

# Practical Guide

## to Triggering Community-Led Total Sanitation (CLTS)

A practical guide for use by frontline extension staff,  
based on experience of facilitating CLTS  
in at least eight different countries in  
South and South East Asia and in East Africa

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November 2005

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ISBN 1 85864 884 X

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## What is CLTS?

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Poor access to adequate sanitation, resulting in the practice of widespread open defecation, has negative health and social impacts on communities, particularly in terms of diseases such as diarrhoea and cholera. Community-led total sanitation (CLTS) involves facilitating a process to inspire and empower rural communities to stop open defecation and to build and use latrines, without offering external subsidies to purchase hardware such as pans and pipes. Through the use of PRA methods community members analyse their own sanitation profile including the extent of open defecation and the spread of faecal-oral contamination that detrimentally affects every one of them. The CLTS approach ignites a sense of disgust and shame among the community. They collectively realise the terrible impact of open defecation: that they quite literally will be ingesting one another's 'shit' so long open defecation continues. This realisation mobilises them into initiating collective action to improve the sanitation situation in the community.

If facilitated properly, CLTS can trigger community-led local action to stop open defecation totally, and without subsidies or prescriptions for latrine models from an external sanitation programme. Once ignited, the CLTS triggers almost immediate action and communities start digging holes for construction of homemade pit latrines. Families start making toilets within their means, or share toilets in order to become a 100 per cent open defecation-free village. Once achieved, the proud community puts up a board at the entrance to the village stating that no one in their village defecates in the open and they will not allow others to do so.

The CLTS approach was first pioneered in 1999 by Kamal Kar working with the Village Education Resource Centre (VERC) and supported by Water Aid, in a small community of Rajshahi district in Bangladesh. Since then the approach has spread within Bangladesh and has been introduced in a number of other countries in Asia and in Africa. Early experience is signalling the possibility that CLTS could become a self-spreading movement, as input costs are low (no subsidy is needed). The key to successful spread of CLTS will be sustaining good quality facilitation.

This basic 'how-to' guide aims to help frontline staff and field facilitators to understand the philosophy and principles of CLTS, and to use some of the practical tools and techniques flexibly and freely.

## How to ignite CLTS

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Community-Led Total Sanitation is based on stimulating a collective sense of disgust and shame among community members as they confront the crude facts about mass open defecation and its negative impacts on the entire community. The basic assumption is that no human being can stay unmoved once they have learned that they are ingesting other people's faeces. Generally communities react strongly and immediately try to find ways to change this through their own effort.

CLTS involves no subsidy. Subsidy only induces an attitude of external expectation and dependence. Neither does CLTS prescribe latrine models. Rather, it encourages the initiative and capacity of the community. The aim is to ignite and encourage a self-motivated desire to change behaviour.

Certain sections of the community will have particular motivations for wanting to change the status quo. For example:

- Families who do own toilets discover that they are just as prone to faecal-oral contamination due to the actions of those who don't.
- Landless people are often criticised and abused for defecating in other people's land.
- Women and young girls suffer the most from the lack of privacy in open defecation.
- Religious leaders realise the meaninglessness of wearing clean clothes as they are dirtied by human excreta.

The strong feelings and drive to act of these different sections of the community should not be ignored. Rather, they could be encouraged to form their own pressure groups to encourage others to change.

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**TIP** The key to success is the attitude and approach of the facilitator.

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The aim of CLTS is to trigger self-realisation among community members that they need to change their own behaviours, so the facilitator must never lecture or advise on sanitation habits, and should not provide external solutions in the first instance with respect to models of latrine. The goal of the facilitator is purely to help community members see for themselves that open defecation has disgusting consequences and creates an unpleasant environment. It is then up to community members to decide how to deal with the problem and to take action.

## The sequence of steps

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The following is a rough sequence of steps which could be followed, and tools that could be applied in triggering CLTS in villages. This is definitely not the only way of triggering CLTS – however there are some essential elements which will be emphasised. Please feel free to modify and change in accordance with the situation, but the DOs and DO NOTs are important.

### **Steps to follow in triggering CLTS**

1. Introduction and rapport building
2. Participatory analysis
3. Ignition moment
4. Action planning by community
5. Follow up

## **Introduction and rapport building**

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The first stage of the process is when you arrive at the village. You will need to explain the purpose of your visit and build rapport with the community. When CLTS was first initiated, it was undertaken in villages where an NGO already had a programme and had established rapport. If this is not the case, you will need to take more time in explaining why you are there.

You can often start discussion with a few community members during an informal walk through the village (a ‘transect walk’). The aim is to motivate people to carry out a more substantial sanitation analysis involving the whole community. There are many different ways of initiating a discussion on open defecation and village sanitation. You can start with just a few people who you meet on the way and ask them to walk with you behind the houses, in the bushes, near the river or other open places where people defecate. A small gathering in such odd places will soon attract others. You can start to ask questions like: ‘whose shit is this?’ Ask them to raise their hands if they have defecated in the open today and then suggest they go back to the spot where they defecated in this morning and see if the shit is still there. Many will say that it is not there any more. If you ask them what could have happened, some will say that dogs and pigs have eaten them. Ask whose dogs? Ask when the dogs come back home, how do they smell and do they lick members of the family or play with the children? Once their interest is aroused you can encourage them to call other members of the community together. You will also need to find a place where large number of people can stand or sit and work.

If questioned about the purpose of your visit, you may find it useful to tell the community that you and your team are studying the sanitation profile of villages in the district. You are trying to find out the number of villages where people are practising open defecation and waiting for external help before they make any change, and how many villages are ready to get out of that unhygienic condition through their own initiative.

**DO** ask people what the local words for 'shit' and 'shitting' are, and then always use those terms. Don't use the nice, polite words but use people's own crude terms for this behaviour throughout the facilitation process.

**DO NOT** believe that you are there to educate people, change their behaviour or to offer any form of subsidy. The only thing you are there to do is to assist the community in carrying out their own analysis of the sanitation situation.

## Facilitating the sanitation analysis

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Once you have the interest of at least a good part of the community, the next stage is to facilitate a comprehensive analysis by the local community of sanitation in their own village, using PRA (participatory rural appraisal) tools and methods<sup>1</sup>.

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**TIP** You could start the CLTS PRA by asking questions like 'who has defecated in the open today?' and 'have you seen or smelt human shit in your village today?' by show of hands.

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Here are some ideas for different methods and questions you could use to facilitate the analysis. The sequencing of methods used within the sanitation analysis is not important, although starting with a transect walk often works well. You should also feel free to try out new methods apart from those described here. Remember, the aim is help the community members to realise for themselves how sanitary or unsanitary their behaviour is and decide whether they need to change. It is not for you to inform or educate them.

### *Transect walk*

A transect walk involves walking with community members through the village from one side to the other, observing, asking questions, and listening. During a transect walk for CLTS you could locate the areas of open defecation and visit all the different types of latrines along the way. It is important to stop in the areas of open defecation and spend quite a bit of time there asking questions and making other calculations (described

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<sup>1</sup> PRA (participatory rural appraisal) tools and methods are simple, visual and practical ways of involving people in discussing and analysing their situation, such as drawing maps or ranking different options.

below) while inhaling the unpleasant smell and taking in the unpleasant sight of large-scale open defecation. If people try to move you on, insist on staying there despite their embarrassment. Experiencing the disgusting sight and smell in this new way, accompanied by a visitor to the community, is a key factor which triggers mobilisation.

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**TIP** On the transect walk, ask questions like about which families use which areas for defecation, where women go, and what happens during emergency defecation at night or during high incidence of diarrhoea.

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**TIP** On the transect walk, draw attention to the flies on the shit, and the chickens pecking and eating the shit. Ask how often there are flies on their, or their children's, food, and whether they like to eat this kind of local chicken.

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There are many ways of helping to trigger the sense of disgust among community members without teaching or telling them anything. You can be creative in the questions you ask. See the box below for one example.

Transect walks are the single most important motivating tool. The embarrassment experienced during this 'walk of shame' results in an immediate desire to stop open defecation and get rid of these areas. Even though everyone sees the dirt and shit every day, they only seem to awaken to the problem when outsiders force them to look at and analyse the situation in detail.

**DO NOT** avoid the defecation areas, but rather spend as much time there as possible asking questions, forcing the people to inhale the smell of their shit and feel uncomfortable at having brought an outsider there. This will help to trigger the sense of shame and disgust that will make them want to do something to change.

### **How to trigger the disgust of consuming one another's shit**

Ask for a glass of drinking water. When the glass of water is brought, offer it to someone and ask if they could drink it. If they say yes, then ask others until everyone agrees that they could drink the water. Next, pull a hair from your head and ask what is in your hand. Ask if they can see it. Then touch it on some shit on the ground so that all can see. Now dip the hair in the glass of water and ask if they can see any thing in the glass of water. Next, offer the glass of water to anyone standing near to you and ask them to drink it. Immediately they will refuse. Pass the glass on to others and ask if they could drink. No one will want to drink that water.

Ask why they refuse it. They will answer that it contains shit. Now ask how many feet a fly has. Inform them it has six feet and they are all serrated. Ask if flies could pick up more shit than your hair could pick. The answer should be 'yes'. Now ask them what happens when flies sit on their, or their children's food and plate: what are they bringing with them from places where open defecation is practised? Finally ask them what are they eating with their food. The bottom line is: everyone in the village is ingesting each other's shit.

Ask them to try to calculate the amount of shit ingested everyday. Ask how they feel about ingesting each others' shit because of open defecation? Don't suggest anything at this point. Just leave the thought with them for now, and remind them of it when you summarise at the end of the community analysis.

### *Mapping of defecation areas*

Mapping involves creating a simple map of the community to locate households, resources and problems, and to stimulate discussion. It is a useful tool for getting all community members involved in a practical and visual analysis of the community sanitation situation. The community members will need to identify a large open area of ground where the map can be drawn.

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**TIP** You don't need many resources to make a map. Encourage participants to use leaves, seeds, sticks or other easily available materials to represent different things. Be sparing in your instructions. Encourage creativity and make it fun.

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In the mapping exercise, all households should be invited to locate themselves on the map, for example by marking the ground, or locating a leaf or stone, and indicate whether they have latrines or not. The areas of open defecation could be marked and lines drawn to connect them to the households that visit them. The map can be used to highlight many things. Draw attention to how far some people have to walk to defecate and at what times of day. Are there any safety issues? Ask people to trace the flow of shit from places of open defecation to ponds and other water bodies, resulting in their contamination.

**DO** 'interview' the map. This means asking questions and probing the meaning and implications of what has been shown (see box below for an example). The map should be a means to better community understanding of the sanitation situation, not an end in itself.

### **Identifying the dirtiest neighbourhood**

During the mapping exercise, ask the community to stand in small groups according to their respective neighbourhoods. Ask them to discuss among themselves which is the dirtiest neighbourhood of their village, the second dirtiest and so on, and note these on a piece of paper. Read out the papers and in most cases you will find that all groups identify the same one or two neighbourhoods as the dirtiest. Then ask the groups to note down where they go to defecate. Through this exercise people of the dirtiest neighbourhood realise, maybe for the first time, that others are defecating in their areas and are also labelling them as the dirtiest neighbourhood. This discovery usually triggers immediate action to stop strangers from coming into their areas to defecate. After this realisation, the resource-poor, lower caste and landless in many villages prove to be the most active and fastest initiators of CLTS. They also benefit most from saving money spent on treatment of diarrhoea and other diseases.

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**TIP** A map made on the ground can be transferred onto paper, illustrating households who have latrines and those who do not. It can then be displayed in a community building or a common place in the community to serve as a reminder of commitment to take action. As households have access to a latrine (whether their own or shared) and stop open defecation, they can mark this on the map, for instance with a different colour. As such the map serves as a monitoring tool and it creates a sense of competition among the community members to build their latrine. The map should remain vibrant until all households are marked as using a latrine and the whole village has declared itself free of open defecation.

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### ***Calculations***

Calculating the amount of faeces produced can help to illustrate the magnitude of the sanitation problem. How much human excreta is being generated by each individual or household per day? Households can use their own methods and local measures for calculating how much they are adding to the problem. The sum of the households then can be added up to produce a figure for the whole community. A daily figure can be multiplied to know how much shit is produced per week, per month or per year. The quantities can add up to a matter of tonnes which may surprise the community.



### **Triggering CLTS in places where people defecate in open water**

In places where people defecate in the water (rivers, lakes, backwaters, etc.) there will be less visual impact of doing a transect walk. However, you will find that community members use that water for bathing and washing out their mouth. In this situation you could ask for a bucket of water, and ask if people would wash their mouth with that water? They will say yes. Now calculate the daily addition of faeces by all households in the community. Also ask how many other communities might be defecating in the same water (e.g. further upstream or around a lake). After this calculation ask them to wash their face and mouth and gurgle with that water. Probably no one will agree to do that. Ask why they refuse if they have been using the water both for shitting and for washing up to now.

The calculations of quantities of shit produced by the community should lead into further question and discussions, for example, where does all the shit go? What are the possible effects of having so much shit on the ground? These types of questions will get the community starting to think for themselves about the possible impact of open defecation. There is no need for you to tell them.

**DO** ask questions and try to get the community to work things out for themselves. Ask questions of different community members – men and women, children, rich and poor – to ensure that they all take responsibility

At the end of the analysis, you could ask them who would go for open defecation tomorrow? Or who would take bath in the pond or river where the entire community has been defecating? Ask them to raise their hands. If no one raises hands, ask them what they would do instead.

**DO NOT** try to convince the community to stop open defecation and start constructing toilets. Your job is to facilitate a good analysis that ignites a sense of disgust and shame, and compels the people to shift from haphazard open defecation to fixed-point defecation in a covered pit that stops the routes of contamination.

**DO NOT** lecture or try to educate the community about the diseases caused by open defecation, flies as agents of contamination, or the need for hand-washing at this stage. The most important element that ignites CLTS is not the knowledge of health hazards but the element of disgust, shame and the sense of un-cleanliness, dirty feeling and impurity in many religions.

**DO NOT** at any point talk of any subsidy. Tell them clearly that you are not there to provide any subsidy or to suggest latrine models.

## Ignition moment

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The key point in the process of triggering CLTS is reached when the community arrives at a collective realisation that due to open defecation everyone is ingesting each other's faeces, and this will continue unless open defecation is stopped totally. It is precisely at that moment that the facilitators should thank the community for the analysis and conclude. Tell them that you are not there to advise them to stop their age-old practices and that you are not there to sell toilets or distribute subsidy. Tell them they are free to continue what they have been doing, i.e. eating each other's shit, and bathing and washing their mouths out with water in which everyone defecates. Thank them all and close!

Usually at this stage the spirit goes high and violent arguments begin among the community as to how to stop open defecation. Don't interrupt or advise. Quietly listen to the community's discussion. If questions are thrown to you, tell them that, as an outsider, you have little knowledge about their local situation, and that they know much better than you what is best to do in that situation. Tell them that they are free to choose anything including continuation of open defecation.

If at this stage some people will say that they are interested and are willing to construct toilets but it is costly and they would not be able to afford it, tell them it is not. Quickly draw a picture of simple pit latrine. Ask how much that would cost and how difficult it would be to construct a similar direct pit latrine? Let them know that this was not your design, but one developed by poor people in one of the poorest countries of the world. You could also share experiences of other communities who have taken up total sanitation move and have achieved success.

**DO NOT** prescribe models of latrines. Remember that the central idea of CLTS is not to prescribe the best and most durable model of toilet to the community at first, but to initiate local action for communities to look for their own alternatives to open defecation.

**DO NOT** worry if no one talks about starting any local action there and then. In that case thank them again and tell them that you will record them as a village where people are willing to continue open defecation and eating one another's shit.

## Action planning

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If some positive action toward CLTS begins, then extend help and facilitate carefully. Enthuse the people by informing them that if they could achieve 100 per cent total sanitation and stop open defecation, many people from outside and neighbouring villages would come and visit their village to see it. Tell them about the possibilities of their becoming famous as the first open defecation free village in the block, sub-district, district or province.

The process of planning should concentrate on some immediate positive action plans. Activities might include:

- Forming a sanitation action group (drawing representatives from all the neighbourhoods of the village)
- Making a list or map of households and their present sanitation status
- Developing individual family plans to stop open defecation. In the early days, related households often construct common toilets to share.
- Digging pits and using them as makeshift latrines for the short term
- Getting commitments from better-off families to start constructing latrines immediately
- Looking for suppliers of latrine construction materials.

Encourage better-off households to help the less well off to find a way to stop open defecation, as they will also benefit. They may lend land, donate wood or bamboo, or allow poorer families to use their toilet in the short term. Identify such generous people, bring them to the front of the gathering and announce their donations in public. Often such announcements encourage others to offer assistance. The collective benefit from stopping open defecation should help to encourage a more cooperative approach.

**DO** watch out for the natural leaders emerging from the PRA process. Encourage them to take lead and share their ideas with the whole community about the consequences of open defecation and what best could be done to avoid them.

**DO** involve children in the discussion and ask them what they will do to stop open defecation. Often children start processions shouting loud slogans against open defecation. Encourage these activities. They find it great fun.

## Community action and follow up

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Well-ignited CLTS sparks off urgent collective action that reduces open defecation practices very fast and might achieve 100 per cent open defecation-free status within a few weeks to a few months depending on the size of the village. It is usually either instant or never. However, saying this, some follow-up is important, in order to ensure that CLTS is sustained and improvements in latrines are made over the long term.

It is important to identify natural leaders and encourage them to take charge of ensuring that action plans are followed through and changes in behaviour are sustained. Remember that you are there to ignite the community-led initiative to eliminate open defecation, but your job is not to do it yourself.

Once total sanitation is achieved, encourage the community members to put up a board or sign saying so. This will increase their sense of pride and also serve to awaken interest among visitors to the village who may be interested in doing the same back home. To ensure that people do not revert back to old behaviours once total sanitation has been achieved, the community might decide on a penalty for those who continue to practise open defecation.

Over time there is a gradual behaviour change of the community. Once families start using toilets they get used to the safety, convenience and comfort, and tend not to want to go back to open defecation again. This behaviour change, rather than the construction of quality latrines, is the key to the sustainability of the CLTS approach. However, the first locally made low-cost latrines might not last long: within a year or so they may have filled up or the shelter may have fallen down. Often a household will spontaneously construct a better and more durable toilet when this happens. In some cases, however, some follow-up may be needed, to encourage community members to follow through with the commitments they have made.

### *Key dos and don'ts*

<b>DON'T</b>	<b>DO</b>
Educate	Facilitate
Tell people what is good and bad	Let people realise for themselves
Offer hardware subsidy	Trigger local action
Promote particular latrine designs	Let people innovate simple latrines
Be in charge	Hand over to local leaders
Push for, or demand action	Trigger self-mobilisation through good facilitation

## Scaling up of CLTS

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The style of facilitation, i.e. the attitude and approach of the facilitator, is the key to triggering CLTS. The facilitator must, at all costs, avoid 'educating' and 'advising', so that the community achieves its own understanding of the sanitation problem and takes full ownership of the task of dealing with it. This approach is often very difficult for 'educated outsiders' who find it a challenge to overcome their impulse to lecture about sanitation and tell people what to do. The best facilitators tend to be local people who have learned CLTS from first-hand experience and who have not developed this habit of 'teaching'. Community facilitators can be given a short training based on the tips in this booklet to give them some further guidance and ideas. Other than that they will need few resources beyond access to transport to reach other communities, and a reasonable fee for their work.

CLTS can therefore be scaled up locally and at low cost. Where donor agencies, government departments, and national and international NGOs decide to integrate CLTS into their sanitation programmes, or use it as an entry point for broader livelihoods or health programmes, they must bear in mind that community facilitators will be the most appropriate.

When scaling up CLTS, it should be noted that certain conditions will be more favourable to successful CLTS. It must be feasible for people to dig low-cost latrines, i.e. there must be land available that can be dug to some depth with local labour or machinery. In urban areas land is usually scarce and land tenure often insecure. These have proved to be great challenges and CLTS has yet to be applied successfully in the urban context. CLTS can succeed best in rural areas of high population density, as open defecation is close to dwellings and is easily observed. Clustered settlements favour the spread of CLTS as word will carry that one community has achieved total sanitation and others will become interested.

Finally, CLTS implies a number of shifts in thinking about sanitation programmes, from subsidy programmes that promote the construction of externally designed latrines to local mobilisation to construct simple, low-cost latrines for the benefit of all. The different aspects of this shift in approach are captured in the following table.

	<b>The PAST Target-driven Partial Sanitation</b>	<b>NOW and the FUTURE Community-led Total Sanitation</b>
Start with	Things	People
Core Activity	Constructing Latrines	Igniting and facilitating processes
Latrines designed by	Engineers	Community innovators
Number of designs	One or a few	Many
Main materials	Cement, pipes, bricks, etc. purchased from outside	Bamboo, wood, tin, jute, plastic, etc. almost all locally available
Cash cost	High	Can be under US\$1
Indicators	Latrines constructed	Open defecation ended
Sustainability	Partial and patchy	High
Who benefits	The better off	All including the poorest
Key motivation	Subsidy	Disgust and self-respect
Coverage / usage	Partial	Total
Benefits	Lower: open defecation continuing	Higher: open defecation ends

The implications of these shifts may be significant for institutions wishing to adopt or scale up CLTS. It implies change in institutional and personal mindsets and behaviours which tend to be philanthropic (i.e. to subsidise), professional (i.e. to promote high standards), and bureaucratic (i.e. to spend big budgets). CLTS, on the other hand, is founded on the principles of no hardware subsidy and local ‘non-expert’ facilitation by community facilitators, supported by low-cost training, none of which require much budget. It aims to be a truly community-led process and scaling up also needs to be driven at the community level. It must not be driven by needs to disperse funds. International agencies, including NGOs, have a role to play in promoting international spread and in supporting local and national initiatives. Government and national NGOs have roles in assuring favourable conditions and supporting ignition and lateral spread. All need to recognise the importance of ‘light touch’ support so that CLTS can be ignited and, once ignited, can spread from community to community.