Introduction

This research summary shares conclusions from a systematic review of grey literature on community-led total sanitation (CLTS). The Water Institute at UNC conducted the review in December 2012 as part of the Plan International USA project Testing CLTS Approaches for Scalability.

Systematic reviews summarize available evidence on a given topic or research question, which can help practitioners make evidence-based decisions. This review summarizes current challenges for CLTS and the role of ‘local actors’ of interest—teachers, natural leaders, and government staff—in influencing sanitation and hygiene outcomes. Practitioners and researchers may find the review useful for identifying challenges and planning projects.

Detailed insights are available in the full report at http://waterinstitute.unc.edu/clts. We are preparing a review of scientific, peer-reviewed literature for later publication.

Methods

We searched the websites of 11 organizations involved in CLTS and included additional documents referred by experts. From a total of 1,835 identified records, we selected 115 publications for a full review.

Project Summary: Exploring the Role of Local Actors in CLTS

The project, Testing CLTS Approaches for Scalability, aims to evaluate whether capacity-strengthening enhances the effect of local actors on CLTS outcomes. For this project ‘local actors’ refers to teachers in Ethiopia, sub-county government staff in Kenya, and natural leaders in Ghana. We have four thematic research questions:

• In what context do local actors work?
• What is the role of local actors?
• What is the cost of involving local actors?
• How do local actors influence results?

Learn more on our project website http://waterinstitute.unc.edu/clts

Peer-reviewed literature tends to be:

• Produced by academic researchers
• Published in formal scientific journals
• Stored in a systematic, searchable database
• Reviewed by independent experts
• Subject to a higher standard of validity

Grey literature tends to be:

• Produced by practitioners and donors
• Free and easier to access
• Found on organizational websites
• Reviewed internally within organizations
• Less explicit on the validity of findings
Results

Most of the documents we reviewed reflected CLTS in the rural context and almost all reflected experiences from Asia and Africa (see map next page). Document types were mainly technical reports, case studies, and briefing notes. Plan International, WaterAid, IDS, UNICEF and WSP published two-thirds of the literature on CLTS.

We found no evaluations in the grey literature of the impact of local actors, such as teachers, natural leaders, and government staff at the district level and below, on sanitation and hygiene outcomes. However, many practitioners consider these actors as playing important roles in CLTS projects.

Most documents discussing natural leaders mention the important role that children play in mobilizing communities toward behavior change and ending open defecation. The literature primarily contained anecdotes of children taunting, shaming (e.g. Nepal), and blowing whistles at people defecating in the open but did not study the impact of these techniques. Women were also highlighted as important natural leaders because the effects of open defecation played a more important role in their lives. For example, in Indonesia, women led routine post-triggering visits to households, and in Kenya the government specifically empowered women to be natural leaders. However, some unintended consequences of using women as natural leaders were cited from Bangladesh and India, where women often did not have control over toilet construction and advocating pour-flush toilets actually forced them to bring more water home for latrine use.

Teachers were involved primarily in school-based sanitation interventions, and their role as CLTS facilitators in the community was limited to literature from Pakistan, Zambia and Ethiopia. In Pakistan, for example, teachers were used as ‘barefooted consultants’ and compensated for each village that achieved open-defecation-free (ODF) status. Literature from Zambia and Ethiopia claimed improved results in the quality of triggering, facilitation, and ODF status when using teachers, but did not present evidence to support these claims.

Local government staff such as district health inspectors and sanitary engineers were described as playing a greater role in facilitating CLTS and monitoring progress toward ODF. Many CLTS projects reported
training district officials on CLTS as trainers of facilitators. In Sierra Leone, district health officials acted as advocates for CLTS and linked communities with the national health authority. Most documents emphasized training these actors in advocacy for additional resources, facilitator training, and ensuring routine and structured follow-up and monitoring of ODF communities. However, there were no evaluations for the impact of training local government staff on sanitation or hygiene outcomes.

**Conclusions**

Grey literature on CLTS focused mainly on processes (e.g. triggering) rather than outcomes. Information and analysis was presented in varying formats, including evaluations, case studies, and villagers’ anecdotes. Where outcomes were discussed, monitoring and evaluation methods and indicators were not standardized. Therefore, it was not possible to aggregate or compare data across the literature to critically assess effectiveness and impact. However, the documents provided broad insights into process and challenges:

- Structured follow-up after triggering was reported to have helped communities eliminate open defecation.

**Nearly all of the grey literature reflected experiences from Asia and Africa**

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<thead>
<tr>
<th>Regions</th>
<th># of documents*</th>
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<tbody>
<tr>
<td>South Asia</td>
<td>31</td>
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<tr>
<td>Southeast Asia</td>
<td>18</td>
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<td>East Africa</td>
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<td>West Africa</td>
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<td>Southern and Central Africa</td>
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<td>Oceania</td>
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* Quantity may not sum to 115 as some documents covered more than one region/country.
In particular, follow-ups by outsiders were considered effective motivators.

- The use of structured monitoring and evaluation mechanisms are important to sustaining behavior change and scaling CLTS, further illustrating the need for capacity strengthening in this area.
- A harmonized approach by international, national, and local actors, framed by a national strategy, is seen as important for scaling CLTS.
- There were no reports of how behavioral techniques during the triggering process may have contributed to sustained behavior change and changes in social norms.
- Teachers, natural leaders, and local government staff were noted as important to CLTS, but there were no evaluations on impact or effectiveness of these actors on CLTS outcomes.

**Future Work**

Our review confirmed that our study is addressing a critical evidence gap, namely the impact of local actors on sanitation and hygiene outcomes. The review also provided insight into implementation practices and challenges and informed our project during the design stage. Our research identified several areas where researchers and practitioners can help to advance CLTS:

1. Developing a methodology to aid in assessing the quality of the grey literature
2. Strengthening CLTS practitioner capacity in monitoring, evaluation, and reporting
3. Standardizing methods and indicators for monitoring and evaluation of CLTS
4. Performing theoretical and empirical research on CLTS and behavior change
5. Evaluating the role of local actors in CLTS outcomes

As an outcome of this review, the project team has developed a quality assessment framework and is refreshing its review of the literature on CLTS. We anticipate sharing the results in 2015. Further news will be shared via the project website.

**Acknowledgements**

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