

The Addis Agreement: Using CLTS in peri-urban and urban areas

CLTS KNOWLEDGE HUB LEARNING PAPER

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**CLTS
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Strengthening and broadening
Community-led Total
Sanitation at scale



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Front Page Image: A triggering session in Fort Dauphin, Madagascar. Credit: SEED Madagascar

1 Introduction

Unimproved, basic and dirty latrines, open defecation and the unsafe and unhygienic management of faeces pose a serious challenge to human health in towns and cities across the developing world. Though rural populations have a much higher proportion of people relying on unimproved sanitation, high population densities coupled with a painfully slow rate of improvement in urban sanitation coverage increase the urgency of the challenge. Between 1990-2012 improved sanitation in urban areas increased from 76% to only 80% (McGranahan, 2015). In order to meet this growing challenge the range of methods, tools and approaches needs to expand.

Urban poverty will only be significantly reduced when those living in poverty are able to influence decision makers and are given the space to design and implement their own initiatives (Satterthwaite and Mitlin, 2013). Community-Led Total Sanitation (CLTS) has proven to be an effective way to do this as well as to tackle the challenge of open defecation. Although originally designed to be used in rural areas there are a growing number of examples of its use in peri-urban and urban areas and a growing evidence base demonstrating its applicability. The CLTS Knowledge Hub based at the Institute of Development Studies with the support of Plan International Ethiopia convened a workshop entitled “Using a CLTS Approach and Tools in Peri-Urban and Urban Environments”. From the 13th-15th June 2016 25 participants¹ from across the world met in Addis Ababa, Ethiopia, to draw lessons from existing experiences and identify the opportunities and potentials for using CLTS in peri-urban and urban areas at scale.

Over the course of three days participants shared their varied experiences and discussed what added value a CLTS approach can bring to the urban context. They also developed a list of key activities needed for an urban CLTS (U-CLTS) approach to be followed. This document presents what was agreed as important stages of a U-CLTS process. These stages are explained, examples provided and advice given. A set of ideas and considerations are provided for those interested in embarking on a similar approach



Images 1 and 2: Participants working together throughout the workshop. Credit: Jamie Myers

¹ A list of participants can be found in the annex

2 The Urban Context

In urban areas there are a number of additional challenges that necessitate some adaptations to the traditional 'rural' CLTS approach. Though the core principles of the CLTS process (see next section) can be maintained, the context in which they are used is considerably different in urban environments. These contextual factors can both enable and constrain the use and success of U-CLTS as well as urban sanitation programmes more generally.

From an institutional perspective there is often a far greater array of actors involved in urban sanitation, responsible for different parts of the sanitation chain. There is often a lack of coordination between the actors and a tendency towards more infrastructure-focused solutions. Unfamiliarity with the CLTS approach alongside an absence of political will, urban-specific guidance, regulations, protocols and procedures makes it difficult to promote CLTS to central and municipal governments. There may also be city-level sanitation plans already drawn up with little will to incorporate community-based initiatives.

At the community level, triggering is more challenging in heterogeneous communities with busy, transient, and sometimes homeless populations who do not typically meet or work together. The nature and boundary of a 'community' is itself hard to define. Space constraints, insecurity of tenure, high population density, illegal settlements, markets and other public places, and landlord-tenant relationships are all additional factors to consider in the urban setting. Furthermore household incomes may be low and the cost of suitable sanitation technologies and related services high. There is also a risk of theft and vandalism and gangs or slum-lords in low-income areas can derail the process. All these factors add to the complexity of the urban sanitation challenge.

Yet, population density mean that mobilisation efforts, if done correctly, could reach a large number of people. Close proximity between neighbourhoods also makes healthy competitions between different parts of a city for improved sanitation easier to encourage. Though communities tend to be more heterogeneous other social organisations exist, such as churches or mosques, which can help mobilise the community. The role of Natural Leaders (NLs) can more easily extend outside of their communities and their support can be used to help neighbouring areas. The higher proportion of those with access to the mobile phones and the internet opens up the possibility of using social media or other mass communication channels. There is often a more active private sector, greater availability of materials, supplies and artisans alongside better transport infrastructure.



Image 3: A previous open defecation spot in Marathe, Nairobi, Kenya. Credit: Petra Bongartz

3 Principles of CLTS

Reflecting on the different challenges faced in the urban context workshop participants identified a number of principles that still underscore both rural and urban CLTS practice:

- **Participation** – *community members are at the heart of the process and should drive the agenda*
- **Empowerment** – *communities make their own decisions and are encouraged to take their own actions*
- **Collective behaviour change and collective action** – *the process focuses on all, everyone must change unsafe sanitation and hygiene practices in order for the risk of faecal-oral contamination to be reduced*
- **Community ownership** – *directly and symbolically (through high levels of community buy-in)*
- **Triggering to create demand** – *a set of tools used to evoke powerful emotions and confront the negative impacts of open defecation and poor sanitation*
- **Natural Leaders** - *activists and champions who emerge and take lead of the process*
- **ODF is a main objective** – *it is not considered a success unless all have appropriate sanitation facilities and use is sustained*

4 Different Stages in Urban CLTS

Adaptations and additional elements to the traditional rural methodology were identified through extensive sharing of case studies and experiences. These include:

- **Situational and stakeholder analysis** – *due to the greater complexity in urban areas gaining a thorough understanding of the context and identifying the range of relevant stakeholders is critical*
- **Stakeholder engagement** – *partnerships and relationships with multiple stakeholders are essential, it is important to get strategic players to understand, support and complement implementation*
- **Institutional capacity building and coordination** – *any demand driven approach will require training and coaching of relevant stakeholders and institutions*
- **Design or selection of technological options and solutions** – *simple pit latrines will not be suitable in most urban areas, a range of appropriate solutions for a given context should be explored*
- **Facilitating supply** – *products may not be available in local markets or costs may be too high, programmes should enable access to appropriate and affordable sanitation products and services*
- **Safe management of faecal sludge** – *population density and a lack of space requires a focus not just on containment but also on ensuring safe management across the sanitation chain*
- **Triggering** – *triggering units need to be identified. Triggering events are likely to be competing with other interests so should be fast, exciting and enticing. Multiple triggering events may be needed*
- **Post-triggering follow-up** – *efforts to ensure community engagement and action after a triggering event are likely to be more complicated and take much longer. Competing demands also make this stage critical in building and maintaining momentum*
- **Beyond ODF and wider service provision** – *thinking beyond ODF to consider other sanitation and hygiene related services like solid and liquid waste management (SLWM) and faecal sludge management (FSM) is important for gaining and maintaining a clean and hygienic environment*
- **Monitoring, verification and certification** – *because community units are harder to identify and shit enters communities through a number of different ways, what should be monitored is less obvious and difficult to standardise*
- **Mobilization of social movements** – *advocacy for sanitation and wider improvements for the urban poor on a town/city wide scale can help expand the reach of an intervention*

The importance of these activities, how they are conducted and their sequencing will take a different form dependent on context. Each of these elements are discussed below in more detail accompanied by methodological ideas and experiences from practice.

4.1 Situation & Stakeholder Analysis

4.1.1 What and why

Creating an open defecation free environment is more complex in urban areas and cannot be dealt with in isolation of other water and sanitation-related issues and actors. Therefore, as part of the pre-triggering phase, it is important to take time to understand the wider context and the range of different stakeholders relevant to addressing water and sanitation.

Like any other sanitation project a Situation Analysis should include issues such as existing latrine coverage, usage, maintenance and other practices relating to hygiene, such as handwashing.

However, in the urban context, it should consider the entire sanitation chain from confinement to disposal. Gaining a sound understanding of land ownership, plot layout and tenancy arrangements is essential. It must also look beyond sanitation to water access, waste and storm water drainage and solid waste management. Broader mapping and analysis of the area should include socioeconomic, disease, culture, disability, etc. The Situation Analysis will provide the information necessary for developing appropriate triggering and follow-up strategies.

A community-led process cannot deliver all aspects of water and sanitation needs in urban areas without external support. Therefore the range and roles of other water and sanitation actors must be understood early on in the process in order that they can be integrated into the pre-triggering, triggering and post triggering stages. A Stakeholder Analysis can help CLTS facilitators to identify these different actors and institutions, their roles and responsibilities.

Stakeholders in an urban area

Examples of key stakeholders in urban areas comprise a range of people and institutions. These include ministries, municipalities, politicians, health officers (often present and active in urban areas), community development officers, ward administrators, utility companies, community leaders and groups (youth, women, informal sector workers, community-based organisations, landlords and tenants), religious centres and leaders, NGOs and schools. Human rights-focused groups, activists and media and their roles in advocacy around sanitation should also be considered. The private sector and financial institutions (banks as well as micro-finance) are important facilitators of sanitation technology and hardware supply. Some of these actors will be duty-bearers, i.e. those who have a responsibility to ensure delivery of certain services. Others may be facilitators in delivery (e.g. of water, technologies, construction skills, etc), such as the private sector, NGOs, etc. Some will be transient players and others have a long-term role. Unusual stakeholders should also be included such as chemists or pharmacists who advise those suffering from faecally transmitted diseases.



Image 4 and 5: Richard Wilson, Water and Sanitation for the Urban Poor, presents the many stakeholders needed for a sustainable urban sanitation programme. Credit: Jamie Myers

Situation & Stakeholder analysis should look at the enabling environment for U-CLTS in terms of the policies and processes in place, institutional responsibilities and capacities, the official definitions of OD, ODF and SLWM. Policies, processes (including existing standards, regulations and bylaws) and institutional responsibilities relating to solid waste management, water service provision, waste water management, and faecal sludge management across the entire sanitation chain should also be collected.

This analysis will aim to identify opportunities, entry points, complementarities, resources, and potential champions or facilitators of the CLTS process. It will identify the key players whose buy in and commitment is essential and can also identify those who might stand to lose out and who might therefore hinder or block the process. Understanding the power dynamics at play may prove to be critical to the success of CLTS in an urban context.

4.1.2 Ideas and experiences

In practice, Situation & Stakeholder analysis as part of an urban CLTS process has tended to be ad hoc rather than systematic. The following mainly constitute recommendations based on good practice rather than extensive concrete experiences.

A number of conventional and more participatory tools and methods were proposed by workshop participants for carrying out situation / stakeholder analysis:

- Situation Analysis could draw on existing data from authorities, published data, surveys, and documents. In India, the census records people who defecate in the open and the number of people using unimproved and unsafe facilities and households not connected to a sewer system. However, it was agreed that getting information can be a long and tiresome process.
- Situation Analysis could be complemented or verified by different groups in the community, e.g. through mapping exercises or key informant interviews. It was debated whether this should be done before or during triggering. Collecting information in the community prior to triggering might duplicate and possibly undermine the impact of triggering.
- Stakeholder Analysis could take the form of interviews, focus group discussions and / or workshops to make sure all stakeholders are identified and relationships are understood.

Tools to use during stakeholder workshops could include:

- Stakeholder matrix
- Venn diagrams to show overlaps between players. Size identifies importance / how they are perceived.
- Mapping diagram of the system with relationships marked / strength indicated
- Mapping where different stakeholders are working (including functionality of committees)
- Power mapping of the different stakeholders would help to understand who has influence within and beyond the community

Mathare, Nairobi, Kenya

Plan International Kenya organised a stakeholder event with around 100 people from the government, representatives of different geographical areas, community-based service providers, NGOs, local businesses, youth groups, women's groups, churches, etc. The participants looked at their own roles

in sanitation, their strengths and weaknesses, the resources they already had at their disposal, and their relationships with other groups. The facilitators asked people what they saw as their role in the proposed initiative. This gave them a basis on which to agree a proposal for activities going forward.

Nakuru, Kenya

Practical Action and Umande Trust mapped existing institutions and local partners through surveys, initially with key stakeholders: Ministry of Health, Ministry of Environment, Ministry of Culture, the National Environmental Management Authority, active INGOs, private operators, etc. They compiled a list of actors, outlining the activities that each of them was doing. The results of this study were shared at the U-CLTS project inception workshop.

Workshop participants proposed that Situation & Stakeholder Analysis should be an initial activity that takes place before triggering. However, the analysis does not have to be complete before entering the community for triggering. The process of learning should be continual. Furthermore, the community themselves (e.g. Natural Leaders or other community leaders) can also be engaged in situation and stakeholder analysis for their own empowerment, whether pre- or post-triggering.

4.2 Stakeholder Engagement

4.2.1 What and why

Stakeholder engagement is the process of getting strategic players in the sanitation sector to understand, support and complement citizen led efforts and the U-CLTS process.

Building awareness, capacity and buy-in amongst relevant stakeholders is key to gaining their commitment and creating a more favourable enabling environment. Some stakeholders may be expected to directly engage in U-CLTS implementation, e.g. municipal government, health extension workers, NGOs, community organisations and local leaders, etc. Others may be required to liaise with or complement the process e.g. utilities and other service providers, technology and other suppliers, etc. In either case, a sound understanding of the principles, aims and methodology of CLTS is likely to enhance their capacity to engage and support the process. It is important to be aware that changing mind-sets may present more of a challenge in the urban context than in rural where CLTS has more widespread acceptance and there is considerable positive experience in support of the approach. Urban sanitation stakeholders may need to be presented with more evidence to convince them that U-CLTS is different from the rural approach and that it can work in urban areas (this challenge is discussed in Section 5).

Stakeholder engagement also involves building empowering and lasting relationships between relevant actors throughout the process. Often there is a mismatch between institutional policies and processes for urban water and sanitation and the realities for poor urban communities on the ground. For example, municipal standards of toilet construction may be well beyond the capacity of residents or landlords leading to failure to comply; a lack of understanding of the needs, capacity or purchasing power of communities may lead technology and service providers to offer inappropriate options. Facilitating relationships between stakeholders and the community can encourage more appropriate responses, policies, standards and financing. This need not be a passive process for communities: they can be empowered to advocate and lobby various stakeholders to ensure that they receive the support and services they need and are entitled to.

As well as strengthening relationships and understanding between stakeholders and the community, ongoing institutional coordination is also required to facilitate, sustain and monitor the U-CLTS process. Mechanisms are needed to coordinate the wider range of different actors, roles and responsibilities that exist in the more complex urban sanitation chain. Improved coordination can help with harmonization of approaches, ensuring coverage, facilitating financial cooperation, and monitoring of progress towards ODF and beyond. Institutional coordination also provides the opportunity for taking CLTS to scale up, facilitating replication across the municipality.

4.2.2 Ideas and experiences

Building understanding of U-CLTS amongst relevant stakeholders has been achieved in a number of ways, including training sessions, interagency visits, community exposure visits, and showcasing of global CLTS successes.

It is important to start where there is support or champions: In Rosso, Mauritania, there was little national government buy-in for either rural or urban CLTS. However, the mayor of Rosso believed the approach could work. Though there was little buy-in from central government it was municipality-owned and led.

In Gulariya, Nepal, Practical Action worked through the Municipal Government to implement CLTS in a peri-urban context. They engaged municipal leadership through the Project Management Committee and invested considerable efforts in informing and engaging a wide range of stakeholders through trainings and workshops to ensure they fully understood the CLTS process. Pressure from national government to deliver on national sanitation goals complemented their local efforts and ODF was achieved in a population of 60,000, over 50% of whom who were practicing open defecation, in just 6 months.

Various examples were cited in the workshop of different mechanisms for building empowering and lasting relationships between various actors and community. In Nakuru, Kenya, high standards of latrine construction enforced by the Public Health and Planning departments were unattainable by poorer landlords and other urban residents. Therefore Practical Action facilitated a participatory technology design process to achieve latrine designs that were acceptable to community members, affordable by landlords, and met minimum standards for public health. Bringing these different stakeholder together was an empowering process and created space to reach an outcome that was agreeable to all.²

Institutional triggering:

Whilst community triggering can stimulate collective action for sanitation behaviour change, it is also important to consider how to trigger government, service providers and the private sector play their roles in ensuring universal and sustainable achievement of ODF communities, as well as achieving wider water and sanitation goals.

Institutional triggering is done to mobilize local government commitment and action for improved sanitation and hygiene. It is similar to community triggering but targeted at institutions. U-CLTS can

² For more information please see *Lessons in Urban Community Led Total Sanitation from Nakuru, Kenya* http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/PracticalAction_LessonsOnUrbanCLTSNakuruKenya_Apr2015.pdf

be a behaviour change communication tool to change mindsets of professionals and provides space for innovation. As well as institutional triggering, institutional development is needed for U-CLTS, which is a longer-term intervention and for utilities involves efficiency-focused reforms, strengthening regulators, customer accountability mechanisms, pro-poor units as well as asset management. U-CLTS can provide opportunities for scale up that can be replicated across the municipality and sustainability of the process.

Institutional coordination mechanisms have been established at a national scale in various countries. In Gulariya, Nepal, the WASH Coordination Committees were particularly successful in supporting U-CLTS facilitation, as well as providing regular oversight and encouragement, and playing an important role monitoring and verification. Both Ward and Municipal level committees liaised with the community. They were bolstered by District, Regional and National level structures providing advice and incentives for positive ODF outcomes. Members of the Coordination Committees included representatives of various departments (health, education, community development), as well as staff of health facilities, NGOs, CBOs, development partners, child clubs, community health volunteers, headmasters/principals, parent teach associations, women groups, micro credit organizations, local networks, etc., hence facilitating a unified approach with support from all sides.

In rural areas sustainability can depend on the voluntary engagement and contribution of communities, in urban areas there are more likely to be contractual obligations for service delivery through Key Performance Indicators, Design, Supervision and Management Consultants etc. communities can still play an important role in overseeing sanitation services for example through a complaints mechanism or a watchdog committee: for example neighborhood planning organizations in Kisumu; Project Steering Committee in Naivasha; Ward WASH Committee in Kenya; citizens playing a watchdog role through the Lusaka Water Trusts set up by Care International in Zambia. The motivation of these committees is important to maintain. Although communities do not need to lead all processes, fostering symbolic ownership could help keep levels of interest high. It can also ensure communities maintain and keep facilities clean and do not vandalise or steal materials from shared facilities.

4.3 Triggering

4.3.1 What and why

Triggering is intended to stimulate a collective sense of disgust amongst community members about the negative health impacts of open defecation, leading to immediate action to change behaviour and work towards an ODF community. This broad principle is true in both rural and urban contexts. However, there are issues relating to the urban context that make triggering more challenging; more targeted and repeated triggering events may be needed.

In rural areas, defining and bringing together the 'community' is relatively clear and simple as it usually constitutes a single village, typically with shared heritage, culture and traditional leadership. Towns and cities are much larger and may be hard to sub-divide into clear units suitable for triggering.

Although towns and cities tend to be broken down into administrative units, there are a number of reasons why these still present challenges for triggering:

- Government administrative units may still be too large (in terms of population) for triggering in a single event, requiring further sub division.
- The population within those units may be very heterogeneous in terms of
 - Length of time in the community
 - Culture, religion and even language
 - Migrant or transient populations not knowing one another well
 - A mix of landlords and tenants with difficult power dynamics. Tenants and the landlords might need to be triggered separated

These factors mean that the unit of triggering is not always obvious, and we may need to consider new and creative ways of defining 'community' in the urban context.

The lack of social cohesion found in some urban settings can discourage people from coming together in community meetings and feeling inspired to work together towards a shared common goal (total sanitation). Transient members, such as street sleepers and short term migrant labourers, may also be less inclined to participate in a group activity or be ignored by the process.

Mobilising people for triggering in urban areas is a key challenge. People tend to have much busier lives. Livelihoods tend to involve waged labour, people travelling to different locations within a town or city, often working long shifts. Men and women often both work outside the home. Therefore finding a suitable time when a majority of people can participate in CLTS triggering is challenging.

In an urban area, triggering may motivate people to change their sanitation situation, but the necessary actions required are more challenging than simply digging simple pit latrines as in rural CLTS. Lack of space for toilets, land tenure issues, by-laws relating to toilet standards, the practice of fixed point OD, and other such factors will lead to a different range of possible responses by communities. They may require access to appropriate latrine technologies, skills and hardware suppliers. They may need to engage with municipal service providers. Therefore, triggering needs to be well timed within the broader process of U-CLTS (i.e. after Situation & Stakeholder Analysis and some stakeholder engagement has taken place) in order that those external factors are in place or have been considered, and communities do not become immediately frustrated.

The concept of sanitation in urban areas is often considered to extend well beyond ODF, embracing a wider range of issues, including handwashing, solid waste management, waste water management, or general cleanliness of the environment. Urban triggering may start with ODF and move onto other issues later, or facilitators may aim to trigger behaviour change around a range of different issues at the same time from the outset.

4.3.2 Ideas and experiences

Situation & Stakeholder analysis (Section 4.1 above) can help with designing the strategies and approaches for triggering that are appropriate. For instance, the triggers might not be disgust, but arousing anger or a determination to fight for the right to adequate sanitation service provision by government or help elicit champions and activists who mobilise urban communities to demand their rights for services. Such analysis should also help in the identification of suitable triggering units and identify potential champions or leaders to involve.

The basic tools for triggering in urban areas are typically the same as those used in rural areas: community mapping, transect walk, shit calculation, medical expenses calculation, mapping faecal-oral transmission, and shit and food/water. However, several adaptations and additions have been made to the triggering tools depending on the particular challenges and opportunities of different urban contexts.

- In Nakuru, Kenya it was extremely hard to gather a crowd and keep them interested in the triggering, so a theatre group was brought along to perform comedy sketches about sanitation at the start of the event and in between each triggering tool to encourage people to stay engaged.
- In Mathare, Kenya community mapping on the ground proved a challenge due to the lack of space
- In Fort Dauphin, Madagascar, transect walks were not possible as there are only narrow pathways between houses and people had to walk in single file making collective observation and discussion problematic, therefore this tool was omitted.
- In Nala, Nepal, data about the extent of water contamination at each of the key water sources around the community was posted up on a sign board which shocked and motivated participants.
- Institutions can be triggered with data, maps, photos etc.

In many places it was observed that triggering needs to be done very fast in an urban context. Facilitators need to grab people's attention and work quickly to keep people engaged right through to the commitment and planning stage. As triggering is done fast, several triggering events (with different communities) can be done in one day.

In addition to using different tools, multiple targeted triggering events have often been employed with different stakeholder groups or at different locations to ensure that all elements of the community are reached with triggering messages. Sometimes repeat triggering events are required as different members of the population will be available on different days (weekdays or weekends) or at different times of day. A number of communication channels can be used to reinforce triggering messages as well as ensure more people were reached.

- In Nakuru, Kenya, landlords were triggered separately from tenants as bringing them together in a single forum would have created conflict, and the issues that each needed to address was different, i.e. landlords needed to build toilets, tenants needed to use and maintain them (see box)
- In Hawassa, Ethiopia, an additional triggering took place at the level of the compound or plot (around 5 to 20 households). Each compound was brought together. They visited filthy shared toilets rather than open defecation sites
- In Mathare, Kenya, triggering was carried out at plot level, but also in market places, at bus stops etc. to ensure that both stable and more itinerant populations heard the messages
- In Rosso, Mauritania, triggering was done by neighbourhood as well as by homogenous groups such as market merchants, fishermen, livestock salesmen and religious school students. Triggering at different sites was conducted almost simultaneously and the city was treated as an overall unit. Competition between areas was encouraged



Image 6: Mapping exercise during a triggering session in Rosso, Mauritania. Credit: Susana Sandoz

- In Mauritania and Kenya, the need to re-trigger was identified but it is important to consider why triggering had not ignited the community? What would you do differently, why didn't it work: venue? day? Selective targeting of special groups with a specific outcomes and a special agenda (i.e. landlords to build latrines for tenants) may help to solve the issues. It would also be good to test whether shame and disgust have the same resonance in urban areas. A strong situational analysis can avoid the need to retrigger
- Mass media has been used in many of the cases. In Mauritania, journalists, radio stations, the mayor (through speeches and when on visits), megaphone vans and preachers at mosques all helped spread the word about the harm of OD

Landlord Fora in Nakuru, Kenya

Landlord Fora can be used for landlord triggering. The Landlord Forum brings together all landlords within a certain area, irrespective of the standard or quality of their sanitation facilities. There would typically be around 50 landlords in such a meeting and it might last as long as 3 or 4 hours. Where a landlord is not available, a caretaker will attend in their place.

The Landlord Forum involves the following aspects:

- Landlords are shown maps of the sanitation status in the area including the number of plots that do not have adequate sanitation facilities, the number of pits filled up, areas of open defecation, etc. This is done without pinpointing the status of any individual's plot.
- The triggering strategy includes discussions about the health implications of poor sanitation for the people living on their plots, and how sickness (from diarrhoea or other water borne diseases) reduces available income and makes rent payment more of a challenge.
- A Public Health Officer explains the legal requirements for sanitation provision and the consequences of inadequate provision (court proceedings).

- There is discussion around tenants' rights and the fact that landlords can be sued by tenants for inadequate provision of facilities.
- Appropriate sanitation technologies for safe containment, sludge management, and drainage are discussed.
- Landlords raise their own challenges and the facilitators suggest how to overcome these themselves and advise them on the right authorities to approach, e.g. to get water connections, deal with faecal sludge, improve waste water disposal, manage solid waste, etc.
- Options for accessing finance are shared.
- Development of an action plan is encouraged at this stage, so that there is collective commitment to change. This is built upon in follow up meetings.

On multiple occasions throughout the Addis workshop, what issues should be included in U-CLTS alongside achieving OD was asked, i.e. handwashing, solid waste management, access to safe water, waste water management, FSM, etc. Whilst achieving ODF is at the core of the CLTS approach, there are many examples of tackling wider sanitation and hygiene issues in triggering sessions, principally because they naturally emerged during discussions.

- In Nanded, India, the community actually deemed the issue of solid waste management to be of higher priority and tackled that before OD
- In Nakuru, Kenya, landlords and tenants were triggered to address OD, handwashing, waste water, solid waste and general cleanliness of plots in one go.
- In Gulariya, Nepal, communities were triggered to address OD in the first instance and different strategies were used once this was achieved to encourage 'Total Sanitation'.
- In Hawassa, Ethiopia, the focus was also on SLWM. Communities were also encouraged to do waste calculations alongside a shit calculation.

In some cases, triggering is not able to result in immediate action by individuals in building, using and maintaining toilets. In urban contexts where building one's own toilet is not possible (due to land tenure issues, lack of space, etc) or where issues relate more to the wider management of faecal matter, the triggering can help elicit champions and activists who mobilise urban communities to demand their rights for services.

4.4 Post Triggering Follow-up

4.4.1 What and why

Similar to rural CLTS, the aim of post triggering follow-up in urban areas is to get people engaged in building, fixing, cleaning and maintaining toilets and keep energy levels high during the process of attainment of ODF. Typically Natural Leaders and Community Health Volunteers from within the community, as well as external agents, such as Government Health staff, WASH committees and NGO mobilisers, continually encourage and monitor progress until the community is ready to declare itself ODF. Typically, the methods used are monitoring visits by NLS, community meetings, celebrations such as World Toilet Day, etc.

In urban areas, the challenges of achieving ODF may be greater, and therefore the process of achieving ODF may take longer than in rural areas. Therefore, additional tools and strategies for post triggering follow up may help. Furthermore, Natural Leaders may tend to have more competing priorities in urban areas and might not be able to dedicate as much time to follow up. On the other hand, close proximity may be an advantage, saving time moving about within and between communities.

4.4.2 Ideas and experiences

Workshop participants noted the greater potential for accessing more diverse media communications channels for post triggering follow-up in urban areas, for example radio, TV, newspapers, internet connection, newspapers. Post triggering follow-up can take advantage of these multiple messaging channels to reach a large number of people and a wide range of social groups. Billboards have been used at road intersections in Gulariya, Nepal, and facebook, blogs and WhatsApp have been used in Mathare, Kenya to reinforce messages about sanitation.



Image 7: Poster used in Gulariya, Nepal. Credit: Practical Action Nepal

So that people do not become demoralised with the greater challenges of reaching ODF in urban areas, workshop participants recommended the practice of regularly celebrating small actions at multiple levels rather than waiting until the whole 'community' is ODF. In Mathare, Kenya, awards and certificates are being given to landlords who renovate their toilets; people who clean the market are celebrated, as are groups who actually follow the cleaning rota over a particular period of time within a busy compound. Such rewards and celebrations do not need to be costly. It is more a matter of maintaining enthusiasm.

The proximity of communities in urban areas provides greater opportunity for exchange visits between communities or groups working on sanitation to share experiences and to generate competition between communities. In Ethiopia, World Vision used exchange visits between communities to encourage and celebrate progress. Each community would elect a 7-member Sanitation Task Force. Periodically, exchange visits would be organised between areas during which the 7 members between them visited all households and assessed the toilets using an agreed checklist. Finally all the committees would come together, compare the rankings, and celebrate those that were best.

As Natural Leaders tend to have much busier lives in urban areas, it is worth thinking about linking their role in post triggering follow-up to a related enterprise that can help incentivise their ongoing engagement in their sanitation promotion role. In Ethiopia, one Natural Leader Association had established a solid waste management business and another group of 18 had invested in building and managing a public toilet. Both of these enterprises had the potential to earn the group an income over time as well as providing them with a channel through which to continue conversations about OD and wider sanitation issues.

Natural Leaders in urban areas may require additional skills such as leadership, communication or conflict management as the range of issues and the potential for conflict around sanitation is greater than in rural. In Mathare, Kenya, it was observed that Natural Leaders became more important people in the community when they took on the sanitation promotion role, but they didn't have the skills to deal with the range of problems that were being brought to them, including conflicts and disagreements. In one case a conflict developed between two women: one was regularly cleaning a public area whilst the other was dumping her waste there. This resulted in a physical fight requiring the intervention of the police. Situations like this might be diffused by Natural Leaders if they have the relevant skills. This raises the question of who should be providing the necessary training.

4.5 Technology Options and Solutions

4.5.1 What and why

In traditional CLTS the focus is on creating demand and not prescribing specific models in order to initiate local action for communities to look for their own alternatives to open defecation. Yet in urban areas it is important to carefully consider technology options and solutions. Whilst sanitation in rural areas mostly takes the form of low cost on-site solutions such as improved pit latrines, U-CLTS approach must encompass the whole sanitation chain: from safe containment to the safe disposal of waste. And the facilities installed must be of a good enough standard.

There are a number of technology options for latrines and sani-ware to consider:

- On-site technologies for capture and storage: e.g. pit latrines, ecosan, urine diverting dry toilets and pour flush toilet to a septic tanks
- Technologies for transporting, treating and disposal of faecal waste: pour flush toilet to a piped sewer system such as a condominal sewers or sewerage systems as well as the technologies for treatment as well as reuse and disposal.
- Other complementary technologies important for total sanitation include: waste water and storm water drainage, handwashing technologies and solid waste management options

Technologies needed to collect and transport faecal sludge safely. A minimum standard also has an effect on cost. Research by Sandec found that African on-site sanitation facilities are on average three times more expensive than Asian examples, due to the high material costs (especially cement and bricks), lack of prefabricated or mass produced toilet components which are common in Asia (Ulrich, 2016). High construction costs are assumed to result from labour by entrepreneurs: less than a third of the overall toilet costs in both Africa and Asia are labour costs.

4.5.2 Ideas and experiences

Community-Led Urban Environmental Sanitation Planning (CLUES): Developed by Eawag and UN-Habitat, the CLUES approach involves participatory community mapping, problem identification and action planning for water supply, sanitation, solid waste management and storm drainage. In Nepal, CLUES was tested in Nala, which has a population of about 1,100 households. Nala also provides a precedent for simplified sewers. Nala adopted the treatment methods of an Anaerobic Baffle Reactor combined with a horizontal flow, gravel-bed filter. Nala Water Supply and Sanitation Users' Committee is responsible for ensuring long-term operation and management of the sanitation system. Community-scale decentralized wastewater management is achieved by 'community-led' planning. DEWATS have performed poorly in areas where communities were not involved from the outset. A community-managed revolving funds scheme and local monitoring body was used to support access.

Any options should consider the following:

Technology justice: promote only technologies that can be sourced locally and where there is the availability of spare parts. Technology should be accessible to all and socially acceptable. Low-tech solutions equal low-maintenance; low capital investment required for installation; minimal ongoing costs after initial installation; reliable option for localized treatment of domestic wastewater. To lower on-site facility costs must focus on material costs, not labour inputs; households' willingness to pay in urban sub-Saharan Africa and financing mechanisms like public subsidies will be required if substantial progress is to be made in sanitation uptake.

Mass produced products, the modularization of toilet parts and local materials can be a way to cut costs. Better linkages with local businessmen and traders/dealers in sanitation hardware as ODF communities move up the sanitation ladder can also help.

Catalogues of technology options: have been developed for households to enable people to make informed choices for technology/ latrine models according to their income levels.

Participatory design: Participatory design is a way to enable people to make informed choices about technology. People have innovated simple latrines to provide the solutions they need. As technologies often have to be approved technical staff of the municipality have been invited to attend the participatory design sessions. Innovation in urban sanitation might include recycling plastics to make sanitation ware as a way to reduce costs. And the design of the SanPlat toilet in Madagascar has been adapted to uses a minimal amount of cement.

4.6 Facilitating Supply

4.6.1 What and why

As mentioned above safe containment is more important and potentially more difficult than in rural areas where you can dig a pit safely. In urban environments households are less likely to be able to construct a safe toilet on their own and will likely need help from an artisan and need to interact with markets to buy hardware components. Products may not be available in local markets or costs may

be too high, programmes should enable access to affordable and appropriate sanitation products and services.

Facilitating supply is concerned with access to a range of different products and services suitable for individual household latrines and shared facilities for those with limited space. In rural CLTS the debate about the timing of such activities is still active. In urban areas, perhaps there is a need to try and do this early on so that once people are triggered a range of options are ready.

Knowing the range of different options available is important and publications like *Compendium of Sanitation Systems and Technologies* are helpful. Identifying the barriers households face and finding ways to remove them was another suggestion given. In addition to availability other challenges can include:

- Affordability – costs of materials are often a large barrier. This will vary by location, e.g. costs are higher in cities outside the capital. Smaller towns, particularly in Africa, can suffer from a limited number of markets which means prices can be raised by local suppliers who are operating without competition. Prices in Africa have been found to be on average three times higher than Asia (Ulrich, 2016).
- Regulatory standards may be unattainably high for the urban poor.
- A lack of skilled labour focusing on sanitation products
- If suppliers know an NGO is buying products and distributing them they can raise the price.
- It is difficult to get providers of both material and financial products to create pro-poor products and services.

4.6.2 Ideas and Experiences

Participants identified a number of different ways in which they had facilitated supply in their own projects.

Implementers should be aware of the different market actors and the relationships between them. Understanding the system helps in understanding what might be the sources of provision. Participatory Market System Development Approaches can help. Where available, working with existing artisans and hardware manufacturers and suppliers means not starting from scratch.

Participatory technology design workshops in Nakuru brought together communities and authorities. The workshops helped get fixed low cost designs approved by the local authority.

Develop and leverage financing options. These can include:

- Community revolving funds
- Payment by instalments
- Micro-credit products through banks/micro-finance institutions
- Financial support and/or assistance for shared and public latrines.

Public toilets may be required to ensure access for the poorest and/or street dwellers, giving them free or cheaper access. This has been trialled in both Nairobi and Hawassa, Ethiopia.

Waste management rather than the existence of a toilet is often an issue. Adding value to waste (such as through biogas production and composting) can help make a business case for such services.

There were many examples from different projects

In **Gulariya, Nepal**, the growth of demand for artisans and hardware projects was huge. In an earlier project, Practical Action had trained artisans to make biosand filters for water treatment. As part of the U-CLTS approach the same artisans were trained to make slabs and rings.

In **Nakuru, Kenya**, Practical Action trained artisans on making toilets after having previously trained them in building houses. 'Master artisans' were also identified. As part of the participatory design approach mentioned earlier, 6 designs were approved by the local authority. Small wooden models of each were built and could be taken round the communities in order to help people select a model they liked and that would be suitable for their conditions. Artisans will only build these 6 toilets and refuse to build unapproved designs.

In **Iringa, Tanzania**, MAMADO found engaging artisans quite difficult as they had lots of other business interests which were more profitable. Instead they tried to reach out to vocational training centres who can also sell products with the hope that they will set up a joint venture, both training people and selling products

In **Rosso, Mauritania**, masons were trained and linked with existing hardware suppliers. Locally available products were searched for. The SaTo Pan pour flush toilet was identified as an aspirational product so UNICEF imported a large number from Bangladesh.

4.7 Safe Management of Faecal Sludge

4.7.1 What and why

The safe management of faecal sludge means ensuring safety across the five different stages of the sanitation chain: capture; storage; emptying and transportation; treatment; reuse/disposal. It is essential both for public health and environment protection. In urban areas faecal sludge management (FSM) is key to making ODF sustainable yet it is still missing in many policy documents and strategies.

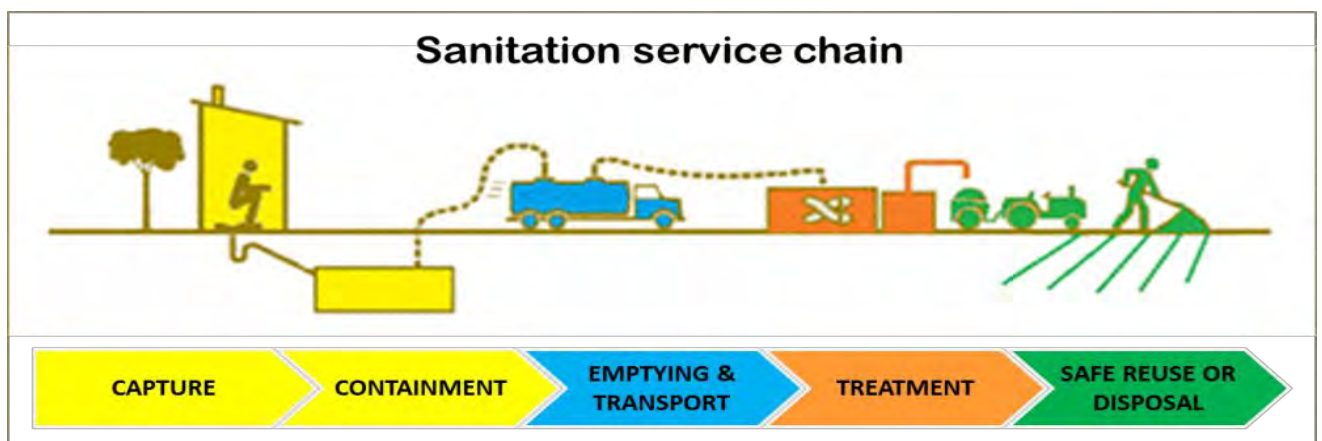


Image 8: The whole sanitation service chain.

Credit: IRC <http://www.ircwash.org/blog/calculating-shit-volumes-can-be-messy-business>

There is potential that FSM systems can provide livelihoods and jobs to people within the community. Waste can also be seen as a resource and can be used in the production of biogas or for compost.

FSM can be community planned and managed, though the responsibility for FSM should not be placed entirely on the community. It was questioned why we are asking poor communities to be managing the service when service providers and the government are responsible and high income groups are not expected to do the same. However, planning and assessing service options should involve all relevant stakeholders including the community.

Making an FSM system work is extremely challenging and there was much discussion on how a U-CLTS can add value. If U-CLTS is seen as a way of working rather than a direct means to deliver all necessary services across the sanitation service chain it should:

- Help implementers focus on people rather than things
- Promote **total** emptying so that all in an area are regularly emptying rather than having an FSM system where only a few are doing it.

4.7.2 Ideas and Experiences

Yet again a situation assessment is critical to help identify how faecal sludge can be managed and where it can be disposed of or reused. Equally important is a stakeholder analysis highlighting the relevant actors: municipality, utilities, private service providers, informal service providers, households etc.

There were some good examples of FSM being managed by communities. In Nakuru Umande Trust and Practical Action built a public bio-sanitary centre, a public toilet which generates bio-gas from the faecal waste. The bio-centres are managed by community groups who earn income from charging for access to the toilets and use the finances to pay wages and maintain the facility. The biogas is usually fed into a kitchen within the facility which can be hired out for cooking.

Whoever ends up providing the service capacity development and equipment provision is important. This could include identifying entrepreneurs from the community and providing them with business skills alongside training and equipment for emptying, transporting and treating sludge. World Vision in Ethiopia is planning to train pit emptiers who will collect pit contents and sell to farmers as fertiliser. UNICEF in Mauritania and Practical Action in Nakuru have also provided training and equipment service provision for FSM workers. Other good examples are pit emptying associations being formed in Burkina Faso and in Nairobi where informal emptiers were given recognition during World Toilet Day.

Another suggestion was using post-ODF mapping which shows what pits will be full when.

However, many more questions were asked rather than answers given. These included:

- How can you get concentrated service delivery in a given area and raise the ambition on the level of coverage of FSM services?
- Can CLTS be used for pit emptying? How far along the sanitation chain do we have to/can we go with CLTS? Is it suitable for emptying? Transporting? Treatment? Disposal? Do we need to figure this out before triggering?
- What is the role of the duty bearers and what is the role of the community?

4.8 Beyond ODF And Wider Service Provision

4.8.1 What and why

In rural areas, definitions of open defecation are associated with defecation in open spaces but in urban areas the definition is broader and overlaps with solid and liquid waste management e.g. diapers and flying toilets might be disposed of in solid waste or else dumped in drains. Open defecation in urban areas should reflect all the ways that shit enters the environment. ODF also goes beyond open defecation in urban areas, it's important to consider the complete range of other sanitation and hygiene related services for gaining and maintaining a clean and hygienic environment. Promotion of safe sanitation and hygiene practices contribute to environmental sustainability through removal of human waste, solid and liquid waste from the environment. The community-led aspects require empowering the communities to clean up the environment and not just the household, to demand and pay for services. A lack of services can lead to significant risk of contamination of water or food. A disease outbreak in a poorly serviced area of town can quickly spread to other areas. Lack of WASH services therefore directly affects the health and well-being of whole communities.

Additional provisions should include:

- Solid and Liquid Waste management
- Waste water management
- Faecal sludge management (mentioned above)
- Menstrual Hygiene Management
- Child faeces management/ nappies etc,
- Access to clean water
- Food hygiene
- Handwashing with soap

It is not possible to facilitate delivery of sustainable services to the urban poor without addressing the challenge of these other sanitation and hygiene related services. They are all interlinked; handwashing with soap after visiting a latrine is a safe hygiene practice - however communities can only do this if clean water is available. A multi-element approach is necessary to develop and maintain sanitation.

Solid waste often ends up in the pit latrines making emptying difficult. OD might also be a secondary issue but solid waste management might be the key issue.

4.8.2 Ideas and Experiences

Although recognised as important there was not a wealth of experience.

In Ethiopia, UNICEF and World Vision programme of town urban sanitation and hygiene promotes innovative solid waste management along with a training package and institutional WASH promotion.

The Gulper, developed through participatory design in Nairobi, was found not to work in Lusaka because of the amount of solid waste in the pits. It was found that the SWM chain (including menstrual hygiene waste) must be in place to behavior change to stop solid waste in the pit as well as ensure the City Council takes the waste away.

This is an area that could benefit from more research.

4.9 Monitoring, Verification and Certification

4.9.1 What and why

The key elements of monitoring, verification and certification are the same in U-CLTS as they are in its rural application. Government agencies, and sometimes NGOs, play a role in monitoring progress; they are the typical agents for verification and certification of ODF once it is declared by the community; and they may gather lessons to improve implementation. Natural leaders are also encouraged to monitor progress towards ODF, including monitoring open defecation sites, construction of latrines, ensuring they are fly-proof, and encouraging the practice of handwashing. Post ODF monitoring is critical to maintain behaviour change.

Monitoring, verification and certification are more challenging in urban areas for a number of reasons. The complexity of defining OD in urban areas means that criteria for monitoring and verification may vary. In urban areas there may be exposed shit in poorly maintained toilets (fixed point open defaecation) and in garbage ('flying toilets', toilet paper, nappies, etc); addressing open defaecation by homeless or transient people is more difficult; there may be planning standards for latrine construction which have to be adhered to; and there is the huge challenge of dealing with faecal sludge when toilets are full.

As noted earlier in the context of triggering, the geographical unit of intervention is less obvious in some urban areas, particularly in densely populated or informal settlements. Defining a single boundary of the 'community' is not easy, and triggering may take place at various different localities, including plot or compound, market place, religious centres, etc.. Therefore the appropriate unit for monitoring, verification and certification may also need to vary.

As mentioned above U-CLTS often extends beyond elimination of open defecation to include a range of other sanitation and hygiene related issues that are particularly significant in the urban context. New criteria and methods for monitoring and verifying may be needed to address these issues.

Urban sanitation issues vary hugely depending on context even within a city, but also between cities and towns, urban and peri-urban, e.g. formal versus informal settlement, availability of FSM infrastructure, density of population, existence of transient or homeless populations etc. Workshop participants were not aware of any specific protocols that had been developed for monitoring and verification in urban areas, although the issue is being discussed at the moment in Kenya. However, in the light of all the above issues, the development of a single urban CLTS verification protocol even within a country is likely to be extremely challenging and potentially obstructive rather than helpful.

Effective monitoring of urban CLTS processes is critical in this early stage of its application to help external agencies to understand what is working and what is not working in terms of urban CLTS practice. It is important to capture emerging lessons and challenges which will help practitioners to address the complexity of urban situation, and provide evidence to support the spread of the approach as it proves successful.

4.9.2 Ideas and experiences

Many of the same monitoring tools can be used in urban as for rural including reporting formats (developed by communities, government or NGOs); and participatory methods such as transect walks and spot checks by natural leaders or external people; or visually marking households who have built a latrine on a community map.

Whilst monitoring, verification and certification in urban areas would appear to be more complex, experiences shared in the workshop illustrated that there are also opportunities for innovative and effective practice aided by the urban context. Firstly, the much greater connectivity to the internet means there are opportunities for the using ICTs for monitoring, for example posting photos on blogs, facebook, WhatsApp. In Nairobi, GIS tools were used to map sanitation and other services such as drainage in Mathare (<http://www.mapkibera.org/>) In Nakuru, Kenya, an ICT tool was used for monitoring allowing Community Health Volunteers to collect relevant data on mobile phones, including photos, which was automatically uploaded to a database with the GPS location. The collated data helped project staff and Public Health Officers to assess progress and identify plots that were slow to improve.

The closer proximity between communities can facilitate more regular monitoring by external stakeholders such as NGO staff, government agents (Public Health Officers, Health Extension Workers, etc.) as there is less distance to travel to reach many communities. Furthermore, the range of different actors involved in monitoring may be greater in urban areas. Alongside informal Natural Leaders, there are often active government trained Community Health Volunteers; landlords might be involved in monitoring tenants and vice versa; WASH Coordination Committees might be more active; etc. The dynamics of urban areas makes the commitment of Natural Leaders more necessary and its more important for them to be dynamic.

In the case of Gulariya, Nepal, monitoring was carried out by Female Community Health Workers and WATSAN volunteers who were local to the communities, complemented by frequent visits from NGO social mobilisers and members of the WASH Coordination Committees at Ward and Municipal levels. This consistent and regular interest in community progress towards ODF certainly encouraged and facilitated the speedy progress towards declaration, verification and certification. A population of 30,000 across 11 peri-urban wards achieved ODF within a 5 month period.

Consideration of different monitoring and verification units may be key in some urban contexts. Where a number of households are living in a compound or plot, perhaps owned and managed by a landlord, this can be a useful initial unit of verification and celebration. Market places, bus stops, and other public areas may also need to be monitored and verified on their own basis initially. As many plots, individual households and public areas become ODF then a larger geographical or administrative area may be chosen as the next goal to be verified and celebrated.

In urban areas, the definition of ODF is more complex. Latrines often exist but are poorly maintained, therefore monitoring and verification of cleanliness and maintenance is critical. ODF often includes issues of solid waste management, particularly where excreta may be present in the waste.

In Madagascar, community members agreed a set of criteria for rating toilets on maintenance, cleanliness, handwashing, availability of soap, etc. Each month a group of health volunteers would walk round the community and rank every latrine. Neighbours were also given the opportunity to rate each other's latrines over three months, with results presented on a whiteboard situated in a communal place. Those families which have maintained high standards over three months are presented with a small incentive in a presentation ceremony encouraging positive behavioural change.



Image 9: Women write the results from a monitoring exercise in Fort Dauphin, Madagascar

New tools and methods may be needed for monitoring actions beyond ODF, e.g. solid waste management, waste water management, general cleanliness, etc. In Gulariya, Nepal, stickers have been designed for post ODF (termed Total Sanitation) monitoring. The round, blue sticker is divided into five segments each with a goal (e.g. waste water management, clean water, hand washing, latrine in use and maintained, solid waste management) and a check box. The sticker is placed by the front door of each house, visible to all, and as each element is achieved the segment is ticked. Finally, once all five goals have been achieved a green sticker is awarded. Once all households have achieved the green sticker the community celebrates Total Sanitation.

There was some discussion around whether or not a universal protocol for urban ODF was desirable. The concern was that given the huge variations in context between towns, cities, peri-urban areas and informal settlements, a single protocol would be unhelpful. On the other hand, having different protocols, or allowing communities or other stakeholders to decide their own ODF protocols, could lead to a relaxing of standards. The discussion did not reach a conclusive stand point.

In urban areas communities can do their own monitoring: in Mathare and Madagascar communities developed different standards to monitor. Monitoring was community driven with community-developed formats for reporting and protocols and small do-able actions were rewarded to keep momentum.

[4.10 Mobilisation Of Social Movements For Going To Scale](#)

This focuses beyond getting a particular neighbourhood or area triggered and ODF. It involves empowered communities dealing with bigger advocacy issues. It means developing Natural Leaders within a community to create champions who are influential inside and outside the community to support wider needs. At the workshop the participants heard about the Nairobi Water and Sanitation Movement (see box below).

Case-Study: The Nairobi Water and Sanitation Movement (NWSM)

A WhatsApp group was started during the CLTS process to aid communication between Natural Leaders and other stakeholders and institutional actors. The membership of this group grew and grew, including many people from other neighbourhoods beyond Mathare. Over time it started to play a role in mobilising people for collective action.

The group to date has helped to previously used OD sites from being sold or leased to private landlords. They also campaigned against the County Assembly Sanitation Committee who wanted to bring in private companies to collect waste threatening local waste collectors. They eventually agreed with the government that local people could sort the waste who then would call the private company to come and take away the remaining waste. This has led to changes in the County policy for waste collection.

This Nairobi Water and Sanitation Movement, previously an unofficial entity, is now a registered group and stretches across 17 sub-counties. They have acquired a space in a youth centre where they have a small office. Members are earning through their own enterprises (e.g. waste sorting) so they do not have to ask for financial support. This social movement is becoming powerful in its ability to mobilise people not only around sanitation, but other issues too. It is increasingly being used by politicians as a channel to access grassroots support, and youth members of the movement are being empowered to take on political roles. This adds to the strength of the movement as they are now able to bring sanitation issues to the political table, but also adds a danger that it might start to become more of a political movement and lose focus.

It is interesting to consider some of the wider factors influencing this movement, including support from Nairobi County Government. Plan International Kenya could not continue to offer support to the movement beyond the end of the project. However, a champion, Susan, was able to approach other partners to support activities such as training for youth. Susan was community development officer (CDO) in Mathare when the Plan project had started, and she had been trained in CLTS. She saw CLTS as an entry point into community development. Through her connection, all CDOs were later trained through her connection. County Public Health Officers in different areas in Nairobi who were members of the WhatsApp group also requested training, hence aiding the spread of the approach.

5 Potentials and Limitations of Scaling up Urban CLTS

CLTS in the urban context can support the aim of safely managed sanitation, provided: (1) it is adjusted to the local context, (2) is one component embedded into a larger town or city wide sanitation plan and (3) is agreed upon by all relevant stakeholders. CLTS is a methodology and approach and process it is more than a set of tools. The potentials and limitations for the approach to be used at scale are discussed below.

5.1 U-CLTS in the Sustainable Development Goal Era

There are a range of synergies between U-CLTS and the Sustainable Development Goals (SDGs). The characteristics of the approach mean that it has the potential to contribute not to just SDG6 on WASH and SDG11 on cities but also those concerning the reduction of inequalities and the promotion of inclusive societies. Although donors typically invest in large-scale infrastructure in cities and small towns, arguably more attention is needed for community initiatives in order to meet the SDG targets. As a pro-poor development strategy, CLTS has the potential to mobilise the urban poor to collectively demand for access to safely managed sanitation, hygiene and water services and through social accountability mechanisms which ensure no one is left behind. As has been demonstrated with the Community-Led Urban Environmental Sanitation (Lüthi et al., 2011) approach and other examples, U-CLTS can increase the space for community participation in urban planning and management and help strengthen and support local community involvement in improving sanitation systems and the management of services.

Though U-CLTS fits nicely into macro level development debates, an enabling legal and policy environment in towns and cities, countries and internationally is lacking, limiting the potential for success.

5.2 Accountability and community-led action

Coupled with participatory budgeting processes, U-CLTS can increase funds for sanitation. In Bangladesh funds can be allocated at the city level to slum communities. Under the Opportunities & Obstacles to Development programme in Tanzania, communities plan their priorities and then report to the authorities. Living in a community and providing services, so the service providers are residents in the community, can make services more accountable as well as more efficient and cost effective

U-CLTS has the potential to increase the likelihood that household, community and public sanitation facilities will be used, operated and maintained appropriately. The experience in Mathare, Nairobi, shows that the community-led nature of the approach means that, alongside direct community action U-CLTS can unify community demands on governments and service providers for adequate and equitable service provision. Furthermore, though communities cannot lead all the different processes across the sanitation chain, inclusion of communities in discussions about different options can help build symbolic ownership.

5.3 Enabling environment

Achieving ODF in all counties by 2030 will require a repertoire of strategies and approaches that can be implemented in urban settings. Supportive frameworks are required such as policies and institutional leadership. Policies are changing in some countries: in Kenya, urban sanitation policies are being developed that includes reference to CLTS and the Tanzanian government recently released U-CLTS guidelines (Ministry of Health, Community Development, Gender, Elderly and Children 2016). Political environments and municipal systems, budgets and capacities will have an effect on the ability to follow this type of approach. Nevertheless, U-CLTS can work within existing government structures and municipal plans and should not be promoted in isolation or in competition. It can also help inform sanitation plans that have not yet been designed.

5.4 An evidence base

There is already considerable evidence of CLTS's success in rural areas, and its reputation amongst national governments, national and international agencies and donors is strong. The evidence base in

urban areas is much smaller, however it is growing and beginning to demonstrate that a community-led model can work at scale in urban environments. In Nakuru, Kenya, 190,000 people have been reached, in Gularyia, Nepal, a town of 30,000 people became ODF in 6 months and in Rosso, Mauritania, close to 32,000 people are now living in an ODF environment. More examples are needed that document process and highlight results.



Image 10: A recently upgraded shared toilet and bathroom facility in Nakuru, Kenya. Credit: Katherine Pasteur

5.5 What is needed?

Moving forward there are a number of things that should be focused on:

U-CLTS will take a different form depending on the context: defining principles for U-CLTS should be further refined in order to demonstrate how it differs from rural practice and other urban sanitation approaches. The development of a more coherent protocol or toolkit would be an appropriate next step.

Advocacy is needed at the municipal, national, regional and international levels to help influence city and town sanitation plans, national and international policy discussions. Appropriate forums and spaces can be used at various levels to showcase the approach and demonstrate the potential of U-CLTS.

Continuing to build a body of evidence from different urban contexts: peri-urban, small and medium sized towns, large cities, informal settlements and slums. Documentation of its use, failures and successes can help advocacy efforts and inform future practice.

As this approach is a departure from traditional urban sanitation programmes, **capacity development will be needed for relevant stakeholders** at different levels. This will include municipalities, line ministries, utility companies, NGOs and community members. Those facilitating the process will need a different skill set from those working on rural CLTS. Natural Leaders will need to be supported in different ways dependent on context.

U-CLTS must be incorporated into municipal sanitation strategies and master plans. It is not a complete solution to urban sanitation and should not be promoted externally for city or town wide plans. It will also be important to consider how it can be linked to wider issues in the urban environment such as SLWM and FSM.

The co-production of services is encouraged in order to support a comprehensive approach to city-wide coverage of sanitation as well as greater sustainability. U-CLTS facilitators and communities should work with other sanitation actors across the sanitation chain to ensure appropriate FSM services, disposal systems or rubbish collection.

A strategy for scale is needed in order to demonstrate the potential of U-CLTS to contribute towards city-wide coverage. Cities and towns that have gone to scale should be showcased in order to advocate for the approach.

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7 Annexes

7.1 Further resources

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7.2 Participant list

Name	Organisation
Abiyot Geremew	Plan International Ethiopia
Abiyou Worku	World Vision Ethiopia
Atnafe Beyene	Plan International Ethiopia
Charles Ngira	Independent (previously Plan International Kenya)
Christoph Lüthi	Eawag
Deepak Sanan	CLTS Foundation
Jamie Myers	Institute of Development Studies
Joerg Henkel	ACRA-CCS
Joseph Malackal	Praxis
Kath Pasteur	Independent Consultant
Lucy Stevens	Practical Action UK
Mimi Coultas	SEED Madagascar/Plan International UK
Peter Murigi	Practical Action Kenya
Preetha Prabhakaran	CLTS Foundation
Rahel Kaba	UNICEF Ethiopia
Richard Wilson	Water and Sanitation for the Urban Poor
Robert Chambers	Institute of Development Studies
Rose Nyawira	Top Notch
Samson Maswaga	MAMADO
Samuel Musyoki	Plan International Zambia
Shirish Singh	Practical Action Nepal
Sue Cavill	Independent Consultant
Susana Sandoz	Independent Consultant



Image 11: Participant group photo

The Addis Agreement: Using CLTS in peri-urban and urban areas

The CLTS Knowledge Hub with the support of Plan International Ethiopia, convened a three day workshop focusing on 'Using a CLTS Approach and Tools in Peri-Urban and Urban Environments' in Addis Ababa in June 2016. Over the course of three days participants from across the world and different organisations shared their experiences with urban CLTS and discussed what added value a CLTS approach in the urban context could bring.

This Learning Paper has two purposes. It can be read as a record of the different discussions that took place. However, it is much more than a workshop report. Based on practical examples of what has worked it highlights the key stages of any urban CLTS programme. Furthermore, it provides guidance, advice and experiences of these different stages. Its purpose is not a guide but the beginnings of a toolbox for those interested in following a similar approach.

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