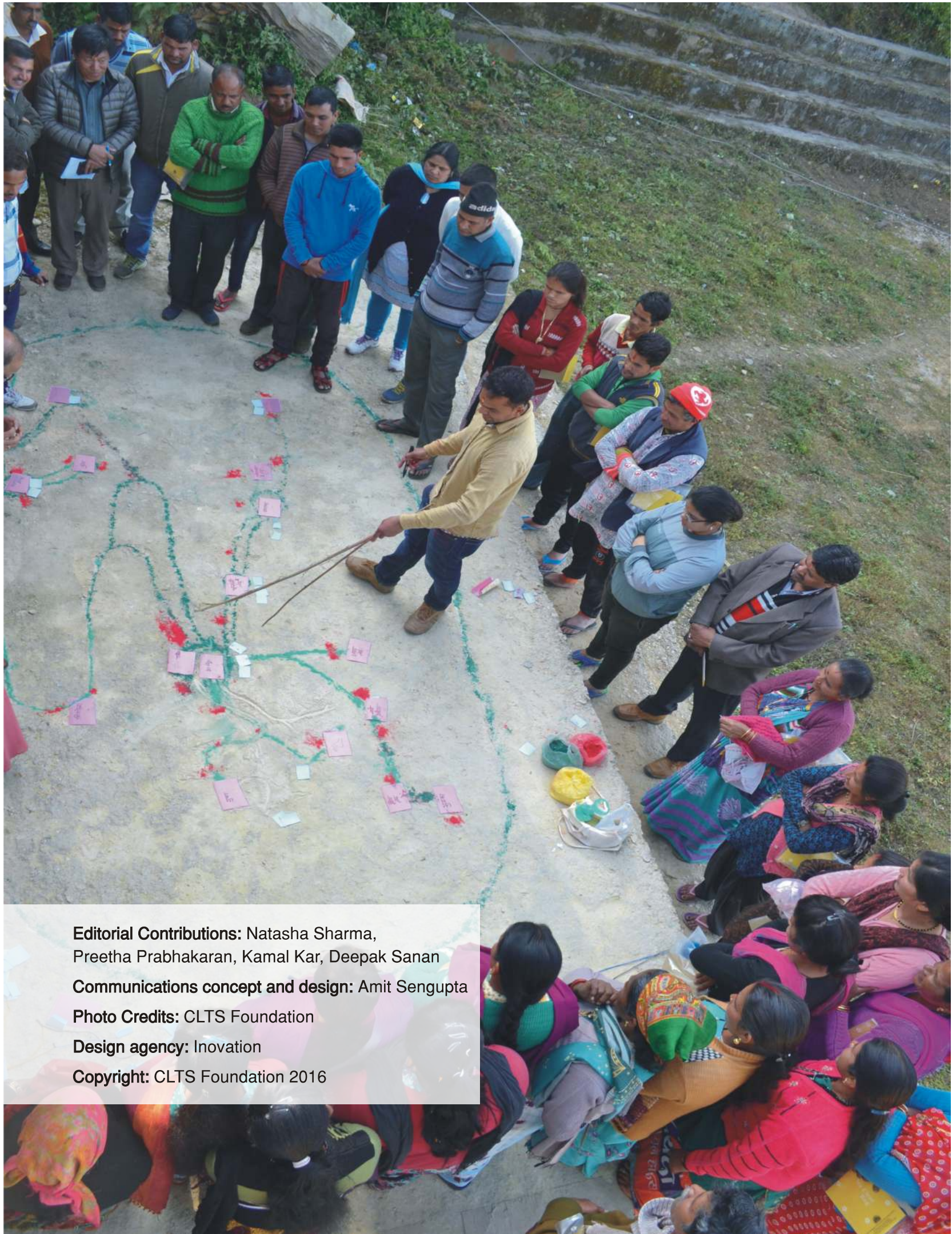


# Igniting Action

Creating ODF Communities in South Asia





**Editorial Contributions:** Natasha Sharma,  
Preetha Prabhakaran, Kamal Kar, Deepak Sanan  
**Communications concept and design:** Amit Sengupta  
**Photo Credits:** CLTS Foundation  
**Design agency:** Inovation  
**Copyright:** CLTS Foundation 2016

## Message from **Dr. Kamal Kar, Chairman, CLTS Foundation**



Thousands of lives have been touched and transformed through CLTS globally over the past decade and a half. Since the emergence of CLTS approach in the year 2000, great strides have been achieved in the sanitation sector especially in the country of its inception-Bangladesh. I must say that the progress made by Bangladesh over the last 12 years in achieving 99% access to basic sanitation (JMP 2015) moving from mere 34% in 1999, is certainly remarkable and worth emulating by the nations in the region and elsewhere. I remember very clearly what I said about the great potentiality of the newly evolved CLTS approach in my keynote address at the very first SACOSAN held in Dhaka in 2003. It is a matter of great pride and accomplishment for the nation to declare itself as the first ODF country in the South Asia region on the eve of the SACOSAN-VI, which is the second such conference being held in Bangladesh. What a magnificent achievement in such a short time- this indeed instills great hope in all of us to reestablish the power of community led approach in all development initiatives.

Being a Bengali and an Indian, while I feel immensely happy, I also sense a deep remorse that my own country has been unable to bring about rapid transformation in the sanitation scenario by adopting the collective behavior change approach in sanitation like Bangladesh has. I strongly believe that, supported by the right enabling environment, India too can succeed in becoming an ODF nation. I do not see why an approach that has cut across cultural, economic, political, regional and climatic diversities and challenges; and has empowered local communities almost everywhere to create countless ODF villages, clusters, zones and regions; even coming close to creating ODF nations across the globe- will not operate in India.

The fact that other nations have achieved ODF status reaffirms the efficacy of this tool in diverse and economically constrained regions the world over. This also reinforces the claim that economic constraints are not an excuse for a nation's inability to ensure access to sanitation for its population. For instance, in spite of grappling with poverty for decades, the priority placed by the nation on improving its sanitation status and achieving ODF status, has not only fast tracked Bangladesh's growth and development in terms of increasing its GDP, but it has drastically improved the country's global positioning by its achievement of improved basic human development indicators. There is ample reason for all of us to congratulate and celebrate Bangladesh's magnificent success and learn lessons from its achievements.

Likewise, it is exciting to see how Nepal has moved ahead in expanding its sanitation coverage by changing its national sanitation policy from a top-down, subsidized and prescriptive toilet construction approach to a no-subsidy, community-led total sanitation approach. More than half of Nepal's 4000 VDCs have achieved ODF status today.

In order to achieve the global ODF targets set forth in the Sustainable Development Goals (SDGs) period, we need to transform the most powerful lessons learnt during the Millennium Development Goals (MDGs) into do-able actions during the SDGs and ensure its appropriate implementation. It is promising to see that India has prioritized sanitation as one of its top national priorities today. The Swachh Bharat Abhiyan (SBA) is a very promising and positive step in this direction. In its current form, the CLTS approach has been embraced by many states as its implementation strategy and a focus on collective behaviour change is seen as an important step towards achieving the goals set within the SBA. This has been made possible by the new flexible guidelines provided in the SBA policy, by which the Government of India has empowered the States to adapt different tools and techniques; strategies and methods available within the sanitation knowledge bank to suit individual states contexts. It is no surprise to me that, the state administrators who have well understood the significance of sanitation as a public good which requires change in the collective sanitation and hygiene behaviour of communities, are investing efforts and resources in empowering the communities for change and are reporting successes in achieving total sanitation and ODF environments. However, I feel that scaling up of individual state efforts and achieving large scale success will only be possible once an enabling environment is ensured for community led approaches to sustainably transform collective hygiene behaviour within society. In this new effort, collective attention and energy should be devoted towards ensuring the right conditions which will allow us to take that big leap and move towards creating an ODF South Asia region.

The central idea of community-led approaches is its 'simple' focus on the 'will' to create change. For instance, India has 590.3 million mobile phone users; even those who defecate in the open have access to mobile phones. If poverty were marked as the only reason for a pathetic sanitation situation and lack of access to toilets, we would never have witnessed a mobile phone revolution in India as we have. In the last decade. The success of CLTS lies in creating a sense of urgency in the communities to take matters into their own hands and resolve their maladies through self-initiative and will power. Taking cues from this we need to create an ambitious yet realistic goal for the next 4-5 years to ensure successful elimination of open defecation in India. It is time for us to understand development from the perceptions of local communities and have faith in their ability to change rather than viewing subsidized and prescriptive toilet construction by outsiders as the only solution. We need to trust the power of social solidarity of the local community, their local knowledge and location specificity. While resources are important, transforming the present supply driven approach in sanitation into a demand driven one is the name of the game. As one size does not fit all, we need to diversify, decentralize and encourage innovations in accordance with local situations. Community empowerment approaches enable us to do just this!

Just as the SACOSAN I had triggered the journey toward an ODF Bangladesh, I strongly believe that the deliberations of SACOSAN VI will trigger the journey towards an open defecation free South Asia, which will free the region from the pangs of open defecation.

## CLTS in South Asia

South Asia was the first region in the world where Community-Led Total Sanitation (CLTS) was introduced and implemented. It was a small village called Mosmoil in Bangladesh which became a learning laboratory for the rest of the developing world, inspired by the success of which, thousands of other regions across the globe aspired to become Open Defecation Free (ODF) zones globally. It was because of the inception and success of CLTS here that the term ODF came into currency and became a global aspiration for the developing world and a dream for a future ODF world was envisioned. Since then it has been implemented in more than 69 countries across the globe and has been incorporated in the National Sanitation Strategy of at least 29 countries. Today this innovative approach is the key to improving the sanitation situation of the 1.2 billion people in the world still practicing open defecation. Even as South Asia continues to be home to two thirds of the people defecating in the open in the entire world, CLTS has enabled remarkable progress in many parts of the region. For instance, Pakistan has met its Millennium Development Goal (MDG) by decreasing its rate of open defecation from 49 to 13 percent from 1990 to 2015. Other countries too, have made good progress during the same duration in the region. Although the progress in India has been moderate with a decline in the percentage of open defecators from 75 to 24 percent, other nations have witnessed an impressive decline in the number of open defecators. Bangladesh for instance, has decreased its rate of defecation from 34 to 1 percent. Bhutan has decreased the percentage from 11 to 2 percent while Nepal has reduced the same from 88 to 32 percent during the same duration, while in Afghanistan only 6 percent of the population defecates in the open (JMP, 2015)<sup>1</sup>. CLTS as a community-led initiative has been instrumental in triggering sustainable behavioural change towards creating ODF regions in several parts of South Asia.

## CLTS as an Approach

CLTS is an effective technique to eliminate open defecation by triggering collective action for sustainable sanitation and hygiene behaviour change in communities globally. It aims at generating community solidarity toward promoting “total” elimination of open defecation. It is an outcome focused approach which does not support upfront sanitation hardware subsidy; a departure from the traditional approach which tends to create a prolonged dependence of communities on subsidies. CLTS triggers the community’s aspiration for change, drives them into action and supports innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability. It also acts as an effective entry point toward promotion of various development and empowerment activities beyond sanitation, as a sustainable development initiative in communities worldwide. In a world where more than one billion people still defecate in the open, CLTS as a technique to trigger collective behaviour change presents itself as a powerful solution to tackle the malady of open defecation as it lays emphasis on creation of an ODF environment rather than mere construction of toilets.

## What has been the impact of CLTS in South Asia?

### Bangladesh

Bangladesh is the birthplace of the Community-Led Total Sanitation approach. The country has done phenomenally well having embraced the CLTS approach early in 2003, and increased their access to sanitation from 34% to 99% in 2015 (JMP, 2015). There are several factors that have helped Bangladesh become an ODF country. Collective actions of several strata in society including communities and their Natural Leaders (NLs) and several NGOs apart from Governmental Institutions that have sustained their support in Bangladesh’s journey toward becoming an Open Defecation Free country has been key. The role of the Government of Bangladesh (GoB) in institutionalising mechanisms for scaling-up and sustaining the collective behaviour change in the communities across the country is commendable. The strong political will, leadership and commitment on part of the GoB have also been instrumental here. A clear national policy with a



<sup>1</sup>According to Unicef/WHO (Joint Monitoring Programme) JMP Report for water supply and sanitation, 2015.

national roadmap and targets along with a scaling up strategy owned collectively by all key stakeholders and primarily by the community has been a key factor for Bangladesh in attaining its sanitation goals. The presence of institutional champions across different levels of governance and administration and the strategic partnership between the NGOs and the GOB are some of the many factors that have helped Bangladesh become a success story in the sanitation sector in South Asia. Bangladesh has also been striding towards embarking upon a mission to provide access to better sanitation facilities in hard to reach areas and in strengthening efforts in scaling-up and moving up the sanitation ladder. While other nations in the SAR have been struggling to bring about basic changes in their sanitation scenario, Bangladesh has consolidated efforts for its post ODF scaling-up challenges. Present challenges for Bangladesh include a focus on solid waste management, faecal sludge management and menstrual hygiene management among others. Facilitating access to sanitation for the poorest of the poor is another challenge that the country aims to address.

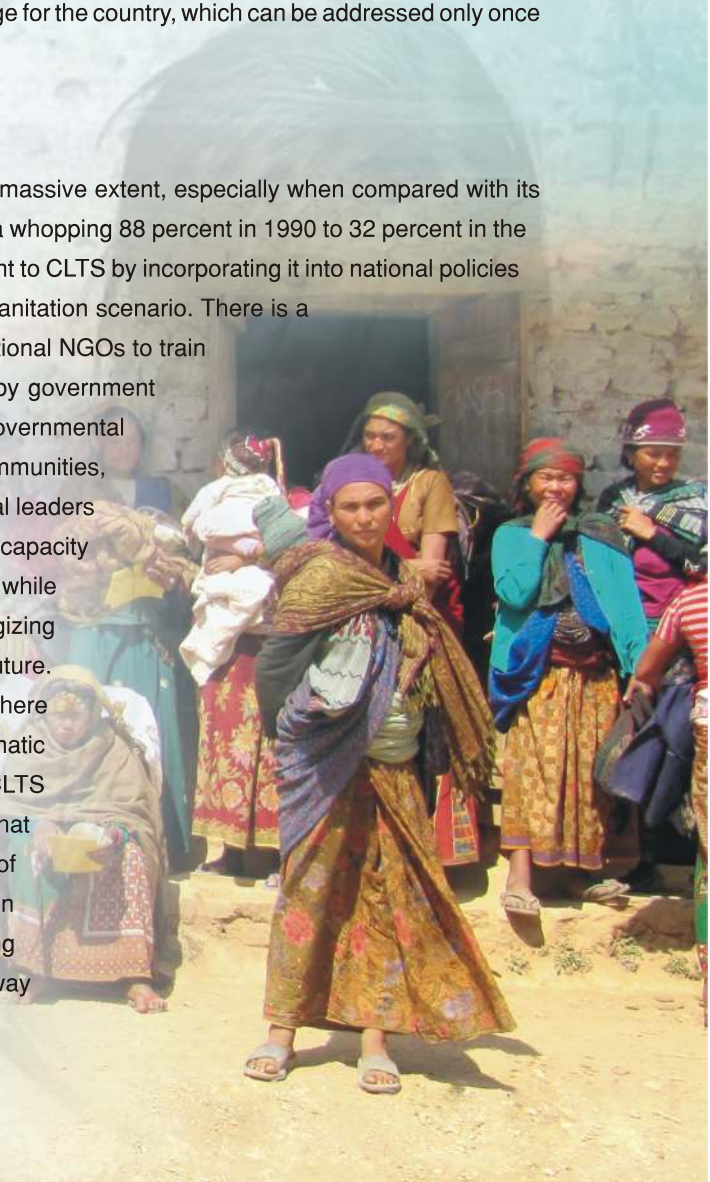
## Pakistan

Pakistan is one of the 95 countries that have met the Millennium Development Goal (MDG) target for sanitation aimed at halving the proportion of the population without sustainable access to basic sanitation (JMP Report, 2015). 64 per cent of the population in Pakistan now has access to sanitation compared to 24 per cent in 1990. A feat achieved by only 95 countries so far. The number of people defecating in the open has been reduced from 46 to 25 million<sup>2</sup> during the last decade. Pakistan has taken important step towards improved sanitation through a major sector assessment and setting up of core groups that seek to move communities beyond open defecation free (ODF) status. A nationwide implementation of CLTS and several community led and Government supported consolidated efforts have enabled Pakistan to have met its MDG targets for sanitation. However, enabling access to 25 million open defecators still remains a challenge for the country, which can be addressed only once the right enabling environment is created.



## Nepal

Nepal has emerged as a nation that has mitigated its sanitation crises to a massive extent, especially when compared with its neighbors. Nepal has decreased its population defecating in the open from a whopping 88 percent in 1990 to 32 percent in the year 2015. The Government of Nepal has demonstrated a strong commitment to CLTS by incorporating it into national policies and strategic plans. This has brought about rapid change in the country's sanitation scenario. There is a strong, decentralized structure for CLTS implementation that allows International NGOs to train and build capacity of local actors. "Sector triggering", a lobbying strategy by government actors, facilitates progress at the district level. This approach allows Inter-Governmental Organizations and their local partners to continue focusing on triggering communities, while also emphasizing the government's all-inclusive CLTS strategy. Natural leaders and NGOs play a lead role in triggering and monitoring progress and aid capacity building at the VDC level through targeted training of community actors, while continuing to actively monitor triggered communities. Nepal has been strategizing over a prospect plan of action to ensure an ODF potential in the near future. Although, 28 of the 75 districts of Nepal have already been declared ODF, there remain several challenges that the country is still facing. Extreme climatic conditions and little access to remote areas becomes a major challenge. As CLTS does not support upfront sanitation hardware subsidy, in a country like Nepal that shares an extensive part of its border with high subsidy granting regions of Bihar and Uttar Pradesh in India, it becomes difficult to introduce CLTS within communities who are witnessing free toilets being given away to neighboring homes just across the border. Despite these challenges, Nepal is well on its way towards becoming an ODF country in a promising manner!



<sup>2</sup>Unicef, Pakistan, 2015, [http://www.unicef.org/pakistan/media\\_9451.htm](http://www.unicef.org/pakistan/media_9451.htm)



## India

Since its introduction in Ahmednagar and Nanded districts of Maharashtra in 2002 on a pilot basis, CLTS has been reportedly used in varying degrees across 135 districts in the country so far, particularly since 2006. India was the first country where CLTS was introduced after Bangladesh. In 2002, a group of India Civil Servants witnessed the phenomenon on an exposure visit to Rajshahi facilitated by the WSP, South Asia. Soon, thereafter Dr. Kamal Kar undertook the first triggering exercises in Ahmednagar and Nanded districts of Maharashtra. From there, the approach travelled to Himachal Pradesh, which was the only state in the country to adopt a no hardware subsidy policy for individual household toilets. CLTS was also introduced in various districts of Haryana, Meghalaya, Rajasthan and Madhya Pradesh with the support of local champions. Even as the overall improvement in rural sanitation presented a dismal picture in 2011, the areas in which CLTS had been taken up in the right spirit, stood out for their stellar progress.

As per a rough estimate, around 5 million people have gained access to safe sanitation following CLTS interventions across rural India apart from some pilots in urban municipalities. CLTS has been rolled-out in more than 69 countries in Asia, Africa, Latin America, the Pacific and the Middle East, and governments are increasingly taking the lead in scaling up CLTS. At least 29 national governments have also adopted CLTS as national policy. However the picture in India has not been very convincing. From a 75 percent open defecation rate, India has managed to decrease its percentage of open defecators to 44 percent in 2015, in the last 15 years (JMP,2015). The country is far from reaching its sanitation targets! India accounts for 90 percent of the people in South Asia and 59 percent of the people in the world who defecate in the open<sup>3</sup>.

The Government of India (GoI) has paid unprecedented attention to the sanitation sector in the past few years and has been the initiators of the Swachh Bharat Abhiyan (Clean India Mission)! This campaign aims to accomplish the vision of a 'Clean India' by 2 October 2019, the 150th birthday of Mahatma Gandhi. The program plans to construct 12 crore toilets in rural India by October 2019, at a projected cost of 1.96 lakh Crore INR (US\$29 billion). Behaviour change is an important aspect of the present endeavor of the GoI in eliminating open defecation in India. The SBA also allows flexibility to the states where it has encouraged devolution of the responsibility of sanitation promotion, upgradation and management to Gram Panchayats by giving flexibility to the states. The GoI has declared that sanitation is primarily a behavioural issue, to be undertaken by people themselves for their own good. The role of government is only to facilitate this positive change by providing incentives and assisting people. The Centre has also said that state governments have the flexibility to provide higher incentive for household toilets constructed by sources other than SBM. Most importantly, The Union Ministry of Drinking Water and Sanitation (MDWS) has ensured that the guidelines to be issued by it for implementation of the Swachh Bharat Mission should be 'minimalist', thus giving the State governments enough flexibility to tailor the programme to suit their local needs. The GoI in its SBA guidelines pays emphasis on Community led approaches toward eliminating open defecation, especially through CLTS.

However, a lot needs to be done beyond the progress that has already been made. Emulating the example of Bangladesh, more emphasis on behavioural change and less on toilet count and construction needs to be emphasized. Several consolidated efforts need to be made in India.

<sup>3</sup>Unicef, India, 2015, [unicef.in/whatwedo/11/ Elimination-Open-Defecation](http://unicef.in/whatwedo/11/ Elimination-Open-Defecation)

## CLTS in States

### Himachal Pradesh

In January 2005, the government of Himachal Pradesh formally approved a comprehensive new rural sanitation strategy for the state with every one of those features that CLTS adoption and scaling up seemed to require.

The key principles of the new strategy were a departure from the previously prevalent traditional approach. The attempt was to introduce a holistic concept of sanitation and to have a demand oriented, outcome based approach. For this, awareness generation of a 'need' for sanitation amongst people individually and in the community as a whole was ensured. Here, the involvement and ownership of the community was emphasized upon as a priority. There was a marked shift in policy from individual subsidies to community incentives. The Local bodies undertook responsibility for sustainable delivery of services and identified appropriate institutional arrangements for delivery of services. This attempt created a marked improvement in the use of toilets and made Himachal Pradesh a quintessential example of CLTS in India.

There were several enabling factors in Himachal Pradesh that made CLTS a success. The decision to engage an external organization to train district level master trainers in a five day training module prepared for a workshop in Barog, H.P. in May, 2006 with Dr. Kamal Kar as a precursor of many district workshops across the state was key. The emergence of a homegrown champion at the district played a key role in spreading the success of the approach. Setting up of state level rural sanitation review committees and continued interaction and the evolution of an excellent monitoring system helped track the CLTS effort across the state.<sup>4</sup>

**In India as a whole, toilet coverage amongst rural households grew from 22% in the 2001 decennial census to 31% in the 2011 census. In Himachal Pradesh, it increased from 28% to 67% in the same period and a survey in January, 2013 showed this to be at a level of 84%.**

### Bikaner

The Community-led Total Sanitation initiative in Bikaner was introduced in the year 2012. Since the launch of this campaign, led by the local community and supported by the district administration, over 200 panchayats in the district have been declared as ODF. Ms. Arti Dogra, IAS Officer and District Collector, Bikaner, who was the real force behind this transformative movement, headed this initiative. The initiative emphasized on the fact that the benefits for a family which is not defecating in the open are reflected as a health outcome not just when it stops defecating in the open, but only when the entire community stops doing so. A family remains equally vulnerable to health risks if even one family in the village continues to defecate in the open. It is this concept that was communicated to the community to ensure that no one would defecate in the open. Once a collective mindset change was ensured, communities came together to generate innovative methods to ensure that each person in the village not only constructed but also used toilets. Toilets, therefore, became an aspirational need and a symbol of the dignity and pride of the family and community as a whole, instead of merely a financial subsidy provided to an individual by the government. Payments for toilets were made in Bikaner only after the entire village had achieved and maintained its ODF status. Ensuring the ODF status through early morning nigraniwas therefore in the interest of the community. This led to a massive increase in the number of ODF villages in Bikaner, and an increase in the

The most important section of the strategy, from the perspective of ensuring that the CLTS message was not diluted, was the one on the manner in which funds would flow to the communities. The subsidies from the Total Sanitation Campaign (TSC) for below poverty line (BPL) households were converted into a community reward. The reward money was to be spent by the community as decided by the relevant Up Gram Sabhas [wards of the GP] preferably on sanitation linked community needs. In addition a Sanitation Competition Scheme for rural local bodies was proposed with an important condition that to become eligible for the competition, the applicant GP would have to be open defecation free.

<sup>4</sup>Excerpts from Mr Deepak Sanan's paper, Rural sanitation transformation in Himachal Pradesh  
For more, see:<http://cltsfoundation.org/upload/publication/pdf/1424869421075cd98185.pdf>



percentage coverage of toilets from 29 per cent (Census 2011) to 82 per cent (in January 2015). Over 1,99,000 toilets were constructed in the district during a two-year period, re-emphasizing the point that when the focus is on creating ODF communities, toilets get built on their own.

“In the Indira canal irrigated areas of the Thar desert, in the Bikaner district, several ODF villages have had a significant change in quality of life by this one single intervention. The impact of this is palpable, especially among women. This is real progress.”

– Dr. Garga Chatterjee, Eminent Journalist, on CLTS in Bikaner

## Kalyani

The town of Kalyani is the Northern most part of West Bengal. Despite, being planned as a town, with meticulous details, Kalyani today is twice as populated as it was about three to four decades back, where most of these newly emerged populations have found homes in unplanned slums surrounding the town. Half of the town’s population is living in the slums with or without legal documents. The CLTS intervention was made in 2006, Kalyani despite its several obstacles managed to become India’s first ODF town in 2009. Despite threat of eviction and the unrested process of rapid urbanization that the town was facing, Kalyani managed to not only create itself as an ODF Model town but also managed to sustain its sanitation behavior over the years.

The factors that worked in Kalyani to make it an ODF town were the close collaboration of the Municipality with the communities in facilitating their Requirements for improved access to sanitation facilities. Right from the planning to the post triggering follow-up activities were in consultation with the communities where the natural leaders always had a more pronounced and prominent role than the municipality in the former case. The hand holding activities were emphasized and development activities beyond CLTS were facilitated as a continuous process. Kalyani presented itself as a model town for India’s growing peri-urban towns and slum settlements.

“At that time, we decided not to use the KUSP’s project fund for construction of toilets, initially, in the slums. We rather decided to tackle the behavioral issues and challenges and sanitation and hygiene awareness campaign.”

Dr. Shantanu Jha, Former  
Chairman of Kalyani municipality

\*Excerpts from Ms. Arti Dogra’s article, It happened in Bikaner, see more: <http://indianexpress.com/article/opinion/columns/it-happened-in-bikaner/>





“The CLTS approach was the most flexible of a development model I had heard of. It was about breaking the barrier. Even if the slum dwellers’ land was not recognized, we could address the issue by talking to the communities. I also had an able medical officer Dr. Kasturi Bakshi who worked tirelessly on this project”, said Dr. Jha while discussing about his team.

## Chhattisgarh

The State of Chhattisgarh was created in the year 2000. Access to sanitation in the state is one of the poorest in the country. The Chhattisgarh Government plans to build around 85,000 toilets in its urban areas alone, by 2019. This scheme aims at achieving a target of 100 per cent construction of toilets. Under this scheme, beneficiaries are expected to pay Rs 2,000. The state government is likely to provide Rs 16,000 and the central funding per toilet are fixed at Rs 4,000. However, construction of toilets is not the only concern in an economically constrained region such as this. Behavioural change is an important factor that needs to be targeted in order to bring about any reform in the condition of sanitation here. Some parts of the state have already taken strides in bringing about behavioural change through community-led initiatives. CLTS has become an approach that has empowered several villages in Raipur and Rajnandgaon among other regions of the state. Through this community-led approach Chhattisgarh has enabled a sustainable change in its sanitation behavior in an unprecedented manner.

“Chhattisgarh is one of the most backward States in India in terms of access to sanitation with over 85% of its rural population practicing open defecation. The administration’s decision to scrap the subsidy-driven approach and adopt CLTS has led to greater ownership and usage of toilets in the villages. If current wave of reforms continue, Chhattisgarh will send across a strong message to other States that mass-scale transformation is possible even in the poorest and conflict-ridden regions in India. And that this transformation is led by communities and its unsung heroes with the power to break barriers, transform behaviors, and unite people towards a common cause.”

**Somya Sethuraman, Sanitation Consultant and former Sanitation Specialist for the municipal administration department, Government of Tamil Nadu.**









## CLTS FOUNDATION

**Registered Office:** R 109, The Residency City Centre, DC 1  
Salt Lake City, Kolkata 700064, India

**Operational Office:** CB 88 Salt Lake City, Kolkata 700064, India  
Phone: +91 33 40651168

**Mail:** [cltsfoundation@gmail.com](mailto:cltsfoundation@gmail.com)

**Skype:** [cltsfoundation](https://www.skype.com/en/contacts/cltsfoundation)

[www.cltsfoundation.org](http://www.cltsfoundation.org)