Experiences on the approaches in the community

Experiences from Indonesia, Bangladesh, India, Kenya & Nepal and other participating countries of Africa cited three approaches that they are using below in the community:

**Approach 1 (Nepal):**
- Total sanitation is achieved through schools directly
- The duty bearer (School Authority and Local Government) is involved before triggering and preparing integrated action planning
- Children & teachers are doing triggering directly to school and community (no different/other CLTS triggering is conducted to community)
- Children & teachers are responsible to do follow up to achieve ODF
- For the time being, the Nepal’s SLTS were conducted in pilot to two thousand schools and its catchment area
- Later on involved other government departments and development partners

**Approach 2 (India, Kenya):**
- Total sanitation is achieved through schools and through community.
- However the SLTS triggering to schools and community were conducted at the same day, because it is proven to be more effective.
- Children triggering has the same approach with adult triggering but adopted to more child friendly manner
- The children in schools are contributing to speed up the ODF process of the community through monitoring
- The children in schools are doing follow up hygiene promotion/education (washing hands, tooth brush, cutting nail, etc)
- When the children triggered they normally think on how to stop “eating” shit
- When children found the elderly people is going to open defecation then they request them not to open defecate if you did it please cover it with soil. If you did not do it I will cover it with soil. This technique found more effective to convince the elderly people to stop open defecation.

**Approach 3 (Indonesia, Bangladesh):**
The steps toward ODF (or after achieving ODF):

Indonesia experience:
1. ODF
2. Hand washing with soap
3. Household Water treatment
4. Household waste water treatment
5. Household Solid waste treatment

Bangladesh Experience:
1. ODF and installation of latrine
2. Hygiene promotion
3. Access to safe water
4. Solid waste management

Nepal & India experience:
1. ODF
2. Hand washing & other personal hygiene
3. Solid & liquid waste management in India

**Successes/Innovations**

**Successful role played by Children:**
- Indonesian’s Police Feces: their task is to supervise their community and their own parents to achieve ODF, after the villagers has been triggered by facilitators and established the commitment’s plan.
- Children group (konselor sebaya) - Indonesia. The groups were established to monitor (1) ODF, (2) handwashing facilities, (3) water treatment facilities, (4) household waste water treatment
facilities and (5) household solid waste treatment facilities. They are monitoring regularly during extracurricular lesson on Friday noon at schools.

- Child-to-child experience in Primary schools of Bangladesh (500 schools) and East Indonesia. Step 1: children identify and assess their health problems/priorities, step 2: Children doing their own research to find out more, step 3: discussion on plan action, step 4: Take actions depend on their capacity, step 5: evaluate on what went well and what not, step 6: do it better.

- Vigilance committee formation - India. They do follow up for ODF.

- Children cabinet/club - India. Maintain & regulate sanitation WASH schools under supervision of elder children, under coordination with teachers.

- School Sanitation and Household Hygiene Education (SSHHE) through child-to-child which is exclusively led by the school and implementing about 500 primary schools and catchments in Bangladesh. School Action Team (SAT) comprised with equal number of boys and girls from class III – V (15 – 20 students) are leading for the sanitation and hygiene promotion in school and catchment areas. Children play the role in triggering (assessing the situation, formation of SAT, planning), implementation and evaluation of the result.

- Army of Scorpions - Bangladesh. A group of children using blowing whistle & flag and stand by on the bushes waiting adult doing Open Defecation.

- In Malawi children follow behind the open defecators and singing song when found is going towards the bushes and throwing stone towards the open defecators

- In Ethiopia children’s shit eradication committee establishing and facilitating post – triggering situations for both school and community

**Successful role played by SMC (School Management Committee):**

- Acting as the authority in the schools
- Supporting School Led Total School (SLTS), Children Involvement and School Sanitation and Household Hygiene Education (SSHHE) activities at school and catchment areas
- Being involved in the preparation of the activities
- If possible, establishing local policies in schools related to involvement of children in CLTS

**Successful role played by Teachers:**

- Facilitating the children into the preparation and activities
- Being involved in the preparation and implementation of the activities
- Acting as the caretaker or parents of the children
- When they have skilled, acting as a facilitators

**Role of Mothers/Parents Teacher Association (PTA):**

- Facilitate the school led total sanitation in coordination with school principal and vice principal
- Being involved in the preparation of the activities and create congenial environment for the children in the community
- Help the schools to decide to whom to involve construction of school building and latrine etc.
- They also participate in different events organize in the school and community; monitoring the progress and sharing in the PTA/mother gathering

**Successful role of Local Government (e.g. Head of Village, Gram Panchyat, etc):**

- Provide permission to schools and children to conduct activities inside the villages
• They create congenial environment for the children and provide protection as necessary to children during activities
• After being triggered correctly normally the local government could really help support the processes
• Involve into planning and monitoring the progress

Successful Role of Facilitators (NGOs, Working Group, etc)
• Facilitate meetings between children, teachers, PTA, SMC, and local government
• Facilitate training to selected participants (e.g. Teachers, health caders, etc) if necessary
• Facilitate child rights protection
• Maintain coordination with different stakeholders such school authority, children forum, local government, government departments, NGOs, etc.

Lesson Learned

Whether or not the schools has the WASH facilities, the children are triggered and they understand the total sanitation (not “eating” their own shit) and willing to monitor their community (by putting flag on shit, follow their parents, persuasion, motivating parents, morning/evening children procession, etc).

Teachers and School Management Committee members are playing the bear footed consultants. Teachers were trained in behavior change, facilitation skills, basic sanitation and hygiene; have good links with the community, have regular contact with a large number of children, and are held in high esteem in these communities where schools are often the only formal instruction.

The success of the SLTS is largely depends on the knowledge and understanding of the teacher and school management committee members regarding triggering and most importantly facilitation skills.

It is much better to put the action of SLTS process inside the institutional structure, e.g. Government Structure, Working Group, etc. To ensure follow up and unified action planning.

Children are free, honest and frank. Empowering children to mobilize their communities against other problems like poverty and HIV/AIDS to act in the same way they did in CLTS

It is need children as vibrant leaders among themselves and among their teachers. They can cause change in a short period of time and the habit/behavior is upheld and practiced elsewhere like at home.

Children can effectively motivate the adult.

Challenges
• Child friendly triggering does not have common guideline for the moment
• In CLTS approach it is needed for continuous visitation to the schools and to review the progress. Some of the teachers are not supportive and feel it is extra work to have all the proposed work plan implemented
• Transfer of trained up teachers therefore there need for the capacity building initiatives
• Insufficient and lack of child friendly water supply and sanitation facilities at schools
• Cultural issues such as the children are not allow to tell the adult on what to do
• Religious issue, e.g. Moslem in Indonesia where the child has no right to speak if she/he not becoming adult yet (aqil baliq)
• Convergence because of different geographic will request different approach in each area
• Toilet construction are not child friendly

Tips
• Children involved normally from 4-6th grade in Primary Schools
• Triggering to children is conducted in child friendly way, which involving lots of games and fun.
• Do not forget to do triggering CLTS first in community
• Encourage children innovation (do not limit)
• Don’t prescribe
• Pay attention to child protection (conduct child’s risk assessment first)
• Try involve as much as the stakeholders (e.g. PTA, SMC, Local Govt, etc) in the SLTS/Children Involvement in CLTS
• Always put first the child rights which are survival, development, participation and protection.
• Children is fragile and weak, please take care

Sources:
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5. Child to child approach www.child-to-child.org
7. Water supply and Sanitation Bangladesh www.lgrdc.gov.bd
8. Horizontal Learning Network Bangladesh www.horizontallearning.net
9. www.communityledtotalsanitation.org