

Community Led Total Sanitation: Addressing the Root of the Problem

1. Provision of Toilets is not a Total Solution

In just over 10 years (2001 to 2012), the Total Sanitation Campaign successfully increased the percentage of Bihar households with toilets, from 13.9% to 43.8%. However, a BTAST survey carried out in 2012 showed that less than 50% of toilets were in use, consequently none of the Gram Panchayats surveyed were open defecation free. About 75% of the rural population in Bihar was still practising open defecation, with consequent health implications for the whole community.

2. CLTS: Motivating Communities to Abandon Open Defecation

Community Led Total Sanitation (CLTS) focuses on the root of the problem; generation of sustainable behaviour change based on understanding of the health issues and addressed through community and individual commitment to change. In 2012 CLTS was piloted in one block in each of four districts (Gaya, Nalanda, Purnia, West Champaran) under the DFID supported SWASTH programme. A cascade model of training was used, from district level master trainers to community level motivators. Using tools such as Walk of Shame, Defecation Mapping and Faeces Calculation, facilitated focus group discussions generated a sense of disgust and shame amongst villagers, promoting their understanding of the terrible impact of open defecation on their health and encouraging them to talk openly about management of faecal matter. This generated collective motivation to address the problem as a community. CLTS in Bihar is complemented by incentives for toilet construction, strengthening of the design, supply chain and training for toilet construction and improved convergence of line agencies for health, nutrition and WASH.

3. Changes in Entrenched Behaviours

Rapid results have been observed, with some households constructing low cost toilets within two to three days of village meetings, and Nigrani samitis (groups of ward and panchayat representatives and individuals) formed at village level to monitor households, schools and anganwadi centres. The Nigrani samitis also address hygiene, including hand washing and household waste management. Once they understand the faecal-oral contamination route and realise the health impacts of open defecation, communities quickly resolve to become open defecation free and work together to achieve this status, which is confirmed by a resolution by the gram panchayat. During the pilot period 25 gram Panchayats in three of the blocks became open defecation free.

4. A People Centred Approach Works

Conventional approaches to sanitation focus on targets for toilet construction using a standard model that may not suit all geological contexts, with subsidies to drive construction. The impact on behaviours is therefore minimal. CLTS is more successful because it focuses directly on behaviour, motivated by understanding of the health issues associated with open defecation and led by communities, who take collective responsibility for ensuring individual behaviours. A system of rewards and incentives for behaviour change, with fines imposed for continuing open defecation is found to be more effective than provision of subsidies for construction.

Encouraging communities to motivate people and drive activities takes advantage of existing social structures, including self-help groups, women's



groups and other local bodies who reinforce messages, maintain motivation and support monitoring. However, it is essential to provide external support to ensure groups, especially the Nigrani samitis, fully understand the technical and social issues related to toilet construction and use, and to help them overcome any initial difficulties and sustain motivation in the face of a steep learning curve.



Success in sustaining initial motivation depends on ensuring an efficient supply chain and technical advice to support quality toilet construction, so that people are not discouraged by delays or inability to access materials and the end product is a useable toilet. Entrusting more responsibility to village based committees and self-help groups can improve the quality of toilet construction and increase their utilisation. Proper follow-on guidance is essential to avoid slip back.

Convergence of line agencies is important in the provision of back-up and integration to maximise the health, nutrition and WASH benefits and institutionalise efforts. Panchayats are key institutions and their active role should be recognised at an early stage by releasing incentive money in tranches at specified stages of the process of achieving open defecation free status.

5. The Way Forward

- ⇒ A rigorously planned approach is recommended for scaling up, with districts identifying Panchayats in stages, using saturation techniques to achieve their open defecation free status as quickly as possible and moving on to the next set of Panchayats, which should be influenced by the experiences of the first tranche, thus making the task easier.
- ⇒ A model for involvement of local NGOs in facilitation and capacity building is needed, linked with other initiatives such as Gram Varta, a SWASTH programme for empowering women and strengthening self-help groups. Local groups can analyse the local health and nutrition and WASH situation to identify problems and mobilise community action. However, success will be dependent on provision of proper training for NGOs in the technicalities and issues of CLTS.
- ⇒ A common learning forum is needed to enable sharing of experiences from the various innovations on sanitation initiated in different districts and under different programmes.
- ⇒ Surveys should be undertaken to assess any changes in the health indicators as a result of CLTS.

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Sector Wide Approach to Strengthen Health (SWASTH)

Sector Wide Approach to Strengthen Health (SWASTH) is Government of Bihar's initiative to improve the health and nutrition status of the people in Bihar, particularly among the poorest and excluded. It is implemented through the Department of Health & Family Welfare, Social Welfare and Public Health Engineering Departments. The UK Department for International Development (DFID) is providing Financial and Technical Support (£145million). Technical assistance to SWASTH is provided by Bihar Technical Assistance Support Team (BTAST).

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