C5 | TALKING SHIT: IS COMMUNITY LED TOTAL SANITATION EMPOWERING OR DIVISIVE?

Statistics reflecting the dire state of sanitation in developing countries remain shocking. Inadequate sanitation underlies 2,213,000 deaths per year due to unsafe water and hygiene (Bartram et al. 2012). The Millennium Development Goal to halve the proportion of people without access to sanitation between 1990 and 2015 will not be attained, leaving an estimated 2.5 billion people without even a simple improved latrine and 1 billion still practising open defecation (WHO/UNICEF 2013).

In response, a new approach called Community Led Total Sanitation (CLTS) has taken the sanitation world by storm. From a modest start in Bangladesh, CLTS is now being adopted in the rural areas of many Asian and African countries. The approach has been adopted by the World Bank's Water and Sanitation Programme, the Water Supply and Sanitation Collaborative Council, UNICEF, WaterAid, PLAN International and other international NGOs. Powered by the influence of these organizations, CLTS has been adopted in over forty-four LMICs (Bartram et al. 2012) and at least twenty countries have designated CLTS as their national sanitation approach in rural areas (HEART 2013).

The starting point for CLTS is the argument that communities should control their own development and that 'outsiders' should play the role of 'triggering' community responses. The 'community' ensures that households build their own toilets using their own resources. CLTS facilitators 'trigger' communities to recognize the link between open defecation and disease. The community then formulates its own plan for each household to build a latrine, so eradication of open defecation is 'total'. No subsidy or external technical expertise is provided. A distinctive feature about CLTS is that it forces participants to confront their 'shit' by using this word, visiting places where people openly defecate, and tracing the faecal-to-oral transmission route to a glass of water on the table (Bongartz et al. 2010: 29).

According to practitioners and their academic supporters, CLTS has achieved remarkable success with thousands of rural areas declaring themselves 'open defecation free' (ODF). Few analyses, however, have critically examined CLTS within a broader socio-political and economic context or posed any fundamental challenges to its premises.

CLTS passes responsibility to communities while absolving governments from taking any fiscal or managerial responsibilities towards provision of

Image C5.1 Community hand pump in India; open defecation pollutes water sources such as this (Nilayan/ActionAid)

sanitation services to poor people in rural areas. It claims to 'trigger' change but does not monitor or intervene if it sparks damaging local actions. CLTS arguably exemplifies several features of a neoliberal approach to development – one which individualizes problems and their solutions and frees governments from promoting the welfare of their citizens.

After outlining CLTS's main tenets, this chapter reviews the main issues around CLTS's effectiveness, particularly sustainability and moving up the sanitation ladder. Its main aim is to explore the value-choices and power dynamics informing CLTS, especially in terms of individual human rights versus the health of the 'community', as well as the balance between a person's right to dignity and their right to access to sanitation. Finally, the chapter places CLTS in a wider global-political perspective.

A lack of local monitoring and data on CLTS's health and social impacts prohibits a more extensive critique. The lack of monitoring systems is surprising, particularly given its energetic promotion by large international organizations.

Distinctive features of CLTS

Triggering is the primary contribution of the 'facilitator' in CLTS, and aims to harness community energy and thus lead to rapid toilet construction and an open defecation free (ODF) status (Mehta 2014: 8). The core elements of triggering are standard. After some preliminary discussion of the health

status of the community, the facilitator insists that participants use the word 'shit' over any protestations of taboo or reference to societal norms. S/he then uses participatory tools to raise awareness of the community's faecal status. A typical 'triggering' session involves the following:

• Participants take the facilitators on the 'walk of shame', to the areas where people defecate in the open. The facilitator pauses to have a discussion there, which forces people to see and smell their 'shit'. Participants draw a map that locates where people openly defecate.
• Having gathered a bit of shit surreptitiously during the walk, the facilitator illustrates faecal–oral contamination visually by silently placing an object with a small amount of shit in water and near food, allowing flies to dart between the two. The implications of open defecation for everyone's health are discussed.
• Facilitated with humour, participants calculate the amount of shit that the community produces annually.

The facilitator then leaves the group to formulate its own plans to construct latrines according to the resources available. Aside from safety information on basic latrine location, no external resources are provided, e.g. training on toilet construction, building materials or subsidies.

Reports suggest that what is frequently referred to as CLTS is actually a 'hybrid' approach that development organizations have fashioned in response to their direct experience. In a 'hybrid' approach the CLTS component is limited to 'triggering', which may then be combined with some training on building toilets, the provision of slabs or some subsidies. Since these hybrids exist in most countries where CLTS is being implemented, the impetus towards and impact of emerging hybrid approaches requires further research. This chapter analyses CLTS in its 'pure' form, as originally conceptualized, as far as possible.

How sustainable is CLTS?

Efforts to develop new approaches to sanitation were stimulated by the recognition that just building a latrine does not ensure its use. CLTS's precursor – education and awareness-raising through an approach called Participatory Hygiene and Sanitation Transformation (PHAST) – was found to be too didactic. CLTS, which replaces this approach, is premised on the idea that a community-led process will lead to behaviour change that is sustainable in terms of the maintenance and use of latrines.

While previous programmes had outsiders build toilets or advise on their construction, CLTS places the responsibility entirely in the hands of the community. It is assumed that households draw on others' knowledge and that they creatively find local resources. This usually means that poor people end up building very basic latrines – a shallow pit protected by a structure built of local materials, which sometimes collapses in heavy rains or wind.

Thus, most households start at the very bottom of the sanitation ladder. The first rung on the ladder is 'unimproved sanitation', which does not ensure people have no contact with human waste. Latrines built (as described above) are unimproved facilities. The next rung is 'shared systems' that are not considered improved owing to their shared nature, and finally systems per household, considered 'improved sanitation'. Improved sanitation facilities include flush or pour flush (to piped sewer system, septic tank, or pit latrine), Ventilated Improved Pit (VIP) latrine, pit latrine with slab or a composting toilet (WHO/UNICEF 2013: 12).

Without some form of subsidy, poor rural households will generally not be able to afford improvements that would allow them to move up the ladder. In the case of 'pure' CLTS, households within communities that have been triggered and reached ODF status will be considered out of the 'danger zone' and are unlikely to receive the support necessary to move up the ladder.

The second question that needs to be asked is: even at this basic level of sanitation, does CLTS result in lasting behavioural change? While fear and disgust are considered 'particularly effective in public health campaigns in terms of drawing attention to the health threat' (Morales et al. 2012), evidence is 'less clear about the capacity of shocking imagery and texts to influence sustained behaviour change' (Lupton 2014: 4). Not only can poverty prevent the poor from building new toilets, but it may also prevent their being rebuilt after collapsing (Mehta 2014: 12). It has also been argued that, in fact, 'the use of shaming and taunting both disqualifies it [CLTS] as an empowerment approach and is likely to undermine its effectiveness in promoting long-term behaviour change' (Engel and Susilo 2014: 174).

In the CLTS approach it is expected that 'natural leaders' will emerge who will monitor progress and promote maintenance. Natural leaders emerge with enthusiasm about eradicating OD in their area, although their original commitment may be eroded over time, particularly when new priorities arise. Typically such leaders develop a relationship with outsiders who count on them for reports and include them in training, so there is a direct benefit to them in terms of qualifications, experience and networks that can assist them in improving their livelihood and/or improving their standing in the community.

Most surprisingly, given the support and involvement of international organizations, including the World Bank and UNICEF, it does not appear that systems have been put in place to monitor and collect data on the impact and sustainability of CLTS. To date, most analyses are based on anecdotal evidence from selected cases, in support of the authors' perspectives, though there have been a number of calls for a systematic analysis of CLTS (Galvin 2013; Bartram et al. 2012).

At a recent World Sanitation Summit, one presenter recounted a story to illustrate the power of CLTS. In one area where he had worked, the

community was triggered but one woman refused to build a toilet. Some community members followed her around the village until she defecated in the bush. They forced her to pick up her faeces and carry it around until she agreed to build a toilet. The conference room erupted in applause (Galvin 2012b). The following section explores how such stories may be understood in terms of a rights-based analysis.

A rights-based analysis of CLTS

Rights-based issues that arise in relation to the implementation of CLTS relate to the acceptability of CLTS using, or manipulating, negative emotions such as shame and disgust, and the impact that this has on individuals' identities and on community relations, stratification or stigmatization. Critics of the approach question the relationship between individual human rights and the common good, referring to actual accounts of CLTS implementation and its impact on individual human rights (Bartram et al. 2012: 501). They refer to accounts (Chatterjee 2011) that 'squads' threw stones at people openly defecating. Other accounts describe how households' survival was threatened to force them to build a latrine: by cutting off their water supplies or locking them out of their homes (ibid.). An even more horrifying story is one where arbitration was denied to young women and girls who were raped while openly defecating (Mahbub 2009).

> To what extent is it acceptable, in pursuing the *common good* of widespread sanitation, to compromise *individual human rights*: to restrict access [to justice] in the case of rape [if it occurs when openly defecating]; to confiscate property, especially when this represents the source of family income [as a means to force a household to build a toilet]; to threaten physical integrity in the case of stoning; and to withhold water in the case of deprivation of water supply? And to what extent is it tolerable and reasonable to sanction systematic humiliation of community members who will often represent the least educated and those with the least means to act in the manner demanded? (Bartram et al. 2012: 501)

The second question of rights is not one of level but of substance, of balancing the right to dignity against the socio-economic right to access to sanitation. It has been argued that CLTS is based on a logic that undermines human dignity and is unacceptable. The immediate experience of CLTS infringes people's dignity, with possible long-term implications, and that right to dignity precedes all others. For example, people begin to be considered 'clean' or 'dirty' depending on whether they build and use a toilet (Mehta 2011: 9). It is necessary that we consider 'the morality of punishing the poor for their circumstances' (Engel and Susilo 2014: 174). Within the public health literature, the ethical, moral and political implications of using disgust in campaigns have come under scrutiny. Disgust can 'reinforce stigmatisation

and discrimination against individuals and groups who are positioned as disgusting', reinforcing 'negative attitudes towards already disadvantaged and marginalised individuals and societal groups' (Lupton 2014: 1).

Who takes responsibility?

CLTS proponents hold that any human rights infringements are due to the way some communities or practitioners implement CLTS. Following this logic, it is important to identify who is responsible for such infringements and who can be held accountable. We need to ask whether the coercive actions described in the earlier section are condoned actively or implicitly by those who developed CLTS, promote its adoption, and support its implementation.

'Handing over the stick' to the community, a common reference in participatory rural appraisal to shifting power between the facilitator and participants, can allow those handing over the stick to relinquish all responsibility for what they have sparked. CLTS proponents, with the end of eradicating open defecation in mind, potentially leave the 'community' to its own devices and turn a blind eye to the means of implementation. If infringements of human rights are occurring, even defined in a narrow physical sense, those supporting CLTS are responsible for intervening to stop such behaviour. If CLTS does unleash actions described earlier and cannot be controlled, then CLTS as an approach can result in clear human rights infringements and is unacceptable.

Instead of engaging with the complexity of the entire concept of 'community', its heterogeneity, elitism and conflicts, CLTS tends towards romanticizing the 'community', treating it as a homogeneous blank slate. Yet the impact of CLTS interventions is highly dependent on the nature of individual communities. The CLTS approach feeds on and reinforces deeper pre-existing socio-political dynamics at the community level. Even with the best outside intentions, such interventions can unintentionally lead to negative consequences, such as reinforcing class and other divisions, or result in stigmatization (Galvin 2010).

This takes us back to the original premise of CLTS, that it is 'community-led'. Yet the catalyst of CLTS, the idea and the spark in a community, comes from the outside. It is outsider-driven but community-led. While outside facilitators and a few community leaders may be convinced that CLTS can improve the community's well-being, its actual impact and sustainability may be apparent only in the future.

Power dynamics of CLTS

A principal premise of CLTS is that one of the main reasons for the failure of sanitation approaches to lead to sustained behavioural change is that they are driven by outsiders. However, the entire approach of CLTS is formulated and introduced by outsiders. Outsiders include international organizations that often are the drivers – the Water and Sanitation Programme of the World
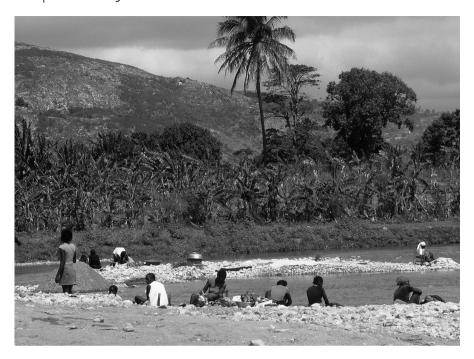
Image C5.2 Poor community living near a riverbank in Haiti: communities are often forced to use a single water source for a range of activities (Mathieu Poirier)

Bank, UNICEF and DfID and large NGOs, including PLAN and WaterAid. In reality there is an underlying element of control: communities may be implementing, but the path has been defined by these organizations.

CLTS hides behind wider power dynamics of donors and the influential water and sanitation fraternity who promote an approach that embodies the dominant neoliberal paradigm under the guise of good community development. In the 1990s, the World Bank's new approach to sanitation was reinforced by the replacement of 'supply-side thinking' with a focus on local communities accessing 'water and sanitation services according to their own demands' (WSP 2011). In other words, the neoliberal project and the associated structural adjustment approaches that the Bank applied to public utilities in the 1980s furthered the hostility to state provision of sanitation and water services (Amenga-Etego and Grusky 2005). At the grassroots level, this was presented as a shift to demand-responsive approaches which encouraged the poor to 'take responsibility for their own development' – and, of course, to pay for it!

International organizations have not adopted CLTS owing to evidence of its success, but have done so on 'pragmatic' grounds. By promoting an extremely low-cost approach to sanitation, donors are promoting a solution that LMICs can afford. They need not pressure governments to change their priorities in terms of spending or stepped-up implementation. International agencies simply

need to support governments in redirecting their bureaucracies towards a new approach. So CLTS is presently considered by most international donors as the most effective approach to scaling up sanitation.

Countries have an obligation to provide services, and especially services where benefit accrues to the most needy, and to assist people to move up the sanitation ladder. Moreover, investment in sanitation is analogous to investment in vaccination: an individually directed intervention (or household-directed in the case of sanitation) has an additional positive population health effect. If countries do have sufficient funds to provide access to sanitation, introducing CLTS with no support for hardware can be retrogressive. Whether it is in a country like Nigeria, afloat in oil revenues, or in wealthy South Africa, where the government has committed to providing sanitation, '[w]e must question international agencies working with governments to shame poor people into digging their own pits to shit in, while stopping subsidies that assist them to build a proper toilet' (Galvin 2012a). Instead of encouraging governments to adopt CLTS and allowing them to appear to be taking responsibility for sanitation while abrogating responsibility to communities, governments need to be encouraged to develop communities' capacity and to redirect resources towards the poorest.

Conclusion

CLTS is not a revolutionary magic bullet. There is a need for systematic monitoring and analysis to move past anecdotes about the sustainability and impact of CLTS. What is missing is a basis on which to assess local change in the context of broader impacts of the approach, which may be negative.

The flush toilet was last century's solution to the sanitation crisis in the industrializing world. Today the sanitation crisis is rapidly escalating, with a growing and urbanizing poor population in LMICs and a scarcity of fresh water and infrastructure. The embrace of CLTS by powerful international agencies and NGOs should not deflect attention away from developing and financing novel technologies that could assist the poorest in accessing a more advanced and safer form of sanitation. And those donors, policy-makers and practitioners who are influenced to view CLTS as 'empowering' and the long-sought-for answer to the sanitation crisis should recognize that for some, perhaps many, of the poor, the process may be demeaning and represent a 'victim-blaming' approach to a basic health issue and human right, where an equitable response should be state-supported.

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