

# Community Led Total Sanitation



A Handbook for Facilitators

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### Reprint and translation of the handbook

This handbook was first published by the Resource Centre Network Nepal in December 2007 to assist community facilitators in adopting the Community Led Total Sanitation Approach as an effective approach for sanitation promotion in Nepal. This handbook (in Nepali version) has been found to be quite useful and popular in communities. Considering its growing demand and popularity, 1,500 copies were reprinted in January 2009 through the initiation of Water Supply and Sanitation Collaborative Council (WSSCC) Nepal Chapter as a knowledge sharing product. We express our gratitude to WSSCC for making the reprint of this booklet possible.

Now we are bringing out this translated version to share with our English readers. This booklet is purely based on experiences of adopting the approach in the Nepali context. Minor changes and updates have been made to make it contextual. Due thanks goes to NEWAH Knowledge Management and Advocacy team for making this publication possible. Finally, we would also like to thank WaterAid in Nepal for their financial support in bringing out this publication.



## About the Handbook

In Nepal, the government and non government organisations are carrying out various community level sanitation promotion activity. Different kind of support is being provided to community members especially for toilet construction and use. Sanitation promotion efforts are also being made through awareness programmes.


It is part of human nature to adopt and sustain something that is perceived appropriate by heart. Considering this human aspect, a facilitative approach has been developed for communities to help them effectively adopt sanitation programmes by generating a feeling that 'sanitation is for me'. This approach is called the '**Community Led Total Sanitation (CLTS)**' approach. Various organisations including RCNN members have been adopting this approach. Past experiences have proven that development efforts without generating enough awareness are not effective and sustainable. Thus, it is important to generate awareness amongst the people and help them develop a feeling of ownership over the programmes.

This handbook has been prepared to guide the community health motivators, health and sanitation workers as well as community leaders to adopt and facilitate the CLTS approach in communities where sanitation programmes are being implemented. It is believed that this will help the concerned individuals to get a clear concept of CLTS and guide them to adopt its methods at the community level.



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# Introduction

## Status of Sanitation in Nepal

The sanitation status of the Nepal is very appalling. Only 46% of the people in the country have access to toilets (Three Year Interim Plan of Nepal, 2007). In absence of basic sanitation facility like toilets, people are victims of various diseases, also leading to untimely deaths of many. According to an estimate of the Government of Nepal, the health expenses incurred along with the productive days lost due to disease resulting from poor sanitation practices and the time spent on taking care of the ill put together costs the nation 10 billion rupees yearly.

WaterAid reports that every year 10,500 children below five die of diarrhoea in Nepal. The loss is much greater than that is caused by any calamity or disaster. Yet, sanitation fails to make it to the priority list of the government or any development agenda. Nor has there been significant allocation for the sector in the annual budget of the government. Similarly, the importance of sanitation is not properly understood by the people due to low level of awareness. These are the main reasons behind the poor sanitation condition of the country.

While Nepal's sanitation progress remains slow and stagnant, there is the Millennium Development Target (MDT) set by the United Nations to halve the proportion of people without sanitation by 2015. Nepal is party to this commitment. But more challenging is the national target to provide universal access to sanitation facilities for all the Nepali people by 2017. Considering the sanitation progress made so far, the resources available and the existing working modalities for sanitation promotion, achieving these targets require a lot of effort and large amount of investments.

## What is CLTS Programme?

The CLTS approach works towards making sanitation facilities and behaviour change in the community total, sustainable and universal. It encourages the community people to live in a sanitary environment by stirring them to take leadership to construct and use toilets in every household without any kind of external support.

The concept of CLTS evolved from Bangladesh. By adopting this approach many communities in Bangladesh have transformed into totally sanitised communities and the sanitation condition of the country has improved to a large extent. Bangladesh also targets to achieve universal coverage in sanitation by 2010 following the CLTS approach. Proven to be a milestone in sanitation promotion, CLTS has now gained popularity in countries in Asia and Africa.

### How does subsidy hinder the total sanitation campaign?

Expected results have not been achieved despite of long term efforts of various organisations to promote sanitation. Even the practice of providing subsidy for toilet construction could not witness notable increase in its use. Experiences so far have revealed the following weaknesses of the subsidy based sanitation programmes:

- Subsidy cannot bear the entire cost of the toilet construction.
- Even the well off households expect subsidy for toilet construction, and could stay without building one.
- Sometimes there has been no change in the hygiene behaviour of the people having toilets.
- There is likelihood that toilets built through subsidy will not be appropriately used due to a lack in feeling of personal belongingness and ownership among the people.



# The Basic Principles of CLTS Programme

**T**he CLTS approach emphasises on bringing positive changes in the health and hygiene behaviour and practices of the people in order to make sanitation programmes effective and sustainable. The basic principles of CLTS are as follows:

- ☞ There is no open defecation in the community.
- ☞ Clean toilets are used properly.
- ☞ As the subsidy programme increases people's expectation for external support, CLTS programme does not provide any kind of subsidy for toilet construction. Contribution and participation of each and every member of the community is emphasised.
- ☞ Even if one household in the community does not use a toilet, the others are not freed from the risk of contamination. Hence, this programme gives emphasis to involve all community members in the sanitation campaign.
- ☞ The well being status of people in the community differs, thus this approach provides an opportunity for people to opt for appropriate toilet options based on their affordability.
- ☞ Use of local and indigenous technologies, and resources are emphasised.
- ☞ Community is made to realise the importance of sanitation.
- ☞ Community themselves develop their plans, implement it and do the monitoring and evaluation.
- ☞ No open defecating practices and behaviour of the community is considered as an indicator for monitoring rather than the total number of toilets constructed.
- ☞ Emphasis is given to coordination and garnering support from the users committee and local bodies for programme sustainability.
- ☞ This approach encourages mobilising local people to implement the programme thereby developing facilitators and leaders at the local level to replicate the approach in other communities.

## Difference between CLTS and Traditional (Subsidy Based) Sanitation Programmes

The basic differences observed in the implementation process of the traditional subsidy based sanitation programme and the CLTS programme are as follows:

| <b>Traditional (Subsidy Based) Sanitation Programme</b>  | <b>CLTS Programme</b>  |
|--|--|
| Subsidy provided for toilet construction   | Users construct toilets using their own available resources  |
| Counts the number of toilets constructed in the community  | Counts the number of open defecation free communities  |
| Work initiated by providing subsidy  | Work initiated by raising awareness and promoting dignity  |
| Open defecation practices continues  | Open defecation practices ends (defaulters are made to pay fines)  |
| Only capable and interested community members construct toilets  | Construction and appropriate use of toilet by all members of the community according to their capacity is ensured      |
| Toilet construction process slow   | Quick construction and use of toilet   |
| Little attention to project sustainability, greater role of external organisations in project implementation | Special emphasis on sanitation sustainability, direct involvement of community at all stages of project implementation |
| Mobilisation of local people limited only to the project period  | Leadership development at the local level  |
| Sanitation is not regarded as a subject of social status   | Toilet construction, its use and hygienic behaviour/practices considered a matter of social dignity                    |
| No kind of support expected from children, women's groups and local groups                                   | Decisive role of children, women's groups as well as local indigenous groups important                                 |



# Initiation of CLTS Programme in Nepal

**T**he CLTS programme was initiated in Nepal in 2003. Inspired by the success of this programme in various communities of Bangladesh, Nepal Water for Health (NEWAH) an organisation working in the water and sanitation sector since long, facilitated to implement CLTS programmes in Karkidanda of Dhading district, Dumre Ekata Chowk of Morang district and Bhorle, Gorkha district on a piloting basis. Dumre Ekata Chowk of Morang district was able to declare itself as the first open defecation free (ODF) community in Nepal.

Till date the CLTS programme has been adopted by various organisations in the sector like Environment, Culture, Agriculture, Research and Development Society (ECARDS)-Nepal, Rural Water and Sanitation Awareness Promotion Society (RUWSAPS), Rural Awareness and Development Organisation Nepal (RADO), Integrated Development Society (IDS), Rural Reconstruction Nepal (RRN), Environment and Public Health Organisation (ENPHO), contributing to achieve the national target on sanitation. Donors and INGOs like WaterAid in Nepal, Plan Nepal, UNHABITAT, DFID have funded these programmes. Presently many other organisations and INGOs like CARE, SNV are supporting to scale up the programme in different parts of the country.

## Process of implementation

In the beginning of the programme, the community is approached to build rapport, clarify about the objective of the programme and convince community members as to why they should implement a no subsidy programme led on their own. Once the community understands the objectives, to make them realise and accept how open defecation creates problems and affects their lives, the ignition PRA method is adopted.

## Ignition PRA Method

### (Analysis of sanitation condition of the community)

Ignition here means 'sparks used' to ignite the people. It is an improved version of the participatory rural appraisal (PRA) methodology. As it is a method used to bring instant change in the understanding and behaviour of the people by igniting sparks of awareness in their minds, it is called ignition PRA. This process is adopted to motivate community members through their own involvement and initiative to build and use latrines as well as bring positive changes in their hygiene and sanitation behaviour. This method helps to change people's perception, allowing them to start thinking from a new dimension and perspective, discarding the traditional way of thinking. The following tools are used:

#### Tips to the Facilitator

- ⇒ To conduct the ignition PRA a lead facilitator and an assisting facilitator is necessary. Of the two, one can facilitate the community members to prepare the faeces map, while the other will assist in taking down notes of the discussion that takes place. The community members themselves should be asked to jot down the process of faeces calculation, commitment expressed for sanitation promotion etc.
- ⇒ Regular coordination should be initiated and maintained with the local bodies right from the initial stage of the CLTS programme, involving them in each and every process.

*Ignition is not only a one day process. The activity that creates an impact in the mind and soul of an individual is ignition for that person.*



## Shameful walk:

The process of collectively visiting the places of open defecation by members of the community and representatives from the facilitating organisation is called shameful walk. By showing an external person the places where they defecate openly, this process largely helps to develop a feeling of shame,



*Community people trying to locate open faeces along with the facilitator*

and bring realisation among the people on why toilets are necessary. While on a shameful walk the community may try hard to make the facilitator walk away quickly from the open defecation spots. But the facilitator should initiate discussion while going around those areas, giving an impression that he/she has not taken any notice of the faeces lying around. During discussion questions such as, 'Do the women or men come to defecate in this area?', 'Whose faeces do you think this is?' could be asked for triggering. This starts generating a feeling among them that a toilet is necessary for defecation. Going around the area for a thorough observation, the facilitator should attempt to create a feeling among the people that it is shameful to defecate in the open by using different kind of gestures and body language.



*Faeces mapping in process*

## Faeces mapping:

The process of preparing the community map indicating the places of defecation through community participation is called faeces mapping. It helps to easily identify the areas commonly and frequently visited by the people for defecation.

## Tips to the Facilitator

### Points to be noted during Ignition PRA

- ⇒ Before starting the Ignition PRA try to understand the community's way of life, familiarise oneself with their behaviour and practices, initiate discussion and socialise with the people to build rapport with them.
- ⇒ Together with the community women, men and children craft flags out of yellow paper using locally available bamboo, sticks etc.
- ⇒ Organise a mass gathering represented by women, men, aged and the children from each household in the community.
- ⇒ Clarify about the subject matter in this gathering by drawing attention of the community. Request for community member's support in the discussion to understand what the sanitation situation of the community is like, but at no cost give assurance to offer any kind of support to them.
- ⇒ During ignition PRA do not give statements that differ, contradict or are larger than what the community members are saying. Use the words 'we' instead of 'you'. Example - 'We are unnoticeably eating our own faeces'.
- ⇒ Do not conduct ignition PRA during busy working hours of the community, if it is an unfavourable season (monsoon etc.), during religious or cultural festivals etc. Conduct ignition PRA only considering the community's free time and seasonal favourability.
- ⇒ Commonly it is appropriate to declare a community an open defecation free (ODF) area within four months from the time of ignition. However, this time stretch could lengthen a bit due to the community's process/desire to construct permanent toilets, the external conditions etc. If the community does not implement any kind of sanitation promotion work within these four months, the impact of ignition PRA triggering will subside. Under such circumstances it is not advisable to continue sanitation promotion work in this community.

Using different coloured powders and materials like *rato mato* (red soil), *kamero* (white soil), *angar* (coal), grass etc. that are locally available, the community members follow the PRA method to prepare this map on the ground, with special emphasis on demonstrating the sites of toilets, water sources, taps and places

visited for open defecation. The place where the old, sick and children go regularly for defecation or during the rainy season is also identified in the map. Making the community use paddy husks or yellow powder in the open defecation spots complete the map and ask questions like - 'How do you feel looking at your community?' This allows people to realise why sanitation is necessary for them.

## Process of preparing faeces map

- ☞ Ensure that women and men from all the households in the community are present.
- ☞ As far as possible select an off day at school to prepare the map to ensure that there is maximum participation of children in the activity.
- ☞ Always make sure to take permission from the community before using a language different than that in regular practice while analysing the sanitation situation of the community.
- ☞ Ask the community women and men to volunteer and ask them to prepare the community map.
- ☞ Encourage preparing the map as quickly as possible; do not pay greater attention to minute details and precision.
- ☞ Make them place the cardboard pieces having names of the household heads (prepared in advance) in this map to have an idea of whose household is situated where.
- ☞ To find out who all have a toilet in their houses, ask people to raise their hands and use an indicator to denote that in the map.
- ☞ Ask to use different signs for schools, health posts, water sources, temples to locate these community landmarks in the map.
- ☞ Invite four to six women and men belonging to a similar age group (15-25, 26-40, 41-60 etc.) to the place of the social map. Make them stand on the location of their houses and ask them - 'Where did you all defecate today?' Using yellow powder (*kesari*), ask them to make a trail from the house to the open defecation spot and make them sit on that spot. Call people from the other age groups and repeat the same procedure. Put forward queries like - 'How do you feel sitting like this?', 'Who did you go with to defecate?' etc. Question different participants in the gathering - 'How do you feel seeing them sit like this?' Their reaction is usually like this - 'feeling ashamed', 'feeling awkward'.
- ☞ Thank them for helping to squat and display the open defecation spots in the map. Thank others as well.

- Now ask where the children, the old and the sick go to defecate. Put up questions like - 'Can they go to places where others go?' Use the yellow powder to mark those places.
- After the mapping exercise completes, ask questions like - 'What have you made here?' 'Which community's map have you made?', 'What does the yellow colour refer to?' The yellow colour visible all over the map makes them realise that faeces is openly lying everywhere in their community.

### Faeces calculation:

Once there is realisation that there is a lot of faeces lying around in the community, to keep the momentum of the discussion going raise questions such as - 'How much on an average does an individual defecate in a day?', 'How much does a child defecate in a day?' In the process they can come up with different estimates. Such as: half kilo, 200 grams, 300 grams etc. Initiate discussion around these responses and reach a consensus. Similarly, open questions like - 'How many households are there in the community?', 'How many members are there in each household?', 'What is the community population size?', 'How many people use a toilet and how many defecate in the open?', 'How much of open faeces gets collected in the community in a day?' and calculate the amount of faeces that is collected in the community in a week, a month and in a year.

For example: There is a community with 55 households. Five households in the community have constructed and are using permanent toilets. On an average there are six members per household, so everyday 300 people including the big and the small from the 50 remaining households in the community defecate openly.



*Faeces calculation process in practice*

It is assumed that one person defecates 2 hundred 50 grams of faeces in a day, hence:

| Duration | Population | Total faeces amount                        |
|----------|------------|--|
| 1 day    | 300        | $300 \times 250 = 75,000$ grams (75 kilos) |
| 1 week   | 300        | $75 \times 7 = 725$ kilos                  |
| 1 month  | 300        | $75 \times 30 = 2,250$ kilos               |
| 1 year   | 300        | $2250 \times 12 = 27,000$ kilos            |

To easily understand the faeces calculation process, it would be appropriate to use materials that are in local use. For example, in this community 10 *doko*, 10 *dhakki* or 10 *tagari* (different types of locally used baskets) of faeces gets collected in a month. This tool is applied to give a picture of how much of open faeces gets accumulated in the community.

### Faeces mobility mapping - (how does faeces enter the mouth?):

After the above mentioned exercise, it is important to discuss with the people about where the open faeces ends up. To proceed with the discussion, different questions can be put forth. For example - 'A lot of faeces get collected in this place; I'm sure it creates a big pile?'



The participants in the gathering respond that faeces do not remain piled up in one place. So then ask again - 'If that is so where does so much of faeces land up?'

The community people can give answers such as - 'faeces degrades in the mud, is washed away by water, wind blew it away, dogs, pigs, chicken, ducks, flies, insects ate it up' etc.

## Tips to the Facilitator

- ⇒ Give opportunity not only to extroverts but also introverts to express themselves and pay attention to the points they make.
- ⇒ During discussion, the participants may reply that faecal oral contamination can occur through various means. If such a response is given, ask the respondent to step forward and make him/her explain.
- ⇒ Develop a sense that open faeces indirectly enters the mouth. But caution should be taken so as to not hurt people's dignity.

The discussion should be moved forward depending on the respondents' answers. If they say that flies or domestic animals transfer human faeces to our food, then lead the discussion from that point. But if they have something different to say, ask them, 'What sits on open faeces?' The common answer is 'flies'. Then ask, 'Where do they go and sit?' In reply they say, 'In various places, on our food'. The facilitator should provoke them by saying, 'Before they sit on the food, probably the flies will have washed their hands, legs and wings?' This kind of statement spreads laughter among the crowd. 'No, the flies directly come and sit', they say. Again when the facilitator asks, 'I'm sure we won't eat that food?' People answer, 'Of course we will, what else?' The facilitator should then ask, 'If that's the case, will we be just eating food or the faeces that the flies carry along with them on their legs?' The participants collectively agree to this point. Finally, try to raise curiosity of the participants by asking questions like - 'in that case, every year how much of faeces enters our mouth?'

When the participants confess that they are indirectly ingesting faeces, the discussion should advance in giving a message that all the households should build a toilet in the community. The facilitator should initiate dialogue saying, 'The flies, ducks, chicken etc. will probably not carry the faeces to the households having toilets. In return they could say - 'How will the flies or the animals know that there is toilet in that house?', 'Of course, they will go there as well'. But the facilitator can challenge them - 'No they wont, there is a toilet in that house', to which the people will say, 'The flies can fly there from elsewhere as well'. The facilitator can then add, 'If it is so, then faeces could be transmitted to the food

of people having toilets in their house?' They answer - 'sure, of course'. After this, question them - 'Whose faeces will the flies carry to the food?' They answer, 'Those who defecate openly'. Ask again, 'In that case, if only some households build toilets, will it stop faecal oral contamination from occurring'. The participants reply, 'No', it is necessary to construct toilets in each and every household'.

## Tips to the Facilitator

- ⇒ This is only an example of possible discussion. The facilitator should take the discussion forward taking into consideration the nature of the community. After the discussion has been initiated, it is important for the community to realise the fact that faeces can indirectly reach our mouth.
- ⇒ It is appropriate to make the community members understand through practical exercise rather than just using the map.
- ⇒ If lack of funding for toilet construction comes up as an issue, calculation of health expenses incurred could be done to make them realise urgent need of toilet.

After people recognise that they are ingesting open faeces, extensive discussion should take place by asking questions such as - 'What must we do immediately to stop eating faeces?' and make them internalise the importance of sanitation from within.

The community members express that it would be difficult to construct a toilet without any kind of subsidy. The facilitator should make them understand that there can be no ownership over something that is built through subsidy. As a toilet is our necessity, constructing it does not require any external support. To prove the point, questions like these should be asked - 'Who built your house for you?', 'Your *Chulo Chauko* (kitchen)?', 'Who patches your roof when it is leaking?', 'Are all the houses similar in this community?', 'When brothers separate, do they first build their kitchen?', 'When your harvest catches disease or when your children are sick do we wait in anticipation for any external support?'

## Calculation of health expenses

Various studies show that a large proportion of people's gross income in an underdeveloped country like ours is being spent on curing diseases. Almost 80 percent of these health expenses are a result of disease caused by use of contaminated water and lack of access to improved sanitation facilities. To make the community understand, cost estimation of yearly medical expenses made by them can be shown in the following manner:


Assuming that there is a community with 50 households and 6 members per household on an average - each year, on an average 4 members have been getting sick. Ask people, 'What is the most common disease in the community?' and list them down according to priority. Mostly, the diseases are found to be the results of lack of clean water and appropriate sanitation facilities.

Now ask and calculate the average amount spent by each person per treatment. The community will continue doing the estimation. For instance: If on an average 5 hundred rupees is being incurred for treatment per person, at the rate of four people getting sick per household the total cost to treat the total number of  $(50 \times 4)$  200 sick people comes to  $200 \times 500 = 1 \text{ Lakh}$  (100 thousand) rupees. At the end of this exercise, it should be explained to the community that the change in hygiene and sanitation behaviour and practices alone can largely prevent such diseases and save their health expenses.

## Experimental methods to determine water and food contamination

To explain how haphazardly lying open faeces contaminate our food and water the following method can be adopted:

- ☞ **By contaminating the water:** Pour clean drinking water in a glass and ask an individual in the gathering to drink it. Again pour clean water in the glass. Take a strand of hair, showing it clearly to everyone brush it through some faeces and dip it in the glass. Randomly give it to someone from the crowd to drink it. This time everyone will refuse to drink the water. After this ask them, 'Why did you refuse to drink the water, we cannot see any faeces particle in it?' Conclude by saying, 'We don't drink water touched by a dirty strand of hair but drink water contaminated by the six legs of flies'. People will easily comprehend how water and food is contaminated and become aware about the importance of sanitation.

 **By contaminating the food:** Take two plates. Put some yogurt in one and some *kesari* (yellow powder) and sugar mixed on the other. Place it where there are flies for about half an hour. In half an hour you will see the yogurt turn yellow. Ask the community, ‘How did the yogurt turn yellow?’ Through this exercise, it is determined that flies have transferred the yellow colour into the yogurt. The people will clearly understand that this is the process how flies transfer faeces into our food and how we are ingesting human excreta.

## Generating commitment and encouragement

The facilitator should ask the community - ‘who all and by when will you all stop indirectly ingesting faeces or within how many days will you end open defecating practices?’ Then have the names of people who commit as such - ‘I will stop open defecation within this many days’, listed down. Ask the person who commits to construct a toilet in the shortest span to step forward. Give a round of applause to the individual and applause the rest one by one. All the community members may not necessarily express their commitment in the same gathering.

Calling on them to express their commitment as soon as possible, at the end encourage all to shout out slogans like, ‘from now onwards we will not eat faeces’, ‘we will set an example of our sanitation’, ‘we will keep our household environment clean’ etc.

| House No. | Name of Household Head | No Open Defecation Commitment Time Frame |
|-----------|------------------------|--|
| 1         | Buddhimaya Tamang      | By two months                            |
| 2         | Man Bahadur B.K.       | By seven days                            |
| 3         | Bir Bahadur Uraub      | By three months                          |
| 4         | Ramkumari Darji        | By one month                             |

## Committee formation

After the community members express their commitment not to defecate in the open, queries like how to monitor whether these commitments have been fulfilled or not, who will monitor and how should be put before the people. They might suggest forming a committee for this purpose. If not then highlight the importance of a committee. If there is an existing committee, then try to hand

over responsibility to that committee. Otherwise collect everyone's opinion about whether a new committee needs to be formed or the old one can be reformed. To make this committee more inclusive, ask if it is necessary to include each *tole* (cluster) representative, women, men, ethnic minorities and all. They will reply that everyone needs to be represented. When the committee members are selected, facilitate to select the executive members from among them and hand them the responsibility of all the materials used so far (papers, pencils, markers etc.).

### **Faeces flagging through slogans & rallies:**

Prepare slogans like, 'will not defecate in the open', 'keep the walking trails and paths clean', keep the household and surrounding environment clean', 'build and use a toilet' etc. Provide the flags prepared earlier. Chanting slogans visit the open defecation sites identified in the faeces mapping exercise and flag



*Community members involved in faeces flagging*

those places. By the end of the exercise it will be clearly visible to all that open defecation is everywhere through the flags posted here and there in the community. This generates a feeling of shame and disgust over their existing sanitation practice. As a result, people will internalise the importance of sanitation, give up their open defecating habits to build temporary or permanent toilets based on their capacity and start using them. Generally, people will not defecate in the areas where the flags have been posted.

### **Open defecation free campaign's implementation, monitoring & evaluation phase**

After ignition PRA, call a committee meeting to decide the duration within which to declare the community an 'open defecation free' area. Set the date for this and accordingly facilitate to develop an action plan. For this, roles and responsibilities should be divided among the community women, men and

children. Monitor and evaluate whether the activities are proceeding according to plan and if not then facilitate the committee to develop an improvement plan. Take the following activities forward to implement the open defecation free campaign:

- ☞ Form children's group, women's group, local groups etc.
- ☞ Write the names of people who have committed not to defecate openly during ignition PRA in a cardboard. Display it in a place where everyone can see. Tick the names of those who start fulfilling their commitment.
- ☞ Clearly trace the community social map including the faeces mapping done during ignition PRA into a monitoring and evaluation information board. On one side put the social map and on the other the name of household heads including the house number. Install the board where it is convenient for the community to easily access the information. Mark the house number of person who has built a toilet with a sign of new toilet.
- ☞ Visit the community regularly at short intervals to monitor the ongoing activities.
- ☞ The following activities can be undertaken: the committee can determine a specific time frame to end open defecation, publish a notice asking community members not to defecate openly, develop rules and regulations regarding it and make people follow it, publish names of people who do not stop defecating openly within the speculated time in public places, if spotted in the act drive them away by blowing whistles, post flags with the person's name on it near the faeces (if identification is possible), make them pay fines etc.
- ☞ Carry out monitoring and evaluation to ensure whether the community people are performing as per their commitments, if the activities are going on according to the committee action plan. Monitoring and evaluation can be done in different ways through meetings, discussions, observation visits, family monitoring indicators and filling up forms, filling the monitoring board etc.


### Tips to the Facilitator

- ⇒ Decide on when to hold the child club, women's group and committee meeting and facilitate to ensure that the meeting is held on that particular date.
- ⇒ Facilitate to register the child club in the District Children's Welfare Committee as well as give emphasis to the management aspect of the child club.

## Example of Monitoring Form

| HH No. | Name of HH head  | By when         | With Toilet | Date of construction & use |                             |             |               |
|--------|------------------|-----------------|-------------|----------------------------|-----------------------------|-------------|---------------|
|        |                  |                 |             | Construction start         | Superstructure construction | Toilet use  | Joint use     |
| 1      | Buddhiman Tamang | By two months   | –           | Sept 21 2008               | Nov 20 2008                 | Dec 15 2008 | –             |
| 2      | Man Bdr. B.K.    | –               | –           | –                          | –                           | –           | –             |
| 3      | Bir Bdr. Uraub   | By three months | –           | –                          | –                           | –           | With HH no. 1 |
| 4      | Ramkumari Darji  | By one month    | –           | Sept 20 2008               | Oct 17 2008                 | Oct 17 2008 | –             |

The committee should trace this type of form in the committee register and a cardboard paper and hung in an appropriate place or on the community notice board. The progress of toilet construction and use must be noted in the form by the designated person.

 **Committee preparation to take the community into a desired state:** During the committee meeting, in presence of child club, women's group members and others ask to identify and list out indicators of the previous personal, household and environmental sanitation status of the community and then the desired state. This task can be attained through group division and discussion. The end conclusion can be reached through common group consent.

| For personal sanitation  |   | For household sanitation                               |  | For environmental sanitation   |   |
|--------------------------|---|--|--|--|---|
| Previous status          | Desired state   | Previous status  | Desired state  | Previous status  | Desired state   |
| Open defecating practice | Habit of defecating in the toilet will have developed | Household wastes littered and thrown around everywhere | Habit of disposing household waste and garbage in a specific place will have developed | Practice of defecating near about the footpath/ trails and the water sources | Habit of defecating nearby the footpath/ trails and the water sources will have ended |

☞ **Observation visit:** Mostly what you see is what you believe, rather than what others tell you or hearsay. That is why take the committee, child club, women's group, different committee members and other community representatives on an observation visit at their convenience to areas where the programme has already been completed. Prior to making such a visit, communication has to be made with the community where the visit is proposed. The visitors should pay greater attention to the subject matter during discussion or while asking questions in that community.

☞ **Video / Drama show:** If possible show videos of activities undertaken in the completed programmes. Determining the subject matter that requires the community's awareness or realisation, a street drama can be organised by mobilising the community members and children from the same community.



*Street drama for awareness generation*

☞ **Health, sanitation and hygiene workshop:** Provide training to the committee on health, sanitation and hygiene that is suitable for all caste groups, place and the background, incorporating subject matters of contemporary nature. In the first phase workshop keep subject matters that deals with putting an end to open defecation, and include various other subjects in the second workshop.

☞ **Stool tests:** Something that is visible to the human eye has more effect, hence where services are available, carry out stool tests of children, women and men in the community with the help of technicians from the health laboratory and show them the results. This process helps them realise the adverse effect open faeces has on them. Provide support to the people detected with worms to get the medicines by coordinating with the local health post.

☞ **Sanitation mason training:** If a trained mason is not available in the community to construct toilets then provide sanitation mason training to the community members.

☞ **Information on latrine options:** Give information on toilet options based on different types of toilets constructed in the community or that could possibly be constructed.

☞ **SaniMart promotion:**  
Explore possibilities to promote a SaniMart. Encourage local entrepreneurs or interested people to sell sanitation materials in the community.

☞ **Implement health and sanitation activities that clarify importance of sanitation:**

For example - rather than carrying out a hand washing exercise during a meeting or a class, it would be more effective to give them such information before they prepare their meals, eat food or feed children. For instance when a child is eating food make the child wash hands. Pouring the used water in a clean glass you could ask, 'can we drink such water?'



*Stool tests being done in the community*

## Basic sanitation indicators

1. Hygienic latrine use by all household members in the community (an end to open defecating practices)
2. Proper disposal of children's faeces
3. Separate slipper worn for latrine use
4. Hand washing with soap / ash at critical times (after defecation, before handling food, feeding children, after coming into contact with dirt)
5. Covered food and water
6. Household, taps, tube wells and the surrounding areas kept clean
7. Public places, foot paths/trails kept clean
8. Proper management of waste water
9. Disposal of household and non bio degradable wastes like plastic in specific places
10. Attention to personal hygiene

- ☞ The child club members could be on a watch out for people defecating in the open, drawing their cartoons and displaying it in public places. These are different activities that could be done.
- ☞ Bring realisation by running *tole* (cluster) education, family education classes. Reach appropriate message at the appropriate time to the appropriate people. For example: hand washing exercise at the time of eating.
- ☞ Inform everyone through the media about sanitation activities being implemented in the community.

## Social Norms and Award System

On the basis of the monitoring, generally the following social norms and award provisions can be introduced:

- ☞ Bar people who defecate in the open from using the water facilities in the community.
- ☞ Fine people defecating in the open and deposit the money in the community fund as well as provide some portion of the money to anyone who reports about it to the committee. If the open defecator is not identified, then fine each and every household near the cluster where open faeces is found for not keeping close watch.
- ☞ The children could blow whistles or cry out loud if they spot anyone defecating openly to drive them away.



*Women being awarded for appropriate use of toilet*

*After ignition PRA exercise the community people may leave the regular defecation place and find elsewhere to go. Such action should be considered as the first step initiated by the people to stop current open defecation practice.*

- ☞ If open defecation is found, flag the spot with the person's name on it.
- ☞ Write the names and prepare cartoons of the person defecating in open places and display it in the notice board or any public place.
- ☞ Rather than only penalizing people, it would be essential to develop certain criteria and standard such as the first person to construct a toilet, person to keep the cleanest toilet, cleanest courtyard etc. and award them for motivation.

Once the activities in the community progresses smoothly as planned, a joint meeting of the committee, women groups, child club, men and women needs to be organised to review and ensure whether they are prepared to declare ODF in the community or not. If some households have not made toilets yet, then ask them by when they will complete, or find out if they use a common toilet. If some households remain to construct a toilet, identifying the reasons behind it would help to decide on the kind of support the community, committee or any of the groups can provide to those households.

### Award for building a latrine, its not a shame

Karna Bahadur Rai, was a little timid for being proclaimed the first person to build a toilet in the community. A carpenter by profession, Rai in his aging days did not have a toilet near home, not even two months back.

"Award for building a toilet, not for anyone else but just for me and my family?" questions 44 year old Rai of Morang, Urlabari 7 - "This is astonishing, I happened to come first".

A big board is posted at the entrance of the Dumre Ekata Chowk, a community which is about two kms. north of the Mahendra Highway that passes through Urlabari. The board has the community map, forest density and name of household heads with the sign of toilet along side the house. It also shows people defecating in the open with a cross over the picture to indicate that open defecation is banned in the community.

Through the campaign initiated three months back by the users group and Naba Pratibha Children's Club, all the households in the *tole* have built a toilet. Including Karna Bahadur five others were awarded during the declaration programme. Along with him Dilip Rai, Tek Bahadur Dhakal, Kul Bahadur Magar and Sharmila Rai were awarded for using locally available materials to build a clean and hygienic toilet. The prize included a bucket, mug, soap, and toothpaste.

A lot of experience acquired from building toilets for others on waged labour, 50 year old Misrilal Urab is now engaged in building a hygienic toilet for himself. "There is a jungle nearby, what difference" is the kind of feeling he had earlier, "but now the village kids makes us ashamed," he states. Since the local children started hooting and whistling at the early morning open defecators and posting their cartoons in the community information board, the shame has compelled people to build toilets in their own households.

*Bhim Ghimire, 20 November 2005, Kantipur Daily*

या गाउँमा कसैबाट पनि खुल्ला ठाउँमा  
दिसापिसाब गरिदैन  
वातावरण तथा सरसफाइ समुदाय, उनावारी-७  
(एकताचोक)

एकता चोक

## Declaration Process

Once all the households in the community construct and begin proper use of their toilets, and when it is ensured that no one defecates openly, through community leadership the particular village or community is declared 'Open defecation free' (ODF). The following process is adopted for this:

In the review meeting once it is thought that it is appropriate to declare the community as ODF village, then a work plan for ODF declaration should be drawn up by calling another meeting. The work plan should consist of clear assignment of roles and responsibilities to every member of the committee and households. Several sub-committee needs to be formed for different tasks such as communication and promotion, stage management, community monitoring, guest invitation and follow up, toilet evaluation. Likewise, the responsibility to purchase award materials should be assigned to an individual in this meeting.

The toilet evaluation sub-committee should evaluate the toilet from different angles during assessment. The better off people can afford good toilets. By only awarding the better off, it is injustice to the poorest, single headed and elderly women and men. Therefore, the evaluation sub-committee should bear in mind things like - the first person to construct a toilet, one who keeps the toilet clean and uses it properly, one who constructs the toilet first from among the poorest households, one who has used local materials for toilet construction etc. During the evaluation process the members should pay attention to and consider these factors as basis for evaluation such as the toilet status, its door, roof, slipper use, its surrounding environment, whether it gives out odour or not etc.

All the members of the community, representatives of facilitative organisation, representatives of local government agency, NGOs, representatives from neighbouring community and journalists should be invited to observe the ODF declaration programme.

The facilitator should encourage the community to plan, manage and organise the declaration ceremony on their own. As this process is entirely led by the community, it would be appropriate to request the community members to conduct the process, chair the event and play a role of chief guest in order to demonstrate their level of confidence and create ownership.

It would be appropriate to divide the declaration programme into two sessions. In the first session the following should be included – inviting the chairperson and chief guest to take the chair, welcome speech, if possible a welcome song followed by introduction of committee members, child club members, women's group members, and then sharing / presentation of process followed and progress achieved so far by the community. Likewise, it would be exciting to briefly share any interesting experience gained by community members in the process. At the end of the session, an observation visit around the community should be organised for invitees.

In the second session of the programme, the master of ceremony should request the guests to express their views about the community and whether they feel the community is ready to be declared ODF. If possible, some cultural items, street dramas promoting sanitation could be presented in between the programme by involving local actors / people.

Collecting everyone's consensus for ODF declaration, the community women, men and children should be asked to collectively unveil a board with the following written message 'no one defecates openly in this community'. After this, the good sanitation practitioners selected on the basis of decisions made by the evaluation sub-committee should be awarded. Sports and learning materials should be distributed to the child club for their active participation in the programme. Similarly, a letter of appreciation on behalf of the facilitating organisation should be handed over to the community through the chairperson.

ODF Declaration is the basic stage of total sanitation campaign. This stage ends up along with completion of the ODF declaration event.



# Total Sanitation Campaign Stage

The ultimate aim of the total sanitation campaign is not only ODF declaration, but also to sustain personal and environmental sanitation in the community as well as maintain the positive changes brought about in the hygiene behaviour of the people. This is a lengthy process and open defecation free status is the first condition that needs to be fulfilled for attaining total sanitation.

The following steps should be undertaken to kick off the total sanitation campaign in the community:

- ☞ Sit together with community and committee members to discuss their perceived and desired total sanitation status of the community.
- ☞ The organisation involved in facilitation should ensure that all essential total sanitation indicators are identified, discussed and included in this process.
- ☞ Prepare a work plan with a time frame for achieving total sanitation in the village or community.
- ☞ Support to provide necessary stationary materials (note book, pen and other materials) to the committee.
- ☞ Conduct family education and *to/e* education on health, hygiene and sanitation in the community.
- ☞ Monitoring and evaluation should be conducted from time to time by the facilitating organisation and community to ensure that sustainable changes are taking place in the hygiene and sanitation behaviour of the people.
- ☞ Once sustainable changes and improvement in the sanitation / hygiene behaviour of the community people is ensured, the next action would be to declare the community as totally sanitised community.

## Local level leadership development

Any programme that adopts the CLTS approach has direct involvement of the community in planning, implementation, rules formulation and conducting monitoring & evaluation of the process. Since the facilitation of this process does not require any special technical skill, the members of the community, particularly the executive committee members can effectively take up the work. Local level leadership automatically develops once the knowledge and skills are transferred to them. As a result, along with increased effectiveness and ownership, replication is possible elsewhere. And the total sanitation campaign is also able to gain wide popularity.

For e.g in Urlabari the committees have come together to form a 'Rural Improvement Coordination Committee' to work for their village development and management, also initiating this process in the neighbouring communities.

### Village clean due to flagging

The village school stage is fully decorated. Amidst the busy harvest the villagers are in a rally, shouting slogans after the mike. Seems – election is here.

No it's not, all this is for the village sanitation campaign. Through a large mass gathering the Karkidanda people declared - 'from today onwards none of us will defecate in the open'.

Exactly a year back the villagers had gathered to prepare a community social map, identify areas where people defecated. They kept those places under close scrutiny, went around for monitoring, as they spotted shit posted yellow flags on it. "There came a day when all that was visible were flags all around the village," says Krishna Bahadur Thapa, ex-ward Chairperson – "observing the horrible sight ashamed everyone, then toilets started coming up in every household."

It is neither the government's nor any NGO's fund that gave rise to their enthusiasm. The Karkidanda people proved that unity in the community makes development possible even without external support. Those who visited the field and terraces a year back to defecate, now have toilets at home.

Punishment mechanisms have been developed for open defecators. Rupees 10 is fined if anyone is caught and given to the one who reports. The sanitation users committee has appointed a person for monitoring. If faeces is found and culprit not identified, then rupees 5 is fined to all the households in the cluster.

A 30 mins. walk uphill from the highway in Simle takes you to Karkidanda. A board is posted at the community entry point saying: we do not defecate in the open, keep our house and its surrounding clean, keep our taps clean, always keep our drinking water covered, and clean our walking paths every month.

Though backward in terms of education, this village is much ahead in health awareness. A local addressing the declaration programme in Panchakanya Primary School is heard saying, "One gram of faeces contains ten million viruses, one million bacteria, 1000 parasite cysts and 100 parasite eggs. At this rate people who defecate in the open are ingesting 2 kgs. of faeces every year. So imagine how much bacteria and viruses enter their body?"

*Akhanda Bhandari / Rajendra Pratap Shah, Kantipur Daily, December 2004*



## Some Sanitation Facts

- ◆ In Nepal annually 10,500 children below five years of age die of diarrhoea related diseases. (WaterAid, 2008)
- ◆ 1.8 million children die every year as a result of diseases caused by unclean water and poor sanitation. This amounts to around 5000 deaths a day. This means that every hour more than 200 and every minute about 3 children are dying. (WaterAid, 2008)
- ◆ The simple act of washing hands with soap or (ash) and water can reduce incidence of diarrhoea by 44%. (Unicef, 2009)
- ◆ Access to sanitation is one of the strongest determinants of child survival: the transition from unimproved to improved sanitation reduces child mortality by a third (33%). (HDR, 2006)
- ◆ People suffering from preventable diseases, caused by unsafe water and inadequate sanitation, occupy half the hospital beds in the developing world. (Pure Inside Out, 2006-2007)
- ◆ One gram of faeces can contain 10 million viruses, 1 million bacteria, 1000 parasite cysts and 100 parasite eggs. (WaterAid, 2007)
- ◆ About 2.6 billion people – half the developing world – lack even a simple ‘improved’ latrine and 1.1 billion people have no access to any type of improved drinking source of water. (WHO, 2009)
- ◆ The biggest barrier in sanitation is the unwillingness of national and international political leaders to put excreta and its safe disposal on the international development agenda. (HDR, 2006)
- ◆ If the MDG 2015 is achieved, 1.8 billion people will be still without improved sanitation. (Unicef, 2006)

- 💧 The weight of water that women in Africa and Asia carry on their heads is commonly 20 kg (5.3 gallons), the same as the average UK airport luggage allowance. (IRC Annual Report, 2008) The average distance they walk to collect water is 6 kms (3.75 miles).
- 💧 The average person in the developing world uses 10 litres of water every day for their drinking, washing and cooking. (WSSCC)
- 💧 In the UK the average person uses 135 litres of water every day.
- 💧 Achieving the MDG sanitation target would result in \$66 billion of annual economic benefits including time savings, value of productive and school days gained, value of averted illness and death, and savings in related medical expenses. (UNDP Sanitation Facts)
- 💧 Improved sanitation in developing countries typically yields about 9 rupees worth for every 1 rupee spent. (UN, 2008)

The Resource Centre Network Nepal (RCCN) established in 2003 is an informal network of NGOs and INGOs involved in the water and sanitation sector in Nepal. It intends to facilitate information sharing and promote its use, thereof improving the performance of the sector as a whole. Members include Environment and Public Health Organisation (ENPHO), Friends Service Council (FSC) Nepal, Integrated Development Society (IDS) Nepal, Nepal Red Cross Society (NRCS), Nepal Water for Health (NEWAH) and WaterAid in Nepal (WAN). It has been working at the community, district and national level with the focus on providing support services, sharing and improving access to knowledge and information based on experiences of members in a common platform.

The RCNN facilitated and supported by International Water & Sanitation Centre (IRC), The Netherlands for its establishment has conducted information needs assessment and various workshops to identify knowledge and information needs of the users in the water and sanitation sector, packaging and disseminating information as identified, and as and when required. Against this backdrop, this booklet has been published to support in adopting the 'Community Led Total Sanitation' approach, which has been found effective for sanitation promotion in Nepal.

The RCCN would like to express its gratitude to all the representatives of the affiliated organisation, community, FEDWASUN and all others who have been involved and have personally provided their feedback while the publication was in the information collection, write up, editing, feedback collection and translation process, thus helping to transform it into a standard document. We are always open to the valuable suggestions from our readers and well wishers to make our products more practical and informative in the future.

Secretariat

Resource Centre Network Nepal (RCNN)



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