

**Hunger, Subsidies and Process Facilitation:  
Challenges for Community Led Total Sanitation in Bangladesh**<sup>1</sup>

**A paper prepared for the Institute of Development Studies:  
CLTS Write Shop held on May 19-23, 2008**

**Anowarul Haq and Brigitta Bode  
CARE Bangladesh – Social Development Unit  
May 10, 2008 (revised and updated March, 2009)**

This paper discusses key dynamics around the Community Led Total Sanitation (CLTS) approach in CARE Bangladesh' Nijeder Janyia Nijera project. CLTS is a powerful approach to achieve sanitation and can be used as an entry point to build solidarity and provide a platform for other development initiatives. However, it is crucial to consider the lived realities of the poor, such as the seasonality of un-employment and households' ability to secure sufficient food. Further, state- or NGO funded hardware subsidies for latrine construction are likely to undermine sanitation programs in the long term, as subsidies create expectations on the part of beneficiaries that the state or NGOs are responsible for repairs and replacements of latrines, leading to unsustainable outcomes. Finally, the approach requires process facilitation methods that are inclusive and community mechanisms and support systems that assist households that are unable to maintain / repair/ replace their latrines. This paper presents case studies that illustrate the challenges that communities face in maintaining open defecation free (ODF) status as well as strategies to address these. The study was conducted by front line staff, with the assistance of natural leaders, and this report includes their recommendations.

## **Introduction**

Community Led Total Sanitation (CLTS) is a revolutionary approach towards sanitation. The 'community led' methodology enables entire communities to transform their hamlets, villages, and neighborhoods into clean spaces free from excreta and its associated pathogen. CLTS engages women and men from all socio-economic, ethnic, and religious groups in dialogic practice, analysis, planning and action, to achieve a common goal, and if well facilitated, CLTS can be powerful entry point that creates solidarity which can be build upon to address other development concerns.

CLTS, as all development initiatives, is confronted with complex social realities and dynamics. Firstly, the food insecurity of the poorest households, has to be considered. Maintaining Open Defecation Free (ODF) status is linked to poor households' concerns to meet food requirements in the near future, a reality that becomes paramount to any other development initiative. Unless extreme poverty is addressed side by side with

---

<sup>1</sup> We would like to thank Dr. Robert Chambers for his detailed comments and questions, as well as the contributions of the participants of the CLTS Write shops conducted at the Institute of Development Studies in Brighton on 19-23 May and 16-18 December, 2008. We would also like to acknowledge the tremendous support that we received over the years from Dr. Kamal Kar, who introduced us to CLTS.

sanitation, it becomes difficult for some of the poorest households to maintain / repair their latrines. Secondly, state- and NGO funded subsidies of latrines create considerable obstacles to achieve and maintain 100 percent ODF, as households expect the state/ NGOs to replace or repair broken or filled latrines. And thirdly, CLTS requires a well facilitated process to ensure inclusion of all neighborhoods and households, and a sound follow up mechanism to assist natural leaders or community activists to address the difficulties that households face to repair or re-install latrines following torrential rains, and the challenges around shared latrines. It is important for CLTS proponents and practitioners to recognize these concerns and find potential strategies that address these challenges.

In the pages below, we discuss the findings of an action research initiative that set out to understand how many and which communities of 112 that have declared ODF through CARE Bangladesh' *Nijeder Janyia Nijera* (henceforth *Nijera*) returned to open defecation; why this is taking place; and how this can be addressed. We begin with a section that highlights the approach of *Nijera*, a project that employs CLTS as an entry point and subsequently works through 'community led total development' methodology that addresses extreme poverty, social discrimination, and governance. This is followed by a discussion of the status of CLTS (and ODF) in *Nijera's* working area, and the action research methods to explore the causes of open defecation in communities. Case studies of three *para* (hamlets) illustrate the issues that emerged and the steps forward as outlined by the communities. Finally, the conclusion provides some thoughts in terms of addressing these challenges.

### ***Nijeder Janyia Nijera***

CARE Bangladesh' *Nijeder Janyia Nijera* project works "to promote the self-realization of poor rural women and men, to help them articulate their own vision of development, and to strengthen their capacity to act in pursuit of their self-defined goals". The project was launched in October 2004. Initially, *Nijera* began work in four locations in the Northwest of Bangladesh, in Rangpur (Mostapur), Gaibandha (Jalagari), Dinajpur (Mankira), Dinajpur (Adhikari), and one location in the Southeast of Bangladesh in Chittagong (Rudrapara). In October 2005, *Nijera* expanded its activities to three additional locations in the northwestern districts of Lalmonirhat (Durarkuthi), Nilphamari (Botlagari) and Gaibanda (Hossainpur).

*Nijera* works through a development approach that addresses the multiple causes and symptoms of extreme poverty, including hunger, through a community led approach. It builds upon the strengths and capacities of the poorest women and men and their strong wish to overcome poverty and hunger. In particular, *Nijera* draws upon people's desire for pride and self-respect and their capacity to find their own solutions using local resources and opportunities. It works to , and builds their capacity to foster and practice forms of public cooperation and engagement in the political arena. It is a development process that engages men and women from all socio-economic and religious groups, in dialogic practice, analysis, planning and action, emphasizing poverty alleviation. The approach leads to greater agency amongst the poor and lower middle classes, improved social relations amongst members of various socio-economic and religious backgrounds, and ultimately has the potential to work towards a structural transformation at the hamlet, village and union levels.

### **CLTS - A Powerful Entry Point to Trigger Community Led Total Development**

A powerful entry point to initiate a solidarity building process is Community Led Total Sanitation (CLTS), an activity that engages the entire community in sanitation work and can benefit a large number of households. CLTS is very effective as an entry point to initiate an empowerment process, because it is, a) non-political and relatively class neutral; b) easy to accomplish; c) brings considerable benefit to a community – a visibly cleaner hamlet – in a relatively short period of time; d) develops collaboration and community effort; and e) instills a sense of collective accomplishment and pride.

Total sanitation – open defecation free communities and hygienic practices – considerably reduces the incidence of cholera, dysentery, and diarrhea, enabling communities to save precious and scarce household resources, leading to relatively quick and lasting economic returns. Further, CLTS, a no-subsidy approach, at the core of which lies collective action, leads to new forms of public engagement. The approach can create a platform, so to speak, to build solidarity, encourage forms of collective action, and ultimately engage communities in development processes that lead to broader social change.

CLTS contributes to important changes in the overall hamlet environment. Generally, the village atmosphere is anti-poor, with elites and the better off marginalizing the poorest households during social events and important decision making processes. There is little belief that the poorest can meaningfully contribute to any activity, let alone the development process and the transformation of local society. This attitude has resulted in a general despondency amongst the poorest households, who feel unwelcome, disrespected, and isolated. CLTS has the potential to break this cycle, as the poorest households participate in taking the lead on sanitation work and gain respect and social standing for their efforts and hard work within and beyond the community. *Nijera* builds collective solidarity through the CLTS process and uses the momentum to initiate a total development approach that addresses not only livelihoods issues of the poor and extremely poor, but also reduces forms of exploitation, e.g. sub-standard wages and money lending, and discrimination based on gender and class differences, and local governance.

During the CLTS process, the poorest men and women analyze the causes of hunger, exploitation, dependency relations, and examine their natural resources and available economic opportunities. Each of the clusters of communities in which *Nijera* works has taken its own path to development. Examples include: 1) increases in wage rates and collective fish cultivation (*Mankira, Dinajpur*); 2) abolishing hunger by using local resources and indigenous knowledge (*Jalagari, Gaibandha*); 3) income generating activities for women (*Mostapur, Rangpur*); 4) reducing physical isolation through collective construction of infrastructure (a bamboo bridge) and an education initiative (*Adhikari, Dinajpur*); 5) controlled grazing leading to better resource use (a third cropping cycle) and a 'save the forest initiative' (*Patyia, Chittagong* district).

### **The Context of Poverty in *Nijera* communities in 2007/2008**

In light of the recent food price hikes, the project has found it difficult to address the added economic stresses that the poorest households are facing. The *kartiker monga* period (October – November 2007) or the lean season in which the poorest 20 percent of households in communities face hunger and an additional 20-40 percent reduce the quality of food intake (mostly protein based sources, such as fish, eggs, meat), was

exacerbated by several factors: 1) increases in global food prices<sup>2</sup>; 2) severe floods in large parts of the country; 3) cyclone *Sidr*, which shifted government food supplies during the lean season to the cyclone affected areas of the country; 4) the convergence of *Eid* (the Muslim festival following *Ramzan*) and *Durga Puja* (a Hindu festival) which generally lead to food price hikes; 5) a military-backed Caretaker government that instituted policies and measures to curb stock piling, leading to a shortage of black market rice from India; 6) increased fish prices because of a ban on Burmese fish imports suspected to be contaminated with formaldehyde; and 7) reduced construction in Dhaka and other large cities because of the Caretaker government's crack down on corruption leading to reduced spending by large businesses in fear of audits (and arrests). Factors 2 and 7 forced seasonal migrant labor from the Northwest region to return to their villages without finding work, affecting their capacity to purchase food.<sup>3</sup>

In light of these realities, some of the project's mainstream activities to address hunger, such as 'saving a fistful of rice' (grain banks) and collective savings groups to ensure a pool of money that can be available to the most needy when required, were discontinued by many program participants as households were not able to set aside food or money. Other initiatives, such as poor households cultivating all available spaces (in and around their homesteads), or on lands negotiated with landlords, as well as increased wages, did not provide sufficient food/ income to mitigate the hunger season, which was nearly twice as long as in 'normal' years. In this situation, *Nijera* opted to provide relief to the most needy households to ensure that the poorest in the project's working area had 'food to eat'. Excepting one community that was flooded in 2004, when the project began, such measures (food relief) were not necessary in preceding years when the project's 'hunger initiatives' were able to assist the poorest households to address the 'hunger period'.

### **Emerging Challenges to Sustain Open Defecation Free Status in Communities**

CLTS, followed by various other initiatives (abolishing hunger, increasing wages, collective agriculture and fish cultivation, etc.) has now spread from the five initial communities to 149 communities. Presently, 112 communities in the Northwest have declared themselves to be Open Defecation Free (ODF). This means that about 33,500 people<sup>4</sup> in Northwest are presently living in a cleaner and more hygienic environment, as a result of CLTS. A recent study by PRA Promoters Society (PPS) and supported by Mick Howes, explored the impact of CLTS in communities in which CARE (*Nijera*), *Dishari* (a NGO funded by Plan International), and VERC (funded by Water Aid) had been working through the CLTS approach. This study highlighted that ODF status has not been maintained in any of the 6 hamlets (2 from each NGO) that were investigated.<sup>5</sup>

---

<sup>2</sup> In Bangladesh, the price of rice in mid 2007 had doubled, whilst the prices of soybean oil and dal had increased by 50 percent.

<sup>3</sup> This analysis around the severity of *monga* was conducted during the *monga* period in October 2007 in *Nijera*'s working areas with women and men from the poor and extreme poor well-being categories.

<sup>4</sup> The average size of a hamlet in the Northwest of Bangladesh is 60 households, comprising 300 people.

<sup>5</sup> This study conducted during November / December 2007 explored the CLTS initiative in 2 communities of each of the three NGOs (Plan (partnered with *Dishari*), Water Aid (partnered with VERC) and CARE (direct implementation) that work to abolish open defecation through CLTS. Unlike Plan-*Dishari* and Water Aid – VERC for whom ODF through CLTS is the final objective (along side improved hygienic practices, etc.), CARE Bangladesh's *Nijera* program employs CLTS as an entry point to initiate a community led total development process that leads to improved livelihoods, reduced discrimination and exploitation, and pro-poor governance.

Subsequent to these findings, front line staff visited all of the communities in which *Nijera* works and through transect walks and discussions with the natural leaders from each community identified the number of communities that have maintained ODF status. The outcome of this exercise highlighted that of the 112 communities that had been declared ODF, 25 communities had maintained this status (see Table 1). The remaining 87 communities had lapsed back to open defecation to varying degrees.<sup>6</sup> These findings raised considerable concern within the *Nijera* project and it was agreed with the natural leaders of the various *Nijera* clusters to design and undertake an action research initiative through which *Nijera's* action researchers (front-line staff) and natural leaders would collectively explore the causes and reasons behind this 'fall back' to open defecation and find ways to address the problems identified.

Table 1: ODF Status in 112 Hamlets

Name of Cluster	Number of Hamlets Declared 100% ODF	Number of Hamlets Where 100% ODF has been Sustained	Number of Hamlets Where 100% ODF has not been Sustained	Percent Households that Practice Open Defecation in 87 non-ODF Hamlets (by cluster)				
				< 10 %	11 %-20 %	21 %-30 %	31 %-40%	41 % - 50 %
Sujalpur	18	04	14	9	4	1	0	0
Saitara	32	01	31	28	2	1	0	0
Botlagari	19	07	12	4	7	0	0	1
Rajendrapur	18	02	16	8	7	1	0	0
Durarkuthi	06	06	0	0	0	0	0	0
Hossainpur	05	02	03	2	1	0	1	0
Mohodipur	14	03	11	8	1	0	1	0
<b>Total</b>	<b>112</b>	<b>25</b>	<b>87</b>	<b>59</b>	<b>22</b>	<b>3</b>	<b>2</b>	<b>1</b>

In the majority of communities who have not maintained ODF status, less than 10 percent of the total households<sup>7</sup> have gone back to defecate in the open. Around 78 percent<sup>8</sup> of the communities who have returned to OD status have done so because of 4 to 5 households. The reasons are varied, but the most prominent appears to be the lack of resources to maintain the latrine, postponement of latrine repair (until income can be earned through the sale of labor in agriculture), conflicts around sharing latrines, expectations of subsidies by local government and / or NGOs, and lack of behavior change. The natural leaders overall, and particularly those who participated in the study, have expressed a strong commitment to assist their fellow community members to return to ODF status and retain it. In their view, there is a need to continue with the initial

<sup>6</sup> The question as to whether or not all 112 hamlets had indeed achieved ODF status has been raised by Mick Howes during the PRA Promoter Society study and by Robert Chambers in his comments to this paper. Front line staff tell that all 112 communities were ODF initially, even though some households were sharing latrines, and once the communities declared ODF, the monitoring process by natural leaders stopped and some households returned to practice open defecation. In light of the public nature of hamlets' ODF declaration (including public events in which residents from neighboring hamlets are invited to learn how ODF was achieved, to see for themselves, and to learn from the experience) , it is unlikely that OD was taking place at the time of or immediately following the public announcement of ODF status.

<sup>7</sup> Of an average population of 60 households in a hamlet, 4-5 households represent roughly 8 percent of the community.

<sup>8</sup> 1 to 5 households in 59 hamlets, out of a total 87 hamlets that did not maintain ODF status, have gone back to open defecation

monitoring mechanism, established following the ignition, to ensure the sustainability of the CLTS intervention.

In light of the findings, it has become important for program staff to understand why ODF status is not sustaining in such a large number of communities. To explore this issue, *Nijera* organized a workshop where frontline staff, representing all Northwest clusters, discussed the present status of the communities in which they work. They considered the various types of households and people that have gone back to open defecation and why. Based on this discussion, *Nijera* organized an action research initiative in three communities to understand the issue in more detail. The lessons generated from this study will be used to formulate a comprehensive strategy for the project.

Update: As of February 2009, of the 112 hamlets that have declared ODF, 44 are open defecation free. Since the initial write up this paper an additional 23 hamlets have declared ODF. This means that some 25 communities that had initially maintained ODF have lapsed, whilst some that had open defecation practices, have now (re-)gained OD status. It appears that the process of maintaining an open defecation free community is not static and communities cannot simply be checked off and assumed to be ODF, without systems in place that monitor and assist households to repair / replace / rebuild their latrines.

### **Action Research Methods**

Three major steps have been followed in the Action Research:

#### *1. Preparations with Front Line Staff and Selection of Communities:*

Front line staff, from each of the seven working areas in the Northwest region, had consulted with natural leaders and visited each hamlet to learn of the ODF / OD status. During these visits, staff explored the natural leaders' views of the potential causes of the hamlet's lapse to OD. This preparatory work was followed up by a one day workshop with selected front line workers (community facilitators and action researchers) of all clusters to discuss the present status of sanitation in ODF hamlets and consider the types of question that needed to be considered. It was agreed that the research should capture two basic questions: who<sup>9</sup> has gone back to open defecation and why? This understanding was then used to identify types of communities that represent *Nijera* field realities to understand challenges in relation to sustain 100% ODF status.

In the front line staff workshop the facilitators had identified three major concerns that could be related to the un-sustainability of the CLTS initiative: poverty, subsidies prior or during the CLTS process, and weak CLTS process facilitation. Based on these discussions and typology, staff then identified three communities. These are Badyakar hamlet, one of the poorest and marginalized communities; Baishya hamlet, a community where NGOs and local government provided latrines for 39 out of 59 households; and Mostapur hamlet, one of the initial communities from which CLTS was spread and although the initial process was followed, staff and natural leaders failed to follow up and support the process, as CLTS and other development initiatives were spreading to nearby communities. Each of these communities thus represents one of the types that staff identified as the reasons behind the lapse into OD status.

---

<sup>9</sup> The *Who* question tries to capture the characteristics of people (class, gender, age, social hierarchy and ethnicity) to explore patterns around the lapse of ODF.

## 2. The Selected Communities in the Context of Nijera

The selection of Badyakar, Baishya, and Mostapur hamlets was also influenced by project-related factors. Both Baishya and Mostapur hamlets are located in Ward 4 of Rajendrapur Union in Rangpur District. Here, a large number of natural leaders (80 +) from 18 communities, with support from *Nijera's* front line staff, have invested considerable time to build the foundations for a ward-based organization – *Rajendrapur Samaj Unnayan Sangothon* (Rajendrapur Social Development Organization) – through which their collectivity and solidarity could be strengthened, practiced, and institutionalized. The organization's vision is to abolish extreme poverty in Ward 4, so that no household has to experience hunger.

A key focus of the organization is economic empowerment. To this view, the poorest members of *Rajendrapur Samaj Unnayan Sangothon* have established several producer organizations in July 2008 through which their collective economic activities can be managed.<sup>10</sup> These business entities are private limited companies in which the artisans and producers are shareholders. With the support of the *Rajendrapur Samaj Unnayan Sangothon*, which includes medium and better off households, the *Rajendrapur Neel Utpadonkari Sangothon* (Rajendrapur Indigo Producers' Organization) that consists of poor and extreme poor households, has, with the assistance of CARE Bangladesh, established an indigo plant and produced 160 kg of high quality indigo. This activity will be scaled up in the coming year. The other business entities are involved in natural dyeing, Japanese Shibori dyeing, textile and honey production. These economic dimensions to rural development, in which labor owns or hires capital, obtains a fair wage, controls profits, and contributes to the general well-being of local communities to create a sustainable social, cultural and economic life, necessitate a strong, united, and committed organization that can democratically manage and run their own businesses.

The choice of Badyakar *para*, one of numerous poor and marginalized communities in *Nijera's* working areas, was shaped by the need to ensure that the 'downtrodden' are included in this larger development process. *Nijera's* and the natural leaders' work in Rajendrapur Union is at the forefront of the project's development activities and the selection of this community was driven by the need to better understand and subsequently address the dynamics around social exclusion and the inadequate support from natural leaders to the most marginalized community in their ward. Similarly, the selection of Mostapur hamlet (also located in Rajendrapur Union), one of the five communities (spread throughout the Northwest of Bangladesh), in which *Nijera* began its activities, has been important in helping the staff and natural leaders understand why the process has failed in a community where there has been considerable emphasis on capacity building of natural leaders in social analysis, facilitation, and mobilization.

Baishya hamlet is located in Botlagari Union in Nilphamari District, where *Nijera* is piloting a governance initiative. Here the project's strategy is to locate its initial development activities throughout the union – initially one community (*para*) in each of the nine wards – and with the assistance of elected members spread the process, covering an entire union. The insight gained from this action research around the elected member's attitude and behavior towards the community led total development process,

---

<sup>10</sup> These five producer groups are: *Rajendrapur Neel Utpadonkari Sangothon* (Rajendrapur Indigo Producers' Organization); *Rajendrapur Kheta Utpadonkari Sangothon* (Rajendrapur Kheta (quilt) Producers' Organization); *Rajendrapur Shibori Sangothon* (Rajendrapur Shibori Organization); *Rajendrapur Dyeing Dal Sangothon*; *Rajendrapur Nijera Modhu Chasi Sangothon* (Rajendrapur *Nijera* Honey Cultivators Organization).

including CLTS, has been important to assist the staff in re-assessing their strategies in relation to elected members and how future projects may take into account the lessons that have been learnt from this study. As 2010 approaches (the year which the Government of Bangladesh declared as a mile stone year to achieve the MDG on sanitation), the pressure on local government and NGOs to work towards declaring unions, *upazillas* (sub-district) and districts 'sanitized' will mount and their efforts will multiply. It is therefore important to understand the implications of existing approaches by local government – subsidies and / or the threat or use of sanctions (removal of state-funded entitlement schemes, personal property, physical confinement) – and NGOs, who in Bangladesh largely work through hardware subsidies.

In other words, this study was designed to contribute to the larger debates around the CLTS approach with its emphasis on achieving 100 percent ODF, as well as *Nijera's* concerns around the larger community led total development process, which builds upon the CLTS initiative.

### *3. Action Research Methods*

For each of the three communities, the concerned staff reviewed all available materials related to the CLTS Process (documentation of the CLTS process, Social Maps, Well Being Analyses) so that they themselves would have greater clarity concerning the local context. The research teams, consisting of front line staff who had been working in the locality, spent one day each in the selected communities meeting with the natural leaders who led the CLTS initiative, as well as community representatives from all socio-economic backgrounds, to discuss the status of sanitation, with a specific focus on open defecation. This work included several elements:

1. Listen to the natural leaders tell their communities' story of CLTS and how ODF was accomplished.
2. Initiate a discussion, using the social map that had been prepared by the community and used during the CLTS initiative as a monitoring tool, to consider the present ODF situation.
3. Work with natural leaders and others from the community to form teams ensuring representation of all neighborhoods to physically explore the status of sanitation by visiting each household to verify use or lack of use of latrines;
4. Use the well being analysis to determine the economic status of those who were not using their own or others' latrines and consider the potential reasons for this with community teams;
5. Hold individual discussion with selected persons of various well being groupings to understand their perspectives as to why they had gone back to the practice of open defecation; and,
6. Discuss and plan with each hamlet's community team possible actions to work towards ODF status.

### *4. Workshop with Natural Leaders from all Clusters and Field Staff to Share findings and Generate Recommendations of 'What Is To Be Done'*

The findings of the three selected communities were then shared with natural leaders from all seven *Nijera* clusters in the Northwest to seek their views on the representativeness of the action research and to consider possible course of action to ensure ODF status in all communities. The front line staff who were present in this one day workshop were also asked to provide their views and potential solutions.



## Key Findings

### ***Why some people go back to open defecation***

The reasons identified as to why some households/ people have gone back to open defecation are interrelated: 1) extreme poverty – food security concerns; 2) subsidy (prior or during the CLTS process); and 3) poor process or follow up facilitation.

### **1. Hunger-related Issues**

In the earlier section on poverty in the Northwest of Bangladesh, we highlighted that poor households are now facing higher food prices with the periods of seasonal hunger (*monga*) increasing. This reality is preventing some households from maintaining / repairing their latrines. Although the CLTS process encourages and promotes greater cooperation amongst rich and poor during the initial ignition and follow up to ensure that the better off assist the poor in terms of providing spaces and materials if needed, this cooperation appears to reduce as time passes. Further, there is a ‘seasonality’ to assisting others. Front line staff have reported that lower middle, middle, and better off households are more likely to help the poor and extreme poor following the harvest or ‘time of plenty’.

Whilst CLTS encourages and works with people to innovate and create suitable models based on a households’ financial capacity, low cost models require periodic repairs. Following the monsoon season, low cost latrines that are generally built with bamboo, plastic pans and alternative gas pipes, are in need of major repairs, including the superstructures (walls). In the present economic environment, poor households may not have the required resources to make such repairs.

Sharing of latrines, another method to provide poor households with time until they can install their own latrine, seems to be problematic in the long term. For instance, in their eagerness to achieve ODF status, many communities work out arrangements whereby the poorest households could share neighbors’ / relatives’ latrines. As time passes, however, practical issues emerge. These include responsibility for cleaning / repairing the latrines, and equally important, the concern that with a large number of people using a latrine, the pit will fill more quickly and thereby necessitate the construction of a new pit, lining (which requires bamboo), and so on. Sharing can lead to conflict between the owner of the latrine and the users. In such situations, the poorer households that are using another’s latrine are left with no latrine to use. Yet with the absence of resources (depending on the agricultural cycle) they may not be able to do so. In Bangladesh, many of the poorest communities have ‘slum-like’ features, with households living in close proximity. Here it is very difficult to find a suitable, though small space, to construct a latrine. Further, some households do not own homestead land and are living on others’ land, raising the issue as to where to construct their latrines. In such crowded contexts, combined with the failure of sharing, a return to open defecation is a likelihood.

### **2. Subsidy-related issues**

A threat to sustain ODF is linked to the subsidy approach by government and NGOs. In Bangladesh, the central government, with a view to meet the Millennium Development Goal on sanitation in 2010, places enormous pressures on Union *Parishads* (UP) to sanitize the entire union as quickly as possible. The *Upazilla Nirbahi Officers* (UNO), the bureaucratic heads of the sub-districts, are asking the elected chairmen of unions to show numbers as to how many households have been covered through the distribution of government subsidized ring-slabs. Union *Parishads* that declare 100 percent

coverage (not ODF status) are provided a reward of BDT 200,000 (roughly US 3,000). This causes UPs 'to push' ring-slabs on as many households as possible, without concern if these will be used. In some cases, UPs use coercion in the form of withdrawals of state-funded food entitlement schemes (VGD, VGF, old pension funds) or physical confinement of a main wage-earner, unless ring-slabs are installed.

To ensure maximum coverage, Union *Parishads* tend to provide only two rings, as opposed to three, per household. As a result, the ring-slab latrines that are installed, tend to fill up after just 18 months, requiring the installations of new latrines. In most cases, such households are not aware of low cost models, and assume that BDT 500 to 600 is required to repair / install new ring slabs. As a result they become disinterested. The other option available to households with filled up ring-slabs is the hiring of a person to empty the feces from the ringed pits. Not only is this work inhumane (as the feces is removed in buckets and then carried to a nearby site for burial), but it is also costly for the household. Because the ring-slab distribution is not linked to self-realization processes around the negative effects of open defecation, many of the households that were provided with ring-slabs go back to open defecation (although the government continues counting them as sanitized). Repairs / replacements of such latrines does not occur.

Beneficiaries of ring-slab toilets also complain that the quality of the slab is substandard and that sometimes the rings are cracked even before they reach the community. Many of the contractors, who have been awarded the contracts to produce ring-slabs for government, profit-maximize and use substandard materials and/or alter the ratio of sand and cement creating a weak mixture which is likely to result in cracks. Once a ring is cracked, the feces spill out into the soil and the soil enters the pit creating a vacuum effect that leads to subsidence in the areas surrounding the pit. As the cracks widen, the entire pit collapses. During the rainy season, the feces drain into nearby water bodies. *Nijera* staff have noted instances in which ring-slab latrines were unusable within six months, because of such cracks in the cement.

In communities in which UPs have supplied a large number of ring-slabs to poor households to fulfill targets, the UPs create tremendous pressure on such households to install. Many communities report forms of intimidation, including arrests of people who had not yet installed the supplied ring-slabs. Similarly, UPs may tie state funded safety net schemes, such as Vulnerable Group Development cards, Vulnerable Group Feeding cards, Elderly Pension and Widow Pensions to the installation of ring-slab latrines, threatening the withdrawal of the household from the scheme. In some cases, the government subsidized schemes may actually lead to ODF status, with pressure from elites, elected members and *chowkidars* (UP guards). The ODF status, however, is not sustainable, as the realization process is entirely absent. In such cases, as soon as the UP monitoring becomes weak, people go back to open defecation. These outcomes have also been observed with NGO subsidies, where ring-slabs were supplied to group members without a realization process. As result, the use and maintenance of such latrines is not sustained.

*Nijera*, works side by side with UPs to attain ODF status, and in many cases, the elected members makes ring-slabs available to the natural leaders, who use the well being analysis to determine which households are the most needy and cannot afford to even install a low cost latrine. Initially, there appears to be no problem with this approach, but once the latrines fall into disrepair (following a heavy monsoon or simply because they

are full), poor households who did not receive support from the UP are asking why they should repair their low cost model, when others of relatively similar status had received a state-subsidized latrine in the first place. Now, they argue that it is their turn to obtain such a subsidy, making it difficult for natural leaders to encourage and work with such households to reconstruct / repair low cost models. The Union *Parishad* in the meantime, has moved on to serve other communities and wards, having 'ticked off' the community in questions as ODF.

### **3. Process-related Issues**

In some communities, the basic principles of CLTS have not been followed. Although these communities had been able to accomplish 100% open defecation free status for some time, they are not able to sustain this. In communities where the process of self-realization has been weak, some households have failed to recognize the importance of latrine use and have installed or shared latrines and were using these because of pressure from others in community or the Union *Parishads*. This reality in combination with weak monitoring, can take households back to open defecation. In some cases, when the issue of repairing emerges, these households do not show interest and return to the old practice of open defecation.

Discussion with front line staff have highlighted that one of the reasons for a weak self-realization process is a heavy reliance on natural leaders, who may not have sufficient capacity to trigger / ignite and follow up on the CLTS process. Front line staff are more systematic in their approach towards CLTS, engaging women and men from all neighborhoods of a hamlet in several steps: transect walk to explore the extent of open defecation and discussions around the negative impacts of the practice; social mapping, in which the majority of households are present to discuss the causes and consequences of open defecation and the challenges they might face to entirely stop this practice in their community; and, planning through a committee that is representative of the community, and follow ups on the progress – or lack of progress.

Another important issue is the ability of natural leaders to handle gate-keepers (e.g. elites who want to dominate the process or elders who do not wish to see changes in their communities) and ensure that they do not disrupt the activity / process. This is particularly so in the third and fourth spreads, where natural leaders have 'triggered' CLTs on their own. Without a sound process, good facilitation to address gate-keepers, the analysis by communities of OD practices and their impact on the residents of the community is not powerful enough to induce behavior changes amongst all. The burden of accomplishing 100 percent open defecation free status is then placed on natural leaders and, in some instances, some of the better off households (who already have latrines and would like to see an ODF hamlet). Further, natural leaders who spread CLTS are from hamlets nearby and do not fully comprehend the social dynamics (low-level conflict, numerous factions, etc) in the communities in which they wish to spread CLTS and are therefore unable to address these potential challenges to the CLTS process. In fact, sometimes it is the pressure from both natural leaders and powerful actors from the community that becomes the motivating factor to install / share latrines, rather than an interactive participation and self-realization of all households. This finding highlights the need to invest and build the capacity of natural leaders to engage in analysis, and facilitation and mobilization skills, but also points to the support that is needed from staff during the CLTS process.

The research also found instances in which all members of a household continue to use the latrine, with the exception of one elderly person. Some older persons (more than 50 years of age) do not feel comfortable to use a latrine, because they feel suffocated in such small spaces.<sup>11</sup> Some say that people should wait until they die, because they cannot change their behavior. The findings have highlighted that on average the number of persons (based on the average size hamlet of 40-60 hh) who do not want to change their behavior is small (1-3 person in a hamlet), yet because of their 'resistance', the entire community loses ODF status and becomes vulnerable to the negative effects of open excreta. Natural leaders of these communities often share their frustration and feel a sense of collective failure in assisting such persons to realize the importance of confining excreta and changing their behavior.

A common concern identified, by both natural leaders and front line staff, is the absence of a strong monitoring mechanism in communities that have been declared ODF. At the time of declaring ODF, communities receive visitors from neighboring hamlets and local government. Many communities that declare ODF also hold '*para* (hamlet) gatherings in the evening to celebrate their accomplishments and to share how they attained ODF and the challenges they have overcome.<sup>12</sup> After the ODF declaration, however, there is little follow up to ensure that all households are able to maintain / continue to share their latrines.

The lack of follow up in *Nijera* is linked to its development approach, where CLTS is used as an entry point to initiate a solidarity building process amongst all classes of people living in the same community, enabling front line workers and interest groups to address other development issues, such as seasonal hunger (*monga*), un-equal wages between men and women day laborers, high school drop-out rate of children from poorer households, and so on. In other words, because of the nature of the project and its objectives, the focus of front line workers and natural leaders, who work collectively, shifts (too quickly) from sanitation to wider livelihoods and social development issues. After 24 months, when the community led total development process, with the CLTS entry point, spreads to over a dozen hamlets (*para*), front line staff tend to concentrate more heavily on facilitating organizational development of natural leaders from various hamlets, so that they can collectively address larger issues relevant to their areas, including poor governance. During this complex process, the community monitoring mechanism of ensuring open defecation free status fails, as natural leaders and staff work on other issues.

### **How and Why some Communities have been able to sustain ODF**

As pointed out in Table 1, twenty-five hamlets have sustained 100% open defecation free status and it is interesting and important to consider how and why some of the communities have been able to do so. The answer to these questions can assist the

---

<sup>11</sup> Many households leave the superstructure of their latrine uncovered during the dry season (8 months of the year) to reduce the confining effect of latrines.

<sup>12</sup> Besides annual *jatras* (fairs), these public gatherings / celebrations are the only social activity that all residents – men, women and children of all ages – can attend. They are moments in which the community members can construct and experience 'collectivity' in novel ways and in which those that are generally voiceless can speak. Organized by the communities' natural leaders, a group comprised of individuals from different economic and social strata, such events feature song, dance and drama, as well as presentations and reflections that elucidate the communities' heterogeneity – economically, socially and culturally – and highlight important issues (hunger, lack of work, illness, etc) that shape the lives of the marginalized and excluded.

front line workers and the natural leaders to strategize how to facilitate a community-led process to retain ODF status. Discussions with front line staff have highlighted the following, often inter-related, reasons:

- Communities in which livelihood activities have advanced considerably (initial hamlets, 1<sup>st</sup> and 2<sup>nd</sup> spread), allow the poorest households to mitigate the impact of the recent price hikes and enable the financial means to maintain their latrines;
- Communities in which the facilitation process has ensured the inclusion of all poor and extreme poor households in all activities, including livelihood activities;
- Initial hamlets (where Nijera started), 1<sup>st</sup> and 2<sup>nd</sup> spread where Nijera front liners were able to provide intense facilitation support to ensure a sound process;
- Strong natural leaders who lead the process from within communities (as opposed to CARE leading the process) and play an active role in mobilization and monitoring ODF status;
- Effective and strong coordination between Nijera front line workers and natural leaders to ensure support to natural leaders when needed;
- Small to medium size communities (30 to 60 households), making it easier to monitor and ensure that every household confines its excreta;
- Relatively homogenous communities in terms of class and social identity, making it easier to build solidarity. These communities exhibit less factions/ groupings and thereby conflict and take pride in retaining ODF status;
- Communities with a considerable number of in-migrants, i.e. people who settled from other places. Such communities of newcomers want to be accepted by neighboring communities and local government and view CLTS as an opportunity to create a positive reputation and acceptance within the larger society;

## Exploring Realities of Communities to Understand Open Defecation

### 1) Badyakar Hamlet, Rajendrapur Union, Rangpur Sadar

Badyakar is a very poor hamlet with 30 Muslim households. The community's name reflects one of the key livelihood activities of its residents: drumming. Not only are the people of Badyakar hamlet poor, but because of the residents' main livelihood activity, they are also socially excluded and isolated. The people of Badyakar collect dead animals, skin them, sell the leather and/or use the leather to make drums. For generations, they have been playing drums in public ceremonies, such as marriage, cultural programs, and political gatherings. In the local, regional, and subcontinental context, animal collection and skinning are considered the lowest in the 'social hierarchy of work'.<sup>13</sup>

Although Badyakar men worship in the same mosque as the neighboring Kanpara people, they have a different *samaj* (a form of social organization that resolves conflict, assists the poor, and distributes *zakat*). The hamlet has three well being groups: "manage" (5 households), "somehow manage" (8 households) and "cannot manage" (17

---

<sup>13</sup> Although Muslim society negates the notion of caste (distinctions based on purity and pollution defined by the work that one is engaged in), occupation continues to be an important aspect that shapes 'exclusion'. Unlike neighboring India, where the state has reservation schemes (in public institutions) to uplift 'dalits' and other historically marginalized communities, Bangladesh has no such schemes.

households)<sup>14</sup>. The characteristics of the group that can manage are: have very little amount of land (in most of the cases, only homestead land), are employed in private organizations in small positions, (e.g. office helper and caretaker), sell agricultural labor, and are involved in leather business. These households have some education (primary level). No one from the “Somehow Manage” group is involved in business. All are either drummers, work as barbers, sell labor in agriculture, or drive rickshaws. The group that describes itself as “cannot manage” are either beggars, work as servants, or infrequently drive rickshaw (infrequent because of poor health or lack of physical fitness). No one from this group owns homestead land.

CLTS in Badyakar Para

Badyakar is a third generation spread<sup>15</sup> hamlet of Nijera’s Rajendrapur cluster. The CLTS process began in early 2006 and was facilitated mainly through natural leaders from nearby communities, with limited involvement of CARE staff. Within three months, the hamlet was declared ODF. Presently, 3 households in the hamlet do not have latrines. Of these, 2 never have had latrines of their own, but shared with others, and the latrine in the 3<sup>rd</sup> household fell into disrepair recently. It is important to note that no one from within the community has assisted the poorest to install latrines (either by providing bamboos or land). There is one instance, however, in which a landlord from a neighboring community assisted on the poorest households.

The Latest Sanitation Status of Badyakar Para (20 April 2008)

Well Being	Total # of HHs	# of HHs that use Latrines	# of HHs that practice OD
Manage	5	5	0
Somehow Manage	8	7	1
Cannot Manage	17	15	2
Total	30	27	03

Open Defecation in Badyakar Para

Of Badyakar’s 30 households, three presently practice open defecation. Of these, two come from the poorest well being categories. The latrine of the “Somehow Manage” household has been damaged recently and the women from this household are sharing latrines with their neighbors. Yet, despite the low open defecation rate within Badyakar, the bamboo bushes and graveyards of the hamlet are filled with feces. Many of the men who work as agricultural day laborers from Badyakar and other communities defecate in the open, nearby bushes and other protected spaces, while working in nearby fields. This is because it is inconvenient for them to go back to their houses to use latrines. Even the landlords from a nearby communities, who oversee the laborers during their work, use the bamboo bushes and graveyards as a public toilet. The residents of Badyakar hamlet feel powerless to protest, as most are landless and need to sell their labor power to these men, who also own most of the homestead land in this community.

<sup>14</sup> These well being categories are quite unusual and in most communities rural residents tend to refer to these well being groupings as better off, poor, extreme poor. CARE facilitators do not impose names for well being groupings and the terms used are those of the people who participated in the session.

<sup>15</sup>In Rajendrapur, CLTS covered an entire ward in four phases. In the first phase, CARE field workers and natural leaders from the main para worked together to spread the initiative in 5 adjacent para. In the second phase, CLTS spread to another 3 communities where NLs played the leading role with assistance from CARE workers. In the third phase, CLTS spread to an additional 5 para through the NLs own initiative. CARE workers played very minimum role in this phase; similarly, in the fourth phase, four more para were covered through NLs.

Why Badyakar households continue to practice open defecation

The “Somehow Manage” Household

**Jhulu** has a latrine, but it needs repairs. At present, however, he lacks the cash and is waiting for the harvesting season. Sometimes members of his family share latrines with others.

The “Cannot Manage” Households

**Sordi** is living on others’ land and he does not have enough space to install a latrine. He and his wife are trying hard to ensure enough income, mostly through begging. Hunger is common in their household. When their income from begging is not sufficient, they borrow money from money lenders. A more pressing need at the moment is the repair of their house. In this situation, installing a latrine is a secondary priority. Initially, they shared a latrine with others. Their dependence on begging has led to a mentality that they can only install a latrine, if it is provided.

**Mohir**, like Sordi, does not have any homestead land. His family is presently living on a canal-side land of a mill owner. His children and wife use the latrines of their extended family. Mohir’s family has 7 members. He is aware of the importance of latrine use, but he cannot afford to buy materials to install one, nor has he approached the landlord to ask for space to install a latrine.

**Badyakar Para’s Natural Leader’s Recommendations:**

- There should be an immediate discussion within the community of how all can assist the two extremely poor households to install latrines and assist the third household to repair its latrine;
- The hamlet residents, with the help of *Rajendrapur Samaj Unnayan Sangothon*, should immediately approach the landlords of the neighboring hamlets requesting them to stop open defecation in Badyakar’s public spaces;
- Community members could approach the mill owner to provide a space for Mohir to construct a latrine;

As of July 2008, out of 30 households in the para, 29 are using latrines. Jhulu has repaired his latrine, using his earnings from harvesting. Similarly, Mohir has constructed a latrine and negotiated access to a small piece of land from his landlord for latrine construction. At the time of writing this revision, Sordi had received land to construct a latrine from his brother. He has dug a pit and with the assistance of natural leaders, he has made a bamboo cage to line the pit. He purchased the bamboo himself and will complete installation by December 5. In February, 2009, Nijera staff visited Badyakar para and found that Sordi has completed installation. The hamlet is now 100 percent ODF.

**2. Baishya Para, Botlagari, Saidpur, Nilphamari**

Baishya is one of the poorest hamlets of Botlagari union; with 26 households of 59 experiencing extreme poverty and 10 households falling into the well being category poor. Based on the participatory well being analysis, community members have identified 9 well-off households which on average own 50 decimals (1/2 acre) of land. The well off tend to lease land in or cultivate the land of large landowners from nearby communities. Fourteen households fall into the middle category, setting these households apart from the well-off by the amount of land that is leased or sharecropped.

The well-off and middle classes have 12 months food security and supplement their incomes through small business.

The poorest (extreme poor category) in Baishya hamlet have no homestead land and their access to resources lies in the form of livestock and poultry that is share-reared with better off households from the surrounding communities. They lack capital to invest in small businesses. These households eke out a living by catching fish from open access water bodies, which they sell in a nearby market. Without a daily catch, these households do not have sufficient food and they face hunger when nearby water bodies dry up in (February to May). The 10 poor households own their homesteads and have on average 15 days food security. Women from both groups work as agricultural day laborers.

#### *CLTS in Baishya Para*

In October 2005, a group of natural leaders from other areas of Nijera conducted a social map exercise to trigger CLTS. It was a part of capacity building workshop organized for natural leaders by the *Nijera* project. The ignition was successful and people immediately began to construct latrines, with natural leaders emerging. The elected ward member of the Union *Parishad* was present and was also eager to achieve 100% ODF status in at least one community of his constituency. After the exercise, he publicly declared that he would provide assistance to poor households who cannot afford to buy the materials needed to install low cost latrines. He also declared that he would personally give BDT 100 to each poor and the extremely poor household to assist in constructing superstructures. The UP then supplied 20 sets of concrete ring slabs.

Prior to the CLTS ignition, two NGOs working on sanitation provided 19 ring-slab sets as subsidy to the poor, yet no household had installed these. The promises of the UP member and the earlier NGO subsidies created expectations on the part of households who had received no such support and, following the social map exercise, some households, including the poor, waited to receive money from the UP member to construct the walls. The elected member, however, failed to keep his promise. The process stagnated for two months. In the meantime, front line workers from CARE and its partner NGO, RBNS, worked with the community to address hunger. The women from this community became actively involved in the hunger initiative and began saving rice. The women from the poorer households were particularly active and this process inspired them to revive the CLTS initiative.

#### **Latrines provided through Subsidy in Baishya Para**

<b>Name of Institutions</b>	<b>Number of Latrines Provided</b>
Union <i>Parishad</i>	20
NGO 1	18
NGO 2	01
<b>Total =</b>	<b>39</b>

The UP, which had supplied 20 households with ring slab latrine equipment, also pressured the community to ‘sanitize’. Households that were receiving VGD and VGF cards (a state-funded safety net scheme for the poorest), were harassed to install latrines. At the same time, the UP *chowkidar* (guard) was sent to a well-off household to remove a television and Video CD Player as this household was considered to be economically in a position to install a latrine.



In other words, the self-realization process was marginalized and the use of threats and fear became a primary method to promote latrine installation. The community achieved ODF status in March 2006. Following the ODF declaration, *Nijera* in its eagerness to work towards hunger alleviation, failed to arrange follow up, e.g. community gatherings to sensitize people about the importance of maintaining ODF status. There was also an absence of hygiene sessions.

Nevertheless, the ODF status was maintained until August 2007. During the monsoon period of that year, heavy rain destroyed many of the superstructures and the latrines now needed repairs. Few households showed an interest. Some shared others' latrines for a short period, but with time passing, many returned to open defecation. The breakdown of the CLTS initiative coincided with other issues. The women's initiative of "saving a fistful of rice" (for the collective grain bank) faced a major setback because the lack of transparency amongst the lead members. This led to the disintegration of the initiative altogether and further reduced the interest on the part of the community to collectively address their poverty. Nevertheless, some natural leaders tried hard to re-establish a discussion within the community and raise the issue of open defecation, yet failed.

In March 2008, *Nijera* arranged a discussion around open defecation and it was highlighted that 43 households out of 59 households had gone back to open defecation. The project invited natural leaders from nearby communities within the ward to discuss the issue with members from the community and what could be done about the situation. Here it was revealed that most of the households in the community had latrines that needed repairs. A new committee was formed to encourage and assist households with repairs as soon as possible. Natural leaders from nearby community continued to visit to help the new committee.

By end April 2008, Baishya hamlet had not yet returned to 100% ODF status, with 11 households still practicing open defecation.

Sanitation Status of Baishya Para (21 April 2008)

Well Being	Total No of HHs	No of HHs that Use Latrine	No of HHs that practice OD
Rich	9	8	1
Middle	14	13	1
Poor	10	7	3
Extremely Poor	26	20	6
Total	59	48	11

*Community People's View of Sanitation Situation*

*Open Defecation in Baishya Para*

The eleven households who have returned to open defecation are mostly from the extremely poor and poor groups. The problem appears to lie with repairs of latrines and two households from the rich and middle and nine households from the poor and extremely poor well being groups have still not repaired their latrines.

The men from these eleven households now practice open defecation daily; whilst the women from these households share latrines with others when possible, but have said that they also sometimes go to the field.

### Why these households are not repairing their latrines

Although Baishya *Para* is a poor community, community members raised the issue that lack of will and commitment were the reasons behind the disrepair, though lack of money also played a role. Initially, they told everyone wanted to attain ODF status, but this 'collective spirit' did not sustain.

Some of the women discussed the failure to retain ODF status in the context of the Hindu notion of "*chua*" (defiled), which according to some requires that after the use of the latrine the body should be bathed because latrines are defiled places. Some of the older women interpret this to mean that after each use (several times daily), they have to bathe and they have thus justified the non-repairs of latrine. This was heavily protested in the community discussions and many women consider this an excuse to continue the practice of open defecation.

#### **Srimoti Befula, A Rich Household's Perspective**

Befula is the head of her household. She is a widowed and her family is generally well off. Her family has 5 members, consisting of Befula, her son and his wife, and their two children. Her son owns a shop in the local market and also runs a fish business. He is rarely home. Befula was present in the initial CLTS triggering process where a social map was created with many of the community members. After returning from the exercise, she herself went to the market to buy sanitation materials and ensure installation. She wanted to build a latrine for three reasons: social (considering the status within the *para*), environmental (the *para* environment would be clean) and economic (expenses regarding water borne diseases would reduce). In last fall's heavy rains, the walls of her latrine collapsed and needed repairs that she herself could not do. The bamboo to repair the latrine are ready and now the work needs to be done. She is having difficulties to convince her son to do this work, but she says she will succeed in a short period of time.

For a few households, the cost of repairing / re-constructing the bamboo super structure presents a problem. In Baishya hamlet, largely a fisher community, the lean period is in February to May, when most water bodies dry up, and at this time many households face seasonal hunger, with women and men from the poorer groups reducing their food intake. This year, the situation is particularly bad as the prices of rice and other essentials have increased alongside a price hike of other essential commodities. The price of a bamboo is now BDT 100, as compared to BDT 50/60 just 2 years back, with bamboo required to construct the walls for a latrine.<sup>16</sup> Given the larger economic environment, nobody from the well off households is prepared to assist others and provide bamboo. These households are now waiting for the end of the lean period when funds can be raised through harvesting of fish to invest money for latrines.

---

<sup>16</sup> The daily wage rates in agriculture are BDT 100 in the peak season (harvest and transplanting), and BDT 60-80 in the off season (weeding, tilling, etc).

It should be noted, however, that there are some households that consider sanitation to be the responsibility of Government and Union *Parishads* in particular. They do not feel that it is their responsibility to repair their own latrines. They are waiting for the local government (the Union *Parishad*) to provide monetary assistance for repairs. Similarly, given the large amount of subsidies provided (relatively expensive ring-slab models) by the UP and other NGOs, many households do not know how to install low cost models.

**Sirish/Shefali: Views of an Extremely Poor Household**

The total number of family members in Sirish's household is 7 people. His family depends upon fishing. His wife, Shefali, sells labor in the agricultural sector. The family installed a latrine provided by Union Parishad two years back. The ring has now filled up and new rings are required. But the family lacks the money to do so. Given the price hikes over the past year, the family is struggling to have enough food for two meals per day. They are now waiting for the rain, so that the local ponds and water bodies will provide fish to substitute their livelihoods. They plan to spend TK 550 to install a new latrine. They do not know about any low cost model, because nobody has shown them. Shefali herself is convinced that they should immediately construct the latrine, but her husband appears unconcerned.

When they needed to replace ring-slabs they calculated that they need at least TK 500 and, as a result, have become disinterested. There are very few elderly men who do not want to change. They prefer to "go in the open field", rather than use latrines, and are not interested in hearing or considering "the logic of stopping the practice open defecation".

**Baishya Para's Natural Leaders' Recommendations:**

- A sanitation community monitoring mechanism has been set up to monitor progress in addressing existing open defecation practices. During the past one month, the progress has been considerable. The committee formed will continue its effort and the para will re-gain ODF status shortly.
- In light of the provision of ring-slabs to the poorest households by local government, the Union Parishad should continue to follow up with these households for repairs and use.
- The sanitation community monitoring committee should create pressure on landlords where open defecation is happening (maize field), so that they restrict the place.
- The sanitation community monitoring committee should be active to collectively address the issue keeping in mind that securing livelihoods becomes very difficult for some extremely poor and poor households. There should be no pressure created for these households before the lean season is over.

As of July 15, 2008, of the 11 households that were practicing open defecation, four households (2 poor and 2 extreme poor households) have repaired their latrines with the assistance of better off who provided bamboo. The other 7 households are planning to take initiative in the next two weeks, once they have harvested fish. This is a fishermen community and the monsoon is the peak time for fishing. The natural leaders anticipate that in the next few weeks the other poor and extreme poor households will have sufficient income to repair their latrines. The natural leaders are actively working to (re)achieve 100 percent ODF status. As of December 3, 2008, of the 59 households in Baishya hamlet 55 are using latrines, and four continue to practice open defecation. Better off households have made land available to install latrines, but they have not

found the financial means to complete construction. As of February 2009, with the assistance of the community led committee and natural leaders from nearby communities, Baishya hamlet achieved 100% ODF.

### **3. Mostapur, Rajendrapur Union, Rangpur Sadar**

With 105 households, Mostapur is a comparatively large hamlet<sup>17</sup>. In comparison to the average Nijera hamlet, the poverty situation in Mostapur is not severe. Yet given the rising food prices (nearly double in 8 months), 21 of the poorest households are finding it difficult to ensure three meals per day. These 21 households do not own their homestead land and their main source of income is the sale of labor in agriculture. A few of the women from these households also work in a nearby tobacco factory, earning a mere BDT 45-50 per day. Besides these 21 households, there are fifty-eight households who are poor and who sell labor in agriculture and work some land in sharecropping arrangements. There are 21 medium households who on average have between 1 to 3.5 acres of land. Their income portfolios tend to be less diversified and largely derived through agriculture. Some have low income jobs (e.g. accountants in small private farms) and some are engaged in small business. The poorer families in this well being group also sharecrop land in from others. Finally, there are also 5 rich households in Mostapur. They have anywhere from 4 to 12 acres of land and have secured income sources from services in various government and non-government organizations.

#### CLTS in Mostapur

Mostapur is one of the 5 communities in which *Nijera* started its activities in October 2004. In fact, it is the first community that declared ODF status. The process started with a social map exercise, during which community members analyzed the practice of open defecation and its consequences. In Mostapur, all the major principles of CLTS were followed: collective action was triggered, following the mapping process; natural leaders emerged taking the work forward; etc. In December 2004, the para was declared open defecation free. Following this accomplishment, the natural leaders organized a gathering where they invited people from nearby hamlets (*para*) to share how they achieved this success of 100% ODF status. Nearby communities became interested and excited and the process gradually spread to 18 paras, an administrative ward. Within 20 months the entire ward was declared ODF. Interestingly, though the initial CLTS process was followed, there was a lack of follow up, as the project now focused on larger livelihood concerns in the entire ward. At the same time, some of the poorest households were left out of from the livelihood activities, a fact which explains why they were not able to afford to repair / install latrines.

As discussed earlier, the natural leaders of 18 *para* have formed the Rajendrapur *Samaj Unnayan Sangothon*. This organization began its work by generating a fund to eradicate seasonal hunger (*monga*) and extreme poverty from the ward. Different types of income generating activities are now under way under the leadership of various natural leaders.

Until June 2007, ODF status was maintained in Mostapur, with some exceptions. During the heavy monsoon that followed, many of the low cost models needed immediate repairs. The latrines had lasted for over two years. Most of the households repaired their latrines, but about 15 households did not. Some of these households shared others'

---

<sup>17</sup> The average number of households in a hamlet in the Northwest of Bangladesh (excluding the *chars* where communities tend to be larger) is 60.

latrines, whilst others went back to the practice of open defecation. During this research, it was noted that 15 households were still practicing open defecation.

The Latest Sanitation Status of Mostapur (20 April 2008)

Well Being	Total # of HHs	# of HHs that Use Latrine	# of HHs that practice OD
Rich	5	5	0
Middle	22	22	0
Poor	58	49	9
Extremely Poor	21	15	6
Total	106	91	15

*Community's View of Sanitation in Mostapur Para*

Open Defecation in Mostapur

A total number of 15 households or 14 percent consisting of 9 households from the poor and 6 households from the extremely categories have gone back to open defecation. One year ago, all of these households used latrines. Of the 15 households that are now practicing open defecation, both men, women and children do so. In the daytime, however, many of the women from these households use others' latrines.

Why these households are not repairing their latrines

Extremely Poor

For the six extremely poor households the reasons are relatively similar and revolve mostly around the lack of resources and the problems associated with sharing latrines:

**Moyna** is the head of her household. Her husband left her 5 years ago and she is now solely responsible for providing for her three children (between ages 6 and 14). She sells her labor transplanting seedlings and weeding. During harvest time, she works for rich farmers' processing the harvested rice (winnowing, par-boiling and drying the grain in the sun). Moyna does not have homestead land of her own and her small house is on her brother's land.

In November 2004, Mostapur hamlet started working through the CLTS approach and all households worked to attain open defecation free status. At that time, Amrito, her brother, constructed a latrine. Moyna had no resources to install a low-cost model and she approached the Union *Parishad* (UP) for a ring-slab set. She was told that as she was already receiving assistance in the form of a Vulnerable Group Development (VGD) card (state-funded food rations), and the UP would not provide further assistance. The natural leaders of Mostapur wanted to assist Moyna in finding a solution and discussed the situation with Moyna's brother's family. They agreed to let her and her children share their latrine. At this time, Moyna and her children stopped open defecation.

The arrangement went well for a couple of months. In time, however, a conflict arose around the issue of cleaning the latrine. She and her family members were accused of not using enough water to clean the toilet. She had several quarrels with her brother's family. The argument then changed and Amrito's family told Moyna that the use of their toilet by her and her three children would cause the 'rings to fill up' more quickly and

require the family to expend funds on a new latrine. Moyna and her children felt unwelcome and did not want to continue sharing the latrine. She and her children then started to practice open defecation again. During the research discussions, she highlighted that she does not have the land to install a latrine. In light of her poverty situation, she expects the Union *Parishad* to provide assistance and she is annoyed that the natural leaders have not come forward to assist her in finding a solution.

**Koruna** uses her brother's latrine. She has a daughter of 5 and her husband is an agricultural day laborer with very limited income. She faces no problem to share her brother's latrine, but she sometimes goes for open defecation. This appears to be related to a lack of understanding around the consequences of open defecation in general. Neither Koruna nor her husband have shown any interest to install a latrine of their own.

**Moyna** (there are two Moynas in Mostapur) has a latrine, but during the 2007 monsoon, this became unusable. She has not been able to repair the latrine. Her husband left her some time back and she spends all of her earnings to survive, as she has to support her two children (a son who is 15 and a daughter who is 13). She wants to repair her latrine, but she needs help to do so.

**Motu** is mentally disabled and his latrine walls need repairs. His income is uncertain and he cannot find the resources to repair it at the moment.

**Amrito**, Moyna's brother (see above), a day laborer, earns less than is needed for his family's day to day needs and he cannot expend any funds to repair his latrine.

**Somvaru** has bought materials to construct a new latrine at his new homestead, where he recently constructed a new house. Previously he did not have a latrine, but he shared others. In light of the food price hike, he is facing difficulties now and works hard every day to earn what is needed. He has not found the time to install the latrine.

#### Poor households of Mostapur

For the poor, scarcity appears to be a concern, but there also seems to be a lack of will to install latrines. All of the 9 households from the poor category that now practice open defecation had latrines before the 2007 monsoon, but these were damaged and are now unusable. Some households have bought materials, but have still not installed. Others argue that the food prices have doubled, making it difficult for them to find the resources and time to repair their latrines.

However, many participants of FGD do not support this argument. They say that if anyone has the will, s/he can manage within the limited resources.

#### **Mostapur's Natural Leaders' Recommendations:**

- The sanitation committee of the hamlet should immediately be reactivated;
- The committee should immediately call a meeting with all to discuss the issue and try to find solutions;
- As the natural leaders initiative is not working well, CARE should come forward to establish an effective monitoring system;
- Owners of open defecation sites should be put under pressure to ensure this practice stops;
- Pressure is required from the administration;

As of mid-July, 2008, 103 households of 105, are using latrines. Nine households whose latrines had been damaged have now repaired their latrines (following the harvest). Three extremely poor households have installed their own latrines. Only Moyna, Amrito's sister, and Somvaru still practice open defecation. As of December 3, 2008, Moyna and Somvaru have installed latrines. Moyna was able to use a small piece of land that her brother, Amrito, allocated to her. Following the monsoon of 2008, however, five new households have returned to practice open defecation as their latrines were damaged. These five households have promised the monitoring committee that they will make the necessary repairs by December 7, as harvesting has just ended and they now have resources. As of February 12, 2009, the five households have repaired their latrines and Mostapur is 100% ODF.

In Mostapur, there are several examples of assistance from better off households: three of the poorest households were allocated some land to locate their latrines and were provided with bamboo to construct the superstructures enclosing the latrines; in three instances, the better off also assisted the poorest to negotiate access to others' latrines until a solution is found.

### **Recommendations from Natural Leaders of *Nijera's* seven Northwest Clusters**

In a workshop, thirty-five natural leaders, representing all *Nijera* clusters, suggested that

- Natural leaders from various hamlets should form an organization of their own to ensure monitoring of the open defecation status of all hamlets that had been declared ODF earlier. This monitoring should include communities in which CLTS is presently underway;
- Some households have not internalized the importance of using toilets. Natural leaders should play a role to re-facilitate the realization process;
- Natural leaders should use powerful economic analysis (this involves calculations around medical expenditures or days lost from work when a family member falls ill with diarrhea or dysentery) to facilitate self-realization;
- There are extremely poor households who are facing key issues such as non-availability of space or not having any savings to invest for repairs. Natural leaders should initiate a discussion how the whole community can take the responsibility to assist these households;
- The sanitation committee of each hamlet should be re-activated. Natural leaders should play an active role in this regard;
- Many natural leaders are not capable of facilitating powerful discussion to generate self-realization and CARE should work with them to enhance their skills;
- Natural leaders should work collectively. They should go door to door to understand the situation and try to work out a solution accordingly;
- Natural leaders should focus more intensely to continue solidarity building between the rich and the poor within a community, so that the rich continue to extend assistance to the poor to retain 100% ODF status.

### **Recommendations from *Nijera* Front Line Workers:**

- Field staff should meet with natural leaders in each hamlet to discuss the latest status of sanitation.

- Natural leaders should lead a process of cost benefit analysis (see natural leader recommendation around economic analysis above) with participation of all community members
- Present sanitation committee of each hamlet should be reviewed. The committee should be reformed if necessary. Conscious facilitation should be done to include negative minded people in the process
- Separate discussions should be initiated with households that go for open defecation to understand their perspectives
- Close monitoring mechanisms should be established:
  - a mechanism to ensure that a discussion on sanitation will take place every two months in each hamlet. A calendar can be prepared by natural leader organization and will be posted in a public place to show that regular monitoring is happening
  - In each community, natural leaders should re-start to use the social map to monitor the situation
  - Children groups should be formed to monitor the hamlet
  - FGDs should be conducted with people from different ages to hear their perspectives and assist them to change their behavior.
  - Facilitation should be done to form a central committee of natural leaders on sanitation to ensure regular monitoring
  - Each staff should take responsibility of few hamlets to ensure that regular monitoring is happening
  - In monthly meetings of natural leaders, a common agenda should be to review sanitation status of each community. A common fund can be generated to assist the poorest who need assistance
- Staff and natural leaders should work with school teachers so that teachers remind all children of the importance of ODF status
- As sharing of latrines seems unsustainable in the long run, households should be inspired to install latrines of their own
- Awards can be given by natural leaders organization of the cleanest hamlet on a semi-annual basis
- Staff should work closely with natural leaders to innovate using local solutions to solve various problems
- Awareness rallies should be organized on a regular basis.

## **Conclusion**

This paper has discussed the causes surrounding the failures of large numbers of communities in Nijera's working area to maintain an open defecation free community. Our action research has highlighted that the main reasons for the lapse in ODF are hunger-related and the lingering issue of 'subsidy'. Good process facilitation is a must, but this cannot be separated from poverty alleviation initiatives and how and if better off residents of a community assist those who cannot afford to repair a low-cost latrine, in light of the cost of living increases that are likely to continue. Local government subsidies that are part of the communities' self-realization process are in and of themselves not the problem. However, we have highlighted the ways in which state-funded subsidies are provided, shape how society 'receives' these resources and uses them (or not).

To be sure, there are the 'stragglers', those who were reluctant to change their behavior in the first place, and given an excuse they are likely to return to the practice of ODF. But these are few in numbers, and their reluctance can be overcome. Some might argue



that all of these issues can be addressed through good facilitation, sound follow up, and community mechanisms to ensure that the poor are supported and the unwilling are made to realize the negative impact of open defecation. This view certainly echoes the proposals from within communities to address the failure to maintain open defecation free status. However, unless CLTS is accompanied by initiatives that address extreme poverty or is followed up by community mechanisms that assist the poorest households to find spaces for latrine construction and / or support to build / re-construct latrines, there is a danger, within the present economic context and the aim to meet the 2010 MDGs, that those who want to ensure 100 percent ODF place undue pressures on the poor that are contrary to notions of empowerment.