



Community-Led Total Sanitation

November 2020

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Background Information

This field guide is to support the CLTS facilitator during the triggering of communities. It is a guide indicating the sequence of steps and the tools that can be used.

Basic Traits for a good CLTS Facilitator

- Knowledgeable about the community and the local beliefs
- Acceptable to, and respected by the community
- Enthusiastic, innovative and creative
- A spirit of volunteerism and not driven by material or financial gains
- Willing to share information and knowledge
 - Ability to communicate clearly and effectively
- Good time management
- Trained in CLTS and have accompanied and supported successful CLTS exercises previously

Who is a CLTS Facilitator?

- A frontline person responsible for triggering a community
- Follows up and monitors triggered communities and reports on achievements and challenges
- CLTS facilitators could include:

 Village Health Teams, Parish

 Development Committees, Community

 Facilitators, NGO staff
- Community local people who are enthusiastic advocates may not have the skills to lead a CLTS exercise, but can support them









What is CLTS?

- Half-day community exercise to stimulate community to work to eliminate open defecation (OD) and follow up visits to support them in achieving Open Defecation Free (ODF). Follow up is key.
- Focus on community deliberation and ownership of collectively changing practices across everyone with a decision taken on behalf of everyone.
- Revives traditional social practices of self-help and community cooperation and creates new examples of social solidarity and cooperation between rich and the poor in achieving ODF status.
- Engages men, women, youth and children in a time-bound campaign.

- Aims to attract local leaders, elected people's representatives, the local government and NGOs to help, support, encourage and spread ideas.
- Stimulates a collective sense of disgust and shame among community members as they confront the crude facts about mass open defecation and its negative impacts on the entire community.
 - The basic assumption is that no human being can stay unmoved once they have learned that they are ingesting other people's faeces. Generally communities react strongly and immediately try to find ways to change this through their own effort based on different motivations.









What is the aim of CLTS?

- Enable community members to understand the impact of their behaviors on their health and their ability to change those behaviors.
- CLTS focuses on changing how people feel about open defecation, more than just what they know. It's not just about facts.
- Members confront the crude facts about mass open defecation and its negative impacts.
- Communities react strongly and immediately try to find ways to change this through their own effort.

- The aim of CLTS is NOT to shame poor people, people with disabilities, child-headed households, or households with other physical or financial challenges to improving sanitation. This is a COMMUNITY problem, and requires the community to come together to help everyone end open defecation. It is a collective challenge.
- Communities come up with their own action plan that they will then implement with local leaders following up prior to eventual verification and celebration.









Step 1 Planning and Mobilizing for Triggering (Pre-Triggering)

- 1 Collect village baseline data and confirm CLTS is appropriate
- Collect sanitation data from community profile completed earlier, PVCA exercise results, and/or consulting local leaders.
- Confirm that village requires CLTS (<60% latrine coverage).
- Confirm if village has received CLTS previously, and, if so, consult with local leaders to see if there would be uptake if introduced again.
- Get key contacts of village leaders.

- **2** Plan with the village leadership
- Meet with community leaders to understand community dynamics and best time for meetings.
- Identify day and time that should be convenient for women, men and if possible, some children.
- Familiarize yourself with the village, paying particular attention to the sanitation situation, any tribal dynamics, transitory or permanent residents, or other particular challenges.
- Plan with your co-facilitators and supporting community members
- Agree with your fellow CLTS facilitators and supporting natural leaders on the roles to be played by each.
- Do not go alone because you will not be able to capture all the information. You need to support each other.









Planning and Mobilizing for Triggering (Pre-Triggering)



Step 2 Introduction and Rapport Building

- Arrive at the venue early and have some informal interactions with the community members as they start to gather. Be friendly, relaxed, open, observant, listen and don't rush.
- Let the community leaders introduce you and the team. Tell them you have come to learn more about their community. If questioned about the purpose of your visit tell the community that you and your team have come to understand the community and help them think about community improvements.
- Appreciate good things of the community to make them free and participative.

- Engage the community with some key questions to make them active and free during the rapport-building session like:
 - Ask what are the local words for shit in their community.
 - Ask where most people of the village shit.
 - Who has defecated in the open today?
 - Have you seen or smelt human shit in your village today?

NOTE

The answers to the questions above will help you during the following discussion on sanitation.







Step 2 Introduction and Rapport Building



Step 3 Triggering Moment and Tools

Triggering Moment: What is it?

It is the initial moment by which an individual becomes aware of an attitude or behavior they have and decide to take action of change. In this case, shame, humor and disgust can be used to create a strong enough emotional reaction to cause a change in behavior.

A triggered person recognizes the truth that Open Defecation makes it easier for shit and germs to enter into the human body and make the person sick.

DON'TS During Triggering

- **DO NOT** use the nice, polite words but use people's own crude terms for bad sanitation behavior throughout the facilitation process.
- DO NOT believe that you are there to educate people or change their behavior. The only thing you are there to do is to assist the community in carrying out their own analysis of the sanitation situation (triggering).
- DO NOT let collective shame turn to individual blame for people with disabilities, elderly, poor, or other people marginalized in community. BE INCLUSIVE AND PROMOTE HELPING.









Step 3 Triggering Moment and Tools



Tool 1 Walk of Shame

- After initial rapport-building, ask the community to take you for a walk in their village. The walk should take about 20-25 minutes.
 - Ask the guide to take the group in walk of shame towards dirty places of the village.
 - Substantial time must be spent at locations to discuss why the group considers these locations to be the dirtiest.
- 2 Make the walk of shame interactive by asking questions, such as:
 - What do you see? What do you feel?
 - ✓ Do you think it has an effect?
 - Ensure that the discussion touches on where men, women, elderly and children of the village defecate during the day and night, and how an infant's feces is disposed off, as well as the cleanliness of water catchment areas, household compounds, and household hygiene facilities.
- Ask the community if you could take a picture of those who practice OD. If they agree take the picture and tell them that you will share it with other villages to show those who practice OD. Do not actually take a picture.
- Request a participant pick up some shit from OD areas and take it with you to the meeting point. This will be used for another demonstration.

Key Points

- Be curious. Walk slowly, observe carefully.
- Give positive reinforcements during transect walk.
- Don't be bored or bore the group by lecturing or asking for too much information that you won't use.
- Don't avoid the defecation areas.
- **Don't insult anyone** and/ or pass judgment on the community. The objective of the activity is to instill a feeling of disgust in them not judgment by you.
- **Encourage participation** of men, women, young people, elderly, and people with disabilities.
- **Encourage the community** to participate despite any embarrassment.
- Explain that this exercise is not an outsider's attempt to stop open defecation but for the insiders to analyze and take their own decisions.









Tool 1 Walk of Shame



Tool 2 Defecation Mapping

Step 1

Return to the meeting point and ask the community members to identify one person to draw a simple map of their village on the ground.

Step 2

The map should start with the village boundaries, roads, health centers, schools, churches, defecation areas and water points.

Step 3

Invite individuals to locate their homes on the map and using a leaf or a stone indicate if they have a latrine or not.

Step 4

Let an individual from each household indicate the areas of open defecation with a coloured powder and draw lines to connect them to their household for those that visit them.

Step 5

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

Step 6

Ask people to discuss where the shit from places of open defecation ends up. Does it end up the nearby ponds or other water bodies, resulting in their contamination?

Step 7

Ask them to discuss among themselves which is the dirtiest neighborhood of their village, the second dirtiest and so on. In most cases you will find that all groups identify the same one or two neighborhoods as the dirtiest.

Key Points

- **Choose** a suitable large open area for mapping.
- The mapping exercise should get all community members involved in a practical and visual analysis of the community sanitation situation.
- The community map should be transferred to paper and displayed in a public place.
- Facilitator should record what community members say (such as the dirtiest neighborhoods) and summarize after each discussion.



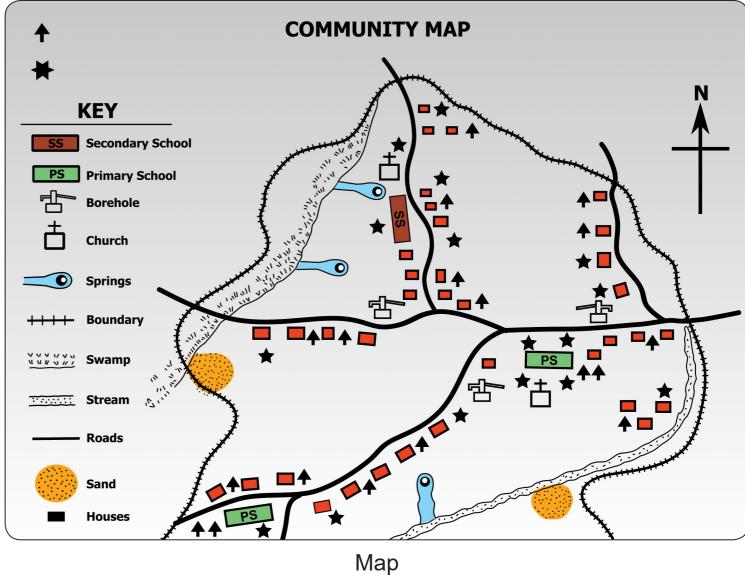






Tool 2 Defecation Mapping





Drawing a map









Tool 3 Shit Calculations

Step 1

Ask community members how many meals they eat in a day? How much in KG do they eat in a day?

Step 2

How many times a day do YOU defecate? If ate the KG from step 1, how many KG do you defecate?

Step 3

Ask them to calculate the volume by multiplying the KG per person times number of people in their family.

Step 4

Ask them to calculate the volume per week, per month, and (if needed) per year for one family.

Step 5

Ask them to calculate the how much produce by the village by multiplying the average amount per family by the number of households. Put the number terms of the number of 100 KGs sacks or 10 ton lorries produced by each village per month.

Emphasize the large volume of shit while keeping the discussion light and fun.

No of people	KGs per shit	Frequency of shits	No of days	No of HH	Total amount of Shit
1	0.25 kg	2	1	1	= 0.50 kg/day
5	0.25 kg	2	1	1	= 2.50 kg/day
5	0.25 kg	2	7	1	= 17.5 kg/week
5	0.25 kg	2	30	1	= 75 kg/month
5	0.25 kg	2	365	1	= 912.5 kg/year
5	0.25 kg	2	30	200	= 15,000 kg/month

In this example:

This community produces 150 sacks of 100 kgs each of shit each month.

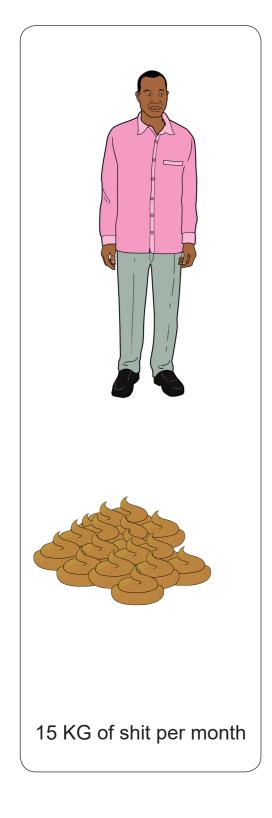
This could be carried in two trips by a 10 ton lorry.







Tool 3 Shit Calculations









Tool 4 Faecal-oral Route

Step 1

Use the information from the walk of shame and shit calculation and ask the community where all the shit they have seen goes. Refer to f-diagram.

Step 2

Ask how the shit then gets into the mouth for infants, young children, adults, and elderly, again referring to the f-diagram. Cover all fecal oral routes. Note that animal feces travels the same route. Human feces is first step but not only risk.

For example:

soil, 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, animals.

Step 3

Wrap up by thanking the community for eating their own shit which they thought had been safely stored away.

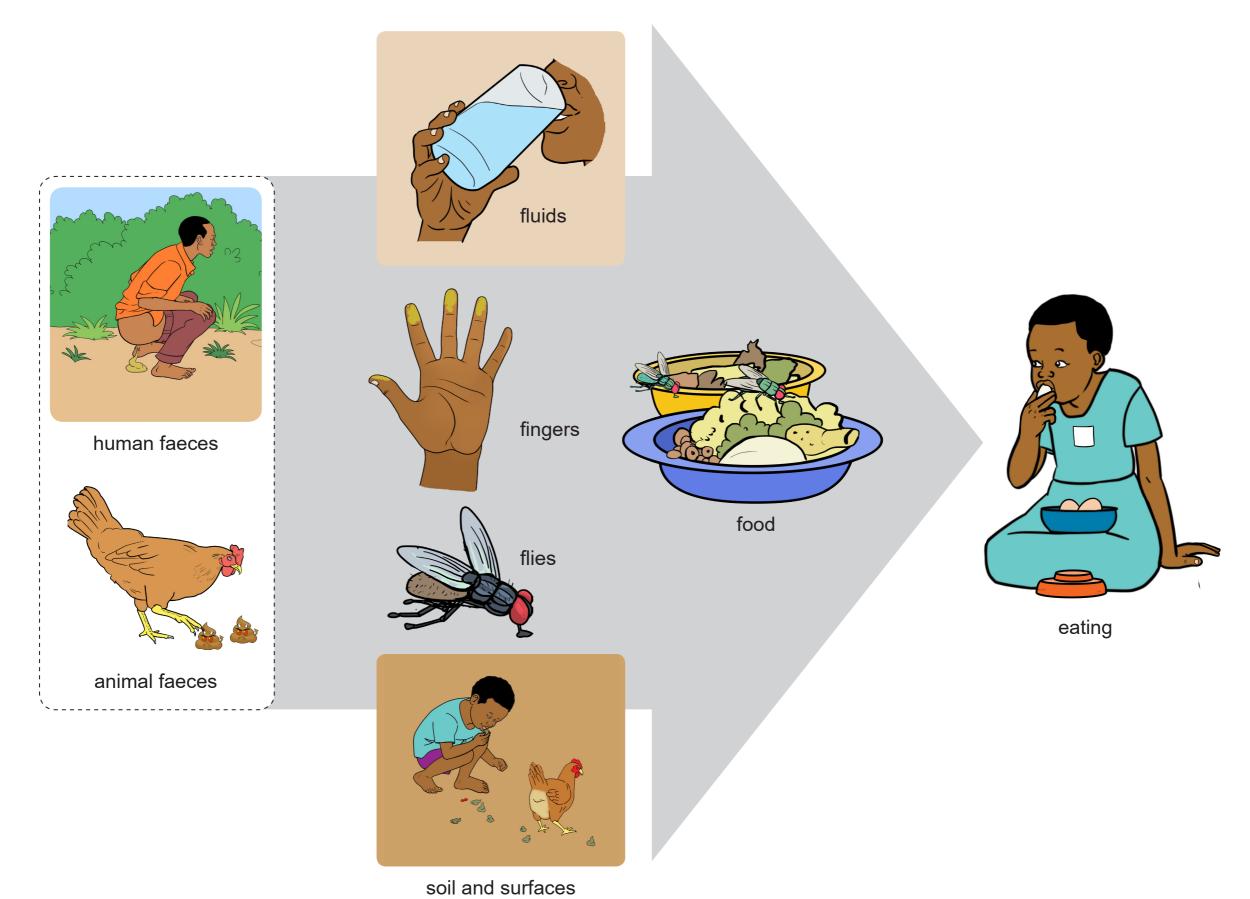








Tool 4 Faecal-oral Route





Tool 5

Water Bottle and Food Demonstrations

Step 1

Offer a bottle of mineral water to one of the community members and ask if it is safe to drink it. If they say yes, then ask others until everyone agrees that the water is safe to drink. Let one of them open the bottle and drink some of the water.

Step 4

Place food nearby faeces and observe how flies travel from the faeces to the food. Ask if anyone would want to eat the food (the answer should be no). Discuss why not.

Step 2

Take another bottle and ask again if it is safe (the answer should be YES). Now dip a thread into shit and then dip the thread into the water and ask again if it's safe (the answer should be NO). Ask if it is clear (the answer will be YES), and ask why they think it's unsafe then?

Step 3

Offer the bottle of water to anyone standing near to you and ask them to drink it. Immediately they will refuse. Ask others. Ask why they refuse it. They will answer that it contains faeces.

Step 5

Discuss major lessons that faeces can contaminate and make food and water dangerous even when you do not see the contamination.

Step 6

Discuss other ways that faeces might be ingested, such as eating with unwashed hands, infants putting soil in mouth, unwashed food. Discuss how they can avoid consuming faeces, what the barriers are that can stop the contamination.





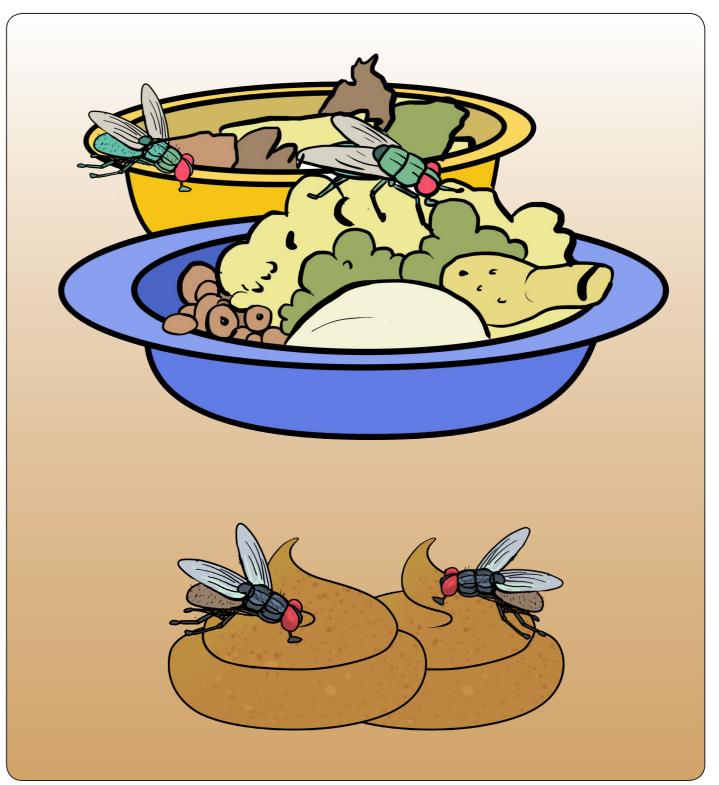




Tool 5

Water Bottle and Food Demonstrations







Tool 6 Latrine Cost Vs. Medical Costs

Step 1

Ingesting faeces leads to sickness. Ask what kind of diseases?

Step 2

- Ask the cost to move to and from the health center (14,000 UGX). What is the cost of the treatment (25,000 UGX for diarrhea)? What is the cost of transport if have to return for additional treatments (28,000 for two additional days)? How much time lost (20,000 UGX for two parents for two days)? Total cost could be 87,000UGX.
- Ask how many times children get diarrhoea in year? If 4 times, total cost is 348,000 UGX.
- If it results in a death, ask what is the additional cost of the burial both for funeral and for lost time working (>100,000 UGX)?

Step 3

Discuss the cost of latrine construction in terms of excavations, materials and labor. Discuss which materials can be found locally (such as poles) and therefore lower the cost:

- ⇒ 5 poles cost 50,000 UGX
- 2-3 iron sheets cost 50,000 UGX
- ⇒ Nails for 5,000 UGX

Grass roofs can lower cost to 75,000 UGX, and older iron sheets can lower cost too.

Step 4

Make a comparison of the costs. Discuss why not invest then in a latrine?

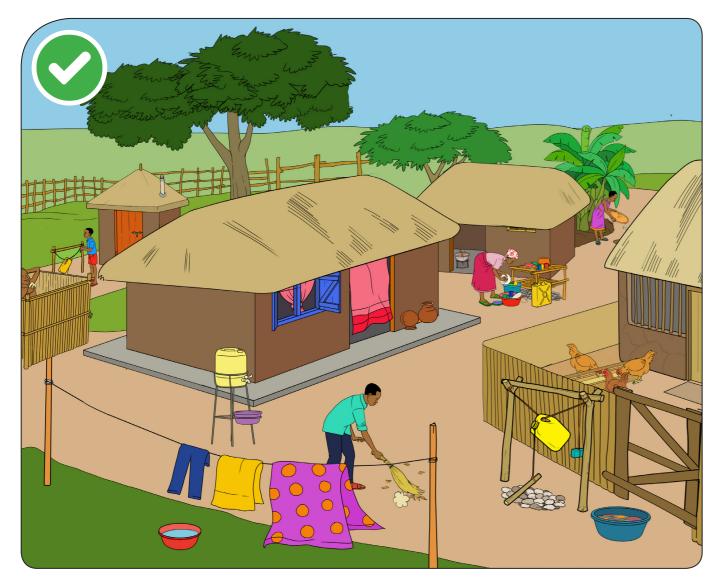






Tool 6

Latrine Cost Vs. Medical Costs



A clean and well maintained homestead



A poorly maintained homestead









Step 4 Managing the Triggering Moment

- 1 If at this stage some people say that they want to change:
 - Ask who would like to stop open defecation immediately, with raising of hands.
 - If the cost of a latrine is a constraint, ask who would be interested to know the cheapest latrines constructed by communities elsewhere.
 - When all agree and demand to know, draw a simple, clear sketch of a direct pit latrine using black marker. Hand over the marker to interested community members to do their own drawings.
 - Ask those who will act at once to build a latrine and write up their names. Then agree on a timeline.
- 2 For communities that seem reluctant to change or those that don't seem to be triggered, thank them for their time. Ask them if they have any concerns? Then plan to return at a later date for followup. Don't rush them.

Signs of a community being triggered

- Hostility toward the facilitator
- Embarrassment when the impact of OD is realized
- Denial of open defecation or of the connection to illness
- Defensiveness about open defecation.
- Feeling of energy and positive and/or negative engagement

Key Points

DO NOT prescribe models of latrines. Initiate local action for communities to look for their own alternatives to open defecation.

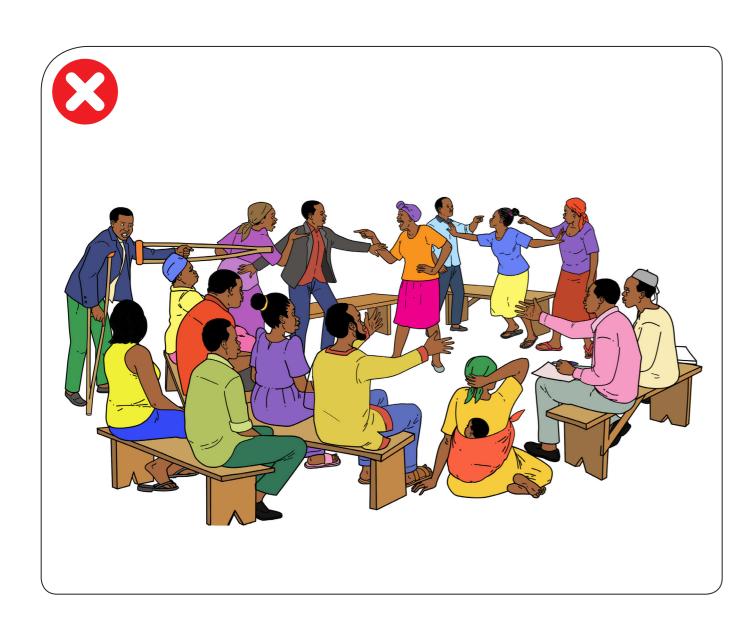


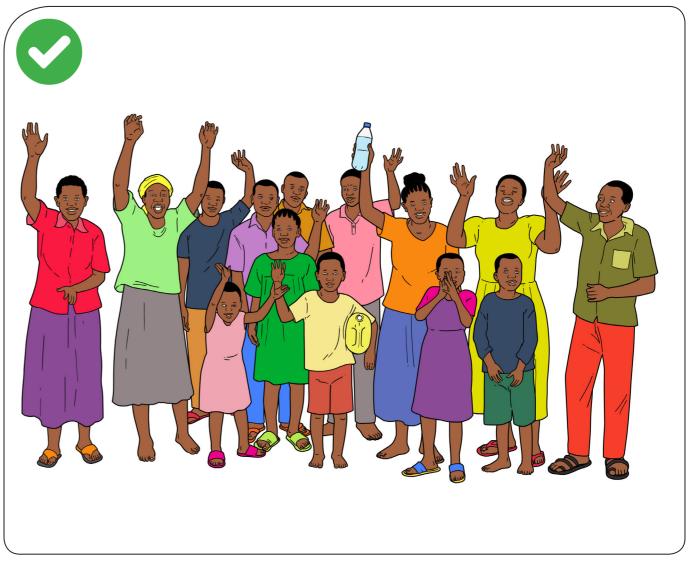






Step 4 Managing the Triggering Moment













Step 5 Community Action Planning

1 Build enthusiasm:

If a community has been triggered, then proceed to action planning. Enthuse the community by informing them that if they could achieve 100% total sanitation and stop open defecation, many people from outside and neighbouring villages would come and visit their village to see it. Tell them about the possibilities of them becoming famous as the first open defecation free village, celebration to be held in the block, sub-district or district.

2 Ask what they can do and when:

Help the community to come up with a village action plan to achieve ODF. The process of planning should concentrate on doable actions with existing resources. Ask donors of materials or labor to help vulnerable households (such as people with disabilities, child-headed, elderly, etc.)

3 Acknowledge and celebrate early action takers and donors:

Encourage early action-takers to come and sign up. As they come up, give them a big clap, and say that they are leaders for a clean future and ask them to stand up together in front of the community. Find out their wellbeing status, and praise them especially if they are poor. Do the same with any who comes forward as donors of materials or labor.

4 Form committee to lead initiative:

Take a photograph of the group as those who are going to transform the community's environment. Facilitate formation of a sanitation committee. Write up the names of the committee.

5 Push commitment to quick action plan:

Ask how long before they will stop OD totally. If the answer is more than 2-3 months, ask if 60-90 days of ingesting each others shit is acceptable.

6 Reinforce with social recognition:

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.

7 Agree on monitoring plan:

Together with the community agree when you will come back for monitoring of ODF and latrine construction.

Key Points

- Have a steering and management committee which will oversee the completion of this process, they should be on the SHG or WSC.
- Include Parish
 Development
 Committee
 members and/or
 Water and Sanitation
 Committee members.
- in the discussion and ask them what they will do to stop open defecation.
- Often children start processions shouting loud slogans against open defecation.







Step 5 Community Action Planning

Objective: 100% ODF in one month

Examples of Activities

Activity	Person responsible	When	No of HH	Resources
Construct latrines for 5 households with capacity to build them	Scovia, Chris, Joy, Simon, Maurice	8 th Feb 2020	At homes	Personal labor, homemade bricks, poles
Construction latrine for 5 households that need physical support	Youth group led by Heartwell	1 st Feb 2020	At homes	Personal labor, homemade bricks, poles
Inspect homes and village for OD and report on progress	LC1	10 th Feb 2020	Meeting place: Water point	Julius, Francis, Rachel to support with monitoring
Contact VHT and TWT that ready for assessment or with any problem	LC1	11 th Feb 2020	By phone	Phone









Step 6 Post-triggering Follow-up

Community commitments in the action plan

will need to be followed up to ensure progress is being made and maintained. The steering committee should follow up on an agreed-upon frequency, monitoring progress and discussing:

- 1 What is working well?
- 2 What is not working well?
- 3 How to proceed next?

External post-triggering followup by the CLTS facilitator or someone else should support and coach the steering committee in leading the collective change.

Remember

Whenever you make a followup in the community please update the defecation map drawn by the community. On the map indicate the homes that have stopped OD and what method they are using for defecation. The map is one of the tools you should use to collect data on improvements being made by the community.

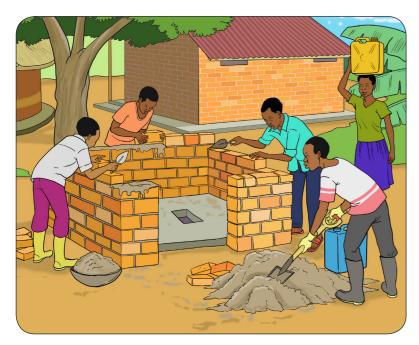








Step 6 Post-triggering Follow-up



Constructing a latrine



Always defecate in a latrine/toilet



Properly dispose all faecal materials in a latrine/toilet



Wash your hands well with soap and water after using a latrine/toilet



Properly dispose children faeces in a latrine/toilet



A good latrine/toilet should have proper ventillation, a cover, a broom for cleaning it and a handwashing facility



Upgrade to a more durable handwashing facility



Open Defecation Free (ODF) Verification and Declaration

- Declaring and Celebrating ODF Status Celebration of the achievement helps the community declare they are committed to sustaining ODF status and creates interest among neighbouring communities.
- Once a community has been verified ODF, ask them: "How would you like to celebrate this achievement?" The community should decide this for themselves. It is also important that they set the date. Work with the natural leaders to invite as many people from surrounding communities as possible (especially those who are struggling or have just been triggered).
- Encourage the community members to put up a board or sign declaring their status. This will increase their sense of pride and also serve to develop interest among visitors to the village who may be interested in doing the same back home.

ODF Criteria

- No visible signs of human excreta within the community (this means there should be a total absence of faecal matter that is visible to the eye and can be accessed by houseflies. This includes faeces in toilet facilities, chamber pots, surrounding bushes/ shrubs, refuse dumps etc.
- All community members including children dispose of their faecal matter in an acceptable manner that does not perpetuate faecal-oral transmission. This does not necessarily mean that everybody should have a latrine. Acceptable manner in this context means feces should be: covered, not accessible to flies, should not be stored in a polythene bag, but put in a latrine or buried deep enough to prevent animals from exposing it.
- All households must have a handwashing station near the latrine with soap or ash and showing signs of being used by household members.





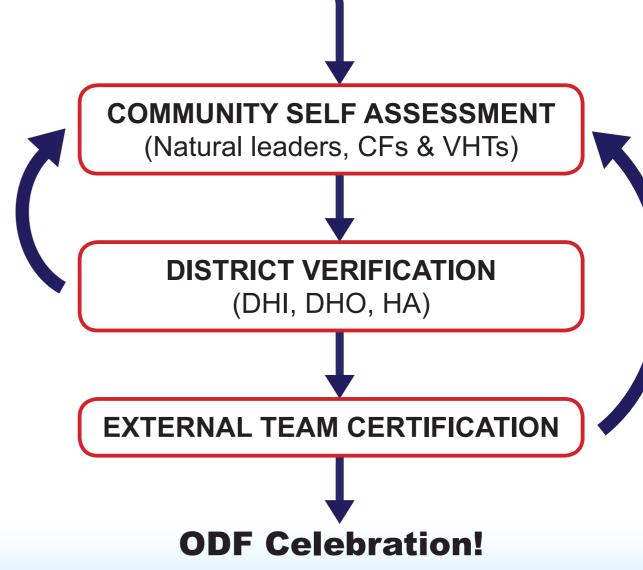




Open Defecation Free (ODF) Verification and Declaration



Community











Beyond ODF: Triggering to Scale Up Sanitation Facilities



The community should develop and implement a strategy or procedure that ensures the sustainability of their ODF status. This includes local regulations to discourage Open Defecation and continued promotion of the construction and use of latrines.



A clear action plan should be developed for improving hygiene sanitation coverage and general environmental sanitation in the community. This includes hand washing with soap and other hygiene practices. Beyond improving household hygiene, there are additional steps on the sanitation leader.



Discuss the steps of the sanitation ladder:

- 1 Improved traditional practice
- 2 Conventional pit latrine
- 3 Lid or cover latrine
- 4 Ventilated Improved Pit Latrine
- Poor flush latrine
- 6 Septic tank toilet



Share examples of products,

such as SaTo pans, and discuss their costs and benefits (such as reduced smell or more weather-resistant facilities.)



Encourage households to consider loans from the self-help group to finance improvements.





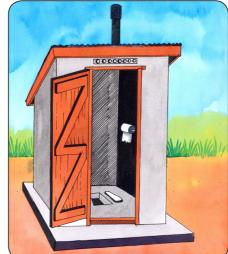




Beyond ODF: Triggering to Scale Up Sanitation Facilities

VIP latrine with satopan





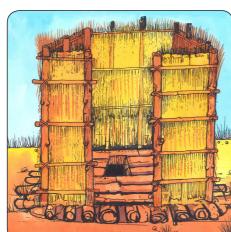


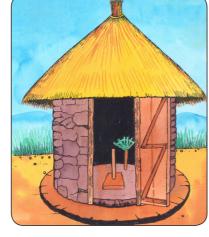


Complete latrine with door, cover and handwashing facility



Pit latrine without roof and door





Complete traditional latrine with all latrine components



Open defecation







THE WATER TRUST

THE WATER TRUST

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This guide was developed based on the training guidance in the Government of Uganda Ministry of Health's CLTS Facilitator's field guide developed with Plan International and WSP.