



COMMUNITY APPROACHES to TOTAL SANITATION

Based on case studies from India, Nepal, Sierra Leone, Zambia

Publication

Field Notes

© United Nations Children's Fund (UNICEF), New York, 2009

Cover photo © UNICEF Sierra Leone

Field Notes is an evidence-based Divisional publication series, documenting good practices in innovative UNICEF programming, policy and operations. Each Field Note focuses on one theme, contextualizing the topic within a discussion of major issues, illustrating implementation in the field through case studies, and identifying good practices to inform UNICEF staff and our partners.

Field Notes are produced by UNICEF's Division of Policy and Practice in collaboration with UNICEF technical sections and country offices where programming is being undertaken. The editors of the series are Ian Thorpe and David Stewart of the Policy, Advocacy and Knowledge Management Section.

The designations in this *Field Note* do not imply an opinion of legal status of any country or territory, or of its authorities, or the delineation of frontiers. While Field Notes outline UNICEF's approach to programming and policy, Statements in this document do not imply or constitute official opinions or policy positions of either the United Nations or UNICEF.

Acknowledgements

This *Field Note* was prepared by: Colleen Galbraith (Policy, Advocacy and Knowledge Management) and Ann Thomas (Water, Sanitation and Hygiene), and produced by UNICEF's Division of Policy and Practice.

Key data, information and materials were contributed by: Therese Dooley and Peter VanMaanen (WASH, NYHQ), Alka Malhotra, (India), Namaste Shrestha (Nepal) Victor Vincent Kinyanjui, Arnold Cole and Emily Bamford (Sierra Leone), Peter Harvey and Leonard Mukosha (Zambia). Design support from Upasana Young, copy editing Catherine Rutgers.

For further information on *Field Notes*, please contact:

Policy, Advocacy and Knowledge Management,
Division of Policy and Practice
United Nations Children's Fund
3 United Nations Plaza
New York, NY 10017, USA

email: FieldNotes@unicef.org
www.unicef.org

COMMUNITY APPROACHES to TOTAL SANITATION

Based on case studies from India, Nepal, Sierra Leone and Zambia

CONTENTS

- 4** Executive Summary
- 6** Thematic Overview | Community Approaches to Total Sanitation (CATS)
- 11** Sierra Leone | Communities Lead the Way to Improved Sanitation in a Post-Conflict Country
- 16** Zambia | Engaging Local Leadership for Total Sanitation
- 20** India | The Total Sanitation Campaign
- 22** Nepal | The Power of Children as Catalysts for Change
- 27** References

CATS

Community Approaches to Total Sanitation

UNICEF supports Community Approaches to Total Sanitation (CATS) with the goal of eliminating open defecation in communities around the world. The CATS Essential Elements are the common foundation for UNICEF sanitation programming globally. These principles provide a framework for action and a set of shared values that can be easily adapted for programming in diverse contexts. At their core, CATS rely on community mobilization and behaviour change to improve sanitation and integrate hygiene practices. They are demand-driven and community-led, and emphasize the sustainable *use* of safe, affordable, user-friendly sanitation facilities.

EXECUTIVE SUMMARY

Community Approaches to Total Sanitation (CATS) is an umbrella term used by UNICEF sanitation practitioners to encompass a wide range of community-based sanitation programming. CATS share the goal of eliminating open defecation; they are rooted in community demand and leadership, focused on behaviour and social change, and committed to local innovation. The CATS Essential Elements are a framework for action, providing a common foundation for work in the sector while allowing for broad variation in the way programmes are applied and translated locally.

UNICEF works closely with governments and other partners in more than 50 countries around the world to mainstream CATS and bring sanitation programming to scale. The Essential Elements are based on lessons learned from decades of sanitation programming and reflect UNICEF's Global Strategy for water, sanitation and hygiene (WASH). Worldwide application of CATS has the potential to bring the Millennium Development Goal sanitation target – to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation – within reach by transforming the global rate of progress in sanitation.

This *Field Note* discusses the evolution of sanitation programming in UNICEF and the origins of our Community Approaches to Total Sanitation. It examines each of the CATS Essential Elements and explores their implementation through country case studies. The case studies illustrate a range of methods under the CATS umbrella: Community-Led Total Sanitation (CLTS) in Sierra Leone and Zambia; School-Led Total Sanitation (SLTS) in Nepal; and the Total Sanitation Campaign (TSC) in India. These are only a few of the many community approaches to total sanitation being undertaken around the world that exemplify the CATS Essential Elements.

The Essential Elements of Community Approaches to Total Sanitation (CATS)

The CATS Essential Elements are the common foundation for UNICEF sanitation programming globally. They provide a framework for action that can be easily adapted for programming in diverse contexts.

- 1** CATS aim to achieve 100 per cent open defecation free (ODF) communities through affordable, appropriate technology and behaviour change. The emphasis of CATS is the sustainable use of sanitation facilities rather than the construction of infrastructure. The safe disposal of infant and young children's faeces in toilets is essential to achieving ODF status.
- 2** CATS depend on broad engagement with diverse members of the community, including households, schools, health centres and traditional leadership structures.
- 3** Communities lead the change process and use their own capacities to attain their objectives. Their role is central in planning and implementing improved sanitation, taking into account the needs of diverse community members, including vulnerable groups, people with disabilities, and women and girls.
- 4** Subsidies – whether funds, hardware or other forms – should not be given directly to households. Community rewards, subsidies and incentives are acceptable only where they encourage collective action in support of total sanitation and where they facilitate the sustainable use of sanitation facilities.
- 5** CATS support communities to determine for themselves what design and materials work best for sanitation infrastructure rather than imposing standards. External agencies provide guidance rather than regulation. Thus, households build toilets based on locally available materials using the skills of local technicians and artisans.
- 6** CATS focus on building local capacities to enable sustainability. This includes the training of community facilitators and local artisans, and the encouragement of local champions for community-led programmes.
- 7** Government participation from the outset – at the local and national levels – ensures the effectiveness of CATS and the potential for scaling up.
- 8** CATS have the greatest impact when they integrate hygiene promotion into programme design. The definition, scope and sequencing of hygiene components should always be based on the local context.
- 9** CATS are an entry point for social change and a potential catalyst for wider community mobilization.

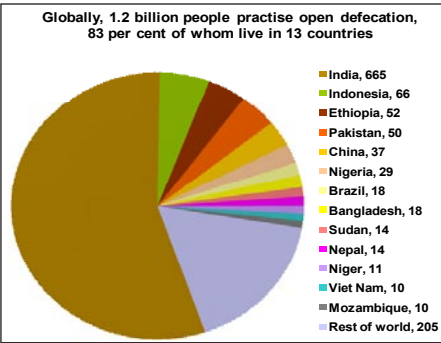
The CATS Essential Elements were articulated by UNICEF sanitation specialists in July 2008 as the 'non-negotiable aspects of community-based sanitation programmes.'

Thematic Overview

© UNICEF Nepal/2008

ISSUE

Around the world, poor sanitation remains a major threat to development, impacting countries' progress in health, education, gender equity, and social and economic development. Globally, 2.5 billion people – including 840 million children – do not use improved sanitation; 1.2 billion, almost a fifth of the world's population, practise open defecation. In rural areas, this is the case for nearly 1 in 3 people.¹



Share of open defecators by country, in millions

Open defecation and its public health social and economic impacts, can create a vicious cycle of illness, high expenditure on health care, lost work and school hours, and poverty.

Poor sanitation and hygiene, highest cost for women and children. Women, adolescent girls, children and infants suffer most from inadequate hygiene and sanitation facilities. The two main causes of mortality among children under age five – acute respiratory infections and diarrhoeal diseases – are closely linked to poor water, hygiene and sanitation. Of the 1.8 million people estimated to die each year from diarrhoea, 1.5 million are children.² Repeated diarrhoeal episodes are a significant underlying cause of malnutrition, leading to weakened immune systems and impaired growth and development.³

Girls and women are made more vulnerable by poor sanitation and hygiene. Lack of safe, separate and private sanitation can inhibit girls from attending school and increase the burden of caring for the sick, as well as the likelihood of disease during pregnancy. Furthermore, these conditions can expose women and girls, who in some cultures are forced to defecate only in the dark, to serious illness brought on by waiting and increased risk for harassment and assault during the

night-time walk to and from communal defecation fields.⁴

Definition of total sanitation: Zero open defecation and 100 per cent of excreta hygienically contained.⁵

Human faeces are the main source of diarrhoeal pathogens, which cause many common gastrointestinal infections: One gram of human faeces can contain 10 million viruses and 1 million bacteria. Sanitation and hand washing are the best barriers to faecal-oral contamination, while food handling, water purification and fly control provide secondary barriers. The elimination of open defecation is shown to reduce diarrhoeal morbidity by 36 per cent.⁶

Sustainable and significant change. The achievement of total sanitation by entire communities – through the use of improved sanitation facilities and hygiene, and 100 per cent containment of faeces – has the power to stop this cycle and help countries move towards achievement of the Millennium Development Goals.

Sanitation's close links with health, education, malnutrition and poverty make it an important contributor to the achievement of the Millennium Development Goals.

| | |
|--|--|
| MDG 1 Eradicate extreme poverty and hunger | Each year, 5 billion productive days are lost to diarrhoeal disease. Sub-Saharan Africa loses nearly 5 per cent of its GDP, some US\$28 billion annually. In 2003 this exceeded total aid flows and debt relief to the region. For every \$1 spent on improving sanitation, \$9.1 is saved in health, education, social development and other areas. |
| MDG 2 Achieve universal primary education | Each year, 443 million school days are lost to diarrhoeal disease. Improved sanitation and hygiene in schools increases children's performance, reduces absenteeism, particularly for girls, and enhances teacher attendance and retention. |
| MDG 3 Promote gender equality and empower women | Women bear the greatest burden of poor sanitation and hygiene. Improved sanitation enhances women's privacy, security, dignity and health, while reducing the burden of caring for the sick. |
| MDG 4 Reduce child mortality | Diarrhoea resulting from inadequate and unsafe water, poor sanitation and unsafe hygiene kills more than 1.5 million children under the age of five annually. |
| MDG 6 Combat HIV/AIDS, malaria and other diseases | Diarrhoea and skin disease are common opportunistic infections affecting people living with HIV/AIDS; access to reliable, affordable and safe water and sanitation can mitigate these infections. |
| MDG 7 Environmental sustainability | Each year, 200 million tons of human waste and vast quantities of waste water and solid waste go uncollected and untreated around the world. This pollutes the world's waterways and spreads the risk of illness. |

COMMUNITY APPROACHES TO TOTAL SANITATION

Around the world, achieving total sanitation in communities has proved an ongoing challenge for sanitation stakeholders. It requires *whole* communities to commit to stop defecating in the open and hygienically contain all faecal matter. In recent years, sanitation programming has evolved dramatically. Increasingly, sanitation programming is focused on engaging communities, creating demand for sanitation, and supporting the development of sustainable systems and appropriate technologies – all of which are rooted in catalysing community behaviour and social change.

At the core of the shift in sanitation programming is a move from donor-determined and supply-driven approaches to community-led and demand-driven approaches. The traditional approach to sanitation programming focused on latrine construction rather than usage, and on giving households subsidies to support these projects rather than empowering communities to collectively change their sanitation situation. Subsidy-based


approaches viewed sanitation as a private household good rather than a social responsibility, often assuming communities were unwilling or unable to invest in sanitation. Development planners often determined what sanitation products communities needed with little local participation or deference to the specific local context. Additionally, sanitation messaging focused on telling communities about the health risks posed by poor sanitation and open defecation rather than empowering them through awareness raising about the positive effects of improved sanitation practices.

These top-down approaches have proved largely ineffective in achieving total sanitation. Often, latrines went unused and people continued to defecate in the open. Vulnerable populations – including women, children, people with disabilities and the poor – were frequently excluded from the benefits of improved sanitation because centrally planned, household-based programming did not adequately account for

their needs. Furthermore, sanitation programmes have long been add-ons to water projects, resulting in inadequate attention and budgeting.

Engaging communities to achieve total sanitation. In contrast, Community Approaches to Total Sanitation start at the local level. The shared goal of CATS is to help communities become open defecation free. They work to generate demand and leadership for improved sanitation and behaviour change within a community; produce sustainable facilities and services through engagement with local markets and artisans; and promote adaptation and replication at scale through local capacity building.⁷ CATS focus on generating local ownership of improved sanitation and on engaging relevant institutions to take central roles in planning, execution, monitoring and follow-up; with this goal, CATS limit the use of subsidies, supporting their use only when they help catalyze communal action for total sanitation.

© UNICEF India



Toilet is more than a necessity.
It's a pride.



UNICEF/NYHQ/2008-1054/Christine Nesbitt

THE CATS ESSENTIAL ELEMENTS

The CATS Essential Elements were born out of UNICEF's effort to develop a common framework that would harmonize the organization's approach to community-based sanitation programming and strengthen guidance for country offices and partners looking to move into this field. These principles represent the most fundamental aspects of community-led sanitation programmes and are considered by UNICEF to be the minimum elements for effective community programming. They build on the lessons learned through decades of global sanitation programming and exemplify good practices in the sector.

1. CATS aim to achieve 100 per cent open defecation free (ODF) communities through affordable, appropriate technology and behaviour change. The emphasis of CATS is the sustainable use of sanitation facilities rather than the construction of infrastructure. The safe disposal of infant and young children's faeces in toilets is essential to achieving ODF status.

The shared goal of CATS is to help communities become open defecation free. This 'total sanitation' is achieved when 100 per cent of excreta, including that of young children, is safely and hygienically contained.

Lessons from around the world have shown that having a latrine does not always equal using a latrine. Alongside affordable and appropriate technology, behaviour and social change is an essential element of successful sanitation programming. Sanitation promotion is based on giving communities essential information and helping them develop the skills and self-confidence required to make informed decisions on issues that affect their lives and their children's well-being.⁸

Behaviour and social change is catalysed by helping communities understand that poor sanitation affects everyone and that a collective approach is required to make the community ODF. Communal commitment to becoming ODF leads to consistent use of sanitation facilities and provides the incentive to repair and sustain them. Because attitudes about sanitation differ around the world, facilitation by local trainers who understand and respect cultural norms leads to the best results.

2. CATS depend on broad engagement with diverse groups in the community, including households, schools, health centres and traditional leadership structures.

At the core, CATS rely on fully engaging with the whole community. This will include individuals, households, relevant civic and government institutions, vulnerable groups and community leaders. Space is created for inclusive dialogue encouraging listening, debate and consultation; ensuring the active and meaningful participation of children and youth; and promoting gender equality and social inclusion.⁹

Experience across sectors has shown the value of capitalizing on pre-existing social structures and the efficacy of reaching out to groups rather than individuals. This is particularly true for CATS, which depend on communal commitment to achieve improved sanitation. Schools, health facilities and religious centres are examples of community institutions that have been important partners for sanitation programming.

3. Communities lead the change process and use their own capacities to attain their objectives. Their role is central in planning and implementing improved sanitation, taking into account the needs of diverse community members, including vulnerable groups, people with disabilities, and women and girls.

CATS aim to be inclusive, participatory and community-led. They work to generate community demand and leadership for improved sanitation and behaviour change, and to encourage communities to develop mechanisms that align with local practice, address the needs of all their members and respect the community calendar.

4. Subsidies – whether funds, hardware or other forms – should not be given directly to households. Community rewards, subsidies and incentives are acceptable only where they encourage collective action in support of total sanitation and where they facilitate the sustainable use of sanitation facilities.

At the heart of CATS is a shift away from providing subsidies for households to a greater focus on encouraging social change and self-reliance. Ultimately, the result is motivation for the *use*, rather than the construction, of sanitation facilities. In cases where subsidies are available for certain disadvantaged groups, such as people with disabilities or child-headed households, they should be managed by the community as part of the collective plan for overall community sanitation improvement.

5. CATS support communities to determine for themselves what design and materials work best for sanitation infrastructure rather than imposing standards. External agencies provide guidance rather than regulation. Thus, households build toilets based on locally available materials using the skills of local technicians and artisans.

Appropriate designs, paired with local supply chains, are crucial to the sustainability of improved sanitation. Experience shows that increased access to improved sanitation has been largely achieved through market forces: Consumers create demand, and the private market supplies the goods.¹⁰ Towards this goal, UNICEF works to develop local markets and supply chains that meet consumer demand, in turn facilitating sustainability and promoting replication at scale.

6. CATS focus on building local capacities to enable sustainability. This includes the training of community facilitators and local artisans, and the encouragement of local champions for community-led programmes.

CATS depend on local stakeholders and institutions. They focus on building capacity to support the scaling up and expansion of improved sanitation. Community members become trainers, leaders and advocates of ODF in their, and neighbouring, communities. Local artisans and community engineers can design and develop locally appropriate technologies, supply materials and share their expertise in relevant building techniques. Bolstering the local skill set strengthens community capacity and ensures long-term sustainability.

7. Government participation from the outset – at the local and national levels – ensures the effectiveness of CATS and the potential for scaling up.

Governments at the local, regional and national levels are important partners in CATS. To scale up improved sanitation, communities and governments must view sanitation as a public good rather than a household commodity. Obtaining and publicizing political support to community approaches to total sanitation is important.

Local governments and leaders play a vital role in facilitating the mobilization of communities for collective action and, in many cases, help develop local action plans and mobilization strategies, suggest low-cost technology options, develop the supply market, and monitor the implementation process and outcomes. Additionally, traditional local leaders can have an important long-term role in ensuring sustained collective behaviour change. National governments have the critical role of setting national priorities – including budgets and policies – for sanitation and hygiene. Increasingly, national governments are including community-based sanitation programming as a core element in their approach to improving sanitation and hygiene.

“The significance of the first toilet is enormous in terms of breaking the habit of open defecation and getting people into the habit of using a latrine. An interesting observation has been that users of low-cost toilet models gradually move towards more expensive models and construct stronger toilets when the life of their first toilet is over.

After realizing the value and positive impact of improved sanitation on community health and the physical environment, and the added convenience of being able to use the toilet close to the household rather than going to the bush (especially for women and girls, who value the privacy and freedom of using toilets at any time of the day and night), there is rarely any going back to open defecation.”

Source: Kar, Kamal, and Katherine Pasteur, ‘Subsidy or Self-Respect?: Community led total sanitation – An update on recent developments’, IDS Working Paper 257, Institute of Development Studies, Brighton, England, November 2005, p. 4.

8. CATS have the greatest impact when they integrate hygiene promotion into programme design. The definition, scope and sequencing of hygiene components should always be based on the local context.

Increasing the use of improved sanitation and hand washing with soap are crucial interventions to reduce faecal-oral transmission of disease. Both interventions involve a personal behaviour change and the investment in a product (toilet and soap, respectively). CATS address sanitation and hygiene practices from the outset and ensure sufficient time for the behaviour changes to be fully adopted by communities.

9. CATS are an entry point for social change and a potential catalyst for wider community mobilization.

CATS empower individuals and households to improve their community and environment and are an effective entry point to mobilizing community members for collective identification and action around priorities beyond sanitation. The realization by the community that it can make a significant change for the better is a powerful inspiration for future action. The 'Natural Leaders' who emerge can be important mobilizers for action to tackle other important community development issues.

The following case studies from Sierra Leone, Zambia, India and Nepal elaborate in more detail how the CATS Essential Elements have been applied in a range of contexts, including the practical steps taken, results achieved and challenges faced. We hope these will help illustrate the importance of these principles and provide ideas and inspiration for future sanitation programming for UNICEF staff and our partners around the world.



An Open Defecation Free celebration in Chitwan District, Nepal

©UNICEF Nepal

SIERRA LEONE: Communities Leading the Way to Improved Sanitation in a Post-Conflict Country



© UNICEF Sierra Leone

In Sierra Leone, a decade-long civil war devastated the country's basic infrastructure and left a population suffering from some of the world's lowest human development indicators. As part of the effort to move the country from post-conflict recovery to longer-term development, the Government of Sierra Leone, DFID and UNICEF are working together on a five-year programme to improve water, sanitation and hygiene services nationwide. Community-Led Total Sanitation (CLTS) is one approach Sierra Leone is using to rapidly scale up sustainable sanitation coverage and help communities become open defecation free. This case study looks at CLTS in the context of the CATS principles and examines the specific challenges of implementation in a post-conflict country.

SITUATION ANALYSIS

From 1991–2002, Sierra Leone was virtually torn apart by civil war. Inequitable access to essential basic services was one cause of the conflict. Today, the Government's capacity and effectiveness has improved – security has been established, and much of the population, one third of which was displaced by war, has returned home. However, many of the underlying causes of the conflict remain.

Most Sierra Leoneans face continued lack of basic services and poor socio-economic living conditions, both of which are perceived as a threat to the country's stability and potential for development. At present, the country is far from meeting the MDG targets for water and sanitation, health and education. Human development indicators are extremely poor; Sierra Leone is ranked last, at 177, in the UN Human Development Index 2008.¹

Nationally, 37 per cent of Sierra Leoneans use an improved type of

sanitation facility (improved plus shared facilities); 27 per cent of the population defecates in the open. The urban-rural disparity in coverage is significant: 66 per cent of urban dwellers, compared with only 18 per cent of rural dwellers, use an improved type of sanitation facility. This disparity is replicated with access to water: 83 per cent of urban dwellers have access to improved water sources compared with 32 per cent of the rural population.² Both contribute to Sierra Leone having the highest under-five mortality rate in the world, 75 per cent of which is caused by malaria, respiratory infection and diarrhoeal disease.³ Undernutrition, also closely linked to poor water and sanitation, is an underlying cause of 57 per cent of child deaths.

The Government's establishment of an equitable and sustainable approach to meeting citizens' basic needs is a priority for both human development and the peace-building process.

Working together to achieve total sanitation. Sierra Leone's small size means it has the potential to rapidly scale up water and sanitation coverage nationwide; however, this requires the coordinated efforts of stakeholders and substantial political will.

The national budget is limited, requiring creative approaches to water and sanitation service provision. With the goal of achieving total sanitation, the Government of Sierra Leone and other stakeholders have shifted their focus from construction of sanitation infrastructure to engaging communities in the design and spread of improved sanitation programming.

In September 2008, the Government established the National Water and Sanitation Policy. In partnership with the United Kingdom Department for International Development (DFID) and UNICEF, it is undertaking a new, five-year WASH programme to improve water and sanitation coverage nationwide. It includes a range of community-led sanitation programmes.⁴

Community approaches to total sanitation are bringing improved sanitation to whole communities and mobilizing sanitation actors to work within a coordinated national strategy. In line with Sierra Leone's transition from supply-driven relief to longer-term development planning, these programmes are augmenting local capacity while helping to strengthen communities torn apart by conflict.

Bringing stakeholders on board.

Diverse stakeholders are working together to support Sierra Leone's sanitation efforts – including ministries, local councils, and local and international NGOs. Joint advocacy by local councils, UNICEF, DFID and others has led to inclusion of CLTS in government documents such as the Poverty Reduction Strategy Paper II and district health plans. CLTS is now accepted as a viable sanitation strategy by the majority of stakeholders in Sierra Leone. Additionally, donors and NGOs are playing an important role in the horizontal spread of CLTS and the move away from subsidy-based programming by sanitation stakeholders.

UNICEF is the main UN agency working in Sierra Leone's WASH sector and a key partner in implementing and supporting the design of the national strategy; it is also the donor coordinator for health and education.

KEY ELEMENT FOR SUCCESS

Coordinated national strategy.

Community-led total sanitation requires a fundamental change in thinking by both communities and development practitioners. For CLTS to work effectively on the national level, water and sanitation stakeholders – the Government, donors, international and local NGOs, and others – must coordinate their efforts and agree to basic principles that support communities to take the lead in improving their sanitation situation.

APPROACH: COMMUNITY-LED TOTAL SANITATION

Community-Led Total Sanitation (CLTS) is one of the methods Sierra Leone is using to rapidly increase sustainable sanitation coverage nationwide.

The goal of CLTS programming is the community-wide elimination of open defecation through awareness raising and affordable sanitation options. CLTS is one of the most widely used Community Approaches to Total Sanitation. It has been implemented in more than 21 countries around the world to much success.

CLTS is community-driven. The role of outsiders is to guide the community to assess its sanitation situation, determine a strategy for improvement, implement the solution and develop a way to measure success.

CLTS relies on facilitators using a set of participatory activities and demonstrations to catalyse communities to analyse their sanitation situation – including open defecation patterns and the faecal-oral contamination that occurs in their community area. Facilitators then guide communities to develop strategies to eliminate open defecation.

CLTS spurs community members to action through an 'ignition' moment when they are 'triggered' by collectively realizing that open defecation amounts to eating each other's faeces. Facilitators use direct language and local terminology to describe faeces and defecation with the goal of engaging communities in frank discussion of what has traditionally been a taboo subject. The triggering process aims to generate a sense of shame and disgust, which in turn mobilizes community members to take immediate action to end open defecation. Participants are guided to develop low-cost latrine designs and a sanitation plan for their village, and to immediately start latrine construction using local resources and expertise.

'Natural Leaders,' activists and enthusiasts who emerge and take the lead during the CLTS processes, also play a critical role in triggering communities to adopt the approach and follow through with planned activities. Men, women, youth and children can all be Natural Leaders. Some then become community consultants, triggering and providing encouragement and support to communities other than their own. Likewise, CLTS empowers children to advocate for cleaning up within the community through slogans, songs and presentations.



A young girl, dressed in traditional attire, dances at the ODF declaration celebration.

© UNICEF Sierra Leone/2008/Davies

For a practitioners' guide to CLTS see the *Handbook on Community-Led Total Sanitation* by Kamal Kar and Robert Chambers.⁵

KEY STEPS: IMPLEMENTING CLTS IN SIERRA LEONE

To determine if CLTS – and other community approaches to total sanitation – could succeed in Sierra Leone, UNICEF, in cooperation with the Government, DFID and Plan International, held a series of participatory activities with key water and sanitation stakeholders, including a pilot exercise with 28 villages. The result has been the incorporation of a variety of methodologies under the CATS umbrella – including CLTS, School-Led Total Sanitation (SLTS), School Sanitation and Hygiene Education (SSHE) and hand washing with soap programming – into district health plans nationwide, and the triggering of nearly 800 villages throughout Sierra Leone.

Pilot Phase (January–February 2008)

To unite partners around a common goal and begin building government and stakeholder capacity for community-led sanitation, workshops were held in three locations; 160 participants from ministries, district councils,

NGOs and civil society attended. The workshops provided an orientation and hands-on training to the initial core of CLTS practitioners and trainers in all 13 districts of Sierra Leone.

Participants began by discussing constraints, failures and weaknesses in the current sanitation approach. Through these conversations, a strong motivation for a shift in methodology and support for the national roll-out of CLTS emerged.

Hands-on practice with CLTS. During the week-long trainings, participants joined in working groups, workshops and extensive field exercises during which they practised facilitating CLTS in communities. At the end of the workshop, 14 different teams had triggered CLTS in 28 different villages in urban, semi-urban, rural and coastal communities. Natural Leaders from the triggered communities then joined the training to present how they planned to clean up their communities. This created a vibrant exchange of ideas among participants and other community members. The workshop closed with the participants returning to their various districts and institutions to develop action plans for the next six-month period.

KEY ELEMENT FOR SUCCESS

Community-building and strengthening support and collaboration. CATS is spurring a new wave of community collaboration, helping to renew ties destroyed or weakened during the conflict. Communities are coming together to ensure that even the poorest households are able to build a latrine. Often the community organizes itself to go from house to house digging latrines for each household that needs assistance.

Spreading CLTS to communities. Following the workshop, district councils and NGO partners began to work with communities across Sierra Leone in the 'pre-triggering' and 'triggering' stages of CLTS. In each district, the Public Health Superintendent serves as the CLTS focal point, coordinating meetings of stakeholders as well as acting as the link with the district health system. District councils take a lead role in train-

CLTS in the village: Singing about the unmentionable

Tilorma, in Kenema District, was the first village in eastern Sierra Leone to commit to eliminating open defecation. In August 2008, the village held a celebration where the children could be heard singing "kaka don don o, Lef for kaka na bush" (no more excreta in the open and stop defecating in the bush) while dancing to drums and parading around the village.

Six months before, the people of Tilorma took part in a CLTS sensitization training, during which facilitators from the Ministry of Health, UNICEF, NGOs and community organizations showed them how flies travel to and from excreta left exposed in the open and deposit fragments on their food. For the first time, the villagers recognized that they were actually eating each other's faeces. They were shocked when they understood the link between open defecation and disease transmission. During the training, the community decided that building latrines was essential and insisted that everyone used them, something which has ultimately enabled Tilorma to be declared open defecation free.

Mahmud Konneh, a farmer, is one of those who received CLTS training at the introductory workshop. Konneh lost his grandmother to cholera during a major outbreak in 2004. This, combined with the 'triggering' that occurred during the training, motivated him to build a toilet.

Despite initial enthusiasm, villagers in Tilorma faced many constraints. "We found it very difficult in the beginning to accept that we ourselves should build our own toilets with our own local materials," Konneh explained. In the past, the international community supported sanitation programmes that provided materials and labour for digging of pits and building toilets. In contrast, Community-Led Total Sanitation mandates that neither subsidies nor building materials should be donated from outside the community.

A facilitator from GOAL, UNICEF's partner NGO in Tilorma, noted that villagers "became very interested during the 'triggering' stage, but later, requested subsidies. In the end, after a lot of work, we managed to change their minds."

The project's key ally was the village's most prominent figure, Chief Boima Swarray, who declared that open defecation must end. Chief Swarray set up a two-person team to patrol the village every morning. Villagers who did not keep their surroundings clean were cautioned, and those seen defecating in the open were taken to the Chief for consultation. "Eighty per cent were willing to adopt the project after awareness was created," he said. "The by-laws are simply to ensure complete compliance."

Thirty latrines have been built so far and will serve 600 of Tilorma's residents. More toilets are planned so that, eventually, every family will have its own. The building materials used are all natural, affordable and locally available (palm fronds, sticks and gravel). "During the next year we will improve the toilets with cement and better construction," said Chief Swarray. "We have also established cassava farms and will use the proceeds to improve our toilets."

The commitment of Tilorma's leadership has been critical to the success of CLTS. If Tilorma can keep up its progress in sanitation, the village will act as a CLTS showcase and inspiration for other communities in Kenema District and throughout Sierra Leone.

Adapted from: UNICEF, 'Sierra Leone: Singing about the unmentionable', Sanitation and Hygiene Case Study #8, UNICEF, New York, 2008 < www.unicef.org/wash/files/8_case_study_SIERRA_LEONE_4web.pdf >, accessed 1 November 2009.

ing and monitoring the programme. In regions where an NGO partner is not facilitating CLTS, the council will facilitate the triggering process. They also serve as the link between rural communities and the Ministry of Health and Sanitation. As a result of their support and advocacy, in 2009, CLTS was incorporated into each district's three-year rolling health plan.

KEY ELEMENT FOR SUCCESS

Engagement and capacity building of government officials. Political engagement, particularly at the local level, is vital for inspiring communities to take ownership of sanitation programming. In Sierra Leone, which is decentralizing its health system, the Ministry of Health and Sanitation and district councils have provided essential support for implementing CLTS and bringing CATS to scale. To sustain this progress, sanitation programming is giving significant attention to building the capacity of government partners.

Experience sharing has also been a useful tool for capacity building, and government officials from central and local levels have participated in two workshops on CLTS in Mali and Nigeria.

Towards scale-up (April 2008–February 2009) As part of ongoing efforts to establish the critical mass of trainers needed to take CLTS to scale, a series of additional workshops was held to orient and train new CLTS champions and facilitators. These have provided a forum for representatives from government ministries, district councils, and local and international NGOs to discuss their experiences with CLTS to date. Based on discussions about partners' successes and limitations, the workshops aimed to find solutions to ongoing challenges and determine a strategy for scaling up.

Late in 2008, an orientation workshop was held specifically for local councillors recently elected to office to encourage the adoption of CLTS in their wards. Councillors were given the rationale for CLTS and updated on activities undertaken so far; some responded by asking for facilitation training. Participants included chairpersons



A community working together to map the local sanitation situation.

of district councils and representatives from statutory committees such as education, development, social welfare and health. High-level engagement by the Ministry of Health and Sanitation and the Deputy Chief Medical Officer reinforced crucial government support for CLTS and served as an inspiration for local leaders.

Implementation of CLTS rapidly accelerated in the second half of 2008 and into 2009 with NGOs and district health management teams working side by side to trigger communities throughout the country. As of June 2009, 754 communities had been triggered, and 169 certified open defecation free.

National coordinating body. In December 2008, the national Behaviour Change Consortium was formed to coordinate and standardize the methodology and educational material for CLTS, SLTS, SSHE and the hand washing with soap campaign, as well as policy and advocacy. Each of the areas is managed by a task force led by a government official. To ensure a consistent approach, the CLTS Task Force developed tools for use nationwide, including:

- Monthly monitoring tools with indicators.
- Quarterly monitoring sheets for Natural Leaders.
- ODF verification and certification flow process.
- ODF verification checklist with indi-

cators.

- Consistent reporting format for all agencies participating in the monthly CLTS Task Force meeting.
- Standard requirements for ODF certification.

ODF certification. Three to six months after a community has made its initial ODF declaration, it can become certified as open defecation free. Certification requires the community to have eliminated open defecation and provided latrine covers, hand-washing facilities and soap next to the latrines, and evidence that latrines are in use – with all elements utilizing durable and sustainable construction. Qualifications are verified twice. Certification is done by committees that include local government officials (including the public health superintendent), Natural Leaders, and representatives of neighbouring communities, chiefs and women's groups. To ensure sustainability, considerable follow-up and continuing hygiene promotion are required.

Inspiring examples of clean communities provide powerful motivation in a country where infrastructure and trained personnel are still in short supply.

KEY ELEMENT FOR SUCCESS

Creating a forum for collaboration and sharing lessons learned. The CLTS Task Force, with strong government leadership and support from UNICEF, has provided a forum for the development and spread of CLTS in Sierra Leone. Most agencies active in sanitation are members and use meetings to share and coordinate activities; organizations not yet implementing community-led sanitation programming are also invited to attend. Ensuring CLTS trainings are readily available to NGO staff members is contributing to the uptake of total sanitation programming by new partners.

RESULTS

- CLTS included in district health plans for 2009–2010.
- Some 754 communities triggered across the country; 169 of these declared ODF.
- Approximately 24,000 people living in ODF environments as of June 2009.
- CLTS accepted by the majority of stakeholders as a viable sanitation strategy.
- High demand for CLTS training of government officials and international and national NGO staff.
- Strong government participation in task forces (Ministries of Education, and Health and Sanitation), district-level leadership by the Public Health Superintendent.

- Formation of the Behaviour Change Consortium.
- Harmonized indicators and tools for CLTS (ODF indicators and monthly monitoring forms).

EMERGING OPPORTUNITIES AND CHALLENGES

Over the next five years, Sierra Leone plans to scale up community-led sanitation across the country through continued community training, sanitation and hygiene marketing, strengthening of supply chains, public-private partnerships, monitoring and evaluation, and impact assessment. Below are some of the challenges faced in this first phase of roll-out that can be addressed in the subsequent phases.

Nationwide total sanitation. CLTS offers Sierra Leone the unique opportunity to become the first open defecation free (ODF) country in the world, but this will only happen if sanitation stakeholders can agree to a work with a uniform national strategy. CLTS facilitators continue to encounter problems because of the culture of dependency fostered by subsidy- and construction-driven sanitation programmes. Subsidy-based programmes hinder communities from taking the responsibility and leadership in designing, developing and implementing

steps to improve their own community's sanitation profile. For CLTS to work effectively on the national level, coordinated efforts by all sanitation stakeholders are essential.

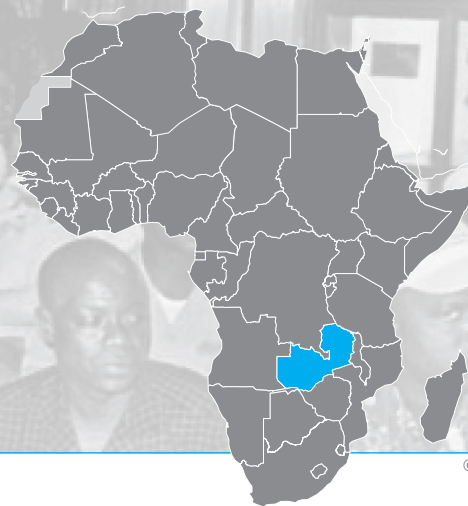
Provision of sustained support to communities and trainers. In some parts of the world, Community-Led Total Sanitation has taken off so fast that within a matter of weeks communities achieved full coverage of household toilets. In Sierra Leone, progress has been more gradual. Continued engagement by community organizers with villages where CLTS has been triggered – including technical support with toilet design and construction – remains vital to the elimination of open defecation.

Adaptation to each environment. Adaptability is a signature characteristic of CATS. In Sierra Leone, CLTS is working best in rural areas where population density is low and has proved less successful in urban settings. After a three-month pilot in peri-urban areas failed due to ongoing migration and lack of space for latrines, it was determined that a master plan for sanitation including pay toilets would be the best approach to urban sanitation. This is currently being designed by a consortium of NGOs with DFID support. CATS principles can be applied to this process.



Community member building latrine from local materials.

ZAMBIA: Engaging Local Leadership for Total Sanitation



©UNICEF Zambia

In Zambia, Community-Led Total Sanitation (CLTS) is opening the door for the rapid spread of improved sanitation to rural and urban communities. Led by government and traditional leaders working side by side, CLTS is increasing awareness of sanitation's importance from the household to the district level and motivating a desire to improve living conditions for all. Through the promotion of self-reliance, CLTS is empowering local stakeholders and serving as a catalyst for sustainable development that extends beyond the sanitation sector. This case study looks at CLTS as a holistic sanitation programme, and as a means of strengthening institutional structures and multi-sectoral partnerships and prompting the enforcement of Zambia's long-dormant sanitation and hygiene laws.¹

SITUATION ANALYSIS

In 2008, Zambia achieved its 10th successive year of economic growth; however, progress on the MDGs remains uneven. The country suffers from a high disease burden and rampant poverty. Two thirds of the population lives under the poverty line, and wealth disparities continue to increase. Under-five mortality is one of the highest in the world, at 182 deaths for every 1,000 live births. In 2008, Zambia ranked 165 out of 177 countries in the Human Development Index.

Among Zambians, 48 per cent of the population – some 6 million people – lives without improved sanitation; 22 per cent defecate in the open.² There are vast geographical disparities, with coverage ranging from 17 per cent to 89 per cent by province.³ With the goal of closing this gap and accelerating progress towards the MDG sanitation target, the Government of Zambia formulated the National Rural Water Supply and Sanitation Programme (NRWSSP). As part of

this detailed strategy, the Government, together with UNICEF, introduced CLTS, one of the country's first non-subsidy-based sanitation programmes.

First piloted in Choma District in 2007, CLTS has met with great success: Between October 2007 and October 2008, sanitation coverage increased from 38 per cent to 93 per cent across 517 villages, 402 of which have been declared open defecation free (ODF). More than 14,500 toilets have been constructed by households, without any hardware subsidy, and approximately 90,000 people have gained access to sanitation.

APPROACH: COMMUNITY-LED TOTAL SANITATION

Zambia's CLTS programming is based on the core principles described in depth in the *Handbook on Community-Led Total Sanitation* by Kamal Kar and Robert Chambers.⁴ Notable adaptations

in the Zambia programme include co-leadership by traditional and civil leaders, the inclusion of non-traditional stakeholders such as the media and the judiciary, and the adaptation of CLTS to the urban environment.

Collaborative leadership. CLTS in Zambia has depended almost entirely on local leadership, with traditional and civic leaders working side by side to spread and promote total sanitation; there is no NGO leading the process. Tight collaboration between elected and traditional leaders has helped to plant deep roots for the programme at the community and district levels. The Joint Monitoring Team for Sanitation (JMST) in Choma includes all five of the district's traditional chiefs, the district commissioner, the mayor and the district director of health as well as staff from the district council and various line ministries. Districts take the lead in motivating local engagement and adapting CLTS to match the needs of each context.

Inclusion of diverse stakeholders. CLTS leaders in Choma District have reached beyond traditional sanitation stakeholders to include the media, police officers and the judiciary in programme scale-up.

KEY ELEMENT FOR SUCCESS

Engaging the media. The media, alongside district health inspectors, have a significant role in CLTS. From the outset, newspaper, radio and television journalists were trained in CLTS and invited to join the Joint Monitoring Team for Sanitation. Their coverage

has helped educate rural and urban populations about improved sanitation, encourage district leaders in Choma to take an active role in promoting sanitation and create interest in CLTS in other parts of the country.

Adaptation to urban environments.

Zambia is focused on bringing the CLTS approach beyond villages and rural communities to include urban areas, wards and whole districts. In early 2009, leaders in Choma began adapting CLTS for cities and towns as part of their commitment to making the entire district ODF.

KEY STEPS: IMPLEMENTING CLTS IN ZAMBIA

In 2007, UNICEF and the Government of Zambia commenced the CLTS pilot in Southern Province, where sanitation coverage hovered at 40 per cent. Launched as the 'One Family, One Toilet Campaign,' the pilot aimed to determine whether CLTS could be an effective sanitation strategy for the country. It represented a strategic effort to make sanitation programming more holistic and to bring dedicated attention to the sector vis-à-vis water.

The deliberate strategy to include a wide range of stakeholders, and in particular, the immediate appreciation of the benefits of CLTS by the Mayor of Choma and local leader Chief Macha, led to rapid buy-in from other partners and leaders, including the district's other four traditional chiefs, and the elected councillors. This led to the rapid spread of CLTS throughout the district.

Initial pilot, introducing CLTS to stakeholders. UNICEF held national and district training courses in November 2007. The national course was attended by representatives of the Ministry of Local Government, the Ministry of Health and NGOs. The district-level course was attended by the chiefs of Choma District and the village headmen of the 12 pilot villages. Both workshops trained participants in CLTS and the triggering process, while

the local-level course also focused on building active support and leadership in each of the pilot communities.

Selection of the pilot area. Choma District in Zambia's Southern Province was chosen as the CLTS pilot area because of its low sanitation coverage, accessibility to Lusaka and the particularly dynamic sanitation staff at the district office. Selection criteria for the first 12 communities included relatively low sanitation coverage (approximately 40 per cent) and no past subsidized sanitation projects. Because there was also a need to select communities in close proximity to one another, one third of the pilot communities had sanitation coverage of greater than 50 per cent before the introduction of CLTS. This provided a useful opportunity to assess the relative success of the approach in communities with different starting points.

KEY ELEMENT FOR SUCCESS

Identification of CLTS 'champions.' Identifying champions of the CLTS approach and engaging high-level local leaders from the outset has helped to ensure strong promotion and momentum for CLTS. Government ownership of CLTS and formal links with the district councils have been key enabling factors for achieving dramatic increases in sanitation coverage with little outside assistance. Likewise, strong leadership from the chiefs has helped ensure sustained action from communities.

Introducing CLTS to communities. Throughout the CLTS triggering and construction process, Sanitation Action Groups – consisting of five men and five women in each village – help mobilize communities and monitor progress. Once communities have been ODF for two or three months, they are certified by a team of verifiers that includes chiefs, ward councillors and Sanitation Action Groups from neighbouring communities. The CLTS leadership in Choma District, with support from UNICEF, has developed monitoring, verification and certification formats that assist communities' efforts to become defecation free. Active leadership in the groups is helping

women, often the primary homemakers and caregivers, see the potential for improving their families' living conditions without external subsidies.

KEY ELEMENT FOR SUCCESS

Catalysing community development without subsidies. The success of CLTS lies in awakening communities' desire to live in a safe and healthy environment. A community's realization that it can achieve ODF status without external subsidies often catalyses enthusiasm and action for other community development activities. Zambia has elected not to offer awards or prizes to ODF communities, given the potential difficulty in replicating and sustaining this practice. The goal, instead, is for each community to display a village signboard publicizing its ODF status.

Community empowerment to undertake other activities.

In Choma, CLTS has led communities to engage in a wide range of other development activities, such as increasing food security, tree planting, new income-generating activities and encouraging families to enrol their children in primary school.



©UNICEF Zambia

Results, phase one. The first phase of CLTS in Zambia had remarkable results. After three months, the pilot communities showed an astounding increase in sanitation coverage (defined by the ratio of number of toilets to number of households) from 23 per cent to 88 per cent for a total rural population of 4,536. In one community, coverage increased from 0 per cent to 93 per cent, while in another, it increased from 14 per cent to 102 per cent, i.e., there were more toilets than households. There was no evidence of open defecation to be found in 9 out of 12 communities (75 per cent), and after three months, these were verified as open defecation free.

Results, phase two. Similarly impressive results were seen in phase two of the roll-out.

- 517 villages triggered across 19 wards, of which 402 are verified ODF (though still in the process of being certified by the district).
- Increase of overall sanitation coverage from 38 per cent to 93 per cent in triggered participating areas, and 27 per cent to 51 per cent across the whole district – with more than 300 villages yet to be triggered.
- Coverage above 90 per cent in 14 of the 19 triggered wards.

A sample of communities was selected for a more detailed study into the qual-

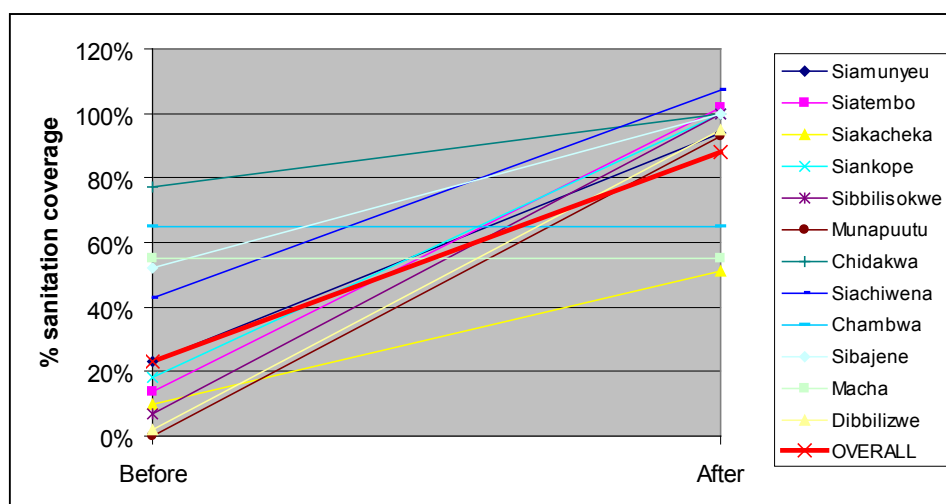
urban areas. Initial experiments with CLTS in peri-urban environments had limited success because of the predominance of tenant households, the high population density and weaker community structures as compared with rural communities, making it clear that a distinct style of CLTS adapted to the urban context was necessary.

Despite a range of national laws that mandate sanitation and hygiene, many were not being enforced. CLTS has catalysed increased attention to creating a clean environment and stronger enforcement of Zambia's long-standing laws.

Urban CLTS builds on such systems as the Joint Monitoring Team for Sanitation and the certification process established during phases one and two of the CLTS roll-out; however, several important adaptations have been made. Essential elements of the new programme include:

1. A focus on engaging with civil and communal institutions rather than directly with households.
2. Increased education and awareness raising about Zambia's public health and sanitation laws, including the national Public Health Act, which stipulates clear regulations for adequate sanitation in all public and private dwellings and institutions.
3. Legal enforcement of these laws by local law enforcement officers and health workers now at the helm of ensuring compliance.
4. A focus on environmental sanitation and safe disposal of garbage, as well as human excreta.

From households to institutions. In contrast to the rural programming that relied on talking with households and encouraging families to provide their own toilets, the new urban CLTS programming turned first to institutions. In urban areas, where many people rent rather than own their homes and where there is a high concentration of communal space over which no one



Increase in sanitation coverage in 12 pilot communities after the introduction of CLTS.

Scaling up in rural and urban areas, 2008. Given the significant success of the initial 12-village pilot, the district council and the district's five chiefs were keen to introduce CLTS across the district, to both rural and urban areas. Capacity for CLTS implementation was developed in the district's 24 rural wards through the training of elected councillors and environmental health technicians from each ward. Each village established a Sanitation Action Group to monitor progress and continue engaging with community members about the importance of improved sanitation and hygiene. Of note, considerably more attention was paid to hand washing and hygiene in phase two in response to the low coverage recorded during the pilot. To achieve urban coverage, adaptation of the CLTS was required and is discussed in depth below.

ity of toilets constructed and the effects of stronger hygiene and hand-washing promotion. The survey revealed that 99 per cent of toilets were in use and 88 per cent met national standards. It was also found that 76 per cent of toilets had hand-washing facilities compared to 22 per cent before the pilot. Notably, coverage in Pemba Ward increased from 40 per cent to 82 per cent despite the fact that no formal CLTS triggering took place. Instead, CLTS was sparked by the engagement of a local Member of Parliament who heard about the approach and decided to get involved.

Transferring CLTS to urban communities. In late 2008, the JMETS set a target for Choma District to become open defecation free. This required stakeholders to find a way to introduce CLTS to the town of Choma and other

wants to assume responsibility, a system focused on institutional change was essential. The first targets were police precincts, prisons, markets and schools – all of which have laws mandating sanitation policy but have long suffered from poor sanitation and hygiene conditions. Since the roll-out, established committees and representative groups at these institutions have become allies in lobbying leaders to improve sanitation and in advocating for dedicated government budget lines.

Capacity building and awareness raising. In February 2009, a first cadre of 52 enforcement officers – including health inspectors, police officers and councillors – were trained in CLTS and the Zambian laws that address sanitation and hygiene. These volunteers, working in small legal enforcement groups, are on the front line of educating townspeople and enforcing sanitation laws. They are assisted by public prosecutors who work hand in hand with environmental health officers to bring cases before the magistrate. In June 2009, a second group – composed of high court judges, magistrates and police officers – went through a similar training, bringing the number of participants trained in urban CLTS to 150. The training intended to prepare judicial and security officials to handle the sanitation and hygiene cases that go through the legal system.

Legal enforcement When offenders break the law, they are now given up to three warnings by the legal enforcement group. After this, they are brought before the court and offered the option of paying a steep fine or serving a community sentence. If the offence is littering, for example, the community sentence includes having to sweep the same street where the offence was committed for 30 days.

RESULTS

In addition to the substantial increases in coverage and quality of sanitation discussed above, several other impacts of CLTS are of note:

- CLTS is one of the national strategies for rural sanitation provision included in the National Rural Water

Supply and Sanitation Programme. CLTS leaders plan to continue training Members of Parliament in CLTS as part of an effort to bolster national leadership for the approach.

- Improved sanitation is impacting school attendance and disease rates, as documented by reports from relevant institutions. At Choma Central Basic School, the head teacher attributed improved attendance to reduced incidences of diarrhoeal disease, stating, “We monitor absenteeism every day, and we have seen tremendous improvement.” The local hospital, Macha Mission, has also noted a reduction in diarrhoeal disease cases since last year.⁵
- Additional positive effects have been seen on the local environment such as cleaner waterways and reduction of solid waste in public spaces.

EMERGING OPPORTUNITIES AND CHALLENGES

Scaling up. In 2009, the Government of Zambia and UNICEF determined to roll out CLTS in two other districts in Southern Province and are looking towards further expansion in Copperbelt and Eastern Provinces. Strong government and traditional leadership from the outset will help to ensure the success of CLTS. This is particularly important given that CLTS is now included as a key national strategy for sanitation provision in the National Rural Water Supply and Sanitation Programme. The great interest in CLTS is inspiring a friendly competition between districts.

Continued support to communities. As CLTS is rolled out in new areas, leaders’ continued engagement with communities is essential. Ongoing technical advice to the Sanitation Action Groups and other local stakeholders in new and previously triggered communities will ensure support for households’ efforts to improve sanitation. Likewise, ongoing attention to market development – such as encouragement to local artisans’ associations to engage in CLTS by marketing their skills and demon-

strating latrine construction – will foster sustainability.

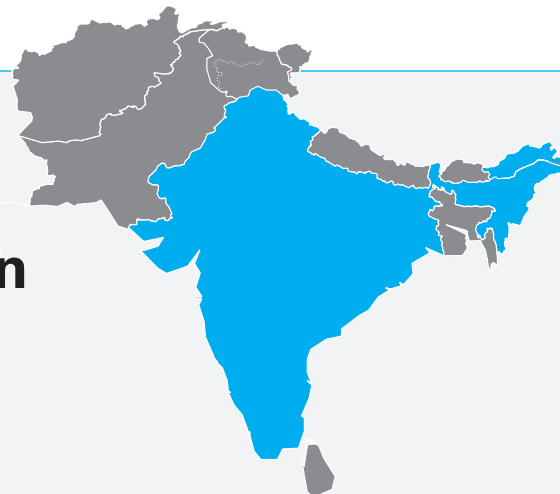
Building capacity of partners and other sanitation stakeholders to engage in CATS programming. To date, local leaders have led the implementation of CLTS in Zambia with little engagement with NGOs or other sanitation stakeholders. As the Government looks to mainstream community-led sanitation programming, building the capacity of new partners will help to ensure a coordinated national effort and minimize tensions caused by the continued use of subsidies.

Adaptation to urban and peri-urban environments. Initial efforts to introduce CLTS in peri-urban areas met with a range of challenges, including the predominance of shared housing, high population density and weaker community structures compared to rural communities. In later stages, CLTS champions realized the approach needed to be adapted specifically for urban areas. As CLTS is introduced into new areas, the success of urban adaptation can serve as inspiration in other contexts.



©UNICEF Zambia

INDIA: The Total Sanitation Campaign



More than half of the world's open defecation, involving an estimated 665 million people, occurs in India. Nationally, 58 per cent of the population defecate in the open; 74 per cent in rural areas and 18 per cent in urban areas.¹ India's sanitation sector faces a range of challenges, including lack of infrastructure to reach rural households; a trend of promoting one model of toilet, often too costly for rural households; heavy reliance on subsidies; technologies that are inconsistent with local needs; and inadequate hygiene promotion.

In response to the country's pervasive lack of latrine use, the Government of India launched the Total Sanitation Campaign (TSC) in 1999. The goal is to end open defecation in rural areas by 2012. The TSC stresses the empowerment and participation of local communities in the implementation of sanitation schemes, rather than using subsidies to create demand for sanitation infrastructure. It represents a paradigm shift for India from supply-driven to demand-driven sanitation programming.

UNICEF has supported the TSC through the design and implementation of school sanitation and hygiene promotion, and through capacity building for local government and extension staff.



© UNICEF India

Key principles that make TSC a CATS approach

- **Demand vs. supply driven:** A demand-driven approach was adopted with emphasis on creating awareness and generating demand for sanitary facilities through community mobilization campaigns.
- **Incentives vs. subsidy:** Community-level incentives for open defecation free (ODF) status have replaced capital subsidies for household toilets.
- **Inclusivity and leadership by the community:** The TSC relies on the leadership of the Gram Panchayat (village-level self-government), co-ops, women's groups, NGOs and other local stakeholders.
- **Appropriate technology:** Technology options that address diverse geographical conditions and affordability are promoted, and product and skill availability are ensured.
- **WASH in schools:** Sanitation and hygiene in rural schools is prioritized, recognizing the important role of children in learning and adopting new ideas and then advocating for behaviour change in the community.

To create incentives for becoming open defecation free, the TSC introduced a series of state-level schemes – including the Nirmal Gram Puraskar, or Clean Village Award, as a means of rewarding those villages, blocks and districts that have achieved total sanitation. Villages that achieve collective outcomes such as universal coverage of toilets, ODF status, school sanitation coverage and the maintenance of a clean environment are eligible to apply for the award.

The Clean Village Award has proved to be an important motivating force in many states, as evidenced by the dramatic increase in the number of awards each year since its inception in 2003. In 2004–2005, 40 awards were given across 6 states. In 2005–2006, 769 awards were made across 14 states, and in 2006–2007, 4,959 villages across 22 states received the award. The number of applications in 2007–2008 exceeded all expectations, reaching nearly 40,000.

The Government of India has allocated more than US\$250 million to implement the programme, and with the involvement of more than 5,000 villages, community contributions have exceeded US\$215 million.

To assess the likely benefit of scaling up the Clean Village Award, UNICEF conducted an evaluation on a sample of households in 162 villages across six states. The evaluation gathered information on the use and motivation associated with household toilets.² In summary, the evaluation showed that the award has helped increase improved sanitation practices; however, very

few villages have fulfilled 100 per cent of the criteria. Monitoring and verification are important components of the award process and essential to maintaining credibility and strengthening the programme. Issues still to be addressed include:

- **Appropriate disposal of children's faeces:** Correct disposal of children's waste into a toilet is done by only 55 per cent of households. Changing this requires special focus within the information, education, communication and other behaviour change efforts.
- **School access to toilets:** Ninety six per cent of schools have toilets and 89 per cent have urinals; however, in 20 per cent of schools the toilets are not functioning. Although 84 per cent of schools have separate urinals, separate toilets for girls and boys are available in only 39 per cent of schools.
- **Non-use:** Eighty five per cent of households have access to individual, community or shared toilets; however, only 66 per cent use the toilets. Non-use is attributed to poor or unfinished installation, lack of infrastructure and lack of training on behaviour change.³

KEY ELEMENTS FOR SUCCESS

Political will: The strong political will of the Government is driving the rapid scale-up of the Total Sanitation Campaign. Patronage by the President of India and at ministerial levels has led to committed and appropriate budgetary allocations for implementation of the programme at scale.

'Glamorizing' sanitation: The presentation of the awards by the President has raised the profile of sanitation and given villages an incentive to attain ODF status. The increase in number of stakeholders and national momentum in support of sanitation improvements has brought the issue to popular attention and helped create motivation for behaviour change.

Capacity building and communication: Effective and creative communication and capacity development of local governments and institutions has proved essential to the TSC's success.

Inclusive and multifaceted approach: The Campaign has been successful due to its engagement of wide range of community institutions, including households, schools and preschools; improving structural elements such as supply chains; building local capacity; engaging the media; and establishing the Clean Village Award incentive system.

NEPAL:

The Power of Children as Catalysts for Change



© UNICEF Nepal/2008

School-Led Total Sanitation (SLTS) places children at the centre of catalysing total sanitation in schools, homes and communities. Developed and implemented by UNICEF and the Government of Nepal since 2005, SLTS draws on success elements from a wide range of Community Approaches to Total Sanitation (CATS) to create a complete package of sanitation and hygiene programming that begins at the school and extends through the community. Through participatory approaches, motivational tools, flexibility for innovation and building ownership at the local level, SLTS is accelerating latrine coverage across Nepal. This case study looks at SLTS in the context of the CATS principles and highlights the role of children as leaders for change.¹

Sanitation, a new community-based approach to total sanitation. Since the initial pilot, SLTS has reached approximately 500,000 people in 15 districts by focusing on 300 schools and surrounding communities.

School-Led Total Sanitation capitalizes on the crucial role that schoolchildren have as change agents and promoters of sanitation and hygiene in schools and communities.

SITUATION ANALYSIS

In 2006, Nepal emerged from a decade of violent conflict in which more than 14,000 lives were lost. Since then, the country has continued to experience periods of political unrest. Conflict and endemic poverty – evidenced by Nepal's standing as the South Asian country with the lowest income per capita and one of the highest income disparities – have led to weak and uneven provision of basic services.²

Nationally, 41 per cent of the population uses an improved type of sanitation facility (improved or shared) while 50 per cent defecate in the open. This leaves some 9.1 million children under 18 years old without improved sanitation; of these children, the majority practise open defecation.³ This has severe impacts on the overall health of the country's children, who experience high morbidity and undernutrition, and one of the world's highest rates of stunting, at 43 per cent among children under five.⁴ Diarrhoea

and acute respiratory infections are the leading causes of under-five mortality, with 10 million cases of diarrhoea occurring annually.⁵ Likewise, the socio-economic effects of poor sanitation are significant. The Nepal State of Sanitation Report 2004 reveals that the country continues to bear a loss of some 10 billion rupees (US \$1.33 million) each year due to loss of productive labour resulting from inadequate hygiene and sanitation.⁶

For Nepal to achieve the MDG target of halving the number of people without access to sanitation by 2015, 14,000 latrines need to be constructed each month.

Practice and policy bring improved sanitation to life. Nepal's demanding national context required a rapid scale-up of sanitation aimed at reaching children and communities. In late 2006, UNICEF and the Government of Nepal piloted School-Led Total

Government engagement.

National involvement with sanitation and hygiene increased in 2008, during the convergence of the International Year of Sanitation, Global Handwashing Day and the Third South Asian Conference on Sanitation (SACOSAN). For the first time, Nepal's political leaders allocated a budget for stand-alone sanitation activities. In parallel, the Minister for Physical Planning and Works signed the SACOSAN 'Delhi Declaration' recognizing sanitation as a basic right, and highlighting the specific sanitary needs of women and girls and the importance of supporting disadvantaged families to gain access to improved sanitation. This leadership bolstered the acceleration of sanitation and hygiene coverage.⁸

To date, UNICEF is the leading development organization in Nepal promoting hygiene and sanitation. UNICEF encourages inter-agency collaboration and partnerships for the implementation of CATS, including SLTS.

APPROACH: SCHOOL-LED TOTAL SANITATION

School-Led Total Sanitation aims to be a complete package for school and community sanitation and hygiene. It capitalizes on the crucial role that children can play as change agents and promoters of sanitation and hygiene in schools and communities. SLTS builds on the achievements of UNICEF's School Sanitation and Hygiene Education (SSHE) programme, implemented in Nepal since 2001; integrates the reward/recognition and revolving fund aspects of the Basic Sanitation Package; and incorporates the participatory tools and techniques of Community-Led Total Sanitation (CLTS), including local-level innovation and creative activities.

SLTS objectives:

- Elimination of open defecation through 100 per cent latrine coverage in targeted school catchment areas.
- Enhancement of personal, household and environmental hygiene behaviours.
- Engagement of children in development activities, thereby enhancing their personal and leadership skills.
- Increased ownership of hygiene and sanitation activities by schools and communities.
- Strong school-community partnerships that enable maintenance and sustainability of hygiene and sanitation facilities.⁹

Schools as centres for change.

SLTS begins at the school and works outward to the school catchment area, generally made up of four or five communities. SLTS works with child clubs, first formed during the SSHE programme, and empowers them to put their skills to use in the community.¹⁰ Child clubs are often already managing the upkeep and cleanliness of toilets, classrooms and school grounds, and taking a leadership role in educating their peers. In SLTS, child clubs work alongside sanitation sub-committees, composed of the school headmaster and chairperson of one of the child clubs, as well as representa-

tives of the School Management Committee, the parent-teacher association, the Mother's Club and the Water Users and Sanitation Committee, among others. Together they lead in the campaign to educate their parents and neighbours about the benefits of using improved sanitation and keeping their community clean.

ODF status is achieved through intensive social mobilization using participatory approaches, advocacy and institutional capacity building at school, community and district levels.

KEY ELEMENT FOR SUCCESS

Children as leaders. Empowered children are a dynamic and ultimately powerful force for catalysing school, family and community behaviour change around water and sanitation. What children learn today will shape the world tomorrow. SLTS takes what children learn one step further, translating their knowledge of good sanitation and hygiene practices into advocacy and action on behalf of community health.

For a practitioner's guide to SLTS see *Guidelines on School Led Total Sanitation* from the Nepal Steering Committee for National Sanitation Action, Department of Water Supply and Sewerage and UNICEF Nepal.¹¹

School Sanitation and Hygiene Education (SSHE)

WASH in schools is an integral part of UNICEF's efforts in more than 86 countries. SSHE is one methodology employed, and in Nepal, the foundation and entry point for SLTS. SSHE focuses on sanitation and hygiene training, but also on life-skills training and promoting children's creativity, confidence and leadership. Child clubs, first established as part of SSHE programming, take a lead role in SLTS, serving as the liaisons between the school and household. This collaboration between students, teachers, parents and other community members puts children at the forefront of change while helping to build community ownership of improved sanitation.



Community latrine installed after the SLTS programme intervention.

KEY STEPS: IMPLEMENTING SLTS TO NEPAL

The introduction of SLTS is the culmination of a decade-long evolution of sanitation programming in Nepal. Coordinated efforts by national and international stakeholders, 25 of which participate in the Steering Committee for National Sanitation Action, have led to remarkable improvements in the country's sanitation situation.¹² As of 2009, SLTS strategies are included in the Nepal Sanitation Master Plan, as is a separate budget for SLTS and other stand-alone sanitation programming.



Child club members of a school in Bandipur VDC, Tanahun, having a meeting with their teacher.

School selection and preparatory phase. The first step in rolling out SLTS in Nepal focused on generating stakeholder support and enabling participation. Between 2006 and 2008, SLTS was introduced in 300 schools and surrounding communities by the Steering Committee for National Sanitation Action in partnership with UNICEF. To determine which schools would start SLTS, the District Sanitation Steering Committee and local partners identified schools in their districts that had particularly poor sanitation and which had participated in the School Sanitation and Hygiene Education programme for more than one year.

Capacity building of stakeholders. To prepare community and government leaders to roll out SLTS, orienta-

tion and training sessions were held by UNICEF and the Department of Water Supply and Sewerage for stakeholders at the national, district and local levels, including children's and adults' groups.

Since then, these groups have worked together to ensure the success and spread of SLTS. The Steering Committee for National Sanitation Action is responsible for national-level programme planning, management and monitoring. Regional, district and local Sanitation Steering Committees share responsibility for managing, mobilizing and supervising the child clubs and sanitation subcommittees, and motivating local-level engagement.

“When we started out, I was quite embarrassed since I was the president of the child club and we didn't have a latrine at home. I argued with my parents, who are very poor and were quite hesitant in the beginning. But soon they came around when they realized how serious I was.”

– Sixth grader Manju Chaudhary, the president of the Srijanshil Childrens Club, Baijalpur village, Kapilvastu, Nepal

‘Ignition’ and implementation phase. Once SLTS begins in a school, child clubs and sanitation subcommittees work together to assess the sanitation and hygiene situation of the school catchment areas. To do this, they conduct walks of praise, plant flags indicating open defecation areas and calculate the amount of faeces produced by people in the area. They then create local resource maps identifying defecation areas and households with and without access to latrines, which

help to inform prioritization of community members in need of assistance with toilet construction. Child clubs and sanitation subcommittees then partner with school teachers to develop SLTS action plans. As they move outward to educate their communities, children use participatory techniques to raise awareness and to ignite interest in changing the local sanitation situation. Spurred on by the ‘one toilet, one household’ mantra, child clubs and sanitation subcommittees visit every household within the school catchment area, carrying out innovative and creative activities to encourage latrine construction. Examples include: sanitation campaigns and rallies, the clearing of bushes where people defecate, and the distribution of posters and pamphlets to educate their communities.

Many villages also hold special campaigns, such as National Sanitation Action Weeks and ceremonies to honour villages that have achieved open defecation free status. Exchange visits of child club members are frequently arranged. Additionally, a wide range of public exhibitions in communities and schools provide a showcase for sanitation and hygiene products and good practice demonstrations.

KEY ELEMENT FOR SUCCESS

Praise for progress. The SLTS programme uses a strength-based, appreciative approach to promote sanitation and hygiene at the local level. For example, a ‘praise walk’ – in which school teachers, students and local community people walk together appreciating those who have installed and are using toilets – is used as an ‘ignition’ tool to motivate communities to construct latrines. These constructive efforts are boosting morale, optimism and conviction among stakeholders.

Local technologies and design to achieve total sanitation for all.

Schools and communities have developed a wide range of latrine designs based on the local environment, affordability and sustainability. The SLTS programme has motivated local entrepreneurs to invent technologies and

ODF declaration is a social movement and a motivating factor for increased dignity, identity and pride in schools and communities.

toilet products that are cost-effective and efficient and to promote them in communities. These include child- and gender-friendly latrines, and latrines for children with disabilities that include facilities for hand washing with soap.

Total sanitation inherently requires participation by all members of the community. In the past, the exclusion of poor and disadvantaged people from sanitation programming proved a major hindrance to achieving open defecation free communities. With SLTS, vulnerable populations are prioritized.

To achieve the holistic objectives of SLTS, the approach has been integrated with other initiatives, including income-generating activities, women's micro-credit programmes, Dalit upliftment and environmental programmes. These partnerships promote sustainability by reducing programme duplication and optimal use of resources.

KEY ELEMENT FOR SUCCESS

Support funds and partnerships.

To assist poorer people, SLTS promotes creative, non-subsidy-based financing strategies such as loans from revolving funds, basket funds and local-level cooperatives. In many school catchment areas, fifty-fifty matching funds that provide loans to households have been established by the government and donors. Child clubs and village development committees also provide other types of material and social support to ensure that all community members are able to construct a latrine. Local-level resource mobilization enhances community responsibility and ownership over the programme results.

ODF declaration and the follow-up phase. School catchment areas are declared ODF once all households have constructed latrines and all community members have stopped open defecation. During this period, focus is given to upgrading community latrines and implementing behavioural changes on latrine use, as well as the promotion of

latrine cleanliness, maintenance and hand washing with soap. To ensure compliance, rules and regulations on sanitation and hygiene practices are formulated by communities, with details of penalties and rewards. Rewards and recognition, along with the ownership-sharing environment created by the SLTS approach, are the driving force for participation and collaboration between local, district and national stakeholders. The open defecation free ceremonies held in settlements and school catchment areas are motivating adjoining villages, even beyond planned catchment areas.

Because schools are permanent institutions in a community, sustaining the results of sanitation improvement through their leadership is more likely. Schools take the lead in SLTS follow-up, using a participatory system to monitor the progress of SLTS programmes in the school catchment area; SLTS also encourages self-monitoring among community members. To help the process, a planning, monitoring and evaluation pocket chart is used.

KEY ELEMENT FOR SUCCESS

Incentives, rewards and recognition.

Cash rewards of US\$143–\$286 are given to communities that maintain ODF status six months after the initial declaration. Sanitation subcommittees determine how to use these funds, most often putting them towards further efforts to improve the health and sanitation of the community. Creative uses of the reward funds include fences to help protect school latrines from roaming cattle; grants to support poor community members to build long-lasting latrines; and broader strategies to manage solid waste and environmental sanitation. Along with financial incentives, total sanitation promoters are recognized with red 'blessed shawls,' awarded certificates and publicly appreciated.

A toilet at home ensures 10 marks for health

Dhikpur Secondary School has designed a new scoring system for health classes that depends on students' active participation in improving community sanitation. Toilet installation was assigned to all students as a practical task. Now each student receives 90 per cent of class marks for theory and 10 per cent for practical application. The school is using this toilet construction assignment as part of the effort to achieve total sanitation in its catchment area.

A student who installs a toilet at home not only receives 10 marks in health class, but is given a 'tika' in appreciation and recognition. The student is invited to the front of the prayer ground, honoured by all the students, and recognized by having a 'tika' placed on her or his forehead.

The opportunity to earn 10 marks for a practical activity is generating much excitement among students, according to the school headmaster, but it does not present a pressure. The school's health teacher notes that, now, "the schools of other districts want to replicate what we did."

In April 2009, the Dhikpur VDC of Dang District was declared open defecation free through the School-Led Total Sanitation Programme.



Indra Kala, Head Mistress, Rai settlement, Panchthar district

©UNICEF Nepal



Members of a child club in Nepal.

©UNICEF Nepal

RESULTS

The SLTS approach is creating a social movement for ODF declaration that is enhancing the sense of dignity, identity and pride among local stakeholders and communities. In addition to catalysing action in the target areas, SLTS is sparking an outward momentum for neighbouring villages and districts to follow the ODF approach. At the policy level, it is attracting attention and support from multidisciplinary sectors including health, education, environment, social development and tourism. As of June 2009, the following outcomes had been achieved.

On the ground

- SLTS has reached approximately 90,000 households and 500,000 people in 15 districts through 300 schools and surrounding communities.
- More than 730 child clubs, with nearly equal participation of girls and boys, are actively managing upkeep and cleanliness of toilets, classrooms and school grounds in the ongoing SSHE programme.
- Over 1,000 settlements from 250 school catchment areas in 10 districts have been declared ODF. Three districts are on their way to declaring district-wide total sanitation.

Capacity building and replicability

- Over 1,000 school headmasters and

teachers, 8,000 child club members and several local leaders trained on SLTS, including nearly 50 per cent women.

- District Sanitation Steering Committees have been established and trained in SLTS facilitation in 15 districts. SLTS has been replicated by the Environment and Public Health Organization, Nepal Water for Health, Nepal Red Cross Society, United Nations Human Settlements Programme (UN-HABITAT), the World Health Organization (WHO) and other partners.

- Stakeholders are realizing the importance of increased coordination and integration of health, education and environmental priorities within sanitation promotion.

Policy

- SLTS has been incorporated in the Nepal Sanitation Master Plan, developed in 2009.
- The Government of Nepal is replicating the SLTS programme in all 75 districts.
- Targeted budget lines have been established for sanitation at the national and district levels.
- A 25 per cent additional budgetary grant has been provided to villages that become open defecation free and have a child-friendly environment and facilities.

Health

- A decrease of diarrhoea and communicable diseases has been reported in ODF communities.¹³

CHALLENGES AND EMERGING OPPORTUNITIES

School-Led Total Sanitation is generating the momentum to tackle the sanitation crisis in Nepal. The following challenges and emerging opportunities remain to be addressed in coming phases of the program:

Opportunity for increased engagement with partners.

Partnership building is one of the key strategies of the Government and UNICEF to achieve national total sanitation by 2017. Extensive central-level support from the Ministries of Local Development, Finance, Physical Planning and Works, Health and Population, and Education make it likely that sanitation stakeholders will increasingly shift towards implementing non-subsidy-based sanitation schemes.

At present, however, there is significant variation between organizations regarding subsidies for household latrine construction; this makes building the momentum for community-led sanitation more difficult. Stronger linkages with international organizations, NGOs and other sanitation stakeholders on the ground are one means of scaling up SLTS and promoting other Community Approaches to .

Ongoing challenges. As Nepal looks to expand its success with sanitation coverage, political unrest continues to challenge stakeholders. Despite recent positive developments, several areas of the country face civil insecurity, and market and transport strikes continue to hinder smooth implementation of programme activities. Poverty, illiteracy, remote and inaccessible villages, and cultural mindsets are all significant barriers to accelerating improvements in sanitation and hygiene.

Continued support to communities. Changing hygiene and sanitation behaviour is a complex challenge, and ensuring sustainability can take years. But the knowledge and skills child club and community members learn through School-Led Total Sanitation are fostering a culture that can be transferred from generation to generation. Regular programmes and campaign activities are required, however, to encourage internalization of good habits and maintain this progress.

REFERENCES

Thematic Overview

1. World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply and Sanitation (JMP), *Progress on Drinking Water and Sanitation: Special focus on sanitation*, UNICEF and WHO, New York and Geneva, 2008, p. 19.
 2. United Nations Children's Fund, *The State of the World's Children 2008: Child survival*, UNICEF, New York, 2007, p. 40; and United Nations Children's Fund and World Health Organization, *Diarrhoea: Why children are still dying and what can be done*, UNICEF and WHO, New York and Geneva, 2009, p. 1.
 3. Ejemot, Regina I., et al., 'Hand Washing for Preventing Diarrhoea', *Cochrane Database of Systematic Reviews*, Issue 1, 2008.
 4. United Nations Children's Fund, 'WASH and women', UNICEF, New York, < www.unicef.org/wash/index_womenandgirls.html >, accessed 30 October 2009.
 5. Cairncross, Sandy, 'Water, Sanitation and Hygiene for the Prevention of Diarrhea', *Child Health Epidemiology Reference Group* (forthcoming).
 6. United Nations Children's Fund, *Progress for Children: A report card on water and sanitation*, Number 5, UNICEF, New York, 2006, p. 3; and World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply and Sanitation (JMP), *Progress on Drinking Water and Sanitation: Special focus on sanitation*, UNICEF and WHO, New York and Geneva, 2008, p. 3.
 7. Jenkins, Marion W., and Steven Sugden, 'Rethinking Sanitation: Lessons and innovation for sustainability and success in the new millennium', *Human Development Report Office Occasional Paper*, United Nations Development Programme, New York, 2006.
 8. United Nations Children's Fund, 'Communication for Development (C4D): Realizing strategic shifts and accelerating results for children', *Draft Position Paper*, UNICEF Division of Policy and Practice, New York, 2009.
 9. Ibid.
 10. See, for example, *Water and Sanitation Program*, 'The Case for Marketing Sanitation', World Bank, Nairobi, 2004.
- ### Sierra Leone Case Study
1. United Nations Development Programme, *Human Development Report 2007/2008: Fighting climate change – Human solidarity in a divided world*, UNDP, New York, 2008, p. 232.
 2. World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply and Sanitation (JMP), *Progress on Drinking Water and Sanitation: Special focus on sanitation*, UNICEF and WHO, New York and Geneva, 2008, p. 50.
 3. United Nations Children's Fund, *The State of the World's Children 2009: Maternal and newborn health*, UNICEF, New York, 2008, p. 120.
 4. Government of Sierra Leone, UK Department for International Development and United Nations Children's Fund, *Sierra Leone Hygiene, Sanitation and Water Supply Programme, Project Memorandum (2008–2013)*, Freetown, 2007.
 5. Kar, Kamal, with Robert Chambers, *Handbook on Community-Led Total Sanitation*, Plan UK, London 2008.
- ### Zambia Case Study
1. This case study draws on information from: Harvey, P. A., and L. Mukosha, *Community Led Total Sanitation: Lessons from Zambia*, Institute of Development Studies, Brighton, UK, 2008.
 2. World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply and Sanitation (JMP), *Progress on Drinking Water and Sanitation: Special Focus on Sanitation*, UNICEF and WHO, New York and Geneva, 2008, p. 52.
 3. Harvey, P. A., and L. Mukosha, *Community Led Total Sanitation: Lessons from Zambia*, Institute of Development Studies, Brighton, UK, 2008.
 4. Kar, Kamal, and Robert Chambers, *Handbook on Community-Led Total Sanitation*, Plan UK, London, 2008.
 5. Sibanda, Newton, 'Macha Leads in Sanitation Drive', *Zambia Daily Mail*, Lusaka, 2005.
- ### India Country Highlight
1. World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply and Sanitation (JMP), *Progress on Drinking Water and Sanitation: Special focus on sanitation*, UNICEF and WHO, New York and Geneva, 2008, p. 46.
 2. United Nations Children's Fund, Study on "Clean Village Campaign" Award Winning Village: *Final report*, A. F. Ferguson & Co., Chennai, 2006.
 3. Ibid.
- ### Nepal Case Study
1. This case study draws on information from: Adhikari, Shova, and Namaste Lal Shrestha, 'School Led Total Sanitation (SLTS): A successful model to promote school and community sanitation and hygiene in Nepal', Chapter 9, *Use by All: A collection of case studies from sanitation and hygiene promotion practitioners in South Asia*, WaterAid and IRC International Water and Sanitation Centre, London and Delft, 2008.
 2. United Nations Children's Fund and New ERA, *Child Poverty and Disparities in Nepal: A country analysis* (forthcoming).
 3. World Health Organization and United Nations Children's Fund Joint Monitoring Programme for Water Supply and Sanitation (JMP), *Progress on Drinking Water and Sanitation: Special focus on sanitation*, UNICEF and WHO, New York and Geneva, 2008, p. 48.
 4. United Nations Children's Fund, *The State of the World's Children 2009: Maternal and newborn health*, UNICEF, New York, 2008, p. 24.
 5. Giri, Robin, 'School Children Lead Sanitation Drive in Nepal', *United Nations Children's Fund*, New York, 2007, < www.unicef.org/infobycountry/nepal_39817.html >, accessed 1 November 2009.
 6. Note: Currency conversion based on 75 rupees per US\$1.
 7. Adhikari, Shova, and Namaste Lal Shrestha, 'School Led Total Sanitation (SLTS): A successful model to promote school and community sanitation and hygiene in Nepal', Chapter 9, *Use by All: A collection of case studies from sanitation and hygiene promotion practitioners in South Asia*, WaterAid and IRC International Water and Sanitation Centre, London and Delft, 2008.
 8. United Nations Children's Fund, *UNICEF Nepal Annual Report 2008*, UNICEF, Kathmandu, 2008, p. 14.
 9. Steering Committee for National Sanitation Action, Nepal Department of Water Supply and Sewerage, and UNICEF, *Nepal Guidelines on School Led Total Sanitation*, Kathmandu, 2006, p. 64.
 10. Ibid., p. 10
 11. For a practitioners guide to School Led Total Sanitation refer to the PDF of the Nepal Guidelines available at < http://www.unicef.org/wash/index_schools.html >
 12. Steering Committee for National Sanitation Action, Nepal Department of Water Supply and Sewerage, and UNICEF, *Nepal Guidelines on School Led Total Sanitation*, Kathmandu, 2006, p. 6.
 13. United Nations Children's Fund Nepal, 'School Led Total Sanitation (SLTS)', PowerPoint presentation to the Global Meeting of UNICEF Sanitation Specialists, New York, 30 June–2 July 2008; updated in 2009 by UNICEF Nepal country office.

UNICEF supports Community Approaches to Total Sanitation (CATS) with the goal of eliminating open defecation in communities around the world. The CATS Essential Elements are the common foundation for UNICEF sanitation programming globally. These principles provide a framework for action and a set of shared values that can be easily adapted for programming in diverse contexts. At their core, CATS rely on community mobilization and behaviour change to improve sanitation and integrate hygiene practices. They are demand-driven and community-led, and emphasize the sustainable use of safe, affordable, user-friendly sanitation facilities.

For further information, please contact:
Policy, Advocacy and Knowledge Management
Division of Policy and Practice
United Nations Children's Fund
3 United Nations Plaza
New York, NY 10017, USA

email: FieldNotes@unicef.org
www.unicef.org