IMPLEMENTATION MANUAL
For Implementing
Community Led Total Sanitation (CLTS) in the Community
(For the use of CLTS Master Trainers and Facilitators)
<table>
<thead>
<tr>
<th>Acronym</th>
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<tr>
<td>AREU</td>
<td>Afghan Research and Evaluation Unit</td>
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<td>ANDS</td>
<td>Afghanistan National Development Strategy</td>
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<td>ARD Inc</td>
<td>Afghanistan Reconstruction and Development Inc</td>
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<td>BDN</td>
<td>Bakhtar Development Network</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CAF</td>
<td>Care for Afghan Families</td>
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<td>CDCs</td>
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<td>CAP</td>
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<td>DoPH</td>
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<td>DK</td>
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<td>DACAAR</td>
<td>Danish Committee for Aid to Afghan Refugees</td>
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<td>KAP</td>
<td>Knowledge, Attitude and Practice</td>
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<td>MRRD</td>
<td>Ministry for Rural Rehabilitation and Development</td>
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<td>MoPH</td>
<td>Ministry for Public Health</td>
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<td>MRCA</td>
<td>Medical Refresher Courses for Afghans</td>
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<td>NRVA</td>
<td>National Risk and Vulnerability Assessment</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NL</td>
<td>Natural Leaders</td>
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<td>OD</td>
<td>Open Defecation</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<td>PRA</td>
<td>Participatory Rural Appraisal</td>
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<td>RRD</td>
<td>Rural Rehabilitation and Development</td>
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<td>SSDA</td>
<td>Society for Sustainable Development of Afghanistan</td>
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<td>SWSS</td>
<td>Sustainable Water Supply and Sanitation</td>
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<td>SHDP</td>
<td>Social and Health Development Program</td>
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<td>ToT</td>
<td>Training of Trainers</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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Clean drinking water and sanitation facilities are the basic rights of human beings. Around 50% of the developing world’s population (2.5 billion people) lack improved sanitation facilities, and over 884 million people still use unsafe drinking water sources. Inadequate access to safe water and sanitation services, coupled with poor hygiene practices, kills and sickens thousands of children every day, and leads to impoverishment and diminished opportunities for thousands more.

Poor sanitation, water and hygiene have many other serious repercussions. Children – and particularly girls – are denied their right to education because their schools lack private and decent sanitation facilities. Women are forced to spend large parts of their day fetching water. Poor farmers and wage earners are less productive due to illness, health systems are overwhelmed and national economies suffer. Without WASH (water, sanitation and hygiene), sustainable development is impossible.

Afghanistan is one of the developing countries of the world, which is passing through clean water and sanitation crisis. 70% of the total population in Afghanistan is undernourished and one in four children dies before the age of five. Only 26% of people in Afghanistan have access to improved water sources (NRVA 2005). 12% people have access to sanitary latrines. The lack of safe drinking water causes many water-borne diseases resulting in diarrhoea and dysentery. Low local awareness of good sanitation and general health practices also contribute to the spread of disease. Droughts in Afghanistan result in water scarcity, which impacts on food production in the area, as there is little water to irrigate crops, causing crop failures and a lack of food.

Afghanistan National Development Strategy (ANDS-1) sets a national target of providing safe drinking water facilities in 90% of villages and sanitation to 50% villages, the water supply and sanitation (WATSAN) program is expected until 2015, has a daunting challenge to accelerate the achievement of these objectives. A household economy survey (AREU 2004) indicated that spending on health care was second only after food. It is therefore, obvious that the challenge is to accelerate and scale up delivery of water supply and sanitation services so that the largely un-served rural population receives sustainable services as soon as possible within a consistent policy framework implemented through efficient and effective strategies. Furthermore, the 2007 water supply and sanitation policy document states that while the principles and policies defined in the national policy are not expected to change but strategies are required to be updated at regular intervals to take account of new and valued practices and experiences.

To enhance and improve the Afghan Government policy on water supply and sanitation, many national and international WatSan stakeholders played a vital role to address the above mentioned water and sanitation issues through applying different approaches in terms of providing safe drinking water, constructing sanitary latrines, and promoting hygiene education through teaching and preaching. The key stakeholders which have contributed a lot in this sector are UNICEF, UNHCR, MRRD, WHO, MoPH, USAID, World Bank and some national and international NGOs.

Although the above mentioned efforts, Afghanistan is still far away from the goals set by ANDS, which is a clear cut message to all national and international stakeholders to please change the Water and Sanitation approaches in Afghanistan. Keeping in mind the above scenario, Ministry of Rural Rehabilitation and Development (MRRD) of
Afghanistan has added a new approach - Community Led Total Sanitation (CLTS) in its WatSan policy.

The approach was pioneered by Dr. Kamal Kar from India in 1999, which spread in the neighboring countries very fast. The concept focuses on transforming a community into open defecation free (ODF). For the first time, the approach was presented in the WSG meeting at MRRD in May 2007. At that time, concept was well received as most of the participants were of the view that the concept would fail without subsidies and assistance. SSDA initiated the CLTS with ARD Inc under Sustainable Water Supply and Sanitation (SWSS) Project in October, 2009. In this concept, SSDA built the capacities of more than 130 Master Trainers working with ARD Inc, MSH, Health Net TPO, Tear Fund, MRCA, BDN, DROP, CAF and SHDP.

SSDA also trained the Master Trainers working in Provincial RRD, DoE, and DoPH in all Provinces of Afghanistan in 2010 under the financial support of UNICEF.

The CLTS approach has been implemented in few Provinces (Kunar, Nangarhar, Laghman, Logar, Daikundey, Kapisa, Baghlan, Takhar and Badakhshan) through some national and international NGOs since 2010.

This approach focuses on ODF, and forms the first step of the sanitation ladder. Therefore, some important components of sanitation i.e. solid wastes, liquid wastes, and hygiene education are to be included in this approach, to make it integrated and complementary.

2.0 INTRODUCTION TO “CLTS”

The Community Led Total Sanitation (CLST) is an innovative approach for mobilizing communities to completely eliminate open defecation (OD), and move forward towards collective action. Communities are facilitated to conduct their own appraisal and analysis of open defecation (OD) and take their own action to become ODF (open defecation free). This approach leads the community to the first step of sanitation ladder.

CLTS focuses on a collective sanitation analysis, sudden realization that leads, and in the end making the village 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. As a result, open defecation and the cycle of fecal–oral contamination continued to spread disease.

In contrast, CLTS focuses on the behavioral change needed to ensure real and sustainable improvements – investing in community mobilization instead of hardware, and shifting the focus from toilet construction for individual households to the creation of “open defecation-free” villages. By raising the awareness that every one remains at risk of diseases even when only a minority continues to defecate in the open, 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.

3.0 PRINCIPLES OF CLTS APPROACH

- CLTS focuses on outcomes, not on hardware inputs;
- CLTS emphasis on collective action, mobilizing the community rather than establishing household contacts;
- CLTS suggest local choice, providing a variety of technological options and getting people to access affordable technologies.
- CLTS develop local Market, by promoting the availability of sanitary materials and allowing private suppliers to respond to the demand.
- Through CLTS approach, communities construct their own latrines or toilets with their own resources. Those people who are better off help those who are too weak or poor to help themselves.
- In CLTS, no standardized top-down designs are decided for the people. People decide for themselves.
- While implementing CLTS, facilitators do not teach or preach. Appraisal and analysis are facilitated. But after triggering, information, media campaigns and encouragement can be provided.
- Through applying CLTS approach, Natural Leaders (NLs) are emerged, when community proceeds towards Open Defecation Free (ODF) status.
- Through applying CLTS approach, local innovations of low cost toilet models using locally available materials are developed.
- In CLTS, community-innovated systems of reward, penalty, spread and scaling-up are followed.

4.0 ADVANTAGES OF CLTS

- CLTS does not rely on sanitation subsidies or service delivery from external agencies.
- The approach encourages people to change their hygiene behaviors without prescribing how they should do it.
- Empowering the households and enabling them to get onto the sanitation ladder at the level that they can afford.
- CLTS also empowers natural community leaders and facilitators who then move on to other communities to spread the effect or use the momentum of collective action and social cohesion to address other livelihoods issues in the community.

5.0 DISADVANTAGES OF CLTS

- CLTS relies on the quality of the facilitators and implementing organization.
The selection process, their training and their motivation level are critical factors for success.

Where previous interventions have offered subsidies or prescribed certain standards the community tends to have reservations and be spectacle about CLTS and wait for assistance.

6.0 WHY THIS MANUAL

CLTS is a new approach in Afghanistan; and all stakeholders should become familiar with how it is implemented. CLTS component has been successfully implemented in various developing nations throughout the world; however, there was an urgent need how to adapt this approach to fit the societal and cultural aspects of in Afghanistan. MRRD is pleased to have this opportunity to develop this manual for CLTS implementation in Afghanistan. This is a brief Manual, written in close coordination with UNICEF and WSG members. This manual has been finalized by the technical expertise of WSG members. This manual has been developed for the use of CLTS facilitators, who implement this approach in the target communities.

This manual provides a comprehensive vision to facilitators in terms of how to select and target the deserved communities, implement CLTS and get the results.

7.0 OBJECTIVES OF THIS MANUAL

The overall objective of this CLTS Implementation Manual is to build the capacities of the CLTS facilitators in the area of CLTS implementation. The specific objectives of this manual are to enable facilitators to:

1. Understand the principles and practices of CLTS.
2. Enhance skills to implement CLTS.
3. Monitor and report CLTS achievements at village level.
4. Support organizations’ goals in accelerating total sanitation achievements.

8.0 EXPECTED OUTCOMES THROUGH FOLLOWING THIS MANUAL

The CLTS approach will be implemented thoroughly and professionally. Also, facilitators will be able to distinguish between traditional, and Community Led Total Sanitation. In this way, a pool of resource CLTS facilitators will be created which will be equipped with the skills and capacity to implement Community Led Total Sanitation (CLTS) at village level.

9.0 HOW TO IMPLEMENT THE CLTS APPROACH?

To make the CLTS approach complementary, an organization must follow the following steps one by one:

1: Selection of CLTS facilitators (Please refer to the CLTS Facilitators in section No. 10);
2: Conduction of six day CLTS workshop (Please follow the CLTS training manual);
3: Selection of deserved community (Please refer to the communities in section No. 11);
4: Conduction of baseline survey in order to assess the existing sanitation conditions of the community (Please refer to the KAP survey questionnaire in Annex I & II)
5: CLTS Implementation (Pre-triggering, Triggering and Post-triggering);
6: Conduction of end line survey in order to assess the changed sanitation conditions of the community (Please refer to the KAP survey questionnaire in Annex I & II)

10.0 SELECTION OF CLTS FACILITATORS
Anybody or person who has strong communication skills; and facilitates CLTS in the communities is called as facilitator. Now the question is that who can be a facilitator? Following persons (male and female) can be facilitators:
1. The persons who can read and write Pashtu and Dari;
2. The persons who are fluent in both Pashtu and Dari;
3. The persons who have strong experience in working with the community (community background);
4. The persons who have experience the WatSan sector;
5. The persons who have strong interpersonal and communication skills. Dr. Kamal Kar says that a good facilitator is the one who can sing a song. It means the person who can talk in a big gathering of people, and has good communication skills is successful in CLTS implementation.
6. The persons who are above 20 years of age (the persons with beard are preferred in context of Afghanistan);

Note: This approach hunts and hurts the mind of the people of the communities by giving them few shocking and disgusting messages by the facilitator, which are un-bearable to be listened from a person living in the same village. Therefore, this approach is recommended to be facilitated by the people, who do not belong to the same village. Yes, in the post-triggering phase, natural leaders and village elders particularly members of CDC can monitor the activities which are done under CLTS approach.

11.0 CONDUCTION OF SIX DAY CLTS WORKSHOP
A six day CLTS Workshop is to be conducted for CLTS facilitators in order to better understand the approach both theoretically and practically. On the first and second day of the workshop, the CLTS approach is introduced through active participation of the facilitators/trainees. On third and fifth day, the trainees are taken into the field to exercise the approach practically. On fourth and sixth day of the workshop, shortcomings, problems, challenges and solutions are discussed. For more details, please refer to the CLTS training manual, which is separately available for conduction of the CLTS workshop. Please refer to ANNEX IV for CLTS ToT Guideline, and ANNEX V for CLTS Trainers’ Notes.

12.0 SELECTION OF COMMUNITIES FOR CLTS IMPLEMENTATION
CLTS approach can be implemented in the communities having following characteristics:
• The communities living far away from urban areas (main cities or capital). There is no specific limit for the distance of the communities from urban areas. However, the people who have not the ability (either money or other recourses) to visit the city every day deserve the right for CLTS Implementation.

• Community with small number of households i.e. between 30 and 100, source: (Trainers’ Training Guide, Kamal Kar 2010). If the number is more than that, it will be little problematic for the facilitators to handle and control them.

• The communities which has taken no or less assistance/subsidies from Government or other NGOs in the past;

• Communities where people go to fields for open defecation; and feces are seen by eyes.

• Communities having more diarrheal and water-borne diseases and consequently children's deaths in the past;

• The communities with poor sanitation conditions. The communities with no latrines, less number of sanitary latrines, or more un-sanitary latrines; poor drainage system, poor water supply schemes, open wells, springs or other contaminated source of drinking water.

• Poor, miserable and vulnerable communities;

• Communities which are united and one voice. This means that the result of CLTS approach will be more productive if people living in one community or village have one tradition, culture, and same norms of life.

13.0 FAVORABLE AND UN-FAVORABLE CONDITIONS

CLTS Implementation and the achievement of ODF status varies depending upon the conditions. Starting in favorable conditions and spreading into less favorable is a valid strategy. These lists of favorable and unfavorable conditions are based on consultation with CLTS facilitators.

13.1 FAVORABLE CONDITIONS

a. Policy and organizational environment

• Where there is no program of hardware subsidies done in the past.
• Where CLTS facilitators are strongly motivated, well trained, have appropriate attitudes and behaviors, and are flexibly supported by their organizations.
• Where there is provision for follow up encouragement and support after triggering.
• Where finding and supporting natural leaders who can spread CLTS laterally is a priority.

b. Current conditions and practices

• Favorable community size
• High incidence of diarrheal disease and child mortality
• Where defecation is constrained by lack of privacy
• Where open defecation has little or no economic value
• Where it is easy for people to see visually, and analysis, the links between their defecation habits and ingestion of feces.
• Where during rains or the night people defecate nearby

c. Physical conditions

• Lack of cover in the surrounding area leading to lack of privacy
• Wet, moist and/or visibly filthy and disgusting conditions where fecal contamination is offensive.
• Settlement patterns provide adequate space for latrines.
• Shrinking space for open defecation due to construction of roads, buildings, deforestation, desertification.
• Soil is stable and easy to dig.
• Nearby wells will not be polluted.
• Water supplies are unprotected and vulnerable to contamination.

d. Social and cultural conditions

• Socially homogeneous community with high cohesion.
• Progressive local leadership.
• A tradition of joint action.
• Women have a voice.
• Where latrines and cleanliness give social status.

13.2 UNFAVORABLE CONDITIONS

a. Policy and organizational environment

• Hardware subsidies. Where there has been a recent or is a current program for hardware subsidies, or one is thought or known to be proposed.
• Organizations with big budgets for subsidies, and targets and reporting based on latrines constructed.
• Opposition from the staff of such organizations.
• CLTS triggering organizations and staff with top-down teaching cultures and practices.
• Lack of staff and resources for follow up, encouragement and support after triggering.

b. Current conditions and practices

• Existing use of nearby water that carries feces away (stream, river or the sea).
• Economic use of feces for fish farming or agriculture.
• Private, accessible and convenient places to go (e.g. latrines with running water).
• Plenty of cover of bushes, trees and/or topography in surrounding area.

c. Physical conditions

• Hard rock in which it is difficult to dig.
• Highly collapsible soil.
• Dense settlement where it is difficult to find space and storage may fill up.
• Dangers of polluting nearby wells.
d. Social conditions

- People are very healthy with little diarrhea
- Socially divided community with low cohesion
- Weak tradition of joint action
- Women have little voice and/or few resources
- Concepts of modesty and taboos which act as deterrents
- History of and stories about latrine collapse or failure or danger (e.g., of children falling in)
- Likely resistance from influential people

e. Timing of triggering

- During peak labor demand
- When feces are less filthy and disgusting i.e. during hot dry or very cold/freezing weather periods

14.0 CONDUCTION OF BASELINE SURVEY

Conduction of baseline survey is very important, which will enable facilitator to compare the existing sanitation status with the changes brought at the end of the project. This survey comprises of two parts. In part first, the Interviewer hold interview with the mother in a household randomly selected. In part second, an observation of the surrounding of the household is done. Please refer to a sample of the KAP survey questionnaire in Annex I and II.

15.0 PREPARATIONS FOR CLTS IMPLEMENTATION

Before going to the field for triggering the communities, facilitators:

- Have taken a six-day CLTS ToT workshop;
- Must have confirmed that baseline survey has been conducted in the target village by a separate team of surveyors;
- Be fully familiar with what they have heard in the CLTS ToT workshop;
- Have done rehearsal and practical exercise within the workshop participants or at the field.
- Be well-equipped in terms of having facilitation materials like multi-color powders/lime, flip charts, multi-color flash cards, multi-color markers, pens, pencils, note books, water quality check kits, scissors, and glass.
- Be in two separate teams, male and female team. Both male and female team must have a facilitator, co-facilitator, observer, recorder, environment setter/controller in each team.
- Have worn locally and traditionally accepted dress.
- Have informed the selected villages that the facilitators come to their village on pre-specified date, day and time. It should be ensured that the appointed time is feasible and convenient with the villagers. The villagers must know for which purpose the facilitators visit their village (like collecting info about your village or research about
diseases….but the real mission of hygiene and sanitation or CLTS should not be revealed).

- Have taken enough food and water for the lunch if they return very late from the field.
- Have arranged the transportation facilities for the field visit.
- Have taken camera for taking photos. This is very sensitive issue in the context of Afghanistan as nobody would like any outsiders to take their photos. Photos of the male gathering should be taken upon permission from the gathering.
- Have identified the role of each facilitator before leaving for the field visit for CLTS implementation.

16.0 CLTS FIRST STEP, PRE-TRIGGERING (FIRST & SECOND VISITS)

Pre-triggering is the first step of CLTS. During this period, first and second visit-if needed- is made to the selected village. Only one or two aged and experienced facilitators visit the selected village, where they meet with the religious leaders, Maliks and Village Chief. The core objective of this visit is to fix an appointment with the villagers for the next meeting (triggering and) build the rapport with the villagers. However, following tasks during this visit are to be performed:

- Tell the village chief that the team will come to the village on the other day, and all the villagers will help them know about the education, health, culture, and cultivation etc… of the village. (better not to use the terms hygiene and sanitation during the pre-triggering as people are reluctant to listen to hygiene and sanitation propagandas). The facilitators will not promise of giving them subsidies and any physical assistance. In this visit, the facilitators will not give any full details regarding the CLTS. They should tell the villagers that they do not understand regarding their village from many aspects i.e. education, economy, health, hygiene, water and sanitation etc.
- Fix up a day for another meeting. The facilitators will make sure that in the selected day is not overlapping with the market day, marriage day at the village and some other important days where important events like funeral, and condolences etc would take place. In the context of Afghanistan, Friday is the most convenient day if it is convenient to both—villagers and facilitators as on this day, all the villagers are at their homes, and most of them can participate in the triggering events. The favorable time is from 09:00AM through 11:00AM on Friday.
- Know the size of population, number of households, history of subsidy, and locate some dirty and filthy places.
- Know the distance of the village from the NGO office.
- See whether the village is favorable or challenging for CLTS triggering.

17.0 SECOND STEP OF CLTS, TRIGGERING (2ND VISIT TO THE VILLAGE)

This is the most difficult visit as the community is triggered in this visit, which is a challenging and tough job. However, it depends upon the interpersonal and verbal skills of a facilitator as well as his/her triggering experience. Before going to the village, two separate teams—male and female—will be developed and the role of each team member should be pre-determined (who will be the facilitator, co facilitator…). In addition the CLTS facilitators in the teams should be prepared to trigger the community. The teams should go to village on their fixed up date, day and time. Upon arrival in the village Female team should be directed to the pre-selected house, where already
informed and gathered women welcome the female team. Male team should go to the pre-selected Hujra, a common place for guests, where the already informed and gathered villagers welcome the male team. This is the step, where facilitators trigger the villagers through applying Participatory Rural Appraisal (PRA) tool. Following are the important steps in PRA Tools:

17.1 Introduction, strengthening rapport, and launching the triggering session
17.2 Social Mapping
17.3 Transect Walk/Walk of Shame
17.4 Calculation of Feces
17.5 Flow Diagram
17.6 Triggering Stage/ Ignition Point
17.7 Calculation of Medical Expenses
17.8 Water Quality Tests through Water Quality Test Kits
17.9 Glass Exercise

Details of the above steps are given below:

17.1 INTRODUCTION, STRENGTHENING RAPPORT, AND LAUNCHING THE TRIGGERING SESSION

During this step, senior facilitator starts talking to the community elders in terms of breaking the ice through asking them about their health, and introducing themselves. In this way, the environment will be set for the coming steps. After this step, the facilitator will request for the recitation of few verses from the Holy Quran in order to formally start the discussions Better to break the ice with recitation. Someone in the gathering recites a few verses from the Holy Quran. In this way, the whole gathering will be taken in to confidence. The villagers will realize that the outsiders are their close friends and their own people; and a friendly environment will be developed. As mentioned above, all these steps need a strong facilitation, through a well-experienced person. This step needs 10-15 minutes. In this step, you will let the villagers know for which objectives they have come to the village. The facilitator tells them that they jointly with the villagers will assess the sanitation status of the village, and the villagers should help them as they are new in the village and they know very little about the village. In this way, the facilitator will pave a way towards social mapping.

17.2 SOCIAL MAPPING/DEFECATION MAPPING

This step needs 30-45 minutes. In this step, the facilitator will ask questions relevant to the map of the village in following manner:

- How many households live in this village? or
- How many asphalted roads have passed through this village? or
- Could you please let me know “where are the schools and mosques in your village?”
- Could you please draw the coming from your house and leading to the mosque?
Facilitator can ask many other questions, which facilitate him/her towards drawing a village map on ground through the villagers. The core objectives of drawing the social mapping are:

✓ To find out how many households go for OD.
✓ To find out where in the village they usually go for OD.
✓ To find out the general sanitation status of the village.

Facilitate the villagers in gathering to make a simple map on the ground showing households, resources, defecation areas, water points and problems, to stimulate discussion. Ask them to choose a suitable large open area for this. The mapping gets all community members involved in a practical and visual analysis of the community sanitation situation.

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. The areas of open defecation can be shown with a colored powder and lines drawn to connect them to the households that visit them. The map can be used to highlight many things. Draw attention to how far some people have to walk to defecate and at what times of day. Are there any safety issues? Ask people to trace the flow of shit from places of open defecation to ponds and other water bodies, resulting in their contamination.

17.2.1 Facilitating mapping to be focused, fast and fun

The villagers are going to explain very small things like number of men, women and children in each family while drawing their village map. However, showing these information are not needed in the map. This will concentrate attention of the villagers towards other issues of the villagers rather than sanitation status and open defecation. Facilitators should be careful about time and attention of the villagers towards open defecation. Time spent at the early stage eliciting unnecessary information might create a serious time crisis at the most crucial stage of ignition.

In order to cover and organize all the PRA steps in a very professional way, a fast methodology for participatory village mapping is introduced. This methodology will take only 30-45 minutes depending upon the number of participants in the village.

- The facilitator should ask villagers to come and stand in a big circle in a wide space (it will be good if the space is clean and dry with no stones, wastes and grasses. The favorable space for doing this exercise is the outside of the mosques, big yard of Malik’s Hujra and common ground where all the villagers can come very easily)
- The facilitator should ask for few volunteers to follow him what he says.
- The volunteers will be told to draw a boundary circle of the village using locally available sticks, branches, colored powder. The colored powder should be provided by the facilitator.
- After drawing the boundary circle, the facilitator should ask someone in the gathering to draw and indicate important locations/places (such as clinics, mosques, school, main road crossing, rivers, village green area inside the boundary) in the map.
- The facilitator will ask the crowd that each villager identify his home in the map. Every body should be given a small piece of blue flash card. Eventually, they identify their houses in the map. Choose a young boy and ask him to step in and indicate his house
• The facilitator asks the gathering if one the young participant identified his house correctly. If yes, the facilitator should start clapping and ask everyone to give him clapping. The facilitator can say this only if the culture and tradition of the gathering allow him.

• Now the facilitator should ask the gathering, who has Hujras in their homes. A few raise their hands. The facilitator says that is great.

• The facilitator will ask the gathering please put these green cards in front of their houses if they have any greenery in their houses. Some of the participants put it in front of their houses in the map. Then the facilitator should ask the gathering if there any greenery or crops/plants in their village please put these green cards in those places. Most of the participants will do it very easily.

• Now, the facilitator will ask the participants how their village looks like. All of them will say with one voice “Beautiful, Beautiful”. The facilitator should also say “very good, very good”. In this way, the facilitator will encourage the people to participate in the mapping until the end of the process.

• The facilitator should the crowd how many households have latrines at their home, and how many people go for open defecation. All of them may tell that all of them have latrines and do not go for open defecation. The facilitator will still ask from a young person in the gathering, and will tell the crowd that this gentleman is sharing the real and true information regarding the open defecation. Then the facilitator is listening to him. If that person did not reply to him, he should ask the crowd that who will tell me the truth regarding open defecation of this village. At least one of the participants will tell him that few of the houses go for open defecation to that particular area. Then the facilitator will give him clapping and will ask the crowd to please clap for him as he has shared the truth with them. Tell them that these cards represent their houses. Now the facilitator should ask them to draw a line from their respective houses to the place where they go to defecate. Tell them to use yellow powder to draw lines on the ground connecting their houses to OD places. At this point there will be lots of laughter and fun. Allow the same to happen. Remember you should not hand out cards or chalks one by one to the community. Keep these materials in a corner of the map and ask them to go and collect it. Encourage a lot of movement and fun creativity.

• Indicating the plastic/paper bag containing the yellow powders tell them to pick up and show the respective places of open defecation indicating their shit. Tell them to spread more yellow powder where there is more shit and less vice versa. There will be much more laughter at this stage. Remember not to bring the bag of yellow powder from person to person. Let them do it all. You will notice a big rush to pick up a handful of the yellow powder. At this point children will pour yellow powder in places henceforth unknown to many parents.

• Now ask every one to come back and stand on their house positions again. Ask them where do they go for emergency defecation? Meaning during rains, in the middle of the night, at times of severe diarrhea or when sick and so on. Ask them to pick up yellow powder and put some on these spots of emergency defecation. You will find another round of laughter and people additional heaps of yellow powder around their homestead. People might say that during emergency they go behind the house of their neighbor and similarly his neighbor comes to shit behind his kitchen garden. Everyone will notice that the map is gradually turning yellow. You can ask them whether the entire village seemed to be full of shit.

• Ask them to step outside the map without disturbing the cards. Thus a household map is created.
The facilitator should ask the gathering, please tell me now how the village looks like?
Many of them will say with one voice “ugly and dirty”. The facilitator should assure them that all these things have been told by them themselves, and he has no comment in them. If they are happy in this dirty and ugly environment, he has no objection and question in it. This is the point, where all participants will feel shame of having proved that their village was dirty. Some of them will try to leave the gathering. However, environment setter will play a vital role it; and he should not allow the participants to leave. The gathering should be dealt very politely and smiley.

17.3 TRANSECT WALK/WALK OF SHAME

Transect Walk is the third step of PRA tools. The objective of this walk is known from its name-walk of shame-providing a feel of shame to participants. After the completion of social mapping, the facilitator will lead the participants/gathering to the places where people usually go for open defecation. Most of the participants try to leave this walk. However, the environment setter will not let them leave the walk.

During transect walk for CLTS, facilitator could locate the areas of open defecation and visit the different types of latrines along the way. Try to understand with the community what constitutes an ‘unhygienic’ latrine. Visit latrines which are not covered or where the feces are draining out in the open. Flash a torch through the hole of open pit latrines and ask some people to look inside and say what they see. Ask if flies were being produced inside the pit and if it was it safe to leave the pit open.

The key is standing in the OD area, inhaling the unpleasant smell and taking in the unpleasant sight of shit lying all over the place. If people try to move you on, insist on staying there despite their embarrassment. Experiencing the disgusting sight and smell in this new collective way, accompanied by a visitor to the community, is a key trigger for mobilization.

17.3.1 Some important questions to be asked during this walk

On the way during transect walk, the facilitator should ask some questions, which could not be answered than feeling a shame, disgust and shock. The frequently asked questions are as follows:

- Which families are going to this area for open defecation?
- Pointing towards “SHIT”, the facilitator should ask the crowd, “What is this?” No body will answer to this question. But the facilitator should repeat it many times. At the end, one of the participants will answer the question as it is “SHIT”, or in local term “GO” or “GHUL”. At this time the facilitator will repeat the words of that person “OK, this is GO as one of your villagers told this”. In this way, the villagers will take immediate action for not going to open defecation.
- The facilitator should ask question from one of the participants, how long your home is away from this area? “And is this situation is fine with you?”
- What are these flies doing over the shits? Are they eating this shit?
- Where these flies go after eating this shit? The crowd will say that the flies are going to their home. The facilitator will answer “I am quite happy to know that you know and
understand that these flies are going to your homes. I learned this wonderful lesson from you people”. The sensitivity of such statements and some question should be kept in mind.

At the end of this walk, the mind and behavior of most of the people are changed. They decide that they will not go for open defecation. However, one thing is to be cleared to all facilitators in CTLS; and it is the non-preaching method in CLTS. In CLTS, facilitator only facilitates questions, which lead to the disgust, shame, shake, and shock. In CLTS, facilitator is not allowed to preach for latrine construction and prevent people from open defecation. CLTS is a collective and joint methodology, through which facilitator analyze sanitation situation of a village through common villagers. Facilitator is not allowed to give them hygiene education and latrine designs. Facilitator can only facilitate the villagers towards right path i.e. bad results of open defecation and good results when there is no open defecation. The decision makers and quick actors are the villagers. Facilitator can give the latrine design, when he/she is asked many times by the villagers. In this case, facilitator will tell them that he/she is not an engineer. However, he/she has seen this kind of latrine in their neighbor village.

17.4 CALCULATION OF FECES

Calculation of feces is another important step which seriously affects the mind and behavior of the villagers. This step realizes the villagers that a very big amount of shit (in tons and trucks) is produced in each village; and all of them are not disposed and buried. As mentioned earlier, the facilitator should avoid preaching and teaching in the triggering of CLTS. Therefore, he/she should raise facilitating questions like:

- How much excreta/shit is generated by an adult in 24 hours? The villagers should answer this question like “half Kg”.
- On average, how many people are there in a household? The villagers may say “8 or 9”.
- So, how many households are living in this village? The villagers may reply “90 or 100”.
- So, how much shit will be produced in this village in 24 hours? The answer may be 0.5Kg*9*100=450Kg/day.
- Ok, how much shits will be produced in on Month in this village? The answer may be 450Kg*30days=13500Kg/month.
- OK, how much shit will be produced in 12 months? The answer may be 13500Kg*12=162000Kg/annum.
- Let’s change this amount into the size of trucks, how much shits (trucks) will be produced in a year? The answer may be one to two or many trucks?

At the end of this step, people will realize that really a big amount of shit is produced, which really need care to be deposed. In the meanwhile, people will feel shame that they are producing such a big amount of shit in their village.

17.5 FLOW DIAGRAM

Facilitator will continue and will say “OK, as you mentioned that this village is producing two trucks shits in one year, where this big amount of shit goes????? Actually
this is the turning point in the behavior of villagers regarding hygiene and sanitation. Most of the people will answer that half of them are disposed in latrines.

- Facilitator will then ask where the remaining half is going. Some of the villagers will answer that some of them are mixed with soil, some of them are mixed with air, and some of them are mixed with water. In this time, the facilitator should interfere and will say “OK, some of them are mixed with soil, some of them are mixed with air, some of them are mixed in water, so mixed with soils, water and air, where these shits then go??" The villagers will tell “THESE SHITS ARE BLOWN IN THE AIRS AND COME TO OUR HOMES, ALSO WE DRINK THE POLLUTED WATER”. The facilitator will repeat it “very good, you are drinking the polluted water, the water is polluted with what?” The villagers will reply “polluted with shit”. The facilitator will tell them that he understood from them that they are drinking shit polluted water. It is also possible that one of them may tell that they eat the shit with the food as shit polluted air come to their homes and sit on their food. Some of them will tell that through flies this shit come to their homes, and eventually they eat the shit with the food. Actually this is the ignition point, where people really want a change in their sanitation status.

- At the end of this discussion, a facilitator can explain the Flow Diagram to the villagers in an indirect way. For example, facilitator should say that he/she has heard from the people of another village that the feces are flown to mouth in the following ways (five Fs):
  1. Feces to Fingers to mouth;
  2. Feces to Fluid to mouth;
  3. Feces to Food to mouth;
  4. Feces to Fields to mouth;
  5. Feces to Flies to mouth;

17.6 TRIGGERING POINT

IGNITION/TRIGGERING IS THAT POINT IN PRA PROCESS WHERE PEOPLE OF THE VILLAGE REALLY ASSESS THE BAD SANITATION STATUS, AND WANT A SUDDEN CHANGE IN THEIR LIFE. In this stage, people accept that they are in sanitation crisis. People want to bring changes in their sanitation status. “Latrines should be constructed” one of them shouts. However, some of the following difficult and challenging questions are emerged from the villagers.

- “We do not have money to construct latrine for ourselves”
- “Could you please help us build latrines for ourselves”
- “We have heard the NGOs help the people in latrine construction”
- “If you are really interested in getting these people rid of this bad sanitation situation, please construct latrines for them”

After these questions, the facilitator should tell that he/she has not come to that village to construct any latrines, or provide any assistance to the villagers; he is there only to learn something regarding sanitation. He learned “all the villagers know and accept that they have been eating their shits through many routes”. Facilitator will then add “it is understood to me that the people of this village know better regarding their sanitation situation; they are very intelligent; they know and accept that they are eating their shit, and still they are happy, very good”. At this stage, facilitator should tell the villagers “I am quite happy today as I learned what I have not learnt in my whole previous life and that you people are eating shit of each other although you know it also”. Once again, people will tell that solution to this curse is the construction of latrines; however, they are very poor
and do not have money for latrine construction. At this time, facilitator should go the following step:

17.7 MEDICAL EXPENSES

Medical expenses on diseases are another important tool, which change the mind from subsidy towards self-help, self-respect and self-sufficiency. In this step, facilitator usually asks the following questions:

- He says to one of the participants “how many children do you have in your family?”
- He might say “three children”.
- Facilitator will say “Ok, how many times they become ill in one year?”
- The participant might say “every one gets ill two or three times in a year”.
- Facilitator may say “Ok, how much money you spend during each illness?”
- Participant may say “2000 to 3000Afs/disease”.
- Facilitator will say “2000 to 3000Afs/disease, then how much on three diseases?”
- Participant may say “9000Afs/three diseases”.
- Facilitator will say “Ok, I understand that you have 9000Afs, and much time for your children’s diseases and hospital”.
- Facilitator says “please compare the expenses of latrine construction and that of disease, still I am not saying to build latrines for yourselves, please do not construct latrines for yourselves, however please let me know which one is better, expenses on diseases or construction of latrine, which can get you rid of all these diseases?”
- The answer may be definitely in favor of latrine construction. This is the stage, where people of the village might have understood the truth, and might have changed their behavior and mind.
- At this point, at least one of the participants will tell voluntarily that he/she is ready to construct latrine for himself/herself. Facilitator should bring him/her in front of the crowd, and will loudly say “this gentleman has decided to not eat shit any more, and has said that he will construct latrine for himself/herself”. Facilitator should ask his/her name. In this way, the volunteer will be encouraged and motivated for his decision regarding latrine construction. This first volunteer is called natural leader. Upon his/her encouragement, two or three other people will call that they are ready to construct latrines for themselves. These people are also motivated and encouraged in different shapes. At the end of this step, a group of people will join the volunteers. For more encouragement, facilitator can also take a group photo of them. In addition, names of this group can be written on a paper to ensure them that these names will be given to NGO office as the first volunteers of this village. These are the people, who will be invited by the NGO staff in future, and who will be appreciated and encouraged. They people will be kept in contact for the coming visits. They are the people who will support CLTS in the coming days during post triggering.

Two more triggering tricks are done, when it was felt that people are not triggered during the whole PRA steps. These two steps are:

17.8 GLASS EXERCISE

Facilitator will take little water in the glass from a water point-well or spring-in presence of the gathering. One of the people in the crowd will be asked to drink the water. He/she will
drink the water. Then once again facilitator should fill out the glass once again. At this time, he will again pull out a hair from his/her head, and tell the people what hand is in his/her. The people will tell that hair is in hand. He/She will tell the people to see him/her what he/she will be doing. Facilitator touches the hair with shit, and then drops it in the glass-water. Now, he/she presents this water to every boy in the gathering. Everyone in the gathering refuses to drink this water. Facilitator asks the people why they are not drinking the water. The people will reply that the glass-water contains shit in it. Facilitator then asks how many legs a fly has. People will reply four or six. Facilitator should say “what do you think the fly carries less or more shit in its legs”. The people will reply “fly’s leg carries more shit in their legs”. Now, facilitator will ask, have you thought of these things before. Most of them will reply “no”. At the end of this exercise, facilitator will tell the audience “you told that fly has more shit at its legs, when this fly sits on food or bread, do you people wash the bread?” They will reply “NO”. Facilitator will reply “that is fine, if you do not wash the bread or food, so you eat with your food, or bread?” Most of the people will say “SHIT”.

17.9 WATER QUALITY TEST

It is another triggering trick which is applied during PRA process. Facilitator will carry a water quality test kit with himself/herself. He/she will take some water from the water source in the water quality test kit. He/she will tell the people “if this water turns into yellow color, it means that this water is contaminated”. However, this test takes 24-48 hours to give the result. Therefore, in post-triggering period the result is shown to the people.

At this stage, PRA tools are completed. The volunteers are brought in front of the gathering, and announced as the Natural Leaders of the Village. In this way, the remaining people will be further motivated and facilitated to join this group of volunteers. One thing to be seriously noted is that “no promise of subsidies should be given to communities”. Facilitator should tell them “I am here to learn something from you people regarding your sanitation, I have learnt a lot from you people today, I understand that very smart and educated people are living in this village, you know better than me in the sanitation status of your village, you people identified the real cause of getting diseases, which I did not understand in the past, you people also told that solution to all these problems is the construction of latrines, I am not personally interested that you people should or should not have latrines for yourselves, however you people have chosen this solution to the problem, if still you are not taking any actions in latrine constructions, I have no objection on it, because you people know better than me”. At the end of this speech, facilitator should develop a committee of these volunteers, and he/she should develop an action plan for these people.

18.0 RESULTS OF THE TRIGGERING EXERCISE-PRA TOOLS

Dr. Kamal Kar has divided the results of the triggering exercises in four categories:

- **Match Box in a Gas Station:** In this case all villagers are triggered/ignited, and all of them become ready to stop open defecation either through construction of latrines or some other location actions favorable with the local conditions.

- **Flames of Hope/Promising Flames:** In this case majority of villagers are triggered/ignited, and they become ready to stop open defecation either through
construction of latrines or some other location actions favorable with the local conditions.

- **Fire under Ashes/Scattered Sparks**: In this case only few villagers are triggered/ignited, and only these few people become ready to stop open defecation either through construction of latrines or some other location actions favorable with the local conditions. In this case, other local triggers should be applied.

- **Damp Match Box in Gas Station**: In this case, none of villagers are triggered/ignited. This is a very rare case. In this case, other local triggers should be applied.

### 19.0 ACTIONS ON THE SAME DAY AFTER THE TRIGGERING PROCESS

On the triggering day—when PRA process ended—facilitator should facilitate the volunteers to develop a committee and then a work plan for the latrine construction.

- **Committee Development**: Facilitator should only facilitate these volunteer-who have decided that they will take an immediate action against open defecation-to develop a committee.

- **Community Action Plans**: Facilitator should facilitate a CAP after committee formation. A template of CAP is given below:

<table>
<thead>
<tr>
<th>S/No</th>
<th>Volunteer’s Name</th>
<th>Volunteer’s Telephone No.</th>
<th>Type of Action to be taken by him/her</th>
<th>Action starting Date</th>
<th>Action ending Date</th>
<th>Follow up Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ahmad</td>
<td>0788717171</td>
<td>transform his current un-safe latrine into safe latrine</td>
<td>June 20, 2011</td>
<td>June 25, 2011</td>
<td>June 26, 2011</td>
</tr>
</tbody>
</table>

- **Developing Monitoring Team**: Facilitator should facilitate developing a monitoring team from the developed committee. The responsibilities of monitoring are handed over to them. The role of this team is that it will see whether these volunteers have started actions as per their CAP or not.

- **Schedule for the coming follow up visit**: The facilitator will develop a schedule for the coming visit. It is ensured by facilitator that he/she will come on the mentioned date and time in order to see whether villagers have done the job or not.

After doing all the above tasks, the triggering day comes to an end. The NGO team will come to the triggered village on their respective dates, which have been ensured to the villagers.

### 20.0 THIRD COMPONENT OF CLTS, POST-TRIGGERING

The most powerful weapon in CLTS is the continuous and regular follow visits. When there are no follow ups, there
will be no results; when there are no results, there will be no impact on the hygiene and sanitation status of the village. It is quite important for an NGO TO FOLLOW THE TRIGGERED VILLAGES on their schedule, if they are really interested to make difference in the life of the people through CLTS. Because, people will go on different directions, when there is not communication, coordination and monitoring with them from outside.

Following main steps are carried out in post-triggering:

- Regular follow up visits, Internal and External Monitoring and Supervision Visits (two to four months)
- Awards Distribution (two months)
- Village ODF Declaration (one day for each village)
- Clean Village Certification (one day for each village)

**20.1 REGULAR FOLLOW UP VISITS (BY IMPLEMENTING NGO)**

The NGO team-both male and female-will go to the relevant triggered village on the scheduled date and time, where they both will meet the people, who had given them the promises. The team will ask for the progress from the volunteers. If there was any technical issue raised by the volunteers-for example regarding the design of latrine construction, the monitoring team will indirectly solve it. For example, the monitoring team will tell them that they do not know about the design of simple latrines. However, in the neighboring of the village, they saw that the latrines were formed in the following shape:

It is to be noted that the question of latrine design can also be asked at the triggering day when PRA process is done. However, if it is asked here at this stage, facilitator should draw the above mentioned design in order to make their job easier. If they say that they have started working on the latrine transformation and latrine construction, then the team will visit the locations, where the un-safe latrines were expected to be changed into safe latrine, and new latrines to be constructed. If the villagers need some technical help in the construction of latrines, the monitoring team should help them indirectly.

Please refer to the sample of monitoring format at **Annex III**, which will be used by the monitoring team during their follow up visits to the triggered villages.

Regular follow up visits will compel the communities to follow CAP and communicate very friendly with the NGO team. During the second and third months of the follow ups, some rewards will be given to those, who have really shown good performance in terms of latrine construction and latrine transformation from un-safe to safe.

**20.1.1 INTERNAL MONITORING (BY VILLAGERS THEMSELVES)**

As mentioned earlier in topic 19.0, committees-comprising of the villagers-are formed on the triggering day. These committees take the responsibility of monitoring CLTS activities in the village. However, these committees should be advised to monitor CLTS activities in a very polite manner. Otherwise, they will face many problems from villagers’ side.

IT IS WORTH MENTIONING that the core objective of CLTS is to make a village open defecation free by shocking, disgusting and shaming the community.

As per local experience in CLTS implementation, following three points are very necessary to be considered:
• As per Afghanistan’s tradition/culture, guests are treated very well in almost all villages of Afghanistan. They are respected, and are given good hospitality even if the guests are the enemies of the villagers. On the other hand, most of the villagers do not listen and accept any single word said by any person living in the village of their own. During CLTS implementation in the villages-particularly during triggering day-a stage/time comes when facilitator says to villagers that they eat their SHIT—a very harsh and embarrassing word by the guest/facilitator. If a person living in the village or a CDC member of that village says the same words—which are un-bearable for other villagers of the same village-conflict even battles are expected to be created among the villagers, which may split village into two even many rival groups (practical experience). THEREFORE, it is highly recommended that the first two steps (pre-triggering and triggering) of CLTS implementation should not be done by CDC members and villagers instead of external body/organization. To get good results/end product (i.e. ODF status) of CLTS, a strong external follow up visits/monitoring of the village by an external body is vital. In this way facilitator reminds the promises of the villagers to them. Internal monitoring is also important, but it is not that much valuable, because people of the village do not follow the orders of their own villagers.

• If there are any programs to build the capacities of CDC members, the CLTS trainings should be conducted for them away from their own village. Otherwise, the trainees will not be able to trigger the villagers—who already understood from the practical exercise of the village based conducted training—that there are few common steps starting from social mapping and ending at eating the shit of each other (very technical point). So, if the training is conducted in the village of the trainees, CDC cannot create feeling of shame, disgust and shock. These three are the triggering bullets of CLTS. Looking into the nature of the CLTS and PRA approach, it does not seem that the CDC could successfully trigger their own village, because they cannot create the shame, shock and disgust. It could be somewhat possible to use CDC of X village for the Y village where they are unknown.

• CLTS is a very sensitive program particularly in Afghanistan. Some time, if the villagers are triggered in a right way, the results is 100% (all of the villagers will start changing their behavior at once, and will start latrine construction); and if triggering is not done in a professional way, the result is almost zero (the villagers will humiliate facilitator).

20.1.2EXTERNAL MONITORING (BY THIRD PARTY)

A third external monitoring party-highly expert in CLTS-is necessary to monitor the CLTS implementation of the implementing NGO in the field. This is because the CLTS concept is new in Afghanistan; and there is much technical sensitivity (not preaching, not teaching and not guiding) in the implementation of CLTS which need continuous follow up, monitoring and then supervision. For this reason, a third external monitoring body is advised to be assigned to regulate the activities of the implementing organization.

ODF verification:
At a point, the villagers report to the CLTS team about their village being ODF. At this stage, the team is planning the ODF verification in order to verify each and every house has a latrine, being used by the owners, availability of hand washing facility nearby latrine and being used by the latrine user and there is no open defecation site visible in the
entire village. (Verification of ODF status involves an inspection to assess if the community is ODF). A verification team consisting representatives from line departments and other stakeholders including the CLTS team and the village CLTS committee initiate the process and fill the verification form at the end. If the village failed to get the ODF title, the village is given some more time for second time verification.

**ODF Certification:**
Certification is the confirmation of that status. After verification the next step is certification whether the village is ODF. If the village succeeded to achieve the ODF status, then the certification team (this team is the same as in the verification including some people from the neighboring village) conducts a rapid and sample based assessment of latrines and village sanitary environment and signs the form afterwards.

**ODF declaration:**
In this ceremony, the village is declared as ODF by the committee and the certificate of being ODF is granted to the village. A board indicating the ODF status of this village is installed at the entrance point to announce this village is no more, full of shit. Reward that has been prepared for this village is granted to the village in response to the hard work of the villagers they implemented the project themselves without any subsidy from outside.

**20.2 REWARDS**

Giving rewards to the best actors/natural leaders is one of the strongest tools in CLTS implementation in Afghanistan. In this way the concept of subsidy will be avoided, and also some encouraging things will be given to people. SSDA is in favor of giving traditional respectable things like turban, pakol, white shaal, and hygiene kit etc.

**20.3 DECLARATION OF VILLAGE AS ODF**

At the end of continuous follow up visits and giving the people rewards, the process of new latrine construction and transformation from un-safe in to safe latrines will be accelerated at the end of the project. People will compete with each other in the construction of new latrines and their usage. The whole process will reach to a point, where all households may have sanitary latrines, and may not go for open defecation to the fields; and this is the moment which we can say that the village is open defecation free. ODF Village is that village where one cannot see human excreta at the fields, around latrines, and also unsafe latrines. When the village reaches that stage, the village is declared as ODF. Media and all key stakeholders are invited to that ceremony.

**20.4 CLEAN VILLAGE CERTIFICATION**

On the day of village ODF declaration, the village elders are given a certificate mentioning the best performance and activities of the village during the project duration. They are encouraged and motivated to continue collective actions regarding other developmental tasks of the village, and continue their clean village in future.