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# Community-Led Total Sanitation Training of Trainers’ Manual

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Acknowledgements

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We would like to thank the Ministry of Water and Environment, Districts and partner NGOs for contributing to the development of the manual. Special thanks to Plan Uganda for printing the manual.
Acronyms

CLTS  Community–Led Total Sanitation
MDGs  Millennium Development Goals
MoH   Ministry of Health
MLWE  Ministry of Water, Land and Environment
NGO   Non-Governmental Organisation
NL    Natural Leader
OD    Open Defecation
ODF   Open Defecation Free
PEAP  Poverty Eradication Action Plans
PDC   Parish Development Committee
PRA   Participatory Rural Appraisal
WSP-WB Water and Sanitation Programme-World Bank
WSP-SA Water and Sanitation Programme-South Asia
VERC  Village Education Resource Centre
VHT   Village Health Team
Executive Summary

The Community-Led Total Sanitation (CLTS) approach originates from Kamal Kar’s work in Bangladesh including experiences of WaterAid Bangladesh and their local NGO partner organisation – Village Education Resource Centre (VERC). The approach uses PRA methods to enable local communities analyse their sanitation situation and collectively internalise the terrible impact of open defecation (OD) on public health and on the entire community environment and thus trigger the need for positive action with no external subsidy.

CLTS focuses on igniting a change in sanitation behaviour by the whole community rather than promoting latrine construction. It does this through a process of social awakening stimulated by facilitators and recognition that collective benefit can encourage a more cooperative approach. Further, CLTS promotes wider community development to meet the diverse social needs and solve problems through the cohesion built.

In its fullest sense, total sanitation includes a range of behaviours such as: stopping all open defecation; use of a hygienic latrine; hand washing with soap at critical times; proper food and water handling in a hygienic manner; and safe disposal of animal and domestic waste. CLTS concentrates on ending OD as a first significant step and entry point to changing behaviour.

This Handbook is intended to guide Master Trainers in promoting the CLTS approach for improved sanitation behaviour. The handbook outlines the background to CLTS as well as its potential in bringing about positive behaviour and enumerates a step by step process of promoting the CLTS approach. It is hoped that this handbook will inspire trainers, practitioners, managers and policy-makers to ensure high standards of preparation, facilitation and follow up support; and that it will discourage target oriented approaches which degenerate into counting latrines and meeting targets for their construction, instead of assessing with rigorous standards the numbers of communities that truly achieve ODF status.

Two conditions are crucial to effectively promote CLTS and must be borne in mind while using this handbook:

1. **The attitudes and behaviour of facilitators**
   Not everyone can be a good facilitator. Facilitating CLTS is an aptitude. It can be learnt, but it will come more naturally to some than to others. It is different from facilitating conventional participatory processes like PRA. Behaviour and attitudes are crucial. What works best for triggering CLTS is a combination of boldness, empathy, humour and fun. It demands a hands-off approach, not teaching or lecturing, but facilitating to enable people to confront their unpalatable realities.

2. **The sensitive support of institutions.**
   Not every organisation is suitable for promoting CLTS. Institutional support needs to be consistent and flexible. Any top-down target and disbursement-driven approach is liable to undermine CLTS, though general sanitation campaigns can be effective provided they are used in a ‘community
empowerment’ mode rather than a ‘prescriptive’ and ‘target achievement’ mode. Two big dangers are too much money, because CLTS needs relatively little, and rapid recruitment and inadequate orientation, training and socialising of staff. This demands a form of restraint that is difficult in many bureaucracies.
1.0 Background

Community Led Total Sanitation (CLTS) is an innovative methodology for mobilising communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of OD and take their own action to become open defecation free (ODF).

At the heart of CLTS lies the recognition that merely providing toilets does not guarantee their use, nor result in improved sanitation and hygiene. Earlier approaches to sanitation prescribed high initial standards and offered subsidies as an incentive. But this often led to uneven adoption, problems with long-term sustainability and only partial use. It also created a culture of dependence on subsidies, OD and the cycle of fecal–oral contamination continued to spread disease.

In contrast, CLTS focuses on the behavioural change needed to ensure real and sustainable improvements – investing in community mobilisation instead of hardware, and shifting the focus from latrine construction for individual households to the creation of “open defecation-free” villages. By raising awareness that as long as even a minority continues to defecate in the open everyone is at risk of disease, CLTS triggers the community’s desire for change, propels them into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.

CLTS has a great potential for contributing towards meeting the Millennium Development Goals, both directly on water and sanitation (goal 7) and indirectly through the knock-on impacts of improved sanitation on combating major diseases, particularly diarrhoea (goal 6), improving maternal health (goal 5) and reducing child mortality (goal 4). It will also directly contribute to achieving the targets for the Kampala Declaration for Sanitation (1997), the sanitation MOU (2001), and the Poverty Eradication Action Plan. In addition to creating a culture of good sanitation, CLTS can also be an effective point for other livelihoods activities. It mobilises community members towards collective action and empowers them to take further action in the future. CLTS outcomes illustrate what communities can achieve by undertaking further initiatives for their own development.¹

¹ http://www.communityledtotalsanitation.org/page/clts-approach
2.0 Introduction

The Water and Sanitation Program (WSP), is a multi-donor trust funded program administered by the World Bank. The Program’s mission is to help poor people gain sustained access to water supply and sanitation (WSS) services. WSP works in partnership with country client governments, external support agencies, and other leading support agencies to improve various institutional, technological and service delivery options and to promote large-scale programs to extend service delivery to the poor. It also identifies and analyses key sector problems, identifies solutions, documents and shares lessons from the field and disseminates information at local, national, regional and global level.

In Uganda, WSP in partnership with Ministry of Health is supporting the implementation of the 10 Year Improved Sanitation and Hygiene Strategy. Safe sanitation coverage in Uganda is still low and this remains one of the biggest developmental challenges right from National to District, Sub county and parish levels. The national sanitation coverage statistics indicate a coverage of 69.7%.

Traditionally the sector uses the presence of a safe latrine as a proxy indicator for sanitation with no information on the trends of open defecation. However, in 2010, a sanitation benchmarking tool that includes an indicator on open defecation was developed and used to determine coverage statistics. From the data, hardly any district had a village declared ODF reiterating the need to focus on ODF environments and behaviour change. Similarly, according to the Annual Sector Performance report 2008, Rukungiri district has the highest latrine coverage in Uganda, at 99%, but there has not been an observed decrease in diarrhoea disease. This could be due to neglect of promotion of hygiene behaviour, e.g. handwashing, or even high incidences of open defecation despite the presence of latrines. In order to reap the benefits of improved sanitation, it is thus necessary to have an integrated approach to sanitation promotion.

In the 1960s, enforcement of the Public Health Act (PHA) was used to ensure construction of latrines and coverage was reportedly higher than 90%. In the 1990s, to date PHAST/Information Education Communication (IEC) is quite used, but the recent 3 years has seen an increase in the enforcement of the PHA. This has led to the construction of latrines, but does not guarantee their use, and has failed to promote sustained behaviour change. In addition, there has not been a concerted effort to address proper disposal of children’s faeces. Data available in the Ministry of Health shows that although the sanitation coverage is increasing, it has not resulted into decrease of incidences of diarrhoea disease. This may be attributed to the health risk posed by even the few practicing open defecation. It is therefore necessary to equip districts with a methodology that will promote open defecation free communities/environments.

CLTS is a relatively new methodology in Uganda and has been tried out in a few districts including Kamuli, Mukono, Lira, Arua and Masindi, with at least forty three (43) national trainers of trainers trained and fifty seven (57) villages declared ODF although at a slow pace. Elsewhere in Asia and Africa, it is reported to have been
successfully implemented at big scale (for example in Tanzania, Nigeria, Zambia and Ghana) with significant results to stop open defecation.

Based on this evidence, the sector is looking at nationally scaling up the approach through building capacity in the CLTS methodology. A cascade training model will be adopted where national level trainers train local government & NGO trainers, who in turn train local government extension workers who facilitate the communities. The cascading approach is preferred because it is cost effective and implementation of national sanitation activities is through the decentralized approach which hinges on the different local institutional structures guiding and ensuring quality implementation.
3.0 About the training

3.1 Aim

CLTS training aims at improving the level of sanitation in Uganda through behaviour change that leads to sustainable sanitation and health practices. The training aims at triggering the community’s desire for change, propel them into action and encourage innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability. The role and the skills of the MASTER TRAINER are key in achieving the CLTS objectives.

3.2 Objectives

The overall objective of this training is to build the capacity of potential Master Trainers to facilitate the implementation of CLTS through a cascading approach as explained in section 3.4 below. The specific objectives of this training are to enable participants to:

- Understand and establish a common understanding on the principles and practices of community-led total sanitation.
- Acquire skills to design and deliver a training program on community-led total sanitation.
- Understand the behaviour change principals
- Support sanitation stakeholders like NGOs, development partners, districts and communities in accelerating the achievement of the national sanitation goals through the use of CLTS.
- Develop action plans aimed at scaling up CLTS in the respective districts and communities

3.3 Expected Outcomes

This training is expected to lead to the following outcomes:

- A pool of resource persons equipped with the skills and capacity to train field motivators on the CLTS approach
- Participants are able to distinguish between traditional and community-led total sanitation.
- A District-level Action Plan detailing the concrete steps that master trainers will take after the program to apply the skills and knowledge they have gained.

3.4 Strategy

The training will use the cascading approach model based on master trainers who will be expected to scale up the methodology and transfer skills to the different
levels as shown in the figure below: However, master trainers can also be involved in the triggering of the community.

**The Cascading Approach to scale up CLTS**

3.5 **Who are the Master Trainers/CLTS Trainers?**

The Master Trainers of CLTS will include staff from national and district level government, International Non-Government Organizations and National Non-Government Organizations and Technical Support Units and any other actors at the national level who are willing to be trainers. The Master Trainers of CLTS will train other district and sub-county staff to become CLTS facilitators. The CLTS facilitators will directly facilitate and trigger CLTS among communities and provide post triggering follow-up. Building a team of excellent Master Trainers is the key to successfully fostering ODF behaviour change across the country.

Master trainers will be expected to:

- Train other cadre of staff on CLTS
- Mobilise and trigger communities for CLTS
- Follow-up and monitor triggered communities
- Link communities to hardware sanitation services and promote handwashing
- Report to respective offices on achievements and challenges met so they can be addressed accordingly.
Some of the basic attributes of a CLTS master trainer include:

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes</th>
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<tbody>
<tr>
<td>• Fecal-oral transmission routes</td>
<td>• Facilitation skills: able to help people understand and be</td>
<td>• Patient enough to let the community come to an understanding</td>
</tr>
<tr>
<td>• Local language for the village</td>
<td>motivated to act without lecturing</td>
<td>of the sanitation situation of their own</td>
</tr>
<tr>
<td>• Social, environmental and health information for the village</td>
<td>• Communication skills: be a clear, concise and engaging speaker. Be an attentive and observant listener.</td>
<td>• Confident and courageous enough to push the community out of their comfort zone during the triggering –especially to really trigger them at the ignition moment</td>
</tr>
<tr>
<td>• History of sanitation interventions for the village</td>
<td>• Critical thinking and learning skills</td>
<td>• Humble enough to let the community decide for themselves what to change, and how to do it</td>
</tr>
<tr>
<td>• CLTS concept: how it is different from typical approaches - the Do's and Don'ts</td>
<td>• Analytical - Based on observations, can quickly modify and adapt facilitation style to suit community’s participation and reactions.</td>
<td>• Fun attitude to keep everyone interested, and willing to participate</td>
</tr>
<tr>
<td>• How to use CLTS tools: social mapping, transect walk, shit calculation, medical cost calculation</td>
<td>• Able to build rapport and trust very quickly with the community</td>
<td>• Team player to work effectively with fellow facilitators</td>
</tr>
<tr>
<td>• Overcoming “challenging scenarios” interested, and willing to participate</td>
<td>• Creative, especially when challenged</td>
<td>• Accommodative and adaptable to modify facilitation style on the spot</td>
</tr>
<tr>
<td>• Simple low-cost latrine models, for materials available in the village</td>
<td>• Good judge of people especially during natural leader Selection and ignition moment</td>
<td>• Genuinely willing to learn from the community</td>
</tr>
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</table>

- Leadership skills: self-motivated, responsible, and entrepreneurial
4.0 ABOUT THIS MANUAL

4.1 Purpose of this manual

This training guide is for master trainers/trainers of CLTS trainers who are leading workshops on CLTS for district and community trainers and facilitators. The manual is designed to lead master trainers through sessions on different topics by providing insight into CLTS methodologies, participatory activities and key messages for each session.

Remember that this manual is a guide and should be used for reference and NOT read aloud word for word. Master trainers should adapt the activities and messages in this manual to meet the needs and desires of particular audiences, taking into account their education levels, relationships to one another, and roles at work.

4.2 Structure of the training manual

This training manual is divided into six sessions:

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<td>Planning and useful resources</td>
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<td>Session one:</td>
<td>Getting Started</td>
</tr>
<tr>
<td>Session Two:</td>
<td>Sustainable Behaviour Change</td>
</tr>
<tr>
<td>Session Three:</td>
<td>Community Led Total Sanitation and Triggering</td>
</tr>
<tr>
<td>Session Four:</td>
<td>Real Life Triggering</td>
</tr>
<tr>
<td>Session Five:</td>
<td>Sustaining Behaviour Change</td>
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<tr>
<td>Session Six:</td>
<td>Participatory Monitoring and Action Planning</td>
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Each session is divided into units. Instructions on how to facilitate each unit are provided under the following headings:

- Objective
- Time
- Method
- Materials
- Process
- Trainers’ Notes
5.0 PLANNING AND USEFUL RESOURCES

5.1 Selection of Participants

The quality of participants is key to the success of the training program. The process for selection of participants is as follows:

- Stakeholders (National and District NGOs) who are implementing and/or interested in sanitation promotion are sensitized on the need and role of resource persons for scaling up community-led total sanitation.
- Stakeholders who agree to the criteria for selection of participants (see checklist in Annex 2) nominate an appropriate person to attend the training program.

5.3 Facilitation Tips

Being a strong facilitator takes time and dedication. It can be a lot harder than being a lecturer or teacher because you have to do more than just “tell people what you know.” Rather, your role is to engage and channel the thoughts and experiences of the people in the room so that they form accurate and powerful conclusions.

Remember to:

- **Be a learner:** A facilitator is not the source of all knowledge but a person who will listen, guide and suggest rather than direct.
- **Trust in your participants:** All people have experiences, knowledge and resources from which others can learn. Remember to trust in the capacities of your participants!
- **Create an atmosphere of confidence:** By being self aware, open, and respectful of participants’ opinions, you can create an environment in which people feel free to share their thoughts and experiences.
- **Be prepared:** Strong facilitators know their subject, audience, and curriculum. Know the learning objectives & how they relate to activities.
- **Be flexible:** Sometimes, learning methods will need to change to meet the needs of a particular group - find creative ways to adapt your curriculum to meet their needs.
<table>
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<tr>
<th>Before training</th>
<th>During training</th>
<th>After training</th>
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<tbody>
<tr>
<td>• Know the audience</td>
<td>• Introduce trainers, participants and topic</td>
<td>• Assess the trainee’s understanding</td>
</tr>
<tr>
<td>• Identify training needs</td>
<td>• Set ground rules</td>
<td>• Evaluate the training</td>
</tr>
<tr>
<td>• Set targets</td>
<td>• Assign responsibilities (time keeper, etc)</td>
<td>• Make action planning</td>
</tr>
<tr>
<td>• Review objectives &amp; make a training plan</td>
<td>• Find out expectations &amp; fears</td>
<td>• Plan follow-up activities</td>
</tr>
<tr>
<td>• Read through all training materials and find out else you need to know</td>
<td>• Relate expectations to objectives</td>
<td>• Clean the training space</td>
</tr>
<tr>
<td>• Prepare materials &amp; logistics</td>
<td>• Provide logistics</td>
<td>• Hold trainer review sessions at the end of each day</td>
</tr>
<tr>
<td>• Hold a planning meeting with facilitators</td>
<td>• Involve participants</td>
<td>• Document training and lessons learned</td>
</tr>
<tr>
<td>• Set up the room so that participants sit in a semi-circle to foster discussion</td>
<td>• Monitor attention levels and understanding</td>
<td></td>
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<tr>
<td>• Arrange handouts</td>
<td>• Use energizers when needed</td>
<td></td>
</tr>
<tr>
<td>• Prepare flip charts</td>
<td>• Follow activity plan</td>
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<tr>
<td>• Register participants</td>
<td>• Vary your learning methods</td>
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### 5.3 Training Venue

It is desirable that the training venue has open space available for mock exercises. A trainer may have little control over the physical dimensions or features of the venue, but should be aware of how these affect participants’ learning experience. If possible, visit the venue before the training is due to start and check if the room suits the requirements. Some questions to ask at the training venue are given below.

#### 5.3.1 Checklist: Training Venue

- Are there any potential sources of distraction?
- Are there enough power points to set up your electrical equipment?
- Are there adequate sanitation facilities for the participants? Many times sanitation training venues have poor and unclean sanitation facilities. Work with the venue administration to ensure that sanitation meets the desired standards especially in terms of cleanliness.
5.3.2 Seating Arrangements
The seating arrangement should be informal and flexible. For this program, a semi-circle style seating arrangement is advisable as this limits disruption when switching from presentations to group work. Some questions to ask about seating arrangements are as follows:

- Can everyone see the screen or board easily?
- Can those sitting at the back hear those speaking at the front?
- How best can the space be used, especially if the room is cramped?

5.3.3 Materials
A list of materials required for the training is given below:

- LCD projector – 1
- Camera (Digital) – 1
- Extension cord – 1
- Flip charts – 5
- Markers (different colors) – 10 set
- Stationery – writing pad, pen,
- Folder – as per no. of participants
- Masking tape – 2
- Scissors – 4
- Color powders – 2-3 kg each color
- VIPP cards in different colors – 200
- Calculator

5.4 Preparing for Field Practical Training
At least four to five villages should be selected for fieldwork. The working groups during the training session will be determined by the number of villages that have been identified for the field practical training. The following checklist will help you to prepare for the field practical training:

5.4.1 Checklist: Preparing for Field practical Training

1. Selection of villages
   - The selected villages should not be located far from the training venue. They should at most be 70kms from the venue for logistical reasons. The selected villages should be of average size (at least no more than 50 households) so that maximum number of community members can be involved.
   - Ensure that the district and village-level leaders are available to participate in discussions on the proposed dates of the field practical training.

2. The host community
   - Inform the community in time that you are visiting their village and why.
   - Ensure that the field-level training dates and timing are convenient for the host community.
3. Brief village profile obtained for each village selected for field study
This should include information on population, socioeconomic status, sanitation status (including usage of latrines with handwashing facilities, local customs and cultural practices, issues unique to the area (e.g., water scarcity, hard rock or high groundwater table). See Annex 4 for details.

4. Logistics
   a) Food and beverages
      • Will trainees be eating at the workshop venue or carrying a packed lunch?
      • In case of packed lunch, have you ensured that the pack contains dry food items which are easy to eat on the move?
      • Have arrangements been made for drinking water for trainees during the field-level training?
   b) Transport
      • How will trainees get to the selected villages?
      • Are there sufficient vehicles/drivers/petrol allocations?
   c) Materials
      • Have you prepared a field kit for each team with adequate supply of charts, markers, colored powders?
      • Do you have notebooks and pens for each participant?

This five-day Training of CLTS Trainers (ToT) is designed as a residential program. Accordingly, boarding and lodging facilities within easy access of the training venue will need to be arranged for participants for four nights and five days. Sufficient number of vehicles (based on the total number of participants) need to be arranged for the two days of field visits.

5.4.2 Agenda for Training
This module is spread over five days and the approximate time required is given in the session plans. A suggested agenda is included and trainers may use this as a basis for developing an agenda that fits the needs of the training. It is essential that the facilitator manages time well and keeps the sessions lively in order to keep the momentum during the five days and allow for proper appreciation of the session material.
### WORKSHOP TIMETABLE

#### DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30</td>
<td>Registration</td>
</tr>
</tbody>
</table>

**SESSION ONE: GETTING STARTED**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Introductions</td>
</tr>
<tr>
<td>9:00 – 9:30</td>
<td>Expectations and workshop objectives</td>
</tr>
<tr>
<td>9:30 – 9:45</td>
<td>Setting Norms and identifying leaders</td>
</tr>
<tr>
<td>10:45 – 10:15</td>
<td>Forming Teams: Life Boat Energizer or other tool</td>
</tr>
<tr>
<td>10:15 – 10:30</td>
<td>Facilitation skills</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td><strong>BREAK</strong></td>
</tr>
<tr>
<td>11:00 – 11:45</td>
<td>Facilitation skills</td>
</tr>
<tr>
<td>11:45 – 12:30</td>
<td>Overview of the participatory approach</td>
</tr>
</tbody>
</table>

#### SESSION TWO: BEHAVIOUR CHANGE

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 – 1:15</td>
<td>What is sustainable Behaviour Change</td>
</tr>
<tr>
<td>1:15 – 2:00</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>2:00 – 3:00</td>
<td>What influences Behaviour and attitudes</td>
</tr>
<tr>
<td>3:00 – 4:00</td>
<td>Steps to Behaviour change</td>
</tr>
<tr>
<td>4:00 – 4:30</td>
<td>Attaining sustainable behaviour change</td>
</tr>
<tr>
<td>4:30 – 5:00</td>
<td>Wrap up and Evaluation</td>
</tr>
</tbody>
</table>

#### DAY 2

**SESSION THREE: COMMUNITY LED TOTAL SANITATION AND TRIGGERING**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Recap of day 1</td>
</tr>
<tr>
<td>9:00 – 10:00</td>
<td>Sharing experiences on Sanitation and hygiene promotion</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Introduction of CLTS (Background, Approach)</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td><strong>BREAK</strong></td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Introduction of CLTS (Background, Approach)</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Selecting a community and building Rapport</td>
</tr>
<tr>
<td>12:00 – 12:30</td>
<td>CLTS Tools: Defecation mapping</td>
</tr>
<tr>
<td>12:30 – 1:00</td>
<td>CLTS Tools: Walk of shame</td>
</tr>
<tr>
<td>1:00 – 2:00</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>2:00 – 2:30</td>
<td>CLTS Tools: Walk of shame</td>
</tr>
<tr>
<td>2:30 – 3:30</td>
<td>CLTS Tool: Shit calculation</td>
</tr>
<tr>
<td>3:30 – 4:00</td>
<td>CLTS Tool: F - Diagram</td>
</tr>
<tr>
<td>4:00 – 4:30</td>
<td>CLTS Tool: Medical expenses calculation</td>
</tr>
<tr>
<td>4:30 – 5:00</td>
<td>Wrap up and Evaluation</td>
</tr>
</tbody>
</table>

#### DAY 3

**SESSION FOUR: REAL LIFE TRIGGERING**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Recap day 2</td>
</tr>
<tr>
<td>8:45 – 9:45</td>
<td>CLTS Tool: Bottle of water</td>
</tr>
<tr>
<td>9:45 – 10:30</td>
<td>CLTS Tool: Community action Plans</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>BREAK</td>
</tr>
<tr>
<td>11:00 – 11:45</td>
<td>Preparing for Field Visit I (Real Life triggering)</td>
</tr>
<tr>
<td>10:45 – 5:00</td>
<td>Field Trip and Lunch</td>
</tr>
</tbody>
</table>

**DAY 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Recap day 3</td>
</tr>
<tr>
<td>8:45 – 9:30</td>
<td>Preparation of field trip report</td>
</tr>
<tr>
<td>9:30 – 10:30</td>
<td>Presentation of field trip reports</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>BREAK</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Presentation of field trip reports</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Planning for Field Visit II</td>
</tr>
<tr>
<td>12:00 – 5:00</td>
<td>Field Visit II</td>
</tr>
</tbody>
</table>

**DAY 5**

**SESSION 5: POST TRIGGER ACTIVITIES: SUSTAINING BEHAVIOUR CHANGE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Recap day 4</td>
</tr>
<tr>
<td>8:45 – 10:30</td>
<td>Presentation of Group reports and feedback</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>BREAK</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Elements that sustain behaviour change</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Sanitation options and supply chain</td>
</tr>
<tr>
<td>12:30 – 1:30</td>
<td>Improved Hygiene Behaviour practices</td>
</tr>
<tr>
<td>1:00 – 2:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>2:00 – 2:30</td>
<td>Incentives and rewards</td>
</tr>
</tbody>
</table>

**SESSION 6: ACTION PLANS AND PARTICIPATORY MONITORING**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30 – 2:45</td>
<td>Incentives and rewards</td>
</tr>
<tr>
<td>2:45 – 3:45</td>
<td>Action Plans</td>
</tr>
<tr>
<td>1:00 – 2:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>3:45 – 5:00</td>
<td>Discussion of Action plans</td>
</tr>
</tbody>
</table>

**DAY 6**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 8:45</td>
<td>Recap day 5</td>
</tr>
<tr>
<td>8:45 – 10:30</td>
<td>Community participatory monitoring</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>BREAK</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Post-test assessment</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Post workshop Evaluation and Close</td>
</tr>
</tbody>
</table>
1

SESSION ONE

GETTING STARTED

**Purpose:**
The purpose of this session is to establish enabling group dynamics like respect, trust, and openness. By getting acquainted with one another, sharing expectations, and setting ground rules, participants will be positively engaged in the workshop from the very start.

**Objectives:**
By the end of this session, participants will have:
(i) Become acquainted with one another
(ii) Related their expectations and fears to workshop objectives
(iii) Generated a list of the simple things you can do to have a good workshop
(iv) Reviewed logistics and formed work teams for the training

**Methodology:**
Mutual interview, brainstorming, group decision-making

**Materials:**
Flip chart paper, VIPP cards, markers and masking tape

**Preparation:**
Write the objectives of this session on a flip chart

**Duration:**
3 hours 45 minutes
S1.1 Introduction

Objectives:

i) Welcome participants and briefly explain the workshop.

ii) Participants become acquainted with one another

Time: 30 minutes

Method: Free interaction

Materials: Papers with different hygiene practices (good and bad) like: hand washing with soap, latrine use, cleaning latrine, constructing latrine, open defecation, contaminated water, open defecation, contaminated water etc. VIPP cards, masking tape, markers

Process:

Step 1: Ask each participant to write one good or bad hygiene and sanitation practice on a piece of paper and tape that paper on another person’s back. The other person should not see what practice is being taped on him/her.

Step 2: Participants then walk around the room and greet each other by giving clues about the identity of the practice whose name is on the back of the other person. Each participant uses these clues to guess the practice on the paper that they have on their own back.

Step 3: After 3 minutes, ask participants to return to their seats and share with the group the practice they had on their back, tell the other participants if the practice is common in their community, give their name, where they come from and their job.

Step 4: Wrap up with the sanitation national Anthem (Refer to Annex 1 for the words)

Trainers’ Notes

Try to keep the tone of the session informal so that participants can speak freely.
S1.2 Expectations and workshop objectives

Objective: Relate expectations and fears to workshop objectives
Time: 30 minutes
Method: Discussion in small groups
Materials: Flip Charts, VIPP cards, markers

Process:
Step 1: Give each participant VIPP paper cards of two different colours (blue for expectations and red for fears) and request them to write their expectations from the workshop. Tell participants that each card can contain only one expectation, and it should be written in a short sentence of seven to eight words in large font size. A participant can use as many cards as desired, and each participant should contribute at least one expectation.

Step 2: After participants have written their expectations, bring all the cards to the centre of the room and request participants to stand in a circle, such that they can all see the cards. Tell participants that we are going to categorize expectations by dominant theme.

Step 3: Go through the cards one by one with the participants starting with expectations. Read out each expectation to the group, analyze the meaning, sort by dominant theme, discuss if it is possible to meet it.

Step 4: At this stage, share the training program objectives and schedule with participants, and discuss how this addresses their expectations. Discuss how the fears can be overcome.

Trainers’ Notes
- Classify the cards into four or five themes. Possible themes around which expectations can be raised are: role of trainers, information about CLTS, skills for community mobilization, sanitation technologies, etc.
- Allow the participants to present their expectations in their own language.
- Provide everyone with an opportunity to speak. Individuals trying to dominate a session should be prevented politely. Don’t become the dominator yourself!
- Try to include even those expectations which are not entirely relevant to the training instead of ignoring them.
- Politely explain reasons for not considering expectations that are outside the scope of the workshop and park them separately.
- Stick all the cards with the expectations on a big chart and display it at the workshop venue at a place that is visible to all participants.
S1.3 Setting Norms and Identifying Leaders

Objectives: Set the ground rules for the training

Time: 15 minutes

Method: Brainstorming

Materials: Flip chart and markers

Process:

Step 1: Explain that the objective of the session is to set some ground rules and leaders for the training.

Step 2: In plenary have participants generate a list of norms (ground rules) for the workshop.

Step 3: Write the norms on the flip chart as they are mentioned.

Step 4: Discuss each proposed rule in turn and ask participants as a group to decide which to adopt and which to reject.

Step 5: Ask participants to select a “host team” to help ensure that the workshop runs smoothly. The host team should include: a team leader, time keeper, and welfare monitor and any other suggested by the participants.

Step 6: Administer the pre-workshop questionnaire. Make sure to explain that this is not a test but to simply help evaluate the workshop. (Annex 3).

Trainers Notes

- Examples of norms agreed by participants can be:
  - Timings of the workshop.
  - Use of mobile phones during sessions.
  - Tidying up workshop venue.
  - Respecting others opinions and creating an open environment for sharing.

- Try to keep the tone of the discussion as relaxed as possible and encourage participants to speak freely.

- Develop norms that are agreeable to everyone.

- The chart with the norms should be displayed at the workshop venue at a place that is visible to all participants.
S1.4 Forming Teams: Lifeboat energizer:

**Objectives:** Forming groups

**Time:** 30 minutes

**Method:** Free mixing

**Materials:** Flip chart and markers

**Process:**

**Step 1:** Move to an open space and invite participants to walk around/mingling and mix freely.

**Step 2:** Tell participants that they are on a sinking boat and they need to get into lifeboats quickly, but that the lifeboats can only hold a certain amount of people.

**Step 3:** Explain that you will call out a number and they will have 5 seconds to huddle together with that number of people to get into a lifeboat. First, call out “three”. After 5 seconds, walk through the group and eliminate any boats with more or less than three people. Do this trial and repeat the game with another number of people in the lifeboat of your choice. Free mixing in the group is key to getting to know each other hence forming a free atmosphere for sharing.

**Step 4:** Then, decide how many people need to be in a group depending on the number of villages selected for the field practical (Ideally each group should be no more than 7 people). Tell participants to start walking around/mingling and then call out that number. Repeat the same process. Help the eliminated people form groups of that number (if necessary, allow some groups to have an additional person so that all people are in groups).

**Step 5:** Ask participants to share what they think we can learn from the lifeboat game.

**Step 6:** Tell participants that these groups will be their teams for the rest of the workshop.

**Step 7:** Give teams 3 minutes to think of a team name and a team symbol that is easy to draw.

**Trainers Notes**

- Do the basic sums for group size before starting the counting!
- Labels relevant to the local context can be used instead of numbers, e.g., names of streets or landmarks or fruits, and so on.
- The total number of groups to be formed will depend on the total number of villages to be visited during the field practical, but try to limit group size to seven members.
• Ensure heterogeneity of groups in terms of representation from all institutions as well as gender balance.
• If more than one participant has extensive prior knowledge of the subject matter of the training, these individuals should be allocated to different groups.
S1.5 Facilitation Skills: Who is a Trainer of CLTS Trainers?

Objectives:
(i) Give an overview of a Master trainer.
(ii) Identify the qualities required to be a strong Master Trainer
(iii) Give an overview of the roles for the Master Trainer

Time: 1 hour

Method: Plenary and group discussions

Materials: Flip chart, markers, LCD

Process:
Step 1: In their groups ask participants to answer the following questions:
- Who is a trainer of trainers?
- What are the qualities of a good trainer of trainers?
- What are the roles of a trainer of trainers?

Step 2: After 10 minutes of discussion ask the groups to present in plenary.

Step 3: After the presentations divide the participants into two groups to demonstrate methods, behaviours and attitudes of a facilitator in the community (15 minutes).

Step 4: One group should have at least two trainers with experience in use of the participatory approaches to play the role of a good facilitator during a community mapping exercise. If there is no participant with prior experience brief the group on the steps of conducting a community mapping exercise. The group should act out the following scenes:
- Drawing boundaries, locating landmarks, households etc after each step the facilitator summarizes in a neutral way what has been shown and learnt. The facilitator repeatedly says: “We are not telling you to construct latrines or to stop OD, we have just come to learn.”
- After the map, the facilitator summarizes what it has shown, and that there is shit all over the place

Step 5: The other group should demonstrate the mistakes made by facilitators in the community while trying to draw a community map. Brief the group to act out the scenes below:
- One facilitator walks up to the map and interferes when the community is mapping. Another facilitator drags him away from the map.
- A facilitator gives out the cards for writing households. The other facilitator snatches the cards and puts them in the middle of the map for people to pick up for themselves.
• Facilitators write the names on cards. Another facilitator seizes the pens and hand over to the people.
• A facilitator starts talking on a mobile phone. The other admonishes him and makes him stop.
• A facilitator starts lecturing or criticising. The other taps him on the shoulder and they both laugh.

Step 6: The rest of the participants will observe and make comments. Explain very clearly that in the role play, they should watch the facilitators carefully and all of their actions (body language, eye contact, etc) will be discussed in detail after the role play.

Step 7: Wrap up the session by mentioning the qualities and roles that were left out. Refer to Annex 5 for details.

Trainers Notes
• A Master Trainer is one with a passion to bring about sanitation change in their community, has a positive attitude, has experience in using participatory approaches etc.
• The Master Trainer will be responsible for training other district, sub-county, CBO, NGO staff.
• The Master Trainer’s MUST conduct continuous monitoring at the community level to ensure that the results attained at the community level are sustained.
• Qualities of a Master Trainer include being a learner prepared and flexible, trusting in your participants and creating an atmosphere of confidence.
• Emphasise that facilitation for CLTS is not the same as for participatory approaches. A CLTS facilitator in a community stresses his or her role as a learner from the community; a person who would like to know and understand their sanitation practices. The facilitator is not there to teach anything, but more as a student who wants to learn. This is coupled with managing the sequence of the triggering process in a way which helps people to visualize and see what their practices are and through guiding their own analysis to understand the consequences.
• The facilitator is continuously on the watch out for any individual who will denounce or criticize current practice, and then help them to amplify their critical voice.
S1.6 Overview of the Participatory Approach: Attitude and Methods

**Objectives:**
(i) To give an overview on participatory approaches

**Time:**
45 minutes

**Method:**
Lecture and group discussion

**Materials:**
Flip charts, markers

**Process:**

**Step 1:** Some or all participants may be unfamiliar with participatory approaches. It may be useful to start the session by asking the participants to respond to the questions below in groups of four on VIPP cards:
- What are participatory approaches?
- What types of participatory approaches are you familiar with and have used?

**Step 2:** If a majority of participants are new to participatory approaches, explain that participatory approaches consists of three main elements – Methods, Behaviour and Attitudes:

**Step 3:** Explain the elements of participatory approaches as follows:

Participatory Behaviour and Attitudes: are key to successfully facilitating PRA methods. The kinds of behaviours and attitudes that are key to successful facilitation are:

- **Respect for local knowledge:** this means learning from local people instead of teaching or lecturing them. This requires active listening and awareness of the fact that as outsiders we may be better educated and have more exposure, but local people know much more about their situation than we do, no matter how concerned we may be.

- **Flexibility and informality:** this translates into both verbal and nonverbal communication, e.g., using simple language, observing local norms, etc.

- **Offsetting biases:** brainstorm with participants about when outsiders visit rural communities, where they tend to go, who they talk to and how long they stay. Through this facilitate a discussion on how to offset these biases.
A good Master Trainer should also use the SARAR approach (refer to guide for details) which stands for

S – Self esteem
A – Associative strength
R – Resourcefulness
A – Action Planning
R - Responsibility

Step 4: Brainstorm with participants on the main differences between participatory and traditional approaches to training in rural communities. Summarize key points on a flip chart refer to Annex 6.

Trainers Notes

- Participatory approaches build on the knowledge and experiences of participants, which is more conducive to adult learning than conventional training methodologies.
- Effective facilitators help participants to discover their own capacities, instead of directing or dominating the learning process.
- In a participatory training, new information appears continuously. Therefore, the training design must remain flexible to accommodate the expressed learning needs of the participants.

Why use Participatory Training?
Conventional approaches are not a very effective methodology for training adults as they ignore the integral role that adults play in their own learning process. Adult learning is based on principles and conditions that are different from the formal set of learning principles. The key principles of adult learning are summarized below along with their implications for training in the form of a ‘facilitator’s checklist’.

What makes a Good Facilitator?
Facilitation literally means ‘make things easy’. In a participatory workshop, the role of a facilitator is to make things easy by creating a learning environment conducive to sharing ideas and experiences. To create this learning environment, a facilitator does not have to be an expert but needs to develop a broad base in three main areas: knowledge, attitude and skills. Some examples in each of these areas are given in the figure below.
As with other walks of life, in facilitation too, practice is the key to success. The most effective facilitators work hard to prepare for trainings and are always learning and improving their skills.

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>ATTITUDE</th>
<th>KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example:</td>
<td>For example,</td>
<td>For example,</td>
</tr>
<tr>
<td>• Communicating Effectively</td>
<td>• Friendly and honest</td>
<td>• About the subject matter of the training</td>
</tr>
<tr>
<td>• Responding to group dynamics</td>
<td>• Gender-sensitive</td>
<td>• About the local context</td>
</tr>
<tr>
<td>• Administrative skills</td>
<td>• Respectful of local norms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Impartial and fair</td>
<td></td>
</tr>
</tbody>
</table>
SUSTAINABLE BEHAVIOUR CHANGE

**Purpose:**
The purpose of this session is to enable the participants understand sustainable behaviour change, what influences behaviour and how to overcome behaviour change barriers. Understanding these key behaviour change principles will enable them appreciate the process of change that the community has to go through in order to attain an Open Defecation Free (ODF) and improved hygiene status.

**Objectives:**
By the end of this session, participants will have:
(i) Acquired knowledge on sustainable behaviour change
(ii) Acquired knowledge on the steps to behaviour change and how to work with the community to move on to the next step.
(iii) Gained skills to address the barriers to sustainable behaviour change

**Method:**
Mutual interview, brainstorming, group and plenary discussions

**Materials:**
Flip chart paper, VIPP cards, markers and masking tape

**Preparation:**
Write the objectives of this training on a flip chart

**Duration:**
5 hours
# S2.1 What is Sustainable Behaviour Change

**Objectives:**

(i) To demonstrate the linkage between knowledge, awareness and behaviour

(ii) To appreciate the importance of effective communication for behaviour change

**Time:** 45 minutes

**Method:** Group and plenary discussion

**Materials:** Flip chart, markers and masking tape

**Process:**

**Step 1:** In plenary ask participants to respond to the following questions:
- What is Communication?
- What is Behaviour Change Communication (BCC)?
- What is sustainable Behaviour Change Communication?
- What is the difference between behaviour change and sustainable behaviour change?

**Step 2:** Discuss how giving someone information is not usually enough to change behaviour.

**Step 3:** Divide participants into groups of four or five. Ask groups to think about a time when someone told them what to do. Ask them to think about how they felt. Encourage group members to share their feelings. Ask them to look for common themes or feelings.

**Step 4:** Ask participants to think about a time when someone asked them what they wanted to do. Ask them to think about how they felt in this situation. Encourage group members to share their feelings. Ask them to look for common themes or feelings and compare the two experiences. In plenary discuss the difference between how it felt to be told what to do and how it felt to be asked what they wanted to do. Ask a few participants to share their feelings. Write common themes on a flip chart.

**Step 5:** Discuss how these experiences relate to communicating with the community on sanitation and hygiene promotion.

**Step 6:** Ask: What is the best way to get people to change their behaviour? How can trainers motivate the community to improve their sanitation condition? Reinforce that this training focuses on facilitating behaviour change.

**Step 7:** Wrap up the session by filling in the gaps to the responses made and giving the correct definitions in the trainer’s notes.
Trainers Notes

- **Communication** is the method by which people share their ideas, information, opinions and feelings. Communication is a two-way activity between two or more people through various modes of communication.

- “Behaviour change communication (BCC) is a research-based, consultative process of addressing knowledge, attitudes, and practices through identifying, analyzing, and segmenting audiences and participants in programs and by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass media channels, including participatory methods”. Neill McKee, 2002

- BCC is a strategy, which refers to the systematic attempt to modify/influence behaviour, or practices and environmental factors related to that behaviour, which indirectly or directly promote health, prevent illness or protect individuals from harm.

- Emphasis that CLTS training is about sustainable behaviour change as opposed to one-off actions of behaviour change.

- **Sustainable BCC** is ensuring that the audience sustains the new behaviour that has been adopted. This is achieved through the use of different methods to reinforce the new behaviour.

- As an integral component of a comprehensive sustainable BCC program, it can:
  - Increase knowledge;
  - Stimulate community dialogue;
  - Promote essential attitude change;
  - Reduce stigma and discrimination;
  - Create demand for information and services;
  - Advocate for appropriate policies and laws;
  - Promote services for prevention, care and support;
  - Improve skills and self-efficacy.

- Sustainable behaviour change communication is defined as above but adds a component of addressing the communication barriers and using specific tools to reinforce the new behaviour attained. More will be discussed in the session on moving from intention to action.
What Influences Behaviours and Attitudes?

Objectives:
(i) To distinguish between knowledge and awareness; and behaviour and attitudes
(ii) To identify factors other than knowledge that influence behaviours
(iii) To debate and demonstrate how those factors influence sanitation

Time: 1 hour
Method: Group and plenary discussion
Materials: Flip chart, markers and masking tape

Process:
Step 1: In plenary ask participants what some of their personal behavioural goals that they have set to achieve in the past are? They may mention goals like: stop taking alcohol, smoking, keeping time, doing a course (masters), learning a new language etc. List the different goals they mention on the flip chart.

Step 2: Ask the participants why they want to change behaviour and what are the benefits? They may give reasons like it’s bad for my health, to get a better job etc. Then ask them if they have actually been able to attain their goals and sustain them?

Step 3: Some of them will have started the desired practice but have given up along the way, while others may have sustained the new behaviour and others may have not tried to start the new behaviour. Ask all groups to give reason for their actions.

Step 4: Mention that they now have noticed that what people do doesn’t often reflect what they know or believe. Knowledge does not necessarily lead to behaviour change. This is the same with sanitation and hygiene promotion activities. While general awareness and community mobilization is important, we have seen that it is not enough to change behaviours. That’s obvious to all of us when we think about our own actions, but sometimes when we are planning health and sanitation and hygiene promotion, we forget this basic practice. This would remind us that just giving people information or raising awareness is generally not enough – even convincing them of a new belief may not move people to adopt a beneficial behaviour.

Step 5: In plenary let the participants mention some of the barriers to construction and use of latrines and handwashing facilities. List them in a flip chart and discuss each point as it’s raised.

Step 6: Wrap up the session by sharing some factors that influence the correct and consistent practice of behaviours in (Annex 7).
S2.3 Steps to Behaviour Change

**Objectives:**
(i) Explain the steps of behaviour change;
(ii) Identify which step their communities are at;
(iii) Identify the actions to assist the community move from one step to the next;

**Time:**
1 hour

**Method:**
Group and plenary discussion

**Materials:**
Flip chart paper showing a staircase with numbers and arrows (one for every 6-7 participants).
- Individual cards with one step written on each (without number) (one set for every 6-7 participants).
- Individual cards with the different communicator actions (one set for every 6-7 participants).
- Tape for each group

**Process:**

**Step 1:** Explain: As people change their behaviour or adopt new behaviours, research all around the world has shown that they go through a series of steps. In the model we will use, we have 5 steps. As people go through these steps, they will understand the things people need to sustain good health behaviour: knowledge, skills, confidence, motivation, resources, and support. The question we ask ourselves as change agents is: “How can we help people move through these steps, and to adopt the behaviour?”

**Step 2:** Ask participants to go to their groups

**Step 3:** Post a flip chart paper showing the stairs and arrows and explain that each group will be given a piece of flip chart paper and 10 cards: 5 cards are the steps and 5 cards are the actions. Each person in the group takes one card and through discussion with other group members must decide the correct order of the steps and communication actions. After deciding, the group should tape the cards in the appropriate places on the flip chart paper.

**Step 4:** Discuss the presentation in plenary emphasizing the need to understand at which stage their community is at so that appropriate actions to move them to another step are taken.

**Step 5:** In plenary ask the participants to
- identify the stage at which their community is in regard to sanitation;
- identify approaches they will use to move their community to the next step.
**Trainers Notes**

- Wrap up emphasizing that behaviour change takes time. As trainers of CLTS or change agents they need to be patient and follow-up the community decision to change.
- Take care not to dictate solutions to the community.
- Refer to diagram in Annex 8
**S2.4 Attaining sustainable behaviour change**

**Objectives:**
(i) Equip participants with knowledge on how to attain sustainable behaviour.
(ii) To enable participants support communities attain sustainable behaviour.

**Time:** 30 minutes

**Method:** Presentation and plenary discussion

**Materials:** Flip chart, markers and masking tape

**Process:**

**Step 1:** Mention that studies have been done to identify some strategies and tools that can be used to reinforce new behaviour acquired. Since it is clear that knowledge alone does not move people to action deliberate steps have to be made to support sustainable behaviour.

**Step 2:** Using the information in Annex 9, make a presentation on tools for promoting sustainable behaviour. The tools are:

- **Commitment:** from intention to action
- **Prompts:** Remembering to act
- **Norms:** Building community support
- **Communication:** Effective messaging
- **Incentives:** Enhancing motivation
- **Conveniences:** Making it easy to act

**Step 3:** Discuss each of the tools and encourage participants to ask questions.

**Trainers Note**

Ensure that you link the different tools to the CLTS tools because there is a clear linkage.

**Commitment:** is linked to having a clear plan of action form the community with the persons willing to change making a clear commitment by show of hands and a commitment letter can be signed.

**Prompts:** are liked to the community map being pinned up in public as a reminder of their commitment.

**Norms:** are linked to the support community members give to each other during the process of change.

**Incentives:** are linked to the non-monetary incentives promoted by CLTS

**Conveniences:** are linked to removing the barriers that would hinder taking on the new message. This is why the post trigger activities look at issues like sanitation option, hygiene, sanitation marketing etc.
Purpose:
The purpose of this session is to enable the participants understand sustainable behaviour change, what influences behaviour and how to overcome behaviour change barriers. Understanding these key behaviour change principles will enable participants appreciate the process of change that the community has to go through in order to attain an Open Defecation Free (ODF) status.

Objectives:
By the end of this session, participants will have:
(i) Acquired sustainable behaviour change.
(ii) Acquired knowledge on the steps to behaviour change and how to work with the community to move on to the next step.
(iii) Gained skills to address the barriers to sustainable behaviour change

Method:
Mutual interview, brainstorming, group and plenary discussions

Materials:
Flip chart paper, VIPP cards, markers and masking tape

Preparation:
Write the objectives of this training on a flip chart

Duration:
7 hours 45 minutes
## S3.1 Sharing Experiences on Sanitation and Hygiene Promotion

**Objectives:**

1. Critically reflect on positive and negative learning experiences in implementing sanitation programs.
2. Identify the limitations of traditional approaches to promote sanitation.

**Time:** 1 hour

**Method:** Brainstorming in groups

**Materials:** Flip charts, markers

**Process:**

1. **Step 1:** Start this session by saying: Most of you have some experience of sanitation programs or have been involved in the implementation of sanitation programs.
2. **Step 2:** The goal of this session is to learn more about the approach that sanitation programs take to achieve their objectives.
3. **Step 3:** Give the groups 20 minutes to discuss the questions below and nominate at least two people to present the group’s findings.
   - What sanitation and hygiene activities have any of the group members been involved in?
   - What approaches were used for mobilization? Did they work? What did not work well?
   - What are some of the ways to improve sanitation in the community?
4. **Step 4:** In plenary allow some time for discussions at the end of each presentation. After each group has had a chance to present its findings, facilitate a discussion on the need to get the community to lead the process of change. Mention that the CLTS approach emphasizes change at the community level and more will be discussed in the next sessions.
5. **Step 5:** Make a presentation on Why the need for CLTS in Uganda (Annex 10)?

**Trainers Notes:**

- The facilitator needs to direct the discussion towards helping participants review and analyze their current implementation strategy, and in the process realize whether efforts made so far are enough.
- Try to encourage free discussion by giving suggestions but don’t lead the participants.
- Once the group realizes that there is a need for an alternate implementation strategy, this forms the ground to introduce the community-led total sanitation.
S3.2 Introduction of Community Led Total Sanitation

**Objectives:**

(i) Explain the concept, approach and principles of community-led total sanitation.

(ii) Distinguish between traditional and community-led total sanitation.

**Time:**

1 hour

**Method:**

Lecture and plenary discussion

**Materials:**

PC, LCD, flip chart and markers

**Process:**

**Step 1:** Make a brief presentation on community-led total sanitation using the presentation in Annex 11. Try to use a maximum of 15 minutes so as to allow for discussions.

**Step 2:** Encourage participants to ask questions about the approach.

**Step 3:** Close the session with a summary of the main principles of a community-led total sanitation.

**Trainers’ Notes**

- Modify the presentation as appropriate to include recent and specific information.

- It is desirable that the session covers the following issues/discussion points:
  - What is community-led total sanitation?
  - What are the advantages of it being at the community level rather than the individual?
  - How does a community-led total sanitation leading to creation of ODF villages deal with subsidies?

- It is not necessary to use power point to make the presentation on community-led total sanitation. Trainers should use the medium most appropriate to the level of the participants, e.g., flip charts or even extempore speech.

Examples of each step in the behaviour change model in relation to sanitation:

**Step 1:** Most times the communities know the importance of sanitation and hygiene but do not turn this knowledge to behaviour. As a trainer probe for the missing information on why their knowledge may not be adequate e.g. do they know they are eating each other’s shit. When they shake hands with those who have not washed their hands after defecation do they know that they are touching the other persons’ shit etc.
### Step 2:
Ask the communities what they want to do after getting the information and creating the shame, fear and disgust. Let them ask you what skills and knowledge they need to change their situation.

### Step 3:
Let the community identify the various strategies that will help them as a community move to the next step. As trainer your role is to encourage them move to the next step BUT not give them the solutions.

### Step 4:
Mention that only a few people constructing and using latrines is not enough. It is key that the whole village agrees to change. Let them see the benefit of change especially in relation to money spent on treating sanitation related diseases.

### Step 5:
For those who agree to change behaviour and stop OD openly recognize them. Let them sign on a piece of paper to show their commitment, if a village is ODF free let them put up some signage like a billboards at their village boundaries to say the are ODF, etc.
PRE TRIGGERING
S3.3 SELECTING A COMMUNITY AND BUILDING RAPPORT

**Objectives:**
(i) Equip participants with knowledge on the conditions of selecting a village to start CLTS implementation
(ii) Give a guide on the possible conditions to consider before triggering a community
(iii) Enable participants to set the stage for subsequent triggering activities by developing mutual trust, agreement and cooperation

**Time:** 30 minutes

**Method:** Role play and plenary discussion

**Materials:** Flip charts and markers

**Process:**
Go through the role play with the participants so that they are clear on what to do. Then ask them to go to their groups and act out the role play

**Group Role Play**

**Step 1:** In their groups ask participants to mention some of the conditions they would consider to select a village for CLTS implementation and give reasons.

**Step 2:** Let each group make their presentation in plenary

**Step 3:** Using the guidelines in Annex 4 share some of the conditions to be considered prior to selection of villages.

**Step 4:** Ask the participants to go to their groups and plan a role play on building rapport in a community prior to CLTS triggering. Refer to guidelines in Annex 12. Some issues to consider during the rapport building would include:
- Introducing themselves to the community and telling them they have come to learn more about sanitation in their village.
- Be friendly, relaxed, open, observant, listen and don’t rush.
- Appreciate good things of the community – praising good things first makes it more acceptable to raise issues later that disgust and make people ashamed, and to ask the direct questions of CLTS triggering.
- Ask what are the local words for shit in the community
- Ask where most people of your village shit? Where else?
- Where does the shit go?

**Step 5:** After 10 minutes of group planning ask them to act out their role play in 5 minutes to the plenary.
**Trainers Notes**

Emphasise to the participants, when in the community to remember:

- **DO** convene and facilitate.
- **DO** ask people what the local words for ‘shit’ and ‘shitting’ are, and then always use those terms.
- **DO NOT** use the nice, polite words but use people’s own crude terms throughout.
- **DO NOT** hesitate to use the raw terminology.
- Avoid the lectures, be interactive
TRIGGERING
### Tool One: Defecation Mapping

**Objectives:**

(i) Equip participants with the skills to conduct defecation mapping.

(ii) Enable participants to understand community sanitation practices.

**Time:**

30 minutes

**Method:**

Group and plenary discussion

**Materials:**

Markers, Flip charts and masking tape

**Process:**

Go through the role play with the participants so that they are clear on what to do. Then ask them to go to their groups and act out the role play, on how to conduct a defecation mapping following the process below. After 15 minutes of group discussions each group will present in plenary.

**Group role play**

**Step 1:** In their groups ask the participants to make a simple map of an imaginary village on flip charts. However mention that in the community the map should be drawn on the ground and later transferred to paper.

**Step 2:** On the map the following should be indicated: village boundaries, roads, health centres, households, resources, defecation areas, water points and problems, to stimulate discussion.

**Step 3:** In the mapping exercise, all households should be invited to locate their dwellings on the map, for example by marking the ground, or locating a leaf or stone, and to show whether they have a latrine or not.

**Step 4:** Indicate the areas of open defecation with a coloured powder and lines drawn to connect them to the households that visit them.

**Step 5:** Draw attention to how far some people have to walk to defecate and at what times of day. Are there any safety issues?

**Step 6:** Ask them to discuss among themselves which is the dirtiest neighborhood of their village, the second dirtiest and so on, and to note these on a piece of paper. Collect and read out the papers. In most cases you will find that all groups identify the same one or two neighborhoods as the dirtiest.
Trainer's Notes:

- Mention that in the field they should choose a suitable large open area for mapping. The mapping gets all community members involved in a practical and visual analysis of the community sanitation situation. The community map should be transferred to paper and displayed in a public place. Refer to Annex 13 for more detailed information.

- You can encourage initially by drawing a major landmark. After that, let community members take over and observe community dynamics – who is taking the lead? Who is being passive? Which issues do people spend time discussing?
TOOL TWO  WALK OF SHAME

Objectives:  
(i) Equip participants with the skills to conduct a transect walk.  
(ii) To enable participants to ask questions, listen and observe community sanitation practices including open defecation areas, hand washing facility at latrine etc.

Time:  
1 Hour

Method:  
Lecture and plenary discussion.

Materials:  
Markers, flip charts, masking tape and role play.

Process:  
Go through the role play with the participants so that they are clear on what to do. Then ask them to go to their groups and act out the role play on how to conduct a walk of shame following the process below. After 15 minutes of group discussions each group will present in plenary.

Group role play

Step 1:  
After initial rapport-building, the facilitator asks the community to take them for a walk in their village. During the walk ask the community to show you the cleanest and dirtiest places in their village. Substantial time must be spent at both these locations to discuss why the group feels these locations to be cleanest or dirtiest. This helps understand popular perceptions related to clean and unclean in the community, giving useful clues to the facilitator to build further.

Step 2:  
Mention that some of the questions that can be asked during the walk of shame to enable the community show the places where ODF is taking place include:
- Where do men, women, elderly and children of the village defecate? Visit and observe the area.
- Ask some individuals to show you where they defecated that morning
- Where and how is an infant’s excreta disposed off?
- Where do people defecate at night?
- Where do people wash their hands after defecation?
- Where do we fetch our drinking water from?
- Where do people shower and wash their utensils?
- Is the area around our water sources clean?
- Visit some houses with latrines during the walk.
- Where do people wash their hands and when?
- Are our agriculture fields and open areas of the village dirty or clean?
- Do we or our children defecate around water sources, forests,
agriculture fields and in the backyard of the house during day or night?

**Step 3:** The walk of shame is done by taking a transect walk around the village including the open spaces, and help the group observe general cleanliness conditions. Make the process interactive by asking questions such as those suggested in the previous checklist:

**Step 4:** Ask the person(s) if you could take a picture of those who practice OD. If they agree take the picture and tell them that you will share it with other villages to show those who practice OD.

**Step 5:** Pick some of the shit and take it with you to the meeting point. This will be used for another demonstration.

**Step 6:** Let each group make a presentation in plenary. Make comments to address the gaps. Wrap up by thanking the village for showing you around their village. Refer to Annex 14 for details.
**Trainer’s Notes:**

- The walk of shame is to walk along with community members through the village, observing sanitary conditions including open defecation areas, asking questions, and listening.

- Try to locate areas of open defecation and visit all the different types of latrines along the way (see observation checklist). When this is proposed, some people may be hesitant or even leave the group as they feel embarrassed to show outsiders the dirty spots of the village. However, since this is an important step, try to persuade these people to join in the walk.

- Spend substantial time discussing in open defecation areas.

- The key is the attitude and approach of the facilitator during the walk of shame. It is also the skillfulness of the facilitator to clearly explain that this exercise is not an outsiders attempt to stop open defecation but for the insiders to analyse and take their own decisions. The decision to continue with open defecation and ingesting each other’s shit by the insiders is also fine with the facilitators, but the name of the village would be added to the report about their new learning, if the insiders agree.

- **TIPS**

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be curious. Walk slowly, observe carefully.</td>
<td>Don’t be bored or bore the group by lecturing or asking for too much information that you won’t use.</td>
</tr>
<tr>
<td>Don’t miss an opportunity to talk to passers-by.</td>
<td>Don’t avoid the defecation areas.</td>
</tr>
<tr>
<td>Give positive reinforcements for initiatives observed in the village during the transect. This could also be outside the purview of sanitary conditions of the village.</td>
<td>The objective of the activity is to instill a feeling of disgust but not to insult anyone. At any point, do not pass judgment on the community.</td>
</tr>
</tbody>
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TOOL THREE

SHIT CALCULATIONS

Objectives:

(i) Equip participants with the skills and knowledge to conduct the shit calculation

(ii) Enable participants illustrate the magnitude of OD in their village

Time:

1 hour

Method:

Group and plenary discussion

Materials:

Markers, VIPP cards, Flip charts, masking tape and calculator

Process:

Explain to the participants that calculating the amount of faeces produced can help to illustrate the magnitude of the OD in their community. How much human excreta is being generated by each individual or household per day? Go through the role play with the participants and ask them to act out the process.

Group role play

Step 1: In their groups ask participants role play the process on how to calculate the amount of shit generated in a village using the following information below. A calculation sheet is also provided in Annex 15 following the steps below:

- Taking an average of 250gms of faeces produced per person per day.
- The average number of people in a household is 7
- Calculate the amount of shit per household
- If we take an average of 40 households per village calculate the amount of shit in the village per day.
- Take the figure of shit per day and calculate how much shit is generated by the village in a week, month and year.

Step 2: Mention that since the people in the community know the exact number of people in a household ask which household produces most, and ask everyone to clap and congratulate the family for contributing the most shit to the village. Similarly identify the second, third and so on and appreciate their contributions.

Step 3: Identify the family that produces the least. Ask them why they produce so little shit? Ask them to eat more and shit more. All this generates a lot of fun but silently the fact emerges clearly.

Step 4: Relate the amount of shit generated per year to how many tons of shit or how many 100 kg bags the faeces would fill. Relating the amount of faeces to the measurements commonly used will create a more vivid picture in the minds of the people.

Step 5: After the group discussions let each group act out the role play in plenary. Ensure that roles are being alternated amongst the group members.
Trainers Note:

- Emphasize that it is the ‘big picture” that matters in this exercise, the impression of the large volume of shit, imagining tons of lorries (tipper lorries) or 100kg sacks thinking about where it all goes!

- The exercise goes ahead to emphasize that the very faeces that we have thoughtfully deposited away from us and our homes, don’t go ‘away’. Instead, it makes its way back through these carriers. Refer to Annex 15 for more detailed information.
## TOOL FOUR

### The F-Diagram

**Objectives:**

(i) Equip participants with skills to conduct the F-diagram

(ii) Identify and analyse the different faecal – oral routes

(iii) Identify hygiene practices that prevent faecal-oral routes

**Time:**

30 minutes

**Method:**

Group and plenary discussions

**Materials:**

Markers, flip chart, VIPP cards and masking tape

**Process:**

Go through the role play with the participants so that they are clear on what to do. Then ask them to go to their groups and act out the role play following the process below. After 15 minutes of group discussions each group will present in plenary.

**Step 1:** Using the information from the walk of shame and shit calculation ask participants to mention where all the shit they have seen goes. For each idea mentioned let the person draw the picture or write it on a card and pin it up.

**Step 2:** Then ask them to trace the flow of shit from places of open defecation to ponds and other water bodies, resulting in their contamination. They could mention issues like; flies, rainwater, wind, hoofs of domestic animals, chickens that eat shit and have it on their feet and wings. Dogs that eat shit or have it on their paws or bodies, shit smeared ropes (for example, used for tethering animals), bicycle tyres, shoes, children’s toys, footballs etc. Wind blown waste plastic and contaminated water etc.

**Step 3:** Then ask how the shit then gets into the mouth. For example: hands, fingernails, flies on food, fruit and vegetables that have fallen on or been in contact with shit and not been washed, utensils washed in contaminated water, Dogs licking people etc.

**Step 4:** Ask one of the community members to draw lines linking the faeces to contamination points and back to an individual. You should never suggest the pathway of contamination.

**Step 5:** Let each group make a presentation in plenary. Make comments to address the gaps. Wrap up by thanking the village for eating their own shit which they thought had been safely stored away.

**Step 6:** After the group discussions let each group act out the role play in plenary. Ensure that roles are being alternated amongst the group members.
As part of the wrap up present the F-diagram
TOOL FIVE        Medical Expenses Calculation

Objectives: (i) Enable participants appreciate the impact of OD on health and their finances.

Time: 30 minutes

Method: Group and plenary discussion

Materials: Markers, Flip charts and masking tape

Process:
Ask the participants to go back to their groups and plan a role play following the process below.

Group role play

Step 1: One participant acting as a facilitator should ask the other participants to mention the most common disease and identify those related to OD.

Step 2: Let the participant imagine how much each household spends on an individual on treatment and medicine for diarrhoea, dysentery, cholera and other OD-related diseases they identified.

Step 3: Ask them to calculate how much they spend by month or each year, and then to write the amount on their household card on the map previously drawn only using markers. Use the calculation sheet in annex 16.

Step 4: As with the shit calculation ask which family spends most. Point it out if they live close to the defecation area or in the dirtiest neighbourhood. Are they poor or rich? Who suffers most – rich, middle class or poor?

Step 5: Put up flip chart and ask them to calculate how much the whole community spends in a month, a year, and then over ten years. Put this chart next to the calculation of amounts of shit by month, year and ten years.

Step 6: Encourage a discussion around the amount of money spent on treatment. Ask if any poor families had to borrow money for emergency treatment of diarrhoea for any family member? If so, what was the amount? From whom and where? Was it easy to borrow money and repay it? Who lends money for emergency treatment and at what rate of interest? NGOs, middle men? Never suggest to stop open defecation or to construct toilets. You are not supposed to suggest or prescribe

Step 7: Let each group make a presentation in plenary and fill in the gaps.

Trainer’s Notes

• This activity may have shown you that the group lacks health knowledge. If this is so, the facilitator’s role is to help the group find out for itself – how diseases spread – how people handle water and how it is linked to open defecation.

• Relate the medical expenses calculation to other items they could have spent their money on like food, school fees, household items etc. Refer to Annex 16 for more detailed information.
# TOOL SIX

## THE BOTTLE OF WATER!

### Objectives:

1. Enable participants to identify the trigger/ignition moment
2. Enable participants to get the skill of creating more disgust among the community members

### Time:

1 hour

### Method:

Lecture, plenary discussion and small stick or thread

### Materials:

Sealed bottle of mineral water, paper ball (imaginary faeces collected during the walk of shame), small stick

### Process:

Again ask the participants to go back to their groups and plan a role play following the process below.

**Group role play**

**Step 1:** Let the group facilitator offer a bottle of mineral water to one of the participants in their group and ask if it is safe to drink it. If they say yes, then ask others until everyone agrees that the water is safe to drink. Let one of them open the bottle and drink some of the water.

**Step 2:** Next, let the group facilitator show the community the piece of stick or thread and ask what it is. Ask if they can see it. Then touch it on some imaginary shit brought in from the walk of shame.

**Step 3:** Now dip the thread or piece of stick in another bottle of mineral water that you opened before the participants. Ask if they can see anything in the bottle of water.

**Step 4:** Offer the bottle of water to anyone standing near to you and ask them to drink it. Immediately they will refuse. Pass the bottle on to others and ask if they can drink. No one will want to drink that water. Ask why they refuse it. They will answer that it contains faeces.

**Step 5:** Now ask how many legs a fly has. They might tell you the correct answer. If not, inform them it has six legs and they are all serrated. Ask if flies could pick up more or less faeces than the stick or thread could. The answer should be ‘more’.

**Step 6:** Now ask them what happens when flies sit on their or their children’s food and plate, their mouths: what are they bringing with them from places where open defecation is practised? Finally ask them what they are eating with their food.

**Step 7:** Using another scenario: Ask them how many fingers one has on the hand they use to clean themselves after defecating. The response will be five fingers. Then ask them again if the stick or the thread picks more faeces than their fingers? What happens when the fingers touch food, plates, feed children, eat food etc. How much faeces do the fingers carry? Finally ask them what they are eating with their food?
Step 8: When someone says that they are eating one another’s faeces or their own faeces bring them to the front to explain what happens.

Step 9: Emphasize that: everyone in the village is eating their own or each others’ faeces. Once one of the communities has said this publicly, you can repeat it from time to time. Do not say it before they do. It has to be what they have said as a result of their analysis, not what you have come to tell them.

Step 10: Ask them what happens when flies have feasted on their faeces in OD areas to come into contact with their food. Ask how they feel about eating their own and each others’ faeces because of open defecation? Don’t suggest anything at this point. Just leave the thought with them for now, and remind them of it when you summarise at the end of the community analysis.

Step 11: Before the participants visit villages for real triggering explain that as a result of the above activities, triggering may occur. The participants should then move to the next stage:

- asking who would like to stop OD immediately, by raising of hands.
- If the cost of a latrine is a constraint, ask who would be interested to know the cheapest latrines constructed by communities elsewhere.
- When all agree and demand to know, draw a simple sketch of a direct pit latrine with a handwashing facility using black marker and clear drawing. Hand over the marker to interested community members to do their own drawings.
- Ask those who will act at once to write up their names.
- Identify prospective natural leaders and invite them for the last day. Also ask the community to select its own representatives to present their plans to the workshop.
- Leave markers and papers for the community to come up with plans for the last day.
- Tell the community to transfer the map, and all analysis on chart papers, for presentation at the workshop.

Step 12: Inform them that they will be making a presentation of their sanitation profile, plans of action, date of declaration of ODF, and the progress made during the last 48 hours after triggering.

Step 13: Inform the community about the logistical arrangements for bringing their representatives to workshop venue, return and lunch, etc.

Step 14: Wrap up session and make a presentation on different options for triggering using information in Annex 17.
Trainer’s Notes

Trigger moment: Be very alert for the trigger moment. It is the moment of collective realisation that due to open defecation all are ingesting each others’ faeces and that this will continue as long as open defecation goes on. When this happens there is no need to continue with other activities. Often at this stage the spirit goes high and arguments begin as to how to stop open defecation. Don’t interrupt or advise. Quietly listen to the discussion.

- Emphasize that triggering and its outcomes are not mutually exclusive, and these outcomes can be visualized as points along a continuum or during the process. This means that a community which is classified as fully triggered or matchbox in a gas station may become a damp matchbox at your next visit or the opposite may happen.

- Stress the importance of consistent effort to motivate community members toward changing behaviour to end open defecation and prevent ‘fall-back’.

TIPS:

**DO NOT** prescribe models of latrines. Remember that the central idea of CLTS is not to prescribe the best and most durable model of latrine to the community at first, but to initiate local action for communities to look for their own alternatives to open defecation.

**DO NOT** forget to emphasise that a latrine is incomplete without a handwashing facility. It should always be part of the latrine.

**DO NOT** worry if no one talks about starting any local action there and then. In that case thank them again and tell them that you will record them as a village where people are willing to continue open defecation and eating one another’s shit. Do not feel that you have somehow failed. You have probably started a process. See Annex 18 for tips on how to deal with different community responses.
TOOL SEVEN  Facilitating the community’s Action Plans (on the day of triggering)

Objectives:
(i) Enable participants discuss three major next steps
(ii) Create an action plan and decide deadlines

Time:  45 minutes
Method:  Lecture and plenary discussion
Materials:  Flip chart, markers and masking tape

Process:
In plenary discuss the next steps with the participants:

Step 1:  The process of planning should concentrate on immediate positive action plans. Activities might include:
- 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 a photograph of the group as those who are going to transform the community’s environment.
- Facilitate formation of a sanitation committee. Write up the names of the committee.

Step 2:  Ask how long before they will stop OD totally. If the answer is more than 2-3 months, ask if 60-90 days of ingesting each other’s shit is acceptable. The response may be to share latrines and dig pits to cover shit almost at once.

Step 3:  Identify 2-4 potential natural leaders from this process. Inform if there is to be a follow-up sharing workshop, and what to prepare for it – transferring the ground map onto paper, listing the community members who want to start immediately, a sketch of their own low cost design using local materials, progress since triggering.

Step 4:  Decide on actions for the next day. Invite women, children, men and NLs to the sharing workshop.

Step 5:  Tell people about the change actions by other communities and how they have been transformed. If the community is the first in an area, stress the recognition they will receive, and the chance of a special celebration if they become ODF.
Step 6: Wrap up with a presentation on key issues to follow-up after triggering in a community (Annex 19).

**Trainer’s Notes:**

- As a first step, it is necessary to have a steering committee which will oversee the completion of this process. This committee, to be set up at this meeting, can include Parish Development Committee members and if it exists, members of an active Village Water and Sanitation Committee.

- Next, decide on an action plan and approximate time frame to achieve the end of open defecation in the village. Discussions can be held on material availability, how to procure these, etc. The committee may also decide on whether any fines need to be imposed on those undertaking open defecation after a period of time.

- Although the process of completely ending open defecation will take some time, it is necessary to take the first step toward that process immediately. Some actions that can be taken immediately are:
  - Digging pits to use as makeshift latrines.
  - Learning more about low-cost technology models.

**Caution:** Don’t make any commitment of benefits/subsidies.
REAL LIFE TRIGGERING

**Purpose:**
The purpose of this session is to enable the participants get an opportunity to practice using the CLTS tools that they have learnt. The participants will also be able to share experiences with each other as a means of sharpening their skills.

**Objectives:**
By the end of this session, participants will have:

(i) Practiced how to use the CLTS tools
(ii) Had hands-on training in real life facilitation of CLTS in the community
(iii) Gained skills in community monitoring
(iv) Been introduced to CLTS monitoring tool

**Method:**
Group, plenary discussions and field trip

**Materials:**
Flip chart paper, VIPP cards, markers and masking tape

**Preparation:**
Ensure all requirements for the field trip are available in the required quantities.

**Duration:**
9 hours
### 4.1 Preparing for the Real life Triggering

**Objective:**
(i) Enable participants plan for real life triggering

**Time:**
45 minutes

**Method:**
Lecture, Group and plenary discussion

**Materials:**
Flip charts, markers, colour powder, mineral water

**Process:**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Explain the field exercise and its importance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>In their group ask the group to elect the following for both the children and adult groups. Refer to Annex 21 for details on the role of each person.</td>
</tr>
<tr>
<td>a)</td>
<td>a facilitator</td>
</tr>
<tr>
<td>b)</td>
<td>co-facilitator</td>
</tr>
<tr>
<td>c)</td>
<td>a secretary</td>
</tr>
<tr>
<td>d)</td>
<td>a crisis manager</td>
</tr>
<tr>
<td>e)</td>
<td>child facilitator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3</th>
<th>Ask groups to brainstorm on:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How they can introduce themselves to their communities?</td>
</tr>
<tr>
<td></td>
<td>What they will tell the communities about the purpose of their visit?</td>
</tr>
<tr>
<td></td>
<td>What type of background information they need on the community, e.g., population, sanitation status, disease prevalence, etc.?</td>
</tr>
<tr>
<td></td>
<td>Which triggering tools they would like to practice and how?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4</th>
<th>Ensure each group has some confident facilitators based on your observations during the dry run.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Step 5</th>
<th>Assign representatives from the district or the selected communities to be the guides.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Step 6</th>
<th>Tell them they will be given after their return from the field to prepare their field experience and present it to the plenary. The report should cover these areas:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of Community and village.</td>
</tr>
<tr>
<td></td>
<td>Procedures (tools used) followed in each step.</td>
</tr>
<tr>
<td></td>
<td>Community sanitation situation.</td>
</tr>
<tr>
<td></td>
<td>What went right?</td>
</tr>
<tr>
<td></td>
<td>What went wrong?</td>
</tr>
<tr>
<td></td>
<td>Challenges encountered.</td>
</tr>
<tr>
<td></td>
<td>What was the triggering point?</td>
</tr>
</tbody>
</table>
- Type of triggering.
- Commencement date for action.
- Date for ODF.
- Names of adult and child natural leaders identified.
- What will you do differently tomorrow?

**Step 7:** Give the groups 15 minutes to prepare themselves for the field and to ensure they have all the materials required. Refer to Annex 20 for checklist of materials. In case of non-availability of some of the proposed items locally available materials like ash, saw dust, rice husk, dried cow dung, leaves, grass, etc. can be used.

**Step 8:** After the groups have agreed on the roles and have all the materials then you can set off for the field.

**Trainer’s Notes**

- Decide when to form groups for village triggering. You need enough time to assess the efficiency and facilitation skills of participants, and to identify “star learners”, “shy learners”, “problem learners” and “mediocre learners” so that you can form suitably balanced groups.

- District administration where the field visit is taking place should provide brief profiles of the villages selected for the field study. This can include the following information:
  - Name of Sub-county, parish and village.
  - Location and estimated travel time from training venue.
  - Brief description of community (e.g., number of households, main occupation, average income, existing latrine coverage).
  - Local customs that need to be observed by participants.
  - Community’s expectations from the participants (what have communities been told about the participants’ visit?).
  - Are there any Government-sponsored sanitation programs under way in the village?
  - Have there been any recent outbreaks of water-borne diseases in the village or nearby?

- It is important that participants do not raise the expectation of the community about getting money or any other type of assistance.

- Since participants only have a few hours in the field, it may not be possible to practice all the triggering tools. Therefore, they shouldn’t plan too many activities or rush to fit in more activities. It is better to practice a few tools thoroughly than to do many tools rapidly, e.g., mapping is a good activity to do on the first field visit since it serves as an icebreaker, and lots of people can participate. Refer to Annex 20 for more detailed information.
4.2 Report from field visit and reflection on practical experience

Objective: (i) Enable participants review and share experiences from the real life triggering exercise

Time: 1 ½ hours

Method: Lecture, Group and plenary discussion

Materials: Flip charts, markers

Process:
Step 1: Have each of the groups present for 15 minutes each. Invite other participants from the other groups to offer suggestions and reflections.

Step 2: Take a few minutes between each presentation for comments from the group.

Step 3: After all the presentations, sum up the experiences and stimulate discussions.

Step 4: Ask the participants in plenary:
- What was different about this approach?
- What do you like about it?
- What are your challenges with the approach?
- Which trigger tools did you find most effective? Why?
- Which tools did you find least effective? Why?
- What has worked and what has not?
- What would you do differently?
- What was the triggering point? How can it best be described as (Refer to the Annex 18 for details of the trigger types)
- Have you managed to facilitate a clear agreement on follow-up actions?

Step 5: Congratulate the groups for having participated effectively. Let them know that they will have time to discuss any issues that they still feel they are not comfortable with.

Trainer’s Notes:
- As a trainer try to move around to the different ignition sites of the groups and make notes of observations and recommendations for improvement
- Stress that presentations do not need to be elaborate or formal. The most important aspect is the team reflection that takes place during the preparation of the presentation.
- Facilitator’s feedback to the participants on the field activities is of great significance since it helps them identify common mistakes, clarify doubts and fine tune their skills.
- Emphasize that fieldwork is an opportunity to learn facilitation skills, where process is more important than the results. Refer to Annex 21 for more detailed information.
## 4.3 Planning for Field Visit

**Objectives:**
(i) Reinforce key learnings for effective facilitation  
(ii) Develop confidence to undertake facilitating of triggering tools with minimal trainer inputs.

**Time:** 45 minutes  
**Method:** Discussion in small groups  
**Materials:** Group presentations from the unit on the F diagram: Feedback on Field Visit, field kit for each group

### Process:

**Step 1:** Explain to participants that they will be undertaking a second visit to the field to practice facilitation skills. Provide participants with brief profiles of villages selected for the field study.

**Step 2:** Request the groups to identify members for different team roles as was previously done. Groups should rotate roles among members, such that those who were facilitators for certain activities last time can be observers this time, and vice versa.

**Step 3:** The team leader nominated by the group would take charge of overseeing the field visit, ensuring activities are on schedule and moderating conflict between team members.

### Trainers' Notes
- In the second field visit, participants should have the confidence to facilitate triggering on their own.
- Trainer should provide inputs only if absolutely necessary. As far as possible, encourage participants to take responsibility for their own learning.
4.4 Feedback on Field-Visit (II)

Objectives: (i) Identify the learnings from the field and consolidate them
(ii) Build participants confidence in their ability to facilitate triggering.

Time: 1 hour

Method: Experience-sharing

Materials: Presentations made by groups on first field visit, flip charts, markers

Process:

Step 1: Explain to participants that unlike the first feedback session, this one will focus on how the experience of the second visit was different from the first visit and what they learnt.

Step 2: Give each group a set of paper cards. Ask them to brainstorm in their groups on:

Step 3: How was this field visit different from the first field visit?
- What processes were adopted prior, during and after different tools?
- What were the findings of each tool?
- What did you enjoy most about the fieldwork?
- What did you find difficult?
- What would you do differently if you went to the field again?

Step 1: Groups should write one point in clear letters on separate cards and they can use as many cards as they like. Agree to the time required to make the presentation in consultation with the groups.

Step 2: While the groups are brainstorming, set up a sheet/chart with four cards with the above mentioned questions on them.

Step 3: To present the group’s findings, each group should nominate at least two members. Those who have not made a presentation before should be given a chance to represent the group.

Step 4: Once the groups have prepared the cards, ask nominated representatives from each group to come forward and make their presentation to the plenary. Each group should be prepared to answer any specific questions that may arise, but a more general discussion or debate should be limited until each group has had a chance to make its presentation.

Step 5: Stick the cards prepared by each group under the appropriate label on the chart/sheet.
Step 6: After the presentations, facilitate a discussion on:
- Similarities and differences between the second and the first field visit.
- Similarities and differences in the experiences of different teams.
- Do’s and Don’ts for facilitating different triggering tools.

Trainees’ Notes
Since this is the second time that groups are making a presentation on the field visit, this feedback session should be shorter than the first one in duration.
POST TRIGGERING ACTIVITIES
Purpose:
The purpose of this session is to enable the participants appreciate that triggering of communities is not adequate on its own. The participants will gain knowledge on how to sustain the behaviour change attained beyond triggering.

Objectives:
By the end of this session, participants will have:

(i) Skills on how to support the community sustain the new behaviour acquired after the triggering.
(ii) Identify possible sanitation and hygiene options to promote in the community

Method:
Brainstorming, group and plenary discussions

Materials:
Flip chart paper, VIPP cards, markers and masking tape

Preparation:
Ensure all materials to be used in the different sessions are available and that you have gone through the session prior to conducting the training.

Duration:
3 1/2 hours
## S5.1 Elements to Support Behaviour Change

### Objectives:
1. Identify the elements required to support and sustain behaviour change post triggering.
2. Understand that the elements to support behaviour change are interlinked.

### Time:
30 minutes

### Method:
Brainstorming

### Materials:
Flip charts, markers

### Process:

**Step 1:** Explain that triggering alone is not sufficient. Various elements are needed to support behaviour change for community-led total sanitation to achieve sustainable results on the ground.

**Step 2:** Brainstorm with the participants on elements required to support behaviour change. If necessary, get the ideas flowing with an example of your own.

**Step 3:** Help participants to come to a consensus on the key elements required to support behaviour change and write these down on a flip chart. This list can include the following:
- Sanitation technology options.
- Availability of sanitation products and skilled masons.
- Hygiene behaviours.
- Incentives and rewards.
- Community approval and monitoring.
- Community and individual support
- Follow-up by district and community sanitation committee etc.

**Step 4:** Tell participants each of the elements will be discussed in more detail in subsequent sessions.

### Trainers’ Notes

- Do not be concerned if participants are not able to identify all the elements needed to support behaviour change toward ending open defecation. It is enough at this stage that some elements have been identified and there is awareness of the multidimensional nature of behaviour change.
- Help participants to see that these elements are not mutually exclusive and should be seen as a set of interlinked activities necessary to support sustainability of behaviour change.
- Refer to the topic on steps to behaviour change
S5.2 Sanitation Technology Options and Supply Chain

**Objectives:**
(i) Participants identify step-by-step options for improving a community’s sanitation status

**Time:**
1 hour

**Method:**
Group and plenary discussions

**Materials:**
Drawings/cards of sanitation options, masking tape and flip charts

**Process:**

**Step 1:** In their groups, ask participants to respond to the following questions:

- What are the different latrine options available to the community?
- What are some of the determinants that influence the type of latrine?
- What do they think are some of the challenges for their communities to adapt any of these technologies?
- Are there trained masons in their communities and if not how do they intend to address the gap?

**Step 1:** When the groups have completed this task, ask each group to present in plenary.

**Step 2:** Use this discussion as an entry point to discuss different technology options. Refer to Annex 22 and other available literature for details.

**Trainers’ Notes**

The total sanitation approach strongly discourages sharing any kind of information on sanitation technologies with the community without an expressed demand from their side. Even if there is a demand from the community for information on sanitation technologies, a facilitator should not prescribe models. Instead, a facilitator should try to share general principles of design or technical parameters like distance of latrine from water source or depth of pit.
**S5.3 Improved Hygiene Behaviours**

**Objectives:**
(i) Participants learn how to identify which hygiene behaviours they want to change, encourage or reinforce

(ii) Realize that it is important not to focus exclusively on sanitation technologies at the expense of hygiene behaviours.

**Time:** 45 Minutes

**Method:** Lecture and brainstorming

**Materials:** Fecal-oral transmission routes and barriers identified by participants

### Process

**Step 1:** Refer to the transmission routes identified by participants in Tool Four: F-Diagram.

**Step 2:** Brainstorm with the groups to make two lists: one with hygiene behaviours that they consider healthy and want to promote, and second with hygiene behaviours that they consider unhealthy and want to discourage.

**Step 3:** From this classification, help participants to see that hygiene education is a potentially vast topic and they need to decide which hygiene behaviours they will focus on. In order to establish this focus, participants must analyze the local context to see which hygienic and unhygienic behaviours are widespread in a community.

- Based on the information that participants have about hygiene behaviours, brainstorm with them on next steps. This could include:
  - Which hygiene behaviours are most prevalent and why?
  - How to reach a consensus on which good and bad hygiene behaviours are most important to work on?
  - How to influence a community to: (a) accept new behaviours; (b) use them all the time; and (c) Discontinue bad hygiene behaviours? (This discussion leads into the next unit on incentives to support behaviour change).

**Step 4:** Wrap up with a presentation on the key hygiene practices to be promoted. Also mention that there is a handwashing campaign being implemented in the country so they can find out more from their District Health Departments. (Annex 23).

### Trainers’ Notes

Past experience has shown that programs that include changes in both hygiene behaviours and sanitation facilities are more effective in controlling diarrheal diseases than those that focus on sanitation facilities alone.
S5.4 Incentives and Rewards

**Objectives:**
(i) Participants understand how and when to use incentives to reward communities for adopting improved sanitation and hygiene behaviours.

**Time:**
1 hour

**Method:**
Brainstorming and group discussion

**Materials:**
Flip chart, markers and masking tape

**Process:**

**Step 1:** Begin the discussion by asking participants what kinds of rewards or incentives are available to communities/local governments to adopt safe sanitation at the collective level.

**Step 2:** Brainstorm with the participants on the types of rewards or incentives that can be given to the communities that initiate change. Mention that in behaviour change, reinforcement of positive messages plays a role in ensuring sustainability of the newly adapted behaviour. Some options that can be considered as rewards for the community and should be agreed on by the district and sub-county authorities could include:

- Honor the community members in a function attended by eminent person at the district or sub-county level.
- Use community leaders as resource persons in advocating community led total sanitation in other villages and districts.
- Facilitate exposure/exchange visits to selected villages.
- Place a board at the village boundary announcing that the village is ODF.
- Announcing ODF villages on radio stations.

**Step 3:** Emphasise that incentives and rewards do not always have to be in kind. Incentives and rewards that boost self esteem of individuals and community can be as effective or even more effective.

**Trainers’ Notes**

Rewards tend to create hype and generate recognition of a community’s achievements. However, a reward should not become a one-time activity or end in itself. Instead, help participants to see how different types of rewards can be used effectively to sustain changed behaviour in a community.
PARTICIPATORY ACTION PLANNING AND MONITORING

**Purpose:**
The purpose of this session is to enable the participants appreciate the role of participatory communication and plan for the implementation of CLTS in their respective districts.

**Objectives:**
By the end of this session, participants will have:

(i) Developed six month plans to guide the implementation of CLTS in their communities.

(ii) Acquired knowledge and skills on how to conduct community participatory monitoring

**Method:**
Brainstorming, group and plenary discussions

**Materials:**
Flip chart paper, VIPP cards, markers and masking tape

**Preparation:**
Ensure all materials to be used in the different sessions are available and that you have gone through the session prior to conducting the training.

**Duration:**
2 hours and 45 minutes
S6.1 Preparation of Action Plans

**Objectives:** Enable participants develop realistic action plans

**Time:** 2 ½ hours

**Method:** District or Organisation group and plenary discussions

**Materials:** Flip charts, markers

**Process:**

**Step 1:** Introduce the topic of Action Plans by explaining that the key outcome of this training is not just knowledge creation, but an Action Plan for master trainers to create a cadre of motivators in the district to scale up community-led total sanitation for achieving ODF outcomes.

**Step 2:** Present the action plan format and discuss it with the participants. In their district or organization groups let them agree on activities, persons responsible, time frame etc. Let them also identify the key requirements (human resource, materials to use during implementation, time etc) necessary to ensure CLTS implementation takes place as planned. As a facilitator ensure that the participants do not concentrate only on financial resources. Encourage them to think of other resources like those mentioned above.

**Step 3:** When the group has filled in the planning format ask them to nominate one member as a team leader. The team leader will be responsible for making sure that the plan developed during the training will be implemented as planned.

**Step 4:** Give each group 45 minutes to complete its action plan and then ask each group to explain its plan to the rest of the participants in plenary.

**Step 5:** After the presentations, encourage a discussion on:

- Similarities and differences in the action plans developed by each group.
- What local resources they might need?
- How much time is needed to complete different activities?
- How can the group check that people are doing what they are responsible for and on time?
- What problems may arise and what can be done to solve them: (a) by the group; and/or (b) with the help of outsiders.

**Trainers’ Notes**

- As many participants may be unfamiliar with developing an Action Plan, the objective of this session is to clarify what is meant by an Action Plan.
- Each group should be prepared to answer any specific questions that might
arise, although a more general discussion or debate should be limited until each group has had a chance to present its work.

- This session encourages participants to take responsibility for driving CLTS forward. This is a departure from the traditional top-down and target-driven approach that participants may be more familiar with. Encourage them to use their local knowledge of their district/organization/community and make them aware that no one knows the ground situation the way that they do. Therefore, they are best placed to suggest how this program can be implemented within the targets that they have to achieve.

- Encourage group members to take responsibility for different tasks in the Action Plan instead of nominating others or people who have not attended the training. Once the group realizes that it is going to have to take responsibility for driving implementation of the plan, they will start to think more carefully about what resources and capabilities it might take to undertake the same.

- Sample format of an action plan is below

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time frame</th>
<th>Resources Required</th>
<th>Person responsible</th>
<th>Anticipated challenges and possible response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Start</td>
<td>End</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed group members
S6.2 Community Participatory Monitoring

**Objectives:** Participants learn how to establish a procedure for checking progress

**Time:** 45 minutes

**Method:** Lecture and brainstorming

**Materials:** Flip charts, markers, CLTS indicators and monitoring forms

**Process:**

**Step 1:** In plenary ask participants to brainstorm on participatory monitoring and on indicators for monitoring and evaluation.

Monitoring is an ongoing process of data collection and analysis that enables the community and project managers to understand what is working well and what is not working well, and adjust their strategies accordingly. Monitoring tracks processes and outputs. Examples of monitoring indicators include:

- Number of ODF villages
- Number of latrines with hand washing facilities constructed.
- Amount of money spent.

Participatory monitoring is a collaborative process between implementers and the community of collecting and analyzing data and communicating results in an attempt to define and solve problems together.

Evaluation refers to the measurement of project outcomes (short-term effects) and impacts (long-term effects). In other words, evaluation measures whether a project has achieved its goal. Examples of evaluation indicators include:

- Percentage reduction in diarrhoea-related infant deaths.
- Percentage increase in life expectancy.

**Step 2:** Now, facilitate a discussion on monitoring and evaluation in the context of community-led total sanitation. Some questions to cover include:

(i) How can M&E be made participatory?

- This can be done by building the capacity of community members to track their own progress. One way to do this is to ask community members to volunteer for membership of sanitation monitoring committees. Separate committees can be set up for different parts of the village, based on recognized administrative divisions or number of households, e.g., each committee of say five members is responsible for monitoring the sanitation status of a cluster of households.
- Members of these committees can be youths, mothers, children or residents of a particular section of the village. The committees
can meet on a monthly basis or nominate a member to present the progress in their area to the community leader responsible for the community’s sanitation status.

- What to measure in tracking progress? Is it the number of latrines or the number of ODF households/villages? Behaviour change indicators?

- How to measure progress being made? One way is to use a social map as a tracking tool, different colors be used to track the sanitation status of different households on the map. This map should be kept in the village community hall such that it is visible to all and it should be regularly updated.

**Step 3:** When and how often should progress be measured? How does timing/seasonality impact M&E results?

**Step 4:** Who should be responsible for measuring progress? External experts, community members or both?

**Step 8:** Ask participants to brainstorm on possible indicators for participatory monitoring and evaluation of a community’s progress toward becoming ODF and help them to reach a consensus on how these can be operationalized. Refer to Annex 24 for details.

**Step 9:** Discuss the CLTS monitoring form and agree on how often the data will be submitted to the relevant office. Refer to Annex 24 for details.
S6.3 Post training Evaluation and Closing

**Objectives:** To evaluate the CLTS training

**Time:** 30 minutes

**Method:** Use of evaluation form

**Materials:** Copies of workshop evaluation forms

**Process:**

**Step 1:** Request all participants to assemble where training objectives and expectations have been pinned up. Alternatively, move the chart to a place where it is visible to all participants.

**Step 2:** Revisit each objective in turn and then the expectations by category and ask the participants to share their views on whether the training program has succeeded in meeting their expectations and what can be done better next time.

**Step 3:** Distribute the Workshop Evaluation Form (Annex 25) and request participants for feedback on how the training program can better address their needs.

**Step 4:** To gauge the learning outcomes, distribute the Self-assessment Form once again, as was done on Day 1 of the workshop, and request participants to fill the same.

**Step 5:** Sincerely thank participants for the time and effort that they have contributed toward attending the workshop. Also, acknowledge the effort of all the people who have contributed to organizing different aspects of the training program.

**Trainers’ Notes**

- Use simple language and try not to confuse participants with overdue emphasis on terminology (process/output/impact).

- Participatory M&E does not exclude the role of Government or NGOs. On the contrary, successful participatory M&E requires support from the highest levels in these organizations.

- In participatory M&E, community members track the progress of their own development such that the community can make its own decisions about:
  - What is working well?
  - What is not working well?
  - How to proceed next?

- For CLTS results to be sustained, the master trainers and community facilitators have to be continuously involved in monitoring at the community level.
• Link discussion with Action plans developed in previous session
• Remind participants that simple systems work best and to prioritize based on what can realistically be measured and what information is needed to improve decision-making. Refer to Annex 24 for additional information
ANNEX 1: The Sanitation National Anthem

Good sanitation is the way
To lead a better life x 2
And if we change behaviour x 3
We lead a better life

Good hygiene is the way
To lead a better life x 2
And if we change behaviour x 3
We lead a better life

Hand washing is the way
To lead a better life x 2
And if we change behaviour x 3
We lead a better life
ANNEX 2: Criteria for Selection of Participants

To be sent at least three weeks before the start of the ToT. These criteria are essential to be completed before the Training of Master Trainers (ToT) on community-led total sanitation is undertaken: criteria marked 1-5 are mandatory to be completed.

Name of District/Organisation: ________________________________________________

Date of one-day orientation in district (if conducted): ____________________________

Please tick in the relevant box (Yes or No) on these statements.

- The participants will attend the training based on their voluntary consent. ☐YES ☐NO

1. All participants will be present for five days of the training. ☐YES ☐NO

2. The participants will be used as master trainers after the ToT to train motivators within the district. ☐YES ☐NO

3. The participants will be given permission away from their responsibilities to act as resource persons when trainings in district are conducted. ☐YES ☐NO

4. The participants have at least a basic understanding of what the training is going to be about. ☐YES ☐NO

5. The participants are involved to some extent, or have some understanding of the PHAST and other participatory Sanitation approaches. ☐YES ☐NO

6. There is adequate representation of women participants. ☐YES ☐NO

7. Training facilities, village visits, etc., have been arranged according to requirement. ☐YES ☐NO
### ANNEX 3: Self-assessment Questionnaire

1. Please tick/circle the most appropriate answer from the choices given under each question.

2. Maximum time allotted is 15 minutes

<table>
<thead>
<tr>
<th>Question</th>
<th>Choices</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The goal of rural sanitation promotion is...</td>
<td>a. Women's dignity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Clean village environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Latrine construction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Prevention of diarrheal diseases</td>
<td></td>
</tr>
<tr>
<td>8. What is the average quantity of faeces produced by an adult person in a day?</td>
<td>a. 200-300 gm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. 300-400 gm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. 400-500 gm</td>
<td></td>
</tr>
<tr>
<td>2. The large-scale latrine construction programs failed because of...</td>
<td>a. Lack of a felt need for sanitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Not enough latrines constructed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Insufficient subsidies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Poor implementation</td>
<td></td>
</tr>
<tr>
<td>9. Child's faeces are less harmful than that of an adult?</td>
<td>a. True</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. False</td>
<td></td>
</tr>
<tr>
<td>3. The key to generating demand for rural sanitation is...</td>
<td>a. Increased subsidy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Individual house to house contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Collective behaviour change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Improved technology</td>
<td></td>
</tr>
<tr>
<td>10. What should be the minimum distance between a latrine and a drinking water source?</td>
<td>a. 16.4-32.8 ft.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. 32.8-49.2 ft.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. 49.2-65.6 ft</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. 100ft and above</td>
<td></td>
</tr>
<tr>
<td>4. Who has the main responsibility for successfully achieving total sanitation?</td>
<td>a. Health Department</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. NGOs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Government</td>
<td></td>
</tr>
<tr>
<td>11. A latrine should be constructed at a higher elevation from a water source?</td>
<td>a. True</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. False</td>
<td></td>
</tr>
<tr>
<td>5. Teaching families how open defecation spreads disease is the most effective way to get them to change their sanitation practices.</td>
<td>a. True</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. False</td>
<td></td>
</tr>
<tr>
<td>12. Which are the critical times for handwashing to prevent diarrhoea diseases?</td>
<td>a. Before eating food</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. After handling children’s faeces</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. After defecating</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. All of the above</td>
<td></td>
</tr>
<tr>
<td>6. Mass Information Education and Communication (IEC) campaigns through TV, radio, community drama and other mass media is the best way to get people to adopt safe sanitation.</td>
<td>a. True</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. False</td>
<td></td>
</tr>
<tr>
<td>13. What is the average cost to construct a latrine?</td>
<td>a. Zero</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. UGX 10,000 to UGX 40,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. UGX 50,000 to UGX 70,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. above UGX 80,000</td>
<td></td>
</tr>
<tr>
<td>7. In a village, where diarrhoea epidemics are frequent, which one of the following three actions will be most effective?</td>
<td>a. Improving quality of water supply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Improving sanitation and hygiene practices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Increasing the amount of water available to each household</td>
<td></td>
</tr>
<tr>
<td>14. What is the most important indicator for assessing the effectiveness of total sanitation?</td>
<td>a. Number of latrines constructed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Amount spent on subsidies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Achievement of open defecation free status</td>
<td></td>
</tr>
</tbody>
</table>
ANSWERS TO THE SELF ASSESSMENT QUESTIONNAIRE
ANNEX 4: Selecting a Community

Besides leadership, many other local social, physical and institutional conditions affect the prospects for triggering. Responses vary widely from the explosive “Match box in a gas station” to the dismal “Damp matchbox”. To help choose where to start, many sources and people have contributed to the following list of favourable and more challenging conditions. Triggering has been successful in conditions that were thought unpromising. However, you may be wise to start in more favourable places first, establish some success stories, gain experience and confidence, and then use these and their Natural Leaders to spread the movement to more difficult places. This list may help you in your choices. As ever, use your own judgement.

### A. More favourable conditions

<table>
<thead>
<tr>
<th>Community description</th>
<th>Programme policy environment</th>
<th>Current conditions and practices</th>
<th>Physical conditions</th>
<th>Social and cultural conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>small settlement</td>
<td>where there is no programme of hardware subsidies to households and none is proposed.</td>
<td>visibly filthy and disgusting conditions where faecal contamination is offensive where defecation is constrained by lack of privacy</td>
<td>soil is stable and easy to dig</td>
<td>much sickness, especially diarrhoea, and child mortality</td>
</tr>
<tr>
<td>remoter rather than closer to towns and big roads</td>
<td>where CLTS triggering facilitators are strongly motivated, well trained, have appropriate attitudes and behaviours, and are flexibly supported by their Organizations / districts</td>
<td>where there are no or few private, accessible or convenient places to defecate</td>
<td>fairly low water table and no periodic inundation/ flooding</td>
<td>small size of settlement and community</td>
</tr>
<tr>
<td>socially and culturally homogeneous</td>
<td>where there is provision for follow up encouragement and support after triggering</td>
<td>where faeces have no or little economic value</td>
<td>settlement patterns provide adequate space</td>
<td>socially homogeneous community with high cohesion</td>
</tr>
<tr>
<td>lack of cover in the surrounding area</td>
<td>supportive political leadership and conducive local government machinery</td>
<td>where conditions and practices present good opportunities for triggering questions and processes, e.g. people can analyse how they eat their own shit, and bathe in the shit of others . . . where during rains or at night, people shit nearby</td>
<td>nearby wells will not be polluted</td>
<td>a strong tradition of joint action</td>
</tr>
<tr>
<td>wet/moist conditions which wash excreta around and keep it smellly and nasty</td>
<td></td>
<td>water supplies are unprotected and vulnerable to contamination</td>
<td>water supplies are unprotected and vulnerable to contamination</td>
<td>old and reactionary local leadership</td>
</tr>
<tr>
<td>unprotected vulnerable and currently polluted water supplies, as in some mountainous areas</td>
<td></td>
<td></td>
<td></td>
<td>lack of active groups in the community</td>
</tr>
<tr>
<td>no current, previous, nearby or national programme of hardware subsidies to households</td>
<td></td>
<td></td>
<td></td>
<td>women have a voice</td>
</tr>
<tr>
<td>soil is stable and easy to dig</td>
<td></td>
<td></td>
<td></td>
<td>progressive local leadership</td>
</tr>
<tr>
<td>fairly low water table and no periodic inundation/flooding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• visibly filthy conditions
• high incidence of diarrheal diseases and child mortality
• young and progressive local leadership
• existence of active groups within the community

B. More challenging
Conditions may be more challenging where there is/are some of the following, especially when they combine. The question to ask is whether combinations of these make a community or area less suitable for early triggering, which should then come later.

<table>
<thead>
<tr>
<th>Community description</th>
<th>Programme policy environment</th>
<th>Current conditions and practices</th>
<th>Physical conditions</th>
<th>Social conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>large settlement</td>
<td>where there has been a recent or is a current programme for hardware subsidies to households, or one is thought or known to be proposed</td>
<td>protected water supplies which would not be affected from going ODF</td>
<td>hard rock in which it is difficult to dig</td>
<td>where people are very healthy with little diarrhoea</td>
</tr>
<tr>
<td>close to towns and main roads</td>
<td>organisations with big budgets for subsidies, and targets and reporting based on latrines constructed</td>
<td>existing use of nearby water that carries faeces away (stream, high or low tide of river or the sea)</td>
<td>highly collapsible soil</td>
<td>socially divided community with low cohesion</td>
</tr>
<tr>
<td>socially and culturally diverse</td>
<td>opposition from the staff of such organisations</td>
<td>economic use of faeces for fish farming, application of raw shit in crops and vegetables</td>
<td>settlement patterns where it is difficult to find space, and storage may fill up</td>
<td>where there is a weak tradition of joint action</td>
</tr>
<tr>
<td>with much surrounding cover</td>
<td>lack of scope for follow up, encouragement and support after triggering</td>
<td>private, accessible and convenient places to defecate (e.g. latrines with running water, communal latrines)</td>
<td>dangers of latrines polluting nearby wells</td>
<td>where women have weak or no voice</td>
</tr>
<tr>
<td>desert conditions in which excreta dry and disintegrate</td>
<td></td>
<td>plenty of cover of bushes, trees and/or topography in surrounding area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>well protected sources for pure water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a current, previous or nearby or national programme of hardware subsidy to households</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- apparently clean conditions
- low incidence of diarrheal diseases and infant mortality

- CLTS triggering organisations and staff with top-down teaching cultures and practices
- large programmes with big money to spend on hardware trying to adopt CLTS without changing the pattern and sequence of funding flow more flexibly

- dry area where excreta dry quickly and become inoffensive and harmless
- where there are regular opportunities to defecate unseen, as going distances for water, herding animals, fishing, or walking to school
- where farms are a long distance from the settlement
## ANNEX 5: Basics: The Key Attitudes and Behaviour of a Good Facilitator

<table>
<thead>
<tr>
<th>DON'T</th>
<th>DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educate, lecture or tell people what to do.</td>
<td>• Facilitate their own appraisal and analysis of local sanitation profile</td>
</tr>
<tr>
<td>• Tell people what is good and bad.</td>
<td>• Let people realize for themselves through their own analysis</td>
</tr>
<tr>
<td>• Push for, or demand action</td>
<td>• Facilitate to trigger self-mobilization</td>
</tr>
<tr>
<td>• Be in charge</td>
<td>• Stand back, leave it to local leaders</td>
</tr>
<tr>
<td>• Interrupt when charged up community members start shaming their own people for open defecation practices or other hygiene behaviour</td>
<td>• Be cool and allow conversation between insiders– approaching the triggering moment</td>
</tr>
<tr>
<td>• Discourage members of the community from arguing amongst themselves or shaming each other, or quickly conclude that the ‘shaming’ element between community members should be avoided as culturally insensitive</td>
<td>• Take a neutral stand and allow heated discussion for and against OD between them.</td>
</tr>
<tr>
<td>• Overlook natural emerging natural leaders</td>
<td>• Remember these are right indications and symptoms of approaching triggering moment.</td>
</tr>
<tr>
<td>• Overlook women, children and others who often get left out</td>
<td>• Appreciate those who take a lead and engage themselves</td>
</tr>
<tr>
<td>• Overlook people who come forward to help</td>
<td>• Always encourage women and the poorer sections of the community to participate</td>
</tr>
<tr>
<td>• Promote particular latrine designs.</td>
<td>• Appreciate community members’ offers to help poorer members</td>
</tr>
<tr>
<td>• Offer hardware subsidy</td>
<td>• Let people innovate simple latrines</td>
</tr>
<tr>
<td>• Be too humble or too polite.</td>
<td>• Trigger local action, encourage self-help</td>
</tr>
<tr>
<td>• Don’t try to convince too politely</td>
<td>• Be bold yet cautious</td>
</tr>
<tr>
<td>• Interrupt</td>
<td>• Listen attentively to everything</td>
</tr>
</tbody>
</table>
ANNEX 6: Introduction to Participatory Training

Conventional vs. Participatory Training
Training should be viewed as a learning process which involves the creation and acquisition of knowledge, awareness and skills. In the following table, the main differences between conventional and participatory training methodologies are summarized.

<table>
<thead>
<tr>
<th>Elements</th>
<th>Conventional Training</th>
<th>Participatory Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learner’s Role</td>
<td>Follow instructions. • Passive participation. • Receive information. • Little responsibility for learning process. • Is an authority figure. • Ignores learner’s knowledge and experiences. • Trainer-controlled. • Little choice provided on topics. • One way flow of facts/information from trainer to learner</td>
<td>Offer ideas based on experience. • Active participation (ask questions, make mistakes as part of the training process). • Share ideas and experiences. • Take ownership of learning process. • Is a facilitator. • Respects participants’ knowledge and experiences. • Learner-centered. • Based on participants’ training needs. • Two-way communication building on knowledge and experiences of participants and trainer.</td>
</tr>
<tr>
<td>Trainer’s Role</td>
<td>Is an authority figure. • Ignores learner’s knowledge and experiences.</td>
<td>Is a facilitator. • Respects participants’ knowledge and experiences.</td>
</tr>
<tr>
<td>Training Content</td>
<td>Trainer-controlled. • Little choice provided on topics.</td>
<td>Learner-centered. • Based on participants’ training needs</td>
</tr>
<tr>
<td>Method Focus</td>
<td>One way flow of facts/information from trainer to learner.</td>
<td>Two-way communication building on knowledge and experiences of participants and trainer.</td>
</tr>
</tbody>
</table>

Source: Adapted from CEDPA (1995).

Why use Participatory Training?
Conventional training is not a very effective methodology for training adults as it ignores the integral role that adults play in their own learning process. Adult learning is based on principles and conditions that are different from the formal set of learning principles. The key principles of adult learning are summarized below along with their implications for training in the form of a ‘facilitator’s checklist’.
### Principles of Adult Learning

<table>
<thead>
<tr>
<th><strong>Facilitator's Checklist</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults are voluntary learners and will perform best when they have decided to attend a</td>
</tr>
<tr>
<td>training session for a particular reason.</td>
</tr>
<tr>
<td>Has the selection of participants followed the checklist?</td>
</tr>
<tr>
<td>Adults learn best when the context of the training is relevant to their own lives and</td>
</tr>
<tr>
<td>experiences.</td>
</tr>
<tr>
<td>Do you have a system for guiding participants whose expectations are not well matched to</td>
</tr>
<tr>
<td>yours or the group’s?</td>
</tr>
<tr>
<td>Adults have experience and can help each other learn through an atmosphere of sharing.</td>
</tr>
<tr>
<td>What prior knowledge may trainees have about the subject matter of training?</td>
</tr>
<tr>
<td>Will your training methods build upon and use the ideas and skills of participants?</td>
</tr>
<tr>
<td>Adults learn best when they are actively involved.</td>
</tr>
<tr>
<td>Does the training include regular opportunities for feedback, reinforcement and practice?</td>
</tr>
</tbody>
</table>

### KNOWLEDGE

- About the subject matter of the training
- About the local context

### SKILLS

- Communicating effectively
- Responding to group dynamics
- Administrative skills

### ATTITUDE

- Friendly and honest
- Gender-sensitive
- Respectful of local norms
- Impartial and fair
The SARAR Methodology

This participatory approach, often known as learner-centred, has evolved over the past decade as a means of helping learners take great control of their lives and their environment by developing skills in problem solving and resource management. Unlike the traditional teaching methods, the SARAR approach focuses more on the development of human capacities to assess, choose, plan, create, organize and take initiatives. These aims are synthesized in the following characteristics of the approach. The letters of the term SARAR stand for:

S  **Self Esteem:** The self esteem of groups and individuals is acknowledged and enhanced by recognizing that they have the creative and analytical capacity to identify and solve their own problems.

A  **Associative Strength:** The methodology recognises that when people form groups, they become stronger and develop the capacity to work together.

R  **Resourcefulness:** Each individual is a potential resource to the community. The method seeks to develop the resourcefulness and creativity of groups and the individuals in seeking solutions to problems and or achievement of the needs.

A  **Action Planing:** Planing for action to solve problems and/ or to fulfil the needs is central to the method. Change can be achieved only if groups plan and carry out appropriate actions.

R  **Responsibility:** The responsibility for follow through is taken over by the community. Actions that are planned must be carried out. Only through such responsible participation do results become meaningful.
ANNEX 7:  Some Factors that Influence the Correct and Consistent Practice of Behaviours

EXTERNAL FACTORS: those forces outside the individual that affect his or her performance or behaviour.

Skills: the set of abilities necessary to perform a particular behaviour. Key skills for handwashing include: when to wash your hands, how long to wash your hands, what to wash your hands with, where to locate the handwashing facility.

Access: encompasses the existence of services and products, such as masons to help with construction, village health workers to help make referral to required services, soap for handwashing, etc, their availability to an audience and an audience’s comfort in accessing desired types of products or using a service.

Policy: laws and regulations that affect behaviours and access to products and services. Policies affecting various health themes include policies regulating distribution of products, environmental health policies and guidelines on where to construct a latrine, the distance between the latrine, water source and home etc.

Culture: the set of history, customs, lifestyles, values and practices within a self-defined group. May be associated with ethnicity or with lifestyle, as well, such as “women” or “youth” culture.

Actual Consequences: what actually happens after performing a particular behaviour. The ODF village is visited by prominent politicians, musicians, homes with latrines are considered as model homes, ODF villages have a sign post at boarder announcing them as the cleanest village etc.

INTERNAL FACTORS: the forces inside an individual’s head that affect how he or she thinks or feels about a behaviour.

Perceived Social Norms: perception that people important to an individual think that s/he should behave; norms have two parts: who matters most to the person on a particular issue, and what s/he perceives those people think s/he should do. E.g. what you the community thinks of people with latrines with handwashing facilities, fellow women think of each other when they throw the children faeces in the latrine, what men think of fellow men who have constructed latrines with handwashing facilities.

Perceived Consequences: what a person thinks will happen, either positive or negative, as a result of performing a behaviour. See actual consequences for examples

Knowledge: basic information/ facts (some people consider skills a kind of knowledge, as well) what a vaccine ‘does’; faeces can’t always be ‘seen’ on your hands but may be present; clear looking water can still carry microbes (make you sick) etc.

Attitudes: a wide-ranging category for what an individual thinks or feels about a variety of issues. This over-arching category would include self-efficacy, perceived risk and other attitudinal factors.
**Self-efficacy:** an individual’s belief that he or she can do a particular behaviour, e.g. washing hands after using the latrine, building a latrine etc.

**Perceived Risk:** a person’s perception of how vulnerable they feel (to getting diarrhoea from drinking river water; not using a latrine, not washing hands at critical times)

**Intentions:** what an individual plans or projects s/he will do in the future; commitment to a future act. Future intention to perform a behaviour is highly associated with actually performing that behaviour.
ANNEX 8: Steps to Behaviour Change

1. Give basic information
   Explain risks and benefits
   Find what they know and do

2. Understands Risks and benefits of new behaviour
   Find what they know and do
   Give basic information
   Explain risks and benefits

3. Has positive information, knowledge and decides to try new behaviour
   Give full information & skills
   Encourage, motivate

4. Try new behaviour
   Assist people to solve problems in order to adopt new behaviour
   Encourage use of available resources

5. Implements new behaviour
   Praise & encourage people to maintain behaviour
   Motivate them not to slip back into old habits
   Find out what the experience was

Help people see and appreciate benefit
Encourage them to continue a behaviour

Assist people to solve problems in order to adopt new behaviour
Encourage
Provide resources

Give full information & skills
Encourage, motivate

Find what they know and do
Give basic information
Explain risks and benefits
ANNEX 9: **Tools for Fostering Sustainable Behaviour Change**

1. **Commitment: From intention to Action**
   Commitment has been shown to be effective in promoting diverse variety of behaviours. Public commitments are likely to be effective because of the desire to be consistent. The more public a commitment the more likely it is going to be honored. Group commitments are more likely to be effective in well established groups in which individuals care how they are viewed by other community/group members. Commitments can be increased not only by seeking a verbal or written pledge but also through actively involving the individuals. Commitment strategies are also more effective when community leaders implement them. Commitment can also be cost effective by asking people who commit to trying a new behaviour to ask others to make a similar commitment. Commitment should be sought only for behaviours which people express interest in doing. Commitment will not work if people feel pressured to commit -effective commitment must be voluntary.

   In considering using commitment, the following guidelines are helpful:
   - Emphasise written over verbal commitments
   - Ask for public commitment
   - Seek group commitment
   - Actively involve the individual persons
   - Consider cost effective ways to obtain commitment e.g. community commitment letters signed by all those who agree to try the new behaviour.
   - Use existing points of contact e.g. natural leaders, community leaders (respected) to obtain commitment
   - Do not use coercion. Commitments must be free and voluntary
   - Combine commitments with other behaviour change strategies.

   Obtaining commitment is a powerful way of increasing community participation rates in sustainable behaviour change.

2. **Prompts: Remembering to act**
   Prompts are effective in reminding people to engage in sustainable behaviour change. A prompt is a visual or auditory aid which reminds us to carry out an activity that we might otherwise forget. The purpose of the prompt is not to change attitudes or increase motivation but simply to remind us to engage in an action that we are already predisposed to- for example washing your hands after using the latrine. Prompts that target specific behaviour have a substantial impact. For prompts to be effective they have to be delivered as close as possible in space and time as possible to the target behaviour.

   In considering using prompts, the following should be considered:
   - Make prompts noticeable
   - The prompt should be self explanatory. Through graphics and/or text - the prompt should explain simply what the person should do e.g. Wash your hands.
   - The prompt should be presented as close in time and space as possible to the targeted behaviour.
Use prompts to encourage people to engage in positive behaviour rather than to avoid negative practices. E.g. “Please put your rubbish in the bin” instead of “Do not litter”

3. **Norms: Building community support**

Perceived norms have a substantial impact upon behaviour. For compliance to be attained in relation to behaviour, individuals alter their behaviour to receive a reward, to provoke a favorable reaction from others and to avoid being punished. The change of behaviour occurs not because the person believes that the behaviour is the right thing to do but rather because there is a tangible consequence for not practicing the behaviour. For example, the by-laws used to influence communities construct and use latrines. Once the rewards and punishments are removed the gains made by compliance are often lost. However, conformity that occurs by individuals observing others in order to determine how they should behave can have long-lasting effects. For norms to be effective they need to be internalized by the people and individuals. That is people need to view the behaviour which the norm prescribes as the way they “should” behave.

In considering using norms the following should be considered:

- The norms should be noticeable
- As with prompts, the norms should be made explicit at the time the target behaviour is to occur.
- Use the norms to encourage positive people to engage in positive behaviour rather than to avoid harmful practices.

Normative strategies are particularly effective when people are being asked to change their behaviour or adopt a new lifestyle. For example, publicise the people who have latrines or those no longer practicing open defecation. Give souvenirs like Tee-shirts to people who are ODF, have a village billboard saying “We are an ODF village”.

4. **Communication: Effective messages:***

**Use Captivating Information:** All persuasion begins with capturing attention. Without attention, persuasion is impossible. How do we capture the attention of those we wish to persuade? One of the most effective ways to ensure attention is to present information that is vivid, concrete and personalized.

**Presenting Information Vividly:** Why is vivid information effective? Vivid information increases the likelihood that a message will be attended to initially, a process called encoding, as well as recalled later. That is, information that is vivid is likely to stand out against all the other information that is competing for our attention. Further, because it is vivid, we are more likely to remember the information at a later time. This last point is critical, since if the information is only remembered momentarily, it is not likely to have any long-lasting impact upon our attitudes or behaviour.

**Know Your Audience:** Before you craft the content of your message, and decide when and how you will present it, you need to know the attitudes, beliefs and behaviour of your intended audience. In reality, rarely do you have just one audience. The messages that you develop will need to be tailored to the different segments of your community that you wish to reach.
Use a Credible Source: Who presents your message can have a dramatic impact upon how it is received. In general, the more credible the person or organization delivering the message, the more influence there will be upon the audience.

Frame your Message: Interestingly, how you present, or “frame,” the activity you are trying to promote is very important. Most sustainable activities are presented positively.

Carefully Consider the Use of Threatening Messages: For a threatening message to be effective it needs to communicate more than the threat faced. In response to a threat, people have two broad coping strategies, either problem-focused coping or emotion-focused coping. Problem-focused coping, as the name suggests, refers to taking direct action to alleviate the threat. In contrast, emotion-focused coping might involve ignoring the issue, changing the topic whenever it is raised in conversation, denying that there is anything that can or needs to be done, etc. Whether someone uses problem-focused coping or emotion-focused coping appears to be determined by their perception of how much control they have over the problem. If they perceive that they have a significant amount of control, people are likely to use problem-focused coping and the reverse for emotion-focused coping.

Decide on a One-Sided versus Two-Sided Message: If you are presenting your communication to an audience that has little comprehension of the issue, you will be most persuasive if you present just one side. However, if you are communicating with an audience that is aware of both sides of the issue, then you need to present both sides to be perceived as credible. As with the content of the message, deciding on a one-sided versus two-sided message once again underscores the importance of knowing your audience. Presenting two sides of the issue has an additional advantage. By presenting the opposing viewpoint, and providing the counter-arguments to this viewpoint, it is possible to “inoculate” your audience against alternative views.

Make your Message Specific: When crafting your message you will want to ensure that the actions that you advocate for are clearly articulated. Messages that describe actions to be taken in clear, straightforward steps are more likely to be understood and followed.

Make Your Message Easy to Remember: All actions that support sustainability require reliance upon memory. Unless we make it easy for people to remember how, when and what to do, it is unlikely to achieve successful behaviour change programs.

Provide Personal or Community Goals: Providing targets for a household or a community to reach can be effective in achieving and sustaining behaviour.

Emphasize Personal Contact: Research on persuasion demonstrates that the major influence upon our attitudes and behaviour is not the media, but rather our contact with other people. That is not to say that the media are without influence.

Model Sustainable Behaviour: Whether the contact is made personally or through the media, one of the more effective methods for increasing adoption of a sustainable behaviour is to model the behaviour we wish others to adopt.
Modeling involves demonstrating a desired behaviour. Modeling can occur in person or through other communication media like television or videotape.

**Foster Social Diffusion**: The adoption of new behaviours, such as using a latrine, washing hands frequently occurs as a result of friends, family members or colleagues introducing us to them. This process is referred to as social diffusion.

**Community Village Leaders as a resource**: Commitment, modelling, norms and social diffusion all have at their core the interaction of individuals in a community. Commitment occurs when one individual pledges to another to carry out some form of activity. Modelling results when we observe the actions of others. Norms develop as people interact and develop guidelines for their behaviour, and social diffusion occurs as people pass information to one another regarding their experiences with new activities. Recent research has documented that it is possible to harness these processes in order to have a significant impact upon the adoption of sustainable behaviours. Using of community volunteers, or village leaders has demonstrated the powerful and cost-effective impact that some of these factors can have.

**Provide Feedback**: Effective communications involve more than simply presenting information to persuade people to adopt a new activity or making it easy for them to remember what, when and how to do the activity. To be fully effective, information about the impact of newly adopted activities needs to be presented as well.

5. **Incentives: Enhancing Motivation**

**Creating Effective Incentives**: Incentives can be an important component of a community-based strategy, particularly when motivation to engage in a sustainable behaviour is low.

**Closely Pair the Incentive and the Behaviour**: Incentives are usually most effective when they are presented at the time the behaviour is to occur.

**Use Incentives to Reward Positive Behaviour**: Research in behaviour modification underscores the importance of using incentives to reward behaviour we would like people to engage in.

**Make the Incentive Visible**: When implementing an incentive, carefully consider how you can draw attention to it. Remember that an incentive will have little or no impact if people are unaware of its existence.

**Be Cautious about Removing Incentives**: Incentives do not always have to be in kind. Consider using intrinsic motivations but be careful when you introduce or remove them. When intrinsic motivations are replaced with incentives, or external motivations, internal motivations can be undermined.

**Consider the Size of the Incentive**: Incentives need to be large enough to be taken seriously. However, past a certain point diminishing returns occur from increasing the size of the incentive.

**Consider Non-monetary Forms of Incentives**: While financial incentives have received the most attention, other forms of incentives can also be effective.
For example, competitions between communities can be used to increase motivation. Similarly, public recognition of individual or organizational actions which foster sustainability can be an important source of motivation.

6. **Convenience**

   **Making it easy to act:** Making that activity you wish to discourage less convenient and more expensive can increase motivation for the behaviour you wish to encourage. In short, you want to design a program that enhances motivation by making the sustainable behaviour more convenient and less costly than the alternative, non-sustainable activity.

   *(Adapted from Fostering Sustainable Behaviour: Community Based Social Marketing, Doug Mc-Kenzie)*
ANNEX 10: Why CLTS in Uganda

Community Led Total Sanitation Approach (CLTS)

Background and Why the Need for CLTS in Uganda

History
- In 2007, Plan Uganda staff who had attended a training in Ethiopia, invited NETWAS to carry out a TOT
- NETWAS trained Plan Uganda extension staff in Karamoja, Tororo and Luweero
- NETWAS organized a sanitation learning event for key national stakeholders on behalf of the sanitation working group and invited some of the participants in the training to present their experiences, there was a lot of excitement and interest from stakeholders

Two key questions
- Was there a need to need to scale up sanitation in the Uganda?
- Was there a justified need for Total Sanitation?

A reflection on some of the basic sanitation facts....!
- Although many districts have high latrine coverage, there is still open defecation and poor disposal of children’s faeces. Africa had the lowest sanitation coverage in the world (refer to the map on the next slide)

Is there a need for Total Sanitation?

What is total sanitation coverage:
This is when each and every member of the community (100%) shall have toilet and stop open defecation. The only measure of impact of CLTS (Robert Chamber).

- Based on the sanitation coverage shown in the previous slide and the definition for total sanitation coverage, Is there a need for total sanitation in Uganda?

A reflection on some of the basic sanitation facts....!

Is there a need to scale up sanitation in the Uganda Region?
- Uganda suffers from a particularly high infant mortality rate (JINR)
- Poor sanitation, is one of the major causes of diarrhea and diseases like cholera
- In SPR 2010 the national sanitation coverage improved from 67.5% to 69.7%. (Over 1,600,000 new people). However, one of the challenges faced by communities is the lack of sustainability of the toilet facilities constructed.

About CLTS..!
- CLTS as an approach was pioneered by Dr. Kamar Kar
- The approach began in 1999 in a small Water Aid community in Bangladesh (480, working paper 237)
- It is guided by consultation and learning from the communities, including encouraging the children to express their views alongside adults.
- It is based on initiating/triggering of positive change within the community.
- Empowerment of the local community to commit to their success in establishing a clean and safe environment.
NGOs, Government have provided subsidies with little or none sustained behaviour at large scale.

What was happening else where? Toilets turned into stores-Bangladesh.

A triggered village in Kamuli - great sense of ownership and pride.

Lessons - there are natural leaders among the children.

Schools Innovation in Wakiso District.

Lessons (cont) - there is a need for a Major shift from the traditional sanitation approach to CLTS.

<table>
<thead>
<tr>
<th>Areas of major shift</th>
<th>Traditional Sanitation</th>
<th>CLTS approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outsider's attitudes, motives and intentions towards insiders</td>
<td>Helping, donating and Charity</td>
<td>Communities become agents of triggering local empowerment and initiators of collective local action. Active analysts, innovators and participants.</td>
</tr>
</tbody>
</table>

How can we apply CLTS in our Project?

- All age groups should be represented during consultations.
- Open pits (without cover) still not safe enough.
- Adaptability of CLTS to local conditions.
- The need for collective efforts from all stakeholders in the region.
# ANNEX 11: Background to Community Led Total Sanitation

## Community-Led Total Sanitation

### Introduction

- Community-Led Total Sanitation (CLTS) focuses on igniting a change in sanitation behaviours rather than constructing toilets.
- Through a process of social awakening that is stimulated by facilitators from within or outside the community.
- It concentrates on the whole community rather than on individual behaviours.
- CLTS involves no individual household hardware subsidy and does not prescribe latrine models.

### CLTS Elements

- Is total, meaning that it affects all in the community
- Is based on collective community decision-making and action by all
- Is driven by sense of collective achievement and motivations that are internal to communities, not by external subsidies or pressures
- Leads to the emergence of new Natural Leaders and/or highly encourages new commitment of the existing leaders
- Generates diverse local actions and innovations
- Revives traditional social practices of self-help and

### CLTS Result Behaviours

- Stopping all open defecation
- Ensuring that everyone uses a hygienic toilet
- Washing hands with soap before preparing food and eating, after using the toilet, and after contact with babies’ faces
- Safe disposal of animal and domestic waste
- To create a clean and safe environment

### Two Key CLTS Conditions

Attitudes and behaviour of facilitators

**AND**

Sensitive support of institutions

### CLTS Steps

1. Pre-triggering
   - Selecting a community
   - Introduction and building rapport
2. Triggering
   - Participatory sanitation profile analysis
   - Ignition moment
3. Post-triggering
   - Action planning by the community
   - Follow up
4. Scaling up and going beyond CLTS
**WHAT IS TRIGGERING?**

“The process of facilitating participatory exercises using different tools of CLTS, where a local community realises the bad effects of open defecation and decides to stop it through collective analysis of its own sanitation situation and profile, is called “triggering”. Triggering exercises are facilitated separately for the adults, children and wherever necessary for the women.

**CLTS TERMINOLOGIES**
- Community Led Total Sanitation
- Open Defecation (OD)
- Open Defecation Free
- Natural leaders
- Defecation area mapping
- Calculation of shit
- Calculation of household medical expenses
- Defecation area transect
- Food and shit
- Water and shit
- Triggering moment
- CDF planning
- Community presentation
- Community Consultant
- Verification
- Certification
- CDF declaration and celebration

**CLTS TRIGGERING TOOLS**
- Introduction and rapport building
- Situation/household mapping
- Defecation area mapping
- Transect walk
- Shit calculation
- Flow diagram
- Action planning

**Building Rapport**

**Getting started with children**

**Walk of shame!!!**

**Community mapping**

**Defecation mapping**
This is where we shit!!!

Shit per household

Shit calculation

Glass of Water demonstration

Putting Shit in water

We are ready for change!!!
ANNEX 12: Rapport-building

Purpose
Set the stage for subsequent activities by developing mutual trust, agreement and cooperation.

Process Guidelines
- Various techniques can be used to break the ice. You can begin with a simple self-introduction and begin a discussion with a few community members as you informally walk through a village.
- To discuss a private and sensitive topic like sanitation/defecation, sometimes directly hitting the issue helps, while at other times, the topic is best approached at after talking about the general cleanliness situation in the village.
- Try to meet with as many people as possible and understand their perception of sanitation, defecating in the open, and how this affects their well-being.
- Try to encourage women to share their experiences as they suffer the most because of poor sanitation but often lack an opportunity to voice their views.

Do's
- Think you are going to the community only to facilitate, not to teach.
- Ask people what the local words for 'faeces' and 'defecation' are and use these throughout your interaction with them.
- Be alert and take interest – try to remember names and potential change agents, e.g., Water User Committees, Parish Development Committees

Don’ts
- Don’t forget to introduce yourself and explain why you’re there.
- Don’t prolong introductions longer than necessary, especially in a large group.
- Don’t be impatient and start firing questions from a checklist.
ANNEX 13: Defecation Mapping

Purpose
To facilitate analysis of the ‘big picture’ with respect to the situation of the village vis-à-vis sanitation – this exercise will enable community members to visualize defecation areas and the close proximity of these areas to their homes.

Process Guidelines
• First draw a boundary of the village with chalk/stone. In case neither of these are available, ash or charcoal can also be used for the purpose. The boundary could somewhat look like this.

• Also, mark the agriculture fields and forest area by spreading leaves. After the houses have been marked, every member present should write the name of the head of the family or of self on a piece of paper and place it beneath the stone.

• Next, each member should plot their house within the boundary with the stones.

• Ask community members to mark the main spots of their village – like school, churches, all water points like handpump, taps, well/with locally available materials like ash, stones, leaves etc.

• Now members who defecated in the open on the same morning would be asked to raise hands and then plot the location used for defecation with locally available materials like leaves, seeds etc. Or areas where those who do not have latrines defecate.

• Once every member has marked his/her defecation site, arrows from the defecation sites to their houses would be drawn. Members would also be asked to locate the sites where children defecate (drains, etc.) or adults defecate during odd hours.

• Ask the community to explain the map and the information it contains.

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Choose an open space and draw a large map in which lots of people can participate.</td>
<td>☑ Don’t draw the map yourself! The facilitator’s role is to facilitate the mapping.</td>
</tr>
<tr>
<td>☑ Encourage people to use local material for mapping – stones, sticks, leaves, ash, charcoal etc.</td>
<td>☑ Do not over interrupt during the community mapping</td>
</tr>
<tr>
<td>☑ Ask questions about the map, e.g., which is the dirtiest place? Second dirtiest? And so on. The map is not an end in itself but a means to facilitate community understanding of their sanitary conditions.</td>
<td>☑</td>
</tr>
<tr>
<td>☑ Transfer the map to paper and try to have it displayed in a prominent place. The map can be used as a monitoring tool as the village progresses toward ODF status.</td>
<td>☑</td>
</tr>
<tr>
<td>☑ Emphasise that you are learning from them.</td>
<td>☑</td>
</tr>
</tbody>
</table>
ANNEX 14: Transect/Walk of Shame

Purpose
To walk along with community members through the village, observing sanitary conditions including open defecation areas, asking questions, and listening.

Process Guidelines
After initial rapport-building, the facilitator can ask the group to show her the cleanest and dirtiest places in their village. Substantial time must be spent at both these locations to discuss why the group feels these locations to be cleanest or dirtiest. This helps understand popular perceptions related to clean and unclean in the community, giving useful clues to the facilitator to build further.

Tips On the Transect Walk:
- Ask questions like: which families use which areas for defecation, where women go, and what happens during emergency defecation at night or during high incidence of diarrhoea. Sometimes people point out whose shit it is.
- Do not avoid the defecation areas, but rather spend as much time there as possible in them, asking questions, while people inhale the smell of their shit and feel uncomfortable at having brought an outsider there. This will help to trigger the sense of disgust and shame that will make them want to do something to change. If no shit is visible, this may be because of so much diarrhoea which simply soaks in or rains wash it away.
- Draw attention to the flies on the shit, and the chickens pecking and eating the shit. Ask how often there are flies on their, or their children’s food, and whether they like to eat this kind of local chicken.
- Look out for solid and liquid shit, and ask why not all the shit has shape and form. Often the liquid is closer to the dwellings, where children and adults are more likely to be infected.
ANNEX 15: Shit Calculation

Purpose
To quantify the magnitude of open defecation (OD) in the village.

Process Guidelines
- While the defecation transect and mapping exercises make people aware of the existence of the problem, the calculation of faeces makes them realize the scale of the problem.
- Taking an average of 250 gms (or local unit of measurement, e.g., tola/maund) of faeces produced per person per day, the calculation first determines the amount for a day (250 gms X population of the village).
- A daily figure can be multiplied to figure out how much faeces is produced each week, month or year, which may run into tons. The quantum of human faeces deposited in their area generally horrifies the community, an emotion which should be tapped. The analysis of where this faeces goes has been described through a flow diagram.

FAECES/SHIT CALCULATION SHEET

A. How many times a day do YOU defecate? ____________
B. Volume of faeces per defecation (per shit) e.g. 250g
C. Volume of faeces per day A X B ____________
D. Number of people per family ____________
E. Volume of faeces per family per day C X D ____________
F. Volume of faeces per family per month (E X 30) ____________
G. And how many families in the village?? ____________

Total amount of faeces generated per month by a village (F x G) ____________
Number of 100 kgs sacks or 10 ton lorries produced by each village per month ____________
ANNEX 16: Flow Diagram and Calculation of Medical Expenses

Purpose
To trace the routes by which faeces defecated in the open makes its way back into the community’s food and water, and the cost of treating diseases caused by ingesting faeces.

Process Guidelines
- The calculation of faeces should lead to further questions: where does all the faecal matter go?
- Using a flow diagram, the movement of the faeces after defecating is traced (this can be done on a chart paper, blackboard, etc.). The flow of faeces will include its lifting in the dry state by wind, getting into the feet of chickens, pets, flies, mixing with water streams (especially during rains), etc. The idea that has to be gotten across is that the very faeces that we have thoughtfully deposited away from us and our homes, doesn’t go ‘away’. Instead, it makes its way back through these carriers.
- The revelation that they have been ingesting faeces in some form or other brings revulsion. Try to sustain the tempo here by asking related questions: how would the ingested faeces affect our health?

Medical Calculation sheet

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>How many people in a household</td>
</tr>
<tr>
<td>B</td>
<td>How many times does one person in the household suffer from OD related diseases in a month</td>
</tr>
<tr>
<td>C</td>
<td>How many people in a household suffer form OD related diseases in month</td>
</tr>
<tr>
<td>D</td>
<td>How much on average does it take to treat one person</td>
</tr>
<tr>
<td>E</td>
<td>How much does it cost to treat one Person in the household per month (1 x B x D)</td>
</tr>
<tr>
<td>F</td>
<td>How much will it cost to treat all the people who fall sick in the household per month (C x E x 30)</td>
</tr>
</tbody>
</table>
ANNEX 17: The Bottle of Water!

Some tips and ideas

- Lift a child: Look for and lift up a small child playing on the ground or eating something with flies on the face. Ask whose child it is. Is it the child’s fault that it is ingesting dirt and faeces? Whose fault is it then that the child has to live in a filthy environment? Is it right that the children in this village should grow up like this? Parents who do not want your children to live like this, please raise your hands.

- Cover up fly-infested faeces: If there are faeces with flies on them, cover with soil. The flies should then go away.

- Mirror: After realising that they are eating one another’s faeces, and sharing their feelings with others, the faces of women and men change radically to show disgust and unhappiness. When this happens present a mirror to some of the better dressed women to look at their faces. Many will refuse.

- Be humorous in a fun and teasing way, for example: Apologise several times during the process. Stand with folded hands. Beg not to be misunderstood as a sales agent of latrines or someone from the government of an NGO trying to persuade them . . . “We are not here to tell you to stop open defecation or to construct latrines. You must feel free to continue OD as you have for generations.”

- If people then ask why you are there, say “We are here to learn”. After a few exercises, say “We have learnt a lot . . .” and summarise the learning – volume of faeces, medical expenses etc. After each participatory analysis it is important to document the main findings (e.g. amount of faeces deposited in the open in a day, month, year, total amount of money going out of the village per year etc) on a large chart paper in front of the gathering. Best if these are written by a member of the community and read out to all. Ask, whose analysis and findings were these?

- After faeces, food and flies, when the flies are hovering between the faeces and food, say “Don’t worry. There are two sorts of flies.” The kind of fly that sits on human faeces does not come on food or water. People might refuse to accept that.

- When people have realised what they are doing, say “Never mind. By all means continue to eat one another’s’ faeces”

- Invent and share your own ideas, experiences, jokes and stories
ANNEX 18:  Dealing with different trigger responses

Community responses differ widely. There are actions you can take to fit different responses. These can be divided into four categories according to intensity, as below.

1. Promising flames  
   Where a majority has agreed but a good number are still not decided.
   - Thank them all for the detailed analysis of the sanitary profile of the village and seek their permission to leave.
   - If someone from the community agrees to initiate local action, bring the person up front and encourage him or her to share their thoughts with the rest of the community as to how he or she is going to initiate action like construction of latrines.
   - Ask everyone if they are interested to know how other communities have built low cost latrines.
   - If all agree by raising hands, draw and explain a simple direct pit latrine using locally available low cost materials (as above).
   - Facilitate action planning, with a weekly list of commitments for toilet construction and dates for completion.
   - Decide mutually agreed dates for follow up visit.
   - Facilitate the start of community monitoring using the social map drawn by the community.
   - Find someone from the community to be the link person with suppliers of pans and sanitary hardware. In very remote locations, ask community’s suggestions on developing market links and how they could access low-cost and improved hardware?
   - Aim for local self-reliance with local linkages and leadership so that you can soon withdraw. Do not let your presence induce dependence or inhibit local innovation and action.

2. Scattered sparks  
   Where the majority of the people are not decided on collective action, and there are many fence-sitters, and only a few have started thinking about going ahead.
   - Thank them for the detailed analysis and tell them not to misunderstand you as a promoter or salesperson of latrines. Tell them to continue their age-old practice.
   - Ask how many of them by raising hands are going to defecate in the open the next morning.
   - Tell them that you are leaving the village knowing that there are people there who decisively want to continue to eat each others’ faeces.
   - Seek their permission to take a photograph of the group with hands raised to say that they will continue open defecation. At this moment people usually vehemently object to the photograph. If anyone disagrees, allow time for confusion and discussion. Generally, within a short time, those willing to stop open defecation can be asked to raise their hands. This then influences the rest to raise their hands as well. Then ask again if you can take a photograph of all those willing to stop, with their hands raised.
At this stage identify any who have decided to initiate local action and stop open defecation. Bring them in front of the gathering and ask all to applaud them.

Fix an early date to return when others who may not be present can be there, for a further round of ignition.

3. **Matchbox in a gas station**
   Where the entire community is fully ignited and all are prepared to start local action immediately to stop open defecation
   - Share and explain about low and moderate cost toilet options including the sources of their availability (as above).
   - Facilitate an action plan with dates for completion and formation of community committee.
   - Facilitate the drawing up of a list of people willing to construct toilets mentioning the date and week when they will complete. Write a simple community agreement stating that “We community X will be ODF by _____. We pledge as the leaders of this community to follow-up and ensure that all households will not OD.”
   - Decide a mutually agreed date for a follow-up visit.
   - Facilitate the start of community monitoring using the social map drawn by the community (ground map needs to be redrawn on a big chart and displayed where all can see).
   - Find someone from the community to be the link person with masons nearest to the community.
   
   In very remote locations, ask community’s suggestions on developing market links and how they could access low-cost and improved hardware?

4. **Damp matchbox**
   Where the entire community is not at all interested to do anything to stop open defecation
   - Thank them all and leave. Do not pressurize.
   - Tell them that you are surprised to know that they are knowingly ingesting one another’s faeces and are willing to continue to do so.
   - Judge whether to ask if you can take a photograph of the community.
   - Just before leaving ask if they would be interested to visit a nearby community or village where OD has been made history by the community themselves.
   - Last, and with prior apologies, you can tell them a culturally appropriate shocking but funny story if you know one.
ANNEX 19: key issues to remember after the triggering

(a) Immediate follow up and encouragement
- Revisit earliest frequently where the response has been strongest, and later and less where it has been weakest.
- With Matchbox in a Gas Station and Promising Flames, agree with the community for revisits in the following few days with dates, times and purpose.
- With Scattered Sparks normally revisit after a week or two.
- With Damp Matchboxes do not normally plan a date unless several members or a group want to know more, in which case arrange visits to nearby communities that are ODF or actively sanitizing.
- Another form of encouragement can be through calling NLs on their mobile phones, if they have them.

(b) Remind the community about target dates
- Take care not to intervene in any way which might induce dependence. Support the members of the community in taking their own action. Withdraw as soon as you reasonably can.
- Encourage visits by government officials and other outsiders to show an interest and appreciate what is being done. This raises spirits and reinforces action.
- In the triggering, someone will have volunteered to be the first to construct a latrine. Have a meeting to see it. Agree a time for it to be shown to others. Let the volunteer invite all interested members of the community to come and have a look. Invite the village leader and be present yourself. If technical staff are there, they should not interrupt or lecture but quietly observe. This demonstration can also be a time for discussing options.

(c) Community action follow up
Building on action taken during the first day, facilitate and encourage:
- The formation and activities of the sanitation action committee (drawing representatives from all the neighbourhoods and groups of the village).
- Using the map of households to show sanitation status and progress.
- Developing individual family plans to stop open defecation. In the early days, related households often construct common latrines to share.
- Digging pits and using them as makeshift latrines for the short term.
- Getting commitments from better-off families to start constructing latrines immediately.
- Looking for suppliers of latrine construction materials. It would be essential to explore existing potentiality in the village first.
- Interested members of the ODF communities could also be taken to other villages where such local initiatives on sanitary material fabrication started.
- Encourage better-off households to help the less well off to find a way to stop OD as they will also benefit. They may lend land, donate materials, or allow poorer families to use their latrine in the short term. Identify such generous people, bring them to the front of gatherings and announce
their donations in public. Often such announcements encourage others to offer assistance. The collective benefit from stopping OD should help to encourage mutual help.

- It is important to identify natural leaders and encourage them to take charge of ensuring that action plans are followed through and changes in behaviour are sustained.
- Always remember that you are there to ignite and encourage the community-led initiative to eliminate open defecation. Your job is not to do it yourself.

(d) **Be alert after triggering**

Where CLTS sparks off urgent collective action OD practices may reduce and stop very fast. 100 per cent ODF status may be achieved within a few days, weeks or months depending on conditions and the size of the community. Follow-up is important, in order to ensure that CLTS is sustained and improvements in latrines and practices are made over the long term.

Be alert for **positive** developments:
- Those with latrines wishing to convince others.
- People who jump into action.
- Better-off people who are willing to help those who are worse off.
- Formal or informal leaders (for example religious leaders) calling meetings.
- People with unused hardware starting to install it.
- Natural leaders emerging.
- New models/designs of latrines emerging with strong local touch.
- Innovative mechanisms of community reward, monitoring, community penalty and scaling up emerging. Be sensitive in encouraging and supporting them. Do not take over from them. Do not interfere in any way that might undermine their ownership and energy. Remember – it is their process, not yours.

Be alert for **negative** developments:
- Leaders earlier involved in hardware subsidy programmes opposing self-help.
- Political leaders and rumour-mongers saying that subsidy might be forthcoming.
- Other organizations with subsidy programmes intervening and subverting CLTS.
- Doubts raised by outsiders on technical or other grounds.
- Frontline staff feeling undermined and threatened.

To counteract the negative developments:
- Be proactive in encouraging natural leaders to assert themselves.
- Ask people whether subsidies have worked in the past.
- Point out that CLTS is a process and technical and other problems can usually be tackled as they arise, for example through moving up the sanitation ladder.
Investigate the validity of any technical or other doubts that have been raised.

Explain to frontline staff the benefits of CLTS and bring them into the process.

Convene meetings with other CLTS-triggered communities to share experiences, plans and actions. When several communities have been triggered at the same time (as often with facilitator training), convene a joint meeting soon after. Ask natural leaders to report action on the triggering process, community decisions, actions already taken, their plans of action, and dates for declaration of ODF. The more enthusiastic can encourage

(e) Community mapping for monitoring
When triggering leads to “matchbox in a gas station” or promising flames, leave behind large sheets of paper, tape and coloured markers for transferring the ground map, writing the names of newly formed committee, community plan for achieving ODF status and names of those decided to start digging pits immediately or next day/week. Encourage redrawing by community members of the map from the ground onto the sheets of paper taped together to be large enough to be seen by a small crowd. The map should be in a public place and protected from the elements of spoilage. It can be marked with the sanitation status of every household and kept up to date to show progress.
KEY ISSUES AFTER TRIGGERING

Remind the community about target dates

- Take care not to intervene in any way which might induce dependence.
- Encourage visits by government officials (national and district) and others to show an interest and appreciate what is being done. This increases spirits and reinforces action.
- In the triggering, someone will have volunteered to be the first to construct a latrine. Have a meeting to see the first volunteer to construct a latrine.
  - Agree a time for it to be shown to others.
  - Let the volunteer invite all interested members of the community to come and have a look.
  - Invite the village leader and his servant.
  - If technical staff are there, they should not interrupt or lecture but quietly observe. This demonstration can also be a time for discussing options.

Community action follow up

- Looking for existing reasons in the village who can help with latrine constructions.
- Interested members of the CD communities could also be taken to other villages where such local initiatives on sanitation started.
- Encourage better off households to help the less well off to find a way to stop CD if they can.
- It is important to identify natural leaders and encourage them to take charge of ensuring that action plans are followed through and changes in behaviour are sustained.
- Always remember that you are there to initiate and encourage the community led initiative to eliminate open defecation. Your job is not to do it yourself.

Immediate follow up and encouragement

- Revise earlier and most where the response has been strongest.
- With Matchbox in a Gas Station and Promising Flames, agree with the community for events in the following few days with dates, times and purposes.
- With Scattered Sparks normally event after a week or two.
- With Damp Matchboxes do not normally plan a date unless several members of the group want to know more, in which case arrange visits to nearby communities that are CDI or actively sanitizing.

Community action follow up

- Building on action taken during the first day, facilitate and encourage:
  - The formation and activities of the sanitation action committee (drawing representatives from all the neighbourhoods and groups of the village).
  - Using the map of households to show sanitation status and progress.
  - Developing individual family plans to stop open defecation.
  - Digging pits and using them as makeshift latrines for the short term.
  - Getting commitments from better off families to start constructing latrines immediately.

POSITIVE DEVELOPMENTS AFTER TRIGGERING

- Those with latrines wishing to convince others.
- People who jump into action.
- Better off people who are willing to help those who are worse off.
- Formal or informal leaders (for example religious leaders) calling meetings.
- People with unused hardware starting to install latrines.
- Natural leaders emerging.
- New models, designs of latrines emerging with strong local touch.
- Innovative mechanisms of community reward, monitoring, community punishment and scaling up emerging.
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- Leaders earlier involved in hardware subsidy programmes opposing self-help
- Political leaders and mimmit-mongers saying that subsidy might be forthcoming
- Other organizations with subsidy programmes intervening and subverting CLTS
- Doubts raised by outsiders on technical or other grounds
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TIPS ON HOW TO COUNTERACT

- Be proactive in encouraging natural leaders to assert themselves.
- Ask people whether subsidies have worked in the past.
- Point out that CLTS is a process and technical and other problems can usually be tackled as they arise, for example through moving up the sanitation ladder.
- Investigate the validity of any technical or other doubts that have been raised.

TIPS ON HOW TO COUNTERACT

- Explain to frontline staff the benefits of CLTS and bring them into the process.
- Convene meetings with other CLTS-triggered communities to share experiences, plans and actions.
- Ask natural leaders to report action on the triggering process, community decisions, actions already taken, their plans of action, and dates for declaration of ODF.

Key Reminder

Do not take over from them.
Do not interfere in any way that might undermine their ownership and energy.
Remember - it is their process, not yours.
ANNEX 20: Checklist of materials to be taken to the field for facilitating community analysis and CLTS triggering

In all hands-on training workshops, facilitating community analysis and triggering CLTS is the most important event. Therefore the lead trainers and facilitators of the workshop must ensure that each group of village/community facilitators carries their own packet of kits and materials with them. The lead trainer must remind the lead facilitator of each group and the leader for the children’s facilitation group to carry out a final check for all the essential materials before leaving for villages. The following list could be helpful:

1) Coloured powder or any similar stuff, especially yellow powder
2) Enough sawdust (at least 3-4 kg for each group each day of village work depending on the size of the village and population) to represent faeces in the mapping
3) Markers (enough for the community to work during triggering and leave behind a couple of markers with them for their preparation)
4) Chart paper (enough for making community presentations in the village, and drawing of low cost latrine designs by the community). A few sheets of chart paper need to be left behind with the community for their homework of transferring the ground map, and other analysis for presentation on the last day of the workshop
5) Coloured cards
6) Masking tape
7) Scissors
8) Camera
9) Bottle of drinking water (preferably sealed) and some food. For carrying out the "Water and faeces" exercise, asking for some drinking water and food from the community is also possible.

Remember that all these materials need to be divided into two lots for use by the adults and by the children’s group separately. It is always good to divide the materials and put them in separate packets the evening before. Names of each group should also be written on the packets to avoid confusion. Arrange a small team to put the materials for the field in piles to be collected by the teams. This requires careful foresight.

Cars, buses or other transport for taking the groups to different villages should also be arranged and drivers briefed in advance. Often 2/3 groups are taken in one vehicle and are dropped off at different locations. In such cases, it is easier to hand over a small map of these villages with their names to the drivers.

Write down the names of the groups and the respective villages they will visit on paper and paste them on the windscreen of the vehicle in advance.
Clearly describe the arrangements for dropping the groups and picking them up after community triggering.

**Sample questions asked to facilitating groups after the first day’s village triggering:**

In the morning of the day after, when all the groups return to the training hall after completing their first day’s village work, write down the following questions on a flip chart and ask the groups to meet in their respective groups, discuss the following questions and write down their group responses for presentation:

**Adults’ participation**

- How did you start? What was the first thing you did?
- How did you do the climate setting and eventually get into the discussion on the subject?
- When did you separate the children from the adults? Was it a smooth transition?
- What tools (CLTS) did you apply?
- What worked well and what didn’t?
- What challenges/difficulties did you encounter?
- Application of which tool took most time? Which tool could generate most lively discussion and high level of community participation?
- When did the triggering moment come? During application of which tool?
- How did you capture that? Did it last for some time and how did you move on from that moment to ODF planning?
- How was the teamwork? How did the members do their job as planned? What mistakes did you identify?
- What surprised you most yesterday?
- How was the participation of the women (in places where women are facilitated away from the men)?
- How do you rate the final triggering outcome of yesterday?
- Did you identify and invite promising natural leaders for the last day?
- Did the community decide to clean up their villages and make them ODF? If yes, by what date?
- What has been the most important learning of your group?
- Anything else that your group wants to share as special learning?
- Based on yesterday’s experience, how are you going to do things differently today or change your strategy?

**Children’s participation**

In addition to the above questions, throw light on the special aspects of children, e.g.

- Children’s procession organised (if any)
- Slogans/rhymes against OD by the children
- How was the children’s presentation to their parents and others?
- How was the reaction of the adults to the children’s analysis and presentation?
- Did you identify any child natural leaders? If so did you invite him/her for the last day’s presentation?
- Anything else you would like to share specially?
ANNEX 21: Guidelines for CLTS triggered village report

- It is very important to allocate some time for the groups to write down reports of triggering CLTS in their respective villages. These reports would serve as benchmarks for those villages that could be used later for evaluation, impact assessment and to measure progress. Both the quantitative and qualitative aspects of the sanitation profile of these villages need to be documented.

- For example: total number of households, households with and without latrines usage pattern, OD practice, incidences of diarrhoea, child mortality, household expenses on treatment of enteric diseases, average number of workdays lost due to diarrhoea, mobility related to treatment and taking critically dehydrated patients to doctors and hospitals, etc.

- Many of these facts would emerge spontaneously during the mapping, transect, calculation of faeces and household expenses, etc., during triggering. An alert content recorder would easily capture and document many of these.

- Reports should also contain the community’s plan of collective action for achieving ODF status if already prepared by the community themselves. This basic report serves as a benchmark and baseline for future monitoring of any change in the sanitation profile.

- Names of potential natural leaders, sanitation committee/existing group, etc., and organisations/institutions active or responsible for the follow-up should also be documented. If decided by the community, the date for declaration of ODF should be mentioned clearly.

Trainers’ report
The report of the “hands-on” training workshop is very important and is a must for the principal trainer to organise and produce fairly quickly.

This report should contain among other things recommendations for the way forward, further training and capacity-building initiatives needed, strategy and approach for institutionalisation/mainstreaming of the approach, etc. Major challenges and constraints in scaling-up and spread should be included in your report and possible solutions indicated.

Adult group facilitators
1) Lead facilitator: leads the facilitation process and discussion by asking questions, initiating participatory exercises and steering the process through different collective activities. The lead facilitator should be fluent in the local language and a person with skills in communication, a right attitude to learning from the local communities, and experience of participatory work.

2) Co-facilitator: helps the lead facilitator in managing the entire process of facilitation by "paraphrasing", "summarising", helping to manage large community groups, carrying out participatory analysis and helping in eliciting community responses.

3) Content and process recorder: records what happens and monitors how the team is following the agreed strategy; he/she also helps the lead facilitator as and when required.
4) **Environment setter**: ensures a conducive environment, makes sure that children are separated at the right time in the beginning and are involved in their own participatory exercises, deals with difficult people and monitors for right timing of the adults’ and children’s groups for the children’s presentation to the adults.

**Children's group facilitators**
1) Lead facilitator
2) Co-facilitator
3) Environment setter (as for adult group)
4) Facilitator for slogans, rhymes and procession.

If it is difficult for women to take part, or if they will be marginalised when they do, convene a separate meeting with them in a suitable venue, with only women as facilitators.

Encourage teams to draw up codes of conduct for triggering, including signals that will be used if team members fall into lecturing mode, dominate or ask lead questions, e.g. shoulder tapping or passing a marker pen to the person. Warn the groups that they will need to write up their group reports on each day’s triggering exercise, to feed into their final report at the end of the week.
ANNEX 22: Sanitation Technologies

Improvements in sanitation systems generally occur incrementally rather than in a single leap (Cairncross and Feachem 1993). Experience with community-driven total sanitation shows that users of relatively low-cost toilet models upgrade to more expensive models when the design life of their first toilet is over.

This annex provides a description, and advantages and disadvantages of different technology options, from simple to complex. These options bring out variations in the three components of a latrine (substructure, sanplat, hole and superstructure) as well as their applicability to different physical conditions.

1. **Shallow Pit/Cat Method**

   **Description**
   This refers to digging a small hole each time one defecates, and then cover the faeces with soil. This is known as the ‘cat method’. In addition, this can be used as a temporary method immediately post-ignition in triggered communities. In this option, excavated soil is heaped beside the pit and some is put over the faeces after each use. Decomposition in shallow pits is rapid because of the large bacterial population in the topsoil. This method is at the very bottom of the sanitation ladder and is the starting point for communities practicing open defecation. It is not classified as an improved sanitation method. People practicing this method of excreta disposal are not considered among the served.

   **Advantages and Disadvantages**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No cost and easy to understand and practice or use.</td>
<td>• Short life as shallow pit is soon filled.</td>
</tr>
<tr>
<td>• Benefit to farmers as fertilizer.</td>
<td>• Odor.</td>
</tr>
<tr>
<td></td>
<td>• Considerable fly nuisance.</td>
</tr>
<tr>
<td></td>
<td>• Spread of hookworm larvae.</td>
</tr>
<tr>
<td></td>
<td>• Contaminates groundwater if used in areas with high water table.</td>
</tr>
<tr>
<td></td>
<td>• Animals and birds expose the faeces causing more harm.</td>
</tr>
<tr>
<td></td>
<td>• Rain and run off water washes faeces to water sources and contaminates it.</td>
</tr>
</tbody>
</table>

   **Source:** Franceys et al. 1992.

2. **Improved Pit Latrine**

   **Description**
   An Improved pit latrine is the common type of latrine in most rural households and consists of a slab or other cover over a pit which may be 7ft or more deep.

   The slab should be firmly supported on all sides and raised above the surrounding ground so that surface water cannot enter the pit. Sides of the pit can be lined to prevent walls from collapsing. A squatting hole in the slab is provided so that excreta fall directly into the pit. The pit, in most cases, is
used till it is filled up and then it is left to digest the excreta. The old pit latrine is either abandoned or demolished. A separate pit is then dug and another superstructure is built and used for defecation.

### Advantages and Disadvantages

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Simple to construct: can be built by a person with minimal external assistance.</td>
<td>• Fly and cockroach nuisance (and mosquito nuisance if pit is wet) unless there is a tight fitting cover over the squat hole.</td>
</tr>
<tr>
<td>• Helps get people on the sanitation ladder; amenable to incremental improvements.</td>
<td>• Excreta may be visible, especially when the pit is about to fill.</td>
</tr>
<tr>
<td>• If properly built, provides an effective barrier to disease that is at least as good as other sophisticated methods.</td>
<td>• Risk of falling into the pit.</td>
</tr>
<tr>
<td>• Small land requirement on plot.</td>
<td>• Need to demolish and build a new superstructure or shift superstructure each time a new pit is dug, increasing overall costs.</td>
</tr>
<tr>
<td>• Contamination of ground water in high water table areas.</td>
<td></td>
</tr>
</tbody>
</table>

Source: Franceys et al. 1992

3. **Ventilated Improved Pit Latrine**

**Description**

Fly and odor nuisance in a simple pit latrine can be substantially reduced if the pit is ventilated by a pipe extending above the latrine roof, with fly-proof netting across the top, provided that the inside of the superstructure is kept dark. These incremental improvements are sufficient to convert a simple pit latrine into a ventilated improved pit (VIP) latrine.

There are two types of VIP latrines: single pit and alternating twin pit.

**Single pit:** A single pit is dug. A vertical ventilation pipe is installed which takes away the smell. Wind blowing across the top of the pipe sucks air out of the pit while fresh air flows into the pit through the squat hole, which must be left uncovered. To control flies, the shelter must be kept dark and the ventilation pipe should have mesh fitted over the top.

**Alternating twin pit:** For the twin pit, there are two adjacent pits below the latrine room and one pit is used at any given time. When one pit fills up, it is sealed and the other pit is used. By the time the second pit fills up, the contents of the first have fully decomposed and can be used as manure. The pit is then emptied and returned to service till it fills up again and the cycle is repeated.

### Advantages and Disadvantages

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Same as simple pit latrine.</td>
<td>• Does not control mosquitoes.</td>
</tr>
<tr>
<td>• In addition: control of flies and odor.</td>
<td>• Need to keep interior dark (deters flies).</td>
</tr>
<tr>
<td>• Amenable to incremental improvement.</td>
<td>• More expensive to construct</td>
</tr>
</tbody>
</table>
4. **ECO-SAN Latrine**

**Description**
Ecological Sanitation (Eco-san) is an alternative to conventional sanitation systems. It attempts to address the shortcomings of the traditional systems. The most common form of eco-san toilet used in Uganda is the urine diversion dry toilet (UDDT). In urine diversion dry toilets, urine and faeces are collected separately, and no water is used. The urine is collected in containers, mostly jerry cans and sometimes plastic tanks; after which it is applied in the garden as fertiliser, sometimes immediately but often after storage for 2–6 months. Urine diversion dry toilets usually have two vaults/chambers, which, in Uganda are designed with a filling time of 6–8 months for each vault. When one vault fills up, it is closed and the second one is used. Upon filling of the second vault, the source-separated faeces are removed from the first vault (where they will have undergone containment storage of 6–8 months). The faeces are then treated in secondary treatment systems, e.g. thermophilic composting or additional storage up to a total storage time of more than one year, and thereafter, they are applied in the garden to add humus and nutrients to the soil and increase its agricultural productivity. During the collection phase, one of the materials (usually also referred to as additives) such as lime, soil, ash, sawdust, etc. (depending on which one is available or affordable) is sprinkled to the source-separated faeces to keep away flies and odours and also to affect conditions (moisture, pH, temperature, nutrients, etc.), which impact on the rate of inactivation of pathogens in faeces. Ultimately, the fertilizer obtained from the sanitized source-separated faeces from the toilet systems should be free of pathogens. The latter is a major health concern considering that at household level, the product requires some handling. In some cases, where the reuse is not practiced, e.g. in urban or peri-urban areas, the faeces are disposed of some times in dug pits or are just carried away and disposed off site, while urine may also in such cases be simply soaked in the soil.

**Advantages and Disadvantages**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Removal of pathogens from the domestic environment.</td>
<td>• Users need to be taught how to use them properly.</td>
</tr>
<tr>
<td>• Elimination of foul odours - if properly constructed and used.</td>
<td>• They need committed users to regularly check and ensure that the urine pipes and connections are watertight.</td>
</tr>
<tr>
<td>• Disease causing microorganisms (pathogens) are destroyed, not just contained.</td>
<td>• Faeces need to be treated in the correct manner; otherwise they pose a health risk.</td>
</tr>
<tr>
<td>• No potential to contaminate other water sources if properly constructed and used.</td>
<td>• High-density urban areas don’t always have the capacity to use the by-products produced.</td>
</tr>
<tr>
<td>• Use very little, or no water.</td>
<td>• A source of additive preferably ash or lime must be available and this is hard to achieve in urban areas where people do not use charcoal or wood for cooking</td>
</tr>
<tr>
<td>• Nutrient content and organic matter is recovered.</td>
<td>• Considered to be expensive due to a limited range of options utilizing locally available materials</td>
</tr>
<tr>
<td>• The recovery of resources enables the toilet to pay for itself (recover costs) over time</td>
<td></td>
</tr>
<tr>
<td>• Good where there are collapsing soils</td>
<td></td>
</tr>
<tr>
<td>• Long lasting</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Niwagaba, 2011 (Lecture Notes)
Deciding Sanitation Options
Factors that influence decision-making on sanitation options can be divided into two types – demand factors and technical factors.

Demand factors relate to customs and socioeconomic conditions. They are crucial to the design and acceptance of a sanitation option by a user and ultimately on the user's willingness to invest in and use a facility. Examples of demand factors include:

- Affordability.
- Social customs and traditions.
- Personal hygiene practices (e.g., material used for anal cleansing).
- Preparedness for emptying.
- Preparedness for maintenance.

Technical factors relate to physical parameters. They determine the feasibility of planning and design, and ultimately the effectiveness of the chosen option. Examples of technical factors include:

- Availability of space.
- Human capacity.
- Level of groundwater table.
- Soil conditions.
- Risk of flooding.

Adapting Sanitation Technologies to Difficult Conditions

Lack of space is a problem and that is why people do not construct latrines
Experience with community-led total sanitation has shown that the reason why people don’t adopt safe sanitation is not due to lack of space but due to lack of a felt need at the collective level for safe sanitation. Some innovative ways in which this issue has been tackled include:

The latrine squatting slab and superstructure can be on the roof of the house but the pit can be under the main room of the house.

- Individuals can donate land to the less privileged
- Two neighbors can have separate superstructure and squatting slabs but share a common pit.
- Households which do not have adequate space in the house for building latrines can come together to construct community or group latrine facilities.

What type of latrine can be built where there is hard rock close to the surface?
It can be difficult and costly to dig a pit where hard rock is close to the surface. Some strategies to deal with this are:

- A raised pit latrine can be built where the pit is partially above the ground level or a dry urine diverting eco-san latrine.
What type of latrine can be built where there is a high water table?
If the water table is high and groundwater is used for water supply, a number of solutions can be applied to prevent contamination of groundwater, such as:

**Raised pit latrine:** the bottom of the pit should be at least 4.92 ft. above the water table level. It is important to know how many people will be using the pit so that it can be sized accordingly. A large number of small capacity latrines, wide rather than deep, are preferable to fewer large capacity latrines.

**Sand-enveloped pit latrine/raised pit latrine:** a sand envelope can be constructed around a lined pit to reduce risk of groundwater pollution. This envelope is usually 1.64 ft. thick.

**A urine diverting dry toilet (UDDT):** It does not need pits and is built above the ground.

<table>
<thead>
<tr>
<th>Summary table on soil conditions and appropriate sanitation options Condition</th>
<th>Possible solutions</th>
</tr>
</thead>
</table>
| **Lack of space** | • Individuals can donate land to the less privileged  
• Two neighbors can have separate superstructure and squatting slabs but share a common pit.  
• Households which do not have adequate space in the house for building toilets can come together to construct community or group latrine facilities. |
| **Rocky ground** | A raised pit latrine can be built where the pit is partially above the ground level or a dry urine diverting eco-san toilet |
| **High water table** | • Raised pit latrine: the bottom of the pit should be at least 4.92 ft. above the water table level.  
• Sand-enveloped pit latrine/raised pit latrine: a sand envelope can be constructed around a lined pit to reduce risk of groundwater pollution. This envelope is usually 1.64 ft. thick.  
• A urine diverting dry toilet (UDDT): It does not need pits and is built above the ground. |
ANNEX 23:  Hygiene Practices

**Key Messages**
Hygiene education is a potentially vast topic. To narrow the focus, this note details three hygiene practices which tie in properly with the handwashing campaign that is being implemented by WSP too:

- Washing hands with soap after defecation and before eating.
- Washing hands with soap after disposing an infant’s faeces.
- Proper and safe handling of drinking water.

**Attitude of the Facilitator**
Hygiene education is about helping people to understand, firstly, what causes some of their health problems and, secondly, what preventive measures might be possible. Following the core beliefs of community-led total sanitation, it is important not to preach to villagers about the importance of hygiene and its health benefits. Instead, use the triggering approach. In different communities, the trigger for hygiene behaviour change will vary – some may be influenced by the health argument, others by concepts of cleanliness, others by the messages brought home by children from school, etc. While promoting the hygiene messages, the catalysts should identify which type of intervention will trigger the community to adopt improved hygiene practices, and practice it sustainably.

**Focusing the Issue of Hygiene Education**
Although there are various hygiene practices, it may be more practical to concentrate on a few of them in the beginning. It is generally agreed that the three most important hygiene messages that should be inculcated by the community should be:

- Washing hands with soap after defecation and before meals
- Washing hands with soap after disposing an infant’s faeces: The popular perception that the faeces of infants are harmless needs to be dispelled and greater precautions need to be exercised after handling babies.
- Proper and safe handling of drinking water: Since a high proportion of the contamination of water occurs between the water collection point and consumption, the safe storage and handling of water is an important hygiene practice. Each of these hygiene practices are discussed in detail below.

**Washing Hands after Defecation and Before Meals**
Due to not washing hands or washing hands with only water after defecation, faeces get stuck in the nails. On eating food with the same hands one can fall ill. So washing our hands properly after defecation is very important. It is also equally important to wash our hands properly before eating to make sure that there is no form of dirt on our fingers and nails.

**What is the proper way of washing hands?**
Hands are believed to be washed properly only when there are no bacteria, pathogens or any other dirt left on our fingers or in our nails after washing. For this, we need to wash our hands only with SOAP and WATER or with fresh ASH and WATER.
Critical Times for Handwashing
We must NOT forget to wash our hands at following times:

- Handwashing after defecation
- Handwashing after washing child’s bottoms
- Handwashing before cooking/handling food
- Handwashing before eating food

Safe Disposal of Infant’s Faeces

Why is it important to know where is an infant’s faeces thrown?
This is important because an infant’s faeces is known to have five times more pathogens than the faeces of an adult. So, casually throwing an infant’s faeces in the open is as dangerous as defecating in the open and, in turn, it pollutes our water sources. It is, therefore, very necessary that an infant’s faeces is disposed in a safe manner.

Which is a safe place to dispose an infant’s faeces?
A safe place to dispose of faeces is a place where the faeces cannot cause infection and contaminate the water sources. A clean latrine is such a place. If a hygienic latrine is not available, a shallow pit can be dug which is about 1.97 ft. wide and 2 ft. deep to dispose of an infant’s faeces. Care must be taken that an infant’s faeces is disposed in such a way that:

- Faeces are not exposed to other people or domestic animals.
- Faeces are not exposed to flies.
- Faeces are not moved or used as manure on the field before they have become harmless.
- Faeces do not drain through the soil into water supply sources.

Treatment, Handling and Storage of Drinking Water
Any of the following ways can be used to treat the water taken from a polluted/unsafe source:

Boiling
- This is a safe and simple method of purifying/treating water for using before drinking and cooking.
- Boiling of water for drinking should be done for 15-20 minutes.
- Boiling kills the bacteria and other pathogens present in the water.
- If possible, we should boil the water in one container and have a separate container for storage.

Safe Storage and Handling of Drinking Water
To ensure that our drinking water remains pure and fit for drinking, we need to follow the tips given below:

- Clean the water container thoroughly before filling it with water.
- Always cover the container after filling the water.
- Do not allow own/child’s hands to touch the water in the container.
- Inside the kitchen/home, keep the water container on a raised platform, away from the reach of children or animals.
- Use a ladle or other utensil like separate cup for taking out water from the container. Wash hands before using the ladle or pouring.
ANNEX 24: Participatory Monitoring

Key Messages
- Participatory monitoring helps overcome some of the limitations of conventional monitoring as it recognizes the key role that local people play in planning and managing their environment.
- The four main principles of participatory monitoring are: participation, negotiation, learning and flexibility.
- There are nine basic steps that can be followed to facilitate participatory monitoring in the context of community-driven total sanitation as described hereafter:

Conventional vs. Participatory Monitoring
Monitoring can be defined as the periodic and systematic measurement of variables and processes over time. Conventional monitoring typically comprises external experts using standardized tools to measure performance against predetermined hypotheses.

Participatory monitoring emerged in response to the recognized limitations of the conventional approach. By recognizing the key role that local people play in planning and managing their environment, it offers new ways of assessing and learning from change that is closer to the perspective of those directly affected by it. The key differences between conventional and participatory monitoring are summarized below.

<table>
<thead>
<tr>
<th>Elements</th>
<th>Conventional Monitoring</th>
<th>Participatory Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Initiates</td>
<td>External expert.</td>
<td>Communities, often helped by a facilitator.</td>
</tr>
<tr>
<td>Who Participates</td>
<td>External consultants</td>
<td>Community members and associated stakeholders at different levels.</td>
</tr>
<tr>
<td>Role of the</td>
<td>Provide information.</td>
<td>Design the self-assessment from data collection to analysis and learning from change.</td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is Measured</td>
<td>Direct, quantitative outputs.</td>
<td>Wider qualitative and quantitative impacts, both expected and unexpected.</td>
</tr>
<tr>
<td>Method</td>
<td>Extractive (observation, survey and documentation).</td>
<td>Empowering; consultative (interviewing) and collaborative (PRA tools).</td>
</tr>
<tr>
<td>Approach</td>
<td>Predetermined</td>
<td>Adaptive, flexible</td>
</tr>
</tbody>
</table>

Source: Adapted from IDS (1998) and Pasteur and Blauert (2000).

Key Principles of Participatory Monitoring
Participatory monitoring should not be confused with using participatory techniques in a conventional monitoring setting. It is a departure from the traditional approach and requires rethinking on not only ‘whose reality counts,’ but also ‘who counts reality’. There are many different forms of participatory monitoring and early
examples of its use date back to the 1970s. However, four broad principles that define this approach can be articulated as follows:

- **Participation:** which means including those directly affected in collection, analysis and use of information.
- **Negotiation:** this involves reaching a consensus on what to monitor, how often, which methods to use, what the data means, how findings will be shared and action taken.
- **Learning:** participation and negotiation in monitoring leads to learning from change which forms the basis for further action.
- **Flexibility:** since the numbers, roles and skills of both those affected by change and the environment in which change is situated changes over time, flexibility is necessary (IDS 1998).

**Participatory Monitoring & Evaluation in Community-led Total Sanitation**

The nine basic steps that can be followed to design a participatory monitoring initiative in the context of community-driven total sanitation include:

i) **Identify possible participants:** who should be involved and who wants to be involved? For the process to be participatory, different stakeholders need to be included and not just the most vocal or accessible community members.

ii) **Clarify objectives and expectations:** this step helps to clarify why we are undertaking monitoring. Some of the reasons include:

- To know if we are making progress toward our goal, e.g., ending open defecation.
- To learn from experience – are some pockets/areas performing better/worse than others? If yes, why is there a difference in performance? Can good practices/ideas be replicated? What are the key challenges and how have these been tackled?

iii) **Define priorities:** sanitation is a private behaviour with public consequences. Therefore, the scope of issues that directly or indirectly impacts is potentially vast. However, for monitoring to be effective, it is essential to narrow down the scope to selected priorities. This must be agreed upon by the community members, taking the local context as well as resources available for monitoring into consideration.

iv) **Identify indicators:** this is often the most difficult step as each objective can be measured by different indicators. A thumb rule for selecting indicators that will provide information needed is that they should be SMART i.e., Specific, Measurable, Attainable, Relevant and Timely. The most common indicator used by sanitation programs is the number of latrines built. However, field experience has shown that construction of latrines must not be confused with usage of sanitation facilities. Therefore, under community-driven total sanitation, the focus is on facilitating behaviour change at the community level toward ending open defecation. Under this approach, constructing latrines is a means to an end, but not an end in itself. Accordingly, the focus of monitoring should be on the outcome (ending open defecation) and not on inputs (latrine construction).
v) **Agree on methods and responsibilities:** there is a vast variety of methods and tools that can be used for monitoring (Pasteur & Blauert 2000). In fact, many trigger tools can be adapted for this purpose, e.g., transect/walk, defecation mapping and flow diagrams. Some methods and their applications are discussed below.

a) **Mapping:** to show the location and types of changes taking place in the area being monitored. An innovative way to monitor is to combine a social map/list of households with tricolored stickers or pins to flag the sanitation status of each household or group in an area. This map should be kept in a public place so that it is visible to all and it should be regularly updated.

b) **Venn diagrams:** to show changes in relationships between groups, institutions, and individuals.

c) **Flow diagrams:** to show direct and indirect impacts of changes, and to relate them to causes.

d) **Diaries:** to describe changes in the lives of individuals or groups.

e) **Photographs:** to depict changes through a sequence of images.

f) **Matrix scoring:** to compare people’s preferences for a set of options or outcomes.

g) **Network diagrams:** to show changes in the type and degree of contact between people and services.

In addition to the methods used for monitoring, it is important to decide responsibilities for monitoring. One way to do this is to ask community members to volunteer for membership of sanitation monitoring committees. Separate committees can be set up for different parts of the village, based on recognized administrative divisions or number of households, e.g., each committee of five members is responsible for monitoring the sanitation status of a cluster of households. Members of these committees can be youths, mothers, children or residents of a particular section of the village. The committees can meet on a monthly basis or nominate a member to present the progress in their area to a community leader responsible for the community’s sanitation status. It is important to note that participatory monitoring does not exclude the role of government or civil society organizations. Rather, successful initiatives demonstrate partnerships between communities and both government and nongovernmental organizations.

vi) **Decide the timing and frequency of monitoring:** certain indicators are best measured at key moments or are heavily influenced by seasonality, e.g., incidence of open defecation may increase/decrease depending on time of day or season. To avoid confusion, those responsible for monitoring must agree on the timing and frequency of monitoring, possibly in the form of a daily/weekly/monthly calendar.

vii) **Collection and analysis of data:** after the data is collected, it needs to be analyzed and shared with relevant people and groups. Consideration should be given to building the capacity of selected resource persons from the community such that they are confident of undertaking the analysis as per the standards
required. Based on the analysis, the community should be able to understand and take decisions about:

- What progress has been made?
- What is working well?
- What is not working well?
- What more needs to be done?

viii) **Using the information:** The same data and analysis may need to be presented in different ways to convey key messages to different groups. It should be used by each relevant group in the decision-making process to solve problems and/or plan for the future.

ix) **Sustaining participatory monitoring:** To be sustainable, participatory monitoring must overcome certain common mistakes. These include:

- Assuming that everyone will have equal enthusiasm to participate.
- Imposing inappropriate indicators without adequate consultation or collecting unnecessary information.
- Being unclear about how the information will be used and by whom.
- Launching into the process with inadequate preparation (adapted from IDS 1998).

**ODF VERIFICATION**

CLTS monitoring should be done 3 times in a period of three months before a village is declared ODF. The first follow-up visit by the community facilitators should be 3 weeks after triggering, then one and a half months and finally after 3 months for purposes of follow up. The CLTS monitoring form to be used during the three months is given in **Form 1**.

When a community thinks that it has achieved ODF status, the Community facilitators and the CLTS committee notify the Parish team. The parish team visits the community to verify the ODF status. Upon satisfaction of the village ODF status, the parish team informs the sub-county team who if after verification and are satisfied with the village ODF status inform the District team which conducts the final verification process. The final ODF verification team from the district is expected to come for verification to the village at least within a period of one month after notification. Details of the composition of team at each level is given in **Figure 1** below.

On the appointed day, ODF verification teams arrive at the specified community and are briefed on the exercise as explained in the ODF Verification guidance (**Form 2 and 3** below). They use the social map in the village and agree on the areas/route each verifier will take, so as to cover the community fully. After observation, they all report back at an agreed meeting place where the community can gather. Results are quickly compiled and presented to the community claiming ODF status. The result could be that the community fulfills the criteria for being ODF, or that it is not yet really ODF and shortcomings remain – which will have to be corrected before re-verification is done at a later date. The reasons why it may not be declared ODF
are reported to the community gathering, and agreements reached as to when it will be ready for re-verification. Usually communities ask verification teams to return very soon, within a week or two.

Parameters to be observed by the verification team in each household are:

1) Latrine facility in good working order, clean safe, is being used.
2) Babies faeces are disposed into latrine facility
3) Toilet slab/floor is well/safely constructed.
4) Latrine facility prevents exposure of pit contents to flies or other vectors.
5) No faeces are visible on the floor/walls/slab of the latrine
6) The latrine hole has a cover.
7) Hand washing facility is available near eating place
8) The latrine is located at least 10 metres from the house and 30 metres from the water source
9) Hand washing facility available with water, soap and ash in the latrine or nearby.
10) No human excreta including children’s faeces are found in the compound and gardens.

Beside these parameters, other community commitments checked during verification are: existence of village by laws to check open defecation, existence of a monitoring system involving key community leaders and functioning school sanitation facilities.

Figure 1. ODF Verification team composition:
MONITORING FORM FOR ODF VERIFICATION OF A VILLAGE

Who should use this format:
• This format is an independent verification, because it should not be used by members of the community to verify their own communities.
• Verification team should consist of the persons mentioned in the figure above. External facilitators who lead the triggering process in the community, should NOT do the verification.
• Members of community whose village is being verified, can accompany verification team to help them locate the households.

A) Definitions
1) One community has achieved ODF status if:
   1) All households defecate only in latrines and dispose of babies’ faeces only into latrines
   2) No human waste is seen around the environment
   3) There are by-laws, rules or other safeguards imposed by the community to prevent open defecation
   4) There is a monitoring mechanism established by the community to track progress towards 100% households’ ownership of improved latrines. The verification team can ask to view the defecation map which the committee should have been updated after every follow-up visit.
   5) Efforts are under way to convert all existing latrines to improved latrines and to popularize other key behaviour change towards total sanitation.

2) Total sanitation is achieved if all households in a community:
   1) Have access to and use improved latrines for all excreta disposal
   2) Wash hands with soap properly before eating, after defecating, after cleaning up babies’ excrement, and before touching food.
   3) Use safe practices for handling and storing drinking water and food.
   4) Use safe practices for disposing of household waste (liquid and solid)

3) Improved latrines are facilities to dispose of faeces in such ways that:
   1) They do not contaminate water bodies;
   2) Prevent contact between excreta and human beings;
   3) Prevent access to excreta by flies or other insect vectors and animals;
   4) Prevent foul smell;
   5) Are easy to keep clean and safe to use

Verification Process steps
1) Before starting the verification, discuss each of the 10 questions, one by one, with the team, to ensure common understanding.
2) Use community map to divide responsibility for observation and verification among team members. Make sure that they have the correct name of the family head who will be visited.

3) Let all team members complete home visit observations and interviews.

4) Create a summary of the results together using ‘checklist’ in Form 3 (for ODF and Improves latrine)

5) Report the result to community, as follows:
   - Explain the ODF criteria one by one, including the score and what it means.
   - Explain criteria of “improved latrine” and “unimproved latrines”, give examples of “unimproved latrines”, latrines still found in community. Explain that the unimproved latrine can be easily damaged and does not last long, which causes the ODF village to lose its ODF status, and the community should strive to upgrade them to “improved latrines” as soon as possible.
   - Explain to community whether they can now declare their ODF status. If not, explain what improvements need to be made and where in the community or at the school.
   - Communicate to community that the verification team will be back to check whether the changes / improvements have been made, so that ODF status can be declared.

Notes:
1) The 10 questions must be adapted to field situations and ‘read between the lines’ like a question in the checklist.

2) Notes from each of the latrines observed and the results of interviews with owners and users are needed as separate formats in section C.

3) If the owner / user of the latrine is not at home, try to find out and search for information from the nearest neighbours.
### Form 1: COMMUNITY FACILITATOR'S MONITORING FORM

<table>
<thead>
<tr>
<th>District Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-county Name:</td>
<td></td>
</tr>
<tr>
<td>Village Name:</td>
<td></td>
</tr>
<tr>
<td>Implementing Resource Agency:</td>
<td>NGO: District</td>
</tr>
<tr>
<td>CLTS facilitators name(s):</td>
<td></td>
</tr>
<tr>
<td>Facilitator trained by:</td>
<td>Date:</td>
</tr>
<tr>
<td>Does Village have a trained Mason?</td>
<td>Yes: No:</td>
</tr>
<tr>
<td>Number of Households:</td>
<td></td>
</tr>
<tr>
<td>Was handwashing included in the trigger event?</td>
<td>Yes: No:</td>
</tr>
<tr>
<td>Did the village trigger? (one of the following is true:</td>
<td></td>
</tr>
<tr>
<td>(1) all are prepared to take action</td>
<td>Yes: No: If No provide comments:</td>
</tr>
<tr>
<td>(2) the majority agreed to take action</td>
<td>Yes: No: If No provide comments:</td>
</tr>
<tr>
<td>(3) some agreed to take action</td>
<td>Yes: No: If No provide comments:</td>
</tr>
<tr>
<td>Did the sub village agree on date when it will be Improved (ODF and all households have an improved latrine)?</td>
<td>Yes: No Comments:</td>
</tr>
<tr>
<td>Did village put together an action plan?</td>
<td>Yes: No If No provide comments:</td>
</tr>
<tr>
<td>Start Date:</td>
<td>End Date:</td>
</tr>
<tr>
<td>Household Baseline (No. Of HHs)</td>
<td>No. of Improved latrines</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Supervisor’s Name and Signature</td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-trigger visit/ Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has village/participants taken action to facilitate and improve their sanitation situation?</td>
</tr>
<tr>
<td>Has village/participants started implementation of action plan?</td>
</tr>
<tr>
<td>Follow up supervision 3 months after triggering</td>
</tr>
<tr>
<td>1st Follow-up Supervision</td>
</tr>
<tr>
<td>2nd Follow-up Supervision</td>
</tr>
<tr>
<td>3rd Follow-up Supervision</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Has the village declared itself Improved? (ODF and every household has an improved latrine)</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Verified by:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Data entered by:</td>
</tr>
</tbody>
</table>
Form 2:

A) Latrine observation sheet for household by District and Sub-county staff:

<table>
<thead>
<tr>
<th></th>
<th>Name of Community/Village:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Name of Parish/Sub-county:</td>
</tr>
<tr>
<td>3</td>
<td>Name of District:</td>
</tr>
<tr>
<td>4</td>
<td>Activity date:</td>
</tr>
<tr>
<td>5</td>
<td>Name of verifier:</td>
</tr>
</tbody>
</table>

Construction quality, Operation & Maintenance, and use of household latrines and hand-washing facilities (observed by facilitator)

<table>
<thead>
<tr>
<th>Score 1=yes, 0=no</th>
<th># of households observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clean safe latrine, used for defecation</td>
<td></td>
</tr>
<tr>
<td>2. Latrines used to dispose of baby excrement</td>
<td></td>
</tr>
<tr>
<td>3. Well constructed latrine</td>
<td></td>
</tr>
<tr>
<td>4. Pit at a safe distance of 10m away from the house and 30m away from the water source and downstream from water bodies</td>
<td></td>
</tr>
<tr>
<td>5. There is lid for the latrine hole</td>
<td></td>
</tr>
<tr>
<td>6. Faeces cannot be accessed by flies or other vectors</td>
<td></td>
</tr>
<tr>
<td>7. No faeces on floor/wall</td>
<td></td>
</tr>
<tr>
<td>8. There is a handwashing facility with soap or ash and is in use</td>
<td></td>
</tr>
<tr>
<td>9. There is facility for hand washing before eating</td>
<td></td>
</tr>
<tr>
<td>10. No human excrement (particularly child excrement) in the compound and garden.</td>
<td></td>
</tr>
</tbody>
</table>

Total score

Note: the description of each latrine observed can be put in a separate column based on the numbering on the community/defecation drawn by the community during the triggering.
For analysis:
No. 1, 2, 5, 6, 7 and 10 as indicators of behaviour change of defecating to latrine
No. 3, 4, 5, 6 and 7 as indicators that the latrine used is categorized as improved latrine
No. 8 and 9 as indicators of other hygiene and sanitation behaviour, such as handwashing

Marks: Each indicator carries 10 marks so for all the indicators the total is 100. If all are in place than you declare the village 100% ODF.

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Process notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Observe the latrine (find the indication that latrine was used). Interview the owner, how many times a day is it used? Are they defecating in the latrine consistently? Is anyone still going to the paddy field, river or yard?</td>
</tr>
<tr>
<td>2</td>
<td>If they have babies, ask the parents. What about the baby’s diaper, washed where? (if washed in latrine, look for evidence).</td>
</tr>
<tr>
<td>3</td>
<td>By observation: Is the slab tilting or cracked? Ask the user, how they feel about the safety of that facility</td>
</tr>
<tr>
<td>4</td>
<td>Ask about the source of drinking water used by community. If using a dugwell or borehole, ask where is the position of the water source, and which are the nearest latrines.</td>
</tr>
<tr>
<td>5</td>
<td>Item should be observed; example: for dry pit latrine if the cover is not fully covering, and there is no seal, score can be 0.</td>
</tr>
<tr>
<td>6</td>
<td>Observe; Can you see any insects or other animals able to reach the faeces in the pit; on the slab or the ventilation pipe.</td>
</tr>
<tr>
<td>7</td>
<td>If you see faeces on the floor/slab/wall, Score is 0; and make a note based on user comment about it.</td>
</tr>
<tr>
<td>8</td>
<td>See indicator (availability of water and soap and trace of soap use). During interview, ask member of household to show how they wash hands. If soap is not found inside the latrine, see if it is brought in and used.</td>
</tr>
<tr>
<td>9</td>
<td>Find out where they usually eat? Ask where they wash their hands? (See if handwashing facility is conveniently close to eating place. Check actual practice if close to meal time)</td>
</tr>
<tr>
<td>10</td>
<td>Do by observing the surrounding of their house (bushes, gutter, field, river, trash bin, or other places).</td>
</tr>
</tbody>
</table>

B) Additional recording sheet for result of household latrine observation

<table>
<thead>
<tr>
<th>Name of Household head</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
Form 3: Observation sheet for school latrine

Construction quality, Operation & Maintenance, and use of school latrines and hand-washing facilities at village

<table>
<thead>
<tr>
<th>Score 1= yes, 0=no</th>
<th>Schools observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School 1</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

1. Clean, safe latrines used for defecation

2. Separate latrines used by students and teachers. Girls and boys and teachers latrines are separate

3. Well constructed latrines

4. Latrine at safe distance 10 m from classrooms, 30m from watersource and down stream from water body.

5. There is lid for each latrine hole

6. Safe disposal of human faeces preventing exposure to flies or other vectors

7. No faeces on floor/wall

8. There is a handwashing facility with soap or ash and in use

9. There is facilities for hand washing

10. No human excrement in and around the school compound

Total Score

Note: The description of each latrine observed can be put in a separate sheet of paper. Filling principle same with household observation.

Notes for each question item
The number of latrines in each school should be identified and separate observation for each latrine made

<table>
<thead>
<tr>
<th>No. of questions</th>
<th>Process notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Score is 0, if latrine only use by teacher (restricted for student). Do confirmation with students, if they want to defecate during school time, where they go?, And why not use school latrine?</td>
</tr>
<tr>
<td>3 – 10</td>
<td>Similar with household checklist</td>
</tr>
</tbody>
</table>
Additional recording sheet for result of school latrine observation

<table>
<thead>
<tr>
<th>No. of latrine in each school</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>
Form 4: Summary sheet for ODF Village level

This process should be conducted after the verification team has returned from the village and all households have been observed. A meeting should be held immediately upon return from the village at an agreed assembly point in the village. This meeting is intended to ensure data and information is in order to declare a village is ODF.

Checklist and final notes on ODF Village and hygiene practices.

1) **ODF status**

<table>
<thead>
<tr>
<th>ODF criteria</th>
<th>Marking (✓)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All households defecate only in latrines and dispose of babies’ faeces only into latrines (Checklist item-no 1, 2, 5 &amp; 6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. No human waste is seen in the environment. (Checklist item-no 7 &amp; 10).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There are by-laws, rules or other safeguards imposed by the community to prevent open defecation</td>
<td></td>
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</tr>
<tr>
<td>4. There is a monitoring mechanism made by the community to achieve 100% households ownership of improved latrines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Efforts are under way to upgrade existing latrines to improved latrines and popularizing other key behaviour change towards total sanitation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

No. 3: Ask to see the written by-laws and rules to safeguard the community against going back to practicing OD. Make sure there is realistic commitment and cross check with some member of community.

No. 4: It must be ensured - the availability of monitoring team and mechanism (how they work).

**Clean and safe latrine**

<table>
<thead>
<tr>
<th>Healthy latrine criteria</th>
<th>Marking (✓)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Safe disposal of human faeces preventing exposure to flies or other vectors including animals. Checklist no-5, 6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Preventing disposal from smelling unpleasantly. Checklist no-5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Easy to clean and safe toilet seats for user. Checklist no-3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prepared by (team names): ...........................................................................................................................

Signed by: ...........................................................................................................................................................

Name: ................................................ Name: .................................................................
Signature: .......................................... Signature: ............................................................
LCIII Chair Person: ................................. District Health Officer: ...................................
Name: ................................................ Name: .................................................................
Signature: .......................................... Signature: ............................................................
Chief Administrative Officer: ............... Partner (NGO) Specify: .................................
Verification and certifying ODF status

Verifying ODF

Verifying ODF status is a key activity. Verification entails inspection to assess whether a community is ODF. Certification is the confirmation of the status and its official recognition. Especially where there are rewards for ODF status, communities and officials may have incentives to seek certification before ODF status has been fully achieved. Where certification leads to community rewards, cases are known of deception and corruption. To guard against this, and to assure sustained ODF standards, many different approaches have been used. Inspections can be and have been carried out by combinations of:

- People from neighbouring communities (especially when there is competition)
- Natural leaders and others from ODF communities
- A government committee
- Staff of government departments,
- Staff of NGOs
- Teachers
- Members of the general public.

Some useful principles and practices:

- Revolving membership of verification and certification committees (to reduce dangers of corruption where there are rewards)
- NLs from ODF villages as members of inspection teams
- Have women members to specifically investigate women’s sanitary arrangements
- More than one monitoring visit
- A surprise visit
- All members of the committee to sign any verification or certification
- No official certification, unless it has been sustained for 6 months
- Clear publicity of an ODF village based on stringent verification exercise
- Where a whole administrative area is to be verified, many members of organizations and of the public can be informed and invited to take part.

Verification activities:

- Visits to former OD sites
- Checking up before dawn or after dusk
- Inspections of latrines
- Noting whether paths to latrines have been used
- Conversations with old people and children
- Asking how a community itself monitors hygiene\behaviour change?
- Identify distinct and visible marks indicating hygiene behaviour change, e.g. soap for washing hands, water containers near latrines etc.
- Inquiring about infringements and what was done

Celebrate achieving ODF status

Work to build a healthy relationship between CLTS communities and local government. Guard against the media, and heads of other communities or
administrative units of the same level. Try to ensure that the VIPs who speak are well informed. Encourage them to invite others to make public statements about progress and plans. Once total sanitation is achieved, encourage the community members to put up a board or sign saying so. This will increase their sense of pride and also serve to awaken interest among visitors to the village who may be interested in doing the same back home.

**Monitoring and Sustaining ODF status**

Sustainability is also indicated when the general trend in a community is to go up the sanitation ladder. Behaviour change as the key to sustainability of ODF can best be monitored by the community itself. If sanctions are made against a few individuals for OD, this may indicate social sustainability.

Sustainability is indicated when a household spontaneously constructs another latrine in cases when the locally made low-cost ones fill up, especially when it is better and more durable.

Monitoring will indicate where further facilitation may be needed. Sometimes light follow-up is required, for example to encourage community members to follow through with the commitments they have made or to encourage the sharing of latrines in order to achieve ODF status. Usually, the natural leaders will take care of misguided support from stakeholders seeking to introduce hardware subsidies.

Take advantage of informed and enthusiastic support where this is shown. A good way to do this is to involve the Local government and key opinion and political leaders in celebrating the achievement of ODF. Whenever a community or larger unit achieves ODF status, organize a celebration designed as a reward and also to generate enthusiasm and commitment among others.

The community facilitators and the village health teams are encouraged to continue monitoring the sanitation and hygiene status even after the community has been declared ODF. The information collected should feed into the Health Information Management System (HMIS) for each district. Below is a suggested process for the follow of monitoring data from the community to the national level.
Monitoring data flow from the community to the national level

**National level**
Ministry of Health (Environmental Health Division), Ministry of water and Environment (Directorate of Water Development)

**District level**
District Health Officer/District Health Inspector/District Water Officer/NGO partner

**Sub-county level**
Sub-county health Assistant/Health Inspector

**Community/Village level**
Natural leaders/Community facilitators, Village Health Team and partner NGOs submit data to the parish level

**Parish level**
Parish Development Committee/Parish VHT Coordinator
### ANNEX 25: Training Evaluation Form

**DAILY FEEDBACK FORM**
Please check the appropriate box and offer any comments you may have about the topics handled today.

<table>
<thead>
<tr>
<th>Element</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Instruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Relevance of Material</td>
<td></td>
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<tr>
<td>Participation/Discussion</td>
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<tr>
<td>Interest of Topic</td>
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<tr>
<td>Facility Conditions</td>
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<tr>
<td>Overall Evaluation</td>
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</tbody>
</table>

What should be improved for the next sessions?

Any other comment
### TRAINING EVALUATION FORM

<table>
<thead>
<tr>
<th>No.</th>
<th>Resource</th>
<th>A – EXCELLENT</th>
<th>B – GOOD</th>
<th>C – AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Course material provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Relevance of the course for your job</td>
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<tr>
<td>3</td>
<td>Have your expectations been fulfilled</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accommodation and facilities</td>
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<tr>
<td>5</td>
<td>Field trip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Participation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Facilitation skills</td>
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</tbody>
</table>

Please mention three important lessons you have learned during the workshop:

___________________________________________________________________________
___________________________________________________________________________
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___________________________________________________________________________

How can the quality of the workshop be improved?

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___________________________________________________________________________
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___________________________________________________________________________

Any other comments:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
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