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Talking Shit: Is Community Led Total Sanitation a radical and revolutionary approach to sanitation?

Mary Galvin, Associate Professor, Department of Anthropology and Development Studies, University of Johannesburg

*The fact that around 2.6 billion people do not have access to a toilet and that around 1.8 million a year (6,000 people a day), 90% of whom are children, die of fecally-transmitted diseases, really is shameful and justifies **radical means!** Business as usual will not do. Making the shit and its consequences visible and evoking strong emotional reactions are what produces change. (Bongartz 2012)*

*Community-led total sanitation (CLTS) does not sound such a big deal, but it is **revolutionary**. We have so many "revolutions" in development that only last a year or two and then fade into history. But this one is different. In all the years I have worked in development this is as thrilling and transformative as anything I have been involved in. (Chambers 2011)*

Statistics reflecting the dire state of sanitation in developing countries are often quoted yet remain shocking. Inadequate sanitation is the underlying cause of 2, 213, 000 deaths per year due to unsafe water and hygiene (Bartram 2012). It is already clear that we will fall far short of the Millennium Development Goal to halve the proportion of people without access to sanitation between 1990 and 2015, leaving an estimated 2.5 billion people without even a simple improved latrine and 1 billion still practicing open defecation (WHO/ UNICEF 2013).

Over the past decades attempts by international organisations and national governments to eliminate open defecation by providing and funding toilet building and extensive health and hygiene education programmes have fallen far short of expectations. They are criticised for pouring funds into sanitation hardware, with poor involvement and take up by communities and little change in health statistics.

In response a new approach called Community Led Total Sanitation (CLTS) has taken the sanitation world by storm. From a small and modest start in Bangladesh when it was pioneered by Kamal Kar in 1999, engaging with the specific dynamics of each community, CLTS is now being adopted at scale in the rural areas of many Asian and African countries. CLTS can be considered "hegemonic" in the global sanitation sector, adopted by the World Bank's Water and Sanitation Program, the Water Supply and Sanitation Collaborative Council, UNICEF, WaterAid, PLAN International, and other international NGOs. Its

remarkable success, alongside the powerful influence of these organisations, has resulted in its adoption in over 44 developing countries (Kar 2011 in Bartram 2012). Many of these countries are now taking CLTS to scale, past implementation in a few communities to rolling it out throughout districts. Chambers estimates that at least twenty countries have designated CLTS as their national sanitation approach in rural areas (HEART 2013).

CLTS aspires to the ideal that communities should be in the driving seat of their own development on both pragmatic and ethical grounds. It tries to remove the role of outsiders, other than as facilitators who “trigger” community responses, and passes full responsibility for sanitation to communities where CLTS is implemented. The “community” ensures that households build their own toilets using their own resources, and “natural leaders” emerge to monitor and help sustain progress.

CLTS utilises well respected and established participatory methods developed by Robert Chambers such as transect walks and community mapping (Chambers 1997).ⁱ Briefly, CLTS facilitators “trigger” communities to recognise 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”. One of the cornerstones of the approach is that there is no subsidy provided and no external technical expertise; community members lead and own their work.

What is particularly distinctive 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 the glass of water on the table. The message is: “As long as any household in the community is practicing open defecation, we are in danger of eating each others’ shit.” (Bongartz et al 2010 p29)

According to practitioners and their academic supporters, CLTS has achieved thrilling success with thousands of rural areas declaring themselves “open defecation free”. Communities celebrate this achievement and often erect a sign announcing it at the entrance to their area. The sector has embraced CLTS with an almost evangelical fervour; Rose George (2008) describes a “CLTS epiphany” (222) saying “people didn’t have any understanding until outsiders came” (217) or refers to a “firm believer” (223). With such a widespread embrace of CLTS, most analyses are seeking means of improving aspects of CLTS practice. Few analyses critically examine CLTS within a broader socio-political and economic context or pose any fundamental challenges to its premises (exceptions Bartram 2012, Engel and Susilo 2014).

Have we found a “radical” and “revolutionary” means of ensuring poor people have sanitation? After outlining CLTS’ main tenets, this paper reviews and summarises the main issues around CLTS effectiveness, particularly sustainability and moving up the sanitation ladder. However its main aim is to explore the value-choices and power dynamics at play in the scaling up of CLTS by drawing on a wide range of health policy, legal studies, and social psychology sources to problematise CLTS more broadly.

The choice to use CLTS needs to be reviewed in terms of questions around 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. There is a need for CLTS proponents and practitioners to consider the complex nature of “community” and retain a level of responsibility for monitoring post-triggering actions. Finally it places CLTS in a wider global-political perspective, examining “who calls the shots” and what their interests are. The paper concludes by pointing to emerging sanitation responses and asking whether CLTS might be articulated alongside or in contradiction to them.

Examining CLTS through a lens that recognises the political nature of “development”, CLTS is passing responsibility to communities in such a way that absolves governments of engaging with their own citizens and relegates rural people to second class citizens. It triggers change but does not monitor or intervene if it sparks damaging local actions. CLTS is arguably an excellent case study of how neo-liberalism addresses problems on the surface while undermining citizens’ relations to government and resulting in social harm under the guise of development.

However proponents point out that the outcomes from triggering address the sanitation needs of millions, which operates in the present neo-liberal climate. Saving lives in the short term is the priority.

A lack of local monitoring and data collection on CLTS’ health and social impacts prohibits a more extensive critique. The lack of monitoring systems in is highly surprising, particularly given its promotion by large international organisations, and needs to be remedied as a matter of urgency.

1. CLTS as a distinctive approach to sanitation

CLTS was developed on a set of principles that challenge how development organisations operate. These principles have taken the form of a shorthand summary of the required change in attitudes, behaviours, policies and practices that drives CLTS, and are replicated in many sources:

- “From teaching, educating and telling people what to do to facilitating, empowering and enabling communities to reach their own conclusions. From focus on individual behaviour change to social solidarity, co-operation and collective action.
- From top-down standardisation to bottom-up diversity (‘people design’); “From imposing solutions and standards from the outside to local solutions, diversity and context-appropriate innovations.” (Bongartz et al 2010, p29)
- “From ‘we persuade and motivate’ to ‘it’s up to you and you decide’.
- From spending on hardware to spending facilitators and processes; From bigger budgets and disbursement targets to lower budgets to allow more to be achieved.” (Sah and Negussie 2009, p668)

- From ‘we must help/subsidise the poor’ by building latrines to ‘communities can do it’. From counting latrines to counting Open Defecation Free (ODF) communities.
- From sanitised words to crude ones (using local translations of “shit” rather than polite euphemisms).
- “From being sensitive to cultural norms and taboos to letting communities deal with them.” (Bongartz et al 2010, p29)

Together these principles inform an approach that:

“recognises an individual’s or a household’s right and responsibility of living in a totally sanitised environment. CLTS is participatory in nature and facilitates communities to take a decisive role in ensuring that each and every member internalises the implication of poor sanitation (e.g. open defecation). The CLTS methodology unites the community to commit to using sanitary latrines and hygienic behaviour and the community understands that the process is a shift towards a zero subsidy approach rather than providing them with money to construct latrines. Once ‘triggered’, adults and children become passionately involved in the management of their own sanitary well-being.... The process of planning for an open defecation community is jointly undertaken by all community members through their participation which is facilitated by CLTS implementers.” (Sah and Negussie 2009, p667)

Triggering is the primary contribution of CLTS, galvanising community energy and resulting in rapid toilet construction to achieve ODF status (Mehta 2014 forthcoming, p8). Although the facilitator decides how to trigger the community, the core elements of triggering are standard. To begin there may be some 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:

- Participants take the facilitators on the “walk of shame”, a transect walk to the areas where people defecate openly. Instead of a quick glance, the facilitator pauses to have a discussion there, which forces people to see and smell their shit. The upsurge of embarrassment often drives people to want to stop open defecation immediately
- Participants draw a map that locates where people openly defecate.
- Having gathered a bit of shit surreptitiously during the transect 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.
- Facilitated with humour, participants calculate the amount of shit that the community produces annually.

Mehta (2010, p6) describes the power of this “sanitary mirror” that enables people to see their own unsanitary lifestyle and fuels an “ignition process that leads to collective behaviour change”:

“This is believed to cause an upsurge of various emotions in the community, including the feeling of embarrassment and disgust. The community members present are supposed to collectively realise the terrible impact of open defecation on their health. The realisation that they are quite literally ingesting one another’s ‘shit’ mobilises them into initiating collective local action to improve the sanitation situation in the community. (See Kar 2005, Kar and Pasteur 2005, Kar and Bongartz 2006, Kar with Chambers 2008, Bongartz 2007, 2008)”

Having decided that they must take steps to eliminate open defecation and the damage it causes, 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, eg training on toilet construction, building materials or subsidies.

An Oxfam report on CLTS in Southern Africa found that what is frequently referred to as CLTS is actually a “hybrid” approach that development organisations have fashioned in response to their direct experience of what is lacking on the ground (Galvin 2012). The CLTS component boils down to triggering (since pre triggering amounts to data collection and post triggering leaves communities to develop and implement an action plan), which development organisations may combine with some training about building toilets, the provision of slabs or some subsidies. Since these hybrids exist in most countries where CLTS is being implemented, the impact of emerging hybrid approaches requires further research. (Galvin 2012)

This paper engages with CLTS as a “pure” approach, as originally conceptualised, as far as possible. The tendency of CLTS purists is to argue that the reason for weaknesses in CLTS is that it was not implemented correctly, in its pure form.ⁱⁱ While this may be the case, CLTS interacts with complex socio-political and institutional realities and we can only draw from actual experiences with CLTS at the local level.

2. A sustainability based analysis of CLTS

After years of experience, most practitioners now recognise that building a toilet cannot ensure that it will be used. The toilet may be solid technically, but social change does not naturally follow. One practitioner explains:

“Sanitation is not primarily about infrastructure - it's about people. Toilets enable, and obviously the kind and the quality are important, but the bigger issue is people's behaviour, e.g. cholera spreads even where there are toilets, if people don't understand person-to-person transmission of oral-faecal diseases and the importance of good hygiene.” (Eales personal communication 2012).

This recognition sparked change- first toward education and awareness raising through an approach called Participatory Hygiene and Sanitation Transformation (PHAST) and when behaviour change still did not follow, PHAST was found to be too didactic, this was remedied through the adoption of CLTS as a community-led approach. CLTS is premised on the idea that community-led process will lead to behaviour change that is sustainable in terms of the maintenance and use of latrines. However both technical and social considerations must be considered in assessing whether the immediate action and behaviour change achieved through CLTS is sustainable.

Technically, while previous programmes had outsiders build toilets or advise on their construction, CLTS places this entirely in the hands of the community. No technical advice or assistance is provided, nor are funds available for building supplies. It is assumed that households draw on others' knowledge and that they creatively find local resources (tin can over pipe). Poor people generally build very basic latrines that may amount to no more than a shallow pit protected by a structure from local materials, and these sometimes collapse in heavy rains or wind.

This raises two questions. First, households start at the very bottom of the sanitation ladder. Does CLTS create a basis for them to move up the ladder. The first rung in the ladder is "unimproved sanitation", which does not ensure people have no contact with human waste, and includes pit latrines without a slab or platform, hanging latrines and bucket latrines. Many latrines built as a result of CLTS are unimproved facilities. The next step is often to "shared systems" that are not considered improved due to their shared nature and finally to using these systems per household, considered "improved sanitation". Improved sanitation facilities including 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, p12).

But does it create a basis for households to ascend up the sanitation ladder? 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 (see Laila notes). The typical operating procedure is for officials to direct their support to households/ communities with no sanitation. Households within communities that have been triggered and reached ODF status will naturally be considered out of the "danger zone" and are unlikely to receive the support necessary to move up the ladder.

Second, even with this basic level of sanitation, does CLTS' social impact result in lasting behavioural change? Do people remain committed enough to re-build or maintain their toilets? Or do people revert to previous behaviour of open defecation? Examples of highly educated, urban people acting against their own self- interest in terms of health related behaviours abound: smoking, not using seatbelts, poor diet or lack of exercise, or cellphone usage while driving. Some people may change behaviour in the short term after the shocking dangers of such behaviour have been highlighted, but it is rarely lasting. While fear and disgust are considered "particularly effective in public health campaigns in terms of drawing attention to the health threat (Wu and Morales 2012)", evidence is "less clear about the capacity of shocking imagery and texts to influence sustained behaviour change" (Lupton 2014, p4).

Not only can poverty prevent the poor from building new toilets, but it may also prevent their being rebuilt after collapsing (Mehta 2014 p12).

In the absence of longitudinal studies on CLTS sustainability, we can draw from behavioural economics literature which looks at how social norms prompt social change as a means of assessing the potential for behaviour change to be sustained. (South African Water Research Commission Project K5/2091/3 deliverable 1). For example, if community members are simply conforming to the perception that others are behaving a certain way (not openly defecating) or if they are acting from a reciprocity based motive based on what others are “giving”, their behaviour is conditional on the choices of others. This implies that if a certain number of households resume open defecation others may also do so (WRC report section 1.1, quotes Henrich 2004 and Bardsley and Sausgruber 2006). This is in contrast to social psychology’s situational norms, which are learned in social interaction, but do not require social interaction to be maintained, eg not littering or wasting energy. (WRC section 1.5)

Others argue that the amount of time and the methods used mean CLTS behaviour change is unlikely to be sustained. They question whether CLTS triggering amounts to little more than a shock tactic that is effective in the short term, but is unlikely to be sustained. Engel and Susilo (2014, p174) state that “the use of shaming and taunting both disqualifies it as an empowerment approach and is likely to undermine its effectiveness in promoting long-term behaviour change.”

How does the CLTS approach ensure sustainability? While the community engages with the CLTS approach and households begin to build latrines, 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 trainings, 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. Yet this may not be a direct enough benefit for others, who are likely to lose interest since they are not paid.

Most surprisingly, given the support and involvement of international organisations 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. Most attention has focused on developing and improving the approach through localised implementation, then winning national government adoption of CLTS as their national approach, training government health workers and extension agents, and scaling up implementation. To date most analyses are based on anecdotal evidence from selected cases, in support of the authors’ perspectives. There have been a number of calls for a systematic analysis of CLTS (Galvin 2013, Bartram et al 2012).

Even in the absence of such data and studies, CLTS is endorsed by high profile leaders. In her book on good practices in realising the right to water and sanitation, Catarina de Albuquerque, the UN Special Rapporteur on the Right to Water (and Sanitation), commends CLTS’ application in rural Bangladesh, and that it has been introduced with

“varying degrees of success” into other countries in Asia and Africa. She adds: “Observers have also recognised that incentives for encouraging behaviour change and the construction of latrines are sometimes unacceptable, and include public shaming, including photographing, of those who still practice open defecation.” (Albuquerque 2012, p117) The implication is that unacceptable practices can be addressed by practitioners, rather than casting doubt on CLTS overall.

Other practical innovations are formulated in the same vein; for example, the IRC International Water and Sanitation Centre and its partners in Asia have tested new activities that involve the entire community in classifying households into welfare groups and drawing “stratified” community maps as a basis for differentiating designs and finance (da Silva Wells and Sijbesma 2012, p419-421). While this may strengthen CLTS functioning, making such stratification explicit can be expected to have unintended consequences that may very well be damaging.

At a recent World Sanitation Summit (attended by the author), where most sessions focused on CLTS, one presenter recounted a poignant 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 observation 2012) The following section explores how such stories may be understood in terms of a rights based analysis.

3. A rights based analysis of CLTS

Deliberating “rights”

Two rights-based issues arise in relation to the implementation of CLTS. The first asks about potential contradictions between individual human rights and those of the community. The second weighs the right to dignity against the socio-economic right to access to sanitation. Both of these questions 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 stigmatisation.

According to its proponents and practitioners, CLTS offers the prospect of radically decreasing child mortality and improving the health of rural people by eliminating the open defecation practiced by 1 billion people, who comprise 15 per cent of the world’s population (WHO/UNICEF 2013). CLTS is a powerful method to ensure that people understand the health impacts of their behaviour. It works through triggering, “a psychological approach, based on coercion’, which introduces injunctive norms which “convey social approval or disapproval”. Theoretically this makes the dangers of open defecation more salient or noticeable, and behaviour change follows. (WRC section 1.6) The question raised by critics is the power of the injunctive norm that is introduced. This takes on even great power in rural areas, where social psychology explains the strong “take-up”: “when social distance is small, the tendency to conform to a moral norm is strong” (WRC section 1.2 quotes Ariely et al 2009). This process may “hurt” people through shame or

discomfort but it ultimately does not “harm” them. Instead it removes a cause of harm with serious and sometimes fatal health repercussions.

However Bartram et al (2012, p501) 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. They refer to accounts by Chaterjee (2011) and Devine (2009) 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 (Chaterjee 2011), or making already tenuous livelihoods impossible (case describes taking away the van of a man who lived on earnings from van pulling)(Mahbub 2009). Most extremely, arbitration was denied to young women and girls who were raped while openly defecating (Mahbub 2009). Bartram et al (2012, p501) ask:

“To what extent is it acceptable, in pursuing the *common good* of widespread sanitation, to compromise *individual human rights*: to restrict access in the case of rape [if 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 the 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?” (bracketed text added)

Bartram et al conclude that “It is never possible to justify such infringements of basic human rights even if the potential benefits to the community are significantly large.” (2012, p501) They quote the United Nations’ 1984 Siracusa Principles (no 15 and 25): “vulnerability to ill health as a society can best be reduced by taking steps to respect, protect and fulfill individual rights” (p502).

However this quotation does not indicate what takes priority should individual dignity and the dignity of the community be in conflict. There are different ways to honour the right to dignity, which can be conflicting and which takes precedence is based on a value-judgement. In some matters the courts considered are called on to make a judgement (Woolman 2008).

This raises the second question of rights, which is not one of level but of the substance, of balancing the right to dignity against the socio-economic right to access to sanitation. Some argue that CLTS is based on a logic that undermines human dignity and is unacceptable. They consider CLTS itself to be an infringement of individual human rights. These critics take a broad view, both psychological and physical, of what infringes on human rights. CLTS infringes on people’s dignity, in the immediate experience with possible long term implications, and that right precedes all others. For example, people begin to be considered “clean” or “dirty” depending on whether they build and use a toilet (Mehta 2010, p 9), with significant implications for their identity as a human being. Engel and Susilo (2014, p174) demand that we consider “the morality of punishing the poor for their circumstances”. Within the public health literature, the ethical, moral, and political implications of using

disgust in campaigns has come under scrutiny. Disgust can “reinforce stigmatisation and discrimination against individuals and groups who are positioned as disgusting”, reinforcing “negative attitudes toward already disadvantaged and marginalised individuals and societal groups”(Lupton 2014, p1).

Yet CLTS proponents attempt to balance the human right to dignity with the socio-economic right of access to sanitation. They embrace CLTS as a pragmatic approach that may improve the health status of communities (where it proves effective and sustainable) even if this comes at the expense of some individuals’ dignity in the short term. They argue that CLTS per se does not infringe on individual human rights. People may experience shame or humiliation (right to dignity) in the short term, but this is not lasting. Once OD is eradicated and access to sanitation is achieved, all community members benefit (socio-economic right and right to dignity) from improved health.

Deliberating “agents”

CLTS proponents hold that any human rights infringements are due to the way some communities or practitioners implement CLTS. These infringements are manifested physically, eg negative effects on livelihoods, access to water, etc. Following this logic, it is important to identify who is responsible for such infringements and who can be held accountable.

It is simple to point to “some communities” and “some practitioners” as using a method that infringes on human rights due to poor facilitation and community members mistakenly taking actions that are not an intended part of the approach. Peter Harvey holds that if implemented as “pure” CLTS the driver is not humiliation, coercion or external rewards, but a strong sense of pride and realization of self-potential” (Harvey 2011, p95). “If triggering is conducted properly, people are treated respectfully and the programme actually enhances personal and collective dignity.” (Harvey 2011, p99)

However we need to ask whether these actions are condoned actively or implicitly by those who developed CLTS, promote its adoption, and support its implementation. It is understandable that those implementing CLTS may find it difficult to judge how far social action can be taken. Bartram et al (2012) cite an example that appears in Kar and Chambers’ Handbook of CLTS (2008) to show their support of (some of) such actions: Children in one area of Bangladesh, called the ‘army of scorpions’, blew whistles every time they found people openly defecating and sometimes flagged the pile of shit with the offender’s name. This example does not do physical harm and ultimately delivers access to sanitation and dignity for all, as described above. It is condoned by Kar and Chambers. In Orissa, India, a local community based organisation “helped the community to establish systems of fines, taunting or social sanctions to punish those who continued to defecate in the open” so they could ensure that “social mobilisation was conducted with sensitivity to local customs” (Pattanayak et al 2009, p581).

Yet there are examples of communities that have been triggered where such behaviour has escalated from emotional to physical harm such as stoning or physical coercion. “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.

This is where intentionality and agency must be re-inserted and re-asserted. 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. For example, the process can be adjusted to encourage people to recognise the importance of human rights in formulating community responses. Alternatively, if CLTS unleashes such actions and cannot be controlled, then CLTS as an approach can result in the type of human rights infringements described above and is unacceptable.

It is consistent with this line of argument that when CLTS is introduced, it must be done by an outside group that knows the socio-political dynamics of the community; the outside group can assess its likely effectiveness and impacts on local social relations and whether it is a good candidate for its introduction, and will remain present and involved in the community over time. This is the small scale nature in which CLTS was originally found to be successful. It can be argued that, like other development projects, it is the scaling up that proves problematic and starts to undermine the entire approach.

Deliberating “community”

Instead of engaging with the complexity of the entire concept of “community”, its heterogeneity, elitism, and conflicts, CLTS tends toward romanticising the “community”, treating it as a homogenous blank slate that can be triggered and will take up the sanitation challenge. It works on an ideal-type community that will assist its poor, aged, and disadvantaged and will find local knowledge to build toilets, and where natural leaders will emerge.)

Yet the impact of CLTS interventions is highly dependent on the nature of individual communities. In examining the impact of such external interventions, Galvin showed that they feed into and reinforce the direction of 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 destroying the very social capital that development organisations claim to support. Or it may reinforce class divisions or result in stigmatisation. It impacts on relations between youth and elders, men and women, and rich and poor. Of course unintended consequences might also be positive, strengthening community leaders’ sense of agency or creating a sense of community unity around a positive experience of working together, which could lead to other individual or community development steps. (Galvin Devt Dilemmas).

So this dilemma can be addressed by either introducing CLTS in areas with socio-political dynamics that will allow its straightforward and positive use or by having an outside group

monitor developments to avoid possible human rights infringements and to intervene alongside the community if required. Both of these suggestions challenge CLTS' original position that having outsiders playing a mediating role compromises its community-led nature.

“Those behind the projects need to study what works in creating and maintaining demand for sanitation in an area and what types of sanitation a community prefers, otherwise sanitation systems tend not to be used” (Black and Fawcett, 2008; Jewitt, 2011 in Engel and Susilo).

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 are convinced that CLTS can improve the community's well-being, its actual impact will only be apparent in the future.

4. A power based analysis of CLTS

One of the main premises 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. In short outsiders and “experts” have the tendency to impose their ideas and meddle in communities with detrimental effects. Anecdotes of toilets built in areas where communities do not use them, of culturally insensitive designs, of people valuing a sound structure so much that they use the toilet for storage, and of toilets being built but people preferring open defecation that has been practiced for generations. In CLTS developmentally enlightened outsiders play a minimal role with the aim of placing communities in the driving seat. In this manner, CLTS gains the moral upper hand based on best community engagement principles and an approach driven by the people.

Paradoxically, while implicitly treating the “community” as a victim of misguided outsiders, CLTS omits the role of outsiders in CLTS itself. It is important to place CLTS in a global-political perspective: who is really “calling the shots”? While the entire approach is premised on communities taking control of their own lives in terms of sanitation and health, the approach is formulated and introduced by outsiders. Outsiders include international organisations that often are the drivers—the Water and Sanitation Programme of the World Bank, UNICEF, and Dfid and large NGOs including PLAN and WaterAid. In reality there is an underlying element of control: Communities may be driving, but the roads have been built by these organisations.

CLTS hides behind wider power dynamics of donors and the influential water and sanitation fraternity that promote an approach that embodies the dominant neo-liberal paradigm under the guise of good community development. Engel and Susilo (2014, p165, 174) provide a history of donors' ideological shift to CLTS as a combination of “ideas from grassroots empowerment and neoliberal self-help doctrine”:

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' (see WSP, 2011). In other words, the neoliberal revolution 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; Engel, 2010; Yi-chong, 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 donors and governments of many developing countries have a shared interest in meeting sanitation targets at low cost. So international organisations have not simply adopted CLTS due to its successfulness, but have also done so on pragmatic grounds: governments should be spending on sanitation, but it is typically not high on citizens' list nor is it a priority of most governments.ⁱⁱⁱ By promoting an extremely low cost approach to sanitation, donors are promoting a solution that developing countries can afford. And 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 toward a new approach. So CLTS is presently considered by most international donors as the most effective approach to scaling up sanitation.

The application of CLTS varies according to country context, depending on the government's limitations, achievements and commitments to subsidies. Some countries adopted approaches that have delivered a specified minimum standard of service and chose to incorporate CLTS into that approach, such as the Mtumba Approach in Tanzania that uses CLTS triggering alongside PHAST and sanitation marketing (Galvin 2012, p34). Sanitation practitioners from Malawi and Mozambique explain that CLTS is used instrumentally: they implement their own hybrid approach on the ground, but access support by reporting on implementing CLTS at provincial or national levels (Galvin interviews 2012).

Middle income countries such as South Africa have a commitment to provide services and to assist people to move up the sanitation ladder. 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 provide sanitation, "We 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." (MG blog) Instead of encouraging governments to adopt CLTS and allowing them to appear to be taking responsibility for sanitation while abrogating responsibility to communities, such governments need to be encouraged to develop their capacity and to redirect resources toward the poorest. Using a "community-led" approach, that encourages communities to take responsibility for sanitation, may be important as a corrective in contexts where people are just waiting for government or another agency to provide. But community led approaches need not be CLTS per se.

5. Conclusion

There is no doubt that CLTS has changed the sanitation game. Its radical approach to force people to deal with their shit posed a direct challenge to policy makers and practitioners to revisit existing approaches that tended toward being either patronising, overly didactic, or forgot the human element altogether. Instead CLTS's "radical health education" focused on "self-analysis, community empowerment and community action to end open defecation" (Mehta 2014 forthcoming, p9). In terms of language employed as part of CLTS, practitioners themselves were triggered to deal with their "shit" and change their approach. A new paradigm emerged that shifted the focus of the sector back to people and onto behavioural realities over toilet construction.

CLTS is not a revolutionary magic bullet. Although there is a purist line that tends toward the ideological line of revolutionaries, CLTS has been adjusted organically to work in local contexts. The hybrids that are emerging lose the glimmer of pure CLTS, but in complex and "messy" world that is the best that can be expected. No doubt the prospects for pure CLTS are also tarnished by institutional and political realities that constrain its proper implementation when taken to scale.

There is a need for systemic monitoring, data gathering 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 along the lines discussed in this paper. The challenge for CLTS proponents is to develop CLTS further, taking into account its limitations in being scaled up.

The flush toilet was last century's solution to a crisis of shit in the industrialising world. Today our crisis of shit is a rapidly escalating alongside a growing poor population in the developing world and a scarcity of fresh water and infrastructure. While CLTS has provided a form of triage to deal with this situation, what begins as triage frequently remains in place for the long term.

An embrace of CLTS should not prevent the development and consideration of technological developments that could assist the poorest in accessing a more advanced and safer form of sanitation. The Gates Foundation has harnessed the world's top scientists to develop toilets that are low cost, waterless, and use human waste, and their roll out will no doubt be ambitious. The key here will be for CLTS to have been radical enough to get people committed to using toilets and practicing good hygiene, not triggering such disgust that they want to run from their shit but registering its dangers enough to accept that we all must deal with our shit.

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ⁱ Its implementation is actively supported by a unit at Sussex University's Institute of Development Studies where Chambers is located.

ⁱⁱ Hybrid approaches are often adjustments for local contexts- or politics. Minor adjustments may include providing a slab or following triggering with sanitation marketing. More fundamental alterations were made, for example, in India's Total Sanitation Campaign; it has been described as "government-led, infrastructure-centred, subsidy-based and supply-led, leading to poor outcomes" due to a low political priority, distorting incentives, and ingrained technocratic and paternalistic attitudes (Hueso and Bell 2013, p1001). Yet other accounts report on the success of using shame and subsidies in certain areas of India (Pattanayak et al 2009, p581).

ⁱⁱⁱ Most governments do not have a separate sanitation line item so they cannot track what is being spent on sanitation. Low expenditure on sanitation is an indicator of a lack of commitment to sanitation. The eThekweni Declaration aimed to get governments to commit to having a separate line item for sanitation and has established indicators to measure this.