Community Led
Total Sanitation

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Sanitation MDG is Challenged!

The WSS MDG challenge
Population to be served per year by Region (millions)

<table>
<thead>
<tr>
<th>Region</th>
<th>Water supply (rural/urban)</th>
<th>Sanitation (rural/urban)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAC</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>MNA</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>AFR</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>ECA</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>SAR</td>
<td>22</td>
<td>39</td>
</tr>
<tr>
<td>EAP</td>
<td>31</td>
<td>35</td>
</tr>
</tbody>
</table>
Progress on Access to Improved Sanitation Target

Source: World Bank 2003 World Development Indicators. Progress is shown as percentage of population with access against the 2015 target using 1990 as the baseline, with the intermediate target for 2000 also shown for comparison purposes.
Traditionally sanitation in rural India relied heavily on high levels of subsidies for latrine construction.

Coverage in India remains abysmally low and almost non-existent until 1990:
- only 1% annual growth till 1990s
- 6% of rural households had sanitation in 1990
- 2001 Census estimated 22% households with sanitation facilities

Annual growth rate was at the rate of 1% till 2003 in Bangladesh

These figures only show the proportion of households with a toilet but do not take into account the sanitary conditions of latrines and usage

Rampant open defecation continues
Will targeting toilet construction deliver health outcomes?

- The reason why people are defecating in the open is ‘NOT’ only due to a lack of toilets

...and there’s lots of evidence to show this!!

- 1.6 million toilets built in Maharashtra with govt. subsidy in 1997-2000 BUT usage was less than 50% (concurrent evaluation)

- In Andhra Pradesh around 2.9 million toilets built with a subsidy of $60 per household BUT usage is 41% - 67% (concurrent evaluation)

- Even enhanced usage of toilets by individual households is not sufficient to deliver public health outcomes...

...and there is evidence emerging to show this as well!!!
Performance vs Hardware Subsidy

Source: WSP-SA study ‘Scaling up Rural Sanitation in South Asia’, 2005
Need to target an ‘open defecation free’ environment and NOT just a landscape of toilets!

‘Open Defecation Free’ includes safe confinement of excreta and maintaining personal hygiene by a community motivated by the need for good public health outcomes
An Approach that focuses on Outcomes!

Community led Total sanitation is an approach that moves away from the promotion of sanitation at the household level with individual hardware subsidy AND focuses on outcomes of defecation-free communities by triggering collective behavior for the community as a whole.
Core Concept – Igniting Behavior Change

- Move away from a supply led household-by-household campaign
- Focus on ‘Triggering’ behavior change for the collective, and not simply for individuals
- Focus on demand creation for ‘total sanitation’
- Seeks to ‘find out’ what causes local people to change their open defecation behavior
  - Seeks to identify ‘triggers’ that are defined by each ‘local context’
“No one defecates in the open in our community”
Total Sanitation – Open Technology

- Open Defecation
- Fixed place Defecation

- Cost

- Simple Pit
- Improved Pit
- Pour Flush

- Not Acceptable
Is CLTS approach different from Traditional approach? A Comparison

<table>
<thead>
<tr>
<th>Elements</th>
<th>Traditional Approach</th>
<th>CLTS Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Latrine construction (hardware inputs)</td>
<td>Stopping open defecation by the community</td>
</tr>
<tr>
<td>Technology</td>
<td>One fixed model</td>
<td>Menu of options</td>
</tr>
<tr>
<td>Motivation</td>
<td>Household level individual subsidy</td>
<td>Igniting behavior change through self realization of health externalities caused by open defecation</td>
</tr>
<tr>
<td>Time frame</td>
<td>Long and unknown</td>
<td>Short</td>
</tr>
<tr>
<td>Financial</td>
<td>Individual upfront hardware subsidy for latrine construction</td>
<td>Outcome-based reward grant at the community level</td>
</tr>
<tr>
<td>Monitoring</td>
<td>Focus on number of toilets constructed</td>
<td>Focus on meeting open defecation free outcomes</td>
</tr>
<tr>
<td>Impact</td>
<td>20-40% coverage</td>
<td>Full coverage and behavior change</td>
</tr>
</tbody>
</table>
Roles of central and local government in CLTS programs:

- Setting up appropriate institutional frameworks that address implementation of CLTS at scale with sustainable impact.

- Changing subsidy policies to provide supportive incentives:
  - Incentives that reinforce collective action.
  - Incentives that reward outcomes rather than hardware subsidies to individual households.
  - Rewards introduced to local governments in India (Nirmal Gram Puraskar) and in Bangladesh for achieving open defecation free communities.

- Supporting an enabling environment to strengthen the supply chain (domestic providers of a broader range of appropriate sanitation solutions) to respond to demand.
Where has CLTS worked?

Many partners: national government of Bangladesh, state governments in India, International NGOs like Water Aid, Plan International, Care, National NGOs like VERC and Dhaka Ahsania Mission, Knowledge Links

HP CLTS adopted

Maharashtra
2100+ GPs are ODF

Bangladesh
10% Union Parishads ODF

To Indonesia
Pilots in 6 districts
Maharashtra is leading in India declaring 2100 ODF Gram Panchayats.

At this exponential growth, Maharashtra will meet 100% rural sanitation by 2008.
**Impact of CLTS on Diarrhea**

The incidence of bacteriological contamination and diarrhoea does not drop significantly even if a few households defecate in the open: Himachal Pradesh

<table>
<thead>
<tr>
<th>Category</th>
<th>Users of toilets (%)</th>
<th>Prevalence of diarrhea (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD prevalent villages</td>
<td>29%</td>
<td>38%</td>
</tr>
<tr>
<td>Almost ODF</td>
<td>95%</td>
<td>26%</td>
</tr>
<tr>
<td>ODF villages</td>
<td>100%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Can it work elsewhere?

- Low existing toilet coverage is not a constraint - The base was low wherever CLTS has been adopted...

- Poverty is not a constraint - if it can work in Bangladesh...

- Lack of water is not a constraint - technology offers choices and if drought hit Maharashtra villages can demonstrate the will...

- Good uptake in Indonesia after cross-regional visits and discussions facilitated by WSP
Challenges, Questions, Constraints

- Capacity of NGOs or support training organizations with a cadre of catalysts for mobilization and scaling up.
- Identification and engagement of efficient partners
- Greater capacity for policy engagement and mobilization of policy makers
- The most important challenge is to move away from the upfront subsidy to **post project incentives**
- Subsidy question for the ultra-poor – is it needed after collective action?
- Supply side of the market – how to expand technology options, choice and range of costs
- Long-term sustainability
Not an easy task – no simple solutions!
Thank You!

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