UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

NATIONAL GUIDELINES FOR RURAL COMMUNITY LED TOTAL SANITATION (R-CLTS)

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APRIL, 2016
PREFACE

Good health is a function of biological, physical and social factors interacting in a mutual way. Access to improved social amenities such as safe water supply, improved sanitation and adherence to good hygiene behaviours are some of the social amenities which have a significant impact on health as realized through the reduction of cases of diseases linked with inadequate provision of these services. The status of sanitation and hygiene in Tanzania has been rated low for many years since the end of the historical campaign known as MTU NI AFYA which afforded to increase the coverage of basic sanitation from 20% to 80%. This campaign was successfully carried out from 1973 to 1978 across the country.

Since the cessation of the MTU NI AFYA campaign several interventions have been implemented in the country but had insignificant impact on behavioural transformation apart from the mere acquisition of knowledge. Due to this, diseases related to poor sanitation have remained a persistent burden within the health sector leading to increased government expenditure for diagnosis and treatment of the same. On economic scale, the effects are evident on loss of production time, weakening of the workforce and huge expenditure on the treatment of the victims.

The government through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDCGEC) in collaboration with the stakeholders saw the need to introduce the participatory approach called Community Led Total Sanitation (CLTS) that has demonstrated ability to induce behaviour change in communities. The approach was widely used to engage rural communities in the phase I on the implementation of the National Sanitation Campaign and gave quite impressive achievements. However, some weaknesses were observed which necessitated the review of the original guidelines. The original guidelines lacked specific tools and processes for engaging the urban communities. Also, it lacked clear guidance on facilitating triggering at school level. On these grounds, the Ministry resorted to review the original guidelines and prepare the new one that caters for the specific needs of rural communities while also slotting in a separate chapter for School Led Total Sanitation. Moreover, a separate edition has been developed to address issues of behaviour change linked to sanitation and hygiene for urban areas only.

The Ministry is optimistic that all stakeholders of sanitation and hygiene at various levels will adhere to these guidelines so that the quality of the service is maintained all over. It is our hope that, the pace of implementing the sanitation and hygiene related activities at community level will increase hence providing assurance to meeting the Sustainable Development Goals (SDGs), the Sanitation and Water for All and Africasan commitments which our country is a signatory.

Dr. Mpoki M. Ulisubisya

PERMANENT SECRETARY
ACKNOWLEDGEMENT

The review process of the rural Community Led Total Sanitation was not an easy undertaking rather a busy exercise which required high degree of commitment and determination. The Ministry is pleased to see the review process has been successfully accomplished. The Ministry would like to acknowledge the efforts devoted by everyone who played a role in developing the initial guidelines and also in the review process which has yielded this document.

The Ministry recognizes the leadership of Mr. Elias B.M. Chinamo (Assistant Director, Environmental Health and Sanitation Services) in the development of these guidelines. Equally important, We recognize the distinct work performed by the taskforce which devoted time and energy to review the guidelines. These are Mr. Stephen Kiberiti (Head WES), Mr. Anyitike Mwakitalima (Coordinator, NSC); Mr. B. Ngaeje (Retired PHO); Ms. Theresia Kuiwite (School WASH coordinator, MoEST); Mr. Amour Selemani (EHO- MoHCDGEC); Ms. Emmanuela Safari (EHO- MoHCDGEC), Ms. Sophia Ntomola (Ilala Municipality); Mr. Ally Kebbi (HPSS-Dodoma), Eng. Kornel Kema (Project Manager-UMATA); Mr. Emmanuel Saro (DESO Mpwapwa); Mr. Francis Bujiku (PHO-RAS Dodoma); Theresia Modaha (Dodoma Municipal Concil); and Elizabeth Malali (Mkinga District Council). Others are Carl Lyimo (RHO-Morogoro), Mr. Gabriel Malisa (Morogoro Municipal Council), Loveness Lyimo (Dodoma Municipality) and Ms. Maria Mloge (Secretary-MoHCDGEC).

In addition, the Ministry extends its gratitude to all those who played a key role in ensuring the guideline is finalized and put into action. The Ministry sincerely commends their well done job that has resulted to the development of this guideline which will be used to expedite the roll out of National Sanitation Campaign phase II and the consecutive sanitation and hygiene programmes in the country.

Prof. Mohammad Bakari Kambi
CHIEF MEDICAL OFFICER
ACRONYMS AND ABBREVIATIONS

BRN  Big Results Now

CLTS Community Led Total Sanitation

DC District Council

DHS Demographic and Health Survey

ESHO Environmental Sanitation and Hygiene Organization

GLAAS Global Analysis and Assessment of Sanitation and Drinking Water

HESAWA Health, Sanitation and Water

MDGs Millennium Development Goals

MoHCDGEC Ministry of Health, Community Development, Gender, Elderly and Children

NSC National and Sanitation Campaign

NSGRP National Strategy for Growth and Reduction of Poverty

O&OD Obstacle and Opportunities for Development

OD Open Defecation

ODF Open Defecation Free

PHAST Participatory Hygiene and Sanitation Transformation

PRA Participatory Rural Appraisal

SARAR Self-esteem, Associated strength Resourcefulness, Action planning and Responsibility

SDGs Sustainable Development Goals

SWA Sanitation and Water for All

TSSM Total Sanitation and Sanitation Marketing

UNICEF United Nations Children Fund

WSP Water and Sanitation Program
DEFINITION OF TERMS

Community Led Total Sanitation (CLTS).
This is an integrated approach to achieving and sustaining open defecation free (ODF) status. CLTS entails the facilitation of the community's analysis of their sanitation profile, their practices of defecation and the consequences, leading to collective action to become ODF with emphasize on increasing access to improved sanitation and hygiene facilities.

Natural Leaders
Natural Leaders are the ones who emerge spontaneously during the process of triggering and post-triggering stages. These are the people who take the lead role in cleaning up the community and in improving hygiene and sanitation status.

Improved latrines
Refers to the latrine with a washable floor, walls and door for privacy, a roof and has a potential to safely contain faecal matter from contact with human being. The following types of latrines are considered improved in Tanzania's context: Pour-flush/flush latrine; Improved Pit Latrine; Ventilated Improved Pit latrine; Composting latrine; Ecological sanitation and Mound / raised pit latrine

CLTS facilitators
For the purpose of this Guideline, CLTS facilitators are those who are capable of working directly with the community and trigger CLTS at that level e.g. Government staff, Non-Governmental Organizations or even natural leaders who emerged from triggered villages.

Transect walks
A transect walk involves walking with community members through the Sub-village from one side to another observing, asking questions, listening and discussing the insanitary conditions found along the way, locate the areas of open defecation and visit different types of latrine along the way.

Triggering
It is the process of facilitating participatory exercises using different tools of CLTS, where a community realizes the bad effects of open defecation and decides to stop it through collective analysis of its own sanitation and hygiene profile. Triggering is characterised by four pillars namely shame, disgust, fear and pride

Shame
This is a painful sensation excited by a consciousness of guilt or of having done something which injures reputation.

Disgust
Aversion or displeasure produced by something loathing, strong distaste and anything extremely unpleasant to the moral taste or higher sensibilities of our nature; as practicing open defecation and eating each other's shit in the village.
Fear
It is an emotional response to tangible and realistic dangers related to unsanitary conditions which may lead to diarrhoea, malnutrition and or death.

Pride
This is a feeling of prestige or respect that a household/community gains on the basis that it has built and uses improved latrine and has stopped open defecation practices.

Sanitation/ Social Map
This is a simple map drawn by the community members on a flat land to depict the status of sanitation in their neighbourhood. The exercise usually employs the use of simple locally available materials such as tree leaves, stones, ash, papers etc. Also, to increase clarity on the map it is advisable to use coloured powder as described in these guidelines.

Shit Calculation
Refers to the exercise undertaken during triggering session where the amount of shit produced in that community is calculated to establish the quantity produced that would definitely find way back if no suitable mechanism is put in place to safely dispose it. This exercise generates an element of shame and disgust among the community members.

Calculation of household medical expenses
Refers to the calculation of the average amount of money the household spend on meeting the medical expenses in case one or several members fall sick primarily diarrheal diseases.

Diagramming faecal-oral contamination route
Is the tool used to assist the community to identify and analyse how faecal oral disease is transmitted from an infected person to an uninfected persons and this also will indicate “they have been eating each other’s shit”

Ignition moment
This is the moment of collective realization that due to open defecation all are ingesting each other’s’ faeces and this will continue as long as open defecation goes on. Often at this stage the spirit goes high and violent arguments begin on how to stop open defecation. The magnitude of Ignition (community reaction) can be one of these; match box in a petrol/gas station, promising flames, scattered sparks and damp match box.

Community Declaration
This is a written commitment signed by the community leaders on behalf of the sub-village immediately after triggering. It is an indicator that, over a specified time, the community has agreed to stop practising open defecation and is ready to construct and use toilets.
Community Action Plan
This is an implementation plan developed by community after critical analysis of the situation of sanitation and hygiene where they resort to change and develop a plan to enable the attainment of the desired changes that ultimately leads into ODF. The plan shows the objectives, targets and planned activities among others.

Open Defecation
Open defecation means that faeces are openly exposed to the air or direct to the environment.

Open Defecation Free (ODF)
Means there is an indication within the community of totally stopping open defecation and that; there is no sign of reverting to the previous practices.

ODF verification
ODF Verification is a process of inspecting whether the triggered community has achieved ODF status;

ODF Certification
Refers to an official confirmation and consequently recognition that a triggered community has actually achieved ODF status.
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PART I: BACKGROUND INFORMATION

1.0 INTRODUCTION TO THE GUIDELINES

Globally, over 2.5 billion people or 40% of the world’s population do not have access to improved sanitation facilities. One billion of world’s population are practising open defecation (nine out of ten are in rural areas), which is the riskiest sanitation practice of all (GLAAS, 2014). It is also estimated that there are 664 million people in sub-Saharan Africa without access to improved sanitation and worse 224 million people practice open defecation (WHO and UNICEF, 2012). In addition, hundreds of Millions of people have no access to soap and water to wash their hands for the basic practice that would empower them to prevent the spread of diseases (GLAAS, 2014).

Similarly, in Tanzania that status of sanitation and hygiene for years was barely poor until recently when much more efforts were groomed to combat the problem. Some of the key efforts undertaken by the government to address sanitation and hygiene challenges in the country include; the MTU NI AFYA campaign carried out in 1970’s, the Health through Sanitation and Water (HESAWA) in 1990’s and the implementation of the Participatory Hygiene and Sanitation Transformation (PHAST) in mid 1990’s to 2005. With exception to the MTU NI AFYA campaign, the subsequent interventions could not see great success in terms of change of behavior and practices on sanitation and hygiene.

In response to these challenges, the Government of Tanzania (GOT) through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDBGEC), the Ministry of Water and Irrigation (MoWI), the Ministry of Education, Science and Technology (MoEST) introduced a multisectoral campaign known as National Sanitation Campaign (NSC) that aims to engage communities to take concerted action to improve the status of sanitation and hygiene in their neighbourhoods. The campaign has to a great extent fueled the change of behaviour in various communities such that over half a million improved latrines and hand washing points have been constructed in a span of two years. Deductively, during the NSC phase I, the country has seen tremendous gain of household improved toilets and hand washing points. The routine monitoring data indicates a total of 878,339 improved latrines have been built or upgraded in less than three years of the implementation of the NSC. Before the start of the campaign, coverage of improved sanitation at household level was 19.9% and only 5.9% households had hand washing points whereas 22.5% practiced open defecation (MoHCDGEC), 2013). The routine monitoring data on the implementation of NSC indicates that 38.2% of the rural population in the country has access to improved toilets and that 15.9% have hand washing points (MoHCDGEC, 2015). Moreover, 767 primary schools are reported to gain access to improved sanitation and hygiene where a drop hole per pupil ratio is no more than 1:40 and 1:50 for girls and boys respectively. These data suggests that, the campaign has led to significant change of practice and attitude with regard to sanitation and hygiene both at household and school level. The campaign uses the Community Led Total Sanitation approach (CLTS) to provide a breakthrough on the prevailing pathetic situation on sanitation and hygiene. The approach was introduced in the country in 2007 but the scaling up was slow until 2013 when the NSC started picking up.

In 2012, the MoHCGEC developed the first guidelines for facilitating CLTS that suits the Tanzania’s sanitation and hygiene challenges which mostly relates to the quality of facilities than the total absence. The guidelines have been extensively applied in the communities and shown the significant
achievements. However, several weaknesses were noted upon use of the guidelines including the failure to address equitably the urban challenges (more rural oriented), lacked clear guidance on engaging the school community and being too light in terms of the content. Hence, the Ministry in consultation with the stakeholders of sanitation and hygiene felt the need to review the guidelines in order to address the encountered weaknesses.

1.1 Rationale of the Guidelines
These guidelines are meant to provide guidance to stakeholders in the country to effectively and uniformly apply the Community Led Total Sanitation approach in rural areas. The guidelines present the steps, tools, and proposed time frame for each process making the facilitation of CLTS even easier. Distinctively, the guidelines provide for a separate chapter for facilitating CLTS in schools (the School Led Total Sanitation). In this case, the school WASH actors have a privilege for the first time to have school based guidance which will simplify the engagement of pupils and school community at large.

1.2 Objective of the Guidelines
The main objective of these Guidelines is to streamline the implementation of Community Led Total Sanitation for rural communities. Specifically, the Guidelines aim to:

1. Lay out the procedures and tool for the facilitation of the Total Sanitation approach in the rural communities; and
2. Lay out procedures and tools for the facilitation of Total Sanitation approach in school communities.

1.3 Structure of the Guidelines
These Guidelines consists of three main parts.

- The first part provides the introduction to CLTS approach and the guidelines
- The second parts guides on the tools and steps for facilitation of Total Sanitation approach in rural communities, and
- The third part guides on the tools and steps for facilitation of Total Sanitation in schools
PART TWO: STEPS FOR FACILITATION OF RURAL COMMUNITY LED TOTAL SANITATION

2.0 COMMUNITY-CLTS

Community Led Total Sanitation in rural areas is conducted to provide an in-depth understanding on the importance of sanitation and hygiene. It encourages active participation of community members in observing hygiene practices and use of improved sanitation facilities and increase ownership of hygiene and sanitation intervention. Similarly, Rural-CLTS engages the community and influence positive changes on sanitation and hygiene within a community. There are three steps in facilitating Rural CLTS and they include Pre-Triggering, Triggering and Post-Triggering.

Table 1: Indicative timeframe and requirements for CLTS facilitation

<table>
<thead>
<tr>
<th>Stage</th>
<th>Indicative time-frame</th>
<th>Staff and other requirements</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre triggering</td>
<td>One week.</td>
<td>Two field staff visiting a village/community 2 times in advance to fix up time of visit, place of meeting, explaining objectives etc.</td>
<td>Visit all sub-villages to be familiar of the size of the village, (population/area) and background information about the village e.g. sanitation profile, diseases pattern, sources of water etc.</td>
</tr>
<tr>
<td>Triggering</td>
<td>Between 3 to 5 hours)</td>
<td>A team of facilitators must comprise of 3-4 people or maximum of five</td>
<td>- Avoid overlapping of triggering session with village market day, marriage in the village, funerals etc.</td>
</tr>
<tr>
<td>Post-Triggering</td>
<td>2 weeks to 3 months</td>
<td>Depending on local situation 1-2 staff visits the triggered community 1-2 times in the first week, and then perhaps at wider intervals, enough to encourage and support but not too frequent.</td>
<td>Key activities at this stage include; Follow up, Supervision and monitoring</td>
</tr>
</tbody>
</table>

2.1 Steps for facilitating CLTS

The CLTS approach employs three steps which are carried out sequentially. These are Pre-triggering, Triggering and Post triggering. The details for each step are explained in the following paragraphs.

2.1.1 Step I: Pre triggering

At this stage the facilitator gets to know the village and sub villages that will be triggered. It provides an opportunity for the facilitator to get an in-depth understanding of the community in terms of
cultural barriers, enablers and the status of Water supply, Sanitation, Hygiene as well as the Disease Burden.

The pre-triggering stage essentially involves the following key elements;

- **Communication:** Communicate with the targeted community by sending formal information to the respective authorities (Ward and Village Leaders). The letter should explain the purpose of the visit, proposed time, place and people to meet. It is advisable to follow up with the leaders to be sure whether the letter has been received and attended.

- **Site visit:** Meet the Local leaders to discuss in details the intention to conduct triggering in their area. Explain the importance and the scope of work and agree with them on the suitable time and venue for the community meeting. At this stage, you are advised to observe the physical status on the target intervention areas (Water Sources, Sanitation and Hygiene). Identify the sites with a potential for maximizing SHAME, FEAR, DISGUST and PRIDE during the triggering stage. Also, the site visit will help to comprehend the boundaries of the area.

- **Collection of baseline information:** Collect baseline information (primary and secondary) on the intervention areas to enable the facilitator understand the magnitude of sanitation and hygiene problems that the community is facing. Do not forget to obtain data on disease burden from a nearby health facility (Public or Private).

- **Identification of stakeholders:** Identify all key stakeholders involved in managing rural water supply, Health, Sanitation and Hygiene issues. Prepare a list indicating their area(s) of intervention and their contacts.

- **Advocacy:** Organize an advocacy session involving all the identified stakeholders at the Council and Wards level. Prepare the topics for sharing based on the key issues identified during the site visit and the baseline data collection. Prepare the hard facts based on the existing situation e.g. the association of the prevailing diseases with the status of sanitation and hygiene in the area. Explain the roles of stakeholders in the implementation of the campaign. It is recommended to carry out the advocacy meeting at Council and Ward level. The Council meeting should involve Council top leaders, Councilors, Heads of Departments and stakeholders within the council. At Ward level, the meeting should involve the Extension officers, Village Chairpersons, VEOs, Head Teachers and Councilors.

**Required materials:** Stationary, Transport, Fuel,

**Time for pre triggering:** At least two weeks
2.1.2 Steps 2: Triggering

Triggering is a process that stirs or stimulates a collective sense of Fear, Disgust, Shame and Pride among community members as they confront the facts about sanitation and hygiene in their locality. Triggering requires proper organization and composition of the steps in order to convey the intended message to the audience. It is recommended to observe the following tips during the facilitation process;

- Facilitate, do not dictate or teach.
- Do not use “nice” words to describe shit or shitting.
- Focus on collective behavior change rather than on mobilizing individual households.
- During transect walk address all four pillars (Shame, Disgust, Fear and Pride)
- Initiate and encourage participants to express their feelings, and how they perceive
- Bring the discussion in agreement in order to reach on consensus.
- In case of large group of people, use Public address (PA)

Triggering involves the following tools and steps.

2.1.2.1 Sanitation or Social Map

Sanitation or Social Map is a simple sketch that indicate the geographical boundaries and key feature available in a particular village or sub-village. Mapping involves identifying and locating key features and the profile of environmental sanitation in a particular community. It is a useful tool for engaging all community members in a practical analysis of the prevailing status of water supply, sanitation and hygiene in the area.

Aim: The social map helps to provide an insight regarding the common practices related to sanitation and hygiene in the area. It enables the facilitator and the community to establish the facts regarding the defecation habit in the respective community.

Steps involved in drawing the sanitation map

1. Invite the community to sketch a simple map of the sub-village or village. Use the white powder or ashes to indicate the outer boundary and the cross roads or walk pathway
2. Request the community members to locate their houses, institutions, water sources and other prominent feature available in their Village/Sub-village
3. Facilitate the community to identify the defecation areas. Use the yellow or orange colour to mark the defecation points/fields
4. Facilitate the audience to mention in their own language the word SHIT and SHITTING.
5. Once one or few people have mentioned it encourage the whole audience to repeat loudly.
6. See how the audience is ashamed and disgusted after mentioning SHIT and SHITTING. At this point the pillars of Shame and Disgust start to emerge.
7. Transfer the map on a piece of paper (preferably A1)

NB: Encourage everyone (elderly, women, and people with disability) to participate in the exercise and make it funny.

Materials: Use the following materials for conducting the triggering session: Flip charts, Masking tapes, Markers, Pair of scissors, Coloured Powder, Manila Cards, and
camera or any locally available materials such as saw dust, ash, tree leaves, and e.t.c

Time: The exercise should not take more than is 30 minutes

Climate setting: Before embarking into the triggering steps, the facilitator needs to build rapport with the respective audience. The lead facilitator should be carefully not to introduce the subject directly by touching the environmental sanitation issues. It is recommended to start with broad concept of HEALTH and then slowly narrowing to environmental sanitation and hygiene issues.

2.1.2.2 Transect Walk

This is the communal walk aiming to verify issues indicated on the map. A transect walk involves walking with community members through the sub-village from one side to the other, observing, asking questions, listening and discussing sanitary conditions, locating the areas of open defecation and houses with/without improved latrines along the way.

Steps for the facilitation of transect walk.

1. Invite the whole group to participate in the transect walk targeting areas of open defecation. In case the group is too big (more than 50 people), divide into subgroups and assign routes for each.
2. Agree on the shortest possible time to reconvene
3. Observe, ask questions, listen and discuss with community members on the existing sanitary conditions
4. Organize discussions near (very close) to where shit is spotted. This helps to maximize disgust and shame.
5. Use shovel or hoe to carry shit found along the transect walk. Pick fresh and yet huge piece of shit.
6. Draw people’s attention on the flies attracted by the shit.
7. Take photos of the insanitary conditions.
8. Upon completion of the transect walk convene at the original site (where the map was drawn) for discussion.

**DO NOT avoid the defecation areas, but rather spend as much time as possible asking questions. This will help to trigger the sense of shame and disgust that will make them want to do something to change. Be creative and funny in the questions you ask.**

Photo 3 & 4: Community members participating in a transect walk to identify areas of Open Defecation (OD)

**Materials for Transect Walk:**
Tools for conducting transect walk includes: note book, pen, Camera, shovel, gloves, container, water and soap for handwashing and.

**Time:**
The exercise should not take more than 30 minutes

2.1.2.3 **Shit Calculation**
It is a participatory analysis that follows after transect walk (walk of pride and walk of shame). Members of the community discuss and calculate the average amount of shit one person produces per day and multiply that amount by the number of members in the family/households, sub-village or village.
Guide on how to calculate shit production

1. Ask people how many kilos of shit an average individual produces per day, pick a reasonably big number;
2. Ask, how many people live in one household (pick a big number)
3. Facilitate the meeting to calculate the average amount of shit produced per Day/Week/Month/Year
4. Facilitate the meeting to quantify shit into simple bulk measures (Lorries or Bags)
5. Then, tell them they are healthier because they eat huge amount of shit (make it funny not to provoke them)
6. Ask them what they should do to stop eating shit
7. Emphasize that those who have toilets they can still eat shit from neighbours without toilets
2.1.2.4 Medical Expenses
Calculation of medical expenses is meant to unveil the estimated cost that a family incurs when one or several members contract a disease (WASH related diseases). It helps to generate a sense of Fear. It is a very useful tool for advocacy to policy and decision makers. To make an exercise easy, it is recommended to use the following steps and prompt questions;

1. Ask how many have ever suffered from diarrhoeal disease
2. Ask them how much do they spend to treat a person with diarrhea. (Consider the cost related to transport, consultation fee, laboratory charges, drugs, food, communication, time lost etc).
3. Tell them they are really well off to be able to spend so much.
4. Ask if any families had to borrow money for emergency treatment of diarrhoea, dysentery, cholera and other OD-related diseases for any family member. If so, what was the amount? Ask them if it was easy to borrow money and repay it?
5. Who lends money for emergency treatment and at what rate of interest?
6. Ask them what they should be doing to avoid spending money on medical expenses

Required materials: Manila cards, marker pens

Time: 15-20 Minutes

2.1.2.5 Shit flow diagram
The flow diagram shows where all the calculated shit goes as well as the impact of shit on the environment (such as food and water). The steps involved in facilitation of shit flow include the following:

1. Bring along a favourable food (attractive to flies e.g fish, meat, mango etc).
2. Place the food near the area where shit was put.
3. Draw people’s attention to see the back and forth movement of flies between shit and food
4. Ask if anyone is interested to eat the food.
5. Ask why they rejected the food
6. Ask them what happens when flies sit on their children’s food plate: what are they bringing with them from places where open defecation is practiced?
7. Finally ask them what they should do to stop eating shit.
**Photo: Flow Diagram showing feacal transmission routes and barriers**

**Required materials:** flow diagram photo, water, favourable food preferable fish, eggs

**Time:** 20 to 30 minutes

### 2.1.2.6 Water/Shit Demo

This is participatory analysis that follows immediately after transect walk (walk of pride and walk of shame). The community needs to comprehend the link between the unsanitary environment and their wellbeing.

Facilitate the process to enable the community members to internalize how shit can get back into their homes and cause diseases.

Similarly, the effects open defecation should be well articulated based on what has been revealed during the transect walk.

**Aim:** To expose the community understand how open defecation can contaminate water and food. At this step the three pillars (shame, disgust and fear) of triggering are being realized.

**Steps involved in water shit demo**

1. Request people to draw closer and witness the process
2. Place the collected sample of shits on the ground
3. Ask two people (Male & Female) who feel thirsty to join you in the front. Give them each a sealed bottle of water
4. Allow them to drink not more than half.
5. After they have drunk half-full, take a small trace of shit and put into the bottle of water. Shake gently and give back to them. Do not interchange the bottles;
6. Ask them to drink the remained amount of water because they seem to be thirsty
7. Ask why they refuse to drink the remained portion.
8. Remind them that they drink shit daily because their water sources are heavily polluted
9. Ask how many are NOT ready to continue eating shit
10. Ask them what they should do to stop eating their own shit

Photo 7: Disgust created by water/shit demonstration
Photo 8: Community members disgusted by the water/shit demonstration

Photo 9: Community express Disgust and Shame after triggering
**Triggering responses**
The level of ignition or triggering responses can be in four folds depending on the level of facilitation. The responses are Matchbox in a petrol or gas station, Promising Flames, Scattered Flames or Dump Matchbox.

**i). Matchbox in a petrol or gas station**
It is the highest level of ignition where the entire community is fully committed to start local action immediately to stop open defecation and improve their toilets. When this happens do the following;

- Appreciate their wise choice to stop OD
- Facilitate an action plan with dates for completion and formation of community committee.
- Decide a mutually agreed date for a follow-up visit
- 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

**ii). Promising flames**
The response categorized as Promising flame happens when a majority has agreed but a good number are still not decided. Once this happens, the facilitator should do the following;

- Ask a person who is ready to change to share his/her thoughts with the rest of the community as to how he or she is going to initiate the construction of latrines
- Ask who else is ready to join the effort of ending open defecation
- If all agree by raising hands, draw and explain a simple latrine using locally available low cost materials.(as shown in latrine options manual)
- Create linkage between trained local artisan and the community so as to utilize their skills.
- Facilitate action plan, with a weekly list of commitments for latrine construction and hand washing facilities 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
- Ask the community to identify someone to be the link person with suppliers of pans and sanitary hardware

**iii) Scattered sparks**
Where the majority of the people are not decided on collective action and there are many back-sitters, and only a few have started thinking about going ahead.

- Appreciate them for the detailed analysis and tell them not to misunderstand you as promoters of sanitation and hygiene facilities.
- Ask how many of them by raising hands are going to defecate in the open tomorrow morning
• Seek support from natural and influential leaders

iv). Damp matchbox
Sometime the session ends in a dull manner where the entire community is not at all interested to do anything to stop open defecation. In most cases it is contributed by poor facilitation and preparations. Facilitators are reminded to be well prepared for the exercise to avoid the dull end. However, when it happens the facilitator should do the following;

• Thank them all for the detailed analysis of the sanitation and hygiene profile of the village and seek their permission to leave
• Do not pressurize or coerce them to stop OD
• Tell them that you are surprised to know that they are knowingly ingesting one another’s shit and are willing to continue to do so
• Judge whether to ask if you can take a photograph of the community
• Leave happily and plan for another session or resort into other means

**Don’t interrupt or advise. Quietly listen to the community’s discussion. If questions are thrown to you, tell them that, as an outsider, you have little knowledge about their local situation, and that they know much better than you. Tell them that they are free to choose anything including continuation of open defecation.**

2.1.2.7 Community declaration
Community member makes collective decision to stop eating each other’s shit and specify the duration for each to construct a toilet so as to end open defecation practices. The following are steps for facilitating the community to declare and finally sign a commitment to end OD.

• Ask the audience, who is ready to stop eating shit
• Ask who else would like to stop eating shit
• Ask them, what they should do to stop eating shit
• Ask them how long it takes for them to completely stop OD
• Facilitate them to read after you the declaration
• Ask the community leaders (Village c hair, or sub-village chair and Village Executive Officer). Refer to annex II for a declaration form

• Take a group photo during community declaration
**Required materials:** Declaration form (Kiswahili version), pen, camera

**Time:** 10 mins

### 2.1.3 Step 3: Post Triggering

This is the last step in the series of CLTS facilitation where planned activities are implemented. Post triggering includes: follow up, supervision, monitoring, and evaluation.

#### 2.1.3.1 Action Plan

The process takes into account the positive ignition responses from the community which happens after community declaration. The planning takes place immediately after the declaration by involving the sub-village CLTS committee formed by the community itself. The natural leaders should be part of the committee.

**Instruction for the preparation of the Community Action Plan (CAP)**

Facilitate the committee to use the Action Plan format (Refer to Annex III). The process of planning should concentrate on some immediate positive actions. Activities include:

- Forming a sanitation committee (drawing representatives from all the neighbourhoods of the village)
- Facilitate the committee to come up with a simple but realistic CAP capturing the key aspects of sanitation and hygiene Do not forget to include the Follow up and Monitoring activities in the CAP
• Facilitate the transfer of the CAP from flip chart into an A4 paper and make a copy of it for your future use.
• Once the CAP has been prepared make sure it is displayed in public area for the inmates to see.

Photo 14: Preparation of the Community Action Plan

2.1.3.2 Follow Up and Monitoring
This is close supervision conducted by different stakeholders at all levels in order to track changes, motivate community members, leaders and provide support and guidance as early as possible.

Steps for conducting follow up and monitoring:-

• Arrange a visit within two to three weeks where the response has been strongest,
• Conduct village meetings within the agreed period as a reminder and motivation before deadline stipulated in the declaration
• Use monitoring tools to monitor progress (Map, registers, monitoring forms, verification forms.)
• With Matchbox in a Gas Station and Promising Flames, agree with the community for revisits in the following few days.
• 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 this case arrange visits to nearby communities that are ODF or plan for retriggering later on by inviting other facilitators.
2.1.3.3 Participatory Monitoring

The monitoring involves the tracking of the progress based on the agreed set of indicators. It is the systematic recording and periodic analysis of planned activities that have been done by insiders with the help of outsiders in order to provide information of the life of the project so that adjustment and modification can be made.

Instructions on participatory monitoring

- Involve a range of natural leaders, women, men, youth from ward and village including extension officers
- Use indicators identified in the Community Action Plan.
- Apply indicators of process and progress to assess the performance

**Time:** Throughout implementation period

- Visit should involve WDC and Council.
- Facilitator can call natural leaders, extension officers, VEOs/MEOs asking for progress through their mobile phones, if they have them.
- Facilitate access to sanitary hardware.
- 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.
- Look for, encourage and support women natural leaders
2.2 Hand Washing Package

Quite often the topic of hand washing is overlooked during facilitation of CLTS because of capitalizing on the use of latrines. It has to be clear that, hand washing with soap is key to optimize the benefits of latrine use. Therefore, facilitators should never forget material used for hand washing (water, soap, empty gallon and a piece of rope). It is also good to demonstrate the modern hand washing facilities to enable the people to know the recommended options.

Ask the community the following questions to provoke the discussion.

- At what critical moments do they wash hands?
- How is hand washing habitually done?
- Do they wash hands with water and soap?
- After defecation how do they clean kid’s bottom and how is its disposal
- Do they have a habit of hand shaking as a way of greeting one another
- How do they perceive shaking hands with a person whose hands are soiled with faeces
- Observe their feelings and ask what do they propose to get rid of dirt hands

**NB:** An ideal hand washing involves the use of running water and soap. It is good to demonstrate proper hand washing.

The demonstration should be done after they have indicated that hand washing with soap helps to keep their hands clean and free from germ
2.2.1 Steps for proper Hand Washing

1. Wet the hands with running water — either warm or cold.
2. Apply liquid, bar or powder soap.
3. Lather well.
4. Rub your hands vigorously for at least 20 seconds. Remember to scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
5. Rinse well.
6. Dry your hands with clean disposable napkins or air dryer.
7. If possible, use a towel or your elbow to turn off the faucet.
PART THREE: STEPS FOR SCHOOL LED TOTAL SANITATION

3.0 SCHOOL LED TOTAL SANITATION

The implementation of the NSC applies the CLTS and SLTS approaches for mobilization of the entire community. While CLTS is meant for the general population the SLTS is intended for school community, pupils and teaching and non-teaching staff. The SLTS is intended to provide a platform for wider participation of all the pupils in schools in observing hygienic behaviour and keeping their environment clean. The approach emphasizes the concept of “Total” rather than dealing with a few as used to be a case under school WASH clubs. It is worth noting that, the introduction of SLTS is not meant to replace the WASH club but provide an entry point capturing all the pupils so that the responsibility of keeping the environment clean is shared across.

The design and implementation arrangement of the SLTS is in such a way that it enables pupils, teachers and non-teaching staff at schools (school community) to observe hygienic practices so as to maintain the surroundings clean. Further, it stimulates the participation of parents and school committees in the improvement of WASH facilities. Steps for facilitating SLTS are similar to those involved in CLTS and they include pre-triggering, triggering and post-triggering. However, there are some differences in the facilitation of these steps as described in the following sub sections.

Key Components of School Led Total Sanitation

SLTS has four key components; total elimination of open defecation, construction and use of sanitation facilities at schools, environmental sanitation and behaviour transformation. It is commonly referred to as BEST (B- Behavior transformation, E- Environmental sanitation, S- Sanitation facilities and T- Total elimination of open defecation).

B: Behaviour transformation

The critical component which aims at bringing desired changes in the thinking of pupils, teachers and communities at large. It helps to influence school community to change their attitude and undesired practices on WASH.

E: Environmental sanitation:

This component focuses on keeping the general environment clean such as cutting grasses, cleaning storm water drains, landscaping among other undertakings. Environmental sanitation also looks at management of solid and liquid waste in the entire school community.

S: Sanitation facilities:

This is at a core of the success of SLTS where community should be encouraged to build the school sanitation facilities by applying appropriate technologies. For effective operational and maintenance, it is advisable to use locally available materials and resource person.
T: Total elimination of OD: SLTS strives to achieve open defecation free environment whereby all the pupils, Teachers and other staff use improved latrines and practice hand washing with soap at critical moments.

3.1 Step 1: Pre – triggering
While organizing the triggering session in the community, it is important to ensure the school administration is aware so that pupils and staff take part in the exercise. The letter sent to the village leaders should state clearly that during triggering there will be a separate session for schools. At this stage the facilitator should do the following;

- Visit school and build a rapport with the school administration;
- Agree with the school administration the convenient day and time for triggering

NB: It is recommended to conduct triggering for schools and community in the same day. However, under certain circumstances the sessions may be conducted in different days.

3.2 Step 2: Triggering
This stage refers to the actions taken to ignite the deep understanding of the linkage between unhygienic practices and the related effects. It is at this stage that the pupils and staff internalize the danger of unsafe excreta disposal and failure to practice proper hand washing. The SLTS applies the same tools as in CLTS to facilitate triggering sessions. Triggering requires proper organization and composition of the steps in order to convey the intended message to the audience. It is recommended to observe the following tips during the facilitation process;

- Facilitate, do not dictate or teach.
- Do not use “nice” words to describe shit or shitting.
- Focus on collective behavior change rather than on mobilizing individuals.
- During transect walk address all four pillars (Shame, Disgust, Fear and Pride)
- Initiate and encourage pupils to express their feelings, and how they perceive
- Bring the discussion in agreement in order to reach on consensus.
- In case of large group of pupils, use Public address (PA).

The following are the tools for triggering the school community.

3.2.1 School Mapping/ sanitation map:
Mapping involves identification and location of environmental sanitation challenges associated with solid and liquid waste management, use of latrines; availability of clean and safe water, and food safety. It is a useful tool for engaging the school community in a practical analysis of the prevailing sanitation and hygiene status in the school.

Aim: The social map helps to provide an insight regarding the common practices related to sanitation and hygiene in the school. It enables the facilitator and the school community to establish the right cause of problems in the respective locality.
Steps involved in sanitation map

- Facilitate the formation of two groups of pupils (with consideration of gender) based on the class/grade (Standard 1-4 and Standard 5-7). If the number of pupils in a group exceeds 150, the group should be split into two.
- Gather the groups in different suitable place where the map can be drawn.
- Explain to the groups the highlights on the map drawing process;
- Facilitate the groups to draw a quick outline boundary of the school compound using sticks, branches, and coloured powder e.t.c.
- Request the pupils to locate their classrooms, kitchen, playground, water sources, sanitary facilities, bushes e.t.c. Tell them to use cards (provided) to represent features mentioned above.
- Facilitate the pupils to break the silence and mention the words shit and defecation.
- Guide them to use the White colour to indicate the boundaries; Yellow for the defecation areas; Blue for liquid waste and stagnant water; Red for heaps of solid waste.
- Encourage as many as possible pupils to indicate the defecation areas (ensure them freedom and that nobody will be punished by indicating the wrong place); Praise those who seem to indicate the secrete places
- Facilitate the brainstorming session based on the features indicated on the social map. Use the following prompt questions to lead the discussion (Ask them whether they agree with the map and features indicated; what do they learn from the map? Ask them why their surroundings are in that state? Ask them whether they are happy with their surroundings
- Select few pupils to transfer the drawn map into the flip chart

Materials: Use the following materials for conducting the triggering session: Flip charts, Masking tapes, Markers, Pair of scissors, Coloured Powder, Manila Cards, and camera or any locally available materials such as saw dust, ash and tree leaves e.t.c

Time: The exercise should not take more than is 30 minutes
Pupils participating in the social map drawing exercise

3.2.2 Group walks/transect walk through the schools community:
This is the stage where pupils, teachers and non-teaching staff participate in a transect walk to verify the features indicated on the social map. The focus should be on the defecation areas (latrines or open defecation areas).

Aim: The exercise aims at generating the sense of Shame, Disgust, Fear and Pride.

Steps involved in the school transect walk

1. Facilitators and teachers to split and join pupils’ groups.
2. Facilitators and teachers guide pupils to walk and observe areas for open defecation, water points/sources, garbage pits, waste bins and littered.
3. Lead pupils and teachers to observe OD places and shits, here the facilitators should encourage pupils to point and/or to show open defecation areas where shits are usually seen.
4. Facilitator to pick sample of shit, preferred a fresh ones to be used for ignition.

3.2.3 Food /Water -Shit demo
Shit-food/water demo is step where facilitators expose pupils and staffs to understand how open defecation can contaminate water and food. At this step the three pillars (shame, disgust and fear) of triggering are being realized.

Steps involved in food/water shit demo

1. Gather the pupils and teachers at the meeting place
2. Place the collected sample of shits on the ground
3. Call two volunteers (Boy and girl) to join you in the middle
4. Give them a separate sealed bottle of water and ask them to take a sip, be aware that at least half should be remain
5. After they have drunk half-full of the bottle take back the bottle from pupils;
6. Use a stick to touch shit on the ground and then dip it in the same bottle of water;
7. Ask if they can see anything in the bottle.
8. Give back the bottle of water to the pupil who drank water from the same bottle and ask them to drink it again.
9. Immediately after they refuses, pass the bottle to other pupils and ask if they could drink.
10. Ask why they refuse it;
11. Use flow diagram to ask pupils to describe how feces can get into their mouths through fingers, food, flies, fields, formites and fluids.
12. 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 shit than your stick could.
13. Now ask them if they can eat food that flies have landed on/ touched;
14. Now ask them what happens when flies sit on their food and/or plate: what are they bringing with them from places where open defecation is practiced?

### 3.2.4 Shit calculation

It is a participatory analysis for creating fear to pupils on the impact of open defecation. At this stage pupils are facilitated to discuss and calculate the average volume of shit one pupil produces per day and multiply that volume by the number of pupils in the class and that of entire school. Facilitate pupils to do shit calculation by probing the following questions:

- How many pupils are in a classroom and school?
- What is the total number of pupils in the school?
- How many times does a pupil normally defecate per day?

Then apply the following example to lead pupils to perform shit calculation:

<table>
<thead>
<tr>
<th>Assumption: The average amount of shit produced per pupil per day is 250gm</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The total number of pupil in a classroom is 40</td>
</tr>
<tr>
<td>• Total shit produced in that class per day: 250gm x 40 pupils =10,000gm=10kg</td>
</tr>
<tr>
<td>• Total shit produced in that class per week: 10,000 x 7Days= 70,000gm= 70kg</td>
</tr>
<tr>
<td>• Total shit produced in that class per month: 70,000 Kg x 4weeks = 28000gm= 28kg</td>
</tr>
<tr>
<td>• Total shit produced in that class per year: 28,000 x 12 Months = 336,000 gm= 336kg</td>
</tr>
<tr>
<td>• Count number of classes in that school, let say 14 classes.</td>
</tr>
<tr>
<td>• The amount of shit generated per year= 14 classes X 336kg = 4704 kg equivalent to 4.7. Tones of shit.</td>
</tr>
</tbody>
</table>

### 3.2.5 School Declaration

School declaration is a collective statement of the respective school community which is signed to commit their efforts with agreed timeframe to improve environmental sanitation in the school surroundings by ending unhygienic behaviour. At this point the facilitator guide pupils and teacher to declare actions and timeline for implementing activities for a desired hygienic behaviour to be attained.

**Aim:** The school declaration is meant to obtain the commitment from the school community members on their readiness to stop malpractices. It stipulates the duration in which the action need to be promptly taken to arrive at the desired level of environmental sanitation and hygiene.
Steps for preparation of school declaration

1. Engage pupils to declare that they will end open defecation in school environment.
2. Ask how long the process of ending OD, improving cleanliness of the environment will be achieved, installation of hand washing facilities, availability and use of soap for hand washing at critical moments and improve waste management.
3. Use form on Annex 2 for signing the declaration

3.2.6 Facilitating the preparation of the School Action Plan (SAP):

At this point the facilitator should engage the pupils to select few representatives to form a team which will prepare an action plan. Use annex 5 to guide the preparation of the SAP.

3.3 Post Triggering

This step involves mainly monitoring and follow up on implementation of activities laid in the developed action plan as detailed below;

3.3.1 Monitoring

This section provides guidance for conducting monitoring of the activities itemized in the action plan such as; use of latrines, promoting personal hygiene, water supply facilities, waste management etc. The facilitator should guide the school to develop a monitoring system by involving teachers, pupils, and school management. Monitoring should give due focus on child-friendly and gender specific aspects.

3.3.2 Follow up

In this stage, the facilitator should assist the Ward Education Officer (WEO) and Ward Health Officer (HO) to develop a follow up plan. The plan should consider the following.

- In case of a Matchbox in a Gas Station and Promising Flames, agree with the school for immediate visits in the following few days with dates, times and purpose to monitor status.
- Encourage school to mobilise locally available hardwares for example building stones, sand, aggregate, cement, timber, building poles, limestones etc
- Do not intervene in a way which may induce dependence. Encourage the school management, committee, parents and pupils in taking their own action.
- Organise support visit by District Engineers and Education Technical Officer to support hardware activities at schools
## ANNEXES

### Annex 1: Household monitoring form

**Jina la mhudumu wa afya**/Mjumbe wa kamati ya Afya Kitongoji/Mtaa………………… … … …………

**Kitongoji/Mtaa…………………………………………………………………………………………………………………..**

Tarehe ya kujaza fomu……………………………..Kipindi cha ufuatiliaji

<table>
<thead>
<tr>
<th>Mwaka</th>
<th>Robo 1</th>
<th>Robo 2</th>
<th>Robo 3</th>
<th>Robo 4</th>
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<tr>
<th>Namba.</th>
<th>Jina la mkuu wa Kaya</th>
<th>Idadi ya watu katika Kaya</th>
<th>Jeki ya chombo cha kuitunga maelezo cha kuhifadhi</th>
<th>Aina ya Choo</th>
<th>Vyoo</th>
<th>Sakafuli</th>
<th>Usiri</th>
<th>Sehemu ya Kunawia Mikono</th>
<th>Kujisaidia nje ya choo</th>
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<table>
<thead>
<tr>
<th>A = Asili</th>
<th>B = Asili kilichoboreisha</th>
<th>C = Chereye bomba la hewa (VP)</th>
<th>D = Cha maji</th>
<th>E = Ikolojia</th>
<th>X = Hakuna</th>
<th>Kuzuia kuenea kwa kinyesi huyo</th>
<th>Usiri</th>
<th>Sehemu ya Kunawia Mikono</th>
<th>Kujisaidia nje ya choo</th>
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</tbody>
</table>

**Jumla**

- Weka alama ya (√) kama kitu hicho kipo na alama (X) kama kitu hicho hakipo

33
- Fomu hii iwasilishwe kwa Afisa Mtendaji wa Kijiji (VEO)/Mtaa (MEO) baada ya kukamilika
Fomu ya tamko

Jina la Mwezeshaji Mkuu ……………………………… Cheo ………………….

Taasisi ………………………………………………….

Jina la Kijiji ………………………… Kitongoji ……………………

Mahudhurio Ke ……………….(chini ya18) ……………….(zaidi ya 18)

Me ……………….(chini ya18) ……………….(zaidi ya 18)

Tamko

Sisi wakazi wa Kitongoji cha……………………………..tunaahidi kuwa kuanzia leo
tarehe……………………………..tumeamua kuwa; tutaboresha na kujenga vyoo vyetu ili viwe bora
ifikapo tarehe…………………………….. Vile vile, tunaahidi kuacha mara moja tabia ya kujisaidia hovyo.

Jina la VEO…………………………………Sahihi…………………………….. Tarehe ……………………………….

M/kiti Kitongoji………………………………Sahihi ……………………………….. Tarehe ……………………………….
## Annex 3: Template for Community Action Plan

Main Objective: To improve sanitation and Hygiene status to the community by ..........Month/Year

<table>
<thead>
<tr>
<th>Activity</th>
<th>Resources</th>
<th>Timeframe</th>
<th>Indicator</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction of 100 improved latrine</td>
<td>San plats, roofing materials, bricks, hand washing materials</td>
<td>3 months</td>
<td>No of constructed improved sanitation facilities and in use</td>
<td>CLTS team</td>
</tr>
<tr>
<td>Install hand washing facilities (Vibuyu chirizi) in  80% of households</td>
<td>5 litres plastic gallons, manila ropes, soap</td>
<td>3 months</td>
<td>Number of functional hand washing facilities</td>
<td>CLTS team</td>
</tr>
</tbody>
</table>
Annex 4: Template for School Declaration form

Fomu ya tamko

Jina la Mwezeshaji Mkuu .......................... Cheo .........................

Jina la shule .................................................

Jina la Kijiji ........................................

Mahudhurio:

Wanafunzi      Was :...............: Wav:...............  
Walimu/watumishi wengine     Me:...............; Ke:...............  

Tamko

Sisi wanafunzi wa shule ya ..........................tunahidi kuwa, kuanzia leo tarehe........................ tumeamua kuacha tabia ya kujisaidia hovyo. Vile vile, tunahidi kuweka miili yetu na Mazingira yetu katika hali ya usafi muda wote.

Jina la Kiranja Mkuu .................................Sahihi ......................Tarehe .........................

Jina la Mwalimu wa Afya:..........................Sahihi.......................Tarehe.............................

Jina la Mwalimu Mkuu: ...............................Sahihi ......................Tarehe .........................
## Annex 5: Template for School Action Plan

<table>
<thead>
<tr>
<th>SN</th>
<th>ISSUES</th>
<th>ACTIVITIES</th>
<th>TIME FRAME</th>
<th>RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Open defecation</td>
<td>- Develop and effect mechanism to monitor pupils who defecate openly</td>
<td>1 month</td>
<td>Teachers and pupils</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Punish pupils who are found practicing OD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sensitize pupils on importance of using latrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Inaccessibility to improved latrine or toilet</td>
<td>- Engage school management committee to improve school latrines</td>
<td>3 months</td>
<td>School Head, Committee Chairperson and Village Executive Officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Engage school management, committee and village government to mobilise resources and construct latrines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unhygienic practices</td>
<td>- Promote hand washing with soap</td>
<td>1 month establishing, implementing through out</td>
<td>SWASH Focal teacher, Teachers and pupils, Pupils</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Install hand washing facilities</td>
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<td></td>
<td>- Develop and implement rosters for refilling hand washing facility with water</td>
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<tr>
<td></td>
<td></td>
<td>- Provide soap for Hand washing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Littering</td>
<td>- Dig garbage pit</td>
<td>1 month</td>
<td>SWASH Focal teacher, Teachers and pupils, Pupils</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Install waste bin in all classrooms and at school environment</td>
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<td>- Develop a plan for disposal of waste dump into bins to the garbage pit</td>
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</tbody>
</table>
### ANNEX 6: Key issues to observe during CLTS and SLTS facilitation.

<table>
<thead>
<tr>
<th><strong>DO’S</strong></th>
<th><strong>DON’Ts</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask people what the local words for “SHIT” and “SHITING” are and then always use those terms.</td>
<td>Use nice and polite words for SHIT and SHITING, use people’s own crude terms for shit throughout the facilitation process</td>
</tr>
<tr>
<td>Facilitate appraisal and analysis of their own local sanitation profile</td>
<td>Educate or lecture.</td>
</tr>
<tr>
<td>Let people realize themselves through their own analysis</td>
<td>Tell people what is good and bad.</td>
</tr>
<tr>
<td>Trigger self-mobilization</td>
<td>Push for, or demand action</td>
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<tr>
<td>Stand back, leave it to local leaders</td>
<td>Be in charge</td>
</tr>
<tr>
<td>Allow conversation between themselves when approaching the triggering moment</td>
<td>Interrupt when community members start shaming or charging their own people for open defecation practices or other hygiene behaviours.</td>
</tr>
<tr>
<td>Take a neutral stand and allow heated discussion for and against OD between them. “Remember these are right indications and symptoms of approaching triggering moment”</td>
<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>
</tr>
<tr>
<td>Applaud those who take a lead and engage themselves</td>
<td>Ignore emerging natural leaders</td>
</tr>
<tr>
<td>Always encourage women and the disadvantaged group of the community to participate</td>
<td>Ignore women, children and others who often get left out</td>
</tr>
<tr>
<td>Appreciate community members’ offers to help disadvantaged members</td>
<td>Ignore people who come forward to help</td>
</tr>
<tr>
<td>Trigger local action, encourage self-help</td>
<td>Offer hardware subsidy</td>
</tr>
<tr>
<td>Be bold/courageous yet cautious</td>
<td>Be too humble or too polite. Don’t try to convince too politely</td>
</tr>
<tr>
<td>Listen attentively to everything</td>
<td>Interrupt</td>
</tr>
</tbody>
</table>

The goal of the facilitator is purely to help community members see for themselves that open defecation has disgusting consequences and creates an unpleasant environment. It is then up to community members to decide how to deal with the problem and to take action.
Annex 7: Qualities of a good facilitator

Effective facilitation is key to a successful CLTS triggering in any community. Facilitators are required to enshrine the capabilities of getting the community to a level that they comprehend the essence of conducting triggering sessions in their areas. A good facilitator is expected to demonstrate the following qualities:

- Have background on participatory methodologies
- Be confident in expressions
- Be conversant with the approach
- Be gender sensitive
- Be able to communicate modestly
- Be cooperative and avoid dominancy characters
- Be flexible to cope with community situations
- Be able to speak clearly and loud enough so that everyone can hear
- Maintain right "body language" and "eye contact"
- Being energetic