

This expert believes most of us don't know squat about sanitation

by Charles Fishman

The Rotarian -- May 2013

Imagine if everyone in the United States went to the bathroom outside – if all 315 million Americans had no toilets, or didn't use them, and the excrement piled up outside. Then imagine if that were true in Canada as well, and Mexico – and the countries of Western Europe, everyone in France and the United Kingdom, Italy and Spain, all defecating in the open, every day.



Kamal Kar

It's hard to imagine.

And yet every day, in developing countries across Asia, Africa, and Latin America, at least one billion people – teenage girls, farmers, old men – defecate outside. That lack of sanitation is a major cause of disease and death; it's also a small, daily attack on human dignity for each of those one billion people.

Sanitation typically doesn't get the attention or money that other development issues, such as clean water, attract. And when it does get attention, people's habits often prove puzzlingly hard to change. Government agencies and nongovernmental organizations routinely give latrines or basic toilets to rural villages, and the toilets go unused, or people use them to house chickens or store firewood.

A decade ago, Kamal Kar, an agricultural scientist from India, stumbled onto a powerful approach to the sanitation problem as he was trying to understand why rural Bangladeshis weren't using toilets that had been provided for them.

Based on his field work, Kar developed a program called community-led total sanitation (CLTS), in which communities discover for themselves the damage that open defecation does to them and their children – and then develop their own solutions. Kar’s effort, which has spread to more than 50 countries, is counterintuitive to many governments, NGOs, and international aid organizations. Through his approach, trained outsiders guide community members in analyzing their own sanitation situation – that’s all. No advice, no technical assistance, no toilets, and absolutely no money.

The measure of success for CLTS is simple: The practice of open defecation disappears – a change driven by peer pressure and new community standards.

The program has proved remarkably effective. Thousands of villages and communities, with millions of residents, are “open-defecation free” because of it, and the health results are striking. Even in areas swept by cholera, villages that do not practice open defecation remain almost cholera-free.

Kar spoke to Rotarians about water and sanitation issues at the World Water Summits in Montreal and New Orleans. The next World Water Summit will be held in Lisbon, Portugal, on 21 June, before the 2013 RI Convention.

Kar talked with Charles Fishman, who writes about global water issues in his book *The Big Thirst*.

THE ROTARIAN: Westerners have toilets. We can hardly imagine ever defecating in public, let alone every day.

KAR: If you talk to 100 Westerners about this problem, 99 will tell you, “I’ve got a solution.” That attitude is the whole problem. Perhaps 1 of the 100 would say, “OK, well, I’ve never defecated in the open, I’ve never lived in that kind of a situation. How can I go and tell them what to do? Let’s go ask *them*. They are the experts.” This mindset – because we are Westerners, because we are educated, because we have money, because we have not seen this – we immediately conclude that *they* are the fools, that, “Oh, these fellas don’t know what to do.”

TR: You discovered that the key to helping people improve their sanitation was to refuse to tell them what to do, and not to presume to know the answer. For the people trying to help solve this

problem, that restraint is counterintuitive. How did you figure it out?

KAR: Let me take you back to 1999. There was a typical project of constructing latrines and facilities for safe drinking water and installing hand pumps in a village in Bangladesh. My group and I were asked to go back a few months later and assess the project. This village had water close to the homes. They didn't have to go a long way. But on the outskirts of the village, I would step on human feces. It was everywhere.

So what was the point of the latrines? Every village we went to, it was the same. Some of the toilets were used; some of them were not used. So what was the point of increasing the number of toilets? They weren't using the toilets they had.

TR: We know from your speeches that you forgo euphemisms for human excrement. This must shock some people. Do you use slang for *excrement* when you talk to groups in rural villages?

KAR: Yes, in CLTS we use the word *shit* or its equivalent in other languages on purpose. Of course, we first ask the members of the community what they call it in their local language. After we receive their permission, we use that terminology.

If we use sanitized words instead of their words, it fails to generate the right kind of mindset for the discussion. When you use polite words, often local people feel that this must be another health lecture given by outsiders who don't understand their reality.

TR: So, why were people who had been given toilets or latrines still defecating outside?

KAR: That's the question: Is it by chance? Is it by compulsion? Do they enjoy it? What's the story? I said to my team, "Let's forget the studies, and let's not talk about toilets. Let us try to learn. Let us go to these villages as learners."

TR: And the technique you use today – community-led total sanitation – is similar to what you did that first day. Tell us what happens.

KAR: A group of trained facilitators walk into the village, and they build a rapport with the community. They simply say, “We would like to know from you, how do you manage sanitation? Would you teach *us*?” The community typically says, “You guys look smart, educated – how can we teach you? You know more than us.” We say, “No, we have come here to learn from you about the situation in your own village. This is our first day here. Who knows more about your village?” They say, “OK, we know more.”

Then we start off: “Can we have a map, 20 feet by 20 feet – a map of the village?” They are quickly engaged. We say, “Here is a piece of paper; please write the name of the heads of the households on it.” Then we get all the houses on the map. Then we say, “We understand you now, we are really learning. How many of you went outside to defecate this morning?” All hands up. People giggling, laughing.

We have a bag of sawdust. We say, “Imagine this is shit,” indicating the sawdust, and then ask, “Would you please put on the map where you defecated this morning?”

Big laughter. Within a minute, people are running around putting sawdust everywhere; children are doing it too. Within a few minutes, the whole map is full of it. “It seems your houses are surrounded by shit. Do you enjoy this?”

“Oh, no,” they say, “we do not enjoy it.”

Then we bring in some raw excrement and ask for some food. You put the food – rice or whatever – right next to it in front of 200 people from the village. Within a minute, the flies will come and start doing their job. Then, of course, nobody wants to eat that food.

We say, “Do you normally throw your food away when it gets flies on it?”

“No,” they say, “we eat it.”

TR: Is that how people in the village realize that defecating outside isn’t harmless?

KAR: This technique generates three things. One is the element of disgust. They think, “What are we doing as human beings?” Also, there is an element of self-respect and the element of fear: “Our kids are dying. Can’t we stop this?” These things lead to what we call “the triggering moment.” That opens the way for a plan. The people in the village say, “Let’s stop it right now!” They discuss it and come up with a plan. It’s all self-mobilized.

The moment you talk toilets, it becomes personal. But a toilet is not the solution. Changing hygiene behavior, that’s the solution. The whole community must be involved. They didn’t see a solution before they worked it out together. That is what makes the impact.

TR: Why isn’t building latrines the next step?

KAR: The village must become open-defecation free on its own initiative. The typical point of departure – you defecate anywhere, I give you money – we know that doesn’t work. The power is when you don’t say anything. You come as a learner: “I have learned that what you are doing is contaminating your food and making yourself sick. I am going back home now. Oh, wait, one more thing: Can I take a picture of the group who is doing this?” And they say, “No! No, you can’t take our picture! You come back in a month, and we will show you what we can construct; we know how to do simple pit latrines.”

Your role as an outsider must be just as a facilitator – you cannot teach, you cannot suggest, recommend, prescribe, or provide at the initial stage. You must restrict yourself as a facilitator of change and analysis. You simply say, “Please carry on as you always have done.” The moment you do this, you change from giving someone a latrine to changing collective hygiene behavior. That is the most important thing, rather than changing individual behavior.

TR: Why does it take doing this in a group to trigger the real revulsion, and why is group action so important?

KAR: You walk into any village in any developing country, and you will find some households – very few – that have toilets. Go and see those families, talk to them. They will say, “I have a toilet, I am not the problem! Go talk to the people who are defecating everywhere.” They think they are safe because they have a toilet. That’s a completely wrong notion.

And if you do the two to three hours of the triggering exercise – the map, the sawdust – you will see those few guys who have a toilet with blank faces, their heads down, speechless, because they have realized they are fools. They have constructed latrines. They have spent money. That's the first realization: My toilet has no meaning because so long as *anyone* defecates in the open, I am not safe. And then they form a pressure group from within, and they try to convince their neighbors and the people around them: "If you don't have money, use my toilet. If you don't have land, I'll give you a little bit of land for a toilet."

The poor and the rich are brought together. They are all trying to achieve one thing. I may not have a toilet, but if my community insists that I have to use my neighbor's toilet, or my village's toilet, I will change my habits. But if I am *given* a toilet, some days I will use it, some days I will not use it. Sanitation is not an individual good – it's a collective good that we don't ruin our environment.

TR: How can other groups help?

KAR: In most countries, we train groups to adopt CLTS. They find their job much easier. They end up going, triggering CLTS in different villages, educating people, mobilizing people. They are happy because the results are encouraging. Before, people often missed the actual outcome. The focus was, how many latrines have I constructed? How much money have I sent?

CLTS is outcome-focused. You have to have a health outcome – otherwise, the effort is useless. If you count only latrines, you will never get that outcome. You have to count communities that are free from open defecation.

TR: What have you learned about people and their attitudes and behavior in the last decade, in the course of changing your career?

KAR: It is much better, much easier, to work with the people directly. As you go up, it becomes complicated. You meet those people I call the "intellectually constipated." They suffer mostly from the disease of "all-ness." They don't go to the communities often, but they claim to know everything.

TR: You started in agriculture. Why did you choose that field 30 years ago?

KAR: I love animals. I studied animal husbandry. My specialization is livestock production. I used to work on huge farms, with dairy cows, goats, poultry. From there, I started working with the farmers. For my PhD, I focused on why farmers accept or reject innovations.

TR: What did you learn from farmers that can apply to CLTS?

KAR: I realized from the farmers how powerful their knowledge is. We came with technological prescriptions, and often, they didn't work. Farmers outright rejected those innovations. We are nobodies compared with their hundreds of years of knowledge, which is more local, more specific. And with sanitation, it's exactly the same thing.

Copyright © 2013 Rotary International