Overview

Globally, Community Led Total Sanitation (CLTS) has been widely embraced as a strategy to end open defecation; dozens of countries have incorporated the approach as part of national policy for rural sanitation. Recent research indicates that the effectiveness of CLTS programs to achieve and sustain open defecation free (ODF) communities is influenced by both context (e.g., poverty level, demographics, accessibility, hydrogeology, baseline latrine coverage) and implementation modality, although the relative influence of these on CLTS performance is not yet well understood.

USAID’s Water, Sanitation and Hygiene Partnerships and Learning for Sustainability (USAID/WASHPaLS) activity partnered with CLTS implementers and governments to research and better understand the range of conditions in which CLTS is most effective (the so-called “Performance Envelope”), to guide future implementation and investment decisions by governments, donors and implementers.

Research Questions

The CLTS Performance Envelope research was guided by two questions:

- **What is the relative importance of context as compared to program implementation for ODF achievement?** Are some contextual characteristics strong predictors of ODF achievement? Where CLTS succeeded despite unfavorable context, to what implementation strategies could success be attributed?

- **What are the most successful implementation strategies to both achieve and sustain ODF status?** What strategies do local leaders use to mobilize communities? What type of follow-up is needed to achieve and maintain community ODF status? What approaches to pro-poor support are the most successful?

Methods

To address the first question, USAID/WASHPaLS examined CLTS datasets in four countries—Cambodia, Ghana, Liberia, and Zambia—to quantify the extent to which environmental, demographic, accessibility, and socioeconomic factors affect ODF achievement and sustainability. (The second question is analyzed qualitatively and is presented in a separate brief.) Data for analysis was drawn from various public sources such as Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), WorldPop, the Dartmouth Flood Observatory, and others. The analysis used both bivariate and multivariate statistical models, supplemented with interviews of CLTS implementers to confirm findings.

Results

Results of the quantitative analysis are presented in four country briefs:

- Factors Contributing to the Success of CLTS in Cambodia
- Factors Contributing to the Success of CLTS in Ghana
- Factors Contributing to the Success of CLTS in Liberia
- Factors Contributing to the Success of CLTS in Zambia