

**Report: Community Led Total Sanitation (CLTS)
Training of Trainers
Kampong Cham Province, Cambodia
5th-9th July 2010**



**Department of Rural Health Care,
Ministry of Rural Development and
Unicef, Cambodia**

By:

**Knowledge Links Pvt. Ltd., India
knowledge.links@gmail.com**

Acknowledgement

This report details out the proceedings of a training of trainers' (ToT) workshop on CLTS conducted by Knowledge Links, India in collaboration with Department of Rural Health Care (DRHC), Ministry of Rural Development (MRD) and Unicef, Cambodia at Kampong Cham province during 5-9 July 2010. The workshop could not have been possible without the support and assistance of DRHC, MRD and Unicef, Cambodia.

Special thanks are due to Dr Chea Samnang and Chreay Pom (MRD), Hilda Winarta and Santepheap (UNICEF), for their kind assistance and support in organizing the workshop in Cambodia. Thanks are also due to Sovarna, who established a link between the facilitators of the workshop and the participants by providing effective translation services from English to Khmer and vice versa. The staff of Provincial Department of Rural Development (PDRD), Kampong Cham worked hard to arrange the logistics for smooth conduction of the workshop with the support of national team members of DHRC, MRD. Their efforts are highly appreciated.

Our sincere gratitude and thanks to the community members, particularly women and children, of 4 villages (Ankor Knong, Angkor Leu, Angkor Krao and Por Thum) who gave us the opportunity to learn from them during the field visits as also through their participation on the last day of the workshop and making presentations about their action plans to make their villages open defecation free. Thanks to all the workshop participants whose active participation not only made this workshop a very useful exercise but also a memorable experience.

JP Shukla, Anupma and Yeeshu

(CLTS Facilitation team, Knowledge Links, India)

17 July 2010

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Introduction

Unicef Cambodia is providing strategic support to Ministry of Rural Development to accelerate rural sanitation in Cambodia. As a part of this initiative, a five day training of trainers was conducted by Knowledge Links, India during 5th- 9th July 2010 at Kampong Cham province of Cambodia in collaboration with Department of Rural Health Care, Ministry of Rural Development (MRD) and Unicef, Cambodia.

Background

The first CLTS workshop was conducted by Kamal Kar in 2004 with the support of an International NGO Concern Worldwide leading to few villages becoming open defecation free (ODF). To begin with, CLTS was initiated in 4 provinces by Concern Worldwide, who later discontinued their support. However, CLTS was formally adopted by the MRD, Department of Rural Health Care, Government of Cambodia in 2006 supported by Unicef and Plan International. Till June 2010, CLTS has been implemented in around 800 villages with some 300 villages becoming defecation free. ODF declaration has been reported by the provinces and verification and certification is yet to be done. Reportedly, MRD is in the process of developing a strategy followed by an action plan for water and sanitation which would include a road map for scaling up CLTS.

Who Participated?

A total number of 33 participants attended the program (**Annex 1**). The participants were from provincial department of rural development, from 11 out of 24 provinces across Cambodia. Besides, there were 9 participants from national team located at Department of Rural Health Care, Ministry of Rural Development, Phnom Penh and 1 from Unicef. The participants included the Deputy Directors from the national, Kampong Cham and Siem Reap province. All the participants had prior experience of triggering CLTS exercises (in 1-21 villages) with average time of 4-8 months for making a village ODF and involving 10-32 post-triggering follow up visits. Hilda Winarta, WES Officer, Unicef also attended the first day of the program.

Pre-workshop arrangements

The venue for the workshop was changed at the last minute. It was an appropriate decision. The PDRD conference hall was eventually arranged for conducting the workshop. The venue provided a congenial environment for learning. The provincial officers at Kampong Cham arranged all the necessary equipments in the training hall, vehicles for field visits etc. For the field visit, as a prior meeting with village chiefs and teachers of the selected villages could not be arranged, the participant groups ended up visiting/triggering in some of the villages where Plan international held a meeting the same morning. The arrangement for presentation by community leaders on the last day of the workshop, was arranged well. Also, it would be good if for future workshops, video camera is arranged to quietly record the

behaviour of participants during the field visit and display the same to them, which could not be done this time.

Participants selected were from government only. There is a need to have some participants from the NGOs in future workshops, especially those who are supporting CLTS in different provinces.

CLTS Workshop covers a range of issues and generates a lot of discussion and often results in time overrun. It would be appropriate to communicate to the participants during the time of selection, that they should be flexible with the timings. The translator was a very good help and without his efforts, the smooth conduction of workshop would not have been possible. Santepheap from Unicef also helped in translations at times.

Summary of the proceedings

Suitable modifications were made to the tentative workshop schedule (**Annex 2**) to suit the learning requirements of the participants and re-adjust the session timings. During the 5-day training program, a number of sessions were held with the objective to develop conceptual clarity about the CLTS approach and its planned application in the field. These included participatory sessions through power-point presentations, group discussions, film show, simulation exercise, role plays and hands-on learning through field visits, rotational presentation by the villagers including children etc.

The workshop was able to initiate the process of de-learning of certain aspects not in line with the CLTS approach such as-showing the pictures of disease transmission routes or the technology options right at the start of the CLTS triggering process, not spending enough time in transect walk, lecturing and teaching the communities (going to the village as a teacher not as a learner).

This created space for new learning to make the process more effective and efficient. Some of these included triggering with children; some new trigger tools such as lifting a child, photograph tool, H₂S vials as a trigger tool; focusing on capturing the ignition moment; first follow up on the next day of training by phone; community monitoring using social maps; recognising the triggering outcomes and strategizing the triggering strategy accordingly and not following a fixed process; more emphasis and clarity on sanitation ladder; importance of inviting community leaders from the triggered villages on the last day of the workshop and learning from them.

Participants carried a very good knowledge on technology and the workshop provided some finer points to them.

The workshop saw some 32 villagers including 16 children and village chiefs from the 4 villages triggered during the workshop. They turned up on the last day of the workshop to share their plans and progress

since the triggering, in their villages, by the participants. The children along with the adults explained their plans of making their village open defecation free.

In the end of the exercise, the village chiefs of the 3 villages committed to make their villages open defecation free by providing a certain deadline.

There was not enough time for preparation of action plans by workshop participants for their respective provinces as also by the national team. However, the participants from provinces prepared outline of their action plans. They committed to refine them further and to send them to Ms. You Ky, Deputy Director, Department of Rural Health Care, MRD. They also committed to make 38 villages ODF in the next 3 months.

Day-wise proceedings

Day 1: 05.07.2010

Inauguration

The inaugural session was chaired by the Ms. You Ky, Deputy Director, Department of Rural health Care, Ministry of Rural Development accompanied by the Deputy Director of Kampong Cham Province and the WES officer from Unicef. The Deputy Director, MRD who attended the program as one of the participants expected to learn from the experience particularly India and emphasized the importance of the training in making villages open defecation free. It would also provide an opportunity of refresher training to some of the earlier trained resource persons.

Ms. Hilda Winarta, explained the importance of CLTS in making villages open defecation free. She told participants that approximately 50,000 villages have become open defecation free using CLTS approach in India. She shared the critical importance of this training in taking the CLTS agenda forward in Cambodia.

Introduction, ice breaking and norms setting

Introduction was done with the help of small games and exercises that helped participants open up and mingle with each other freely. As a part of the exercise, the participants were divided in several groups based on their provinces, marital status, number of children, professional background, experience of triggering CLTS in terms of number of villages triggered etc. They were also asked questions like when did they defecate in the open? Or when did they last see someone defecating in the open? The norms were set by the



Ice breaking exercise

participants to help maintain a learning environment and adhere to a self imposed discipline during the course of the program. It was observed during the course of workshop that participants were generally on time in coming to the workshop and were reluctant to stay beyond the time agreed in the norms.

Expectations of the participants

Expectations of participants from the workshop were mapped out with the help of an exercise whereby the participants listed out their individual expectations from the workshop on separate cards. The cards with expectations were categorized into certain broad categories by them as given below:

- New experience, innovations in CLTS
- Knowledge and skills
- About CLTS
- Technology options
- Tools for behavior change



Mapping out participants' expectations

The expectations were subsequently matched with the intended objectives of the workshop.

Firming up the workshop objectives based on the expectations

The participants agreed on the following workshop objectives. Based on the expectation an additional objective related to technology options was included.

At the end of the 5day workshop, the participants would have:

- A. Gained knowledge and understanding on CLTS approach, arriving at a logical conclusion of its usefulness in stopping the practice of open defecation in rural communities.
- B. Developed skills to facilitate CLTS in villages and triggering local collective action
- C. Acquired training skills to train other facilitators on CLTS (However, they would be used as trainers, only when they gain confidence by helping a number of villages become ODF after they receive this training)
- D. Gained Knowledge on Sanitation technology options.
- E. Developed institutional action plans, including monitoring systems, for next three months for initiating CLTS in their respective areas.

Self assessment questionnaire

A self-assessment questionnaire was distributed to assess the current understanding of participants on issues related to rural sanitation and participatory community led approaches. On the last day of the workshop the same questionnaire was distributed again which showed improvement in the knowledge of participants.

Experience sharing exercise

To get an insight into the current practices and methodologies applied to achieve the goal of sanitation in the respective provinces, 4 groups were formed based on the provinces with national team dividing itself into four groups to brainstorm and make a presentation on their CLTS experience so far. The suggestive points given to them included year of starting, number of villages triggered, number of villages that achieved, average time taken in a village to reach ODF status, average number of follow-up visits, what worked and what didn't work. These presentations also included the challenges faced in implementing sanitation program.

The participants' presentations revealed that CLTS implementation started in 2006 in 9 out of 11 provinces represented during the workshop. The other 2 provinces namely Preach Vihear and Kampot started in 2009. A total of 969 villages have been triggered and 443 villages have become ODF. (These were approximate figures as they were based on their memory). During one of the post workshop discussions, Hilda mentioned that CLTS has been implemented in around 800 villages and over 300 villages have become ODF. The participants came up with many points about activities that in their view were successful or not so successful in certain areas.

What worked?

- Functional institutional structure from province to commune
- Effective and timely support from the national level
- Good communication and coordination with local authorities and partners
- Easier to target smaller groups with less number of facilitators
- Better Transportation and support facilities
- Motivating regularly
- Organisation of sanitation campaigns as a reinforcement tool
- Community action planning with focal points
- Communities Participatory
- Regular monitoring/monitoring system in place/ Monitoring Plan on Provincial, District, Commune Level



Group activity: preparing presentation

- Exchange visits
- Review meetings at the commune level
- Availability of IEC material

What didn't work?

- Hardware subsidy by different projects
- Not following the seasonal calendar and triggering at a busy time
- No incentive for village facilitators (such as for transportation, food, remuneration etc)
- Lack of transportation
- Lack of monitoring
- Lack of timely delivery of budget
- Lack of cooperation from local authorities as they are busy with many other things
- Institutional structure not good
- At times, structure at the community level not clear

Challenges:

- Migration of villagers in some villages
- Poverty
- Simple pit toilets collapsing due to heavy rains
- Termites, insects, worms
- Flooded, Rock, Land Collapse
- Some people need subsidy for latrine
- People wait for subsidy as some projects provide subsidies.

The discussion that followed the presentations helped in creating clarity of roles and clarifying doubts. The facilitators made it clear that while implementing CLTS one should be clear about whose agenda it is. It should not come across as the agenda of the facilitator. It should be community led. The concern about the numbers was raised by the participants. The facilitator clarified that the numbers are not really important. The idea is to understand the spirit of CLTS.

One of the participants asked how long it takes for a village to become ODF? The facilitator clarified that it would depend as per the case and would be different for each village. A village could become ODF in minutes and it could also take some time. He gave the example of a village where people decide to stop eating the shit of each other by simply digging a small hole of 2 feet deep and by defecating in that. This is the first step towards ODF community. But this situation does not last long. Within a week or so, the community members move to a simple pit toilet. The facilitator asked- why we want to become ODF? It is because we don't want to eat our own shit and stop it immediately. This is a first step on a sanitation ladder. Making a simple pit latrine is a second step on the ladder. Subsequently, people save money to construct better toilets. So it's not about money. It's a question of understanding. CLTS is not about simple pit latrine, it's about behavior change and riding on the sanitation ladder. It was also clarified that

it is up to the community as to which of their members have what resources and want to start from which step on the ladder. The rich could decide directly for improved designs. One of the participants again explained the sanitation ladder to all the participants.

Session on attitude and behavior of Facilitators

Attitude of facilitators is critical in the outcome of a triggering process. Role play by participants was done which helped them to understand participatory, top-down and friendly attitudes through the body language as the role plays were planned as silent plays without any verbal dialogue. When one group played all others observed and noted the points related to gesture/body language that made it friendly, participatory or top-down. Some of the points that were emphasized were that, when the participants go to the village they should follow the participatory attitude and refrain from top-down attitudes.

CLTS principles and practices

A brief brainstorming session was conducted to help understand what is CLTS and what are its underlying assumptions. This was followed by a brief presentation made by the facilitator on the principles and practices of CLTS. Sharing the WHO/Unicef JMP update 2010 data it was emphasized that rural Cambodia is on the top of all the neighboring countries in open defecation, which needs to be eradicated as quickly as possible to save the children from avoidable diseases like diarrhea. (Outbreak of diarrhea was reported in some province, once we came back to Phnom Penh on 10th July 2010.)

Experience sharing by two focal persons

Two village focal persons shared their views on difficulties and challenges related to making a village ODF. They shared several factors that affected the process such as, political influence, lack of understanding in some cases, lack of support from the local authority, tackling stubborn villagers etc.

Formation of groups for field visits

The two field visits were organized- first on the second day covering 2 villages and second on the third day covering another 2 villages of the workshop. The participants were divided in 4 groups (who themselves further divided into two sub-groups-one for triggering with adults and the other with children.) Both the visits were organized in four villages. Participants carried out the triggering exercises at 4 different locations- 2 with children and remaining 2 with adult groups within each village.

Day 2: 06.07.2010**Recap of the previous day activities**

Recap of the first day's activities was shared by two participants and some others also added. The take away for the day was carrying out participatory exercises in respective groups. They also learnt new steps in sanitation ladder i.e. starting with covering the shit with mud and then upgrading it further.

Demonstration of CLTS triggering by the participants: Role play

The facilitator asked the participants to demonstrate the CLTS triggering tools in their own way i.e how they have been conducting them over the years. This is to get the sense of the participant's current understanding of the CLTS process. 4 participants played the role of facilitators and others as villagers. Following points emerged from this role play about their existing way of triggering:

- There were many points that clearly pointed that the facilitators were in a teaching mode and not in a learning mode which is against the approach of CLTS. For example:
 - While initiating discussion, the facilitator talked about CLTS. Instead, they should have said that 'they have come to learn from them about their life style and sanitation profile of the village'. There is no need mention CLTS at all.
 - 'The facilitator began with asking people how many latrines do you have in your village? The villagers replied, 'very few'. Then he said 'that means you are defecating in the open and eating each other's shit.' This is against the approach of CLTS as 'eating each other's shit' should come as a community realization during the process of community self-analysis without the facilitator telling them.
 - Use of picture of disease transmission routes resulted in facilitator explaining the routes. Instead, no pictures need to be used. The facilitator needs to ask as a learner as to 'where does the shit left in the open go?' This would engage the community in collective self analysis and they would tell the routes of transmission and in the process realize that the shit left in the open come back to them through different routes.
 - A lot of lecturing was noticed during the process, such as: 'everyone has to have toilets; it would improve the environment and there would be no diseases'; 'The facilitator explained the relation and sequential links between the various pictures. Then he explained that if we continue doing open defecation, we would have numerous cases of diarrhea and other health hazards. Then he explained the different routes of disease transmission.'

This would adversely affect the process of community self-analysis and collective realization which is the essence of CLTS. This approach would make sanitation an agenda of the outsiders and would kill the very spirit of making it 'community-led'.

- The facilitators did not make any attempt to capture the ignition moment, and then stop using trigger tools and move to the process of community taking decision of fixing a date for becoming ODF etc. Instead they followed the 11 step process in a rigid and fixed manner. This process could make the people believe that the facilitators have a hidden agenda; another limitation is that it could fail to address unique situations of different communities.
- 'Facilitators were laughing too much.' This can turn the exercise into a joke or sometimes it could hurt people. Instead, let the people laugh, but the facilitator should maintain his normal face.

Lead trainer shared with the participants that there is no fixed rule to facilitate participatory exercise. But while facilitating the community self analysis exercise, there are certain rules that need to be kept in mind:

You should not teach the people but instead learn from them. Also you are not to say that you are eating each other's shit nor you are here to inform them of good hygiene practices. Instead, the community realizes it during the process. Your job is to learn from them not preach them. The idea is to facilitate self analysis of their sanitation profile and during the process they would themselves realize the need for better sanitation. You don't have to lecture them on Do's and Don'ts but instead required to facilitate an exercise on self analysis and avoid advising anything to them. One should refrain from advising them about constructing simple pit or flush latrines as also to stop open defecation. You only facilitate the process and leave the decision to the people. In case, they do not want to change you should not be disappointed and make sure you thank them before leaving the village. Your job is not to change their behavior. Your job is only to facilitate the community self-analysis and it is entirely on the communities to change or to carry on with the practice. You are not inspectors to check and they have every right to choose the life they want to live. Your job is not to motivate or convince them. Their dignity should be respected.

He also said that we should not be worried about the mistakes, as even expert facilitator commits mistakes. We should take the mistakes as learning and next time make a new mistake and learn from it.

Participant question: why are we not supposed to tell them directly to change their behavior?

Trainer: People change their behavior when they realize and find a reason to do so through their own analysis. For example in Himachal Pradesh, India CLTS started in 2006. Before that millions of rupees were spent on teaching and preaching but not a single village was open defecation free. There were many facilitators trying to convince people to construct latrines but nothing was moving. After the first

CLTS workshop in May 2006, the whole district accelerated the sanitation program. Within a short span of 3 years 12000 villages out of 17000 villages have become open defecation free and nobody asked them to construct a latrine. So it is a primary rule to never ask them to construct the latrine or stop defecating in the open.

Even if need is there to share the technology option, we need to share as an example from other villages and people should be encouraged to develop their own toilet designs. The habit of teaching people is so deep rooted that some of the facilitators put up flash cards of the pictures of technology options in the meeting in the beginning when they went to the villages in the afternoon for triggering.

It emerged loud and clear, that till the use of pictures is not stopped during triggering, the process cannot be become community-led and sanitation would remain an outsiders' agenda.

Simulation of trigger tools by the facilitators

This session reiterated CLTS as a trigger approach to sanitation. The various trigger tools and the rationale behind each tool was explained. The purpose of participatory process is to engage the community as a collective to appraise its own sanitation situation and trigger informed collective decision making and local action by the community.

Before simulation of the trigger tools, the 8 participants groups were formed for the purpose of the field visits. While forming the groups, care was taken not only to ensure equal gender participation but also equal representation from different organisations, and equal distribution of provinces.



Simulation of trigger tools

The resource team made demonstration of the various trigger tools through fish bowl method. The exercise demonstrated the process of community self-analysis and also attempted to explain the rationale behind each tool. This session also highlighted the individual roles and responsibility of each team member and the contribution to be made as a team.

Following CLTS trigger tools were demonstrated and the related queries were answered

- Rapport building /climate setting
- Defecation area transect walk
- Defecation area mapping.
- Faeces calculation.
- Flow diagram.
- Calculation of medical expenses.
- Water quality testing (H₂S vials)
- Demonstration of shit and rice
- Demonstration of glass of drinking water and shit

- Lifting a child
- Photograph tool

In addition, tips were given to understand and recognise the possible ignition moment and the hands off process of exit to be followed thereafter.

Tips on doing CLTS with Children

The overall process would be similar to adults. There is going to be a slight change in the beginning of the exercise as they might take some time to open up. The facilitators can do the following:

The facilitators could play games, morning prayers, songs etc. with the children. If the exercise is to be conducted in school, the facilitating team need to contact the teacher and take his permission so that he allows children as also invite him as an observer to the whole process. Make sure that the room is big enough to carry out the exercise. Take children to the school toilet and carry on with the discussion. In the end children should be encouraged to come up with their ideas as to how they would motivate their adults to stop OD. Stories related to these from other places could be shared with them. Children should be encouraged to develop their slogans against OD and organize rallies everyday in the morning and evening till the village becomes ODF etc.

Field visits for hands-on learning

The groups made field visit to the villages assigned to them to get an experience of triggering CLTS in real situation, which are given below. The group members distributed the roles and responsibilities among the team such a lead facilitator, co-facilitator, environment setter, process recorder, material manager, slogan facilitator (for children group) etc and discussed their strategy before leaving for the visit.

Village Name	Group # & Names
Angkor Knong (Mr. Shukla/ Sovanna) Total: 19 persons	Group I (9 persons): (at one place) Sub-group 1- For triggering with children: Or Son , Kong Sopha, Sin Hoeun, Sin Vuthea Sub-group 2- For triggering with adult: Ms.Vanna, Mr. Lydo , Se Saveth, Chhay Phally, Sothara
	Group II (8 persons): (at one place) Sub-group 1- For triggering with children: Mme. You Ky , Duong Dara, Peng Kear, San Phalla Sub-group 2- For triggering with adults: Chanto , Meoun Kongkear, Ven Dara, Chaing Kim Seang

Por Thom (Ms. Anupma & Yeeshu, Santepheap) Total: 18 persons	Group III (9 persons): (at one place) Sub-group 1- For triggering with children: Chhoeun , Sokuntheary, Phoeun Sopheap, Sean Sun Sub-group 2- For triggering with adults: Kong Saly , Svay Sophy, Kao Thavith, Khim Song
	Group IV(8 persons): (at one place) Sub-group 1- For triggering with children: Mr. Sangva , , Un Heng, Map Thirith, Nam Vanrin Sub-group 2- For triggering with adults: Mr.Sarith , Sin Sim, Leng Rasy, Men Chan Sopheap,

Day 3: 07.07.2010

Song and recap of the previous day’s activities:

A brief overview of the previous day’s activities were presented by the participants.

Exercise on sharing of experience of field visits

The participants groups were given some suggestive points for preparing their presentations on yesterday’s field visit experience. Two participants were invited as panelists for conducting the session and summarizing the experience.

Major learning and highlights from the presentations were:



Transect walk: Por thum village

- Most participants felt that triggering with children was very effective. In almost all the villages children were actively involved in the process and made commitments to ask their parents to construct toilets
- In one group children resolved to help digging pits for those who were short of money (village Angkor Khnog). In another village they decided to blow a whistle to announce and embarrass those who would be caught going out for or engage in open defecation. (village Por Thum)
- Many workshop participants were surprised to see that the children were drawing good pictures of disease transmission routes, drawing map of their village and doing calculations. Earlier many participants had raised doubts as to how they would be able to do it. But after seeing them doing all this successfully, they felt that they had underestimated children’s capabilities.
- At the end of the exercise, students came up with various solutions like covering shit, construction of latrine, covering food etc (village Angkor Khnog); children resolved to ask their parents to build toilets, washing hands with soap and boiling the drinking water and digging holes for those who could not afford it.
- In all the children groups, children came up with slogans such as, ‘Brother and sister stop OD’; ‘Brother and sister please build a toilet’; ‘Uncle and Aunty, please stop OD’; ‘We don’t want to eat shit anymore’ and so on.
- In one village children carried out a procession in their village shouting slogans against OD.



People showing their resolve by raising hands to end OD:
Angkor Krao village

listeners.

- Some participants were still unsure about the capability of children to influence adults.
- Some groups could not bring the children groups to adults for presentation
- While all other groups were convinced that using pictures for triggering was not a good idea as it promotes teaching rather than collective self analysis, one group continued to use pictures and was still into the teaching mode.
- Some of the facilitators were lecturing and were observed to be poor

- The participants were generally spending too little time in transect walk
- In almost every group the participants were not alert in capturing ignition moment and steering the process further.
- All the participants invited two children and two adult community leaders/focal points for the last day of the workshop to present their plans.
- No triggering could be organized in schools as the timing of the visit was such that the schools were closed.
- Some of the groups could not manage time properly.
- The two groups of children were very close to each other which was not very good.
- Selection of village for field visit was not appropriate- Plan international convened a meeting with children in one village in the morning, and triggering teams landed up in the same village in the afternoon. It was felt that while selecting the villages for field visit, fresh villages where no sanitation program is on should be selected for CLTS triggering first.
- In some groups the team members had poor coordination.
- One group felt that it is not easy to do calculation of faeces with very small children, as they do not understand the gram, kilo etc. But with little facilitation they could do it.
- In one group space at the venue was congested and that created problem in involving people.
- Almost all the groups were involved in doing tools and missed the ignition moment.
- Some groups did mapping on big charts. The panelist pointed out that it's not easy to use big charts. So it is good to do the exercise on the ground.
- Time management needs to be kept in mind.

Further tips for improving facilitation skills

It was emphasized that lecturing, teaching and preaching needs to be stopped. The participants should carefully listen to the responses of community and observe their reactions through their body language and gestures. This would help them steer the process effectively.

The experience sharing by participants on the field visits also brought about clearly that there were major gaps in



Triggering with adults :Angkor Leu

the understanding about various phases of facilitation during a triggering process. Most groups failed to recognize the ignition moment, as they were not clear particularly in terms of the following: how to capture the ignition moment; and how to steer the process after triggering and its various possible outcomes. This session involved discussion on different types of triggering outcomes, which have been experienced by CLTS practitioners globally. It helped in enhancing the understanding of the group to appreciate the varied responses that possibly could be received from the communities and a broad intervention strategy for different triggering situations.

Field visit for triggering in other 2 villages

The participants quickly discussed their strategy within their group and before leaving for the field visit. The team which worked with children worked with adults this time and vice versa. The visit was made to village Angkor Krao and Angkor Leu.

DAY-4: 08.07.2010

Exercise on field visit experience sharing

As on the previous day, two other participants were invited as panelist to conduct the session.

Main points that emerged during the discussion

- Many more participants agreed to that triggering is easier and more effective without using picture tool
- As in the first field visit, children decided that they would ask their parents to construct toilets
- In some groups, the facilitators made efforts to gather children. They walked around and asked the children to come and join.
- In some children groups, some adults were present. However, most of the questions and discussion took place with children in front of the adults.
- Many participants stated that use of drawing tool for faecal-oral transmission by community members is better than showing the pictures of disease transmission to them.
- One group felt that it is easier to facilitate triggering with children; they participate more and carry more ideas. It is easier to facilitate the children group. On the other hand, adults have expectations and more difficult to deal with them as compared to children
- In one group, very few people were present as they were busy with their paddy transplanted.
- At the end children came and shouted slogans in all the children groups.

- Children came to the adult group and shouted slogans and also explained the faecal oral transmission route.
- Used lifting a child tool
- Many participants felt that lifting a child is a good tool to trigger the parents to change their behaviour
- The children in many cases were willing to vigil when they see adult leaving for OD
- ‘We did not use any pictures at all but we still have a methodology to know the transmission routes.’



Children procession : Angkor Krao

It was noticed that there was improvement in facilitation skills of the participants. However, some participants were still in teaching mode and were poor listeners to practically ignore community responses. These need to be changed through regular practice. While concluding the session, trainer emphasized on the need to have local triggers. He told that a good facilitator is one who innovates as per the local requirements. He shared some examples from India on how facilitators have innovated new triggering tools. One of the participants shared that ‘we could ask the community members that we offer food to monks in the Pagoda and what are offering with the food to them when flies sit on that?’

Exercise on triggering outcomes:

Participants were asked to rate the triggering exercise as per the outcomes based on the responses that they received in the 4 villages both with children and adults. The following responses were received from various triggering exercises:

Village name	Category of triggering outcome			
	Match Box in a Gas station	Fire under ash	Hope	Damp match Box
Por Thom- Children	✓	✓		
Por Thom- Adults		✓		
Angkor Knong- Children	✓ Both the groups			
Angkor Knong- Adults		✓ Both the groups		
Angkor Krao- Children	✓	✓		
Angkor Krao- Adults	✓	✓		

Angkor Leu- Children	✓ Only one group			
Angkor Leu- Adults	✓		✓	

The facilitator discussed the suggestive strategy for each outcome with the participants and told them to be flexible and open in their approach to modify as per the local requirement..

Exercise on follow up activities: Group Presentations

The participants worked in their groups and prepared follow up strategy. Some of the important points shared by the participants are as follows:

- Facilitate with the community and ask them what they would like to do if they don't want to eat shit anymore.
- Village Focal Point selected
- Select people who want to build latrine first as an example for the whole community
- Make a list of people who want to build a toilet with start and finish dates
- Showing them available options and how to construct the latrine
- Community monitoring map in the village put by the villagers to show others that these are the houses who are constructing.
- Follow up and record the developments in the village
- Visit the households who already build the toilets and encourage them
- Meeting with the local authority including district commune, school principal and village chief
- Organize some sanitation campaign in the village and school
- Organise National Sanitation day
- Study visits to other ODF villages
- ODF celebration at the local level

The facilitator then made a small presentation and shared new points that were not covered in the presentation made by participants.

DAY-5: 09.07.2010**Recap of the previous day's activities**

During the recap participants shared some of the important learning from the last 4 days. Some of them are shared below:

- CLTS with children
- The triggering outcomes
- Lifting a child as one of the important tool
- Writing the name of the person who still continues OD
- We are students and villagers are our teachers
- H2S vials as trigger tools
- Trigger the children to produce messages and convey it to the adults
- Role play
- Different sessions for adults and children
- Facilitation from you and your team that triggered the children
- Ways of introduction
- Sanitation ladder
- Facilitators exit- timing
- Going to the villages with open mind
- Lessons from India- using vehicles to go for OD
- The photograph tool



A child drawing faecal-oral transmission routes: Por Thum village

Session on technology options

This session highlighted the importance of stopping open defecation immediately and the various technologies used by ODF communities to achieve it. The participants worked in their groups and came up with various latrine designs. The participants carried very good knowledge of technology options. Participants shared toilet designs for floating communities, dry toilets, twin pit, simple pit and ecosan toilets.

The session also used a power point presentation with pictures of different types of pits and super-structure depicting advantages and limitations of each type. The technology session also covered the following issues:

- Low cost technology for toilets is possible and viable
- Components/ parts of a toilet
- Types of pits with advantages/ disadvantages
- Types of super-structures
- Water seal, traps, junction chamber etc

Some technology like the options suitable for waterlogged areas and options suitable for water scarce areas including ecological sanitation were discussed in detail.



Participants drawing toilet options

Rotational presentations by community leaders from 4 villages

A total of 32 villagers from 4 villages attended the workshop and shared their commitment and action plan to make their village ODF. These included 16 children and 3 village chiefs. The villagers presented their plans and participant groups learnt from them. After the rotational presentations, there was an interaction in the class room where they made specific commitments on behalf their village community; 3 villages declared the dates by which they would ensure that their village attains ODF status. The children presented their work plan to make their respective villages ODF. Some of the statements of community leaders, both adults and children, during rotational presentations are as follows:

Village : Angkor Knong

“We will discuss with the villagers and will ask them to stop defecating in the open”

“In our village 160 HouseHolds are living in the upper part of the village. We will stop defecating in the open just by digging hole and covering shit with mud initially. In next 3 months all of us living in the

upper part of the village will build our latrines. Rest 52 HouseHolds living in the lower part of the village will take some time as rainy season is going on so digging a pit is difficult for them”

Village: Angkor Krao:

“We all the villagers have decided to stop defecating in the open just by covering it with mud immediately”

Village : Angkor Leu



People showing their resolve by raising their hands to end open defecation: Angkor Leu village

Children: “we all do not want to continue open defecation anymore, will motivate our parents to build toilet for us”; “We will form some groups who will talk to people about the routes of eating shit”; “We will discuss with people about the benefits of toilet and good health”

Villager: “In our village we will motivate people to dig hole and cover their shit with mud, to begin with.”

Village: Por Thum



Child presenting village action plan : Por Thum village

Village chief: “We will organize a meeting with people and discuss with them how we can stop open defecation as soon as possible.” “I will organize children procession shouting slogan against OD once in a week”;

Villager: “We will construct simple pit latrine by using bamboo”

Children: “we will form some groups and go from house to house to tell people to stop open defecation.”

8HouseHolds have decided to build simple pit latrine and will start constructing from tomorrow.

The session created a lot of enthusiasm among the workshop participants and the villagers, particularly children.

Action planning by workshop participants

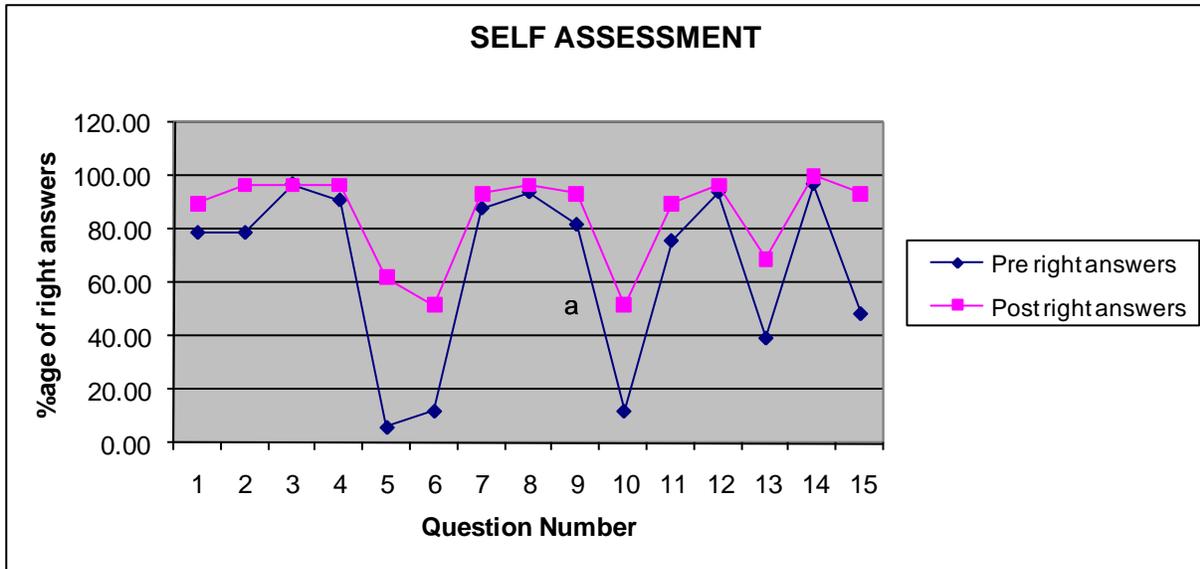
The participants were divided into the groups as per their province. There were 11 provinces represented in the workshop. The team leaders from all the provinces committed to making some villages in their respective areas ODF in next 3 months as per the following details:

S.N.	Province	Name of team leader	No. of villages that they committed to make ODF in next 3 months
1	Kampong Speu	Kao Thirith	5
2	Kampong Thum	Svay Sophy	5
3	Prey Veng	Pal Saroeunn	3
4	Siem Reap	Sim Hoeun	2
5	Svay Rieng	Ven Dara	4
6	Stung Treng	Ser Saveth	5
7	Kampong Cham	Chang Kim Seang	2
8	Takeo	Treng Sothara	5
9	Kampot	Kong lang Ry	3
10	Preah Vihear	Map Thitith	1
11	OMC	Kuoy Peng Kea	3
	Total		38

The participants would be refining their action plans and would be sending them to Ms. You Ky, Deputy Director, DHRC, MRD/ Mr. Chhorn Chhoeun.

Self assessment- Post Workshop

Self assessment questionnaires (containing 15 questions) that were distributed to the workshop participants in the beginning of the workshop were again distributed to workshop participants. It was noticed that there was an increase in the understanding of participants post workshop as is clear from the graph below:



Feedback from participants

The workshop ended with a vote of thanks by the Ms. You Ky following the distribution of certificates to all the participants. The participants evaluated the performance of the workshop through feedback formats. The details of the feedback are attached as **Annex-2**.

Valediction

The valediction session was chaired by Ms. You Ky. She thanked MRD and Unicef for organizing the workshop. She told that they have been implementing CLTS for many years and including children in the process can change a lot in Cambodia. She also thanked the workshop participants and Knowledge Links for their efforts.

Key lessons learnt

- The earlier approach followed a mixed approach of **hygiene behavior ‘teaching’ coupled with some community self-analysis; and ‘teaching’ dominating the ‘self-analysis’**. The approach

adopted was **not flexible to meet unique situations** that emerged during the triggering process in different communities and followed a fixed '11 step process' in all the villages.

- **Follow-ups were also not properly strategized.**
- **Many facilitators did not carry a strong belief that 'communities can do it' which affected their facilitation style and they acted as 'doers' and not 'facilitators'.**

Recommendations

- Triggering should not be allowed without appropriate and timely follow up. First follow up should be carried out within 7 days of the triggering. A phone call should be made to the triggered community on the next day of the triggering.
- Children and adults should be triggered simultaneously at different locations within a village.
- To help motivate adults to change their behaviour, children's presentation needs to be organised before the adults after completion of triggering exercises.
- Hygiene promotion material could be used at a later stage during follow ups but not on the day of triggering.
- Since villages are scattered, either all the people can be mobilised at one place or two/three teams could do the triggering at different places in the same village simultaneously. However, it would be appropriate to mobilise people at one place and carry out the process in front of the big gathering. Hence, one or two people should visit the village prior to the triggering and request for their presence on the triggering day.
- Follow up visits to the villages need to be strategic and they should not create dependence on the team. For example, the first follow-up visit must be made within a week of triggering and subsequent follow-ups should be planned in consultation with focal points and village chief. Preparation of a possible process for each follow-up should be done by the team before visiting the village.
- Fresh villages where no program intervention from any NGO or Government is initiated should be selected first.
- CLTS and Donors
 - Persuading donors to invest more strategically. The mode and timing of the investment needs to be strategic to avoid conflict with CLTS approach. Some donors are still providing individual subsidy which is adversely affecting spirit of collective local action at the community level.
 - However, some of the donors who were providing individual toilet subsidy have now decided to start with CLTS for generating demand and ownership at the community level and distribute the money for hardware later in the following year. Here, it is important to point out that subsidy should not be given to individuals instead it could be given to the community as an incentive for their collective effort to make their village open defecation free. This means that the appropriate time for giving this subsidy is when the village has achieved open defecation free status by making at least simple pit toilet on their own. This money should be given as community reward or encouragement in a function organised at the village/commune level

after verification and certification of ODF status. This would provide subsidy to the villagers in a dignified manner. In this function, if some key leaders from neighbouring villages are also invited, it would help create a desire among them as well to make their villages ODF.

- MRD needs to develop uniform policy and strategic plan for implementing CLTS incorporating the principle of no hardware subsidy. This would help MRD mobilising donor support.

Way forward

Institutional structure and mechanism

- Making the institutions at various levels vibrant to be able to provide sensible and flexible support to the communities.
 - Strengthening of institutional structure at province/district level
 - Greater role clarity for staff

Monitoring, performance evaluation and reporting

- The existing system for reporting and feedback has to be modified to make it more efficient.
- Newer ways need to be evolved for quicker update from the field.

Capacity development for scaling up

- Allowing the national team to work for at least 45 days, if possible, in some of the provinces where people have been trained in the recent workshop at Kampong Cham. They should work along with trained people of the provinces involved in triggering and follow ups. This would help them gain ground experience to make villages ODF which would also lead to enhancement of the confidence in terms of carrying out CLTS exercises on the ground.
- A 3-day follow up workshop should be organised at Kampong Cham after 3 months from the recent ToT, wherein all the trained persons should be invited along with the best performing focal points.
- 5-day workshops in each province could be organised subsequently. In the initial 4-5 workshops, experts from outside could be invited to provide stand-by support. These workshops would be conducted by the national/provincial team members supported by the outside experts.
- A directory of focal points could be created along with their photographs, experience and skills, address, phone nos. and good ones should be included in the provincial team so that more number of teams could be created. Before they are included as a provincial team member, they would be required to undergo at least 3-day orientation on CLTS. The inclusion of focal points and periodic updation of the directory would be a great help in scaling up.

- Masons need to be identified and trained. They should also be oriented in CLTS, so that they do not end up promoting high end options.
- In order to improve situation in already triggered villages following the earlier 11- step process (a mixed approach of hygiene behaviour 'teaching' coupled with some community 'self-analysis' and 'teaching' dominating the 'self-analysis'), a number of activities could be tried out such as, triggering with children in school/village; identifying and applying new trigger tools; triggering with people who have constructed toilets to work as internal pressure groups; taking along some powerful community leaders/focal points from ODF villages during follow-up visits; facilitating community action planning, monitoring and vigilance; organizing observation study tours for key people of the village to ODF villages.
- Developing and implementing verification and certification process for ODF villages

Post-workshop debriefing session

The workshop was followed by a debriefing session with Dr. Samnang, Pom, some other members of the national team (Khonn Lydo, Chhorn Chhoeurn, Van Sarith, Chhim Chan Sovanna) from DRHC and Hilda Winarta and Santepheap from Unicef on 12 July 2010 at Unicef office in Phnom Penh. Dr. Samnang clearly mentioned that DRHC would now revise the CLTS implementation guidelines in the light of the recommendations made. Accordingly, some small write-ups have been made available as separate documents to help DRHC, MRD improve its CLTS implementation guidelines as per demand that emerged during the debriefing session. These write-ups contain suggestions on triggering process (**Annex 4**), follow-up strategy (**Annex 5**), strategy for villages triggered with earlier '11 step process of triggering' (where 'teaching' dominated 'community self-analysis') (**Annex 6**), and suggestive verification and certification process (**Annex 7**). These were mostly based on the CLTS hand-book by Dr. Kamal Kar and Robert Chambers and our experience in India and insights got during this workshop in Cambodia. For ready reference, these documents are being annexed with this report.

XXXXXXXXXXXXXX

Annex 1: List of participants

No	Name	Title/Place	Tel #
1	Mrs. Teng You Ky	Deputy of DHRC	012 936 358
2	Mrs.Chhim Chan Sovanna	DHRC	012998 676
3	Mr. They Chanto	DHRC	012 540 450
4	Mr. Chhorn Chhoeurn	DHRC	012 437 300
5	Mr. Heng Santepheap	UNICEF	016 567 374
6	Mr. Or Son	DHRC	012 353 194
7	Mr. Khonn Lydo	DHRC	012 761 855
8	Mr.Van Sarith	DHRC	012 693 824
9	Mrs. Kong Saly	DHRC	012 727 021
10	Mr. Ly Sangvar	DHRC	012 767 175
11	Mrs. Sai Savet	PDRD-Stung Treng	012 180 6595
12	Mr. Nam Vannarin	PDRD-Kg Cham	012 924 308
13	Mr. Treng Sothara	PDRD-Takeo	012 423 042
14	Mrs. Kong Sopha	PDRD-Prey Veng	017 612 021
15	Mrs. Sin Hoeun	PDRD-Siem Reap	017 282 458
16	Mr. Sin Vuthea	PDRD-Kampot	012 783 980
17	Mr. Ven Dara	PDRD-Svay Rieng	016 383 871
18	Mrs. Chang Kim Seang	PDRD-Kg Cham	012 707 994
19	Miss. Sum Doung Dara	PDRD-Kg Speu	097 4849533
20	Mr. Kuoy Peng Kea	PDRD-OMC	011 741 184
21	Mr. Sann Phalla	PDRD-Prey Veng	012 879 478
22	Mr. Chhay Phally	PDRD-Kg Cham	
23	Mr. Svay Sophy	PDRD-Kg Thom	012 384 497
24	Mr. Kao Tharith	PDRD-Kg Speu	016 344 324
25	Miss. Im Sokuntheary	PLAU/Kg Speu	016 581 845
26	Mrs. Phoeurn Sopheap	PDRD-Stung Treng	092 201 885
27	Mr. Sean Sun	PDRD-Prey Veng	097 9006467
28	Mr. Sin Sim	PDRD-Prey Veng	012 965 668
29	Mrs. Leng Rasy	PDRD-Svay Rieng	097 7062028
30	Mr. Men Chan Sopheap	PDRD-Kampot	012 757 981
31	Mr. Un Heng	PDRD-Svay Rieng	011 287 861

32	Mr. Map Thirith	PDRD-Preah Vihear	012 774 028
33	Mr. Khim Song	PDRD-Kg Cham	016 863 218

Annex 2: Workshop Schedule

Day 1		
Time/Duration	Activity	Methodology
7.00 – 7.30	Registration	
7.30-7.45	Inauguration of the workshop	MRD/Unicef officials
7.45- 8.15	Introduction, ice breaking and norms setting	Participatory exercise, games
8.15-9.00	Expectations of the participants,	Participatory exercise
9.00-9.15	Coffee/Tea break	
9.15 – 9.30	Sharing design of the training , its objectives and matching it with the expectations of the workshop	Presentation followed by discussion
9.30 – 11.00	Why CLTS? (Sharing of experience on past sanitation projects/programs)	Group discussion to reflect on opportunities and challenges followed by group presentation and Q&A
11.00 – 11.30	No Shit Please!	Film show
11.30 – 12.30	What is community led total sanitation? Sharing experiences on principles and practices of CLTS globally	Power point presentation followed by discussion
12.30 – 2.00	Lunch	
2.00 - 3.30	Essentials of attitude and behavior for facilitation of participatory approach	Role play
3.30 – 3.45	Coffee/Tea break	
3.45 – 4.00	Group formation for field visits	4-5 groups to be formed depending on number of participants
4.00-5.30	<p>Dry runs of triggering activities</p> <p>Following tools will be introduced:</p> <ul style="list-style-type: none"> • Open defecation area mapping • Defecation area transect • Calculation of shit • Glass of water and shit • Shit and food • Pathways and faecal-oral contamination • Calculation of medical expenses 	Simulation
Day 2		
7.30 – 8.00	Prayer followed by recap of the day one	
8.00 – 9.00	Practice session on trigger tools	Mock exercise by participant groups
9.00 -9.15	Coffee/Tea Break	
9.15-10.00	Practice session on trigger tools	

	Continued	
10.00-11.15	Responsibilities in triggering team and task assignment and strategy formulation for field visit	Group discussion followed by group presentation
11.15-11.30	Briefing about the field visit	
11.30-12.30	Lunch	
12.30-5.30	Community hands-on fieldwork	Triggering in real life situation
Day 3		
7.30 – 9.00	Processing and reporting participants experiences	Group presentation followed by discussion
9.00-9.15	Tea/Coffee	
9.15 – 11.30	Fine tuning of the facilitation strategy for triggering visit in another village, followed by practice session	Group planning and mock exercise
11.30-12.30	Lunch	
12.30-5.30	Triggering in second community	Field visit
Day 4		
7.30 – 9.00	Reflection on field visit, preparation for report	Group discussion followed by group presentation and Q&A
9.00-9.15	Coffee/tea break	
9.15-10.00	Reflection on field visit, preparation for report Continued	
10.00– 12.00	Re-looking at the complete process of CLTS	Group discussion
12.00 – 2.00	Lunch	
2.00-2.30	Quick sharing of experiences, comparing day 3 and day 4 outcomes	Participatory session
2.30 – 3.30	Technology options	Participants discussion on emerging requirements
3.30 – 3.45	Coffee/tea break	
3.45-5.00	Open session	Discussion and Q&A
5.00 – 5.30	Briefing on day 5 including preparation of action plans	
Day 5		
7.30 – 8.00	Recap of previous day	
8.00 – 9.00	Communities presentation and feedback	Presentation followed by discussion
9.00 - 9.15	Coffee /Tea break	
9.15-10.00	Communities presentation and feedback (continued)	
10.00 – 11.00	Preparation of action plans	Group formation according to the organization, departments or areas

11.00 – 12.30	Preparation of action plans continued	
12.30 – 2.00	Lunch	
2.00– 3.00	Participants presentations on action plans	Presentation followed by discussion
3.00 – 3.30	Evaluation of the workshop by the participants	
3.30-4.00	Valediction including certificate distribution followed by coffee/tea	MRD/Unicef officials
	Closure	

Annex 3: Workshop Feedback

(A) Quantitative feedback (Ratings by participants)

A total of 29 participants filled the workshop feedback forms. The ratings scale on each item as given by the participants is as follows:

1= Very Good, 2= Good, 3= Average, 4=Poor

S.No.	1. Contents of the training workshop				2. The level of the services provided by the facilitators				3.The level of learning received through exercises conducted during the field visit to selected villages				4. The level of participation in the activities of the workshop by the participants				5. The level of coordination between the facilitators and participants			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	√					√				√				√					√	
2	√					√				√				√				√		
3	√					√				√			√				√			
4		√				√				√				√					√	
5	√					√				√				√					√	
6	√					√				√				√				√		
7			√				√				√				√					√
8	√					√			√				√					√		
9		√				√				√			√					√		
10		√				√				√				√				√		
11		√				√			√				√					√		
12	√						√			√				√					√	

13			√				√			√					√				√	
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15	√					√				√				√					√	
16	√					√				√				√					√	
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26			√				√			√				√					√	
27		√					√			√				√					√	
28		√					√			√			√						√	
29		√					√			√			√						√	
Total	12	11	6		2	17	10		4	22	3		9	17	2	1	2	18	7	2

S.No.	6. The level of observance of discipline				7. Arrangements in the training hall				8. Arrangement for travel and tours during field visits				9. Total impact of the workshop			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1		√				√					√			√		
2			√			√				√				√		

3			√		√				√				√			
4			√			√				√			√			
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14						√				√					√	
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17			√		√						√			√		
18			√			√			√				√			
19	√				√					√				√		
20		√				√					√				√	
21	√				√				√				√			
22	√				√						√			√		
23				√				√				√			√	
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25		√				√				√					√	
26		√				√					√				√	

27			√							√				√	
28			√			√				√				√	
29			√		√					√			√		
Total	4	8	14	2	8	17	1		3	16	10		3	16	10

(B) Qualitative feedback by participants

	10. Please mention three lessons you have learned during the workshop.	11. What are the new things that you have learned?	12. Please provide the suggestions for improvement for similar future workshop?	13. Do you think that there is a need for another training programme or workshop after you have attended this workshop? Why?	Any other comments.
1	<ul style="list-style-type: none"> • Triggering with children • Community plan and solution • Technology options 	<ul style="list-style-type: none"> • Triggering with children & Slogan • Community members are teachers • Ice breaking • Other teaching/facilitation methodology 	<ul style="list-style-type: none"> • Time respect • Agenda of the training • Handouts 	<ul style="list-style-type: none"> • Training on washing hands • Planning 	
2	<ul style="list-style-type: none"> • Lifting a child • Separate children-Adult • Children formulate slogan and slogan procession 	<ul style="list-style-type: none"> • Lifting a child and drawing picture • Slogan formulation by Children • Children, adult groups separately • Triggering without pictures • Photograph tool • ODF 2mn 	Should have more energisers	TOT, TOF	
3	<ul style="list-style-type: none"> • Children group, slogan formulation, slogan procession • Lifting a child • Community members are teachers 	<ul style="list-style-type: none"> • Children and adult group discussion • How to make community become ODF 	<ul style="list-style-type: none"> • Facilitator should respect rules • Facilitators should be more patient 	<ul style="list-style-type: none"> • Need Support documents 	
4	<ul style="list-style-type: none"> • Grouping people 	<ul style="list-style-type: none"> • Experience 	<ul style="list-style-type: none"> • Facilitator 		

	<p>by their background</p> <ul style="list-style-type: none"> • Separation children and adult group (Slogan formulation) • Inviting active community members • Slogan/Key message formulation • Village mapping showing HH with toilet and without toilets 	<p>sharing from India</p>	<p>talk so long</p>		
5	<ul style="list-style-type: none"> • Children and adult group discussion • Transect walk • Triggering without pictures (IEC) 	<ul style="list-style-type: none"> • Children group and drawing • Lifting a child 	<ul style="list-style-type: none"> • Should have another training 		
6	<ul style="list-style-type: none"> • Lifting a child • Mapping • Slogan procession by children • Whistle • Slogan formulation by children themselves • Children draw picture of transmission routes 	<ul style="list-style-type: none"> • Separation of children • Inviting community • Slogan procession by children • Whistle/follow those who practice OD 	<ul style="list-style-type: none"> • Training agenda • Handout • Time management • More patience from trainers 	<ul style="list-style-type: none"> • Needed 	<p>Thanks</p>
7	<ul style="list-style-type: none"> • Mapping, Ice breaking, children triggering, water testing 	<ul style="list-style-type: none"> • Lifting a child, Drawing pictures, Slogan formulation by children • Group discussion with children, Photograph, burry shit as the 1st step 			<ul style="list-style-type: none"> • Should have handout doc • Facilitator/trainers should be more patient • Should answer straight to the points
8	<ul style="list-style-type: none"> • Only villagers, who can tell us about their villages sanitation status 	<ul style="list-style-type: none"> • Triggering without using pictures 			

	<ul style="list-style-type: none"> • Giving chance to community to discuss about mode of transmission • Giving chance to children participate in the process and also slogan procession 				
9	<ul style="list-style-type: none"> • Lifting a child • Triggering without pictures • Photograph • Water testing 	<ul style="list-style-type: none"> • Lifting a child • Transmission Routes • Photograph • Water testing • Triggering without pictures 			
10	<ul style="list-style-type: none"> • Ice breaking • Lifting a child • Triggering without pictures • Technology options 	<ul style="list-style-type: none"> • Children group discussion (Separated children) 	<ul style="list-style-type: none"> • Facilitator should not easily get angry expect participants • Respect time • One talk at a time 	Yes, need more new experience	
11	<ul style="list-style-type: none"> • Motivate don't use IEC • Children group to Present of their result • Children's slogan 	<ul style="list-style-type: none"> • Lifting child • Community draw pictures • Slogan by children • Take pictures who make latrine & don't make latrine. • Sanitation ladder 	<ul style="list-style-type: none"> • Please could be suggested the existing way of Cambodia CLTS to be better off 	Communities always change from year to year, so will need to be trained	
12	<ul style="list-style-type: none"> • Lifting a child • Village mapping • Photograph "volunteers and those who did not yet decide to built toilet" 	<ul style="list-style-type: none"> • Lifting a child • New technology options • Inviting active village members 	<ul style="list-style-type: none"> • Respect time • Respect Ground rules/discipline 		
13	<ul style="list-style-type: none"> • Triggering methodologies should be flexible / more open • Triggering without 	<ul style="list-style-type: none"> • Ice breaking/ grouping method • Self introduction • Expectation 	<ul style="list-style-type: none"> • Should respect ground rules • More energizers 		No

	<ul style="list-style-type: none"> using pictures Separate triggering for children 	<ul style="list-style-type: none"> formulation More knowledge on triggering 	<ul style="list-style-type: none"> Facilitators should try more to have active participation 		
14		<ul style="list-style-type: none"> Mapping, calculation of shit, routes of transmission, calculation of medical expenses, food & shit, photograph, water testing 	<ul style="list-style-type: none"> If there is next raining, should have clear training agenda Should have handout docs. 	<ul style="list-style-type: none"> Need facilitation skills 	<ul style="list-style-type: none"> Facilitators should respect time Facilitators should not show reaction
15	<ul style="list-style-type: none"> Mapping, calculation of shit, transmission routes Calculation of medical expenses, food & shit, Lifting a child, photograph 	<ul style="list-style-type: none"> Lifting a child Divide children and adult group discussion Slogan by children and inviting community members 	<ul style="list-style-type: none"> The training workshop is a bit different by inviting community members to come and share 	<p>More training needed to build more capacity</p>	<ul style="list-style-type: none"> Facilitators should give more documents/handouts and experience.
16	<ul style="list-style-type: none"> Triggering without using pictures Children drawing modes of transmission and shared with adults Giving chance to community to share experience in triggering community to become ODF 	<ul style="list-style-type: none"> Triggering to children and adults Photograph 	<ul style="list-style-type: none"> Time management during the training Training Agenda 		
17	<ul style="list-style-type: none"> Triggering without using pictures Separation of children from adults (for triggering) Lifting a child 	<ul style="list-style-type: none"> Triggering without pictures Separation of children from adults Lifting a child Whistle Silence exercise Ecosan toilets 	<ul style="list-style-type: none"> Respect time Should have training agenda Should have some handouts One talk at a time Respect right of facilitators and 	<ul style="list-style-type: none"> Training needed (not enough yet) 	<ul style="list-style-type: none"> Training venue should be changed to other province if there is next follow training Well prepared all activities in advance

			participants		
18		<ul style="list-style-type: none"> • Triggering without pictures • 2 minutes ODF 	<ul style="list-style-type: none"> • Training to other provinces 	<ul style="list-style-type: none"> • More training to get new experiences 	
19	<ul style="list-style-type: none"> • Lifting a child • Slogan procession by children • Eating each other shit 	<ul style="list-style-type: none"> • Field visit to share and learn experience 	<ul style="list-style-type: none"> • More training needed 	<ul style="list-style-type: none"> • More skills and experience needed 	
20	<ul style="list-style-type: none"> • No clear agenda and handouts 	<ul style="list-style-type: none"> • Lifting a child • Slogan by children • Make a list of villagers who do not built toilets • Drawing pictures of transmission routes by villagers/children 	<ul style="list-style-type: none"> • Should have training agenda • Handouts • Facilitators should be more patient • Time Management 	<ul style="list-style-type: none"> • More CLTS training needed 	
21	<ul style="list-style-type: none"> • Inviting active community members to come on the last day (of the workshop) • Commitment of villagers to trigger their community • Slogan procession by children 	<ul style="list-style-type: none"> • Separation of children • Inviting community members • Presentations of community • Body language exercise • Ice breaking 		<ul style="list-style-type: none"> • Should have CLTS training at provincial, district, commune and village 	
22	<ul style="list-style-type: none"> • Ice breaking • Separation of children from adult group • Burry shit 	<ul style="list-style-type: none"> • Separation of children from adults • Burry shit (dig a hole) 	<ul style="list-style-type: none"> • Should respect time 	<ul style="list-style-type: none"> • More training needed for other people 	<ul style="list-style-type: none"> • Should respect time set by participants in the ground rules
23	<ul style="list-style-type: none"> • Lifting a child 	<ul style="list-style-type: none"> • Separation children from adults for group discussion 	<ul style="list-style-type: none"> • Should distribute agenda of the training 	<ul style="list-style-type: none"> • More training needed 	<ul style="list-style-type: none"> • Facilitators seemed to be easily get angry
24	<ul style="list-style-type: none"> • Community presentations and experience sharing • Triggering session should not follow all steps and in the 	<ul style="list-style-type: none"> • Facilitation by children and villagers • Lifting a child • Facilitation methods not to 	<ul style="list-style-type: none"> • Facilitators should not be easy get angry • Should respect time 	<ul style="list-style-type: none"> • Need more training on technology option and real practices 	

	<p>order</p> <ul style="list-style-type: none"> • Lifting a child 	<p>use pictures during discussion</p>			
25	<ul style="list-style-type: none"> • Ice breaking • Shit and food • Lifting a child • Slogan formulation by children 	<ul style="list-style-type: none"> • Facilitation methods not to use pictures during the discussion • Village mapping with showing HH who volunteered to build toilets and HH who already built 	<ul style="list-style-type: none"> • Should have clear agenda 	<ul style="list-style-type: none"> • Need more training 	<ul style="list-style-type: none"> • Facilitators should not show anger • Facilitator should not be easy angry • Respect the time and the right of participants
26	<ul style="list-style-type: none"> • Village mapping by villagers and place it at public area • 2mn ODF • Lifting a child • Photograph • Slogan formulation 	<ul style="list-style-type: none"> • Slogan/key messages formulation by community 	<ul style="list-style-type: none"> • Should summary and give feedback to participants 	<ul style="list-style-type: none"> • Yes, because we need to share more experiences 	<ul style="list-style-type: none"> • National team should visit province in order to strengthen our capacity
27	<ul style="list-style-type: none"> • 2mn ODF • Community members are out teachers • When seeing someone practice OD, use whistle 	<ul style="list-style-type: none"> • Slogan at public places (Put them at public places) 	<ul style="list-style-type: none"> • Facilitators should give short and clear answers to participants to make it easy to understand 	<ul style="list-style-type: none"> • Should have another training 	No
28	<ul style="list-style-type: none"> • Lifting a child • Slogan formulation • Use whistle 	<ul style="list-style-type: none"> • Small group discussion • Recap every day 	<ul style="list-style-type: none"> • Facilitators should not speak very fast • Facilitators should answer the questions asked by participants clearly and straight to the point 	<ul style="list-style-type: none"> • New knowledge and experience 	<ul style="list-style-type: none"> • Should have another training similar to this
29	<ul style="list-style-type: none"> • Separation of children from adults for group discussion 	<ul style="list-style-type: none"> • Use loud speakers and read out loud the names of 		<ul style="list-style-type: none"> • Need another training because still need some 	<ul style="list-style-type: none"> • Should have exchange study visit

	<ul style="list-style-type: none">• Discussion with children on how to stop OD• Slogan procession	villagers who practiced OD in the community		more experience	
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Annex 4: Triggering process

Triggering process: Some suggestive guidelines

Submitted to:

Department of Rural Health Care

Ministry of Rural development

and

Unicef, Cambodia

13th July 2010

By:

Knowledge Links, India

knowledge.links@gmail.com

Triggering process: Some suggestive guidelines

Introduction

In order to make the triggering process effective, it needs to be flexible, unique to a community as every triggering is a new experience, based on emerging local issues and a hands-off approach to stimulate collective community decision and local action. Looking for new local triggers and applying them at appropriate time is the key. Avoiding lecturing and top-down teaching and facilitating community decision making based on their own analysis of the sanitation profile and initiate local action to become ODF community as a first step and subsequently address other sanitation components is the overall objective of CLTS triggering. The triggering process takes around 3-5 hours in a village depending on community response. It has a number of phases and the facilitator has to recognize them and steer the process accordingly.

It requires a positive attitude and boldness of certain kind in the facilitators to steer the process in a manner that makes the people in the community think and act. Skill to facilitate the process cannot be acquired through a correspondence course. It could be acquired by going through a training by an experienced facilitator and subsequently by practicing triggering and follow-up in more and more villages with an open mind, being alert in observing the community responses through their reactions, body language, whispering, anger, disgust, shame, silence; and steering the process accordingly. Some other important qualities include that CLTS facilitator has to be a very keen listener and while communicating he/she needs to be clear and loud enough to reach the audience. He/she should be free and frank and should be able to mix-up well with the people. Modulation of voice as per requirement also helps.

The following suggestive points could help in organizing a triggering exercise.

What is triggering?

Triggering CLTS is facilitating a process of community self-analysis of their sanitation profile through which community members comes across the crude fact that they are ingesting each other shit. It is based on stimulating a collective sense of disgust and shame among the community members as they understand the negative impacts of open defecation on the entire community. The basic assumption is that no human being can stay unmoved once they learned that they are ingesting each other's shit. The role of facilitator as an outsider is to help community members to do the analysis of their sanitation situation and to make them see themselves (and not by lecturing or teaching by the facilitators) that open defecation has disgusting consequences and creates an unhealthy and unpleasant environment. Next is up to the community whether they want to change the situation or not or how to deal with the problem.

Formation of triggering team and strategy formulation

- A team of 3-4 members for triggering with adults could be formed. Similarly, a team of 2-3 members could be formed for triggering CLTS with children in school/village.
- Include at least one woman in the triggering team
- Distribute the roles and responsibilities among the team members such as lead facilitator, co facilitator, environment setter, material manager, reporter, shit and rice collector etc. For the team triggering with children, one of the team members should undertake the responsibility of facilitating children's slogans and rally against OD. The members of the team could play more than one role, as per requirement.
- Prepare a tentative strategy for triggering CLTS in a village before you visit the village. However, you need to be open and flexible to modify it instantly in the village as per local situation.

Pre- triggering arrangements

Triggering is effective if most families are present during the exercise. In case a few people are present, they are hesitant to take a decision on behalf of the whole village. It is therefore important to ensure that a large gathering of villagers is there during triggering. In order to ensure this, 1 -2 facilitators should visit the village between a day to one week before triggering to make some pre-triggering arrangements. During this visit, meet the village chief, other opinion makers in the village such as representatives of women groups, youth groups and explain the objective of your visit that you and your team wants to study the sanitation situation of the village. Request them to fix a date, time and venue for the meeting during the visit. Also request them to mobilize people from most families to be present. Take a round of the village and quietly identify OD areas and get to know whether it is a scattered village. Without asking too many questions, quietly assess the situation whether there is some sanitation program by some agency is underway in the village or not etc.

This would help you strategize the triggering the process. In case the village is scattered and for some reason it is not becoming possible to have one large gathering, then two locations could be identified and triggering could be done simultaneously on both locations. A place should also be identified for triggering with children.

Phase 1: Getting started

Introduction of the team members

- **Introduce yourself:** First of all when team arrive at the village introduce yourself.(Introduction can be brief just name of the team member and place they belong to)
- **Explain the purpose of your visit** that is to learn from community members about their life style and the sanitation profile of their village. Tell them 'We are not here to offer or give you something, would you still like to spend some time with us and give us information about your

village.’ (Community would have some expectations from the team, so it is good to end their expectations in the beginning itself)

- **Assess how much time they have for discussion:** Ask community members how much time they would be able to give for the discussion. According to the time available facilitator can plan the process further.

Climate setting

- **Ice-breaking and opening them up:** In the beginning community members would be skeptical and hesitant and may not give the information about their village. Therefore, to break the ice and to open them up its important to have general discussion about the village like the history of the village, village population, cropping pattern they follow, education of the children etc.

Note: Time spent on this phase should not be too long; otherwise you would end up with little time for the main business. At the same time, it should not be too short that the villagers feel a distance with you and are not open enough to discuss with you freely and frankly.

Phase 2: Application of Trigger Tools (as per suitability)

- **Community self-analysis of defecation practices and their impact:** Once the climate for discussion is set facilitator can help community to do the analysis of their defecation practices and its impacts by using different trigger tools such as defecation area mapping, transect walk, calculation of shit, faecal - oral transmission routes, calculation of medical expenses etc. The facilitators must look for new triggers specific to that particular village/area and apply them as and when they deem fit. **There is no fix rule as to start with what trigger tool as also in what sequence.** For example some could start with defecation area mapping and then could for transect walk; or the other way round. Some may not facilitate the mapping at all and are able to trigger with transect and applying some other tools as per demand of the situation that has to be assessed by the facilitator during the process of facilitation. This is possible only when he keeps an eye on everyone present there and tries to know about their reactions (not only those things that they say but also those that they express through their body language.). Meaning that **the facilitator is not just involved with the steps of facilitation but also observes the community reactions with patience and keenness.** This helps him/her in recognizing the ignition moment (discussed later in this document as phase 3) when the application of trigger tools has to be stopped. **This means that it is neither compulsory nor required to apply all the tools. When the community is sufficiently ignited, application of trigger tools need to be stopped and the facilitator must move to the next phase of the process.** In this process, the other members of the facilitation team sit/stand at different places mixed with villagers and try to connect people with the lead facilitator such as by pointing out that this person has

something to say; please listen to him/her. This helps the lead facilitator to steer the process properly.

- **Encourage community participation, especially women and poor** and facilitate the process by asking questions
- **Facilitate with open mind**; do not go with pre - conceived mind set of definite & positive triggering outcome.
- **Keep an eye on the ignition moment and facilitate further process as per category of triggering outcome achieved.**
- **Keep an eye on focal persons** that emerge during the process
- **Facilitator should always look for local based trigger tools**
- **Leave happily if triggering doesn't result into collective local action** for some reasons

Phase 3: Identification of Ignition moment

- **Be alert for the ignition moment.** It is the moment of collective realization that due to open defecation all are ingesting each others shit and this will continue as long as open defecation goes on. It is very important to capture the ignition moment as it can be possible that it may not come again.
- **When this happens there is no need to continue applying other tools**
- **Summarize and paraphrase:** At this stage facilitator could summarize and paraphrase all the main points that he/she and his/her team learnt from the community and can thank the community for doing the detailed analysis of their sanitation profile.
- **Pretending to exit:** At this point of time facilitator breaks eye contact with the community members; seeks their permission to leave and pretends to leave the place.
- **Often at this stage spirit goes high** and violent argument begins as to how to stop OD
- **Do not interrupt or advice. Quietly listen to the discussion and capture a clue steer further process.** If required you can make exit also. You could apply lifting a child or photograph tool or some new tool to ignite them, if it is felt that it is going to work.
- **Do not prescribe community models of latrine** but to initiate local action for communities to look for their own alternatives to open defecation

Phase 4: Further Proceeding as per the Triggering Outcome

Categories of triggering outcomes: Triggering produces different responses from the community. Broadly the outcome of triggering can be divided into 4 broad categories i.e. **'Match box in a gas station'**, **'Fire under the ash (promising flames)'**, **'Hope (scattered sparks)'** and **'Damp matchbox'**. Facilitator needs to assess the response and can further steer the process accordingly. On the day of triggering how to steer the process further some suggestive action points are given below for all four situations. In case some of these points could not be facilitated on the day of triggering, they could be taken up during follow-up visit.

1st Category: Match box in a gas station (A situation where the community is fully ignited and all are prepared to start action)

➤ **Suggested intervention strategy:**

- **Appreciate the community** for their active participation and taking such wonderful decision and help them fix up a date for ending OD/converting unsafe toilets into safe ones
- **Share and explain all about low cost toilet options** and high cost options including the sources of availability.

- **Facilitate formation of a sanitation committee;** write up the names of the committee members
- **Facilitate the drawing up of a list of people willing to construct toilets** mentioning the date & week of completion. Put up a flip chart and encourage early action – takers to come and sign up, as they come, give them a big clap, and say that they are leaders for a clean future. Find out their wellbeing status and praise them especially if they are poor. Keep them standing in front of the crowd. The same with any who come forward as donors.
- **Take Photograph of the group as those who are going to initiate the battle against OD**
- **Facilitate formation of sanitation committee.** Write up the names of the committee members. Encourage a discussion amongst the community members about their roles and responsibilities to transform the village environment and help them to prepare an action plan
- **Decide mutually acceptable dates for follow up**
- **Facilitate a process of initiation of community monitoring using the social map drawn by the community.** Some examples of other methods of community monitoring could also be shared with the community and they may be encouraged to develop their own ways of community monitoring.
- **Facilitate formation of vigilance committee.** This committee could have the members drawn from amongst the focal points, women, children, men. Include those also who already have toilets in their houses. Share examples of community vigilance from other places. And ask them to develop their own options.
- **Try to find out some one from the community to be the link person between the supplier and the community** to ensure the supply of pans and other fittings
- **Leave behind H₂S vials for testing water contamination**
- **Do not let your presence induce dependence** or inhibit local action and innovation--- Aim for local self reliance , local linkages and leadership

2nd Category: Fire under the ash/promising flames (A situation where the majority has agreed but a good number is still not decided)

➤ Suggested intervention strategy:

- **Thank the community** members for the detailed analysis and seek their permission to leave
- **Encouraging people ageing to initiate action:** If someone from the community agrees to initiate local action, bring the person up front and encourage him/her to share the thought as to how he/she is going to initiate
- **Explaining simple low cost toilet designs:** If all agree in unison by raising hands draw and explain a simple pit latrine using locally available low cost material. Explain also as to why it is necessary to have a pit cover and vent pipe (with mosquito net on the top) in the simple pit latrine and covering the shit with ash after every time the toilet is used. In case a leach pit pour flush toilet is explained, explain as to why it is necessary to use a rural pan and p-trap (water seal), and not to use vent pipe.
- **Facilitate action planning,** with weekly list of commitments for toilet construction and date for completion (same as in 1st category)
- **Facilitate the start of community monitoring** using the social map drawn by the community (same as in 1st category)
- **Leave behind vials for testing water contamination** (same as in 1st category)
- **Do not let your presence induce dependence** or inhibit local action and innovation--- Aim for local self reliance , local linkages and leadership, peer pressure through women groups, students/children (same as in 1st category)
- **Decide mutually agreed dates for follow up** (same as in 1st category)

3rd Category: Hope/Scattered sparks (A situation where majority of people are not decided to initiate collective local action but only a few have decided to go ahead)

➤ Suggested intervention strategy:

- **Thank them for the detailed analysis and tell them not to misunderstand you as a promoter or sales person of latrine** Tell them to continue their age old practice
- **Ask how many of them (by raising hands) are going to defecate in the open tomorrow morning?**
- **Tell them you are surprised knowing that this community is ingesting each other's shit and are willing to continue to do the same**
- **Apply photograph tool:** Seek their permission to take a photograph of the group with all raising their hands to say that they would continue open defecation. People may object to the photograph and those willing to stop OD can be asked to raise hands. Ask them if you can take a photograph of those willing to stop with raised hands.

- **At this stage identify those who have decided to initiate local action and stop open defecation and bring them up front**
- It might happen that all the members of the community were not present during the main ignition and analysis. **If required fix up a date with the community to return for a further round of ignition**
- **Leave behind H₂S vials for testing water contamination**

4th Category: Damp match box (A situation where the entire community is not at all interested to initiate any local action)

➤ Suggested intervention strategy:

- **Thank them and leave--Don't pressurize** community members to take action
- **Tell them that you are surprised** to know that knowing that the community is ingesting each other's shit they are still willing to continue do the same!
- **Judge whether to ask if you can take a photograph of the community.**
- **Leave H₂S vials** with them for testing water contamination
- **At the end ask them if they would be interested to visit and see any village where open defecation has been made history by the community themselves.**
- With prior apologies you can end the session by telling them funny story.

Note: Such villages often change their behavior once the neighboring villages become ODF. Peer pressure from adjoining villages during future follow-ups works in these cases. So leave them for the moment and trigger surrounding villages of that village. Once other villages achieve ODF status, automatically community members of this village would realize and take action.

Triggering with children in school/village

The process of triggering with children in school would more or less be on similar lines as above with few changes to suit to the target audience as they are very creative, sensitive and innocent. Special care has to be taken that they are not hurt. Playing games with them or singing songs in the beginning of the process helps open up and they participate in the process freely. Sometimes, stories need to be shared with them as to how children in other places organized themselves to make their adults stop OD. This helps them to think through and come up with their ideas.

If the triggering is planned in school, a request should be made by the facilitating team to their teachers to allow the children participate in the discussion and the teachers are also present as observers in the exercise. Formation of children's sanitation club to monitor sanitation and hygiene practices in the school could also be facilitated. Action plan and commitment of children to undertake a number of steps to ensure clean environment in school and in their respective villages

could be facilitated. Children could be involved in developing their own slogans to end OD. In the end some gifts such as whistle, CLTS caps etc. could be given to them. Team could fix up a date and time for the next meeting with them as to when they have undertaken certain steps and moved towards making their school and village clean.

Triggering in schools also sensitizes the teachers about the importance of sanitation and helps facilitate the process with the children.

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Annex 5: Follow-up strategy

Post – Triggering Follow–up Strategy: Some Suggestive Points

Submitted to:

Department of Rural Health Care

Ministry of Rural development

and

Unicef, Cambodia

13th July 2010

By:

Knowledge Links, India

knowledge.links@gmail.com

Post – Triggering Follow-up Strategy: Some Suggestive Points

It clearly came out during the recent workshop that follow-ups undertaken so far lacked preparation and planning at the level of follow-up teams, were directive in style and not empowering, first follow-ups were generally delayed, undertaken as per convenience of the facilitators and not the community. Resultantly, there were more number of follow-ups (ranged between 10-32 per village) producing less result than expected. It is therefore important to have timely and planned follow-ups.

The CLTS hand-book developed by Kamal Kar with Robert Chambers provides a very good idea about follow-up strategy. Most points that are being given below are drawn from there and are based on experience from different places. These are only suggestions and not prescription.

1. Why follow- up?

Triggering itself is not sufficient. It is a stage at which community members either decide to stop open defecation, or express their doubts and hesitation. Therefore triggering is a process to ignite a spark of behavior change in the community. Follow-up immediately after triggering is crucial for converting that spark into fire. Hence, post triggering phase is very important. Community dynamics can change rapidly and may go in different directions. Sensitive and timely external support and encouragement plays vital role. Facilitators should be alert and should have the knowledge of what is happening in the village. Timely interventions can make big difference. Triggering without follow-up is a bad practice and should be avoided through forward planning and involving and linking with an organization/ individuals who can and will follow up.

2. Follow- up team formation

- A team of 2-3 members can be formed (if possible team members should be from the triggering team)
- Include one woman in the team
- if possible include 1 or 2 powerful community leaders/focal point from the best performing village

3. When & what could be done in follow up?

3.1 First follow-up

- **Phone Call:** The first follow-up should be done very next day of the triggering on phone. Phone call can be made to the village chief, community leaders/ focal points. Phone calls should be done in a very friendly manner just to feel the pulse of community. If they are the first in the area entuse village chief / focal points by telling that they could become famous as the first

open defecation free village in the commune, district and province. Enquire about the result of H₂S vial and encourage him/ her to share the result with all community members. Ask if someone has initiated the construction; in case yes send a camera team to shoot the process, if possible. The style of phone call must not be like a monitor or inspector.

3.2 Second follow-up

Second follow-up would be done by making a visit to the village after 3-4 days or maximum within a week of triggering. Some of the suggestive activities that could be done during this visit are:

I. Remind about the target date

- Have a Meeting with village chief, focal points of the village and do not forget to encourage them
- If a focal point from best performing village is available in the team encourage him/her to share experience with the community members
- Remind about the target date decided by the community to make village ODF. If not decided on the day of triggering then facilitate the process of fixing a date for ODF

II. Facilitate committee formation and community action plan

- Facilitate the sanitation committee formation if not done on the day of triggering. This committee can include village chief, focal points, and other community members who wish to convince others.
- Facilitate the action plan of the community members comprising of day wise activities like construction, monitoring, vigilance, children involvement etc to achieve ODF status

III. Facilitate access to technology options and sanitary hardware

- Share all the technology options and related information of supply chain in response to community demand
- Appreciate those who have started construction and visit all the construction sites along with community members
- Find out the low cost technology options and put dealers in touch with suppliers
- Prepare a list of masons of the area and organize a training for them if possible
- If possible invite local traders to village to interact face to face with community and understand their requirement and appreciate the potential market
- If possible encourage and arrange community exhibition and mart of sanitary hardware

Recognition and encouragement of community Leaders and religious leaders

- Encourage Community leaders/focal persons by giving them voice in public gatherings
- Honor them by giving T-shirt, cap, badge etc. as distinct symbol of recognition
- Always look for, encouragement and support women community leaders/focal points
- Recognize and encourage the role of religious leaders in speeding up local collective action
- Take pictures of the new construction along with the person who owned the toilet

IV. Involve children in campaign

- During follow up visit trigger with children in school/village if not done on the day of triggering
- Encourage regular procession of children with slogans shouting against OD in the morning and evening until entire village become ODF
- Encourage vigilance by the children
- Facilitate school sanitation coordination committee formation. The members of this committee can consist village chief, teachers, parents etc
- Facilitate formation of Children Sanitation Club in the school. The members of this club can include teachers, active children from different class etc
- Facilitate action plan of school sanitation club comprising the day wise activities including like cleanliness of the school toilet and school camps, management of the solid & liquid waste etc.

V. Community monitoring and vigilance

- Facilitate community vigilance through formation of a vigilance committee of children, adolescent, women and men.
- Encourage them to do vigilance in the early morning and evening
- Help villagers to devise community monitoring mechanisms such as putting village paper map on a central place and encourage them to monitor the progress by ticking off the houses who have started construction and have constructed on the map. They should be encouraged to develop their own ways of monitoring.

VI. Agree on date for the 3rd follow-up visit

- Tell them in the next visit there will be many people from other villages who have made solid progress. Inform them of the good progress made by those villages

3.3 Third and subsequent follow-ups

3rd and subsequently follow-ups can be done strategically if and when required. Here, the one thing is important to understand that do not let your presence induce dependence or inhibit local action and innovation--- Aim for local self reliance, local linkages and leadership.

Some suggestive activities are:

- I. **Facilitating community monitoring plan:** If the progress is slow organize a meeting with village chief, focal points and community members to help them develop their own progress monitoring plan for at least two weeks
- II. **Facilitating appreciation by local authorities:** Encourage visits by government officials and other outsiders to show an interest and appreciate what is being done
- III. **Encouraging rich to help poor:** Encourage better-off households to help less well - off to find a way to stop OD as they will also benefit

4 . Verification of ODF status

- I. **Verification and certification:** When the community declares itself ODF and a request for verification is received from the village chief of the village. Implement the process of verification and certification.
- II. **ODF sign board:** Once the village is certified as ODF, encourage the community members to put up a board or sign saying so.

5. Celebrate achieving ODF status

- I. **Function at village/commune to celebrate ODF status:** If possible organize a celebration to honor village chiefs and focal points just by giving an appreciation certificate to recognize their efforts. The celebration should be done at the village/commune level. Invite senior officials, politicians, journalist and others from media and village chiefs and other key persons of other communities of the same or communes.
- II. **Encouraging other villages:** Encourage village chief/ focal points to share their experiences and encourage leaders from other villages to make some public statements about progress and plans of their village

6. Follow-up strategy after attainment of ODF status

- I. **Community self analysis of other components of sanitation** such as hand washing, garbage disposal, cleaning of drains etc. (could be self spreading or may require another triggering/facilitation of community self-analysis on these issues to make it happen)
- II. **Community action planning to achieve fully sanitized status.**
- III. **Sharing of technology options related to solid and liquid waste** and other related information such as supply chain related information in response to community demand
- IV. **Community monitoring to achieve and maintain fully sanitized status.**
- V. **Recognition of fully sanitized status and encouragement** if possible (Reward) of community members by provincial authorities by way of their participation in celebration at village level or any other appropriate manner

7. Moving Beyond CLTS

Moving up on the development ladder to tackle other development issues such as poverty issues including livelihood analysis, income generation activities, etc.

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Annex 6: Strategy for villages triggered with earlier approach

**Strategy for villages triggered with earlier approach:
some suggestive guidelines**

Submitted to:

Department of Rural Health Care

Ministry of Rural development

and

Unicef, Cambodia

13th July 2010

By:

Knowledge Links, India

knowledge.links@gmail.com

Strategy for villages triggered with earlier approach: some suggestive guidelines

Existing situation

Around 800 villages have been triggered till June 2010 leading to some 300 villages becoming ODF. However, the number of ODF villages is based on the reports from provinces and not on the basis of an independent verification and certification. A concern has been expressed in terms of many triggered villages taking too much time in becoming ODF. Also, some ODF villages are slipping back to OD due to a variety of reasons.

The earlier approach followed a mixed approach of hygiene behavior 'teaching' coupled with some community self-analysis; and 'teaching' dominating the 'self-analysis'. The approach adopted was not flexible to meet unique situations that emerged during the triggering process in different communities and followed a fixed '11 step process' in all the villages. Follow-ups were also not properly strategized. Many facilitators did not carry a strong belief that 'communities can do it' which affected their facilitation style and they acted as 'doers' and not 'facilitators'.

Delays in the first follow-up resulted in extinguishing the spark of ignition created during the triggering visit. And these haphazard follow-up visits mainly organized as per convenience of the facilitators created dependence of community on outsiders and, at times, failed to empower them.

This made the triggering less effective leading to lack of collective ownership of sanitation agenda by the communities and delays in becoming ODF or slippages in ODF status in a number of villages. It is a challenge to improve the situation in these villages.

What can be done to improve the situation?

Though there is no fix rule as to what needs to be done in such villages, a number of activities could be tried out as per local requirement in these villages; such as:

- **Triggering with children in schools/village**, if not done earlier. And help the children plan and undertake some activities that could make the adults think and act to stop OD. Share with them what children have done in other places to trigger the adults of their respective villages (such as following the persons going for OD, requesting him/her to stop OD and covering his/her shit with mud) and invite new ideas from them and help them to make their commitments and action plan.
- **Applying some new trigger tools** (with community in some locality where the triggering was not done earlier) that have not been tried out earlier, such as 'lifting a child' or 'photograph tool'.
- **Try to find out new local triggers** and facilitate them.

- **Triggering with the people who have constructed toilets** and are using them. These people are also getting affected with the behavior of others who are defecating in the open. Once triggered, they may form pressure group to motivate others.
- **Take along with you some powerful community leaders/focal points when you go for follow-up** in these villages and facilitate community interactions with them.
- **Community action planning, monitoring and vigilance:** Meet the focal points and village chief to help them prepare an action plan, including community monitoring (using social maps or in some other way that ignites the defaulters) and vigilance (such as community vigilance teams following the persons going for OD and clapping them for their contributing shit in the village which everyone is forced to eat including them) for the next 2 weeks. You can share some of these ideas with them; invite new ideas from them; and help them decide their own ways of monitoring and vigilance.
- **Organize observation study tours** for key people of the village to some good ODF villages. In these tours, don't lecture and facilitate experiential learning based on participant observation.
- **Develop and implement verification and certification process in all the ODF villages**
- **Organizing celebration of ODF status in certified ODF communities** and inviting key leaders from neighboring villages. In this, those who had taken the lead in the villages should be publicly recognized and some small gifts should be given to them on this occasion, if possible.

Note: Remember that these villages have been exposed to triggering earlier and the element of shock and surprise, which generally happens in the triggering process, is no more there for many people in the village. Therefore, the new triggering and follow-ups need to be facilitated with utmost care and alertness and with an open mind. If nothing works, do not try to convince too politely, thank them and leave these villages for the time being.

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Annex 7: Verification and certification of ODF status

Verification and Certification of ODF status: Some Suggestions

Submitted to:

Department of Rural Health Care

Ministry of Rural development

and

Unicef, Cambodia

13th July 2010

By:

Knowledge Links, India

knowledge.links@gmail.com

Verification and Certification of ODF status: Some Suggestions

Rationale

Verification of the ODF status of the village entails inspection to assess whether community is ODF. Certification is the confirmation of the status and its official recognition. Verification and certification of ODF status is an important activity for the following reasons:

- To know the ground situation as to what extent the claims made by the villages about ODF status are correct; what are the gaps.
- If done properly it would discourage those villages and concerned facilitation teams who have not stopped OD and somehow manipulated and constructed toilets to show that they have become ODF; and encourage those who are honest in their claims. This would in turn help in sustaining the ODF status.
- If there is a plan to give reward (such as money for hardware subsidies could be given as collective community reward once the community achieves ODF status) to communities in recognition of their collective effort, ODF status has to be clearly measured using an objective and impartial process. If done properly, it would serve as a motivating tool for other villages. And if done wrongly, it would be counterproductive to the campaign.

Verification teams, crosschecking mechanisms and frequency of verification

To conduct verification of the village, verification teams needs to be established at national, provincial, district and commune levels. This would help in cross-checking of ODF status recommended by the lower levels. Teams at higher levels could do sample checks and it could be decided as to what percentage of cases would be checked by what level based on the availability of time and human resource at the respective levels. In case of large variations, 100% could be checked at higher levels as well.

It needs to be ensured that verification team members carry a reputation that they are unbiased. The team must also have a few focal points/others from the village/commune which is being verified. This would help create ownership of the results of verification at the community level. Including media persons, NGOs, people from academic background, public representatives in the team, rather than just the government staff of a particular department could help ensure transparency in the process. Women members in the team help in interacting with women in the village. Any other practice that ensures transparency in the process could also be considered such as revolving membership of verification and certification team.

At least 2 verifications could be conducted with the second verification happening at an interval of 6-12 months of the first verification. If the visit for verification is a surprise visit, it reduces the chance of manipulations of the ground situation and ensures authenticity of the information.

Verification should involve:

- Visits to former OD sites and checking for availability of shit in open areas, bushes etc..
- Checking up before dawn or after dusk
- Noting whether path to latrines have been used
- Conversation with old and children
- Asking how a community itself monitors hygiene behavior change?
- Distinct and visible marks indicating hygiene behavior change e.g. soap for washing hands, water containers near latrine etc.
- Following animals that eat shit
- Visit school and interview children
- Inquire from the village health worker, is there any reduction in the use of ORS
- Inquire is there any increase in the sale of soap from the near by town/shops of the village
- Verification should be done in the presence of general public

Checklist and orientation of team

A checklist and a reporting format should be prepared for the purpose and given to the team for verification of ODF status of the village. This checklist should include indicators such as cleanliness of the toilet, handling of the child faeces and hand washing practices, school sanitation and overall cleanliness of the village etc. A brief orientation of half a day to one day must be given to the team to explain the checklist and formats.

A village would be officially certified as ODF once all members of the committee agree about it and sign it not just once but also in the next verification at least 6 months later. Meaning thereby that no officials certification, unless ODF status has been sustained for six months. After thorough and stringent verification, a board could be put up at the entrance to a village, declaring it to be ODF.

Report produced by the team members can be consolidated at the province level and one copy of it should be sent to the DRHC, MRD and one copy to UNICEF provincial advisor.

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