conditions, termites/ants, and constant use.
- Failure or collapse of toilets in the wet season is a key challenge to maintaining ODF status year-round.

# Cambodia, cont.

- CLTS built institutional capacity through trained facilitators at provincial to village levels within existing structures.
- The approach created a government-NGO network to support and facilitate CLTS.
- However, CLTS faces limitations in the quality of facilitators and focal points.

# Cambodia cont.

- CLTS appears cost-effective. Very little cash spent on most toilets, as materials are locally sourced by 61% of households.
- Only \$1 to \$2.5 spent on regular repair.
- For better-off households a toilet cost \$21.25 if concrete rings and slabs used; \$41 if all materials purchased.

# Cambodia, cont.

- Many competing approaches to sanitation in Cambodia. Largest program (TSRWSSP) provides substantial hardware subsidies
- TSRWSSP - basic toilet costs \$133 with 90% of costs subsidized. While these toilets are more durable than those in CLTS villages, the cost of reaching 100% coverage will be quite high.

# Cambodia, cont.

- CLTS villages have slightly lower numbers of private toilets than TSRWSSP villages.
- However, there is greater actual use of toilets in CLTS villages, attributed to stronger behavior change outcomes.
- In TSRWSSP villages, unused building materials (rings and slabs) and constructed but unused toilets are observed.

# Cambodia, cont.

- CLTS works within existing government and local authority structures and does not create new mechanisms.
- TSRWSSP installs temporary Project Management and Project Implementation Units at national and provincial levels, requires re-assignment of government staff or hiring of new project staff.

# Conclusions

- Working through established government and community-based organizations appears more cost-effective
- Working at scale is more cost-effective; CLTS in BGD appears to be relatively inexpensive compared to alternatives

# Conclusions, cont.

- Greater attention needed to post-ODF period to reinforce messages, esp. children's feces, solid/liquid/animal waste management; 'slippage' of adult behavior
- Low-cost upgrading of toilet construction in physically challenging areas is badly needed – work being done on this now

# Conclusions, concluded

- Greater dialog and coordination of subsidized and demand-creating programs is needed
- CLTS most effective approach to creating demand – can money spent on subsidized hardware be re-directed to support:
  - Increasing supply of affordable sanitation commodities?
  - Skills of local sanitation entrepreneurs – create business opportunities?
  - Post ODF follow up?

Thanks for  
your  
attention!

