Abstract:
Almost one billion people in the world defecate in the open, either because they lack access or prefer not to use toilet facilities. Open defecation can adversely affect public health, the economy, as well as people’s safety and dignity. Over time, approaches to improve access and use of sanitation have evolved from a focus on infrastructure to changing behavior. During the past 15 years, community-led total sanitation (CLTS) has become the most popular behavior change approach in rural settings. CLTS uses participatory and often shocking techniques to “trigger” change. The aim is to have communities decide to take action on their own without any financial support to become “open defecation-free.” While recent evaluations indicate that CLTS does work in certain settings and conditions, it is less clear how best to structure and adapt programs to improve their effectiveness across a variety of settings. In this seminar, 7 case studies of CLTS from Asia, Africa, and the Caribbean will be used to describe the different ways in which CLTS is implemented in practice. Data were collected through interviews with government officers, non-governmental organizations, and community leaders. Findings reveal various strengths and weaknesses in implementation and underscore the challenge of implementing what is a seemingly straightforward idea in the face of multiple constraints. This research can lend insight into improving CLTS and similar community-based interventions. The aim is to bridge the gap between academic theories of how implementation should occur and the dynamic practice of CLTS in the field, and to build a stronger evidence base for policy and practice.