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|  |  | **The role of Community-Led Total Sanitation (CLTS) in providing sustainable sanitation**  Subtitle |
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This paper reflects on the developments around sustainable sanitation and how Community-Led Total Sanitation (CLTS) fits within this context. The objective of the paper is to look at how interventions and programmes, with a focus on CLTS, can better contribute to sanitation services and effective behavioural changes, using the Pan-Africa programme as an example. This paper is based on two key workshops that focused on the role of sustainable sanitation in line with CLTS as well as the findings from the Pan-Africa programme. These workshops took place in Benin and Uganda in 2013 and 2014. Essentially, the way forward toward sustainable sanitation will be the need to focus more on the enabling environment. This entails putting the institutional, regulatory and enabling mechanisms in place both at local and national levels in order for sanitation to really become sustainable. However, as reflected in the Pan-Africa programme, activities embedded within the national policy have a far higher chance of success and long term sustainability.

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# Abbreviations

CLTS: Community-Led Total Sanitation

OD: Open Defecation

ODF: Open Defecation Free

SLTS: School-Led Total Sanitation

# Introduction

The objective of this paper is to look at how interventions and programmes, with a focus on CLTS, can better contribute to sanitation services and effective behavioural changes[[1]](#footnote-1), using the Pan-Africa programme as an example.

A lot is already being done to tackle the issue. In areas where networked sanitation is not feasible, the most common approach is hardware-based, focusing on subsidized latrine provision. However, since 2006, in 17 countries throughout East, Southern, West and Central Africa[[2]](#footnote-2), Community-Led Total Sanitation (CLTS) has been tested as an approach to sanitation improvement. As IDS writes on their CLTS website[[3]](#footnote-3), CLTS is an innovative methodology for mobilising communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation (OD) and take their own action to become ODF (open defecation free).

“At the heart of CLTS lies the recognition that merely providing toilets does not guarantee their use, nor result in improved sanitation and hygiene. Earlier approaches to sanitation prescribed high initial standards and offered subsidies as an incentive. But this often led to uneven adoption, problems with long-term sustainability and only partial use. It also created a culture of dependence on subsidies. Open defecation and the cycle of faecal–oral contamination continued to spread disease. In contrast, CLTS focuses on the behavioural change needed to ensure real and sustainable improvements – investing in community mobilisation instead of hardware, and shifting the focus from toilet construction for individual households to the creation of open defecation-free villages. By raising awareness that as long as even a minority continues to defecate in the open everyone is at risk of disease, CLTS triggers the community’s desire for collective change, propels people into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.”[[4]](#footnote-4)

Although there are fairly wide adaptations, for the most part CLTS is based on the premise that sanitation is a household and community responsibility. At the same time, at national level, CLTS has been integrated in at least eleven national policies with national targets and is already being implemented at scale in many African countries. However, regardless of the approach implemented, coverage rates fail to rise and if they do, no one knows for how long (Mukherjee, 2009[[5]](#footnote-5)).

Plan was among the first organisation to introduce the CLTS approach in Africa in 2007 as one of the approaches to achieving its child survival and development goals. In January 2010 Plan the Netherlands launched the Pan-Africa CLTS Programme [[6]](#footnote-6)that involves 5 countries of Eastern & Southern Africa (Kenya, Ethiopia, Uganda, Malawi and Zambia) and 3 countries from West Africa (Sierra Leon, Ghana and Niger).

This Programme is one of the efforts of Plan Netherlands and the various Plan country offices to promote sanitation at scale beyond the national and regional boundaries. The general objectives of the programme are (1) to reduce infant and child morbidity and mortality in 8 African countries and (2) to empower rural and peri-urban communities through the use of CLTS/ School-Led Total Sanitation (SLTS) and Urban Community- Led Total Sanitation. Besides the general objectives, the programme also aims to improve the CLTS approach by sharing experiences through learning alliances, action learning and promote the CLTS approach internationally in order to scale up the approach through more organisations and countries.

IRC believes that to ensure sustainable sanitation for all, there is a need to look at sanitation beyond interventions or programmes. Sanitation is a public good, and national and local governments are key in ensuring that sanitation services are built and last for all. A sanitation service should not only look at facility provision, but also at safe and hygienic use, maintenance and environmental impacts over time. Moreover, both the private and public sectors in addition to individual households have a role to play in the delivery of such a service. For a sanitation service to work, interests of different stakeholders need to be aligned and linked up through formal and informal partnerships, facilitated by an enabling policy and regulatory environment created by government. IRC has developed a sanitation framework[[7]](#footnote-7) capturing all these components. This paper will reflect on how CLTS in programmes contributes towards sustainable sanitation services in line with the sanitation framework.

# What works in current sanitation and hygiene programmes – and what not?

## Approaches and interventions

For the last decades, sanitation interventions have been mainly hardware and subsidy driven. Facing the limits of such an approach, international stakeholders and governments looked at more effective and cost-effective ways to increase coverage[[8]](#footnote-8). Originally implemented in Asia, CLTS increasingly became one viable alternative, more adapted to the African context.

### Community-led total sanitation approaches

CLTS focuses on the behavioural change needed to trigger a change of mentality towards sanitation habits, which could lead to household-led sanitation initiatives. It invests in community mobilisation instead of hardware, and shifts the focus from toilet construction for individual households to the creation of “open defecation free” villages. The other fundamental component of CLTS – as designed initially - is also the “no subsidy” factor. Behaviour change happens when combined with emotional responses and mental understanding to provoke change. By raising awareness that as long as even a minority continues to defecate in the open everyone is at risk, CLTS triggers the community’s desire for change and propels them into action through peer pressure until freedom from open defecation has been achieved.

Reports and documentation from implementing stakeholders clearly show that when properly implemented, CLTS is effective to trigger awareness and contribute to the eradication of open defecation. However, there are also gaps which are the reason that initial triggering does not always translate into increased sustained coverage.

## What do these approaches achieve?

In East, Southern and West Africa, more and more implementers are inspired by the original CLTS approach but customised it to better address the issue of poverty. For example, some programmes include both a subsidy component to the poorer community members and the behavioural interventions/empowerment activities from the CLTS approach (i.e. SaniFaso programme in Burkina Faso). The result is a number of mixed approaches, trying to capture the best of both.

The idea is not to debate whether one approach (e.g. hybrid forms of CLTS) is better than the other. A number of publications question, highlight and discuss the effectiveness of these interventions. Many variables (such as finances, human resources and planning etc.) can influence the results, outcomes and desired impact of any intervention approach. On the one hand, although CLTS requires lots of coordination and human resources to hold activities in villages, the CLTS rationale is to build locally, hence limiting the financial pressure on hardware. In a context where local governments are struggling with financing priorities, CLTS and CLTS-like approaches provide an important starting point to achieving ODF. On the other hand, by subsidising latrines, these approaches usually provide up to standard latrines, minimally with concrete slabs. Many latrines when constructed through provision of subsidies were, however, not used and therefore this approach does not automatically have a positive impact on health.

## What are the gaps?

If a programme is well designed it will ensure that its approach fits within the national strategy (or in the case of CLTS lobby for this) to ensure that activities will be sustained and at least not undermined by different national strategies. CLTS is very often used by national governments as they adapt the approach and thus implement it as part of their national strategy outside NGO programmes, so it is not always necessarily programme bound. However, this very much depends on the country in question as there are others in which the CLTS approach is based on a programme bound time frame and in essence does not look at focusing on increasing coverage over time. Either way, there are a number of key questions around *long term sustainability* of supply chains, public, provider and household service delivery arrangements and partnerships, roles and responsibilities, planning and financial mechanisms, to mention a few. Asking these questions is the first step in looking at sanitation as a service.

So why talk of “sanitation services” rather than “sanitation coverage”?

According to Potter et al., components of sanitation services are fragmented across a chain of service delivery activities or functions, each with their own associated costs and institutions or actors, therefore a full sanitation service implies both that these functions are fulfilled, and that the linkages in the chain are well articulated[[9]](#footnote-9). As indicated in the figure below a full spectrum of sanitation services refers to:

Figure The full spectrum of sanitation services

Source: WaterAid, Sanitation Framework (2012)[[10]](#footnote-10)

Source: Potter, et al. 2011

This represents a substantial shift away from an MDG-driven focus on latrines or facilities for the containment of excreta, to a service delivery approach that takes the entire delivery chain into account.

In the past, hygiene and sanitation programmes have commonly been concerned with the “supply” of education and materials, rather than with satisfying a “demand” from intended beneficiaries. Demand creation is the main aim of commercial marketing. The social marketing is demand led in that it uses a strategic, managed process of assessing and responding to felt needs, creating demand and then setting achievable and measurable goals. In other words, social marketing is a systematic approach to public health problems. It goes beyond marketing. It is not motivated by profit alone but is concerned with achieving a social objective. Social marketing is therefore concerned with how the product is used after the sale has been made.Therefore, sanitation marketing can be viewed as an emerging field that applies social and commercial marketing approaches to scale up the supply and demand for improved sanitation facilities. While formative research is the foundation of any sanitation marketing programme, essential to understanding what products the target population desires and what price they’re willing to pay for them, components such as the marketing mix, communications campaign, and implementation are also critical to the design and implementation of an effective programme (WSP, 2011[[11]](#footnote-11)).  However, more research needs to be undertaken to prove if this approach is sufficient to sustain delivery of sanitation services (i.e. stay on the ladder), or to move from basic to improved facilities (move up the ladder), through, for example, the provision of a strong enabling environment. Today, there remain a large number of sanitation approaches which range from CLTS focusing on behavioural changes while other traditional and hybrid approaches may focus more on the hardware rather than the enabling environment. Whatever sanitation approach is implemented, in many cases slippage is an issue. Slippage refers to failure to sustain new facilities and behaviours over time. Without a policy and regulatory environment that enables maintenance, pit emptying, replacement or upgrading of facilities or support behaviours over time, households are likely to go back to their former habits. And as basic infrastructure is provided at larger scale, coverage risks stagnating at around 60-80% if necessary financial, institutional and logistical arrangements are not in place[[12]](#footnote-12).

## How do these gaps relate to the Pan-Africa programme?

Between March 2012 and October 2013, Plan has carried out a research on ODF sustainability in their programmes in Ethiopia, Kenya, Sierra Leone and Uganda. Data was collected in 4960 households in 116 villages where CLTS had been triggered and communities declared ODF two or more years before the study commenced. The study identified that 87% of the households surveyed still had a latrine and that if ODF status was equated with a household having a functioning latrine then the rate of reversion to OD (or slippage) was a remarkable low 13%. However, if a wider set of criteria for ODF qualification was applied – things like having a lid over the latrine squat hole, having hand washing facilities with water and soap or soap substitute - then slippage rate increased progressively to over 90%[[13]](#footnote-13).

The ODF sustainability research[[14]](#footnote-14) mentioned various supporting (motivators and enablers) and inhibiting (de-motivators and barriers) factors households and communities encounter when investing in, maintaining and using latrines. What came out of the study was that the answer to a great degree probably lies in the *strength of the enabling environment*. Currently, after the intervention phase (or programme phase) in CLTS, households are left with the responsibility to maintain, empty, replace and upgrade their facilities. Local authorities are often clueless and fall short in resources to support maintenance. Private sector is unevenly scattered and struggles to become profitable.

# Taking programme-based interventions further

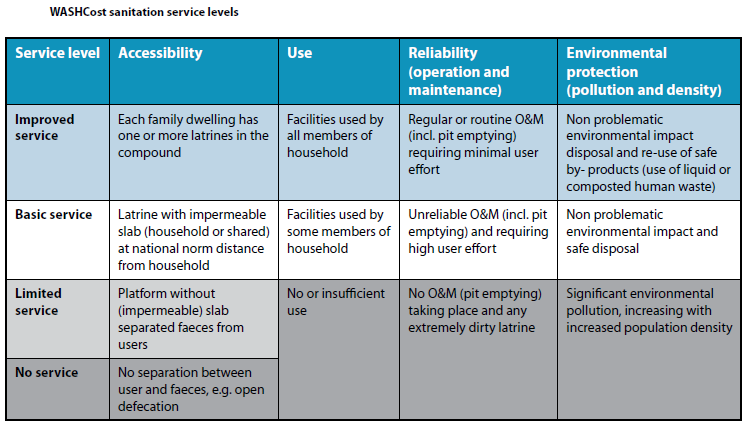
Based on shared experiences and knowledge, inspired by similar conceptual efforts on water supply[[15]](#footnote-15), and enriched by contributions from partners, IRC has been developing the conceptual grounds for a continuous sanitation service[[16]](#footnote-16). The basis of this continuous sanitation service is based on the idea that sanitation is a public good and crucial for public and environmental health and socioeconomic development. National and local governments are responsible for ensuring that sanitation services last for all. In practice, what does it mean?

In terms of ensuring that sanitation services last, the metaphor of the ladder is used to reflect a gradual change process. This is not new, and several sanitation ladders have been developed, although most relate only to technical levels of service (Potter et al., 2011).[[17]](#footnote-17) Developed as part of IRC’s WASHCost programme, a sanitation service ladder specifies the levels of a sanitation service from containment to end-disposal or processing and use. Four key parameters were identified:

1. Access - It provides access to sanitary latrines;
2. Use - It ensures continuous and hygienic use by all, throughout the year, for people in and around the household;
3. Reliability - It ensures that latrines are maintained, replaced, and emptied when full; and,
4. Environmental protection - Faecal sludge is safely disposed of or used productively, to ensure that there are no negative impacts on the environment.

On the basis of these four parameters, a sanitation service can be determined: no service, limited service, basic service and improved service. The absence of a service is what the sector refers to as Open Defecation. A basic service refers to the national norms and standards when met on a continuous basis; i.e. one facility is designed for (and supposed to serve) a maximum of *n* persons. In most countries, reliability and environmental protection regulation are either weak or not properly reinforced. Limited service refers to the use of some sort of facility, usually homemade, which is not meeting the norms. A sanitation service aims to be and stay improved.

Table WASHCost sanitation service levels

Source: Potter, et al. 2011

A number of factors influence the service delivered to households. They fall in the categories below:

1. The creation of demand to use the facility and continuous advocacy to change the sanitation-related behaviours of community members;
2. The strengthening of an enabling environment to support the delivery of sanitation services to all;
3. The strengthening of the supply chain; and
4. Well-aligned financial arrangements and well-directed incentives that support efficient service delivery and promote the use of latrines by all.

There are a number of factors, outside the influence sphere of communities and households which have an impact on the CLTS process. These factors include the institutional, regulatory and enabling environment. The following diagram reflects these factors and state that the functioning of all of these elements create sustainable sanitation services that last.

## Roles and responsibilities

Service provision goes beyond household level. Indeed, a number of stakeholders have conflicting or different agendas and as a result of the decentralisation processes which in many African countries started around 2000, the local authority has a central role to play, as it has the mandate of service provision. However, the four factors identified above can be influenced by either one or many stakeholders. The table below summarises potential involvement, roles and responsibilities:

Table Roles and responsibilities in sanitation services

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Local authority | National authority | Private sector | Household | NGO |
| Factor 1: Demand creation | x | x | x | x | X |
| Factor 2: Enabling environment | x | x |  |  |  |
| Factor 3: Supply chain development | x | x | x |  |  |
| Factor 4: Financial arrangements and well-directed incentives | x | x |  |  |  |

It should be cited that this sanitation service delivery approach does not replace other approaches like CLTS. It simply aims at keeping the overall focus on sustaining sanitation service delivery, and incorporating projects and programmes in the wider context of planning, regulation and provision.

## How far are we from a sanitation service?

Sanitation services models are country specific, as they are guided by national policies and legal frameworks, which set out detailed descriptions of standards, rights and responsibilities, and cut across different institutional levels (IRC, 2012[[18]](#footnote-18)). However, there are still a number of gaps to bridge to operationalize and decentralize national strategies at regional and local levels.

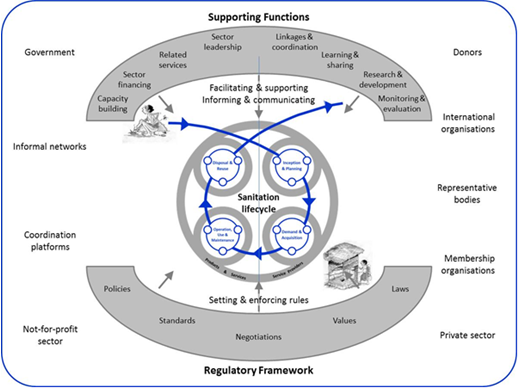
At national level, implementation of national policies and frameworks rely too much on foreign aid, therefore are bound to fail when funding is insufficient. Sustainable financing mechanisms are needed to ensure steady flows between national and local levels. Such mechanisms can be ensured by taxes or tariffs, but also via transfer mechanisms (i.e. royalties) especially between the water/sanitation or between rural and urban settings[[19]](#footnote-19).

In addition to weak financing mechanisms, regional and especially local authorities are usually under-resourced with respect to their roles and responsibilities. Local authorities lack everything: human and financial capacities to properly plan, follow up, control, report and play their coordination role. All that is left is basically overseeing implementation programmes. Tackling the service delivery is a complex task and cannot only be done at local level[[20]](#footnote-20).

In the *absence of a strong local authority*, implementation is taken over by NGOs. NGOs do have the capacities, but they are dealing with different time and resources constraints, and they have their own implementing agendas and approaches. Next to the NGOs, households play a major role in rural sanitation. The actual responsibility (including financial) of sanitation currently falls under the households, usually after a first push from implementing agencies[[21]](#footnote-21). Households may be able to participate in the construction of their own sanitation and hygiene facilities, via their own means as promoted in the CLTS approach or via partial or total subsidies for hardware. It should be cited that the responsibilities very much differ within the urban or rural context. In the rural context, for example, sanitation services are simpler and the government will play a smaller role, usually in the form of providing guidelines on construction of latrines and ensuring that they are constructed accordingly. In the urban context, sanitation services are more complex and local government plays a more prevalent role. However, given the various financial and human resource pressures that local governments face today, whether this be in rural or urban areas, not only do the authorities have a weak role but they often fail to provide for post-construction mechanisms or post-triggering in the case of CLTS.

Obviously, the picture can vary from one country to another, although very little working examples of authority led sanitation services exist. Transforming rural sanitation into a performing service can look like an overwhelming task. As reflected in the diagram[[22]](#footnote-22) below there are various elements that come to play that will eventually make rural sustainable sanitation work.

Figure The life cycle in sanitation



Source: Baetings, 2013[[23]](#footnote-23).

# Reflections on the Pan-Africa programme

In 2013 the Pan-Africa CLTS Programme[[24]](#footnote-24) has passed its half-way point and the CLTS approach has become second nature for all the Plan Country Offices (COs) and their partners and almost all the Plan COs are implementing the CLTS approach in projects beyond the Pan-Africa CLTS Programme. CLTS has been adopted by the national government in all countries and together with other NGOs and Plan they are implementing the CLTS approach in areas way beyond the target areas of the Pan African CLTS Programme. This programme has contributed to the successful introduction of CLTS in these countries and as such has served, and is serving a very important lobby and advocacy role.

When looking at how the approach is being implemented in the different countries it becomes clear that there is not one CLTS approach. In all countries the basic CLTS elements of triggering, verification and ODF celebration are there but many local deviations are used. More importantly the CLTS approach is imbedded within the institutional setting and an enabling environment is created for sanitation marketing activities, which could enable people to climb the sanitation ladder. These add-ons to the CLTS approach are essential to sustainably improve the sanitation and hygiene situation in the target areas beyond the project duration.

Based on the overall Pan-Africa lessons learnt it is clear that the importance of finding the *right balance* in hardware, namely adequately made latrines, and software aspects such as e.g. an active natural leader, in line with an enabling environment in which government helps to support the programme is key within each of the countries.

Over the duration of the project, it has also become clear that implementing CLTS is not easy and definitely not a silver bullet. Success and sustainability of the approach depend on many different interlinking factors of which human resources and institutional buy-in are two important ones. Beginning 2014 Plan has published a research study on ODF sustainability[[25]](#footnote-25), as cited earlier, which gives a very clear analysis of the different factors needed for ODF sustainability. Outcomes of the research underline what we have already learned from this programme, namely that there is still scope to learn on how best to implement the CLTS approach, but also that it is a very powerful approach to mobilize communities. Within the Pan-Africa programme we are seeing that CLTS can empower people to look beyond NGO or government support and join forces within a community to improve their living conditions with resources available to them. At the same time it can also give them a voice to demand that their local, district and national government also take their responsibility.

There are many lessons learnt from the Pan-Africa programme’s challenges and opportunities which should interest conveners of similar projects. The specific experiences from the countries in the West and East Africa region can be found on the IRC website <http://www.ircwash.org/projects/sltsclts-plan> and on the IDS website <http://www.communityledtotalsanitation.org/country/pan-africa>.

# Ideas for improvement – how to get there?

Clearly, CLTS can contribute to enabling a service oriented environment. To do so, a series of questions must be addressed. In the Pan-Africa programme activities are being embedded within the national policy. However, key questions that need to continue to be asked in other CLTS related programmes are: What is needed to bridge the gap between triggering through CLTS and sustained long-term sanitation behaviour change? How can we scale-up and shift from project-based interventions to district/sub-district-based and national-supported sanitation improvement approaches? In other words, focusing on the overall sustainable sanitation debate and how approaches like CLTS fit within this context. How can we ensure that mechanisms are put in place in order to reach everyone, especially vulnerable households? How can we get a better and effective balance of public, private and provider’s role in the provision and sustaining of sanitation services to ensure ODF at household /community level?

The answers to these questions are complex, as discussed in detail within the Pan-Africa programme and specifically in the two IRC co-ordinated sustainable sanitation workshops[[26]](#footnote-26), this will require a sincere willingness from the sanitation stakeholders, and especially the local authorities, to make sanitation a priority. To trigger this shift, a number of short and long term improvements can be made, as cited from these workshops, namely:

At local level:

* Reinforce means so that the responsible authority is capable of leading and playing its coordination role, including:
  + The provision of a legal framework to work from, but also understandable and realistic planning, monitoring and reporting tools,
  + Support sound financing and transfer mechanisms enabling authorities to gain control over their expenditures,
  + Not only identify where capacities need to be reinforced but also to actually reinforce them,
  + Ensure quality control on both the hardware (facility set up, etc.) and software (sensibilisation campaigns, etc.),
  + Overarching service delivery mechanism to support households in upgrading their facilities,
* Reflect on the integration and follow up of social/behavioural aspects in a long term strategy, either via the local authority or through the involvement of (environmental) health officers or other local health officers and mechanisms.
* Reinforce the links with the local private sector. The private sector is key for scaling up (reach national norms and standards) and maintaining (de-sludging, repairing, replacing) sanitation and hand washing facilities.
* Since households are key in sanitation, local authorities and or private sector could manage accessible financing mechanisms (subsidies or loans) to support the maintenance of facilities and behaviours, so they can stay on and move up the sanitation ladder. In an African context of large scale poverty in rural areas, this means that sustainable sanitation services must be well linked with interventions that support the improvement of household incomes.

At national level:

* Get central government actors and institutions on board and sort out cross-sectoral issues. This includes linking up with the health and environmental sectors at national level. Also to enable synergies and transfers at local and other decentralized levels.
* Develop by-laws and regulations, and put systems in place to enforce them.
* Pursue the development of monitoring and planning tools with a focus on ensuring transitions with local authorities.
* Get financial flows stabilized from a combination of Taxes, Tariffs and Transfers (either international or national/local). Because of its lack of sustainability, governments have to move away from external aid (international transfers). Said differently, get aid effectiveness in place.
* Conditions on projects to ensure post-implementation measures.
* Identify a lead institution.
* Create by-laws to enable private providers and put model contracts in place.
* Ensure technical training institutes are targeting wisely and answering the public sector’s needs, both in terms of specific knowledge training, training at distance) and in overall curriculum (i.e. sanitation or WASH technicians).

Essentially, the way forward is to put the institutional regulatory and enabling mechanisms in place both at local and national levels. The task is enormous and the combination of short and long term actions makes it difficult to identify one entry point, beyond the legal perspectives. The key is to have both a supportive government and resources available in place to make this task doable[[27]](#footnote-27). However, as reflected in the Pan-Africa programme, by getting CLTS activities embedded within the national policy, the likelihood for a successful programme is far higher and should provide for long term sustainability.

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1. There is growing awareness that it is unlikely that the sanitation target of the WASH Millennium Development Goals (MDGs) will be met. This specific MDG target is to halve the proportion of people without access to sanitation by the year 2015. Estimates made by the Joint Monitoring Programme (JMP) on Water Supply and Sanitation indicate that, at the current rate of progress, the world will miss the target by 1 billion people (WHO/UNICEF, 2010). Data also show that overall tendency is a disparity between urban and rural sanitation, with coverage up to double in urban areas vs. rural area (JMP, WHO/UNICEF, 2012). [↑](#footnote-ref-1)
2. Kamal Kar and Kirsty Milward (2011) Digging in, Spreading out and Growing up: Introducing CLTS in Africa, IDS Practice Paper 8, Brighton: IDS. <http://www.communityledtotalsanitation.org/resource/digging-spreading-out-and-growing-introducing-clts-africa> [↑](#footnote-ref-2)
3. <http://www.communityledtotalsanitation.org/page/clts-approach> [↑](#footnote-ref-3)
4. Idem- footnote 3. [↑](#footnote-ref-4)
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6. For an overview of the Pan-Africa programme see: <http://www.ircwash.org/projects/sltsclts-plan> [↑](#footnote-ref-6)
7. See: <http://www.ircwash.org/resources/full-chain-sanitation-services-last-non-sewered-sanitation-services> [↑](#footnote-ref-7)
8. Idem- footnote 2. [↑](#footnote-ref-8)
9. IRC WASHCost Working paper 3: Assessing sanitation service levels. IRC, The Hague. Available at: <http://www.ircwash.org/resources/assessing-sanitation-service-levels> [↑](#footnote-ref-9)
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18. Verhagen, J., and Carrasco, M. 2013. Full-chain sanitation services that last: non-sewered sanitation services. IRC. The Hague, The Netherlands. Available at: <http://www.ircwash.org/resources/full-chain-sanitation-services-last-non-sewered-sanitation-services> [↑](#footnote-ref-18)
19. More on this available via IRC’s proceedings 2010 Symposium. Available at: <http://www.ircwash.org/resources/proceedings-international-symposium-rural-water-services-providing-sustainable-water> [↑](#footnote-ref-19)
20. For example, capacitating local managers and technicians should be done at national level by developing curriculum in technical colleges, universities etc. [↑](#footnote-ref-20)
21. Idem- footnote 12. [↑](#footnote-ref-21)
22. This diagram is based on a paper on the sanitation life-cycle by Erick Baetings. IRC, The Hague. Available at: :<http://www.ircwash.org/resources/sanitation-lifecycle-comprehensive-approach-ensure-sanitation-all-forever-work-progress> [↑](#footnote-ref-22)
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25. See: <http://www.communityledtotalsanitation.org/resource/odf-sustainability-study-plan> [↑](#footnote-ref-25)
26. To view the material from each of these workshops refer to: the Benin sustainable total sanitation, available at <http://www.ircwash.org/news/towards-total-sanitation-workshop-summary-report> and for the Uganda Unclogging the blockages in sanitation, available at: <http://www.ircwash.org/blog/unclogging-blockages-sanitation> [↑](#footnote-ref-26)
27. This blog is available at: <http://www.ircwash.org/blog/elephant-room-0> [↑](#footnote-ref-27)