Robert Chambers, Petra Bongartz, Deepak Sanan, Nilanjana Mukherjee, and Frank Greaves have posted a letter expressing disagreement with the discussion of Community-led Total Sanitation (CLTS) in the World Development Report 2015. The authors are development professionals whose work on sanitation and other areas of development practice is rightly viewed as original and important. For this reason, and as they point out, the WDR team consulted with them during the preparation of the Report. As their own body of work describes, CLTS is an approach to sanitation that uses emotions and social norms to reduce open defecation and support other hygiene practices. It is exactly the kind of innovative development intervention that the WDR aims to highlight.

At the same time, one of the main messages of the Report is that small changes in framing and in the environment can have large consequences for behavior. Context is enormously important. What works in one place may not work in another. For that reason, continuous testing of development interventions and adaptation to design are crucial. There are many ways to evaluate the impact of an intervention, but the Report takes the view that randomized controlled trials (RCTs) are particularly important for causal inference and establishing proof of concept.

The Report discusses RCT evaluations of CLTS available at the time of writing. These had occurred in Indonesia and India. A graph in the Report (Figure 8.4) shows the resulting decrease in open defecation, and the text summarizes the findings. CLTS without subsidies to toilet construction reduced open defecation in both Indonesia and India, but it only slightly increased toilet construction in the one country—Indonesia—in which data were available for a pure CLTS program: 3 percentage points more households in Indonesia built toilets in treatment communities than in control communities.

The Report takes care to emphasize that the inference regarding the need for subsidies to toilet construction was based on RCTs in only two countries. Other countries, and indeed other communities within those countries, may be different. The Report does not make any general causal claims that the CLTS approach without subsidies to toilet construction cannot be effective. Of course, it may be effective elsewhere, and CLTS is indeed a promising and innovative intervention. That is why the Report describes CLTS in detail. Still, the RCTs that were available suggested that toilet subsidies can play an important role, at least in some contexts, in eliminating public defecation.

After the publication of the WDR, a new working paper with results of CLTS interventions in two additional countries, Mali and Tanzania, was published. The results of that study are in line with the other RCTs. The study states that “Our results suggest that stronger interventions that combine intensive health promotional nudges [CLTS] with subsidies for sanitation construction may be needed to reduce open defecation enough to generate meaningful improvements in child health studies.” The 2015 study estimates that ending open defecation in villages where everyone defecates in the open would increase child height by 0.44 standard deviations.
There is a need for more research on the impact of CLTS in many countries, and on its interaction with subsidies, information campaigns, and other more traditional interventions. The WDR team does not mean to prejudge the findings of future research. It is our hope that the WDR will increase investment in the needed studies, including studies based on productive collaboration among longstanding members of the CLTS community and researchers drawing on a rigorous research methods.

References

