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Preface

Improved sanitation and hygiene practices contribute significantly to the realization of child survival; socio-economic development and wellbeing of the society at large. However access to improved sanitation in Nigeria has remained rather low over the years with the 2013 coverage reportedly about 34% (as per 2013 Nigeria Demographic and Health Survey), while over 50 million Nigerians are estimated to defecate in the open. This poses grave public health risks, and more so for the poorest Nigerian children.

Community Led Total Sanitation (CLTS) was piloted in Nigeria from 2004 to 2007 covering few communities in some selected states. The pilot interventions were supported by UNICEF, WaterAid, State and Local Governments in collaboration with the National Task Group on Sanitation (NTGS). Based on the outcome of these early pilots, the CLTS approach was considered appropriate for adoption to meet Nigeria's Millennium Development Goal (MDG) targets on Sanitation. The scaling up of CLTS in Nigeria effectively commenced in 2008 coinciding with the International Year of Sanitation.

Starting with 15 Open Defecation Free (ODF) communities in 2008, Nigeria has made rapid strides in reaching over 13,000 ODF communities through the CLTS approach. CLTS has now become the mainstay for accelerating sanitation coverage in the country, including major donor supported programs in the country such as Sanitation, Hygiene and Water Project in Nigeria; Water Supply and Sanitation Sector Reform Programme; Niger Delta Support Programme; Rural Sanitation and Hygiene Promotion in Nigeria; and Sustainable Total Sanitation Project. Currently the CLTS approach is being implemented in all the 36 States of the Federation including the Federal Capital Territory.

This rapid spread of the CLTS approach across Nigeria has been largely due to the untiring efforts of CLTS practitioners at various levels – community, Local Government, State & National level and includes community members, government staff, NGOs/CSOs and development partners. The CLTS practitioners in Nigeria have undergone series of trainings largely built around the approach stated in the CLTS Trainers’ Training Guide by Kamal Kar and Robert Chambers. As the CLTS interventions expanded across the country various indigenous adaptations and variations got into the implementation of the CLTS approach, and positively influenced the success of the CLTS process.

The Federal Ministry of Water Resources (FMWR) in collaboration with UNICEF produced a National Road Map for the Elimination of Open Defecation by 2025. The Road map clearly sets out the costed path for achieving an open defecation free environment in the communities, around schools, health centres, markets and other public places. For Nigeria to achieve this, CLTS has a significant role to play. The need for a more standardized approach and common set of guidelines building on the experiences in Nigeria is urgently required to assist practitioners to scale up quality CLTS interventions in the country.
Efforts have been made to capture the best field practices and experiences in CLTS implementation emanating from various parts of Nigeria as well as include best practices in learning for delivering quality CLTS interventions. Existing CLTS documents from within Nigeria and globally, were reviewed and the initial version of the manual was developed by a team led by UNICEF. The manual was reviewed and finalized at a stakeholders' meeting involving the National Task Group on Sanitation (NTGS), National Water Resources Institute (NWRI), staff of Department of Water Quality Control and Sanitation of FMWR, Water Aid, staff from the State Rural Water Supply & Sanitation Agencies, Concern Universal, UNICEF staff and Consultants.

The contributions from donor partners, especially, EU, DFID, USAID, AfDB, Water Supply and Sanitation Collaboration Council (WSSCC)/Global Sanitation Fund, Unilever, Bill and Melinda Gates Foundation, towards increasing equitable and sustainable access to basic sanitation, especially in rural Nigeria are appreciated. The updated training manual is now ready to be deployed in strengthening the capacity of sector practitioners to massively scale-up the CLTS approach across the country. This document will be refined and updated over time as experiences emerge from the field and CLTS gets fully entrenched in Nigeria.

It is expected that the application of this manual will enhance the capacities of CLTS facilitators, trainers and sector practitioners on quality delivery of sanitation and hygiene services in Nigeria by 2025 and will help accelerate Nigeria's attainment of an Open Defecation Free status well ahead of the 2030 SDG deadline.

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<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLTS</td>
<td>Community Led-Total Sanitation</td>
</tr>
<tr>
<td>CAP</td>
<td>Community Action Plan</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>EHA</td>
<td>Environmental Health Assistant</td>
</tr>
<tr>
<td>EHO</td>
<td>Environmental Health Officer</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FMWR</td>
<td>Federal Ministry of Water Resources</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>HIF</td>
<td>Hygiene Improvement Framework</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide Treated Net</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Area</td>
</tr>
<tr>
<td>MDAs</td>
<td>Ministries, Departments and Agencies</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NTGS</td>
<td>National Task Group on Sanitation</td>
</tr>
<tr>
<td>OD</td>
<td>Open Defecation</td>
</tr>
<tr>
<td>ODF</td>
<td>Open Defecation Free</td>
</tr>
<tr>
<td>PAS</td>
<td>Public Address System</td>
</tr>
<tr>
<td>PRA</td>
<td>Participatory Rural Appraisal</td>
</tr>
<tr>
<td>RUWASSA</td>
<td>Rural Water Supply and Sanitation Agency</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>STGS</td>
<td>State Task Group on Sanitation</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VHP</td>
<td>Volunteer Hygiene Promoter</td>
</tr>
<tr>
<td>VIPP</td>
<td>Visualization in Participatory Programme</td>
</tr>
<tr>
<td>WASH</td>
<td>Water Sanitation and Hygiene</td>
</tr>
<tr>
<td>WASHCOM</td>
<td>Water, Sanitation and Hygiene Committee</td>
</tr>
</tbody>
</table>
Definition of Terms

Community-Led Total Sanitation: CLTS: CLTS refers to Community-Led Total Sanitation. It is an integrated approach that focuses on achieving and sustaining open defecation free (ODF) status. The approach entails the facilitation of sanitation profile appraisal and analysis defecation practices by community members themselves and the consequences, leading to collective action to become ODF.

CLTS Facilitators: Are those who work directly with the community and trigger CLTS at that level. The CLTS facilitators could be front-line staff of government or non-governmental organizations, private sector or even Natural Leaders who emerged from ODF communities.

CLTS Master Trainers: Are those who train CLTS Trainers and Facilitators.

CLTS Trainers: Trainers are those who train CLTS facilitators.

Natural Leaders: These are members of the community who emerge spontaneously during the process of triggering. They take the lead role in cleaning up the community and in ending open defecation. They are enthusiastic, jump into action and involve the community in eradicating the practice of OD. Natural Leaders are potential members of WASHCOM.

CLTS Community Consultant: These are experienced Natural Leaders who are engaged to support other communities in CLTS implementation, monitoring and follow up.

CLTS Validation: This is the spot check done by NTGS of 10% of the certified ODF communities as part of the processes of ensuring quality control and credibility in certification processes.

Hygiene: The World Health Organization (WHO) defines hygiene as 'the conditions and practices that help to maintain health and prevent the spread of diseases”.

Hygiene promotion: Hygiene Promotion is a planned approach to preventing diseases through the widespread adoption of safe hygiene practices. It begins with, and is built on what local people know, do and want.

Ignition Moment: This is a time during triggering exercise when community members collectively realize the danger of OD and feel disgusted about continuing the practice for even a single day and decide to take collective action.

Open Defecation Free (ODF): This refers to when no faeces are openly exposed to the environment. Achieving ODF might involve the use of any form of latrines that prevent exposure of faeces to the environment with provision for moving up the sanitation ladder.
**ODF Verification**: This is inspection carried out to assess whether a community is ODF or Not.

**ODF Certification**: This is the official confirmation and recognition of Open defecation free status. For quality control and to ensure strict compliance to the guidelines for certification, official confirmation should be done at State level by STGS.

**ODF Declaration**: There are two levels of declaration – self declaration of ODF by WASHCOM after meeting the set criteria in the approved guidelines and STGS declaration of ODF certified communities after the completion of the certification processes.

**ODF Celebration**: This is a public event and gathering of ODF certified communities to mark the achievement of ODF status. It involves issuing of certificates to ODF certified communities.

**Total Sanitation**: This encompasses use of improved latrines and stopping of open defecation as well as improvement in personal, domestic and environmental hygiene.

**Sanitation ladder** is a progressive movement from open defecation to un-improved sanitation facilities and finally to improved sanitation facilities based on preference and affordability of the selected options.

**Triggering**: The process of facilitating participatory exercises using different tools of CLTS, in which community members analyze their sanitation situation and profile, realize the bad effects of open defecation and decide collectively to stop open defecation.
PART 1
INTRODUCTION

1. Background

Community Led Total Sanitation (CLTS) is an approach that focuses on sustained behavioural change through motivation and mobilization to facilitate and enhance community knowledge and understanding of the risks associated with open defecation. The approach is aimed at empowering the community to analyze the extent and risks of environmental pollution caused by open defecation and to construct and use toilets with their own resources.

Unlike the previous approaches to sanitation project implementation that measure the success on the basis of total number of latrines constructed within a specific period, the Community Led Total Sanitation is based on the use of latrines and complete end to open defecation. The approach is not technology driven and there is no prescription on the type of household latrines to be constructed. The most important factor is to eradicate open defecation and with sustained mobilization and follow up, people are expected to construct latrines best suited for them in terms of affordability and appropriateness. The approach promotes flexibility in terms of construction and usage of latrines with emphasis on incremental improvement on the quality and types of latrines based on conviction on the benefits inherent in the use of latrines as there is no subsidy for household latrine construction.
CLTS focuses on the behavioural change needed to ensure real and sustainable improvements – investing in community mobilisation instead of hardware, and shifting the focus from latrine construction for individual households to the creation of “open defecation-free” communities. By raising awareness that as long as even a minority continues to defecate in the open everyone is at risk of disease, CLTS triggers the community’s desire for change, propels them into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.

The communities are at the center of CLTS approach and are expected to take the lead in addressing the identified sanitation problems under the guidance of skilled facilitators. The approach is aimed at adopting integrated approach to sanitation development which is not limited to latrine construction but also include hygiene promotion, community management of solid and liquid waste as well as community empowerment.

The CLTS approach was piloted in Nigeria from 2004 to 2007 in several parts of the country and the outcome of the pilot interventions clearly showed its appropriateness and potential in scaling up sanitation delivery. The scaling up of the approach effectively commenced in 2008 and all the States are presently implementing CLTS in the country. The two major expected outcomes of CLTS implementation in the country are:

- Total and sustainable elimination of open defecation
- Achieving and sustaining Total Sanitation.

Achieving the above CLTS outcomes is hinged on having a critical mass of skilled facilitators and trainers that are knowledgeable on the basic principles of the approach; and are providing the required support to communities in achieving and sustaining their open defecation free status. This can be ensured by incorporating regular capacity building activities in CLTS interventions involving training and retraining of facilitators and trainers on core principles and emerging programmatic issues based on field experiences.

The impact of training on achieving the desired outcomes can be maximized if the training can be structured and carried out in a systematic manner using appropriate techniques and materials that are participatory and appropriate to both the facilitators and trainees.

Effective scaling up of CLTS requires continuous learning, adaptation and innovation towards addressing the various challenges presently being encountered. Some of these challenges include low level of government funding especially for sanitation, issues with latrine collapses, etc. In seeking constructive ways forward, the following themes or thrusts can be deployed: methodological development and action learning; creative innovation and critical awareness; learning and action alliances and networks. A key to effective scaling up is funding, supporting and multiplying CLTS champions at all levels, and then their vision, commitment and courage will enhance wide adoption and acceptability of CLTS.
Due to the fact that just about 34% of the population use improved sanitation facilities while about 50 million people practice open defecation, effective scaling up of CLTS with skilled human resources has become imperative for accelerating sanitation coverage. Nigeria’s goal of eliminating Open Defecation in Nigeria by 2025 can only be achieved with a critical mass of skilled and experienced practitioners that can support the ongoing efforts of scaling up CLTS. There is also an opportunity of CLTS to contribute significantly to the attainment of the Sustainable Development Goal (SDG) - 6 on water and sanitation in the post 2015 SDG era.

SDG-6 aims to ensure availability and sustainable management of water and sanitation for all by 2030. SDG - 6.2 specifically aims to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situation by 2030. Recognizing the ambition nature of the SDG-6.2, the manual also talks about integrating handwashing practices under CLTS using simple locally available materials.

Given the huge backlog in access to improved sanitation, the first priority will be to eliminate open defecation practices and gradually move towards achieving basic sanitation and later towards safety managed sanitation (as shown below:)

**Sanitation Ladder**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safely managed</strong></td>
<td>Basic sanitation facility, not shared &amp; excreta safety disposed in-situ or treated off-site</td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td>Pour flush to sewer, septic tank or pit latrine, VIP, composting toilet or pit latrine with slab...not shared</td>
</tr>
<tr>
<td><strong>Shared</strong></td>
<td>Sanitation facilities otherwise acceptable shared with other households</td>
</tr>
<tr>
<td><strong>Unimproved</strong></td>
<td>Pit latrine without slab or platform, hanging latrines, bucket latrines</td>
</tr>
<tr>
<td><strong>Open defecation</strong></td>
<td>Human faeces disposed in fields, forests, bushes, open bodies of water, open spaces or disposed with solid waste</td>
</tr>
</tbody>
</table>

**Universality:** Basic for all AND moving up the ladder
2. This Manual

This training manual is meant to provide a guide for Master Trainers/Trainers of CLTS trainers and facilitators at national and sub-national levels. The manual provides step by step approach of conducting CLTS training workshops and can be adapted to suit specific situations based on target audience and their level of involvement in CLTS implementation.

It should be noted that the manual is just a guide and should be applied appropriately in facilitating CLTS workshops. The manual in itself is not sufficient to provide all the information required to be a good CLTS trainer or facilitator. It is encouraged that other materials and documents should be consulted for in-depth knowledge and experience on CLTS. The key note here is that individual’s best judgment and experience should be used in the application of the manual.

2.1 Scope of the Manual

The manual is mainly focusing on CLTS implementation in rural areas. This manual can be used for training of CLTS practitioners including managers at national and sub-national levels.

2.2 Structure of the Manual

The manual is divided into three parts – Introduction; Pre-Training and Planning activities; and Training activities. The core training activities have 5 sessions;

Day 1:
- Session One  - Getting Started
- Session Two  - Overview of Sanitation and Hygiene
  - Community Led Total Sanitation

Day 2:
- Session Two  - CLTS Principles and Triggering
- Session Three  - Real-Life Triggering (Role Play and Demonstration)

Day 3:
- Session Three  - Real – Life Triggering (Role Play and Demonstration) (Continues)
  - Community Action Plan
  - Planning for Field Visit and Real-Life Triggering

Day 4:
- Session Four  - Real-Life Triggering / Feedback on Field Visit

Day 5:
- Session Four  - Real-Life Triggering / Feedback on Field Visit
Day 6:
Session Five  - Community Presentation and Feedback
Session Six   - Post Triggering Activities
Session Seven - Preparations of Action Plan, Workshop
                 Evaluation and Closing

Each session is divided into units and the facilitation of each unit is discussed under the following headings;
  • Objective
  • Duration
  • Method
  • Materials
  • Process
  • Trainers' Guide
PART 2
PRE-TRAINING AND PLANNING ACTIVITIES

1.0 Timing for the Training Workshop

Appropriate timing is critical for the success of CLTS training workshop and this should be taken into consideration when fixing time for the workshop irrespective of the cadre of participants. This is imperative to secure full attention and participation of all the participants at the training. Factors to be considered when fixing time for the workshop should include;

- Assurance that all invited participants would be available throughout the duration of the workshop
- Planned facilities and Resource Persons for the workshop are available throughout the duration.
- Weather situation at the venue of the training. This is very important as part of the training involves field visit to communities for real-life practical experience; and this may be challenging if the training is fixed during the peak of raining season.
- Real-life triggering in communities is a major component of the training and the time to be fixed for the training should be convenient for the communities. In fixing time for the workshop that would involve communities, avoid market days and festival period.
2.0 Selection of Participants and Resource Persons

The selection of participants will depend on the target audience for the CLTS workshop. This manual can essentially be used for training of Master Trainers / Trainers and CLTS Facilitators. Only masters trainers or trainers that received certificate from Ministry that should be engaged to conduct such trainings.

Some major tips for consideration when selecting participants for CLTS training include;

- Experience on Participatory Rural Appraisal and other participatory sanitation and hygiene approaches. This is more crucial for Training of Master Trainers.
- There should be a mix of both old and young participants with emphasis on getting more young and energetic participants.
- Gender balance – a good mix of male and female participants. (Aim at 50% representation).
- Ability to speak local languages in areas where the participants will be operating after training. This is more crucial for Training of Facilitators.
- Manageable number of participants and this will depend on available number trained and experience facilitators for the training. For the training of Master Trainers, maximum of 50 participants; for training of Trainers-40 participants would be ideal, while up to 35 participants could be properly managed for CLTS facilitators training.

The number of Resource persons for the workshop will depend on the number of participants. The Resource persons should include a lead trainer who is well versed and experienced on CLTS training and other experienced facilitators. For a CLTS workshop for 35-50 participants, the minimum requirements are one lead trainer and 3 facilitators.

Advanced information on the training should be sent to all the identified participants and resource persons. Detailed information about the venue, duration and expectations from the participants should be provided prior to the commencement of the workshop. This will enable the participants and resource persons to make adequate preparation for the workshop.

In addition to the invited participants that will take part in all segments of the training, senior government officials and political leaders can be invited for the opening ceremony and last day of the workshop where the triggered communities will be presenting their action plans. This is necessary as part of the efforts of mobilizing political and financial supports for scaling up CLTS.

Mechanisms should be put in place for ensuring quality of the training by deploying appropriate number of resource persons for the workshop and ensuring that number of participants are of manageable size as indicated above. Arrangements should be made for post-training follow up to assess the utilization of CLTS skills acquired, conduct continuous mentoring and identify gaps for improvement in further capacity development.
Based on experiences of participants, one single training workshop might not be sufficient to make participants highly skilled CLTS trainers and facilitators, hence the need for refresher training based on identified capacity gaps and emerging programmatic issues.

The following should be noted about CLTS facilitation which should also be considered in the selection of participants for training and organizations that would be involved in CLTS implementation;

- The attitudes and behaviour of facilitators: Not everyone can be a good facilitator. Facilitating CLTS is an aptitude. It can be learnt, but it will come more naturally to some than to others. It is different from facilitating conventional participatory processes. Behaviour and attitudes are crucial. What works best for triggering CLTS is a combination of boldness, empathy, humour and fun. It demands a hands-on approach, not teaching or lecturing, but facilitating to enable people to confront their unpalatable realities.

- The sensitive support of institutions: Not every organization is suitable for promoting CLTS. Institutional support needs to be consistent and flexible. Any top-down target and disbursement-driven approach is liable to undermine CLTS, though campaigns can be effective. Two big dangers are too much money, because CLTS needs less than other approaches, and rapid recruitment and inadequate orientation, training and socializing of staff. This demands a form of restraint that is difficult in many bureaucracies.

### 3.0 Selection of Training Venue

The training venue should be conducive for effective interaction amongst participants and should be large enough for group work and mock exercises. Some factors for consideration in determining training venue include;

- There are no potential sources of distraction
- Enough power points to set up electrical equipment including laptops, PAS, Projector etc.
- Adequate gender-segregated toilet facilities for the participants.
- Large enough space to effectively accommodate participants and activities planned for the training.
- Enough wall space for putting up presentations and posters emerging from the group work and other workshop activities.
- The venue is well ventilated.

### 4.0 Seating Arrangements

For effective interaction, the seating arrangements should be informal and flexible; and usually in a semi-circular or U Shape with a big open space at the center. This allows for free movement (if need be) of participants without too much disruption to the ongoing presentation and also ensures that all participants see the screen and the facilitator.
5.0 Workshop Materials

Considering the participatory nature of the workshop with less of Power Point presentations, adequate provision should be made for writing materials for effective engagement of all the participants. Below is the list of materials required for the workshop; however, in addition to the list of materials, there should be enough wall space in the training hall to exhibit outputs from group work.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LCD Projector/In -Focus</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Digital Camera</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Extension Cord</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Video camera with all accessories and connecting cord direct from the camera to the multimedia</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Cordless Microphones</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Big Screen</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Flip Chart</td>
<td>At least 200 sheets</td>
</tr>
<tr>
<td>8</td>
<td>Flip Chart Stands</td>
<td>At least 4</td>
</tr>
<tr>
<td>9</td>
<td>VIPP Card (different colours) - Where VIPP Card is not available, cut card can be used</td>
<td>200</td>
</tr>
<tr>
<td>10</td>
<td>Masking Tape</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Colour Markers (Different colours)</td>
<td>2 boxes of each colour</td>
</tr>
<tr>
<td>12</td>
<td>Scissors</td>
<td>5</td>
</tr>
<tr>
<td>13</td>
<td>Colour Chalks (Different colours)</td>
<td>2 boxes of each colour</td>
</tr>
<tr>
<td>14</td>
<td>Colour Powder (Yellow, Blue, Red)</td>
<td>2-3 kg of each colour</td>
</tr>
<tr>
<td>15</td>
<td>Sawdust</td>
<td>One Sack for each Field Team</td>
</tr>
</tbody>
</table>
6.0 Other Workshop Logistics and Preparation for Field Work

Due to intensity of the workshop activities which often require closing late, the training programme should be residential with accommodation provided for all participants at the workshop venue. This will ensure effective management of the time and achievement of workshop objectives.

Participants will be divided into groups for real-life practical triggering in selected communities. The number of groups to be formed will depend on the total number of participants. Each group should have maximum of 6 participants. Each group triggers at least two communities (one community per day). The number of communities to be triggered will depend on the number of groups to be formed.

The following criteria should be used in selecting communities for real-life triggering;
- Close to the workshop venue. The distance to the communities should be within 25 to 50km from the workshop venue.
- Should not be too large of about 50 households (manageable size)
- Practice open defecation
- No history of an earlier hardware subsidy programme 'Note: for the purpose of training'.
- Existence of local institutions (such as WASH Department / Unit, NGOs and CBOs) for follow up after triggering. This is very important to be able to achieve the outcome of the triggering exercise which is to achieve open defecation free status. Follow up arrangement must be finalized and agreed upon before the training and the identified institutions for follow up should be part of the training programme.
- Willingness of community members and leaders to participate in the triggering exercise on the proposed dates.
- Culturally and socially homogenous communities.

Community Profile:
Brief profile of the selected communities for the field work should be obtained prior to the commencement of the training. Information required should include; population, socio-economic status, sanitation coverage, local customs and cultural practices. This will ensure proper understanding of the communities to be visited and would form the basis for preparation by the participants.

Transportation Arrangements:
Adequate arrangements should be made for transportation of participants to the selected communities for the practical experience. Ideally, provision should be made for each group to have a vehicle to facilitate easy movement to the community. The number of vehicles to be provided would depend on the number of groups formed and adequate provision should be made for at least two days field visits. The vehicles should be clean with some level of comfort.
Separate arrangements should be made for transporting community members to be invited to the workshop venue on the last day of the training workshop.

Materials for Practical Triggering in Communities:
Each group should be provided with necessary materials required for real-life triggering in selected communities. Each group should have adequate supply of the following materials;
- Sawdust
- Colour powder
- VIPP Cards
- Colour Markers
- Flip Chart.
- Bottled water.
- Food. This can be obtained from the community but it is always better for the participants to carry some food for practical demonstration as part of the triggering process.

Food and Beverages for Participants:
The real-life triggering in selected communities might take almost a whole day, so, adequate arrangements should be made for packed food and beverages for the participants. Note that participants are not expected to eat the food in the presence of community members as this might cause unnecessary distraction.

7.0 Workshop Structure

7.1 Resource Person's Preparatory Meeting
The identified workshop Resource persons and facilitators should interact with each other before the training to share roles and responsibilities on various segments of the training programme. This will allow for smooth transition and effective coordination of training activities. It is recommended that the Resource persons and facilitators arrive at the workshop venue at least a day before the training commences for meeting and finalizing the training agenda. The Resource persons also use this period to confirm the availability and adequacy of workshop venue, triggering materials, Public Address System, Projector, Screen and seating arrangements.

7.2 Duration and Sequence
Based on experiences in CLTS implementation in the country, a minimum of six days (excluding days of arrival and departure) should be allocated for the training workshop. This is necessary to be able to cover all the various thematic and emerging areas of CLTS implementation in the country. A minimum of two days should be allocated for real-life triggering in selected communities. The triggering of communities should take place on days 4 and 5 of the training programme. For training of CLTS facilitators, three consecutive days of triggering could be considered for gaining hands-on experience and confidence; while the theoretical presentations on CLTS principles and thematic areas should be compressed.
The above requirements are appropriate for training of participants that have little or no experience on CLTS implementation and the duration of the workshop can be reduced to 3 days (excluding days of arrival and departure) for refresher training for those who have been trained once and probably have implemented CLTS in some communities.

### 7.3 Agenda for the Training Workshop

The manual can be used for training of master trainers, Training of Trainers (ToT), CLTS facilitators and CLTS managers. The agenda for the workshop is to be developed based on the category of participants to be trained as indicated below:

- **Master Trainers** – 4-day training
- **ToT** – 5-day training
- **CLTS Facilitators** – 6-day training (as indicated in the appendix)
- **CLTS Managers** – 2-day training (The training of CLTS Managers can also be part of ToT or Training of CLTS Facilitators where feasible)

For the purpose of this manual, the agenda is based on the six-day duration for the training of CLTS facilitators and this has been structured taking into consideration the workshop objectives and outcomes. Appropriate time has been allocated for each of the sessions and the Resource persons (Trainers) have to manage the time well and keep the sessions lively in order to sustain the momentum throughout the duration of the workshop. The proposed agenda can be adapted to fit the needs of the training being organized. (See Annex 1).
PART 3
TRAINING ACTIVITIES

1.0 DAY ONE-SESSION ONE

1.1 Getting Started

Purpose:
The purpose of this session is to build rapport among the participants and establish enabling environments for effective interaction and sharing of experiences throughout the duration of the training. This is an interactive session involving active participation of all the participants in sharing expectations, setting ground rules and selection of officials that will take care of their welfare and other workshop logistics.

Objectives:
At the end of this session, participants are expected to:
- be familiar with one another;
- understand the workshop objectives;
- share their expectations and fears and link them to the workshop objectives.
- understand the logistics and housekeeping norms for the training.
- participate in a pre-training assessment exercise to determine their knowledge and understanding of CLTS.
Methodology: Interview, brainstorming and group discussions
Materials: Flip Chart, VIPP cards, Markers and Masking Tape.
Duration: 3 Hours, 30 minutes

Preparation for the Session:
- Write the workshop objectives on flip charts
- Get adequate materials for the session and place them at the center of the seating arrangement for easy access.
- The Resource Persons should get the pre and post training assessment questions as well as answers to each of the questions ready.

1.2 Introduction of Participants and Climate Setting

Objectives:
This unit is aimed at;
- Giving all the participants a chance to know and familiarize themselves with one another.
- Setting a tension-free and relaxed environment for effective learning.
- Assessing the knowledge and understanding of participants on CLTS.

Methodology: Free interaction and Group work
Materials: Markers, VIPP cards, Flip Chart and Scissors.
Duration: 45 Minutes

Process:
- Ask the participants to stand and form a pair of two and request each participant to introduce each other by asking some of the following questions; name, marital status, number of children, academic qualification, years of experience, hobby favorite food, number of years of practicing open defecation; etc. Each of the participant will then introduce the other participant in plenary. OR
- Ask the participants to mention his or her name; organization / institution and level at which he or she operates (State, LGA, and Community) and key challenges experienced in CLTS implementation (Note: Solutions to the emerging challenges will be facilitated at plenary).
- Participants are to form subgroups on the basis of state of origin; professional affiliation; number of children; etc. Participants are expected to interact by introducing themselves in each subgroup.
- Ask the participants to go back to their seats. Conclude the exercise at the plenary with a brief self-introduction; with name, designation, organization /institution.
- All participants are expected to adopt a workshop name. The workshop name should be written on a small card and conspicuously placed on the chest of the participants for easy identification.
- Distribute the pre-training assessment questions and request all participants to answer the questions. The questions are meant to determine the knowledge of participants on CLTS.
- Wrap up by summarizing the key points.
Trainers’ Guidance Notes:

- Make the session informal and lively; encourage all the participants to speak freely.
- Encourage all the participants to get familiar with the word ‘Shit’ by asking them to share equivalent word of ‘Shit’ in their local languages. Request one of the participants to write the local words for ‘Shit’ on a flip chart and place on the wall.
- Encourage participants to share their experiences on open defecation.
- The number of steps to be taken will depend on how you are able to manage the time allocated. It is not compulsory that all the steps should be followed. Make sure you stick to time allocated as this has implications on the other activities.
- The Resource persons should mark the questions and keep the scripts for distribution to participants after the post workshop assessment.

1.3 Opening Ceremony/Inauguration

Objectives:
This unit is aimed at;
- Inaugurating the training workshop by Senior Government Officials and Political leaders
- Getting Senior Government Officials and Political leaders acquainted with CLTS.
- Seeking political and financial supports for CLTS implementation.

Methodology: Presentation of speeches

Materials: Public Address System (PAS).

Duration: 1 Hour

Process:
- A separate agenda is to be prepared by hosting institution for the opening ceremony if Senior Government Officials and Political leaders are expected at the event.
- The hosting institution is expected to manage the opening ceremony by ensuring that event is carried out within the time allocated.

Opening Ceremony at a CLTS Training
Trainers' Guidance Notes:

- A lot of time could be wasted on opening ceremony especially if very Senior Government Officials are being expected to declare the training workshop open, hence the need to manage the time well.
- If there is delay in the opening ceremony, go ahead with other activities on the agenda to save time and you can break for the opening ceremony as soon as the dignitaries arrive.

1.4 Expectations and Fears

Objectives:
This unit is aimed at:
Sharing participants' expectations and fears of the training workshop.

Methodology: Brainstorming and discussions
Materials: VIPP cards, Markers, Masking Tape
Duration: 30 Minutes

Process:
- Put the VIPP cards of at least two colours and markers in the middle of the training room. Ask each participant to pick two cards of different colours and explain to them that one colour is for expectations while the other colour is for writing their fears. Based on these explanations, ask participants to write their expectations and fear on the designated VIPP cards. Inform the participants that one VIPP card should be used for only one expectation or fear and if participants have more than one expectations or fear, they should use more cards.
- After all participants have written their expectations and fears, put the cards at the middle of the training room and request participants to stand in a circle such that they can all see the cards. Sort out the cards into Expectations and Fears.
- Start with the Expectation cards, inform the participants that the cards are to be sorted and categorized by dominant theme. Sort out the cards and cluster them by major themes like; Methods and tools of CLTS; Information about CLTS; Skills for community consultation; Sanitation technologies; Monitoring etc. As the clusters of the themes emerge, write distinct cards for each of the themes and place them at the top of the cluster.
- Request for a volunteer among the participants to read the cards in one cluster aloud and on completion, invite other participants to read aloud other cards in all the clusters. Ensure that everyone is involved in this. Place all the cards according to the clusters and themes on the wall and leave them there throughout the training. Encourage participants to add more cards at any time.
- Carry out a similar exercise for the Fears and also place the cards on the wall.
- Wrap up by summarizing the key points.
Trainers’ Guidance Note

- Inform participants on the basic rules of using VIPP card – short sentence of seven to eight words on large font size; One sentence per card.
- Encourage all the participants to speak and do not allow individuals trying to dominate the session. As a trainer, do not dominate the session but allow free interactions among participants.
- Exclude those expectations and fears that are not totally relevant to the training and politely explain reasons for not considering these expectations and that they are outside the scope of the training workshop and park them separately.

1.5 Workshop Objectives

Objectives:
This unit is aimed at:
- Creating clear understanding of the training objectives
- Relating participants’ expectations and fears to the objectives

Methodology: Presentation, discussion and group work
Materials: Flip chart, Markers
Duration: 45 Minutes

Process:
- Display the workshop objectives already written on flip charts on the wall with each objective on a separate sheet of the flip chart.
• Request the participants to form groups. The number of groups to be formed will depend on the number of workshop objectives.
• Divide the groups to each of the objectives placed on the wall and request for a volunteer among each of the group members to read the objective to others. Ask all group members to ask questions on the objectives for proper understanding.
• Rotate the groups until all the objectives are covered and presented.
• Present the summary and give further clarifications on all the objectives; and relate the objectives to the expectations and fears presented by the participants.
• Wrap up by summarizing the key points.

Trainers’ Guidance Notes:
• The objectives should be discussed and agreed upon by the trainers and supporting agency before the training.
• The objectives should be prepared and written on flip charts before commencement of the training.
• Encourage participants to remove their cards on expectations and fears as soon as they are addressed during the training.
• Keep the objectives on the wall throughout the entire duration of the workshop and continue to relate to them in the course of the training. The objectives will form the basis for post-workshop evaluation at the end of the training.

1.6 Setting Norms and Identifying Leaders

Objectives:
This unit is aimed at:
• Setting ground rules for the smooth conduct of the training.
• Making clarification on housekeeping and other training workshop administrative issues
• Selecting leaders among the participants to facilitate some aspects of the training.
• Assessing participants to determine their knowledge and understanding of CLTS

Methodology: Brainstorming and Discussions
Materials: Flip chart and Markers
Duration: 30 Minutes

Process:
• Start by explaining the objectives of the session which is to set some ground rules for the training and identify some of the participants that will facilitate some aspects of the training.
• Request for a volunteer among the participants that will be writing the ground rules on a flip chart as discussed and agreed by all participants.
• In plenary, ask the participants to propose ground rules for the training and facilitate discussions on each of the proposed rules for agreement by all the participants.
• Ask the volunteer to write the agreed ground rules on the flip chart and present the summary to all participants. Place the ground rules on the wall for the whole duration of the training.

• Request participants in plenary to select some key officials among themselves that will ensure effective conduct of the training. The officials to be selected include; Time keepers; Welfare Officers; Team Leaders; and Rapporteurs.

• Invite the representative of the hosting agency to share administrative instructions and other logistic arrangements for the workshop.

• Administer the pre-training test and ensure that all participants take part in this test. Explain to the participants that the test is just to determine their level of knowledge on CLTS which can be used for refinement of the agenda and modality for facilitating the training.

• Wrap up by summarizing the key points.

Trainers’ Guidance Notes:

• Encourage active participation in setting of the ground rules and ensure that the ground rules are agreeable to all the participants.

• The flip chart containing the ground rules should be displayed conspicuously on the wall and continue to make reference to them as the training progresses.

• Examples of ground rules agreed by participants can be;
  - No side meetings
  - Respect the views and opinions of other participants.
  - No use of mobile phones during session.
  - Proper time management
  - No late coming

2.0 DAY ONE-SESSION TWO

2.1 How to Prevent the Spread of Diseases

Objectives: Help participants discover how diarrheal diseases spread, and primary and secondary barriers to prevent this

Time: 45 minutes

Method: Film show and brainstorming

Materials: CD film on fecal-oral transmission routes, PC and projector, flip charts, markers

Process:
1. On a flip chart, place two VIPP cards or draw at the opposite ends: One showing human excreta and the second a healthy human.
2. Divide the participants into groups and provide each group with flip chart.
3. Ask the groups: to discuss the possible routes / ways through which disease causing germs can
reach a healthy human from the excreta of a sick person (group members should note the responses on VIPP cards and then arrange them in such a way that it is consistent with the typical faecal-oral transmission route)
(Note: This can be facilitated at plenary for new trainees)
4. Ask the participants to draw lines to connect the VIPP cards or drawings
5. Ask each group to paste the group work on the wall for presentation and further discussions.
6. Ask all the groups to converge at the work of a group and a member of the group make presentation to all and others make inputs and comments.
7. Once done, tell them that this diagram is generally called Facal-Oral Routes and don’t worry if all elements of the route are not identified.
8. Ask participants: Now that we know the ways in which faeces (use local name) can spread diseases, we need to think about what can be done to stop this from happening. Can you think of any ways to block the spread of diseases through the transmission routes that you have identified?
9. Facilitate the blocking at plenary. Primary and secondary barriers to block the transmission of diseases. (Animated F-Diagram can also be used if available)
10. Show participants the complete diagram on fecal-oral transmission route and blocking of diseases transmission

Trainers’ Notes
- Some participants may initially be shocked at 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 than others will help to get those who are skeptical to get involved.
- Do not be concerned if participants are not able to identify all fecal-oral transmission routes or if the routes identified does not conform to the F-diagram included in your Trainer’s Notes. It is enough that some routes have been identified and there is awareness of the link between open defecation and spread of diseases.

Learning Outcome
By the end of this session, participants will be able to:
- Understand how open defecation contaminates the environment.
- See how sanitation is a primary barrier to prevent the spread of disease.

2.2 Overview of Sanitation and Hygiene

Objectives:
By the end of this session, participants will have:
- Understood the definition and concept of Sanitation and Hygiene
- Better appreciation of sanitation and hygiene situation in the country/state/LGA.
Methodology: Brainstorming, Group discussions and PowerPoint presentation
Materials: VIPP cards, markers, PC and projector
Duration: 30 minutes

Process:
• Divide participants into groups based on their States/LGAs/Communities (as applicable).
• Ask different groups to:
  1. Define sanitation?
  2. Discuss sanitation situation in your State/LGA/Communities.
  3. What do you understand by the term “Access to Sanitation”?
  4. Mention few effects of poor Sanitation. OR
  1. What is Hygiene?
  2. Discuss hygiene situation in your State/LGA/Communities.
  3. What do you understand by the term “Access to Hygiene”?
• Each group should present their definitions and discussions in the plenary. Ask other participants to make inputs in the definition of sanitation and hygiene.
• Generate discussions among participants on sanitation and hygiene practices in the country/state/LGA.
• Make a power point presentation # 1 on overview of sanitation and hygiene with focus on definitions, access to sanitation and hygiene; and effect of poor sanitation and hygiene.
• Allow for questions on the presentation from participants to clear all issues that might be raised.
• Wrap up and summarize the key highlights of the discussion.

Trainers’ Guidance Notes:
• The PowerPoint presentation on Overview of Sanitation and Hygiene should contain the following:
  o What is Sanitation?
  o What is Hygiene?
  o Access to Sanitation and Hygiene.
  o Effect of poor Sanitation and Hygiene

2.3 Experiences and Assessment of Past Sanitation Programs in Nigeria and the region

Objectives: Critically reflect on positive and negative learning experiences in implementing sanitation programs
**Time:** 30 minutes  
**Method:** Brainstorming in groups  
**Materials:** Flip charts, markers

**Process:**

1. Start this session by saying: Most of you have some experience of sanitation programs or have been involved in the implementation of sanitation programs. The goal of this session is to learn more about the approach that sanitation programs take to achieving their objectives.
2. Give each group an identical set of flip charts with the questions (see charts details below). Ask groups to brainstorm on their questions and nominate at least two people to present the group's findings.
3. Agree to the time required for discussion in consultation with the groups.
4. Allow some time for discussion at the end of each presentation. After each group has had a chance to present its findings, facilitate a discussion on: Key success factors for a sanitation program.
   - What works? What does not work?
   - Ways to improve the program.

**Trainers' Notes**

- The facilitator needs to direct the discussion towards helping participants review and analyze their current implementation strategy and in the process realize whether efforts made so far are enough.
- Try to encourage free discussion by giving suggestions but don't lead the participants.
- Once the group realizes that there is a need for an alternate implementation strategy, this forms the ground to introduce the community led total sanitation.

**Learning Outcome**

By the end of this session, participants will be able to:

- Understand the limitations of traditional approaches to promote sanitation.
- Identify key success factors that drive results in a sanitation program.

---

**Chart 1**
- Name of Program
- Goal
- Indicators of Progress and Achievement
  1.  
  2.  

**Chart 2**
- What worked well?
- What did not work well?

**Chart 3**
- Recommendations to improve the program:
  1.  
  2.  
- Identify key success factors that drive results in a sanitation program.
2.4 Community Led Total Sanitation

**Objectives:** Introduce participants to Community-Led Total sanitation

**Time:** 1 Hour 30Minutes

**Method:** Film show, power point presentation and group discussion

**Materials:** CD, PC and projector

**Process:**

1. Tell participants that we now see a film on a sanitation program in other countries (such as India/ Bangladesh; etc Film # 1 & 2), which will be followed by a group discussion.

2. After the screening, facilitate a discussion on:
   - What are the differences between the sanitation project shown in this film and your project?
   - What factors supported the success of the sanitation project shown in the film?

3. At this point, the trainer can make a brief presentation #2 on Community Led Total Sanitation. Try to summarize the main principles of a community led total sanitation. If possible, show photographs of the approach to help participants understand its practical implications.

4. Encourage participants to ask questions about the approach.

5. Close the session with a summary of the main principles of a community led total sanitation.

**Trainers’ Notes:**

- Facilitators should familiarize themselves with the evolution, key features and progress achieved under the CLTS at the global, regional and at the Country level, specifically, if any, in the State/district/sub location where they are conducting the training.

- It is desirable that the session covers the following issues/discussion points:
  - Global Sanitation Scenerios
  - Local Diversity and Innovations
  - Major Shift from the Traditional Sanitation Approach to CLTS.
  - Fundamental and Non-Negotiable Principles of Rural CLTS.
  - Ethical Challenges of Development.

- It is not necessary to use powerpoint to make the presentation on community led total sanitation.

- Facilitators should use the medium most appropriate to the level of the participants, e.g., flip charts or even extempore speaking.

**Learning Outcomes**

By the end of this session, participants will be able to:

- Understand the concept, approach and principles of community led total sanitation.
- Distinguish between traditional and community led total sanitation.
3.0 DAY TWO-SESSION TWO (CONTINUES)

3.1 How to trigger the behaviour change?

Objectives:
- To have a better understanding on factors that can trigger behaviour change.
- To be able to distinguish and describe factors that trigger individual and collective behaviour change.

Methodology: Brainstorming and discussions at plenary
Materials: Flip Charts, markers
Duration: 30 minutes

Process:
- Explain the meaning of 'triggering behavior change' with simple examples.
- 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.
- Note the key word in the shared experience and open them up for analysis.
- Help participants to see from their own experience that different triggers work for different people.
- Similarly, with total sanitation, different triggers work differently, depending on the local context. Triggering, therefore, does not work with a predetermined message but seeks to find out what causes people to change their behavior.
- Ask participants to brainstorm on: what prompts people to change their behavior and stop open defecation?
- After a few minutes, ask them to share their responses with the group. If necessary, start with an example of your own. Possible examples of triggers can be:
  - Privacy/shame (among women and adolescent girls)
  - Health
  - 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)
  - Water quality
- Now, ask participants to classify triggers according to whether they work at the individual or collective level and note their responses on the flip chart. This can be done by underlining individual and community triggers in different colored markers or by labeling them separately as 'I' or 'C'.
- Facilitate a discussion on:
  - Conventional supply-driven programs vs. triggering approach.
  - Which triggers are likely to be more effective and sustainable at which level - community or individual? Why?
- Wrap up the session by summarizing key highlights of the discussions and stages of change.
The stages of change are:

- **Pre-contemplation**: (Not yet acknowledging that there is a problem behavior that needs to be changed)
- **Contemplation**: (Acknowledging that there is a problem but not yet ready or sure of wanting to make a change)
- **Preparation/Determination**: (Getting ready to change)
- **Action/Willpower**: (Changing behavior)
- **Maintenance**: (Maintaining the behavior change) and
- **Relapse**: (Returning to older behaviors and abandoning the new changes)

**Trainers' Notes:**

- Keep the theoretical explanation of triggering as crisp as possible and try to prioritize time such that participants don’t feel rushed during the mock practice.
- **Sustainability of Individual vs. Community Triggers:**
  a) What triggers behavior change in an individual is most often what 'affects' and influences his/her life the most, be it status or dignity. However, behavior change triggered by such individual reasons is often sustained only till the reason remains in the existence. For example, a family that opts to use a toilet because it is more convenient to defecate indoors during rainy season is likely to resume its older habit of open defecation when the season changes. Behavior change triggered in this manner is thus partial and does not give the desired sanitary outcomes in terms of a safe living environment.
  b) By contrast, when a community realizes that their health is at stake due to their own habit or the habit of others to defecate in the open, the community collectively resolves to change its behavior.
- Once the process is initiated, members begin to monitor each other’s behavior within the community. Thus the members who have a tendency to ‘fall-back’ are also prevented from doing so due to the social pressure created after such a collective resolution. Behavior change, when triggered by such collective concerns or situations, is more likely to be sustained.

### 3.2 Behaviour and Attitudes Role Play

**Objectives:**

- To understand the key attributes of a good facilitator.
- To differentiate between positive and negative behavior and attitudes of facilitators in implementing CLTS.

**Methodology:** Role Play, Group discussions and Presentation at plenary.

**Materials:** Flip chart and Markers

**Duration:** 1 Hour 15 Minutes
Processes:

- Divide participants into 4 groups (Top-down; Dominating; Friendly; and Participatory)
- Allow 5 to 10 minutes for participants to prepare and rehearse silent non-verbal role plays on “top down”, “dominating”, “friendly”, and “participatory” gestures.
- Let the groups play roles of outsiders and community members.
- While one group role plays, the others are observers and note particular body languages and gestures.
- After each role play, ask the observers, with someone writing on flip charts the emerging do's and don'ts. Repeatedly remind the observers to observe the specific body languages” of the outsiders.
- Share and discuss the importance of the emerged Do's and Don'ts of CLTS facilitators.
- Based on the emerging do's and don'ts of CLTS facilitators, facilitate a discussion on who is a good CLTS facilitator? Request for a volunteer to put the response on a flip chart and encourage free discussions among the participants.
- Summarize and present the do's and don'ts of CLTS facilitation and attributes of a good CLTS facilitator.

Trainers’ Guidance Notes:

- Encourage all participants to take active part in the role play and continue to draw their attentions to the basics of good CLTS facilitation.
- Before the session, prepare a presentation on a flip chart on the dos and don'ts of CLTS facilitation which should be presented to round up the session.

Summary of key Dos and Don'ts of CLTS Facilitation

<table>
<thead>
<tr>
<th>Dos</th>
<th>Don'ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate</td>
<td>Educate, lecture</td>
</tr>
<tr>
<td>Let them realise by themselves</td>
<td>Tell people what is good, bad or what to do</td>
</tr>
<tr>
<td>Let people innovate simple latrines</td>
<td>Promote particular latrine designs</td>
</tr>
<tr>
<td>Hand over to local leaders</td>
<td>Be in charge</td>
</tr>
<tr>
<td>Trigger self-mobilisation through good facilitation</td>
<td>Push for or demand action</td>
</tr>
<tr>
<td>Take a neutral stand and allow heated discussion for or against Open Defecation</td>
<td>Discourage members of the community from arguing among themselves</td>
</tr>
<tr>
<td>Listen attentively to every thing</td>
<td>Interrupt, make phone calls, dress extravagantly</td>
</tr>
<tr>
<td>Respect culture</td>
<td>Disrespect culture</td>
</tr>
<tr>
<td>Remind them that you are there to learn</td>
<td>make any promise</td>
</tr>
</tbody>
</table>

Note: Participants should avoid negative attitudes during the triggering in communities
Attributes of a Good Facilitator

There are two groups of facilitators; those that facilitate CLTS workshops and train others on how to implement CLTS (also called CLTS Trainers); and those that conduct CLTS facilitation at local and community levels. For both groups of facilitators, the aim of facilitation is to make things easy by creating conducive environment for learning, sharing of ideas and experiences to trigger behavioural change in a participatory manner.

Facilitators should take note of the following:

- **Personal Readiness:** your willingness to serve and learn; to participate and work without complaints, serve as good examples and motivation to the group you are working with.

- **Dressing:** should suit the audience/participants, consider yourself last. You need to blend in with the group you work with.

- **Personal problems on the door knob:** do not let your personal problems interfere, avoid transfer of aggression, shut out all personal issues and concentrate on the meeting/task at hand.

- **Participants' Mood:** observe if participants are following you, tired or bored. Introduce an energiser at regular interval if necessary.

- **Your body language:** nodding encourages the participants while frowning and finger-biting is a discouragement.

- **Tone of Voice:** should be loud, clear and friendly. Also note the tone of voice of participants: is it friendly, complaining, defensive, and resistant/rebellious?

- **Energy level:** recognise when you are tired and invite the co-facilitator. Recognise when the participants are tired and call a break or energiser.

- **Eye contact:** roam the participants with your eyes and catching almost everyone's eye without staring.

- **Style:** Introduce humour to ease tension and energise participants. Use collaborative language – we..., recognise others' insights and treat appropriately. Ask open ended questions, keep on track and learn to hear behind the words through active listening.

Types of Questions

- Avoid Leading questions

- Encourage Open-ended questions: allow the respondents to speak their views and promote discussions, e.g. How do you feel about yesterday's facilitation?

- Avoid Close-ended questions: often predetermine the answer, e.g. Yes or No answer. Such questions don't promote discussion.

Facilitators need not be an expert but should be able to create a conducive learning environment by developing the required knowledge, attitude and skills to be effective as shown in the table below;

<table>
<thead>
<tr>
<th>Skills</th>
<th>Attitude</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Example:</td>
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<td>• Be able to Communicate effectively</td>
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<td>• Responding to group dynamics</td>
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<tr>
<td>• Have some administrative skills</td>
<td>For Example:</td>
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<tr>
<td>• Friendly and honest</td>
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<tr>
<td>• Gender sensitive</td>
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<tr>
<td>• Respectful of local culture</td>
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<tr>
<td>• Impartial and fair</td>
<td>For Example:</td>
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<tr>
<td>• About the subject matter of the training</td>
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<tr>
<td>• About the local context</td>
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There is need for constant practice, engagement and active learning to be a good facilitator and trainer.
3.3 Pre-Triggering, Triggering and Post-Triggering Activities

**Objectives:**
- Equip participants with knowledge on the various components of CLTS implementation.

**Methodology:** Brainstorming, Powerpoint presentation and group work  
**Materials:** Projector, Flip chart and Markers  
**Duration:** 30 Minutes

**Process:**
- Based on what have been learned so far, ask participants to identify key activities in CLTS implementation. Request for a volunteer among the participants to record the response on a flip chart.
- OR Divide the participants into 3 groups to discuss the different section of CLTS and present at plenary.
- Summarize the response from participants and make a power point presentation #3 on Pre-triggering, Triggering and Post-triggering activities.
- Encourage questions and discussions from participants on the presentation and wrap up the session.

**Trainers' Guidance Notes:**
- This session is specifically meant to give a theoretical background on the components of CLTS implementation as prelude to practical demonstration on the various components.
- Prepare the power point presentation on Pre-Triggering, Triggering and Post-triggering in advance before the session. The outline of the presentation should include;
  - Definition of Terms – Pre-Triggering, Triggering and Post-Triggering
  - Various Activities under Pre-Triggering;
    - Self-preparation (e.g. review of relevant documents; capacity building on CLTS, etc.)
    - Identifying and mobilizing the communities/ward (If starting CLTS newly, start in favourable places to establish success stories, gain experience and confidence: small, remote, rural, socially and culturally homogeneous and vulnerable communities/wards; communities with no previous or current hardware subsidy), then scale up to others.
    - Introduction & rapport building (note that the date and time of visit to communities do not coincide with major events- market, marriage celebrations, burial and festivals days and critical peak period of harvesting etc)
    - Advocacy & Sensitization- with key stakeholders
    - Prepare a checklist of the needed triggering materials and also make available in adequate quantities-Cardboard, cards( different colours), flip chart,
• Activities under Triggering;
  - Use of CLTS Tools- Defecation area mapping, Defecation area transect walk, Calculation of shit, Calculation of household medical expenses, Shit and Water, Shit and Food.
  - Ignition Moment and Triggering Outcomes
  - Development of Community Action plan.

• Activities under Post-Triggering:
  - Implementation, follow up & monitoring of the community action plan
  - Documentation and Reporting
  - ODF Certification and Celebration.
## Indicative Time Frame for Different Stages of CLTS Implementation

<table>
<thead>
<tr>
<th>Stage</th>
<th>Indicative Time Frame</th>
<th>Human Resources &amp; Other Requirements</th>
<th>Other Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Triggering</td>
<td>This depends on the planned number of communities for intervention. On the average, half a day of visit may be required per community.</td>
<td>At least one or two field staff visiting community 1-2 times in advance to fix up time of visit, place of meeting, explaining objectives etc.</td>
<td>During the visit, meet Local leaders, Community chiefs and obtain some baseline information (If these are no available – size of the community, population, history of previous sanitation interventions etc.) If implementing LGA/Ward wide approach, there might be need for ward wide sensitization activities.</td>
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<tr>
<td>Triggering</td>
<td>Between 3 to 5 hours in each community.</td>
<td>Ideally 2 - 3 persons are required for triggering. This can be more in a hands-on CLTS training workshop</td>
<td>Facilitate the triggering process using appropriate tools and should not be under pressure or force the community to achieve positive triggering outcome. Whatever the outcome is, allow community to take final decision.</td>
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<tr>
<td>Post-Triggering</td>
<td>ODF status should be achieved within a maximum of 6 weeks. ODF certification should be carried out as soon as the community meets the criteria as set out in the guidelines for certification of ODF communities. ODF validation is carried out on NTGS to ensure quality assurance and transparency in the certification processes.</td>
<td>Follow up and monitoring visits by 1-2 staff 1 to 2 times in the first week; and at wider intervals in subsequent weeks and months. On the average, about 5 monitoring visits might be required for community to attain ODF ODF certification and celebration processes should be facilitated by LGA WASH Unit/Dept and State RUWASSA based on the set guidelines</td>
<td>Establish and strengthen the capacity of WASHCOMs for implementation and monitoring of community action plan. Strengthen the capacity of Natural leaders for regular monitoring. Encourage LGA WASH Unit/Department on supportive monitoring and mentoring of WASHCOMs and Natural Leaders. Plans should be put in place for certification of ODF communities on regular basis to avoid big gap between ODF claimed and certified communities.</td>
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4.0  DAY TWO-SESSION THREE

4.1  Real-Life Triggering

Purpose:
The purpose of this session is to expose participants to practical demonstration both in the classroom and selected communities on the processes for CLTS triggering and would involve the following;
- Concept of Triggering Behaviour Change
- Forming groups for triggering in communities
- Roles and responsibilities of group members during triggering.
- Role play and presentation on CLTS triggering tools. (Practical demonstration of tools in classroom)
- Planning for field visit
- Real-life triggering in selected communities.
- Development of Community Action Plan
- Reporting of participants’ experiences from the field.
- Community Presentation and Feedback.

Objectives:
By the end of this session, participants will have:
- Understood the concept of triggering behavior change
- Acquired necessary skills on the use of various CLTS triggering tools.
- Understood the planning and managing of processes for CLTS triggering at community level.

Methodology: Group discussions; Role Play, Power point presentation and Brainstorming

Materials: Flip Chart, In-Focus (Projector), VIPP cards, Markers and Masking Tape, Triggering materials (sawdust, coloured powder/ cement, food & water, plastic bag, cardboards)

Duration: 9 Hours, 45 Minutes

Preparation for the Session
- Get the following presentations ready before the commencement of the training;
  - CLTS Triggering Tools
  - Roles and Responsibilities of Group members during triggering.
  - Reporting template for experiences from the field
  - Template for Community Action Plan
  - Template for Household register
- Get adequate materials for the session and place them where they can easily be accessed by all participants.
- Facilitators should get acquainted with the PRA tools
4.2 Group Formation and Roles of Group members in Real-Life Triggering

**Objectives:**
At the end of the session the trainer should:
- Divide participants into groups for practical demonstration of CLTS triggering tools and real-life triggering in selected communities.
- Equip participants with knowledge on the roles and responsibilities of group members during CLTS triggering.

**Methodology:** Brainstorming, Group formation, Group Discussions and Power point presentation.

**Materials:** Projector, Flip chart and Markers

**Duration:** 45 Minutes

**Processes:**
- Divide participants into groups for the purpose of practical demonstration on the use of CLTS triggering tools and real-life triggering in selected communities. The number of groups to be formed will depend on the number of participants, number of communities to be triggered and number of days allocated for triggering in communities. Minimum of 2 days should be allocated for real-life triggering in communities with each group triggering at least 2 communities (one community per day). This will allow for in-depth experience on hands-on triggering processes.
- After determining number of groups to be formed, identify some participants based on their experiences, institutions they are representing, gender and ability to speak the local language of the communities to be triggered. Divide these participants into the number of groups and ensure that each group has at least one experienced person and one person that can speak the local language of the selected communities.
- Divide all the other participants into the established groups and ensure there is gender balance and good representation of all the institutions present at the workshop in each group.
- Request each group to appoint a leader and the leader should compile the list of group members on a flip chart.
- Ask each group to adopt a relevant group name and the adopted name should be put on the flip chart containing names of group members.
- Ask each group leader to place the flip chart containing the group name and members on the wall and request all participants to return back to their seats.
- Make a power point # 4 presentation on the roles and responsibilities of facilitation team members (Lead Facilitator; Co-facilitator; Content and process recorder (note taker); and Environment Setter,) in real-life triggering.
- Ask the participants to return to their various groups and select among themselves Lead Facilitator, Co-Facilitator, Content and Process Recorder and Environment Setter. Everybody should be encouraged to play all the roles.
Each group should make a presentation on their selection of Lead Facilitator, Co-Facilitator, Content and Process Recorder and Environment Setter in plenary.

Summarize the key action points and wrap up the session.

Trainers’ Guidance Notes:

Ensure active participation in group formation and selection of Lead Facilitator, Co-Facilitator, Content and Process Recorder and Environment Setter. All participants should be given a role during real-life triggering based on the capability of the group members.

The powerpoint presentation on roles and responsibilities of facilitation team members should have been prepared before the session. Flip chart can also be used for the presentation.

The presentation should contain the following;

Lead facilitator: Introduces the mission, leads the Facilitation process and discussion by asking questions, initiating participatory exercises. The lead facilitator should be fluent in the local language and a person with skills in communication, a right attitude to learning from the local communities, and experience of participatory work.

Co-facilitator: Helps the lead facilitator in managing the entire process of facilitation by “paraphrasing”, “summarizing”, helping to manage large community groups, carrying out participatory analysis and helping in eliciting community responses.

Content and Process recorder (note taker): Records what happens and monitors how the team is following the agreed strategy.

Environment setter: Ensures conducive environment, makes sure that children are separated at the right time in the beginning and are involved in their own participatory exercises, deals with difficult people and monitors for right timing of the adults’ and children’s groups for the children’s presentation to the adults.

4.3 CLTS Triggering Tools – Practical Demonstration in Classroom

Objectives: At the end of this session Trainer should be able to:

• Equip participants with necessary skills on the flexible and correct application of CLTS tools in
triggering collective community action against open defecation.

- Improve CLTS facilitation skills of participants.

**Methodology:** Role Play, Brainstorming, Group Discussions and Powerpoint presentation.

**Materials:** Projector, Flip chart, masking tape and Markers

**Duration:** 3 Hours

**Process:** Step by Step demonstration by Trainers/Facilitators on the use of CLTS Tools. For new trainees, demonstration will be done firstly by trainers and in refresher training, demonstration will be done by the trainees.

**Planning for the role play for demonstration of CLTS tools;**

- Select a group of participants to represent community members.
- The group should have relevant community leadership structure in place such as Community leader, Chiefs, Youth Leader, Women representatives etc.
- The Trainers/Facilitators should select Lead Facilitator; Co-Facilitator; Content and Process Recorder and Environment Setter and assign clear roles and responsibilities to each facilitation team member in preparation for the role play.
- Make available the triggering materials and ensure that there is enough space for demonstration of all the tools in the classroom.
- Facilitators will role play each of the tools below with the community members in the classroom.
- Inform all the participants on the objective of this particular session and the need to be very observant on the processes being followed in the application of the tools.
- Based on experience and to improve on the CLTS facilitation skills, inform the participants that some common mistakes often made in the field will be intentionally introduced as part of the role play for learning. The participants should watch out for these common mistakes when they occur which will be further explained by the Lead Facilitator.

**Trainers Guidance Notes:**

If the trainees are experienced, divide them into groups to rehearse and then role play each of the tools in the classroom. The resource persons need to be very observant on the group demonstrations and make corrections where necessary.
TOOL ONE: DEFECATION AREA MAPPING (DAM)

Objectives: At the end of this session Trainer should be able to:
- Equip participants with necessary skills to conduct open defecation area mapping.
- Enable participants to understand community sanitation practices and establish baseline information.

Methodology: Role Play and Discussions at plenary.

Materials: Flip chart, Markers of different colours, Cardboards, Cards (different colours), Coloured powder (different colours), Saw dust/Ash and other locally available materials.

Duration: 30 Minutes

Process:
- Community entry and rapport building: The facilitators should meet and greet community leadership and other members.
- Opening prayer. Where applicable, either the community leader or the Lead facilitator should request for opening prayer by asking for volunteer amongst the community members to lead the prayer.
- Introduction by facilitation team members and community leadership. The Lead facilitator should start by introducing him/herself and request other team members to introduce themselves. The Lead facilitator can now request for introduction of community leaders.
- The Lead facilitator should explain the purpose of the visit (that is, we are here to learn about the community, its environment, lifestyles and development activities, etc).
- The Lead facilitator should appreciate the community for their cooperation so far and their willingness to share their experiences and teach the team on their community developmental issues.
- The Lead facilitator/Co-facilitator should explain the need to have children and women groups separately for more effective interaction and experience sharing.
- The Lead facilitator/Co-facilitator should request for places where men, women and children can have their discussions within the community. There should be enough space in all the locations for drawing the map of the community on the floor.
- The facilitation team should make available all the needed triggering materials for the groups to...
have free access to; Men, Women and Children.

• The facilitation team should divide themselves amongst the groups (Men, Women and Children) to facilitate the process.

• In each group, invite few volunteers among community members to take a lead in drawing the boundary of the community and encourage them to make it as big as possible so that all participants can clearly see what they are drawing.

• **Ask the community members to indicate on the map the following:**
  - A couple of important landmarks (e.g. major roads, location of village head house, church, mosque, school, health centre, drinking water sources- Borehole, well, stream etc where available)

• Ask a member from each household to pick up a card and stand on the spot where his or her house is located on the map.

• Allow some time for people to settle down on the map properly.

• Ask them to write the name of the family/ household head on the card and number of members of the household.

• Ask them to place the card on the location of their house and then move out of the map.

• Inform them that the cards represent their houses.

• Ask them to indicate their dump site (s).

• Ask them to mention different places or sections in their residence (e.g. room, seating room, kitchen, bathroom etc. If latrine is not mentioned, emphasize that they have kitchen and they eat, where do they shit? Request for the local name for shit.

• If Open Defecation is mentioned, ask them to indicate with saw dust or brown powder where they do open defecation. They should spread more sawdust or brown powder where they shit more.

• Ask where they shit during emergency (during rain, middle of night, when sick or having diarrhea) and indicate with enough sawdust or brown powder.

• Ask them to indicate where latrines are available within the community.

• Ask that all the shit produced in the past, present and represented on the map, where are they now? (The likely responses are that rain has washed some away into steam, have entered into soil, eaten by dog, chicken, animals, flies, etc),

• [If open water e.g.-stream or river is mentioned as drinking water source (s) and have agreed that some of the shit have been washed into these water sources], ask them what they have been drinking with the stream or river water. They are likely to say shit. Ask how many will continue defecating in the open or how they feel about open defecation. (They will likely say they do not
want to continue)
- Ask what they want to do instead?
- OR Ask where the animals and flies go when they leave open defecation sites
- Ask how they feel if the chicken, dog and goats and other animals also seen at home touch their plates, food, water, cloth or other domestic items with shit.
- OR Ask how they feel with flies perching on food being eaten and water drunk particularly by children
- Ask how they feel if their women are looked at while practicing open defecation
- Ask how many want the practice to continue in the community. (Many or all are likely to indicate willingness to discontinue)
- Ask how? Or what else do they want to do to discontinue the open defecation practice in their community?
- Watch out for people that are ready to change immediately and appreciate them by bringing them forward to amplify their decisions to stop open defecation. (Capture and manage the triggering moment when it emerges; and Identification of Natural leaders)
- Ask community members that are willing to stop open defecation to signify by raising up of their hands and request other community members to give them a round of applause.
- Ask a community member to transcribe the map onto the cardboard at the end of the triggering exercise. Each group is expected to produce a map and all the maps are harmonized to produce a single community map. The tasks of finalizing the map can be given to the identified Natural leaders. Two copies of the final community map are to be produced.
- Leave one copy of the map in the community and collect a copy for WASH Department/Unit
- The map can be used to monitor the progress being made on the household latrine construction and attainment of ODF in the community.
- The Lead Facilitator/Co-Facilitator should summarize the experiences gathered in the use of Defecation Area Mapping tool and thank the community members for their patience.

Trainers’ Guidance Notes:
- Let people create their maps with minimal interference from facilitators
- Do not hand out cards or materials. Keep the materials in a corner and ask them to pick it. Encourage a lot of movement and fun
- Respect community culture
- Avoid entering the map or distracting the attention of community members away from the map.
- Ask participants to clap for themselves at intervals and also be time conscious during the exercise.
- To ensure adequate analysis and appreciation of open defecation practices in community, participants should facilitate the whole process of triggering (including the application of all tools) in the community.
- It is a participatory tool through which social structures and resources within a community are pictorially identified.
- It is visual analysis of the community current sanitation situation.
- Used for gathering baseline information
- Ascertain available basic infrastructure and resources in the community
Main features of Defecation Area Mapping include; Defecation sites/latrines; Water points; Road networks; Settlement patterns; Schools; PHCs; Markets; Industries, etc. Emphasis should be on WASH facilities.

TOOL TWO: DEFECATION AREA TRANSECT WALK

Objectives: At the end of this session Trainers should be able to:
• Equip participants with necessary skills to conduct transect walk (walk of shame)
• Enable participants to observe and analyze the sanitation practices (including open defecation) of the community.

Methodology: Role Play and Discussions at plenary.
Materials: Stick and small nylon bag for collection of shit.
Duration: 30 Minutes

Process:
Steps:
• The facilitator should request from the community members to take the team round their community as part of the efforts of learning more about the community. This walk is also used to
confirm the facilities indicated on the Defecation Area Mapping.

- Discuss and agree with the community members on the route to take for the walk round the community. The facilitator should take into consideration open defecation sites indicated on the community map as the community members might want to avoid these areas.

- Engage the community members on the walk with a lot of discussions on their sanitation and hygiene practices. Some of the following questions might be asked during the walk of shame:
  - Where do men, women and children shit in the community?
  - Where do people shit during emergency such as in the night, when it is raining etc?
  - Ask some individuals to show where they shit.
  - Ask the people to show houses that have latrines?
  - Ask for the community water points, schools, health centres and all other facilities.

- For effective time management, focus your visit on open defecation sites and some houses that have latrines. Visit the Open Defecation (OD) sites that have large concentration of shits. Stop and spend some time at the OD site and further engage the community members with more discussions. While at the OD site, create an unpleasant scene by steering the shit with a stick and ask the following questions:
  - Whose shit is this?
  - Is this a man, woman or a child shit?
  - Why this shit small and the other is big?
  - Why is this shit watery?
  - If flies, chicken, dogs, pigs are seen at the OD site, ask the community members where the flies and the animals go after leaving the site.

- Ask the community members how they feel about the open defecation practice and if they are comfortable to continue with this practice. (Many or all of the people present are likely to feel bad and shame; and indicate willingness to discontinue)

- Capture the spontaneous reactions of individuals who will denounce, criticize or feel disgusted about the OD practice and want to change. Help these individuals to amplify their decisions to stop OD practice by inviting them to make the pronouncement openly to the hearing of all the community members present.

- The facilitator should pick some shit and put it in a nylon bag to be used for demonstration of other triggering tools.

- The community members should be requested to return back to the meeting place to join the rest of the community members.

- The facilitator should thank the community members that participated in the walk of shame and request some of the community members that participated in the transect walk to present their feedback to the whole community.

- The facilitator should ask the community members if they agree with the findings and agreement to stop eating shit.

- The facilitator should thank all the community members and summarize the key discussions, observations and agreement to stop eating shit by the community members.
Trainers' Guidance Notes:

- This exercise is aimed at provoking shame and disgust and the facilitator should not be in a hurry to leave open defecation sites.
- Although community members see the shit in their environment every day, they only seem to be awakened to the problem when outsiders facilitate this type of exercise in analyzing the situation leading to the collective action of stopping OD.
- The facilitator should create a lot of fun during the walk and ensure active participation of all community members in the discussions to avoid community members returning back to their houses.
- The success of this exercise depends on the skills and attitude of the facilitator in facilitating the discussions especially at the OD sites.
- Separate transect walk should be organized for children.

Some Additional Tips for Trainer

Do's

- Be observant and walk slowly so as not to miss any important sites/facilities.
- Be friendly and interact freely with community members so as to be able to extract information that might be useful in triggering the community.
- Show concern to other developmental issues raised by community members even though this is outside the purview of sanitation development.
- Ensure that community members are present when shit is being collected from their community.

Don'ts

- Don't bore the group by lecturing or asking for too much information that are not relevant.
- Don't avoid the OD sites.
- Don't insult anyone in the cause of discussions and analyzing the OD situation of the community; and do not pass judgment.
- It is a participatory familiarization walk across community to identify and confirm issues on the Defecation Area Map with focus on open defecation sites.
- Meant to observe current sanitation/hygiene situation of a community and to further build rapport with community members.
- Information obtained from Transect Walk are used to correct the community map(DAM)
- Used as a tool for triggering shame resulting in collective decision making for behavior change.
TOOL THREE: SHIT CALCULATION

Objectives: At the end of this session Trainers should be able to:
- Equip participants with necessary skills and knowledge to conduct shit calculation.
- Enable participants to illustrate the magnitude of open defecation being practiced in the community.

Methodology: Role Play and Discussions at plenary.
Materials: Sawdust, flip chart, cardboard and markers
Duration: 30 Minutes

Process:
Give a brief explanation on the purpose of the tool which is to calculate the amount of shit being produced by individual, households and the entire community towards determining the magnitude of OD practice. The processes for using the tool are demonstrated through role play using the steps below;

Steps:
- If this tool is to be used after using some other tools, thank the community members for their patience and willingness to share their experiences and knowledge on sanitation situation in their community.
- Based on the knowledge of household membership by the community, the facilitator should ask the community members which household produces most shit in the community. Ask everyone present to congratulate and clap for the family for contributing most shit. Similarly, ask the community members to identify the household that produces least shit. Ask the identified family why they produce least shit and request them to eat more so that they can shit more. Try to create fun and make the people comfortable as you try to extract information from them.
- Ask for some volunteers amongst the households to demonstrate the average quantity of shit produced by the family – man, woman and their children.
- Request for a volunteer amongst the community members to record the calculations on a flip chart.
- Ask the households to demonstrate the average quantity of shit produced by individual per day. Ask the community members if they agree on this average quantity and try to reach a consensus on the average quantity of shit produced by individual per day. The community can use any unit of measurement they are comfortable with such as tin, cup, sack, drum, wheel barrow etc for better understanding of the magnitude of shit being deposited in the environment.
- Multiply the quantity produced per day by individual by total population of the community to determine the quantity of shit generated by the whole community daily.
- Then, calculate the quantity of shit produced by the whole community per week, month and year and put these on the flip chart for everyone to see.
- Ask the community members where are the shits that have been generated by the community over the years? (They are likely to say that rain has washed some away into stream, enter into soil, carried by flies, eaten by dog, chicken, etc).
If the stream mentioned above is one of the main sources of water for consumption by community members, ask them what they have been drinking from the water.

Ask how they feel about continuing OD practice. If they feel unhappy or disgusted; what else do they want to do?

If the water from the stream is not being consumed, ask where the animals and flies go when they leave OD sites.

Ask how they feel if the chicken, dogs and pigs etc that have visited OD sites are seen at their homes touching their clothes, plates, food and water with shit and these food and water are then consumed by them. Ask them what are they consuming along with the food or water?

Ask how they feel if their women are looked at while practicing open defecation.

Capture and manage the ignition moments by amplifying their reactions/responses.

Thank the community members and summarize the key points especially their reactions and responses to the use of the tool.

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**Trainers’ Guidance Notes:**

- Generally, this tool can be used immediately after the Defecation Area Mapping and a separate session should be conducted for adults and children.

- Make the calculations as simple as possible. The whole idea is to create shame and disgust on the magnitude of shits being produced in the community which could be in lorries, trailers, trucks and for the community members to imagine where all these shits go into.

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**SHIT Calculation**

- It is a participatory tool used in calculating the amount of shit generated in the community by the community members over time.

- It helps to illustrate the magnitude of the sanitation problem in the community.

- To ignite shame and disgust among the community members on their unsafe behavior.

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**TOOL FOUR: SHIT AND FOOD**

**Objectives:**

At the end of this session, Trainer should be able to:

- Equip participants with necessary skills and knowledge on the use of Shit and Food to demonstrate faeco-oral route.

**Methodology:** Role Play and Discussions at plenary.

**Materials:** Food, Shit and disposable Spoons

**Duration:** 30 Minutes

**Process:**

Give a brief explanation on the purpose of the tool which is still part of the efforts of learning more from community on their sanitation practices. The processes for using the tool are demonstrated through role play using the steps below;
Steps:

- Go to community with food or one can get it at the community where possible.
- Take part of the food and invite a volunteer amongst the community members to join you in eating the food.
- After eating a portion of the food, place the remaining food close to the shit on an open ground where all community members present can easily see both the food and shit.

Within seconds, flies shuttle between the food and shit.
- Community members feel irritated and disgusted about it.
- Then ask how many legs a fly has. The response might be correct if not, facilitate to get the correct answer.
- Ask what happens when flies perch on their or their children's food and plates. What do the flies bring along with them from open defecation sites? Do you throw the food and plates away when flies perch on them? Then, what are you eating along the food?
- If someone says they are eating their shit. Invite the person to explain further how they are eating their shits.
- Then ask the whole community members if they agree with the person that they are eating their shits. Ask if they want to continue with this practice and what can they do to stop practice.
- Ask how they feel if such thing continues in their community due to OD (They would likely express willingness to discontinue).
- Ask, what can they do then?
- Capture and manage the ignition moments by amplifying their reactions/responses.
- Thank the community members and summarize the key points especially their reactions and responses to the use of the tool.
Trainers’ Guidance Notes:

- Necessary arrangements should be made for the team to go to the community with the food to be used for demonstration as some community members might not be well disposed to the idea because of the perceived dirty nature of the demonstration.
- For quick results, use fresh shit and food that can easily attract flies e.g fresh cooked rice with stew, cooked beans, bean cake, moi moi etc.
- This is a very powerful tool for triggering leading to some people spitting profusely and even vomiting.
- There is need to be very observant to capture the ignition moment.
- This is a participatory tool that is most effective and interesting of all the tools for triggering.
- If well facilitated, it provides the climax of triggering point.
- It provides self-realization of ingesting each other’s shit for collective action or decision to stop open defecation.

TOOL FIVE: SHIT AND WATER

Objectives: At the end of this session Trainer should be able to:

- Equip participants with necessary skills and knowledge on the use of Shit and Water to demonstrate faeco-oral route.

Methodology: Role Play and Discussions at plenary.

Materials: Sealed bottled water, Thread, Disposable cups and Shit

Duration: 30 Minutes

Process:

Give a brief explanation on the purpose of the tool which is still part of the efforts of learning more from community on their sanitation practices. The processes for using the tool are demonstrated through role play using the steps below;

Steps:

- Go to community with sealed bottled water and clean disposable cup/ potable water in the community may be used for the demonstration.
- During the transect walk, a member of the facilitation team would have picked some shit to the gathering point.
- Offer the bottled water to a community member to open the seal in the presence of everyone and ask if it is a safe water to drink.
- The facilitator should take part of the water using a disposable cup and invite a volunteer amongst the community members to join in drinking the water. The community volunteer should be served with the water using another disposable cup. Next, the facilitator should show the community
members a piece of thread and ask the community members if they can see the thread. Then touch the shit already placed at the gathering point with the thread.

• Now dip the thread in the bottled water that was opened in the presence of the community members and shake the bottle. Ask the community members if they can see anything in the bottle of water.

• Offer the bottle of water to the volunteers or any other community member close to you to drink. They will refuse. Pass the bottle of water on to other community members or ask if any community member will be interested in drinking the water. No one will like to drink the water. Ask why they refused to drink the water and the response will likely be that the water has been contaminated with shit.

• Then ask how many legs a fly has. The response might be correct if not, facilitate to get the correct answers. Ask if flies could pick up more or less shit than the thread. The response is likely to be more.

• Ask what happens when flies fall in their or their children’s cups of drinking water. What do the flies bring along with them from open defecation sites? Do you throw the water and cups away when flies perch on them? Then, what are you along with the water?

• If someone says they are drinking their shit. Invite the person to explain further how they are drinking their shits.

• Then ask the whole community members if they agree with the person that they are drinking their shits. Ask if they want to continue with this practice and what can they do to stop the practice.

• Capture and manage the ignition moments by amplifying their reactions/responses.

• Thank the community members and summarize the key points especially their reactions and responses to the use of the tool.
Trainers' Guidance Notes:

- Necessary arrangements should be made for the team to go to the community with a sealed bottled water and disposable cups. Do not promote drinking of water from the same bottle by more than one person and also sharing of cup as this is unhygienic.
- Let it come first from the community members that they are ingesting one another’s shit through water.
- This is a participatory tool that is most effective and interesting of all the tools for triggering.
- If well facilitated, it provides the climax of triggering point.
- It provides self-realization of ingesting each other shit for collective action or decision to stop open defecation.

SHIT and Food & SHIT and Water

- They are participatory tools that are most effective and interesting of all the tools for triggering.
- If well facilitated, they provide the climax of triggering point.
- It is the demonstration of shit to water and/or shit to food illustrating the pathways of food and water contamination by shit.
- Meant for community members to understand the route of disappearance of shit from their community
- Self-realization of ingesting one another’s shit for collective action or decision to stop open defecation.

TOOL SIX: HOUSEHOLD MEDICAL EXPENSES

Objectives: At the end of this session Trainer should be able to:

- Equip participants with necessary skills and knowledge on the use of household medical expenses to determine and appreciate economic loss due to open defecation practices.

Methodology: Role Play and Discussions at plenary.
Materials: Flip chart, Cardboard and Markers
Duration: 30 Minutes

Process:
Give a brief explanation on the purpose of this tool which is still part of the efforts of learning more from community on their sanitation practices. The processes for using the tool are demonstrated through role play using the steps below;

Steps:
- The facilitator should ask the community members about the most common diseases that can be contacted from open defecation practices.
- Facilitate community members to discuss and decide on the average amount of money spent on treatment of open defecation related diseases (eg diarrhea, dysentery, cholera etc).
The cost varies across households and families. Once most households/families agree on an average amount of money spent per month or year per family, then calculate the total amount of money going out of the community every year and over the next ten years.

- Ask for a volunteer amongst the community members to put these calculations on a flip chart hung on the wall/tree.
- Facilitate a discussion on the amount of money being spent on treatment of open defecation related diseases.
- Ask if the practice of open defecation is making them richer or poorer?
- If the OD practice is making them poorer? What can they do to reverse it?
- The response would likely be that the community will stop open defecation practice.
- Capture and manage the ignition moments by amplifying their reactions/responses.
- Thank the community members and summarize the key points especially their reactions and responses to the use of the tool.

**Trainers’ Guidance Notes:**
- This analysis is not generally done with the children.
- This is a participatory tool used in calculating the amount on medical bills due to WASH related diseases in the community by the community members over time.
- It helps to illustrate the magnitude of the economic implications in relation to prevalence of WASH related diseases in the community.
- To determine the amount spent on hospital or medications (drugs etc) due to WASH related diseases.

**Household Medical Expenses**
- It is a participatory tool used in calculating the amount on medical bills due to WASH related diseases in the community by the community members over time.
- It helps to illustrate the magnitude of the economic implications in relation to prevalence of WASH related diseases in the community.
- To determine the amount spent on hospital or medications (drugs etc) due to WASH related diseases.

**Further Notes on CLTS Triggering:**
- At the end of practical demonstrations of all the CLTS triggering tools, make a brief presentation on the tools to summarize the key highlights/attributes of each of the tools and to further clear any misconceptions on usage of these tools. The presentation could be made using flip chart.
- Make another brief presentation # 5 on management of ignition moment and CLTS triggering outcomes. The presentation could be made using flip chart. The following points can be used for the presentation;

**Match Box in a Gas Station:**
Where the entire community is fully ignited and all are prepared to start local action immediately to stop open defecation
**Promising flames:**
Where a majority has agreed but a good number are still not decided.

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

**Damp matchbox:**
Where the entire community is not at all interested to do anything to stop open defecation

**Trainers’ Guidance Notes:**
Divide participants into groups to discuss scenarios on Challenging Field Situations.
5.0 DAY THREE-SESSION THREE (CONTINUES)

5.1 Development of Community Action Plan

Objectives:
At the end of this session Trainer should be able to:

• Equip participants with the skills of facilitating development of Community Action Plan (CAP) after triggering.

Methodology: Presentation and Discussions at plenary.
Materials: Flip chart, Markers and Masking Tape
Duration: 30 Minutes

Processes:
Thank the community members for their patience and willingness to share their experiences on sanitation issues with the facilitation team. Now that the community has decided to take collective actions to stop open defecation, the next set of discussions will be on developing Community Action Plan which will indicate what needs to be done, who will do them, time frame for carrying out the agreed activities and target dates for stopping open defecation in the community. The processes for facilitating CAP are as follows;

Steps:

• Ask the community members how long it will take to stop open defecation practice totally in the community. If the response is more than 6 weeks, ask if it is acceptable to continue to eat/drink shit for more than 6 weeks to all community members. The likely response might be that community members will start constructing latrines immediately and share latrines with neighbours as part of the efforts to stopping OD.

• Whether WASHCOM is in place or not, ask the community to select ODF team comprising of 5 community members who have participated in the triggering and are willing to start constructing latrines immediately and are ready to provide assistance to community members in owing their latrines. The community should take into consideration gender in selecting the committee members.

• Ask the committee to commence developing Community Action Plan by writing the set of activities to be implemented by the community to achieve ODF on flip chart with time frame and responsible persons; and these must be agreed upon by all community members.

• Ask the ODF Committee to transfer the community map developed during the Defecation Area Mapping onto flip chart. 2 copies of Community Action Plan and Community map are to be produced with a copy given to LGA WASH Unit/Department for monitoring of progress.

• Fix the next dates for visit by the Facilitators which must be agreed upon by community members.

• Summarize the key action points and thank all the community members for their support.

• Wrap up this session with a presentation on a simple template for development of CAP.
Trainers’ Guidance Notes:

- Where WASHCOM has been formed, 5 members who are present at the triggering can be selected by community to be ODF committee.
- Where ODF committee is formed first; the committee would be integrated into WASHCOM when it is formed.
- Facilitate as much as you can to have a short duration for achieving ODF in the community but do not force the community to adopt a certain target date.
- Any of the tools can lead to triggering moment. One of these tools must be Defecation Area Mapping. The CAP should be developed after the community has been triggered.
- In the development of CAP, encourage the natural leaders in taking leadership in facilitating the discussions.
- The CAP belongs to the community and can be prepared in local languages best understood by community members.
- Invite at least two members of ODF committee (male and female where appropriate) to the wrap up meeting with community members to present their CAP and Map. Inform them of the logistics for their transportation to and fro and their welfare.
- The facilitators should discuss and agree on the monitoring and follow up plan with community members.
- A simple CAP template can be as shown below; (Presentation # 6)

<table>
<thead>
<tr>
<th>S/N</th>
<th>Proposed Activities</th>
<th>Time Frame</th>
<th>Responsible Persons</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan of action preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Action Plan with community members</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Community/Village: ................................LGA: ......................... State: .................

ODF Date:
Wrap up the session with a presentation # 7 on CLTS triggering tools. The presentation can be made with flip chart or powerpoint. The following can serve as guidelines for preparing the presentation:

**5.2 Group Rehearsal on CLTS Triggering Tools**

**Objectives:** At the end of this session Trainer should be able:

- To equip participants with skills to apply the CLTS triggering tools before embarking on real life triggering in communities.

**Methodology:** Role play and Discussions at plenary.

**Materials:** Flip chart, Markers, Masking Tape, Sawdust, Coloured powder, Water etc

**Duration:** 4 Hours

**Processes:**

- Request the participants to break into their various groups earlier formed for practical demonstration and real life triggering in communities.
- Remind the participants on the roles and responsibilities of group members (Lead Facilitator; Co-Facilitator; Content and Process Recorder; and Environment Setter).
- Ask each group to role play each of the CLTS triggering tools and ensure active participation of all group members.
- Invite each group to present at least one tool in plenary through role play for peer review. Ensure that each group present at least one tool for review by all other participants. It is not necessary for each group to present all the tools in plenary as this will take a lot of time.
- Summarize the key observations and action points and wrap up the session.

**Trainers’ Guidance Notes:**

- Ensure active participation of all the participants in the exercise and manage the discussions to avoid wasting of time.
- While you are the facilitators, the plenary session can be chaired by some of the participants to give you ample time to identify and take notes on the knowledge gap observed. This also makes the session interactive and participatory.
5.3 Planning for Field Visit and Real-life Triggering

**Objectives:** At the end of this session Trainer should be able:
- To equip participants with knowledge and skills to make necessary preparation for real life triggering in selected communities.

**Methodology:** Presentation, Role Play and Discussions at plenary.

**Materials:** Flip chart, Markers, Masking Tape, Coloured Powder, Water, food, sawdust etc

**Duration:** 1 Hour, 30 Minutes

**Process:**
- Inform the participants on the importance of the field visit and this is where they will start applying all the skills and knowledge they have acquired so far in the training. The participants should also be briefed on logistics and arrangements made for the field visits.
- Request the participants to break into their various groups formed for real life triggering in communities and brainstorm on the sequence of using the CLTS triggering tools in the community. The group should also rehearse on community entry and rapport building and agree on the type of background information (population, sanitation status, disease prevalence etc) they need from the community.
- Ensure that each group has some experienced facilitators that have the confidence of providing the required support.
- Assign representatives from the LGA WASH Unit/Department to each group to serve as the guide.
- Inform the participants on feedback and arrangements for reporting after the field visit. Each group is expected to prepare report on their field experiences and present at plenary. Share the following reporting format with each group;
  - Name of Community/Village
  - Ward
  - LGA
  - Total number of people present at triggering: (Adults: Males..........; Females.......; Children.........

Facilitators reviewing field experiences
- Population of the Community
- Community Sanitation Situation;
  - Total Number of Households
  - Total Number of Households with toilets
  - Total Number of Households without toilets
  - Sanitation related diseases prevalence
- Tools applied for triggering
- What went right
- What went wrong
- Challenges encountered in triggering
- Tools that took most time
- Tools that generated most lively discussions and high level of community participation
- Triggering moment
- Which tool gave the triggering moment
- Type of triggering outcome
- Commencement date of action
- ODF Target date
- Names of identified natural leaders.
- Things to be done differently at the subsequent triggering exercise.

- Summarize the key action points and wrap up the session. Ask the groups to continue to prepare for the field visit and ensure that they have all the required materials.

**Trainers’ Guidance Notes:**
- The LGA WASH Unit/Department of the selected communities for real life triggering should provide brief profile of all the communities to be visited. The information required include;
  - Name of the community/village
  - Location and estimated travel time from training venue
  - Brief description of community (e.g. number of households, main occupation, existing latrine coverage)
  - Local customs and taboos on sanitation related issues
  - Existing sanitation interventions in the community.
  - Sanitation related diseases in the community
- The participants should be well briefed not to raise expectations or promise any assistance to the community.
- The facilitator should make arrangement for video camera for recording of those who will commence latrine construction immediately after the triggering. The Video camera man accompanied by one of the workshop facilitators is expected to go round the communities on the second day of field visit to record construction of latrines by households which will be presented at the community presentation of their ODF plans at the training venue.
- Each of the workshop facilitators should be assigned to a group to monitor their activities during
the real life triggering in communities and preparation of field reports. The facilitators should not hijack the activities from the group members but only coordinate and ensure effective implementation of assigned tasks.

- Provision should be made for the lead facilitator to move round the groups in their various communities for observation of the triggering processes and identification of areas for improvement. The Video camera man can join the lead facilitator in going round the communities.
- Remind the groups to invite at least two ODF Committee Members (male and female where appropriate) from each of the communities visited to present their CAP at the training venue. The two persons should be informed of the logistics for their transportation and welfare.

(DAY 3: END)

6.0 DAYS FOUR & FIVE: SESSION FOUR

6.1 Real Life Triggering / Feedback on Field Visit

Real life Triggering in Community (2 hours transportation to and fro; 3-4 hours for triggering)

Feedback on Field Visit

This session is to be organized for each day of field visit. Each group should be given at least one hour after arrival from the field visit to prepare their reports based on the outline earlier shared with them.

Objectives: At the end of this session Trainer should be able:

- To equip participants with knowledge and skills to review and share experiences from the real life triggering exercise.
- Identify key learnings from the fields and build confidence in their ability to facilitate CLTS triggering in communities.

Methodology: Group work, Presentation and Discussions at plenary.
Materials: Flip chart, Markers, Masking Tape, Laptop and Projector.
Duration: 1 Hour 30 minutes

Process:

- Invite two of the participants (preferably male and female) to chair this session.
- Ask each of the groups to present their field report for 10 minutes each and allow 5 minutes for contributions from other groups.
- After all the group presentations, summarize the experiences and stimulate discussions on the first day experience.
- As part of the discussions in plenary, ask the participants on their feelings and general experiences
in using the triggering tools. Allow for discussions amongst participants on their experiences.

- The lead facilitator should congratulate all the groups for their excellent presentations and sharing of experiences. If this is the first day of field visit, inform the participants that there is room for improvement in subsequent field visits where they will get more conversant with tools. The groups should be advised to prepare adequately for the second day field visit and ensure that they get all the required materials. Encourage participants to take active part in all aspects of the practical demonstration of the tools.

**Trainers’ Guidance Notes:**

- The facilitator should spend some time on feedback to the participants on the field activities as this helps in identifying common mistakes, clarify doubts and further strengthen their skills.

(DAYS 4 & 5: END)

### 7.0 DAY SIX—SESSION FIVE

#### 7.1 Community Presentation and Feedback

This session is organized for communities that were triggered during the field visit to present their Community Action Plan and share their experiences with participants. Adequate preparation should be made to receive the natural leaders at the training venue.

**Objectives:** At the end of this session Trainer should be able:

- To equip participants with skills and knowledge to learn from community members on their experiences after triggering and arrangements being made to achieve open defecation free status.
- To work out modalities for monitoring and follow up of the triggered communities up to ODF.
- Identify key learnings from the community experience and the potentials of CLTS triggering tools to effect positive behavioural change to stop open defecation.

**Methodology:** Presentation and Discussions at plenary.

**Materials:** Flip chart, Markers, Masking Tape and long stick

**Duration:** 1 Hour, 30 Minutes

**Process:**

- Each group should welcome their natural leaders and make them comfortable. The natural leaders should be assisted to place their presentations on the wall already prepared for this event.
- The lead facilitator should welcome all the invited natural leaders and other participants and give the objectives of this exercise. The lead facilitator should thank the natural leaders for honouring the invitation and for sharing their experiences with the participants during the field visits.
- Ensure that all the community presentations have been placed on the wall and facilitate introduction of participants including the natural leaders.
Give instructions on modality for the presentation by natural leaders. Divide participants into groups and request one of the natural leaders from each of the communities to make their presentation. Allocate five minutes for each of the community presentation and groups should rotate until each group has gone round all the community presentations. The participants are expected to ask the presenters (Natural leaders) on the ODF target date and other relevant questions on their experiences after the communities were triggered.

- Request the participants to applaud the natural leaders after each presentation.
- Ask all the participants and natural leaders to return to their seats after the community presentation and initiate discussions on the effectiveness of CLTS approach to stopping open defecation; and community ODF target dates. This forum provides further opportunities for cross learning amongst community members and participants.
- Show the video recording of communities that have commenced latrine construction and ask the natural leaders if more of the communities have started constructing latrines after triggering.
- Finalize the plan for monitoring and follow up of the triggered communities during the field visit with Natural leaders and LGA WASH Unit/Department staff that are attending the training and ensure that there is a firm agreement for supporting the communities to ODF.
- Summarize the key action points and once again thank the natural leaders for coming to the training venue to further share their experiences.

**Trainers’ Guidance Notes:**

- Provision should be made for ample wall space for pasting of Community Action Plans. If there is not enough space within the workshop hall, the community presentations could be made outside the hall.
- Ensure good rapport and interaction with natural leaders and if necessary local language that is well understood by the natural leaders should be used for conducting this session with provision for interpretation to English for the benefit of all the participants.
8.0 DAY SIX-SESSION SIX

8.1 Post Triggering Activities

Purpose:
The purpose of this session is to acquaint participants with other activities that are necessary in achieving CLTS outcomes and for them to appreciate that triggering alone is just a component of CLTS. This session will take a look at the following;
- Establishment and training of Water, Sanitation and Hygiene Committee (WASHCOM).
- Participatory Monitoring, Follow up and Monitoring Process.
- ODF Verification, Certification, Validation and Celebration.
- Sanitation Ladder Promotion and Hygiene Promotion
- LGA Wide approach for scaling up CLTS
- Documentation and Learning

Objectives:
By the end of this session, participants will have:
- Acquired necessary knowledge and skills on implementation of post triggering activities necessary for achieving and sustaining ODF.
- Understood the various options of promoting sanitation ladder and Hygiene
- Adequate knowledge on methods of promoting LGA wide approach for scaling up CLTS.

Methodology: Group discussions; Power point presentation and Brainstorming, Field visit
Materials: Flip Chart, In-Focus (Projector), VIPP cards, Markers and Masking Tape.
Duration: 3 Hours, 45 Minutes
Preparation for the Session
- Get the following presentations ready before the commencement of the training;
  - Establishment of WASHCOMs
  - Sanitation ladder promotion, how to make a tippy tap and hygiene promotion
  - LGA Wide approach for scaling up CLTS.
  - ODF Verification, Certification, Validation and Celebration
  - Monitoring of CLTS

8.2 Establishment of WASHCOM

Objectives:
- To enable participants understand the composition and the criteria for selection of members of WASHCOM as well as their roles and responsibilities in ensuring effective implementation of CLTS.
- To have a better understanding on working with WASHCOMs in achieving CLTS outcomes.

Methodology: Brainstorming, Presentation and Discussions at plenary.
Materials: Flip chart, Markers, Masking Tape, Laptop and Projector.
Duration: 30 Minutes

Process:
- Explain to the participants the institutional arrangements for implementation of sanitation activities in the country starting from Federal to state and to local government.
- Brainstorm with the participants by asking if it is necessary to have a community structure for management and coordination of sanitation activities including CLTS. Request the participants to put their points on VIPP cards. For those that are of the opinion that it is necessary to have WASHCOMs, they should put the reasons on VIPP cards.
- Ask for a volunteer amongst the participants to read out some of the VIPP cards and try to build consensus on the need for WASHCOM.
- Continue the brainstorming by asking the participants on the composition and roles and responsibilities of WASHCOMs. Ask the participants to put their points on VIPP cards and paste on the wall. Invite few participants to present their views and allow for discussions by the rest of participants.
- Make a power point presentation # 8 on establishment of WASHCOM on the following;
  - Why WASHCOM?
  - WASHCOM composition
  - Criteria for selection of WASHCOM members
  - Roles and Responsibilities of WASHCOM.
- Allow for few questions and discussions from participants. Inform the participants that a separate and detailed training on WASHCOM will be organized.
- Summarize the key action points and wrap up.
8.3 Participatory Monitoring and Follow up

Objectives:
- To enable participants acquire the skills and knowledge on monitoring and follow up of triggered communities towards achieving and sustaining ODF.
- To have a better understanding on the importance of monitoring, documentation and follow up to the overall success of CLTS implementation.

Methodology: Brainstorming, Presentation and Discussions at plenary.
Materials: Flip chart, Markers, Masking Tape, Laptop and Projector.
Duration: 30 Minutes

Process:
- In plenary, ask participants to brainstorm on monitoring and follow up of triggered communities and indicators for monitoring.
- Now, facilitate a discussion on participatory monitoring, frequency of monitoring, roles and responsibilities of stakeholders in monitoring and indicators for monitoring.
- Make a power point presentation # 9 on Participatory monitoring and follow up; and the presentation should cover the following;
  - Definition of monitoring
  - Meaning of Participatory monitoring.
  - Activities during monitoring
  - Frequency of Monitoring.
  - Indicators for monitoring
  - Roles and responsibilities of stakeholders in monitoring and reporting.
  - Documentation, Reporting and feedback mechanism

Allow for few questions and discussions from participants.

- Summarize the key action points and wrap up.

Trainers’ Guidance Notes:
- Get the PowerPoint presentation ready before the commencement of this session and make session very interactive.
- The checklist for monitoring and follow up can be found in the protocol for verification and certification of ODF communities.
Facilitators should know that what is captured in community action plan is implemented. Participants should be made to understand that follow up activities will spur community members into action towards implementing their action plan.

8.4 ODF Verification, Certification, Validation and Celebration

Objectives:
- To enable participants have better understanding on processes for verification, certification, validation and celebration of ODF communities.

Methodology: Presentation and Discussions at plenary.
Materials: VIPP cards, Markers, Masking Tape, Laptop and Projector.
Duration: 30 Minutes

Process:
- Introduce the session by asking the participants to write the meanings of verification, certification, validation and celebration on VIPP cards. Ask the participants to use the VIPP cards as follows; Yellow VIPP card for meaning of Verification; Red VIPP Card for Certification; White VIPP Card for validation; Pink VIPP Card for Celebration.
- Request a volunteer amongst the participants to read to the audience some of the VIPP cards and generate discussions on the topic.
- Make a power point presentation # 10 on ODF Verification, Certification, Validation and Celebration using the approved guidelines
- Allow for few questions and discussions from participants.
- Summarize the key action points and wrap up.

Trainers' Guidance Notes:
- Get the PowerPoint presentation ready before the commencement of this session and make session very interactive.
- Distribute copies of the approved guidelines for verification and certification of ODF communities in the country to all participants.
- Trainers should acquaint themselves with the verification and certification protocol

8.5 Sanitation Ladder Promotion

Objectives:
- To equip participants with knowledge and skills on methods of promoting improved sanitation facilities towards sustaining ODF.

Methodology: Presentation and Discussions at plenary.
Materials: VIPP Cards, Markers, Masking Tape, Laptop and Projector.
Duration: 30 Minutes
Process:

- In plenary explain the differences between improved and un-improved sanitation facilities to the participants.
- Based on the above explanations, ask the participants to categorize different types of latrines/toilets they know into improved and un-improved sanitation facilities. Request them to write improved sanitation facilities; and un-improved sanitation facilities on two different colours of VIPP cards.
- Request a volunteer among the participants to read out some of the cards to the audience and generate discussions on the presentation.
- Make a pictorial presentation # 11 on Sanitation ladder for further explanation on the different sanitation technology options that can be promoted.
- Allow for questions and discussions on the presentation.
- Summarize key action points and wrap up.

Trainers’ Guidance Notes:

- Get the PowerPoint presentation ready before the commencement of this session and make session very interactive.
- Clearly inform the participants that promotion of sanitation ladder is only permissible after the community is claiming ODF as part of the efforts of sustaining the behavioural change and using of improved sanitation facilities. Sanitation technology options should not be promoted during triggering as this contravenes CLTS principles.
- The promotion of Sanitation ladder should be participatory based on the preference of the community members in terms of acceptability and affordability. The facilitators should not force any sanitation technology options on the communities and in line with CLTS principles; there is no subsidy for household latrine construction.
- Some hints on the presentation include the following;
  - Improved Sanitation facilities: are likely to ensure hygienic separation of human excreta from human contact.
  - Un-improved Sanitation facilities are toilets/latrines that do not separate excreta from human contact.
  - Sanitation ladder is progressive movement from open defecation to un-improved sanitation facilities and finally to improved sanitation facilities based on preference and affordability of the selected options.
Hygiene Promotion

Objectives:
- To equip participants with knowledge and skills on methods of promoting key hygiene practices towards attaining and sustaining total sanitation.

Methodology: Brainstorming, Discussions at plenary and Presentation

Materials: VIPP Cards, Markers, Masking Tape, Three Pile-sorting/F diagram, Laptop and Projector, Tipy Tap construction poster/hand out and four set of materials for construction of tippy taps.

Duration: 30 Minutes

Process:
- Divide participants into three groups.
- Give pictorials of “Bad”, “In-between” and “Good” hygiene practices to each of the groups.
- Ask one group to identify all the “Bad” practices; Ask the second group to identify In-“between” practices; and the third group to identify “Good” practices.
- Request each group to present their group work in plenary and ask other participants to discuss the presentation and agree on the classification of the hygiene practices.
- Using the three pile sorting, clarify the classification of “Bad”, “In-between” and “Good” hygiene practices.
- Ask the participants to brainstorm on the effect of the identified bad practices on health and social well-being.
- Request for volunteers among the participants to mentions ways of promoting good hygiene practices and generate discussions among participants on this.
- Emphasize on the importance of handwashing with soap/ash and water and the need to include hygiene promotion especially handwashing in CLTS implementation.
- Distribute poster showing construction of a typical Tippy Tap
- Divide the participants into four groups and ask them to review the hand out and construct a tippy tap (30 minutes)
- Review all constructed tippy taps and discuss various issues/shortcomings if any
- Make a power point presentation # 11 on hygiene promotion.
Summarize key action points and wrap up by practical demonstration of keys steps for effective handwashing.

Trainers’ Guidance Notes:
- Get the Powerpoint presentation on hygiene promotion ready before the commencement of this session and make session very interactive. The presentation can contain the following:
  - What is hygiene promotion;
  - Disease routes and linkages between Safe Water, Sanitation and Hygiene Practices
    - Water related diseases
    - Excreta related diseases
  - Transmission route of diseases
  - Barriers
    - Five domains of hygiene promotion and related activities in communities
  - Hygiene promotion approaches.
- Clearly inform the participants that hygiene promotion especially handwashing can be implemented along with CLTS towards achieving the overall outcome of improved health and general well-being.
- Guideline for hygiene promotion in communities.

8.7 LGA Wide Approach for Scaling Up CLTS

Objectives:
- To equip participants with strategies for scaling up implementation of CLTS in the country.

Methodology: Brainstorming, Powerpoint Presentation and Discussions at plenary.
Materials: Laptop and Projector.
Duration: 30 Minutes

Process:
- Introduce the session by asking the participants the meaning of scaling up and appropriateness of CLTS for scaling up sanitation in the country.
- Make a power point presentation # 12 on LGA wide approach for scaling up CLTS in the country.
- Allow for questions and discussions on the presentation.
- Summarize the key action points and wrap up.

Trainers’ Guidance Notes:
- Get the PowerPoint presentation ready before the commencement of this session and make session very interactive. See annex for more information on LGA wide approach that can be used for developing the presentation.
9.0  DAY SIX-SESSION SEVEN

9.1  Preparation of Action Plans, Workshop Evaluation and Closing

Purpose:
This session is aimed at facilitating the development of action plans for implementation of CLTS based on
the newly acquired skills and conducting of workshop evaluation.

Objectives:
By the end of this session, participants will have:
• Better understanding of strategies for development of action plans.
• Increase knowledge of various ways of conducting workshop evaluation.

Methodology:  Brainstorming, Group discussions and Power point presentation.
Materials:  Flip Chart, In-Focus (Projector), Markers and Masking Tape.
Duration: 2 Hours, 45 Minutes

Preparation for the Session
• Ensure that all materials to be used for the session are available.
• Get the format/template for development of action plan ready. The format can be on flip chart or
the laptop to be projected.
• Ensure that the workshop objectives are clearly written on flip chart with each objective on a flip
chart. The flip charts containing the objectives should be pasted on the wall.

9.2  Development of Action Plans

Objectives:
• To equip participants with strategies for development of action plans for implementing CLTS in their
various organizations/communities, LGAs and States.

Methodology:  Brainstorming, Group discussions, Powerpoint Presentation and Discussions at plenary.
Materials:  Flip Chart, Markers, Masking Tape, Laptop and Projector.
Duration: 1.45 hours

Processes:
• Introduce the session by giving a brief overview of the workshop objectives with emphasis on the
objective of developing action plan for scaling up CLTS.
• Make a presentation #13 on the format/template for development of action plan.
• Divide the participants into groups based on the organizations they are representing. Request each
group to select a team leader to coordinate the group discussions on development of action plans.
• Allocate 1 hour for group discussions to develop organization specific action plans.
• Invite team leader of each group to present their action plan in plenary and encourage discussions
from the rest of participants on the action plan presented.

- Summarize the key action points after all the groups have presented their action plans and encourage them to implement the plans for scaling up CLTS in their various organizations and locations.

**Trainers’ Guidance Notes:**

- Get the format/template for development of action plan ready. The format can be on flip chart or the laptop to be projected.
- Below is a sample of the format/template for development of action plan;

**ACTION PLAN FOR IMPLEMENTATION OF CLTS IN XXXXX STATE/LGA BY YYYYY**

Name of the Organization:    Period:

<table>
<thead>
<tr>
<th>S/N</th>
<th>Description of Activity</th>
<th>Time Frame</th>
<th>Resources Required</th>
<th>Responsible Person(s)</th>
<th>Other Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Start</td>
<td>End</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**9.3 Workshop Evaluation and Closing**

**Objectives:**

- To equip participants with knowledge on various ways and tools for conducting workshop evaluation
- To assess the level of appreciation in knowledge of the participants on facilitation of CLTS training
- Methodology: Brainstorming, Group discussions, Discussions at plenary and Written Test

**Materials:** Flip Chart, Markers, Masking Tape, VIPP Cards and test questions and answers

**Duration:** 1 hour

**Processes:**

**OPTION A:**

- Introduce the session by explaining its objectives and seek for active participation of all the participants in the workshop evaluation.
- Request all participants to assemble where the workshop objectives have been pasted on the wall.
- For each of the objectives, ask the participants if the objectives and expectations have been met in the course of training. Ask some of the participants to share their views and experiences of the training workshop.

**OPTION B:**

- Write on the flip chart/card board the following ratings for the questions for evaluation. The ratings should be:
  1. Less than 20%
2. 20-40%
3. 40-60%
4. 60-80%
5. Above 80%

Put each of these ratings on a separate flip chart/card and paste the flip chart/card on the wall in different corner of the workshop hall.

- Explain to the participants that for each of the workshop evaluation questions to be asked, each participant should move to the flip chart/card that represent their rating of the questions.
- Request all the participants to assemble at the center of the hall and ask the first question of;
  - To what extent are your expectations met at the end of the workshop?
Ask the participants to move to the flip chart/card that represent their rating of the question. Request one of the participants in each group to count number of people in the group and this number is recorded on a separate flip chart. Ask one participant in each group to share their views with the rest of participants on what form the basis for their ratings.
- Repeat the same procedure for the following question;
  - To what extent do you think that the learning from the workshop will be useful to your work?
  - How confident are you in facilitating others on CLTS?
  - To what extent do you rate your institutional environment which might enable you to implement CLTS?
  - To what extent do you rate the workshop in terms of learning achievements (Venue of the workshop and availability of workshop facilitation materials)?
  - To what extent do you rate the overall logistics of the workshop (Accommodation, feeding, transportation etc)

- At the end of the exercise, present a summary of the workshop evaluation and generate further discussions on the ratings. Take special interest on suggestions on how to improve the organization and management of subsequent training workshops.

**OPTION C (Compulsory):**
- Distribute the post workshop assessment questions and request all participants to answer the questions. The questions are essentially the same as that of pre-workshop assessment and this is aimed at gauging the learning outcomes of the workshop.
- Request the resource persons to mark the questions and give back the answer scripts to participants.
- Go through workshop post assessment questions with all the participants and clear all issues pertaining to the assessment.
- Thank all participants for their active participation throughout the workshop and encourage them to use the newly acquired skills to scale up CLTS in the country.
Trainers’ Guidance Notes:

- Workshop evaluation can be conducted using all the options described above depending on availability of time. At least two of the options should be used and this must include option C and any other options (option A or B). For training of trainers, all the options should be used.
- The resource persons should get the questions for both pre and post workshop assessment ready as well as answers to each question. The questions should essentially cover all aspects of the training.
- The resource persons should analyze the performance of the participants; pre and post workshop and the summary of the analysis should be included in the workshop report. A simple table (as shown below) can be prepared for the analysis of performance of participants;

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name of Participant</th>
<th>Pre-Workshop Assessment Score</th>
<th>Post-Workshop Assessment Score</th>
<th>Trend/Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Get the format/template for the summary for workshop evaluation ready. The format can be on flip chart or the laptop to be projected.
- Below is a sample of the format/template for workshop evaluation for option B;

SUMMARY OF WORKSHOP EVALUATION

<table>
<thead>
<tr>
<th>Description</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than20%</td>
</tr>
<tr>
<td>To what extent are your expectations met at the end of the workshop?</td>
<td></td>
</tr>
<tr>
<td>To what extent do you think that the learning from the workshop will be useful to your work?</td>
<td></td>
</tr>
<tr>
<td>How confident are you in facilitating others on CLTS?</td>
<td></td>
</tr>
<tr>
<td>To what extent do you rate your institutional environment which might enable you to implement CLTS?</td>
<td></td>
</tr>
<tr>
<td>To what extent do you rate the workshop in terms of learning achievements (Venue of the workshop and availability of workshop facilitation materials)?</td>
<td></td>
</tr>
<tr>
<td>To what extent do you rate the overall logistics of the workshop (Accommodation, feeding, transportation etc)</td>
<td></td>
</tr>
</tbody>
</table>
• A separate closing ceremony could be organized by government/NGO partners as part of the efforts of mobilizing political and financial supports for implementing and scaling up of CLTS.
• If there is going to be a closing ceremony, a separate agenda should be prepared and the ceremony should be coordinated by government/NGO partners. Senior government officials should be invited for the closing ceremony. Part of the presentations at the closing ceremony could be the workplan developed for scaling up CLTS.
ANNEX 1

F-Diagram

F - Diagram: Disease Transmission Routes

Hand washing with soap
Protection of food (Safe storage)
Safe eating (washing fruits/vegetable before eating)

Protection of food (Handling and Cooking)
Protection of water in transit and home
Protection of water sources
VIP or Water Seal Latrine
Simpa Pit Latrine (With drop hole, cover three routes)

Barriers on Disease Transmission Routes
## CLTS Community Reporting Template

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNITY PROGRESS REPORT ON COMMUNITY LED TOTAL SANITATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MONTH:</strong></td>
<td><strong>YEAR:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NAME OF COMMUNITY/VILLAGE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LATITUDE (N):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LONGITUDE ( E ):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WARD :</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LGA:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STATE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Population of Community: (Male:</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No. of Households in the Community</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Name of Village/Community Head</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Phone No. of Village/Community Head</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Name of Sanitation Task Group/WASHCOM Chairperson:</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Phone No. of Sanitation Task Group/WASHCOM Chairperson:</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Name of Natural Leader 1:</td>
<td><strong>NAME:</strong></td>
</tr>
<tr>
<td>8</td>
<td>Name of Natural Leader 2:</td>
<td><strong>NAME:</strong></td>
</tr>
<tr>
<td>9</td>
<td>No. of Household Latrines before Triggering</td>
<td><strong>IMPROVED:</strong></td>
</tr>
<tr>
<td>10</td>
<td>Date community was triggerd</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>No. of Un-Improved Latrines constructed and in use</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>No. of Improved Latrines constructed and in use</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>No. of Latrines with Hand washing facilities</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Latrines in Public Institutions:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No. of Latrines in Schools (If available)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No. of Latrines in Health Centres( If available)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No. of Latrines in Markets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>ODF Status (Not ODF/ODF – Certification in Progress/Certified ODF):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Not ODF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b ODF Claimed by WASHCOM (Certification in Progress)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Certified ODF</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Date of ODF Certification:</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>ODF Certified by</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Total Sanitation Status</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Not Total Sanitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Total Sanitation Declared by WASHCOM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Certified Total Sanitation</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Date of Total Sanitation Certification</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>No. of WASHCOM Members Trained</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>No. of Natural Leaders and Voluntary Hygiene Promoters Trained</td>
<td></td>
</tr>
</tbody>
</table>

Prepared & Submitted By:

<table>
<thead>
<tr>
<th><strong>Name &amp; Signature</strong></th>
<th><strong>Designation</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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**ANNEX 2**

**CLTS Community Reporting Template**
ANNEX 3

Group Work on Challenging Field Scenarios

Each group is assigned the following scenarios and asked to develop, after discussion, their responses to address the arising challenges in a given typical community. Each group, through a leader, presents the group work followed by short question and answer session.

SCENARIO 1: What would you do if...
1. Community members are very silent or reluctant to answer your questions?
2. Most of the community members know many of your team members. They expect, consistent to their previous experience with similar previous visits, that they will first be hearing to what you have to say followed by a service delivery (e.g. vaccination, distribution of medical or emergency supplies/medicines etc. They are therefore eager to get over activities like transact walk, social mapping, calculation of shit and flow diagram etc rather quickly so as to benefit from supplies as soon as possible.
3. A team member is overenthusiastic and keeps interrupting the community members when they are speaking?
4. The last triggering tool reveals new, important information that contradicts an earlier key finding?
5. In the meeting with community members, a local leader tries to control decision-making?
6. You have reached the village on time but there are very few community members.
7. If low behaviour change observed at follow up visits in triggered communities?

SCENARIO 2: What would you do if...
1. In front of a group of community members, one member of your team contradicts what one of the community members has just said?
2. The majority of the people in the village in which you have been working identify income generation as more important than the sanitation issues that you would like to address?
3. Very few women have participated in the triggering exercises even though the issue of sanitation concerns them directly?
4. One of your team members wants to leave before you are able to finish your teamwork?
5. A very senior member of your organization wants to observe some of your fieldwork, but knows little about how to be a ‘sensitive’ observer, and you are afraid he/she will lecture the community members?
6. You have reached the village on time but there are very few community members.

SCENARIO 3: What would you do if...
1. After using participatory techniques well in training, your team cannot seem to get the hang of using them in the field?
2. The information collected from women on the importance of different diseases contradicts the information collected from men?
3. One of the team members accuses another one of making a rude remark and refuses to work with that person?
4. An official, who has accompanied your team to the field, misrepresents the purpose of your work to the community?
5. Before your team reaches the village, word has spread around that some free supplies/medical services or a new latrine project is about to start in the village.
6. You have reached the village on time but there are very few community members.

SCENARIO 4: What would you do if...
1. One team member is taking a patronizing attitude towards village women and tends to lecture instead of listening?
2. During the defecation mapping, you notice that only the most educated and well-dressed men are dominating the discussion?
3. The information in your village profile received before starting the fieldwork contradicts with what you are learning from community members?
4. One of your team members prefers to work alone with community members and is always late getting back to your group meetings?
5. One of your team member is in the habit of cracking jokes all the time. You expect that during the later sessions, when community is going through feeling of disgust and require utmost seriousness this team member will reduce the impact of community feeling by another joke/another act like clapping/dancing/signing etc.
6. You have reached the village on time but there are very few community members.
ANNEX 4
CLTS Process Monitoring Format

Triggering: Minimum Score for an appropriate triggering  
(Please select any one answer for Questions 1-11-where applicable)

About the Triggering meeting at the village....

1) Participation?
   a. All men, women and most children participated  5
   b. Most men and children and all women participated  4
   c. All men and most women and children participated  3
   d. Most men, women and children participated  3
   e. Some men, women and children participated  2
   f. One or more of the three groups were mostly absent  1
   g. Very few participated  0

2) Venue?
   a. Is easily accessible to all without any problem  5
   b. Is accessible to most but with difficulty  3
   c. Is not easily accessible to many  1

3) Introduction and rapport building session?
   a. Excellent and smooth resulting in clear community understanding that the visit is nothing to do with any handouts/charity or a subsidized project  5
   b. Good but some in the community expected that the visit is to do with a new project involving handouts/charity or a subsidy  3
   c. Weak and many carried the expectation that the visitors are here to discuss about a new project for the community including handouts/charity or a subsidy  1

4) Defecation Area Mapping?
   a. Was excellent and everybody (men, women and children) participated  5
   b. Good but some women remained indifferent  3
   c. The exercise was dominated by one or few and most remained indifferent  1

5) Transect Walk?
   a. Was excellent and everybody (men, women and children) participated  5
   b. Good but women were left behind and did not join  3
   c. Was joined in by few and mostly children  1

6) Calculation of feces?
   a. Was excellent and most participated  5
   b. Good but most did not understand  3
   c. Was dominated by a very few  1

7) Calculation of medical expenses?
   a. Was excellent and most participated  5
   b. Good but most did not understand  3
   c. Was dominated by a very few  1
8) Shit & Water Demonstration?
   - Was excellent and most participated: 5
   - Good but most did not understand: 3
   - Was dominated by a very few: 1

9) Shit & Food Demonstration?
   - Was excellent and most participated: 5
   - Good but most did not understand: 3
   - Was dominated by a very few: 1

10) Emerging issues on latrines facilitated)?
    - Was excellent and most participated: 5
    - Good but most did not understand: 3
    - Was dominated by a very few: 1

11) Action Planning?
    - Was excellent and most participated: 5
    - Good but most did not understand: 3
    - Was dominated by a very few: 1
    - Action planning not facilitated: 0
ANNEX 5

PRE-TEST ON CLTS TRAINING

Instruction: Please, tick correct option OR provide answer(s).


2. What is ODF?

3. What is OD?

4. During CLTS triggering those leaders who emerge spontaneously during the process of triggering are called: a) Natural Leaders, b) National Leaders, c) Traditional Leaders.

5. Those who work directly with the community and trigger CLTS at that level are called:

6. What are the two objectives of CLTS? a) ................................................................. b) .................................................................

7. Mention two materials needed in CLTS practical triggering of Communities
   a) ........................................................................... b) ...........................................................................

8. Mention the name of CLTS tool that is compulsory: .................................................................

9. Mention one possible outcome or result you will realize, out of four, you will have during CLTS triggering of communities. .................................................................

10. A triggered community developed the Community Action Plan. Mention two activities that should be carried to support the community to ODF by Community Facilitator:
.................................................................................................................................
ANNEX 6

FOOT CONTROLLED TIPPY TAP
ANNEX 7

CLTS Process Checklist for Follow up OR ODF Verification

Follow up or Verification: Score for an appropriate follow up or verification: 29/34

(Please select any one answer for Questions 1-- 8)

1) Proper community entry and rapport building?
   a. Excellent with WASHCOM, Community Head, Leaders and members 4
   b. Excellent with Community Leaders and WASHCOM only 3
   c. Excellent with WASHCOM only 1
   d. Excellent with Community Members only 1
   e. Verification team did not interact effectively with any of the group members present, community doesn't understand the purpose of the visit 0

2) Community Action Plan (CAP)?
   a. CAP made available and reviewed with community members 3
   b. CAP made available and only checked by WASH or NGO staff 1
   c. CAP available, but not reviewed with community members 1
   d. WASH or NGO staff did not ask for CAP 0

3) Defecation Area Map (DAM)
   a. DAM made available and reviewed with community members 4
   b. DAM made available and progress on latrine / toilet construction indicated and only checked 3
   c. DAM available, but not reviewed with community members 2
   d. WASH or NGO staff did not ask for DAM 0

4) General information on checklist?
   a. General information on the monitoring or verification checklist collected at community gathering point 3
   b. General information on the monitoring or verification checklist collected at WASHCOM house only 2
   c. General information on the monitoring or verification checklist collected from a few individuals only 1
   d. General information on the monitoring or verification checklist not collected 0

5) Verification of ODF Status?
   a. Inspection of household latrines / toilets, community environment (including bushes), former defecation sites conducted along with many from community 10
   b. Inspection of household latrines / toilets, community environment (including bushes), former defecation sites conducted along with some from community 7
   c. Inspection of household latrines / toilets, and community environment (including bushes), former defecation sites conducted with some from community but some farther areas left out 2
   d. Only inspection of household latrines / toilets was done 1
6) Interaction with households without latrines?
   a. All household without latrines were visited and reasons behind their lack of action discussed and understood  4
   b. Many household without latrines were visited and reasons behind their lack of action discussed and understood  3
   c. Some household without latrines were visited and reasons behind their lack of action discussed and understood  2
   d. Households without latrines were visited but reasons for inaction not discussed  1
   e. Households without latrines not visited  0

7) Key emerging issues at household level?
   a. Challenges discussed and local solution facilitated at household level  3
   b. Challenges discussed at household level and solutions suggested by WASH or NGO staff  1
   c. Challenges not discussed and local solution not facilitated  0

8) Community ODF Status?
   a. Information collected reviewed with community, challenges faced by household without toilet discussed and local solutions agreed. Consensus decision taken on community ODF status and recorded too  3
   b. Information collected reviewed with community, challenges faced by household without toilet discussed and local solutions agreed. Unilateral decision taken on community ODF status and recorded too  2
   c. Information collected partially reviewed with community, challenges faced by household without toilet partially discussed and some local solutions agreed. Unilateral decision taken on community ODF status and recorded too  1
   d. Information collected not reviewed with community, challenges faced by household without toilet not discussed and no local solutions agreed. Unilateral decision taken on community ODF status and recorded too  0
ANNEX 8

WASH Committee Champions Immunization & Birth Registration of Children in their Communities

Twin babies born 16 weeks ago in Tse-Achagba community in Konshisha, in Benue State, Nigeria, are presented for immunisation for the very first time at a recent gathering in their village. Ordinarily, they should already have completed most of their vaccinations. But, their mother explains, she did not know about immunisation or how important it was for child survival until recently.

Lucy Ageba's twins Terkuma and Kumagem, a boy and a girl, are her most recent babies. She has seven other children.

Stories of babies and children surviving dangerous illness, and stories of them losing the battle against disease, are common here. These diseases could have been prevented by a simple vaccine, but mothers and caregivers have not understood the life-saving difference immunisation can make for their children. Many also live far from immunisation centres. Some simply forgot to get their children vaccinated as they did not think it was a priority.

So what has changed, and there is now a busy crowd of mothers with babies being vaccinated in the village itself?

The answer is that the village now has access to clean water and improved sanitation. In 2011, UNICEF, through the “Sanitation, Hygiene and Water in Nigeria (SHAWN)” project funded by UK Aid, established a community Water, Sanitation and Hygiene Committee (WASHCOM). The WASHCOM launched the Community-Led Total Sanitation

WASHCOM member provide community members with information that will convince them to change their hygiene habits.

As sanitation and hygiene practices improve, the practice of open defecation is reduced, community members see their health improving – infections and especially diarrhoea decline, and community members wash their hands with soap or ash at key times, especially after defecation, trust builds. The village also got its first bore hole.

Building on community trust and success of WASHCOM members, in August 2015, UNICEF expanded their role to other programme areas. “I decided to come with my babies for immunisation because the WASHCOM told me my babies will live,” says mother of the twins Lucy Ageba, recalling a story of how her...
neighbour’s child died from measles two years ago.

Tse-Achagba community leader, 50 year-old Achi Adudu, says: “Not everyone knows the importance of immunising children, but I have joined in the campaign that our WASHCOM started a few months ago. I am a father and in my family now we take immunisation very seriously.”

The increased demand for vaccines from community members due to the WASHCOM messages in turn stimulates better vaccination procedures. When immunisation centres did not expect large numbers of babies to vaccinate, they frequently ran out of vaccines so that when mothers from a village far away did make the effort to carry their children for immunisation, there was no vaccine to be had – discouraging others from doing so.

Now, just three months after the WASHCOM began to spread the word about immunisation, demand from families in Tse-Achagba community and the 28 other communities where this ‘expanded WASH’ approach has been piloted, has reached a point where outreach immunisation teams bring vaccines directly to the village. Despite the movement involved the health workers don’t mind visiting these villages carrying cool boxes with vaccines, as they are sure parents will show up with their babies for immunisation.

The key to this success, says Adudu, is that, “The WASHCOM is a committee formed by ourselves. Members of the WASHCOM asked us to take care of our two boreholes and advised people on health, sanitation and hygiene. Now, every household has a latrine with hand washing facilities and latrine covers. We keep our community clean and our boreholes are functional. Things are better than they used to be.”

Now, as well as fewer cases of diarrhoea, which frequently proved fatal among very young children in their community, residents of Tse-Achagba are looking forward to fewer cases of vaccine-preventable diseases such as measles, meningitis and tetanus. “Myths associated with immunisation are being displaced with realities,” notes Adudu.

The WASHCOM now encourages parents to register the births of their babies. Most villagers did not see the value of birth registration for their children. They now do and are registering their babies. Mother of seven Janet Sevendaga shows off the birth certificates of all of her children, “These certificates are proof that these children are mine. All of my children are registered now.”

The WASHCOM has become a powerful agent of change. Gwar Leke Simon, 75 year-old community leader sums up the community’s enthusiasm, “From once a dirty community to a clean one, to one with boreholes and now immunisation and birth registration on the rise; the sky is our limit!”
## PROPOSED WORKSHOP AGENDA

### DAY 0:
- Arrival of Participants
- Preparatory Meeting of Resource Persons (for 1 day)
- Final Logistic Arrangements

### DAY 1:
#### Session I: Getting Started

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsibility/Facilitator</th>
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</thead>
<tbody>
<tr>
<td>8:00 - 8:30</td>
<td>Registration of participants</td>
<td></td>
</tr>
<tr>
<td>8:30 - 9:15</td>
<td>Introduction of Participants and Climate Setting</td>
<td></td>
</tr>
<tr>
<td>9:15 - 10:15</td>
<td>Opening Ceremony/Official Inauguration*</td>
<td></td>
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<tr>
<td>10:15 - 10:45</td>
<td>Pre Training - Test</td>
<td></td>
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<tr>
<td>10:45 - 11:15</td>
<td>TEA BREAK</td>
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</tr>
<tr>
<td>11:15 - 11:45</td>
<td>Expectations and Fears</td>
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<tr>
<td>11:45 - 12:30</td>
<td>Workshop Objectives</td>
<td></td>
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<tr>
<td>12:30 - 13.00</td>
<td>Setting of norms and Identifying Leaders</td>
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<tr>
<td>13.00 - 14.00</td>
<td>LUNCH /PRAYER</td>
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</table>

#### Session Two: Overview of Sanitation and Hygiene; CLTS Principles and Triggering

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsibility/Facilitator</th>
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</thead>
<tbody>
<tr>
<td>14.00 - 14.45</td>
<td>How to Prevent the Spread of Diseases</td>
<td></td>
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<tr>
<td>14.45 - 15.15</td>
<td>Overview of Sanitation &amp; Hygiene</td>
<td></td>
</tr>
<tr>
<td>15.15 - 15.45</td>
<td>Experiences and Assessment of Sanitation Programme in Nigeria and Region</td>
<td></td>
</tr>
<tr>
<td>15.45 - 16.15</td>
<td>TEA BREAK /PRAYER</td>
<td></td>
</tr>
<tr>
<td>16.15 - 17.45</td>
<td>Community Led Total Sanitation</td>
<td></td>
</tr>
<tr>
<td>17.45 - 18.00</td>
<td>Wrap up and Daily Evaluation</td>
<td></td>
</tr>
</tbody>
</table>

### Day Two
#### Session Two (Continues)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsibility/Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 - 9.00</td>
<td>Brief Recap of Day I Activities</td>
<td></td>
</tr>
<tr>
<td>9.00 - 9.45</td>
<td>Sharing of CLTS Experiences</td>
<td></td>
</tr>
<tr>
<td>9.45 - 10.15</td>
<td>TEA BREAK</td>
<td></td>
</tr>
<tr>
<td>10.15 - 10.45</td>
<td>How to Trigger the Behaviour Change</td>
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</tr>
<tr>
<td>10.45 - 12.00</td>
<td>Behaviour and Attitude Role Play</td>
<td></td>
</tr>
<tr>
<td>12.00 - 12.30</td>
<td>Pre-Triggering, Triggering and Post-Triggering Activities</td>
<td></td>
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</tbody>
</table>
### Session Three: Real-Life Triggering

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>12.30 - 13.15</td>
<td>Group Formation and Roles of Group Members in Real-Life Triggering</td>
</tr>
<tr>
<td>13.15 - 14.15</td>
<td>LUNCH/PRAYER</td>
</tr>
<tr>
<td>14.15 - 17.15</td>
<td>CLTS Triggering Tools - Practical Demonstration in Classroom (DAM, Transect Walk, Shit Calculation, Shit &amp; Food, Shit &amp; Water and Medical Expenses)</td>
</tr>
<tr>
<td>17.15 - 17.30</td>
<td>TEA BREAK/PRAYER</td>
</tr>
<tr>
<td>17.30 - 18.00</td>
<td>Wrap up &amp; Daily Evaluation</td>
</tr>
</tbody>
</table>

### Day 3

**Session Three: (Continues)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 - 09.00</td>
<td>Brief Recap of Day 2 Activities</td>
</tr>
<tr>
<td>09.00 - 09.30</td>
<td>Development of Community Action Plan</td>
</tr>
<tr>
<td>9.30 - 10.00</td>
<td>TEA BREAK</td>
</tr>
<tr>
<td>10.00 - 14.00</td>
<td>Group Rehearsal on CLTS Triggering Tools</td>
</tr>
<tr>
<td>14.00 - 15.00</td>
<td>LUNCH/PRAYER</td>
</tr>
<tr>
<td>15.00 - 16.30</td>
<td>Planning for Field Visits &amp; Real-Life Triggering</td>
</tr>
<tr>
<td>16.30 - 17.00</td>
<td>TEA BREAK/PRAYER</td>
</tr>
<tr>
<td>17.00 - 17.30</td>
<td>Wrap up and Daily Evaluation</td>
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</tbody>
</table>

### DAY 4:

**Session Four: Real-Life Triggering / Feedback on Field Visit**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>7.00 - 13.00</td>
<td>Field visit and triggering of communities</td>
</tr>
<tr>
<td>13.00 - 14.00</td>
<td>LUNCH &amp; PRAYER</td>
</tr>
<tr>
<td>14.00 - 15.00</td>
<td>Preparation of Field Reports</td>
</tr>
<tr>
<td>15.00 - 16.30</td>
<td>Feedback on Field Visit</td>
</tr>
<tr>
<td>16.30 - 17.00</td>
<td>TEA BREAK/PRAYER</td>
</tr>
<tr>
<td>17.00 - 17.30</td>
<td>Wrap up</td>
</tr>
</tbody>
</table>

### DAY 5:

**Session Four: Real-Life Triggering / Feedback on Field Visit**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7.00 - 13.00</td>
<td>Field visit and triggering of communities</td>
</tr>
<tr>
<td>13.00 - 14.00</td>
<td>LUNCH &amp; PRAYER</td>
</tr>
<tr>
<td>14.00 - 15.00</td>
<td>Preparation of Field Reports</td>
</tr>
<tr>
<td>15.00 - 16.30</td>
<td>Feedback on Field Visit</td>
</tr>
<tr>
<td>16.30 - 17.00</td>
<td>TEA BREAK/PRAYER</td>
</tr>
<tr>
<td>17.00 - 17.30</td>
<td>Wrap up</td>
</tr>
</tbody>
</table>
### DAY 6:

#### Sessions Five - Community Presentation and Feedback

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>8.30 - 9.00</td>
<td>Establishment of WASHCOM</td>
</tr>
<tr>
<td>09.00 - 10.30</td>
<td>Community Presentation &amp; Feedback</td>
</tr>
<tr>
<td>10.30 - 11.00</td>
<td>TEA BREAK</td>
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</tbody>
</table>

#### Sessions Six - Post Triggering Activities

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>11.00 - 11.30</td>
<td>Participatory Monitoring and Follow up</td>
</tr>
<tr>
<td>11.30 - 12.00</td>
<td>ODF Verification, Certification, Validation &amp; Celebration</td>
</tr>
<tr>
<td>12.00 - 12.30</td>
<td>Sanitation Ladder Promotion</td>
</tr>
<tr>
<td>12.30 - 13.00</td>
<td>Hygiene Promotion</td>
</tr>
<tr>
<td>13.00 - 14.00</td>
<td>LUNCH /PRAYER</td>
</tr>
<tr>
<td>14.00 - 14.30</td>
<td>LGA Wide Approach for Scaling up CLTS</td>
</tr>
<tr>
<td>14.30 - 15.00</td>
<td>Post Training -Test</td>
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</tbody>
</table>

#### Sessions Seven - Preparation of Action Plans, Workshop Evaluation and Closing

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>15.00 - 16.45</td>
<td>Development of Action Plan</td>
</tr>
<tr>
<td>16.45 - 17.15</td>
<td>TEA BREAK /PRAYER</td>
</tr>
<tr>
<td>17.15 - 18.15</td>
<td>Workshop Evaluation and Closing</td>
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</tbody>
</table>

Separate agenda might be prepared for the opening and closing ceremonies.
Adequate arrangements must be made for materials to be used for real-life triggering in selected communities as part of the overall organization of the CLTS training workshop. The quantity of materials will depend on the number of communities selected for CLTS triggering and number of groups of participants formed for the exercise. The lead Resource person should ensure that all these materials are available and remind each group facilitator to check that all essential materials are collected and taken to communities for facilitating CLTS triggering.

The following materials would be required:

- Coloured Powder (Yellow, Blue and Red – 2-3kg of each colour)
- Sawdust (at least 3-4kg for each group for each day of field visit)
- Markers – Enough markers to work during triggering and provision made for at least two markers to be left behind in each of the communities triggered for preparing their presentations and Community Action Plan.
- Flip Chart Paper- A few sheets of flip chart papers to be left behind in each of the communities triggered.
- Coloured Cards
- Masking Tape
- Scissors
- Sealed bottle of drinking water
- Food for demonstration.

Also note that these materials may be divided into men, women and children groups, hence the need to make provision for adequate materials for each group.

In addition to the above, necessary transportation arrangements should be made for conveying participants to the selected communities. The number of buses required will depend on the number of communities selected for triggering and number of groups formed.
ANNEX 11

LGA WIDE APPROACH TO SCALING UP COMMUNITY LED TOTAL SANITATION IN NIGERIA

Description of LGA wide Approach

Nigeria has a decentralized administrative structure with 36 States and the Federal Capital Territory. Each State is divided into Local Government Areas (LGAs); and the LGAs are further sub-divided into Council Wards and communities. There are 774 LGAs in the country with an estimated average population per LGA of about 200,000, living in about 300 communities. Each LGA has about 10 Wards with each comprising 20 to 30 communities. Learning from previous projects that programming in scattered areas/communities does not provide measurable impacts, did not evince interest of key decision makers and costed more, the LGA wide approach was introduced with the aim of rapidly accelerating CLTS coverage as well as other WASH interventions across the country.

The approach involves taking the whole LGA as a unit of intervention by targeting all the communities within the LGA with a view to increasing the efficiency of programme delivery and constantly engaging the interest of all key actors (political, traditional and religious leaders; CBOs/NGOs; Technical Staff) in an LGA on a common vision of achieving full WASH coverage. The LGA is propelled with the goal of attaining ODF in all communities as a first step which will pave way for other WASH and Child Survival interventions.

The approach is hinged on the paradigm shift from scattered triggering of communities to a clustered approach where all the communities (each one separately) in a Ward are triggered by groups of facilitators simultaneously thereby saving time; and as communities begin to achieve ODF status, and realise the health and other benefits of improved sanitation and hygiene behaviour, a ripple effect is created whereby peer pressure and competition between communities accelerate the process further. This eventually lead to a critical mass of ODF communities with the use of latrines becoming the social norm right across the entire LGA, and the attainment of ODF status becoming the aspirational goal for all communities. The creation of critical mass of ODF communities further assist in generating evidence for advocacy, reinforce sustained engagement and interest of key LGA stakeholders, increase visibility of interventions, build confidence for further investment in all aspects of WASH and impact public health at scale.

The implementation of LGA wide approach is being facilitated by the State Rural Water Supply and Sanitation Agency; and LGA WASH Department/Unit while the National Task Group on Sanitation provides oversight functions of monitoring and validation for quality assurance of the whole process. The processes that are being adopted include the following:

- Transparent LGA Selection Process with active participation of relevant stakeholders and based on agreed selection criteria (social indicators, % of rural population, government commitment & institutional structures, budget utilization, etc.).
- Conduct LGA WASH baseline survey to determine status of WASH implementation and
identification of all key actors in the sector.

- Development of LGA WASH profile, LGA Investment plan and ODF plan.
- Sensitization of all relevant stakeholders on LGA wide approach.
- Identification and training of CLTS facilitators.
- Based on the LGA ODF plan, deploy teams of CLTS facilitators to each of the Wards in the LGA with each team responsible for the following;
  - Mobilization and pre-triggering activities including ward level sensitization of all communities in the ward.
  - Formation and building capacity of Ward level Task Groups on Sanitation - to support Ward level coordination of CLTS activities.
  - Triggering of all communities in the ward
  - Formation and building capacity of community Water, Sanitation and Hygiene Committee (WASHCOM) to facilitate implementation of Community Action plan.
  - Follow up and post-triggering activities up to attainment of ODF by all communities in the ward
- Organize Community WASH Clinics & Exchange visits for experience sharing amongst communities
- Conduct Verification and Certification of ODF communities and Wards using the agreed guidelines by LGA WASH Departments/Units and State Rural Water Supply and Sanitation Agencies.
- Organize ODF celebration and issuance of certificates to ODF communities thereby motivating the communities to sustain their ODF status.
- Reporting & Documentation

As communities are attaining ODF, the community level structures have been strengthened to demand for and implement other WASH interventions and they are supported with provision of improved water sources such as handpump equipped and motorised boreholes.

Major Achievements and Limitations

Within few years of introducing LGA wide approach, there has been significant improvement in number of ODF communities being recorded in the country. Over 13,000 ODF communities were reported from 2010 to August 2014 compared to just about 500 ODF communities reported during 2008 - 2010 (Fig. 1). The rate of achieving ODF communities with the LGA wide approach is about 12 times that of the initial 'scattered' CLTS intervention. In addition, 3 LGAs are at the verge of being completely ODF and over 70 LGAs (out of 774 LGAs in the country) have fully adopted the LGA wide approach. This is presently being scaled up to cover 120 LGAs. Apart from UNICEF, other development partners, donors such as UKAid, EU, WSSCC and governments have adopted the LGA wide approach for scaling up sanitation delivery in the country. The National Roadmap for elimination of Open Defecation in Nigeria by 2025 adopts the LGA wide approach to achieve massive ODF communities in the country.
The approach has been able to produce platform for sustained engagement of all relevant stakeholders including political, religious and traditional leaders acting together with a common vision of achieving ODF LGA and full WASH coverage. In addition, a sense of unity is being promoted amongst the communities towards achieving the desired outcome as no community wants to be tagged as the one preventing the LGA from achieving ODF. Besides this also creates peer pressure among the neighbouring LGA Authorities to do more.

Based on analysis of available records, there have been drastic reductions in diarrheal diseases especially amongst children (under 5) in most of the LGAs adopting this approach and testimonies from community members have indicated financial savings from medical bills, improved school attendance especially amongst girls and community cohesion as part of benefits accruing from implementation of this approach. A compendium of case studies documenting best practices, innovations and successes of the CLTS approach in Nigeria has been brought out for wider dissemination and sharing of knowledge and experience.

The capacity of WASHCOMs have been strengthened and are now empowered to manage other developmental projects that will benefit their communities courtesy of their constant engagement with LGA Technical Officers and interaction with other State and LGA level senior government officials and political leaders. In addition to WASH, the WASHCOMs are now demanding from governments for provision of other social amenities such as school, road and electricity.

The approach is providing platform for convergence and an entry point for implementation of other Child Survival and Development interventions such as routine immunization including polio, nutrition, distribution of ITN and birth registration and the capacity of LGA WASH Departments/Units and WASHCOMs are being strengthened to promote this convergence and partnership. WASHCOMs served as an entry point for improving immunization and birth registration coverage in an initial pilot covering 29 communities in 2 LGAs (Konshisha and Birnin Kudu) in the later part of 2015. This model is being scaled up to cover another 200 communities in 2016.
There have been demonstrations of value for money in the implementation of this approach as results are achieved faster in a more economical, efficient and effective manner; and the impacts of intervention are visible within the LGA. For instance, a lot of savings in travel time and cost are being achieved from reduction in monitoring visits by State and LGA external facilitators courtesy of the proximity of intervention communities and the structural arrangements which have empowered WASHCOMs and Natural leaders to carry out these tasks. In addition, there has been increased number of CLTS facilitators at LGA and community levels which has eliminated the cost of involvement of State officials in community level facilitation of CLTS.

In summary, the key elements of success for this approach which guarantees its sustainability include the following:

- Increased political commitments and patronage from State and Local Governments as the approach is being replicated in some LGAs using government resources.
- Helps beef up institutional structures for WASH at the LGA level including allocation of resources (e.g. establishment of a WASH Department/Unit at the LGA)
- Sustained engagement with political, opinion, traditional and religious leaders through several forums such LGA, State and Zonal WASH Clinics as well as National roundtable conference on CLTS; CLTS ambassadors are emerging amongst political leaders and senior government officials.
- Continuous mass creation of ODF communities for evidence-based advocacy and improved sanitation and hygiene being accepted as a social norm across the LGA.
- Fosters learning and replication across states, LGAs and communities (e.g. latrine demonstration centres constructed in Jigawa state to address loose soil challenges were replicated in Katsina state; use of innovative latrine cover in one community in Konshisha LGA in Benue state led to its adoption in neighbouring communities)
- Functional WASHCOM and LGA WASH Departments/Units for effective monitoring, follow up and enforcement of community agreement to stop open defecation.
- Pool of skilled CLTS facilitators arising from regular training and re-training sessions.
- Effective collaboration and partnership amongst all relevant stakeholders at national and sub-national levels.

Despite all the achievements recorded so far in the implementation of the LGA wide approach, some challenges are being encountered in fast tracking its wider adoption across the country. Some of the major challenges include:

- Difficulties in latrine construction in loose soil formation, rocky and waterlogged areas within an LGA. Frequent pit latrine collapse in areas with loose soil formation is frustrating the efforts of sustaining ODF in some communities while communities in rocky and water logged areas find it difficult to construct simple and low cost latrines that can withstand these environmental challenges.
- Implementation of CLTS in highly heterogeneous small towns and urban communities within an LGA. Most of the LGA headquarters are urban and there are also few small towns within the LGA in which the implementation of conventional CLTS approach is not appropriate.
Addressing the above challenges has become imperative if the overall goal of achieving ODF LGA is to be achieved. Efforts are being made towards resolving challenges of pit latrine collapse through establishment of “latrine demonstration centres” where affected communities can learn local innovations on various low cost materials and skills for construction of durable latrines. “Latrine demonstration centres” have models of different types of durable latrines constructed using local materials for pit lining and slab construction; and there are community artisans who have been trained to support households and other communities in construction of durable latrines in affected areas. Reports from the few demonstration centres that have been established so far shows that more households and communities are constructing durable latrines and the challenges of pit latrine collapse are being addressed through the services being provided by the centres. Plans have been finalized to scale up this strategy of addressing environmental challenges that are militating against achieving the goal of LGA wide approach across the country.

CLTS has been adapted towards resolving the sanitation challenges in small towns and urban areas within the framework of LGA wide approach. Few LGAs have successfully implemented the adapted urban CLTS and this is contributing significantly to the attainment of ODF in towns towards achieving ODF LGA. The experiences in these few LGAs have been documented and being disseminated across the country as part of the efforts of scaling up LGA wide approach.

Lessons Learned and Way Forward
Significant achievements have been made in implementing LGA wide approach in the country and a number of lessons have been learnt in the course of implementation and these are being deployed in fine-tuning strategies for effective scaling up of the approach. Some of the lessons learned include;

- The LGA wide approach provides an enabling environment for creating a critical mass of ODF communities which are essential for visibility and generating sustained interest and subscriptions by political and traditional leaders.
- Provides platform for partnership and collaboration amongst stakeholders (e.g. the State and LGA level steering committee comprising WASH, Education, Health, Planning & budgeting, etc.) in achieving a common goal of attaining ODF LGA and implementation of other WASH and Child Survival and Development interventions. Within UNICEF, it offers opportunity for convergence with Health, Nutrition, Child Protection and Education using the existing programme delivery structures.
- Promotes social bonding amongst communities through a common vision which facilitates the adoption of improved sanitation and hygiene practices as social norms across the LGA.
- Functionality of WASHCOMs and sustained engagements of all relevant stakeholders in programme delivery are essential elements for effective LGA wide approach.
- The approach provides a good platform for promoting equity as all communities irrespective of their locations and social status are expected to be covered in programme interventions.
- The approach also strengthens the monitoring and evaluation framework at the LGA level for

1 In Nigeria many states do not have WASH Departments/ Units at the LGA level adversely affecting WASH investments in the LGA.
informed decision making. Currently 70 LGAs have operational WASH information management system that is regularly updated by the LGA staff and helps informed decision making.

The LGA wide approach at achieving ODF has enormous potential for rapidly scaling up as witnessed in Nigeria, starting with just a handful of LGAs adopting the approach in 2011, there are over 100 LGAs now implementing this approach. Scaling up sanitation interventions using this approach has been rapid in some states (e.g. based on interventions in 6 LGAs in Katsina state, UNICEF was able to leverage government commitment to develop and fund LGA ODF plans in the remaining 28 LGAs), even leading to the possibility of a state-wide rural ODF. With the current programs being implemented by UNICEF with support from EU and UKAid, it is possible to get another 70 LGAs implementing this approach in the next four years representing nearly 20% of all LGAs in Nigeria. With the multiplier effect demonstrated by the LGA wide approach, it is possible to get a critical mass of LGAs implementing this approach, eventually accelerating sanitation coverage across the country. To give a strong push forward requires delivering at least three ODF LGAs and using this to launch a nation-wide campaign to sensitize politicians and high level decision makers across the country to support sanitation efforts.

UNICEF is supporting the strengthening of the national database on CLTS including real-time monitoring/reporting using sms. As CLTS approach gets more entrenched at the local level, sanitation marketing will become necessary to help communities move up the sanitation ladder. The sanitation marketing study is currently under-way.

The LGA wide approach has been successfully tested and has demonstrated the potential for accelerating sanitation and other WASH related interventions across the country besides offering opportunities for multi-sectoral convergence.
## Moving up The Sanitation Ladder

<table>
<thead>
<tr>
<th>Improved sanitation facilities</th>
<th>Unimproved sanitation facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved sanitation facilities are likely to ensure hygienic separation of human excrete from human contact. They include the following facilities:</td>
<td>Unimproved sanitation facilities do not ensure hygienic separation of human excrete from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.</td>
</tr>
<tr>
<td>- Flush/pour flush to piping system</td>
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<tr>
<td>- Septic Tank</td>
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<tr>
<td>- Pit latrines</td>
<td></td>
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<tr>
<td>- Ventilated improved pit (VIP) latrine:</td>
<td></td>
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<tr>
<td>- Pit latrine with slab</td>
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<tr>
<td>- Composting toilet</td>
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### Improved sanitation facilities:
-Flush/pour flush to piping system
-Septic Tank
-Pit latrines
-Ventilated improved pit (VIP) latrine:
  - Pit latrine with slab
  - Composting toilet

### Shared sanitation facilities:
Shared sanitation facilities: Sanitation facilities of an otherwise acceptable type shared between two or more household. Only facilities that are not shared or not public are considered improved.

### Open Defecation:
Open Defecation: When human faeces are disposed of in fields, forests bushes, open bodies of water, beaches or other open spaces or disposed of with solid waste.
ANNEX 12
SAMPLE OF AN ODF CERTIFICATE
# ANNEX 13

## LIST OF PRESENTATIONS

1. Overview of Sanitation and Hygiene (Presentation # 1).
2. Film on a Sanitation Program in India/Bangladesh (Film # 1 & 2).
3. Community Led Total Sanitation (Presentation # 2).
4. Pre-triggering, Triggering and Post-triggering activities (Presentation # 3).
5. Management of Ignition Moment and CLTS Triggering Outcomes (Presentation # 5).
6. A Simple Community Action Template (Presentation # 6).
7. CLTS Triggering Tools (Presentation # 7).
8. Establishment of WASHCOM (Presentation # 8).
9. Participatory Monitoring and Follow up (Presentation # 9).
10. ODF Verification, Certification, Validation and Celebration (Presentation # 10).
11. A pictorial presentation on Sanitation ladder (Presentation # 11).
12. LGA wide approach for scaling up CLTS in the country (Presentation # 12).
ANNEX 14

LIST OF CONTRIBUTORS

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This document is accompanied by a USB device containing three components: CLTS training manual, presentations and supplementary resources. Each of the components complements one another for the delivery of quality CLTS training.