Community-Led Total Sanitation (CLTS) is a an approach where facilitation –using participatory methods– enables communities to analyse their sanitation conditions and the risks of open defecation and thus triggers a desire in the community to take their own action and become open defecation free (ODF). CLTS has proved to work better than past approaches and has quickly expanded all over the world. In India, where more than half of the world's open defecators concentrate, CLTS faces difficulties, primarily due to some incompatibilities with the national sanitation campaign, but there are several areas where it has been introduced with certain success. Apart from that, there are evidences of communities reverting to open defecation –in India and elsewhere– which raises important questions about the sustainability of the outcomes of CLTS.

Trying to shed some light on these issues, the present thesis aims at exploring the ways in which the introduction of CLTS in Madhya Pradesh (MP) and Himachal Pradesh (HP) contributed to sustainable sanitation, looking both at the policy process that shaped the sanitation intervention and at how and to what extent they contributed to sustainable sanitation. I use an analytical framework inspired in the Pathways Approach, where sustainability is seen from a dynamic and normative point of view (maintained ODF with increased social justice) and where the policy processes around sustainability, including policy narratives, agents and interests, are very relevant. I take three case studies for the analysis: Khandwa district (MP), Mandi district (HP) and Budni block (MP). The methodology is primarily qualitative and is based on interviews at all administrative levels, and on intensive field research, including short visits to many Gram Panchayats (GP) and an in-depth study in a selected GP in each case study area.

Evidences are diverse in each area. In Khandwa district CLTS was introduced in 2007. State level pressure to obtain sanitation awards and local vested interests resulted however in a mixed approach, using CLTS triggering tools but with supply-led subsidised latrine construction. Initial progress was uneven and there was reversion to open defecation later on. Some of the main causes were low appropriation, poor construction quality and lack of priority after the sanitation awards and post transfers of champions. In Mandi district, with an enabling state sanitation policy and supported by a local NGO, motivated district authorities started in late 2006 a sanitation campaign inspired in CLTS principles, but using community theatre and door to door visits instead of CLTS triggering. Latrine use increased sharply and has maintained, changing the social perception of sanitation. In Budni block, a CLTS champion became block CEO. His experience and the support of UNICEF helped counter conflicting interest and start a campaign coherent with CLTS in late 2010. GPs were triggered and monitoring committees created in order to make their GPs ODF. Still in the early stages, the campaign was observed to contribute to collective behaviour change in a considerable part of the GPs.

Some conclusions are drawn from these evidences. First, India's sanitation campaign is implemented in a top-down and supply-driven way which is contrary to its official guidelines, principally due to interests of the actors involved, such as political patronage, technocratic inertia or misdirected accountability. This also makes the introduction of CLTS at scale a difficult and complex policy process; competing interests can lead to mixed approaches and poor results. But when the agents promoting CLTS have the power and the commitment, coherence can be achieved and results are impressive. What makes sanitation interventions successful is that the GPs appropriate the sanitation issue, work in committees in order to stop open defecation and make the collective perspective of sanitation prevalent. CLTS triggering –but also other emotional tools like community theatre– can mobilise a group of people to form such a committee. However, this is just a first step in the longer and difficult process of changing the social perspective of sanitation, and the committees will need adequate support. Further, GPs generally have strong diversity and social divides, lacking a sense of community. Thus, inclusiveness of all sections in triggerings and committees becomes important for reaching everybody. Similarly, mutual help cannot be taken for granted but needs to be promoted. Finally, the technological laissez-faire in CLTS has been observed to lead to inefficient designs which affect sustainability and can generate health hazards. However, where the collective perspective becomes entrenched, many emerging challenges are responded to adequately.