

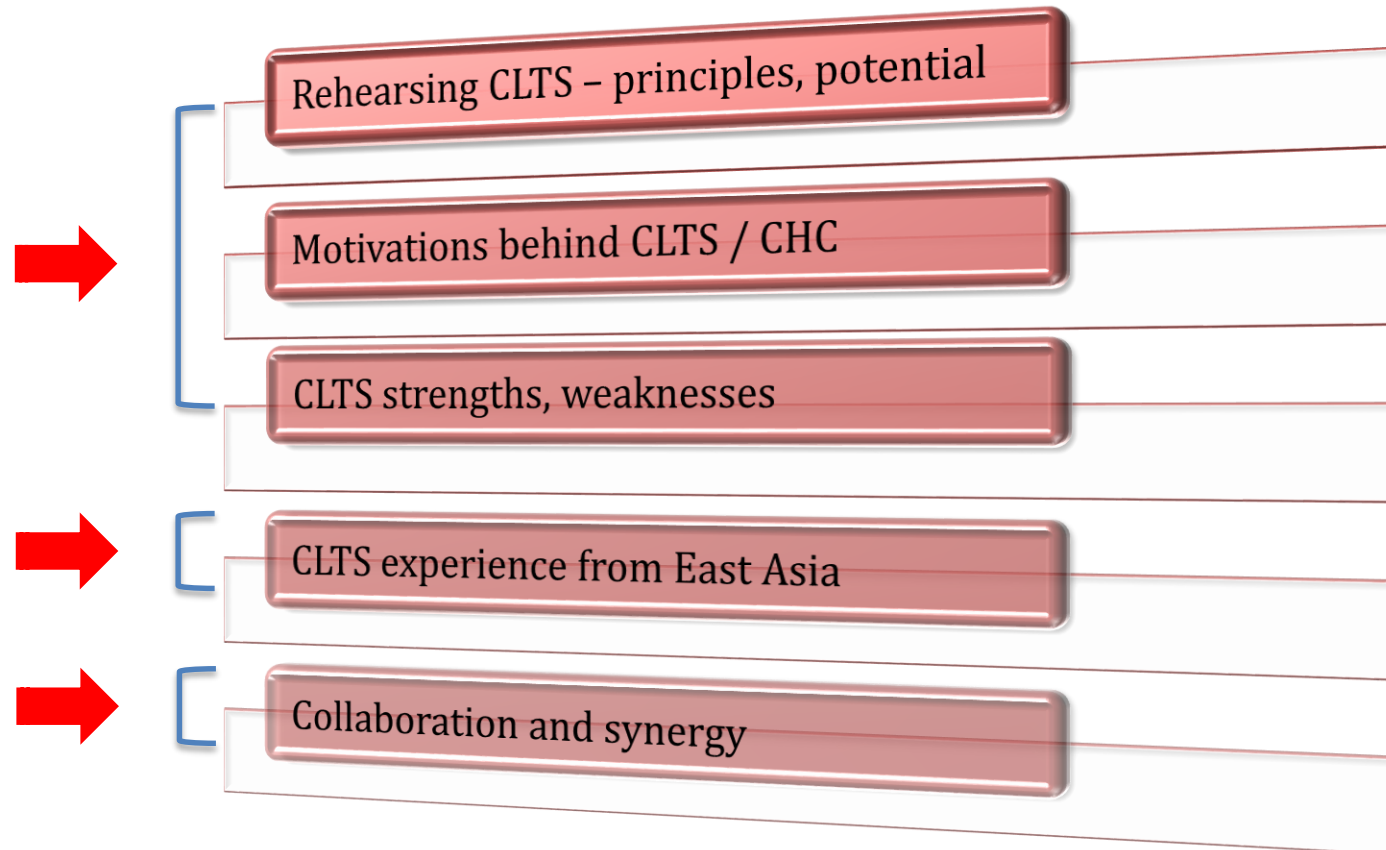


## **UNC-CH Water and Health Conference**

### **CLTS and CHCs – Complementary or Contradictory**

Promising Futures, Community by Community

# Outline





## Principles of CLTS approach

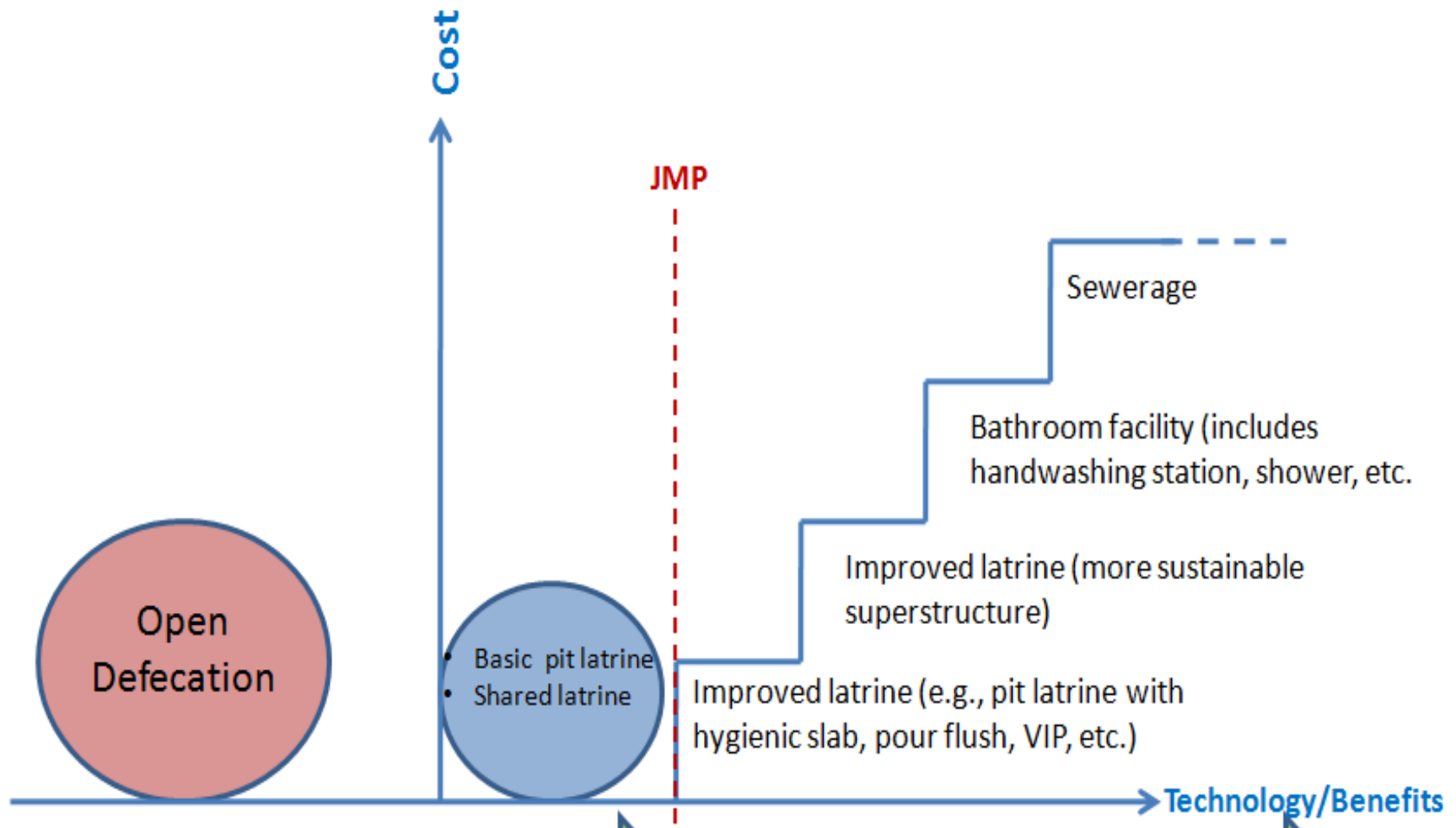
- Outcomes focus, not hardware
- Collective action @ community level; incentives directed towards community outcomes
- Local choice around technology options
- Communities construct their own latrines with own resources; no standardized design – innovation
- Facilitation, not teaching

# Potential of CLTS



Source: Eddy Perez, WSP

## Changing Behaviors First to Stop Open Defecation and Create Demand for Moving Up the Sanitation Ladder





# Motivating Factors

## CLTS

- Shame
- Disgust
- Embarrassment
- Disease prevention – cholera, diarrhea

## CHCs

- Achievement
- Belonging
- Competition
- Disease prevention – cholera among others
- Future income generating activities

# Strengths & Weaknesses

**CLTS**

Strength	Weakness
No reliance on sanitation subsidies or service delivery from external agencies for hardware	Sustained behavior change?
Encourages behavior change; social awakening and self-realization	Spread in areas with prior subsidy? Narrow band of favorable pre-conditions?
Empowers community	Sustainability of CLTS hardware solutions is questionable
Empowers natural leaders and facilitators	Relies critically on quality of facilitation

A group of children, mostly girls in school uniforms, are standing in a line outdoors, holding small yellow flags on sticks. A woman in a pink shirt stands behind them, looking on. In the background, there is a school building and other people sitting on the ground.

## Potential for collaboration...?

- CHCs address some gaps left by CLTS
  - Stronger emphasis on hand-washing
  - Sustained follow up
- CLTS emphasizes community construction of latrine - missing in CHCs
- Separate timing/implementation