Community Led Total Sanitation
A handbook on Facts and Processes - October 2012
The Ministry of Health in partnership with Plan Uganda has developed a handbook on facts and processes of Community Led Total Sanitation (CLTS). The aim of the handbook is to increase awareness and harness momentum for uptake of CLTS among stakeholders such as key Ministries with responsibility for sanitation, District Local Governments structures and Civil Society Organizations.

As we continue with our efforts to improve sanitation coverage, it is important to note that there are still challenges to overcome, especially the challenge of Open Defecation. Remember that poor sanitation and hygiene practices have for long had harmful effects on people’s health especially children under 5 years, and it continues to hurt the national economy. Therefore, the Ministry of Health is determined to promote appropriate approaches that will lead to the adoption and sustaining of hygiene and sanitation behaviors. Community Led Total Sanitation is one of such approaches. CLTS has proven effective in various settings and contexts, enabling communities to set their own goals and fulfill them with minimal (external) financial inputs.

This handbook will increase understanding of the facts and processes of CLTS, and will further assist in the adaptability of CLTS to Uganda. The handbook will also stimulate awareness to lead to informed decisions and guided actions in regard to the CLTS approach.

Let us collectively use this handbook to raise awareness and invoke action on CLTS as an approach that can stimulate further improvement in sanitation and hygiene practices.

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Director General of Health Services
Ministry of Health
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## CHAPTER 1: FACTS ON COMMUNITY LED TOTAL SANITATION (CLTS)  

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# List of acronyms

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<tr>
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<th>Description</th>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
</tr>
<tr>
<td>CLTS</td>
<td>Community Led Total Sanitation</td>
</tr>
<tr>
<td>IRC</td>
<td>International Water and Sanitation Resource Centre</td>
</tr>
<tr>
<td>LC</td>
<td>Local Council</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Government Organisation</td>
</tr>
<tr>
<td>NL</td>
<td>Natural Leaders</td>
</tr>
<tr>
<td>OD</td>
<td>Open Defecation</td>
</tr>
<tr>
<td>ODF</td>
<td>Open Defecation Free</td>
</tr>
<tr>
<td>PDC</td>
<td>Parish Development Committee</td>
</tr>
<tr>
<td>PRA</td>
<td>Participatory Rural Appraisal</td>
</tr>
<tr>
<td>PWD</td>
<td>People With Disability</td>
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<tr>
<td>TOT</td>
<td>Training of Trainers</td>
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<tr>
<td>VHT</td>
<td>Village Health Team</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WSP</td>
<td>Water and Sanitation Programme</td>
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Preamble

With over 30% of the households in Uganda lacking access to safe sanitation facilities, hence practicing Open Defecation (OD), a considerable section of the population, especially children, is still at risk of the adverse effects of poor sanitation, specifically Open Defecation (OD) that include sanitation related morbidity and infant mortality. To tackle the sanitation challenge, new innovative approaches are required to accelerate access and sustained use of latrines coupled with good hygiene practices such as effective hand washing. Community Led Total Sanitation (CLTS) is one of such approaches that is low cost, high impact and sustainable. CLTS recognizes that merely providing latrines neither guarantees nor results in improved sanitation and hygiene. It therefore focuses on igniting and facilitating the process which enables the community realize that they are ingesting each other’s faeces. This elicits disgust and eventually breaks the cycle of faecal-oral contamination.

CLTS has been successfully implemented in countries such as Bangladesh, India, Indonesia, Pakistan and Kenya among others. In Uganda, it has been implemented in Tororo and Amuria districts among others. This handbook highlights the facts and processes of CLTS and attempts to tailor them to the Ugandan situation. It aims to increase awareness and harness momentum for uptake of the CLTS approach among stakeholders such as Government, Development Partners and NGOs/CBOs in order to influence policy and implementation.

This handbook should be used hand in hand with other manuals, guidelines and tools used for the promotion of CLTS.
Chapter 1: Facts on Community Led Total Sanitation (CLTS)

1. What is Community Led Total Sanitation?

This is an integrated sanitation promotion approach to achieving and sustaining an Open Defecation Free (ODF) status. CLTS entails the facilitation of the community’s own observation, appraisal and analysis of their sanitation profile, their practices of defecation and the consequences, leading to collective action to become ODF.

It focuses on igniting a change in sanitation behavior to ensure real and sustainable improvements.

It invests in community mobilization instead of hardware, and shifts the focus from latrine construction for individual households to the creation of “Open Defecation-Free” villages. It raises awareness that as long as even a few people continue to defecate in the open everyone is at risk of disease.

It emphasizes a community sense of shame, fear and disgust about Open Defecation (OD), and ignites the desire to stop it and clean up their neighborhood.

CLTS discourages target-oriented approaches. This is because such approaches degenerate into counting latrines and meeting targets for their construction, instead of assessing with rigorous standards the numbers of communities that truly achieve an ODF status.

CLTS recognizes that only providing latrines neither guarantees their use nor results in improved sanitation and hygiene. Therefore it concentrates on ending OD as a first significant step and entry point to changing sanitation and hygiene behavior.

CLTS doesn’t prescribe high standards nor offer subsidies because this leads to uneven adoption, problems with long-term sustainability and only partial use of sanitation facilities.

2. How does CLTS work?

CLTS is driven by a step-by-step approach with a goal for communities to reach an ODF status.
It concentrates on the whole community rather than on individual behaviors. People decide together how they will create a clean and hygienic environment that benefits everyone. Social solidarity, help and cooperation amongst the households in the community are common and vital elements in CLTS.

CLTS processes can precede and lead on to, or occur simultaneously with, improvement of latrine design; the adoption and improvement of hygienic practices; solid waste management; wastewater disposal; care; protection and maintenance of drinking water sources; and other environmental measures.

3. **When should the CLTS Approach be used?**

CLTS can be applied in the following circumstances:

- In areas where OD is a common practice.
- In communities which have not been previously reached by other hygiene and sanitation interventions.
- In communities which have not previously received hardware subsidies for hygiene and sanitation.
- Rural communities. However, the approach is currently being adjusted to suit urban and peri-urban settings.

4. **What are the advantages of CLTS?**

CLTS has the following advantages:

- **Cost-effective:** It is less costly to the promoting organisation since it offers no subsidy.
- **Delivers quick results:** The speed of going total i.e. for an entire community to be ODF in a matter of weeks.
- **Sustainability:** It promotes sustainable sanitation and hygiene practices.
- **Social solidarity:** It enhances social solidarity leading to other actions. The community solidarity and sense of achievement from a successful CLTS process can be an entry point for other livelihood initiatives beyond WASH. It mobilizes community members towards collective action and empowers them to take further action in the future. Overall, CLTS outcomes illustrate what communities can achieve by undertaking further initiatives for their own development.
- **Community ownership:** It 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.
- **Community empowerment:** CLTS encourages and empowers the community to take responsibility and take its own action.
- **Emergence of new Natural Leaders (NLs):** As the community proceeds towards ODF status, there is spontaneous emergence of new NLs. It also highly encourages new commitment of the existing leaders. The voluntary work and commitment of NLs can contribute to the sustainability of CLTS beyond the life of any external project.
- **Local actions and innovations:** It generates diverse local actions and innovations hence the
emergence of local innovations of low cost latrine models using locally available materials. ODF communities gradually move up along the sanitation ladder and improve the structure and design of their latrines through better linkages to sanitation marts.

- Participatory and time-bound: It engages men, women, youth and children in a time-bound campaign and local action to end OD followed by general cleaning up.

5. What is “Open Defecation”?
Open Defecation (OD) means defecating in the open and leaving the faeces exposed.

6. What is “Open Defecation Free”?
Open Defecation Free (ODF) is when no faeces are deposited in the open i.e. on the ground, water, rubbish skips, and paper bags (kaveera) etc. Even a pit latrine with no drop-hole cover is a form of open defecation called “fixed-point open defecation”.

7. Who are Natural Leaders?
Natural Leaders (NLs): are activists and enthusiasts (CLTS champions) who emerge and take the lead during CLTS processes. Men, women, youths and children can all be NLs. Some NLs become community consultants. They trigger and provide encouragement and support to communities other than their own. NLs are active through the processes of construction; innovation; monitoring; developing and implementing community norms and rules; and spreading practices within the community and beyond.

8. What is Triggering?
Triggering is to “fire”. Triggering is based on stimulating a collective sense of disgust and shame among community members as they confront the crude facts about open defecation and its negative impact on the entire community.

Triggering assumes that no human being can stay unmoved once they have learned that they are ingesting other people’s shit. The goal of the Facilitator is purely to help community mem-
bers see for themselves that OD 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.

9. **What is the meaning of “Ignition Moment”?**

It is the moment of collective realization that due to OD, all community members are ingesting each other’s faeces and that this will continue as long as OD goes on.

10. **What is the importance of “Mapping of the Defecation Area”?**

It is a useful tool to get all community members involved in a practical and visual analysis of the community sanitation situation.

11. **Suitable Conditions for Organizations interested in CLTS**

**Institutional support:** CLTS requires the sensitive support of institutions. Institutional support needs to be consistent and flexible. Not every organisation is suitable for promoting CLTS because it may not be in alignment with the organizational approaches. Some NGOs with huge budgets are locked in hardware subsidy programmes hence not suitable for CLTS.

**Hands-on training of Facilitators:** Facilitating CLTS is different from facilitating conventional participatory processes like PRA. It is important that Facilitators are provided with adequate hands-on training. Experienced CLTS facilitators are required to do a good job of triggering.

**Skilled Facilitators:** Behavior and attitudes are crucial in facilitating and promoting CLTS. What works best for triggering CLTS is a combination of boldness, empathy, humor and fun. It demands a hands-off approach, not teaching or lecturing, but facilitating to enable people to confront their unpalatable realities [see Figure 1]. The Facilitator needs this skill.

**Figure 1:** Basics: The key attitudes and behavior of Facilitators

<table>
<thead>
<tr>
<th>DO</th>
<th>DON’T</th>
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<tbody>
<tr>
<td>Facilitate their own appraisal and analysis of local sanitation profile</td>
<td>Educate, lecture or tell people what to do.</td>
</tr>
<tr>
<td>Let people realise for themselves through their own analysis</td>
<td>Tell people what is good and bad.</td>
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</table>
Facilitate to trigger self mobilisation Push for or demand action
Stand back, leave it to local leaders Be in charge
Be cool and allow conversation between insiders– approaching the triggering moment Interrupt when charged up community members start shaming their own people for OD practices or other hygiene behaviors
Take a neutral stand and allow heated discussion for and against OD between community members. Remember these are right indications and symptoms of approaching triggering moment. 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
Appreciate those who take a lead and engage themselves Overlook emerging Natural Leaders
Always encourage women and the poorer and vulnerable sections of the community to participate Overlook women, children, People With Disability (PWDs) and others who often get left out
Appreciate community members’ offers to help poorer and vulnerable members Overlook people who come forward to help
Let people innovate simple latrines Promote particular latrine designs.
Trigger local action, encourage self-help Offer hardware subsidy
Be bold yet cautious Be too humble or too polite. Don’t try to convince too politely
Listen attentively to everything Interrupt


12. Does CLTS have Synergies with other Sanitation Approaches?
CLTS has shared objectives and complementarities with other sanitation approaches. CLTS is about behavior change; hence all aspects of hygienic behavior are implicated or can follow on from triggering. For example, hand washing is an integral part of triggering because Faecal-Oral transmission routes identified during the participatory analysis include those through the hands. As a result, people recognize that besides eating one another’s faeces they also ingest their own and their children’s faeces.

13. What are the Practical Elements and Strategies for going to Scale with CLTS?
The practical elements and strategies for going to scale with CLTS are:
• Recruiting and committing teams and full time Facilitators and Trainers.
• Starting in favorable conditions.
• Training and facilitating.
• Conducting campaigns and encouraging competition.
• Organizing workshops and exchange visits
• Supporting and sponsoring NLs and community consultants.
• Inspiring and empowering children, youth and schools.
• Sanitation marketing.
• Verifying the ODF status, and.
• Finding and supporting champions at all levels.
Chapter 2 : CLTS Processes

1. The Sequence of Steps

This section outlines the sequence of steps, which could be followed, and tools that could be applied in triggering CLTS in villages. It points out some essential elements that need to be emphasized. The activities can be modified or changed in accordance with the situation. However it is important to always put into consideration the Do’s and Don’ts highlighted in Figure 1.

Figure 2: Sequence of steps and activities in CLTS

Pre-triggering
1. Selecting a community
2. Conducting baseline survey
3. Undertaking administrative preparations before the appraisal

Triggering
1. Introduction and rapport building
2. Participatory analysis
3. Ignition moment
4. Action planning by the community

Post triggering
1. Construction of latrines by the community
2. Sustaining and monitoring the ODF status
3. External encouragement to the community
4. Verification and certifying the ODF status

Scaling up and going beyond CLTS
1. Advocacy and training
2. Encourage competition and learning
3. Identification of more interested organizations
4. Sanitation marketing
5. Beyond CLTS

Step One: Pre-Triggering

Pre-triggering involves: selecting a community; conducting a baseline survey and undertaking administrative preparations before the appraisal.

(i) Selecting a Community: This is a crucial stage. It is important to select a village, which has enthusiastic and active leadership. Such communities are inspired to make immediate changes while those with leaders with less enthusiasm may be reluctant and undecided at first but may later adapt. The leaders may be the Local Councilors (LCs), Village Health Teams (VHTs), Parish Development Committees (PDCs), religious leaders and/or traditional leaders. However often new leaders emerge during the process.

There are some conditions that are either favorable or more challenging for promoting CLTS [see Figure 3]. It is wise to start in more favorable places first, establish some success stories, gain experience and confidence, and then use these and the emergent Natural Leaders to spread the movement to more difficult places. A combination of unfavorable conditions makes a community less suitable for early triggering.

Nonetheless, triggering has been successful in conditions that were thought unpromising. This is because such challenges can be confronted and overcome.
(ii) **Baseline Survey:** It is important to carry out a baseline survey to establish the ‘pre-operation exposure’ condition of the community against a set of sanitation, hygiene and other indicators. This will help in ascertaining progress against the set indicators.

**Figure 3: Favorable and Challenging Conditions for Promoting CLTS**

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<tr>
<th>More Favorable conditions</th>
<th>Challenging conditions</th>
</tr>
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<tbody>
<tr>
<td><strong>Geographical</strong></td>
<td></td>
</tr>
<tr>
<td>A village instead of a Sub County</td>
<td>Large settlements e.g. an entire Sub County</td>
</tr>
<tr>
<td>Rural community</td>
<td>peri-urban or urban community</td>
</tr>
<tr>
<td>Areas without much bush/ vegetation hence defecation is constrained by lack of privacy</td>
<td>Areas with much vegetation cover in the surrounding area and where there are regular opportunities to defecate unseen</td>
</tr>
<tr>
<td><strong>Socio-cultural</strong></td>
<td></td>
</tr>
<tr>
<td>Socially and culturally homogeneous communities with high cohesion</td>
<td>Socially and culturally diverse community with low cohesion</td>
</tr>
<tr>
<td>Women have a voice and influence</td>
<td>Women have no voice or influence</td>
</tr>
<tr>
<td>Progressive local leadership</td>
<td>Leaders with less enthusiasm</td>
</tr>
<tr>
<td><strong>Current conditions and practices</strong></td>
<td></td>
</tr>
<tr>
<td>Rain and wet conditions which wash excreta around and keep it smelly and nasty</td>
<td>Arid conditions in which excreta quickly dry and disintegrate e.g. Karamoja region</td>
</tr>
<tr>
<td>Where there are no or few private, accessible or convenient places to defecate</td>
<td>Private, accessible and convenient places to defecate e.g. public latrines</td>
</tr>
<tr>
<td>Where during rains or the night, people shit nearby</td>
<td></td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td></td>
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<tr>
<td>Soil is stable and easy to dig</td>
<td>Poor soil formation e.g. hard rock or highly collapsible, sandy soil which is difficult to dig</td>
</tr>
<tr>
<td>Fairly low water table and no periodic flooding</td>
<td>High water table prone to flooding</td>
</tr>
<tr>
<td>Settlement patterns provide adequate space</td>
<td>Settlement patterns where it is difficult to find space</td>
</tr>
<tr>
<td>Water supplies are unprotected and vulnerable to contamination</td>
<td>Well protected water sources e.g. piped water supply, which would not benefit from going ODF</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td></td>
</tr>
<tr>
<td>Visibly filthy and disgusting conditions where fecal contamination is offensive</td>
<td>Apparently clean conditions</td>
</tr>
<tr>
<td>High incidence of diarrheal diseases and child mortality</td>
<td>Low incidence of diarrheal diseases and child mortality</td>
</tr>
<tr>
<td>Settled communities e.g. agriculturalists</td>
<td>Transient communities e.g. pastoralists</td>
</tr>
<tr>
<td>Residents are permanent and own the land</td>
<td>Where there is large proportion of tenants and lack of land ownership</td>
</tr>
<tr>
<td>No taboos against sharing latrines by family members</td>
<td>Where taboos deter use of the same latrine by all family members</td>
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### Table: More Favorable conditions vs Challenging conditions

<table>
<thead>
<tr>
<th>More Favorable conditions</th>
<th>Challenging conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate CLTS triggering in villages where there have been NO earlier attempts for sanitation improvement.</td>
<td>Where there have been earlier attempts for sanitation improvement</td>
</tr>
<tr>
<td>No current, previous or nearby national programme which provides sanitation hardware subsidies to households, and none is proposed</td>
<td>There is a current, previous or nearby national programme of sanitation hardware subsidy to households, or one is known to be proposed</td>
</tr>
<tr>
<td>Progressive local leadership and existence of active structures within the community e.g. PDCs, VHTs</td>
<td>Reactionary local leadership and lack of active structures in the community</td>
</tr>
<tr>
<td>Where CLTS triggering Facilitators are strongly motivated, well trained, have appropriate attitudes and behaviors, and are flexibly supported by their organizations</td>
<td>Opposition from the staff of CLTS promoting organizations</td>
</tr>
<tr>
<td>Where there is provision for follow up encouragement and support after triggering</td>
<td>Lack of scope for follow up encouragement and support after triggering</td>
</tr>
<tr>
<td>Flexible organizations which change the pattern and sequence of their funding flow to suit the CLTS approach</td>
<td>Organizations with big budgets for subsidies, and targets and reporting based on latrines constructed</td>
</tr>
</tbody>
</table>

### (iii) Preparation before the Triggering Appraisal:

The following preparations should be made before the triggering appraisal:

- **Choose suitable seasons, days, and times for meeting.** If the community is predominantly agricultural based, the planting and harvest seasons would not be very suitable.

- **Introducing the NGO.** The new NGOs need to be introduced by the Sub County Local Government and LC1. However, where the implementing NGO is already working with a community, less time may be needed for introduction.

- **Ensure that participants are representative of the community setting:** Careful preparations are always useful to help ensure that the participants in the ‘triggering’ meeting are truly representative of the wider community i.e. PWDs, women, children, elderly, men, poor, middle class/rich, influential community members etc. Absence of people from all categories might weaken the collective power of the ‘triggering’ decision.

- **Prepare materials/tools for use:** These are: flip chart, colored manila papers, pair of scissors, masking tape, markers, mineral water bottles, some food e.g. a piece of bread/ doughnut etc, camera, a variety of colored powders with adequate amount of yellow powder (for marking defecation areas). In case of non-availability of some of these items, locally available materials like ash, saw dust, stones, leaves, grass etc can be used.

- **Prepare the Facilitation team with clear roles for each member.** Where possible include women facilitators on the team. The roles of the Facilitation team may include:
  - Lead facilitator (who if possible should be fluent in the local language);
  - Co-facilitator. There could be two co-facilitators where the lead facilitator does not speak...
- Rapportouer
- Environment setters. Responsible for ensuring a conducive environment, including a suitable mapping place, assuring no chaos, no mobile phones, controlling gatekeepers, assuring that there is no lecturing, arranging women’s, men’s and children’s groups.

All the team members should watch for emergent natural leaders and encourage them to speak up and take a lead.

- **Informing Local Leaders what CLTS doesn’t offer:** The LC I Chairperson and Sub County officials should be informed well in advance that the CLTS approach doesn’t promote nor offer hardware subsidy. This is so that they do not suddenly show up and start talking about subsidy in the middle of the triggering process.

### Step Two: Triggering

Triggering involves: introduction and rapport building, participatory analysis, the ignition moment and action planning by the community.

(i) **Facilitating Community Appraisal and Analysis to ignite CLTS**

**Introduction:** When you arrive at the village, introduce yourself. Explain the purpose of the meeting i.e. that you and your team are studying the sanitation profile of villages in the district. Emphasize that you are trying to find out the number of villages where people are practicing OD and know the effects of this practice.

**Walk of shame/Transect walk:** It is good to start with a transect walk/walk of shame to discover the defection areas. Transect walks are the single most important motivating tool. Due to the presence of outsiders, the transect walk elicits embarrassment and awakens the community to the problem of OD. This is because much as everyone sees the dirt and shit every day, they only seem to awaken to the problem when forced by outsiders to look at and analyze the situation in detail. The embarrassment experienced during this ‘walk disgust’ can result in an immediate desire to stop OD and get rid of these areas.

During the walk of shame, the Facilitator should collect some faeces, which will be used at a later stage in the triggering process.

**Initiate discussions:** There are many different ways of initiating a discussion on OD and village
sanitation e.g. get a few community members and start the transect walk, and ask them to walk with you behind the houses, in the bushes, near the river, water sources or other open places where people generally defecate. A small gathering in such odd places will soon attract others. Start asking the questions such as those highlighted in Box 1

**Box 1: Some of the questions to ask during the transect walk and some tips to follow**

### Some questions to ask the community:
- What are the local disgusting/crude words for ‘shit’ and ‘shitting’? Always use those terms and use them throughout without hesitation!
- Is this the place where most people of your village shit?
- Where else?
- Which groups of people use which areas for OD?
- Whose shit is this?
- What happens during emergency defecation at night or during high incidences of diarrhoea?
- Raise hands if you have defecated in the open today. Suggest they go back to the spot where they defecated this morning and see if the shit is still there.
- What could have happened to the shit [if the shit is not their anymore]? etc

### Tips on the walk of shame/ transect walk:
- **Be observant.** Listen. Appreciate good things of the community e.g. the socio-cultural practices or anything that makes them proud of their community. Praising good things first makes it more acceptable to raise issues later that disgust and makes people ashamed. It also eases the tension and enables the Facilitator to ask direct questions that lead to CLTS triggering.
- **Do not avoid the defecation areas,** but rather spend as much time there as possible, asking questions, while people inhale the smell of their shit and feel uncomfortable at having brought an outsider there. This will help to trigger the sense of disgust and shame that will make them want to do something to change.
- **Draw attention to the flies on the shit,** and the chickens pecking and eating the shit. Ask how often there are flies on their, or their children's food and whether they like to eat this kind of local chicken.
- **Look out for solid and liquid shit,** and ask why not all the shit has same shape and form. Often the liquid shit is closer to the dwellings, where children and adults are more likely to be infected.

Invite wider community members to a meeting: Once their interest is aroused, encourage them to call other members of the community together especially representatives of the wider community groups e.g. PWDs, women, children, elderly, men, poor, middle class/rich, influential community members etc for a community meeting. The following could be done to mobilize the community:
- An announcement over the Community Public Address system/ mosque
- Sending children to different directions of the village to announce the meeting
- Inviting everyone you meet on the way during the transect walk.

Find a place where a large number of people can stand or sit and work.

(ii) **Convene a Meeting with People from all groups within the community.**

The aim of the meeting is to facilitate their comprehensive appraisal and analysis of habits and effects of open defecation and sanitation practices in their community using PRA tools and methods. Below is a step-by-step approach of conducting a community appraisal meeting.
Box 2: Target the children

It is important to involve children. During the triggering process, many children gather and watch the fun. Some in the facilitation team should take the children away from the adults’ mapping area and engage them in separate mapping. At this stage they can quickly get the idea of stopping OD. Help them develop appropriate slogans, which they can shout together walking in a procession through the village. Encourage adults to come and see the children’s map and listen to their commitments.

a. Mapping of Defecation Areas

- The mapping gets all community members involved in a practical and visual analysis of the community sanitation situation. Therefore request them to choose a suitable large open area for the mapping exercise.
- Facilitate the community to make a simple map on the ground showing: households, resources, defecation areas, water points and problems. The aim is to stimulate discussion.

- In the mapping exercise, all households should be invited to locate and mark their dwellings on the ground map, and to indicate 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, hence ask questions and probe the meaning and implications of what has been shown. For example 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 OD to ponds and other water bodies, resulting in their contamination etc.
- At the end of the mapping exercise, transfer the map from the ground to the paper and use it for monitoring purposes.

b. Identifying the Dirtiest Neighborhoods:

- Divide the assembled community members into smaller groups to discuss amongst them-
selves and note on pieces of paper, ranking the dirtiest neighborhoods.

- Through this exercise, people of the dirtiest neighborhood realize (maybe for the first time), that others are defecating in their areas and are also labeling them as the dirtiest neighborhood. This discovery usually triggers immediate action to stop strangers from coming into their areas to defecate.

c. **Calculations of Shit and Medical Expenses:**

- Calculating the amount of faeces produced helps to illustrate the magnitude of the sanitation problem. Calculate the quantity of human excreta being generated by each individual or household per day, week, month, year and ten years. Total up for all households.
- The quantities can add up to hugetones, which may surprise the community.
- The ignition point is often reached while they are doing this.

**Box 3: Probable questions to ask during this exercise**

- Which household produces most shit? Request everyone to clap and congratulate the family for contributing the most shit to the village. Similarly identify the second, third and so on and appreciate their contributions to shitting.
- Identify the family that produces the least. Ask them why they produce so little shit. Request them to eat more and shit more.
- All this generates a lot of fun but silently the fact emerges clearly that they are eating shit.
- How much do you spend on health treatment for diarrhoea, dysentery, cholera and other OD-related diseases identified? Cost this on a weekly, monthly, annual basis and in a decade. Using a flip chart ask them to calculate how much the whole community spends in a month, a year, and then over ten years.
- Point out if they live close to the defecation area or in the dirtiest neighborhood. Are they poor or rich?
- Who suffers most – rich, medium or poor?
- Put this chart next to the calculation of amounts of shit by month, year and decade.
- Tell them they are really well off to be able to spend so much.
- Do poor families have to borrow money for emergency treatment of diarrhoea for any family member? If so, what was the amount? From whom and where?
- Is it easy to borrow money and repay it? Who lends money for emergency treatment?

**d. How to trigger disgust pathways of feecal contamination**

- Ask: where does all that shit go? Listen to their answers.
- Draw a picture of a lump of shit or use a brick to represent shit, and put it on the ground.
- Put cards and markers near it. Ask people to pick up the cards and **draw or write** the different agents or pathways, which bring shit into the home. For example: flies, rainwater, wind, hooves of domestic animals, chickens that eat shit and have it on their feet and wings, dogs that eat shit or have it on their paws or bodies, bicycle tires, shoes, children’s toys, footballs etc.

Never suggest to stop OD or to construct latrines because you are not supposed to suggest or prescribe.
Then ask: how does the shit get into the mouth? For example: hands, fingernails, flies on food fruit and vegetables that have fallen on or been in contact with shit and not been washed, utensils washed in contaminated water, dogs licking people etc

e. The Water experiment!

- Offer the mineral water you carried with you to someone and ask if they can drink it. If they say yes, then ask others until everyone agrees that they could drink the water.

- Next, get a piece of grass and ask what is in your hand. Then touch it on some shit on the ground so that all can see. Point out that this shit was collected during the walk of shame. Now dip the grass into the drinking water and ask if they can see any thing in the water. Next, offer the drinking water to anyone standing near to you and request him or her to drink it.

- They will refuse. Pass the drinking water on to others and ask if they could drink. No one will want to drink that water. Ask why they refuse it. They will answer that it contains shit.

- Ask: Is there any difference between this water and the water you drink.

- Now ask: how many legs does a fly have? They might tell you the correct answer. If not, inform them it has six legs and they are all serrated (not smooth). Ask: Can flies pick up more or less shit than a tip of a piece of grass?

- Ask: what happens when flies sit on their or their children’s food and plate? What are they bringing with them from places where open defecation is practiced? Finally ask: what they are eating with their food?

- When someone says that they are eating one another’s shit, bring them to the front to tell everyone.
Overall everyone in the village is ingesting each other’s shit. Once one of the community members has said this publicly, you can repeat it from time to time. Do not say it before they do. It has to be what they have said as a result of their analysis, not what you have come to tell them.

- Ask them to try to calculate the amount of shit ingested every day.
- Ask how they feel about ingesting each other’s shit because of open defecation?

f. **The food exercise/ experiment!**

- Get a slice of bread, piece of doughnut or the snack you carried along with you. Offer it to someone and ask if they can eat it. If they say yes, then ask others until everyone agrees that they could eat it.
- This exercise involves food, faeces and flies. Place the food close to the faeces collected during the transect walk. The community observes the movement of flies from the faeces to food and vice versa. Ask if they can see anything on the food. Next, offer the food to anyone standing near to you and request him or her to eat it.
- They will refuse. Pass the food to others and ask if they could eat. No one will want to eat it. Ask why they refuse it. They will answer that it contains shit.
- Now ask: how many legs does a fly have? They might tell you the correct answer. If not, inform them it has six legs and they are all serrated (not smooth).
- Ask: what happens when flies sit on their or their children’s food and plate? What are they bringing with them from places where open defecation is practiced? Finally ask: what are they eating with their food?
- When someone says that they are eating one another’s shit, bring them to the front to tell everyone.
- Ask them to try to calculate the amount of shit ingested every day.
- Ask how they feel about ingesting each other’s shit because of open defecation?

(iii) **Triggering outcome**

a. **Ignition moment**

- The ignition moment occurs when there is collective realization that due to OD all the people are ingesting each other’s faeces and that this will continue as long as OD goes on. The horrific realization of the fact that everyone has been eating each others shit is the bottom-line. These are very critical moments, which hasten the triggering process. The ignition moment can happen during any of the exercises (i.e. the food or drinking water exercise). When this happens there is no need to continue with the rest of the activities.
- Often at this stage the spirit goes high and violent arguments begin as to how to stop open defecation.
- Don’t interrupt or advise. Quietly listen to the discussion.
b. Triggering responses

Triggering produces different responses, which differ widely depending on the community. The response may be categorized as: matchbox in gas station; promising flames; scattered sparks or damp matchbox (see Figure 4)

Figure 4: Community responses to triggering

(i) Facilitating the community’s plan of action

The process of planning should concentrate on immediate positive action plans. Ask: how long will it take to totally stop OD? If the answer is more than 2-3 months, ask: are 60-90 days of ingesting each other’s shit acceptable? The response may be to share latrines and dig pits to cover shit almost at once. Whatever is agreed upon should be documented. This is done on the day of triggering.

- Put up a flip chart and encourage early
action-takers to come and sign up.

- As they come, give them a big clap, and say that they are leaders of a clean future.
- Keep them standing in front of the crowd.
- The same should be done with any who come forward as donors.
- Take a photograph of the group as those who are going to transform the community’s environment.

Facilitate formation of a sanitation committee to follow up the implementation of the action plan. Identify 2-4 potential natural leaders from this process. Before leaving ask the NLs to rehearse slogans against OD to be chanted by children. Tell people about other actions by nearby communities and what they are doing. If the community is the first in an area, stress the recognition they will receive, and the chance of a special celebration if they become ODF.

**Step Three: Post-Triggering Guidelines**

Post triggering involves: construction of latrines by the community, sustaining and monitoring the ODF status, external encouragement to the community, and verification and certifying the ODF status.

(i) **Construction of latrines by the community**

During this phase Construction of latrines begins. Emphasis is put on quantity of latrines so as to eliminate OD. Quality is addressed later through the social marketing campaign. Members of the community who are not abiding are encouraged, counseled and not harassed. However, the community may make community laws to govern latrine construction and the ODF status.

(ii) **External encouragement to the community**

The post-triggering phase is very important. Community dynamics can change rapidly and go in different directions therefore sensitive external encouragement and support is crucial. Facilitators and others in a support role need to be alert to what is happening because timely interventions can make a big difference.

Motivate the people by informing them that if they achieve 100% total sanitation and stop OD, many people from outside and neighboring villages will come and visit. Encourage visits by government officials and other outsiders to show an interest and appreciate what is being done. This raises spirits and reinforces action.

Take care not to intervene in any way, which might cause dependence. Support the members of the community in taking their own action and withdraw as soon as you reasonably can.

At this point potential Natural Leaders have already emerged. Look for, encourage and support women natural leaders. This is because women natural leaders tend to be less visible than their male counterparts in latrine construction but more active and responsible in their maintenance, establishing usage norms and sustaining hygienic behavior change.

(iii) **Monitoring and Sustaining ODF status**

Triggering without follow-up is bad practice and should be avoided through forward planning, and involving and linking with an organisation and/or individuals who can and will follow up. This organisation can among other things regularly call NLs on their mobile phones (if they have
them) to remind them about target dates. This can be a motivating factor.

Monitoring can be done by the following:

- Household members
- Community members
- VHTs and NLs
- Sub County Staff
- District Officials

Frequency of monitoring depends on the level at which the monitoring is being done with the lowest level i.e. household, having the highest incidences of monitoring.

Use regular meetings for reporting progress by communities and administrative units; encouraging competition; and asking representatives their plans and targets. At such meetings, ask the worse performers if they would like assistance from those who are doing better. Often for reasons of pride they will decline.

The following behaviors/factors indicate sustainability of the ODF status:

- When the general trend in a community is to go up the sanitation ladder.
- If sanctions are made against individuals for OD. This is an indication of social sustainability.
- When a household spontaneously constructs another latrine upon collapsing or filling up of a locally made low cost one, especially when it is better and more durable.

Monitoring will indicate where further facilitation may be needed and checks progress after triggering. If progress is poor, stop triggering and review the whole process to find out what is wrong.

Monitoring also provides an avenue to encourage community members to follow through with the commitments they have made or to encourage the sharing of latrines in order to achieve ODF status. Usually, the natural leaders will take care of this.

(iv) Verification and Certifying ODF status

Verifying ODF status is a key activity. Verification entails inspection to assess whether a community is ODF. Certification is the confirmation of the status and its official recognition.

When there are rewards for ODF status, communities and officials may have incentives to seek certification before ODF status has been fully achieved. Where certification leads to community rewards, there could be some cases of deception and corruption. To guard against this and to assure sustained ODF standards inspections by a combination of stakeholders should be conducted. Such stakeholders are: people from neighboring communities (especially when there is competition), Natural leaders and others from ODF communities, NGO and Sub County Staff [Health Assistant and CDO]. It is advisable to use a third party for certification.

When the community is awarded an ODF status, announcements can be made on Local FM radio stations, and/or notices placed on Sub County and District office notice boards. The community may also choose to celebrate its ODF status.

It is important to distinguish between ODF status and 100% latrine coverage. ODF status may be attained without reaching 100% latrine coverage, and 100% latrine coverage doesn’t guarantee ODF status.
Step Four: Scaling Up and Going Beyond CLTS

Scaling up and going beyond CLTS involves: advocacy and training, encouraging competition and learning, identification of more interested organizations, Sanitation Marketing, and going beyond CLTS activities.

(i) Advocacy and Training

Support the scaling up of CLTS through advocacy and hands-on training: for trainers, practitioners, NGOs/CBOs, Development Partners, Government staff specifically at Sub County Level. Seek and network with champions who are committed to CLTS and who can provides sustained support.

Box 4: Training tips for Training of Trainers (TOT)

- Don’t allow or support any TOTs or facilitators with classroom lectures without hands-on triggering and follow-up.
- Don’t engage with training agencies or institutions that do not work on the ground with sanitation but are ready to offer CLTS training. [Use NGOs which have a local presence or competent CBOs]
- Don’t engage with or support NGOs or other agencies that misuse the term CLTS to describe other practices such as teaching and instructing and do this for their own interests, exploiting communities in the process.
- Don’t sacrifice quality for speed in seeking to go to scale.
- The key to CLTS processes is the attitude and approach of the Facilitator
- Quality assurance for CLTS training: Check out for deterioration of training quality due to fast scaling up, spread and growing demand for training

(ii) Encourage competition and learning

- Mount campaigns, encourage competition and celebrate success
- Foster innovation and learning. The idea here is continuous learning, innovation and change. ODF communities should be used as learning laboratories. Neighboring villages may also notice visitors coming and then come to see for themselves. Learn lessons too from places where CLTS has not taken off.
- Convene stakeholders’ workshops and meetings for sharing lessons and experiences, including successful cases to show what can be achieved. These stakeholders include Government, NGOs, Development Partners, media etc
- Identify and support community facilitators from among NLs in CLTS triggered communities and give them any necessary training, encouragement and support to trigger and follow up with other communities.
- Consider using CLTS as an entry point strategy for other community-led development initiatives.
- Document, publish and disseminate stories of success and failure; training and learning materials; guidelines; videos etc.

(iii) Identify interested organizations

Identify organizations keen to adopt CLTS, link them with others with good practice, and arrange hands-on training

TIP: To spread CLTS well requires continuous learning, adaptation and innovation
(iv) **Sanitation marketing**

Undertake sanitation marketing. CLTS quickly creates a demand for sanitary hardware. Many people may dig simple pit latrines. Others will want a higher standard and a more durable solution. Besides, those who start simply often want to improve and move up the sanitation ladder. As a result, demand for sanitary hardware is felt at the local community level. When this happens, especially when CLTS goes to scale fast, supply of materials often lags behind demand.

Help link communities to trained masons. Negotiate with hardware dealers to sell materials in affordable quantities e.g. cement in kilograms, iron bars in meters etc.

(v) **Beyond CLTS**

CLTS processes have proved a powerful springboard for other community-based initiatives. ODF is an excellent basis for progress up the sanitation ladder; hygiene and behavior change, creating a healthy environment, and the generation of livelihoods.

Follow up on ODF status includes hand washing facilities, bath shelters, drinking water storage, clean compounds, cleared paths and encouraging many such improvements.
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