

Community-Led Total Sanitation and Hygiene (CLTSH) Training Manual

**Federal Democratic Republic of Ethiopia
Ministry of Health
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Acronyms

CAP	Community Action Plan
CC	Community Conversation
CLTS	Community Led Total Sanitation
CLTSH	Community Led Total Sanitation and Hygiene
FD	Family Dialogue
FMOH	Federal Ministry of Health
MDGs	Millennium Development Goals
NGO	Non-Governmental Organization
ODF	Open Defecation Free
PRA	Participatory Rural Appraisal
UAP	Universal Access Plan
WASH	Water, Sanitation and Hygiene
VERC	Village Education Resource Center
WSP-AP	Water and Sanitation Program Africa
WSR	Whole System in a Room

Background

Hygiene and sanitation promotion has been gaining momentum in Ethiopia, where the number of people with access to a latrine has been improving (access reached 60 percent in 2011). However, the use and management of available latrines remains poor. Many international agencies and non-governmental organizations have been working to improve the hygiene and sanitation situation by constructing latrines using various kinds of subsidies. But even after such efforts, it remains difficult to find a single village in the country that is completely sanitized and free from open defecation. Success has generally been measured on the basis of the number of latrines constructed within a given period of time instead of on the extent to which people continue to practice open defecation even when latrines are available.

A new approach pioneered by Dr. Kamal Kar through the Village Education Resource Centre (VERC) (a partner of WaterAid Bangladesh), concentrates on empowering local people to analyze the extent and risk of environmental pollution caused by open defecation and to construct toilets without any external subsidies. The methodology is now being adopted in most regions of Ethiopia and elsewhere in Asia and Africa.

The new approach towards improving hygiene and sanitation practice and infrastructure has the following policy implications.

First, financial subsidies should be used to facilitate and enhance community understanding of the health risks of open defecation and to train community catalysts/natural leaders to promote hygiene and sanitation, rather than to invest in material and physical infrastructure.

Second, the government and partner agencies must employ a participatory approach, working with and allowing communities to take the lead in addressing problems in their own way, instead of dictating practices.

Third, success must be measured on the basis of “higher level” rather than “lower level” results. The Elimination of open defecation would be a higher level result, while latrine construction would be a lower level result.

Furthermore, Robert Chambers (2009) has shown how sanitation and hygiene can contribute to achieving the first seven Millennium Development Goals goals, especially as regards issues affecting women, girls and children.

In 2006, Dr. Kamal Kar visited Arba Minch, Ethiopia, on the invitation of the Irish NGO Vita, to run a six-day training workshop on community-led livelihoods improvement. The workshop was followed by a national level workshop in Addis Ababa, which was attended by many bilateral, multilateral, international and national agencies and non-governmental organizations (NGO).

In February 2007, Plan International Ethiopia conducted a training of trainers program for water and sanitation advisors coming from countries in East and Southern Africa. In addition to these, participants included staff from WaterAid, Oxfam-Intermón, local partner NGOs, universities and representatives from various government bureaus and offices.

Similarly, in 2007, the Federal Ministry of Health's Environmental Health Department asked the Water and Sanitation Program/World Bank-Africa and the USAID/Hygiene Improvement Project to assist with the implementation of the National Hygiene and Sanitation Strategy. Following this, CLTS, combined with innovative household behavior-change approaches and capacity building, was implemented as Community-Led Total Behavior Change in Hygiene and Sanitation in the Amhara Regional State.

More recently, a hygiene component has been added to CLTS (now CLTSH). The CLTSH approach combines the basic principles of Community-Led Total Sanitation with intensive interpersonal communications (such as community Conversation and Family Dialogue) to foster improvements in hygiene practice through problem solving and collective action. Political commitment to CLTSH is reflected in a standardized national implementation guideline designed to harmonize the work of sector partners and community leaders in implementing the program. The strengthened CLTSH initiative is envisaged to accelerate the rate of achievement in various health-related programs, including the Universal Access Plan and the fourth Health Sector Development Plan. The pace at which the national Health Extension Program is achieving sanitation and hygiene targets throughout the country has also improved.

Introduction to the manual

Community-Led Total Sanitation (CLTS) has in recent years been the preferred approach to promoting sanitation. The strategy centers on eliminating the practice of open defecation in rural and peri-urban areas. It is now being implemented nationwide by government and non-governmental actors.

The heart of the program is about “triggering” or “igniting” communities to change their hygiene and sanitation habits, namely by constructing and using latrines instead of defecating in the open. In Ethiopia, CLTS was the precursor to CLTSH, a modified version that has an added hygiene component. As with its predecessor, CLTSH functions without subsidies and has as its primary goal the achievement of open defecation free (ODF) status in all villages of the country.

Among the many steps necessary to implement the program is the training of trainers. It is the role of trained trainers to pass on that training to the facilitators who will guide the triggering – that is, activation of the program at community level. So far, training has taken place without standardized materials and guidelines. It is felt that a standardized, harmonized approach would yield better results. The government and partners have therefore developed this “trainer of trainers” manual, which introduces the steps, procedures, elements and tools of Community-Led Total Sanitation (CLTS) and community empowerment tools for post ignition follow up.

This training manual is complemented by other standardized documents developed by the Ethiopia government with partners. These are CLTSH Implementation Guideline, CLTSH Verification and Certification Protocol and CLTSH monitoring and reporting framework and Whole System in a Room (WSR) training manual. All these documents must be used together for successful implementation of Community-Led Total Sanitation and Hygiene approach.

Objective of the manual

The general objective of the manual is to equip those trained with the skills and technique of CLTSH to facilitate a process of community empowerment to address poor sanitation and hygiene practices. Its specific objectives include: (1) equip trainees with the knowledge and understanding of the concepts, principles, elements and tools of the CLTSH, (2) enable trained trainers to themselves facilitate CLTS training, community ignition, and post ignition community empowerment tools, (3) guide trainees toward understanding of the need to foster community ownership of the CLTSH process, (4) enable trainees (community facilitators) to successfully generate enthusiasm among communities and ignite collective action, social pressure and social solidarity, articulated clearly in a community action plan (CAP) that community members develop themselves and (5) enable community facilitators to develop a plan for initiating, monitoring and scaling up the CLTS approach in their respective areas.

Who is this manual for?

This manual is designed for the training of trainers (TOT) and community facilitators. It can also be used as a reference by woreda and Kebele frontline workers such as, health extension program coordinators and supervisors, health extension workers, development agents, teachers, natural leaders, community volunteers and NGO staff implementing hygiene and sanitation programs in rural and peri-urban

context.

How to use the manual

The manual composes of 14 sessions which define session description, objectives, preparation and methodology and materials needed to facilitate the session. At the end of each session, the trainer finds notes, tips and extra reading materials on concepts, procedures and steps related to the session. A minimum of seven days are required to run the training and the actual training requires two qualified facilitators with hands on experience in CLTS, WSR, community empowerment tool like CC, FD and participatory training techniques. It is recommended that a training session needs to have a maximum of forty trainees in one go to maintain the quality.

Session 1

Setting a supportive environment for the training

Description of the session

Session one centers on introducing participants to one another, explaining the objectives of the training, discussing participants' expectations and establishing ground rules for the training period. Facilitators identify the level of participants' knowledge and skills in relation to participatory methods, facilitation skills and community-led approaches regarding hygiene and sanitation.

Time required: 2 hours

General objective

To create a conducive teaching and learning environment of participants and facilitators

Specific objectives

- To introduce participants to each other
- To identify and discuss participants' expectations
- To allow participants to establish ground rules
- To ensure that participants understand the objectives of the training
- To enable facilitators to determine participants' knowledge level as regards participatory methods and community-led hygiene and sanitation approaches

Preparation for the session

In anticipation of the session, facilitators will:

- Prepare a presentation on the objectives of the training.
- Understand and internalize the "Sinking Boat" exercise and other exercises designed to help participants get acquainted with one another.

- Prepare for “self-reflections,” paired discussions and plenary discussions to identify participant expectations and to establish ground rules for the training period.
- Prepare pre- and post-tests. The tests consist of a set of questions to determine the level of participants’ knowledge and attitudes in relation to participatory facilitation and community-led development before and after the training.

Methods

1. Presentation on the objectives and content of the training
2. Self-assessment and reflection
3. Small-group discussion and presentation
4. Plenary discussion
5. “Sinking Boat” exercise
6. Pre-testing (see Annex 1)

Materials

Flipchart, flipchart stand, markers (various colors), idea cards (various colors), adhesive plaster

Trainers' note: Participatory Rural Appraisal

- Participants may be unfamiliar with participatory approaches. In such cases, it is useful to start the session by asking for a show of hands to see which participants have heard of participatory approaches and which have experience with participatory rural appraisal (PRA) methods.
- If a majority of participants are new to participatory approaches, explain that PRA consists of two main elements: (1) behavior and attitudes, (2) methods:
- Review the elements of PRA as follows.

A. Behavior and attitudes

The behaviors and attitudes necessary for successful facilitation are:

- Respect for local knowledge. This means learning from local people instead of teaching or lecturing them.
- Flexibility and informality. This translates into both verbal and nonverbal communication, e.g., using simple language, observing local norms, etc.
- Offsetting biases. Brainstorm with participants about when outsiders visit rural communities: Where do they tend to go? Who do they talk to? How long do they stay? How can we adjust or “offset” these biases?

B. Methods

- Brainstorm with participants on the main differences between PRA and traditional approaches to data gathering in rural communities. Summarize key points on a flip chart.
- PRA methods: Once you are convinced that participants have understood the behaviors and attitudes that are key to successful facilitation of PRA, introduce them to CLTS triggering methods and tools.?

Session 2

Introduction to the implementation of national CLTSH guidelines and manuals

Description of the session

This session focuses on introducing the national CLTS training manual, CLTSH Implementation Guideline, the CLTSH Verification and Certification Protocol and the CLTSH Monitoring and Reporting Framework.

Time required: 1½ hours

General objective

To enable participants to understand the purpose of the national CLTSH implementation program and the relationship between CLTS and CLTSH.

Specific objectives

- To ensure that trainees internalize/understand the purpose of the national CLTSH implementation program
- To familiarize trainees with the national CLTSH guidelines and manuals
- To clarify the purpose of using CLTS to realize CLTSH

Preparation for the session

Facilitators prepare presentations on the objectives, principles and approaches to all four CLTSH documents.

Methods

1. Presentation
2. Plenary discussion

Materials

Flipchart, flipchart stand, markers (various colors), idea cards (various colors)

Session 3

Exploring experiences related to hygiene and sanitation

Description of the session

In this session trainees do a self-assessment to identify hygiene and sanitation projects with which they have been involved, noting instances of achievement or poor performance. Trainees also list all factors contributing to achievements, poor performance and lessons learned. The session should make clear the role that participatory and community-led approaches play in the success and failure of a given hygiene and sanitation project.

Time required: 3 hours

General objective

To allow trainees to reflect on positive and negative learning experiences in implementing hygiene and sanitation programs or other related programs.

Specific objectives

- To enable participants to identify possible factors contributing to the success or failure of hygiene and sanitation or related development programs/projects.
- To enable participants to visualize and draw lessons from projects or initiatives by identifying best practices/achievements and poor performance.

Preparation for the session

- Facilitators should prepare themselves with an exercise (group work and discussion in a plenary session) which helps the participants to clearly visualize how participatory process is important as compared to the old conventional methods.
- Facilitators should also use self-assessment and reflections tools, form groups, plenary discussions and gallery walk methods to allow participants to identify factors contributing to the success and failure of projects.

- Draw out lessons learned from other projects by reflecting on best achievements and poor performance; provide critical reflection on the presentations made by participants.

Methods

1. Self-assessment and reflection
2. Small-group discussion
3. Gallery walk presentation
4. Plenary discussion

Materials

Flipchart, flipchart stand, markers (various colors), idea cards (various colors), adhesive plaster

Trainers' note: The Self-Assessment Process

The facilitator should guide participants in a review and analysis of the implementation methods they are currently using. This process should lead participants to ask themselves where and how they need to make improvements.

Try to encourage free discussion by offering suggestions, but do not lead the participants. Guide them to consider the following:

- How has the initiative been going so far?
- Who was involved?
- Participation of the target group: buy-in, acceptance and willingness
- What is the leadership like?
- What were the roles of the various actors involved in the initiation of the project?
- What was missing? What could have been done differently?
- Etc.

This exercise will help the group to recognize the need for an alternate implementation strategy, thereby laying the foundation to consider the Community-Led Total Sanitation approach.

Session 4

The effect of open defecation in the transmission of hygiene and sanitation related diseases

Description of the session

Session 4 introduces the F-diagram (Figure 1). The main topic of discussion are the health risks of open defecation, routes by which feces is transported into households, ways that feces contributes to the contamination food and drinking water both at the water sources and within households.

Time required: 1½ hours

General objective

To ensure that trainees understand the effects of open defecation in the transmission of hygiene and sanitation related diseases

Specific objectives

- To enable trainees to understand the health risks of open defecation
- To enable trainees to identify critical interventions against the transmission of hygiene and sanitation related diseases

Preparation for the session

Facilitators prepare a presentation on the F-diagram

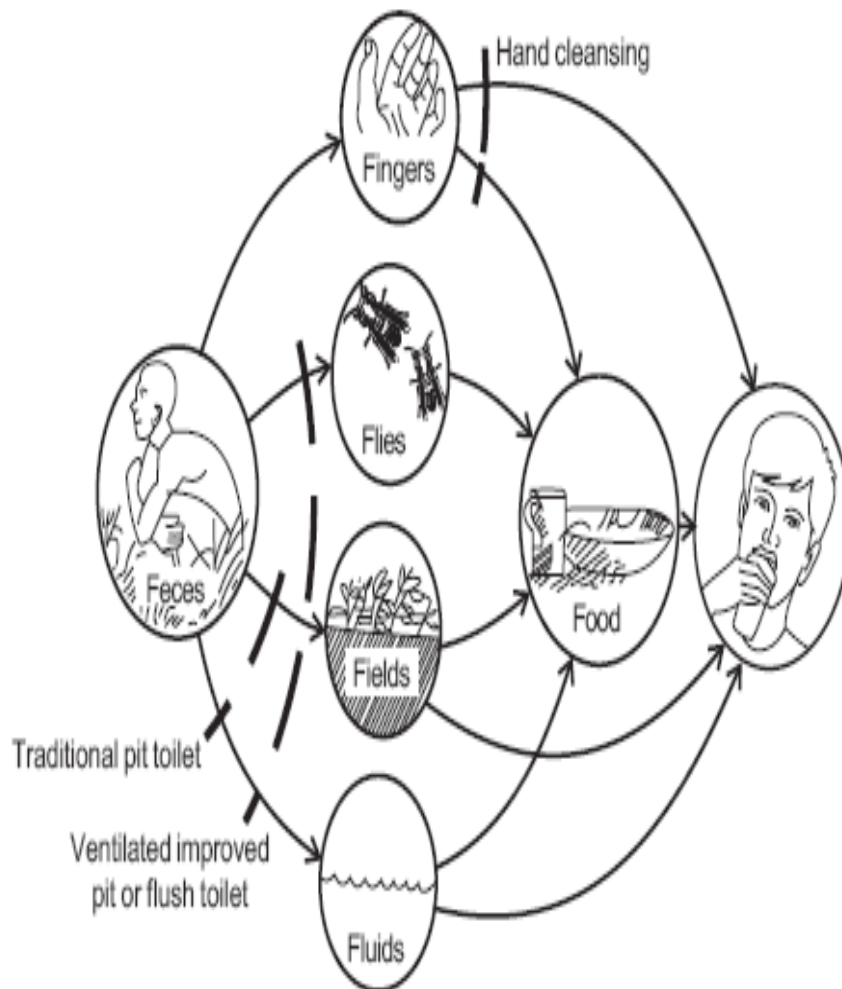
Methods

1. Presentation
2. Plenary discussions

Materials

Flipchart, flipchart stand, markers (various colors)

Figure 1: F-Diagram showing how the environment contaminated and the means to stop it.



Source: Participatory Hygiene and Sanitation Transformation Manual (PHAST) 1998, after Wagner and Lanoix 1958.

Wood S, Sawyer R and Simpson-Hubert M. 1998. PHAST Step-by-Step Guide: A Participatory Approach for the Control of Diarrheal Disease. Geneva: World Health Organization.

Trainers' note: Open Defecation and Feco-oral Transmission

The F-Diagram (Figure 1) is an illustration which describes the feco-oral transmission cycle. The "F" refers to the five main transmission routes or agents: fluids, fields, fingers, food and flies.

1. With reference to the F-Diagram, deliver a presentation on feco-oral transmission routes. Ask trainees to brainstorm on whether they can think of any transmission routes other than those shown.
2. Ask participants the following questions:
 - What can be done to block feco-oral transmission routes?
 - Can you think of any ways to stop the spread of diseases through the transmission routes that you have identified?
3. Encourage participants to brainstorm and call out possible barriers to transmission, providing trainer inputs where necessary. Place a picture/card with the name of each barrier on the transmission routes diagram. Do so until all transmission routes are "blocked."
4. Facilitate a discussion on:
 - Feco-oral transmission routes in a community
 - Good and bad hygiene practices that are putting people at risk
 - Primary and secondary barriers to block the transmission of disease
5. At the end of this session, the facilitator may provide a brief overview on how poor sanitation impacts wellbeing, health and productivity (e.g., number of deaths caused by diarrhea and the cost to children's lives. If possible, the facilitator should provide local examples.
6. If participants may not be able to identify all fecal-oral transmission routes or if the routes identified does not conform to the F-diagram included in your Guidance Notes. It is enough that some routes have been identified and there is awareness of the link between open defecation and spread of diseases.
7. Some participants may initially be shocked when being asked to identify fecal-oral transmission routes. There may be some disbelief that feces can be transmitted to the mouth and ingested. The best way to overcome this is to get the brainstorming started as soon as possible. Those participants who are more receptive will help to get those who are skeptical to get involved.

Session 5

Definition of concepts related to CLTS

Description of the session

This session will enable trainees to assess and solidify their thinking and knowledge about the concepts of community, community-led development, total sanitation and CLTS.

Time required: 1½ hours

General objective

To illuminate for trainees why CLTS is an effective approach for enhancing hygiene and sanitation programme implementation

Specific objectives

- To enable trainees to define basic CLTS concepts: community, community-led, and total sanitation

Preparation for the session

Facilitators should prepare descriptive illustrations or “notes” explaining the four terms. Use the CLTSH Implementation Guideline as a reference point for defining the basic terms/concepts and for follow-up discussion. Facilitators should be prepared to guide participants in self-assessment and reflections, small-group work and plenary discussions.

Methods

1. Self-assessment and reflection
2. Small-group discussion
3. Plenary discussion and presentation

Materials

Flipchart, flip chart stand, markers (various colors)

Trainers' note: Defining Key Concepts

1. Facilitators should familiarize themselves with the evolution, key features and progress of CLTS and CLTSH.
2. The session should cover the following issues/discussion points:
 - What is total sanitation?
 - What is Community-Led Total Sanitation?
 - What are the advantages of focusing on community rather than individual behaviors?
 - How does CLTS lead to creation of ODF villages
3. Form small groups (with 7 to 10 participants). Ask them to share their conclusions with the larger group members.
4. Guide consensus on a single definition of community, community-led development, total sanitation and CLTS.

Basic Terms in CLTS

A **community** is a group of people who form relationships over time by interacting regularly around shared experiences, which are of interest to all of them for varying individual reasons. Moreover; these interactions lead to the formation of relationship having strong bonds in the form of culture, norms, values, etc.

Community-led development is a development approach through which communities lead the process of identifying and analyzing issues, exploring solutions, planning action, identifying resources, implementing planned activities, reviewing progress, setting bylaws and sharing/communicating the outcomes of their actions.

Total sanitation refers to the elimination of open defecation in a community through the construction and use of latrines (and handwashing) to achieve a dramatic reduction in sanitation and hygiene related diseases.

Community-led total sanitation emphasizes changing sanitation behavior rather over making physical changes, such as latrine construction. This is done through a process of social awakening stimulated by facilitators from within or outside the community. The approach concentrates on the behavior of the community as a whole rather than on individuals.

For further reading:

K, Kar and C, Robert (2008). Handbook on community-Led Total Sanitation (online):

K, Kar (2010).Facilitating “Hands-on” training Workshops for Community-Led Total Sanitation: A Trainers’ Training Guide (Oline

Tip: Why Emphasis to Total Sanitation?

Simply having more latrines does not guarantee a reduction of illness among communities in general and children in particular. On the other hand, it is possible to drastically reduce the prevalence of diarrhea by becoming open defecation free.

Category	Latrine coverage (%)	Prevalence of diarrhea (%)
Open defecation-prevalent villages	29	38
Villages that are almost open defecation free (ODF)	95	26
ODF villages	100	7

Source: Decrease in diarrhea due to ODF (WSP – Asia 2007)

Knowledge, Skills, and Attitudes for Excellent CLTS Facilitation:

Knowledge

- Fecal-oral transmission routes
- Local language for the village
- Social, environmental and health information for the village
- History of sanitation interventions for the village
- CLTS concept: how it is different than typical approaches, the Do's and Don'ts
- How to use CLTS tools: social mapping, transect walk, shit calculation, medical cost calculation
- Overcoming "challenging scenarios"
- Simple low-cost latrine models, for materials available in the village
- Experience level and strengths of team members to divide roles appropriately

Skills

- Facilitation skills: able to help people understand and be motivated to act without lecturing
- Communication skills: be a clear, concise and engaging speaker. Be an attentive and observant listener.
- Critical thinking and learning skills
- Based on observations, can analyse and respond quickly to modify facilitation style to suit community's participation and reactions.
- Able to build rapport and trust very quickly with the community
- Creative, especially when challenged
- Good judge of people: natural leader selection, ignition moment
- Leadership skills: self-motivated, responsible, entrepreneurial

Attitudes

- Patient enough to let the community come to an understanding of the sanitation situation of their own
- Confident and courageous enough to push the community out of their comfort zone during the triggering – especially to really trigger them at the ignition moment
- Humble enough to let the community decide for themselves what to change, and how to do it
- Fun attitude to keep everyone interested, and willing to participate
- Team player to work effectively with fellow facilitators
- Accommodative and adaptable to modify facilitation style on the spot
- Genuinely visit to learn from them

Building a team of excellent facilitators is the key to successfully fostering ODF behaviour change across your district.

Session 6

Introducing elements of CLTS

Description of the session

In this session participants will assess their own thinking and come to consensus on the meanings of the terms shame, fear and disgust.

Time required: 1½ hours

General objective

To deepen knowledge/understanding of basic CLTS elements and terminology.

Specific objective

To enable trainees to define shame, fear, and disgust in relation to CLTS

Preparation for the session

Facilitators should prepare descriptive illustrations or “notes” explaining the three terms. Facilitator should also use the CLTSH Implementation Guideline as a reference point for defining the basic terms/concepts and for follow-up discussion. Facilitators should be prepared to guide participants in self-assessment and reflections, small-group work and plenary discussions.

Methods

1. Self-assessment and reflection
2. Small-group discussion
3. Plenary discussion and presentation

Materials

Flipchart, flipchart stand, markers (various colors)

Trainers' note: Why Triggering Works

1. Explain the meaning of “triggering” behavior change to participants with simple examples.
2. Ask participants to reflect for a few minutes and share their own experience of an event/ action that caused them to change their behavior/habit or take action.
3. Help participants to see from their own experience that different triggers work for different people. Make a point of noting that triggering does not work with predetermined messages, but seeks to find out what causes people to change their behavior (see Tip: Supply-Driven Programming versus Triggering).
4. Ask participants to brainstorm on the question What will prompt people to change their behavior and stop open defecation?
5. After a few minutes, ask participants to share their responses with the larger group. If necessary, start with an example of your own. Possible examples of triggers can be:
 - Privacy/shame (among women and adolescent girls)
 - Fear (of darkness, wild animals, high medical expenses, etc.)
 - Status (lack of toilet is embarrassing when guests visit from urban areas)
 - Convenience (for elderly, pregnant ladies, children; during rains, night or illness) etc.

Tip: Supply-Driven Programming versus Triggering

The main differences between conventional supply-driven programs and triggering can be summarized as follows:

Conventional supply-driven programs	Triggering change
<ul style="list-style-type: none"> • Assume that if people are better educated or informed, they will change their behavior • Have a predetermined set of core messages • Have a predetermined approach to who does what and how • Individual focus 	<ul style="list-style-type: none"> • Seeks to “find out” what causes people to change their behavior. • Seeks to innovate and to establish core messages driven by local actors. • Allows plenty of flexibility as to who does what in each particular context • Collective focus.

Tip

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Session 7

Guiding principles of CLTS

Description of the session

This session is for ensuring that trainees understand and internalize the guiding principles of Community-Led Total Sanitation by examining it in relation to the more conventional approaches to hygiene and sanitation programming.

Time required: 1 hour

General objective

To enable trainees to understand the guiding principles of CLTS

Specific objectives

- To ensure that trainees have a deep understanding of CLTS principles
- To learn about the added value of CLTS against conventional approaches
- To define roles and responsibilities of outsiders and insiders

Preparation for the session

Facilitators should prepare a presentation on the guiding principles along with “prompting” questions to initiate discussion among participants.

Methods

1. Presentation
2. Plenary discussions

Materials

Flipchart, flip chart stand, markers (various colors)

Trainers' note: Why Triggering Works

1. The facilitator's role is to facilitate not to dictate/teach.
2. People must design their own toilets and not rely on engineers or professional builders
3. Hardware requires less money than capacity building, follow-up, motivation via rewards, etc.
4. It is important NOT to use "nice" words to describe shit or shitting.
5. Focus on collective behavior change rather than on mobilizing individual households.
6. Community members themselves must monitor and follow the progress towards an open defecation free environment.
7. Promote private suppliers/entrepreneurs to respond to demand.
8. Promotes for appropriate institutional frameworks as a key means to achieve sanitation at scale and in a sustainable manner.
9. The key indicator of sanitation status is the degree to which a community is open defecation free status (as opposed to the number of latrines and other indicators). ‘

Note: Please note also: to try to initiate and encourage participants to express their feelings, and how do they see at. Try to bring the discussion in agreement in order to reach on consensus.

Trainers' note: Major Shifts Needed from the Traditional Sanitation Approach to CLTS

Areas of major shift	Conventional/traditional sanitation	CLTS approach
Latrine designers are	Outsiders, professional engineers	Insiders and community engineers (with technical backing by outsiders)
Indicators for measurement of changes	Number of latrines built	Number of ODF communities
Major inputs	Sanitary hardware, subsidies (expensive)	<ul style="list-style-type: none"> • Software/ training and capacity building • More frequent follow-up and backup support
Outsiders' role	Teaching, advising, prescribing and supplying hardware	<ul style="list-style-type: none"> • Facilitating a process of change and empowerment • Unlimited monitoring and technical support, with practical technical solutions
Major emphasis on	Toilet construction	Empowering people by appealing to their emotions and supporting them to think critically about their personal and social dignity.
Mode of learning	Verbal	Visual/actions
Role of community	Passive recipient of ideas, technologies and subsidies	Active analysts, innovators and decision makers
Outsiders' attitude, motive and intention towards insiders	Helping, donating, philanthropic	Agents that trigger local empowerment and initiators of collective local action

Session 8

CLTS Ignition tools

Description of the session

The purpose of Session 8 is to instill trainees with a deep understanding of the various tools used to facilitate CLTS and how to implement them. The basic tools are five. These are - transect walk, village (sanitation) map, shit calculation, shit flow diagram and water or bread exercise.

Time required: 2 hours

General objective

To enable trainees to understand, internalize and apply CLTS facilitation tools

Specific objectives

To ensure that trainees are thoroughly familiar with the purpose and usage of the following tools:

- Transect/shame walk
- Village map (social and resource)
- Shit calculation
- Shit flow diagram
- Water/bread exercise

Preparation for the session

Prepare a short presentation supported by pictures on each CLTS facilitation tool. In addition, prepare material needed for role play both in class and outdoors, where practical exercises will take place. Be sure to define clearly the roles and responsibilities of the participants' during field practice.

Methods

1. Presentation
2. Role play with facilitators

3. Group role play
5. Field practice
6. Group presentation and plenary session

Materials

Flipchart, markers (various colors), idea cards (various colors), adhesive plaster, drawing materials for diagrams (such as powders of various colors or ash) for field exercises, plastic rope.

Steps to apply CLTS tools

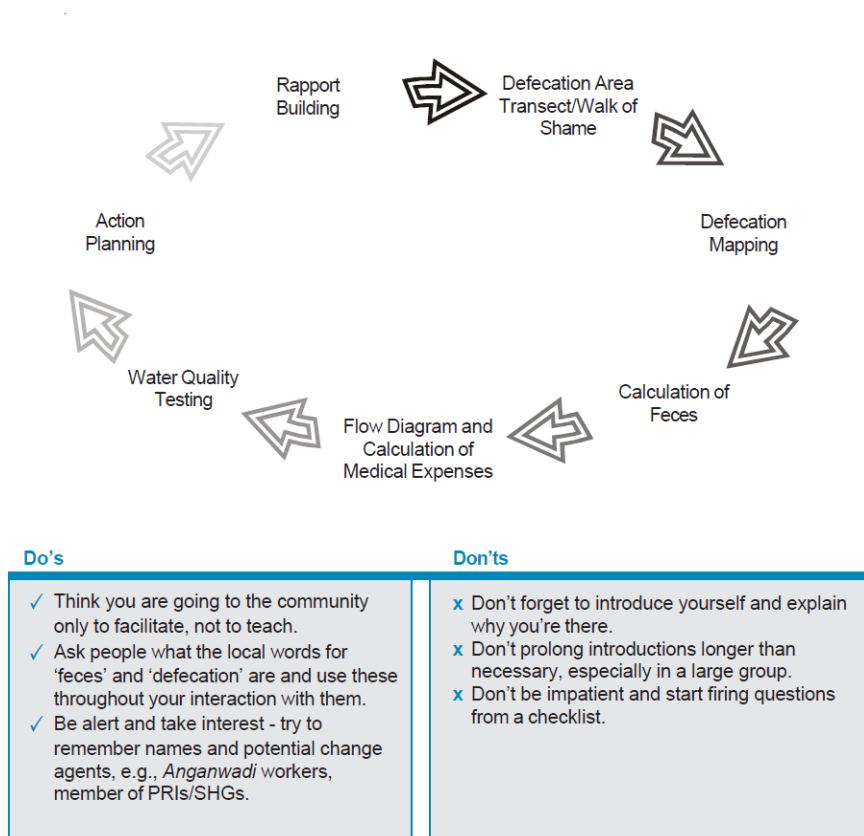


Figure 2: Steps in CLTS triggering (WSP (2007) TOT manual on CLTS. Module 1:pp23)



CLTS tools

1. Transect/shame walk

A transect walk is walking with community members through a village from one end to the other, looking for clues and insight into sanitation and hygiene practices.

Purpose of transect walk

- To build rapport with the community
- To locate areas of open defecation. It is important to stop and spend some time in these areas.
- To learn which families are shitting in which areas
- To learn where women shit and what happens during “emergency” defecation at night or during high incidences of diarrhea.
- To draw attention to flies on shit, and to chickens pecking and eating shit
- To help trigger community mobilization by having villagers experience the disgusting sights and smells in this new way, accompanied by a visitor to the community
- To look at the various types of latrines in the community

Do's

- ✓ Be curious. Walk slowly, observe carefully.
- ✓ Don't miss an opportunity to talk to passers-by.
- ✓ Give positive reinforcements for initiatives observed in the village during the transect. These could also be outside the purview of sanitation.

Don'ts

- ✓ Don't act bored or bore the group by lecturing or asking for too much information that you won't use.
- ✓ Don't avoid defecation areas.
- ✓ Do not pass judgment on the community at any point. The objective of the activity is to instill a feeling of disgust but not to insult anyone

2. Sanitation mapping

Sanitation mapping is a simple drawing of the village showing social and resources (including houses of households, latrines, sites for open defecation under normal and emergencies conditions, water resources, institutions that exist in the village etc). Use the sanitation map to stimulate discussion among villagers and to engage all community members in the process.

Purpose

- To learn about who is living where (distribution of households)
- To identify households with and without latrines
- To identify areas for open defecation (under normal conditions, during emergencies, for children and for animals, communal defecation sites, etc.)
- To identify the dirtiest residential area due to open defecation and use it to initiate discussion among participants: Why is this happening?
- To indicate natural resources such as farming land, forest/bushes, water sources (ponds, rivers, springs, wells, etc.) and to show the interrelationship and contamination of the environment with feces due to open defecation practices.



Figure 4: Photo (SNV 2010) and map (Plan Ethiopia 2007) depicting the social and resources and how they are polluted by the feces

Do's

- ✓ Choose an open space where a large map can be created and where many people can participate in the making of it.
- ✓ Encourage people to **use local materials** for mapping – stones, sticks, leaves, etc.
- ✓ Ask questions about the map: Which is the dirtiest neighborhood? Second dirtiest? And so on. The map is not an end in itself but a means to facilitate community understanding of their sanitary conditions.
- ✓ Transfer the map to paper and try to have it displayed in a prominent place. The map can be used as a monitoring tool as the village progresses towards ODF status.

Don'ts

- X Don't draw the map yourself! The facilitator's role is to facilitate the mapping. You can encourage initially by drawing a major landmark. After that, allow community members to take over and observe community dynamics: Who is taking the lead? Who is being passive? Which issues do people spend time discussing?

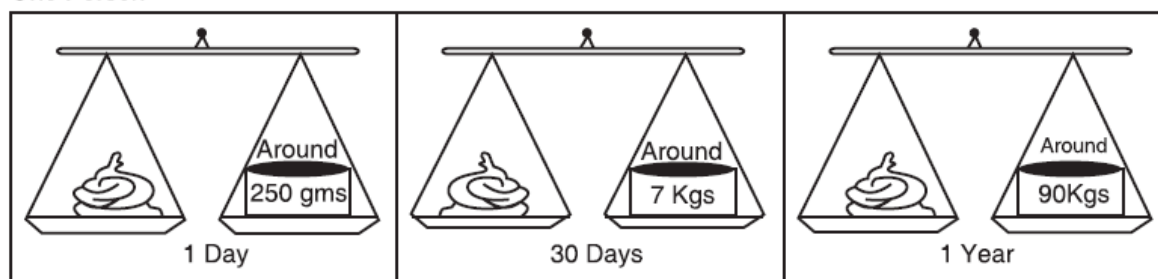
3. Shit calculation

How much human excreta is being generated per individual, per day, per week, per month, and per year in each household and in the village at large? Villagers can use their own methods and local measures for calculating how much shit they are contributing to the problem in the village.

Purpose

- Calculating the amount of shit produced in a village and visualizing it as a mountain of shit can help to
- To encourage communities to openly say and calculate what do the produce. Appreciate family members who have produces the most to motivate other to follow the same.
- To encourage the community to announce the amount of shit produced collectively.

One Person



500 People

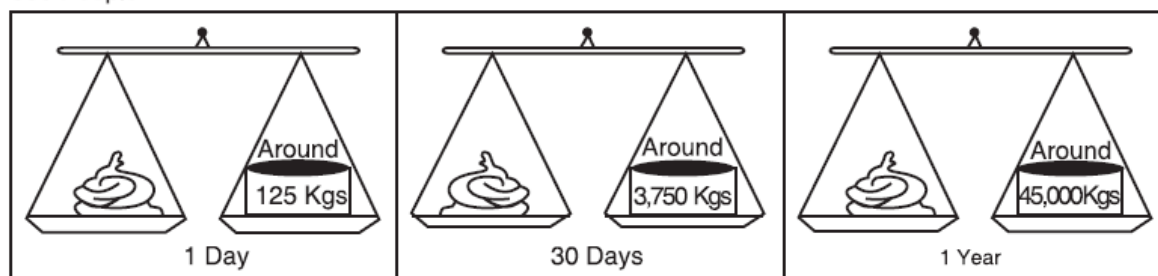


Figure 5: Shit calculation (WSP CLTS TOT training manual, 2007)

4. Flow diagram

The flow diagram shows where all the calculated shit goes, as well as the impact of shit on the environment (such as air pollution, food and water contamination, etc.)

Purpose

- Discuss the role of running water and run-off, chicken, birds, flies, wind, people, cattle and other animals, etc. in contaminating the air, food and household drinking water and contributing to diseases. Discuss how having so much shit on the ground affects the environment. What are the possible effects of shit mixing with food and drinking water?

Do's

- ✓ Do ask questions – of men, women, the elderly, children – and try to get community members to take responsibility and work out solutions for themselves.
- ✓ If the group hesitates to choose between nurse/doctor and traditional healer, you can help by reminding them that it is the type of health problem and expense of treatment that is important, not the type of healer.
- ✓ This activity may have shown you that the group lacks health knowledge. If this is so, your role as facilitator is to help the group find out for itself how disease spreads, how people handle water and how disease is linked to open defecation.

Don'ts

- ✗ Don't lecture or try to educate the community about the diseases caused by open defecation, flies as disease carriers or the need for handwashing.
- ✗ Don't worry if the group omits to identify what you think are important diseases. This only means that you will have to help the group to discover this information for themselves. Do not suggest diseases – instead let the group make suggestions based on its knowledge and experience.

The diagram below helps to demonstrate and realization by community members that open defecation at a distance does not mean that the feces problem goes 'away'.

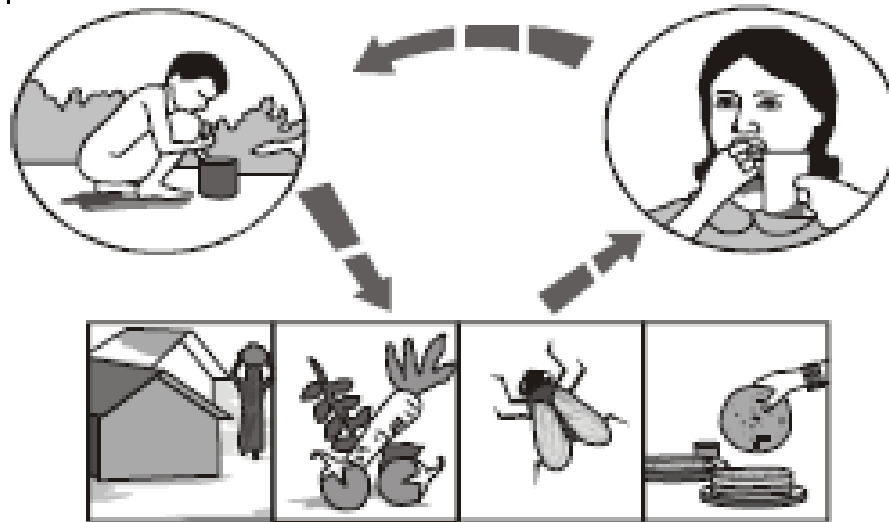


Figure 6: Flow Diagram showing how Feces Come Back to Us (WSP-Asia, 2007)

5. Glass of Water exercise

Procedure

- Ask for a glass of water (preferably use your own glass or plastic bottle) from one of the houses nearby.
- Ask someone to drink (usually they will drink without refusing).
- Using a single hair, take a small amount of shit and mix it with the water brought and ask the same person to drink again (usually they are not willing).
- Ask why he/she refused to drink.
- Relate the role of flies having six legs in transporting shit and the calculated amount of shit and the flow diagram (the role of flies) and how it is contaminating their food and drinking water.
- Purpose:

To let the community know, in a concrete way, that they are eating and drinking each other's shit.

Note: Don't pass judgment on the community. Try to use the test results to help them analyze their sanitary conditions and its impact on their health.

Session 9

Pre-Ignition Preparation

Description of the session

The purpose of this session is to prepare participants to use the Community Selection Ranking Table to help in the selection of appropriate kebeles and villages for CLTS pre-ignition. The session stresses the importance of pre-ignition visits and the necessity of negotiating with village leaders about when, where, and how to ignite CLTS in a community.

Time required: 1 hour

General objective

To ensure that trainees fully understand the process of community selection and the need to perform pre-ignition visits.

Specific objectives

Trainees understand:

- The purpose and process of selecting communities for ignition.
- How to prepare communities for ignition.

Preparation for the session

Prepare the village selection ranking table along with questions to guide discussion among trainees.

Methods

1. Presentation
2. Plenary discussions
3. Kebele/village ranking table

Materials

Flipchart, flipchart stand, markers (various colors), Community Selection Ranking Table (Annex 2)

Preparation for community level ignition/field exercise

Each CLTS trainer of trainers (TOT) group should design an implementation strategy for community ignition. The strategy should make use of “key questions,” sequential use of CLTS tools and alternative plans for facilitation in case of unforeseen circumstances. Each group member should be assigned a designated role. The group should have:

- A lead facilitator
- A co-facilitator
- Process recorder(s)
- Environment setter(s)

1-3 facilitators for children group (when triggered separately)

Trainer's note:

Favorable Conditions for CLTSH implementation (at initial stage)

- Small settlement
- More remote rather than closer to towns and big roads
- Socially and culturally homogeneous
- Lack of cover [vegetation] in the surrounding areas
- Wet/moist conditions in which excreta is moved around and its smell retained
- Unprotected, vulnerable and polluted water supplies
- No current, previous, nearby or national program of hardware subsidies such as provision of SanPlats (improved latrine slabs featuring elevated footrests and sloping surfaces for easier cleaning)/slabs, metal sheets, detergents etc. for households Visibly filthy conditions
- High incidence of diarrheal disease and child mortality
- Young and progressive leadership
- Existence of active groups within the community

Less Favorable/Challenging conditions

- Large settlement
- Close to towns and main roads
- Socially and culturally diverse
- Much surrounding cover
- Desert conditions in which excreta dry and disintegrate
- Well protected water sources
- A current, previous , nearby or national program of hardware subsidies for households
- Apparently clean conditions
- Low incidence of diarrheal diseases and infant mortality

The facilitator should ensure that the date and time for ignition:

- ✓ Does not coincide with other competing social events such as religious/cultural gatherings, markets, weddings, funerals, etc.
- ✓ Is convenient for all villagers (men, women, elderly, children)
- ✓ Has been conveyed to all households
- ✓ All members of the community are well informed about the appointment

Session 10

Ignition

Description of the session

This session focuses on the procedure for facilitating the community level ignition process. The session covers the preparation of materials, team formation and division of roles.

Time required: 3 hours

General objective

To enable trainees to understand and internalize the procedures for igniting CLTS in a community.

Specific objectives

- To enable trainees to organize the community ignition team
- To enable trainees to define their roles in the ignition process
- To organize the materials required for community ignition
- To enable trainees to practice the step-by-step procedures of community ignition

Preparation for the session

The session's presentation should cover step-by-step procedures to be followed during practical ignition, team formation and materials organization. The facilitators should also explain to the trainees the possible community responses (see trainer's note below) and subsequent actions to be made by the facilitators during the ignition process.

Methods

1. Planning for Field-level Training
2. Equipping the trainees (participants) with materials required to undertake the triggering
3. Checklists showing procedures and steps to be followed
4. Monitoring /coaching the process

5. Facilitating community action plan to end OD (see secession 11)
6. Reflection and feedback on field-level training at a plenary session (see annex 3-trainee reporting format)

Materials

For inclass training of facilitators: flipcharts, markers, flipchart stand, ideacards.
 For community ignition: digital camera, markers, flipchart, idea cards of various colors, locally available material: ropes, ash/ soil, leaves.

Trainers' Note: Type of Community Response

Matchbox in a gas station

It is a response where the entire community is fully ignited and prepared to begin immediately to stop open defecation. In this case, follow the following steps.

- Explain low and moderate cost toilet options, including how to acquire them.
- Fkkxx local self-reliance by encouraging local linkages and leadership so that you can soon withdraw. Do not let your presence induce dependence or inhibit local innovation and action.

Promising flame

It is a type of community response where majority of the communities have agreed to pursue ODF status but a significant number are still undecided. In such a response follow the following steps:

- Thank villagers for their detailed analysis of the village's sanitary profile and seek their permission to leave.
- If a community member agrees to initiate local action, bring that person to the front of the gathering and encourage him or her to share their thoughts with the rest of the community as to how he or she is going to initiate the construction of latrines.
- Ask everyone if they are interested in knowing how other communities have built low cost latrines.
- If all agree, draw and explain a simple pit latrine built from locally available, low cost materials.
- Facilitate action planning, drafting a weekly list of commitments for toilet construction and dates for completion.
- Agree on a date for a follow-up visit.
- The remaining three steps are the same as those in the above exercise.

Scattered sparks

Where the majority of people remain undecided on collective action toward ODF. In this case use:-

- Thank villagers for their detailed analysis of the village's sanitary profile. Tell them not to mistake you for a promoter or salesperson for latrines or toilets; tell them to continue their age-old practices.
- Ask them to indicate by a show of hands how many are going to defecate in the open tomorrow morning.
- Tell them that you are leaving the village knowing that there are people there who are determined to continue eating each others' shit.
- Seek their permission to take a photograph of the group with all with hands raised to indicate their intention to continue open defecation. People usually object to this photograph. Allow time for the confused discussion likely to follow. Usually, within a short time, ask for another show of hands to see who is willing to stop open defecation. This measure will usually influence the rest to raise their hands as well. Ask again if you can take a photograph of all those willing to stop, with their hands raised.
- Bring those who have decided to initiate local action and stop open defecation in front of the gathering and ask all to applaud them.
- Fix an early date to return so that others who may not be present can have a chance to participate in ignition.

Damp matchbox

Where the entire community is not at all interested in doing anything to stop open defecation. In this case:

- Thank them all and leave. Do not pressure people.
- Tell them that you are surprised 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 participants.
- Just before leaving ask if they would be interested in visiting a nearby community or village where OD has been eliminated by the villagers themselves.



Tips : Key Steps in Facilitating Community Ignition with CLTS Tools

- ✓ Conduct a “shame walk ” with all villagers - men and women together - to bring open defecation “into the open.” If there are too many children, organize a separate shame walk for them.
- ✓ Bring villagers to a convenient location and facilitate their drafting a village sanitation map identifying where people defecate, urinate, bathe, wash, fetch water, shop, etc.
- ✓ Conduct a shit calculation based on the total number of households in the village and the number of households that do not have a latrine.
- ✓ Brainstorm with the community about what actually happens to large amounts of feces that are exposed to the air. Where does it all go?
- ✓ Brainstorm with the community about what actually happens to the large amount of feces in relation to people and households.
- ✓ Conduct a “glass of water” exercise to demonstrate that water and food can be contaminated by invisible feces or disease-causing organisms.
- ✓ Ask the community about what they can conclude from this exercise. This is the “ignition moment.”

At this point community members can usually be expected to share insights such as the following:

- They are surprised and disgusted that they are actually drinking their own feces.
- “When flies invade our food, they might have deposited feces and we may have eaten it because we haven’t seen it.”
- “Chickens could come from outside and pick on our injera during baking or land on uncovered food items, and if we eat that it means we have eaten feces because we haven’t seen it.”
- “Because of improper water handling or inadequate handwashing, even water from protected wells can easily be contaminated.”
- ✓ Call for suggestions for change and turn these into commitments or action points.
- ✓ Make initial plans and arrange for follow-up visits.
- ✓ Conclude the session by thanking the villagers for their participation and for sharing their experiences.

Adapted from Woreda resources Book for Community Led Total Behavioral Change in Hygiene and Sanitation: 44

Session 11

Action Plan Preparation

Description of the session

This session provides trainees with step-by-step guidance on how to prepare action plans mainly for CLTS monitoring and follow-up of community activities in the pursuit of ODF status.

Time required: 4 hours

General objective

To equip trainees with skills that helps them how to facilitate community action plan preparation process and develop joint monitoring plan.

Specific objectives

To enable trainees to facilitate community discussion which results in community action plan development including:

- How to conduct consensus building facilitation
- How to institutionalize CLTS and obtain the buy-in at all levels
- How to develop and implement strategies for scaling up of CLTS across a wider scale

Preparation for the session

Facilitators prepare a planning /reporting format to be used by participants for developing action plans. (see also annex 4).

Methods

1. Group work
2. Plenary presentation and discussion

Materials

Flipchart, markers (various colors)

Tip: Community Action Plan (CAP)

The planning session should be structured in a way that highlights the positive actions that villagers have already taken. Activities might include:

- Putting up a flipchart and encouraging early-action takers to come and sign up
- Applauding early-action takers as they approach the chart; telling them that they are leaders for a clean future and asking them to remain standing for a few moments.
- Praising especially early-action takers who come forward as initiators
- Encourage those who are willing and decided to construct latrine by taking a group photograph.

Major components of the plan (see also Annex 4)

- General information (village name, number of households and people)
- Households with toilets
- Households without toilets
- Date set for ODF declaration
- Name of community groups/ committees (children and adult) responsible for the prevention of open defecation in the villages
- Village /Kebele CLTS task team members



Fig.8 CLTSH action plan preparation in school

Trainers' note: Post-Training/Triggering Advocacy workshop

The Agenda for the advocacy work shop that will take place right after the training includes the following:

- Brief presentation on the training process, a community report on the triggering process along with the Community Action Plan
- Reflection and plenary discussion on the community's decisions
- Key words from leaders

Be sure to invite participants well in advance. Participants include the following:

- Woreda cabinets
- NGO and community representatives from triggered villages
- Representatives of religious institutions
- Representatives of civil society organizations

Community bylaws

Once successful ignition is done in a community, is the community should typically set bylaws to show solidarity to the cause and to punish offenders. These bylaws are enforced through tradition/ social structures and mainly aimed at putting collective pressure on wrongdoers to adhere to the commonly agreed norms and practices. Commonly used bylaws include:

- ✓ *Casting the offender out of social support networks such as the iddir*
- ✓ *Denying labor support*
- ✓ *Refusing to share food and drink*
- ✓ *Shaming by shouting at the offender*

Session 12

Post-ignition monitoring and follow up

Description of the session

This session is about empowering community level actors (natural leaders, health extension workers, teachers and other development workers) to facilitate post-ignition activities, such as community conversation, family dialogue and sanitation cleanup campaign. Trainees also learn how to follow up on implementation of the action plans by community and institution/schools.

Time required: 6 hours

General objective

To introduce and clarify to trainees the post-ignition activities in CLTSH implementation.

Specific objectives

- To enable trainees to understand the importance of building the capacity of natural leaders, health extension workers, teachers and other development workers to facilitate post-ignition community conversation and family dialogue
- To enable trainees to understand and internalize the importance of following up on community action plans
- To enable trainees to initiate community dialogue on new behaviors, including hand washing, household water handling and proper use of latrines

Preparation for the session

Facilitators should prepare presentations and discussion questions for group work in the areas of capacity building, follow-up, community conversation and family dialogue. The CC and family dialogue sessions should address the key behaviors: **toilet use, hand washing at critical times and safe water handling at home.**

Methods

1. Presentation
2. Group work
3. Discussion and reflection

Materials

Flipchart, markers (various colors), mikikir cards (annex 5)

Trainers' Note: Community Support Mechanisms in CLTSH monitoring and follow up

I. Community conversation

Community conversation (CC) is a tool that communities can use to develop their own action plan with clear targets and follow-up mechanisms. It brings together community members from the whole village to discuss issues whose importance has been commonly agreed, such as hygiene and sanitation or the status of an action plan. A CC session could be conducted on a monthly basis and facilitated by a kebele administrator, kebele manager or village development unit leader. The CC process, if conducted effectively, can spur competition among villages, leading to faster change.

Fig. 9 Community conversation session



Community Conversation resonate at various level of society as they promote policy dialog, mutual learning, and creates enabling environment competence and motivation there by **promoting scaling up of change process.**

Principles/standards of community conversation

- ✓ Public ownership and leadership
- ✓ Shared sense of urgency
- ✓ Active involvement of all concerned individuals, Households and community groups
- ✓ Evidence based facts and result oriented plan of action
- ✓ Coordinated effort and strong partnership

Roles and skills of community conversation facilitators

- Facilitate to enable communities to identify needed changes, 'own' these changes and transfer/multiply these changes among their community members and to other communities
- Facilitate for a free exchange of views and facts, while challenging misconceptions to bring the intended changes
- Raising questions and probing around what and why do the people think and do
- Supporting discussants to come to consensus
- Supplement the right information or facts to correct misconceptions
- Build Trust among group members
- Establish linkages between CC sessions
- Document and share progress made, problems encountered, supports required
- Closely work with relevant supporters and partners

Knowledge, attitude, behavior and skills needed to CCs

Knowledge of:

- Subject Mater (Facts around the topic of interest)
- Facilitation tools
- Planning CC session

Attitude and behaviors that:

- Empower rather than disempowering,
- Participatory rather than excluding
- Facilitating rather than dominating
- Flexible than rigid

Skills required

- Active listening
- Effective questioning / Probing
- Group discussion facilitation
- Managing sensitive issues

Factors that affect success of the CC methodology

- Giving less attention to the problem
- Expecting some motivation like payment
- Not adhering to issues related to the topics
- Absenteeism
- Not coming on time
- Inadequate Knowledge and skill of facilitator
- Luck of regular monitoring and support

II. Coffee for Health Club

Establishing a “Coffee for Health Club” for neighborhoods is another community support mechanism to enable neighbors to discuss their hygiene and sanitation behaviors and design and action plan comprising “doable” behaviors. Such “clubs” help maintain peer support and peer pressure, and promote a competitive spirit among neighborhoods in a village. They also help to identify early (behavior change) adopters and eager pioneers from the group who model and inspire new behaviors. The club could, for example, meet every two weeks and facilitated by volunteer community health promoters. This program prepares neighborhoods to compete with each other to improve hygiene and sanitation in their houses and neighborhoods.

III. Sanitation Clean-Up Campaign

The Sanitation Clean-Up Campaign is a community action wherein all village members gather to clean their village on a regular basis. In preparation for this, community health workers identify focus areas for cleaning and plan other tasks to be accomplished during the campaign with the assistance of key people such as school directors, HEWs and kebele officials. In organizing, health workers must set a convenient date and time for the campaign and remind villagers and schools institutions about the date, place of gathering and what equipment they need to bring: shovels, pickaxes, sickles, etc. The clean-up days can also serve to informally monitor the reduction of open defecation in communal places.

Fig. 10 Drama show by school children at community gathering



The event can be combined with other community events, such as drama or musical performances and parades, all of which can call attention to the hygiene and sanitation issue, create social pressure, foster competition, and add an element of creativity and fun.

Session 13

Improving the sanitation ladder and up scaling

Description of the session

This session is about how to facilitate communities to improve their latrine conditions from simple pit to a higher level toilet (which is called “latrine” or “sanitation” “ladder”) and scaling up the program by institutionalizing CLTSH at village, Kebele and wor eda levels.

Time required: 2 hours

General objective

To introduce to trainees options for up scaling and improving sanitation ladder

Specific objectives

- To enable trainees to define the importance of hygiene and sanitation technology options in improving the sanitation ladder
- To enable trainees to identify alternatives for institutionalizing and scaling up CLTSH at village, kebele and woreda levels

Preparation for the session

Facilitators should prepare presentations and discussion questions for group work in the areas of hygiene and sanitation technology options and scaling up and managing CLTSH at all levels.

Methods

1. Presentation
2. Group work
3. Discussion and reflection

Materials

Flipchart, markers (various colors)

Trainers' note: Scaling-Up/Expansion

Community-Led Total Sanitation can be scaled up in a variety of ways. These include:

- Kebele CLTS technical teams (task forces) can coordinate a lateral spread of efforts to pursue ODF status across all the villages in a kebele.
- Through a similar process, district CLTS (H) task forces can guide the expansion of the program to all Kebeles within a district.
- CLTS can be expanded to neighboring districts and regions through strong networking with partners and stakeholders.
- Working with government offices at all levels is among the most effective and efficient ways of scaling up CLTS (H) at nationwide.
- Increasing the pool of CLTS trainers at all levels through quality hands on trainings.
- Fostering, pride and competition among communities and schools at all level and depending on the level of the steps the villagers reached in the sanitation ladder and the need and demand of the villagers for sanitary hardware.
- Promoting supply of hardware and access are some of the key strategies in the process of scaling up of ODF status to higher and wider level.

Trainers' note: Sanitation Technologies

The total sanitation approach strongly discourages sharing any kind of information on sanitation technologies with the community without an expressed demand from their side. Even if there is a demand from the community for information on sanitation technologies, a facilitator should not prescribe models. Instead a facilitator should try to share general principles of design or technical parameters, e.g. distance of latrine from water source or depth of pit.

Improvements in sanitation systems generally occur incrementally rather than in a single leap. Experience with community-driven total sanitation shows that users of relatively low-cost toilet models upgrade to more expensive models when the design life of their first toilet is over.

Decision-making on sanitation options can be influenced by demand and technical factors. **Demand factors** relate to customs and socioeconomic conditions. They are crucial to the design and acceptance of a sanitation option by a user and ultimately on the user's willingness to invest in and use a facility. These include affordability, social customs and traditions, personal hygiene practices, preparedness for emptying and maintenance. **Technical factors** relate to physical parameters. They determine the feasibility of planning and design, and ultimately the effectiveness of the chosen option. Examples of technical factors include availability of water, space, level of groundwater table, soil permeability and risk of flooding.

Adapted from: Training of Trainers' Manual on Community-driven Total Sanitation, 31-36

Session 14

Introduction to the CLTSH monitoring, reporting and database management

Description of the session

This session deals with collecting, analyzing and reporting information on CLTSH implementation. The data management software and monitoring templates to be used in monitoring and reporting are also explained.

Time required: 3 hours

General objective

To enable trainees to understand the CLTSH monitoring, reporting and data management system

Specific objectives

- To introduce and familiarize trainees with the national CLTSH monitoring, reporting and database management tools
- To enable trainees to define monitoring indicators
- To enable trainees to describe the frequency, methods and levels of monitoring and reporting

Preparation for the session

The facilitators should prepare a presentation on the monitoring, reporting and database management system. Facilitators should refer to the national CLTSH Monitoring and Reporting framework.

Methods

1. Presentation
2. Plenary discussion

Material

Flipchart, markers (various colors)

Session 15

Introduction to the national CLTSH verification and certification protocol

Description of the session

This session focuses on introducing the basic concepts, institutional agreements, phases, and steps in the national CLTSH Verification and Certification Protocol.

Time required: 2 hours

General objective

To enable trainees to understand the purpose of and basic concepts in the national CLTSH Verification and Certification protocol.

Specific objectives

- To familiarize trainees with the institutional arrangements for CLTSH verification and certification
- To enable trainees to define the verification phases, as well as the celebration and certification step in CLTSH implementation
- To ensure trainees understand and can describe how to motivate and award CLTSH achievements

Preparation for the session

Facilitators should prepare presentations on verification and certification concepts and procedures, institutional arrangements, and means of motivating and awarding communities and institutions toward ending open defecation practices. The facilitators should consult the National CLTSH Verification and Certification Protocol as well.

Methods

1. Presentation
2. Plenary discussion

Materials

Flipchart, flipchart stand, markers (various colors)

References and materials for further reading

1. Amhara National Regional State Health Bureau (2009) *'Training in Community-led Total behavior Change in Hygiene and Sanitation: Facilitators' Guide'*
2. Amhara National Regional State Health Bureau (2009) *'Woreda resource book: Community-led Total behavior Change in Hygiene and Sanitation'*
3. Chambers, R. (2009) *'Going to Scale with Community-led Total Sanitation: Reflections on Experiences, Issues and Ways Forward'*, IDS PRACTICE PAPER Volume 2009 Number 1. IDS:UK
4. Chambers, R. and Kar, K. (2008) *'Handbook on Community-Led Total Sanitation'*, IDS, UK
5. FMOH (2011) *'Integrated Refresher Training for Health Extension Workers, Module2: Trainers Guide (in Amharic)'* Addis Ababa, Ethiopia
6. Kar, K. (2005) *'Practical Guide to Triggering Community-Led Total Sanitation (CLTS)'* IDS, UK
7. Mehta, L. with Bongarts, P. (2009) *'Community-led total sanitation (CLTS) across the seas: Experiences form Africa with special emphasis on Ethiopia'*, RiPPLE working paper 12. RiPPLE: Addis Ababa
8. WSP (2009) *'Learning at Scale Total Sanitation and Sanitation Marketing Project: Indonesia Country update'*
9. WSP (2007) *'Training of Trainers' Manual on Community-driven Total Sanitation, Module1: Guidance Notes'*
10. WSP (2007) *'Training of Trainers' Manual on Community-driven Total Sanitation, Module 2: Trainer's Notes'*

ANNEXES

Annex 1: Sample Pre-test for TOT Participants

1. Have you ever participated in any of the following trainings: Participatory Rural Appraisal (PRA), Participatory Learning in Action (PLA), Facilitation Skills Training, and Participatory Training Techniques? (Yes/No)
2. Please list any community-led approaches you are aware of or practice.
3. Please write the full text for the abbreviation "CLTS."
4. What are the five "F's" in the pathogenesis of diarrhea?
5. One hundred percent latrine construction in a village stops the occurrence of diarrhea. (True/False)
6. Villagers are capable of designing and constructing their own latrines. (True/False)
7. Communities cannot construct their own latrines without external support. (True/False)

Annex 2: Community Selection Ranking Table: Favorable conditions for kebele CLTSH steering committee to select villages

Favorable Conditions with Ranking	K1	K2	K3	K4	K5	K6	K7	K8	K9	Kn
<p>A)Policy and organizational environment (30)</p> <ul style="list-style-type: none"> • There has been no program of hardware subsidies and none is proposed. (10) • HEWs, teachers and hygiene and sanitation experts (community triggering facilitators) are strongly motivated, well trained, have appropriate attitudes and behaviors and are flexibly supported by their organizations. (10) • There is an adequate number of HEWs, teachers and hygiene and sanitation experts for follow-up (empowerment, encouragement and support for natural leaders) after triggering. (10) 										
<p>b) Current conditions and practices (25)</p> <ul style="list-style-type: none"> • There is high incidence of diarrheal disease and child mortality. (10) • Defecation is constrained by lack of privacy. (5) • Open defecation has little or no economic value. (5) • It is easy for people to see visually, and analyze, the links between their defecation habits and ingestion of faeces. (5) 										

<p>c) Physical conditions (20)</p> <ul style="list-style-type: none"> • There is lack of cover in the surrounding area leading to lack of privacy. (3) • There is wet, moist and/or visibly filthy and disgusting conditions where fecal contamination is offensive. (4) • Settlement patterns provide adequate space for latrines. (5) • Soil is stable and easy to dig. (3) • Water supplies are unprotected and vulnerable to contamination. (5) 										
<p>d) Social and cultural conditions (25)</p> <ul style="list-style-type: none"> • Socially homogeneous community with high cohesion (5) • Progressive local leadership (7) • A tradition of joint action (4) • Women have a voice. (4) • Latrines and cleanliness enhance social status. (5) 										
<p>Total rank</p>										

Annex 3: Trainees Reporting Format

The report prepared by TOT participants for in-class room reflection after the community ignition exercise should have the following elements:

- Name of community and village
- Procedures followed/tools used during community ignition
- What went wrong?
- What went right?
- Challenges encountered during community ignition
- What/how was the triggering process?
- Commencement date for action
- Date set for declaring the community ODF

Annex 4: Community Action Plan Reporting Format

The report to be produced by each village during the ignition and to be presented to the advocacy session should comprise:

- Name of the village
- Sanitation map (drawing)
- Number of households in the village
- Number of people living in the village
- Shit calculation result (flipchart presentation)
- Flow diagram (related to the sanitation map)
- Decision (community action plan) made by the community/villagers

Annex 5: Mikikir cards for family dialogue

