



GHANA EDUCATION SERVICE



CHILDREN'S ROLE IN CLTS IMPLEMENTATION GHANA

DECEMBER 2013

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Table of Contents

1. Introduction.....	3
Background to the Sanitation Situation of Ghana	3
Approaches to Sanitation Services Delivery	3
The Onset of the Community-led Total Sanitation Approach	4
Why this Guide.....	4
Who can use this Guide?	5
Glossary and Terminology	6
2. Overview of child participation in community development	8
Why it is Important to Involve Children in Community Development Activities	9
3. Facilitating the CLTS process	10
Key Outcomes of a Successful CLTS Implementation.....	10
Main Stages of the CLTS Implementation Process	11
4. The role of children in the implementation of CLTS	12
Children and CLTS pre-triggering activities.....	12
The Specific Role of Children in Pre-triggering Activities	13
Children and CLTS triggering activities	16
The Specific Role of Children in Triggering Activities	16
Support for Children Natural Leaders.....	22
Children and CLTS post-triggering activities	23
The Specific Role of Children in Post-Triggering Activities	23
Children and monitoring in CLTS	25
Annex	26
Children’s Monitoring Checklist for CLTS Implementation	26

1. Introduction

Background to the Sanitation Situation of Ghana

Despite its many achievements in various endeavors, it is evident that Ghana has not come to grips with its sanitation situation. The sanitation sector has not been able to come to terms with the challenge despite efforts made by various sanitation stakeholders to deal with the challenge. As at the beginning of 2013, only 13% of people living in rural areas of the country have access to improved sanitation. Worse still, one (1) in every five (5) persons in Ghana dispose of their faeces in the Open – either in bushes and shrubs, the beaches, on refuse dumps and even in such obscure places as behind buildings and in alleys in residential areas. This situation has resulted in diarrhoeal infections, especially among children as evidenced in records at the health facilities.

Approaches to Sanitation Services Delivery

Over the years, efforts by stakeholders (both from the Government and the Non-Government sides) at improving the sanitation situation have mainly been geared towards constructing toilet facilities based on a subsidy approach. However, these have not achieved the required successes as is reflected in the low coverage levels and high percentage of Open Defecation practice (according to JMP sanitation coverage increased from 6% in 1990 to just 13% in 2011). Experience has also shown that constructing toilets alone does not solve the problem. An equal amount of attention has to be given to the human element: - people's hygiene and sanitation practices and general attitude towards sanitation must improve.

Aside the provision of subsidies towards sanitation services delivery, other approaches were introduced on an experimental basis. These included Social Marketing, which involved the promotion of self-financed toilets based on commercial marketing approaches to get people to freely take up household latrine construction based on perceived benefits to them. Another was PHAST (Participatory Hygiene and Sanitation Transformation). PHAST is a participatory process that uses a variety of picture based tools to encourage community members analyze their sanitation situation, plan and implement improvements. Further, a number of innovative financing schemes including the use of revolving funds and household credit were all tried on a small scale at various times. All these were tried with sporadic successes and generally very little results.

A radical change in approach for sanitation delivery came in 2008 when an African Ministerial conference agreed that at the country level, leadership should push for community-led solutions for sanitation improvements. Ghana associated itself with this agreement and since then the emphasis for sanitation delivery has shifted from subsidies to community based solutions spearheaded by community members themselves.

The Onset of the Community-led Total Sanitation Approach

The Community Led Total Sanitation (CLTS) approach came up in the late 1990s as a radical approach to addressing the sanitation challenge in rural areas. The approach was originated by Dr. Kamal Kar in Bangladesh when he undertook an evaluation of a number of water and sanitation projects funded by WaterAid. Since then the approach has gained international acceptance and recognition. CLTS works by directly attacking the practise of Open Defecation (OD) using a variety of participatory exercises. These exercises, that are based on the Participatory Rural Appraisal (PRA) methodology, help community members make a self-assessment of their own sanitation situation and subsequently take a collective decision to change their existing situation resulting in the community totally stopping the practice of Open Defecation within a short period and then moving on to promote the use of improved toilet facilities by each community member. The community is then declared and recognised as an Open Defecation Free (ODF) community. CLTS is basically a behaviour change process that places high premium on the community collectively changing its sanitation behaviours. CLTS was introduced into Ghana in 2007, since then the approach has gained acceptance and is now recognized as the preferred option for rural sanitation in Ghana.

Why this Guide

Presently, Ghana is undertaking a nationwide scaling up of the CLTS approach. A key feature of the approach is that it is a community-led process in which the community as a whole decides and commits itself to stop the practice of Open Defecation. It is important that the whole community, including children, commit themselves to stopping the practice.

Children are an important and integral part of every community in Ghana. Since the ratification of the International Convention on the Rights of the Child, children in Ghana have gained more recognition both within the family and in the community as a whole as they have proven to be effective in the development of their communities through diverse means and activities. Children now have a voice and they are heard. CLTS recognizes children as an active part of the community so children can take part in all CLTS activities. This document provides Step-by-Step

Guidelines on utilizing the potential of Children positively during CLTS application at the community level.

Who can use this Guide?

This Guide has been designed for use by all persons who are involved in the conduct of CLTS activities at the community level (including the schools in the community). It therefore targets all persons who have received some forms of orientation or training in CLTS including CLTS Facilitators, School Teachers, and selected community persons who are interested in their communities (including the schools) permanently getting rid of human faecal matter in their environmental. This is useful for the users throughout the entire process of supporting the communities and schools to sanitize their environment. Specifically at the school level, school teachers, especially the Head teacher and the School based Health Coordinator will use it to engage pupils in the process as shown in this document. They can also use it to generate ideas to guide pupils in taking action on improving the sanitation situation in their school.

Glossary and Terminology

<i>Open Defecation (OD):</i>	Is any form of defecation practice in which human excreta is left in the open such that it can be easily accessed by houseflies and domestic animals or come into contact with surface water
<i>Open Defecation Free (ODF):</i>	A state or situation in which no faeces is left in the environments. All faeces are safely confined: not exposed to houseflies and domestic animals or come into contact with surface water
<i>Pre Triggering:</i>	This is the period in CLTS facilitation where all preparatory activities take place. Here CLTS facilitators (including School-based Health Coordinators) familiarize themselves with the community, take information regarding the existing sanitation situation and prepare the community members (including school children) to commence the change process
<i>Triggering:</i>	This is the period where community members and school children are engaged by facilitators to commence the process of change in their sanitation behaviour. This process involves the use of tools in combination with special facilitator skills to help community members and school children conduct a self-analysis of their sanitation situation
<i>Post Triggering:</i>	This period of CLTS facilitation involves an intensive engagement with community members and school children in their bid to attain the open defaecation free status. This is done over a period that involves the use of tools and strategies to change the sanitation behaviour of community members and school children
<i>Natural Leaders:</i>	These are individuals in the community who spontaneously respond to the call to stop Open Defecation. They show in their utterances and deeds that they are ready to take immediate action to stop Open Defecation and also champion the community's effort to stop open defaecation and sanitize their environment. They may also direct their effort to assist other nearby communities who have issues with sanitation. These personnel may include school children
<i>Triggered Community:</i>	A community that has made a commitment of ridding their environment of faecal matter and seeing this commitment through in such a manner that each individual takes full

responsibility of disposing of their faecal matter (with parents taking responsibility of the faeces of young children who are not able to do so). The residential compounds in this community make arrangements to put in place sustainable infrastructure and arrangement to contain their faecal matter in a safe manner

Subsidy Approach:

A previous approach to delivering sanitation services in many communities. This involved the provision of part of the cost of constructing a latrine in the form of construction materials. In essence, this was aimed at serving as a motivation for other community members to construct their own latrines

Safe Disposal of Faeces:

Human faeces are disposed of in a manner that the faeces is not seen and accessible to houseflies and other domestic animals; nor does faeces come into contact with surface water

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2. Overview of child participation in community development

The human costs of Ghana's sanitation situation as a result of improper disposal of faeces have been staggering. UNICEF (Ghana) estimates that 15,000 children in Ghana mostly under the age of five (5) die every year from diseases associated with poor sanitation, water and hygiene. Over 60% of all reported cases in the country's medical delivery facilities are related to the poor Water, Sanitation and Hygiene (WASH) situation. From this, it is clear that children are the ones who suffer most as a result of poor sanitary practices. This has implications on their right to life but they are powerless to act when they are denied these rights.

To develop a community where the environment is clean and children's needs are met so that they can grow and develop, requires that the victims (the children) should be put at the centre of the development process. In doing so, the champions and leaders of development need to ensure the development process and activities are carried on in such a way that:

- Children participate meaningfully in the development process in a way that is relevant to their circumstances
- Communities are closely involved to identify the type of activities and interventions that are required
- Expectations that cannot be met are not built
- The capacity of local groups and organisations are strengthened so that they can address the issues facing families, especially services such as schools, water, sanitation and health
- Members of a community will be empowered to take responsibility for their own development and deal with the identified issues that gravely affect them

Why it is Important to Involve Children in Community Development Activities

From the above, there is enough basis to involve children in community development activities including water and sanitation. Aside the fact that they are mostly affected by communal ill-actions and inactions the following are other strong reasons why they must be involved:

- By taking part in development activities children acquire life skills, such as decision making, advocacy and also build confidence that not only helps them now but also in later life.
- In Ghana, children, when given the opportunity in a non threatening environment, will boldly discuss issues that adults sometimes avoid, and they also express their needs effectively in community and other for a when the stage is given to them. Being that open helps families and communities to address important problems that affect children and often improves their relationships and health.
- When given support and opportunity, children can be effective in educating other children and adults on matters of importance to them all, like how the community keeps its environment.

3. Facilitating the CLTS process

CLTS in essence is a behavior change process that particularly targets the practice of Open Defecation. The approach is implemented by working with community members to analyze their present sanitation situation using a number of participatory process tools. This exercise triggers the reasoning, emotions and other senses of community members at the school and community levels in such a way that the practise of open defaecation becomes an issue among them. This is called the Triggering process.

This community triggering process leads the community to take a collective decision to completely stop the practice of Open Defecation as a first step towards changing their sanitation situation. This decision to change comes from community members themselves based on their own analysis of their current situation. CLTS does not force or pressurize people to stop Open Defecation or build latrines.

Key Outcomes of a Successful CLTS Implementation

When CLTS activities are carried out successfully, it may lead to a rapid transformation in the general outlook of the community environmentally:

- Natural Leaders emerge and are trained to lead the community to attain the Open Defecation Free status
- The community completely stops the practice of Open Defecation: Everybody in the community, including children, practice safe disposal of faeces.
- The community institutes bye-laws and regulations regarding their sanitation behaviours
- Most compounds construct latrines to support their change in sanitation behaviour.
- Refuse dumps are properly installed: there is no indiscriminate dumping of refuse
- Point sources are always clean: there is no stagnant water and soakaway are always drained
- The community adopts the habit of frequently clearing bushes and shrubs in and around the community
- Domestic animals are controlled
- Household hygiene is widely practised: the households in the various compounds adopt the habit of daily cleaning in and around their compounds, covering foods and drinking water, practising handwashing with soap at critical times

- The community becomes a watchdog and have put in place plans to ensure that these activities and habits are sustained

Main Stages of the CLTS Implementation Process

CLTS implementation goes through three key stages namely:

- Pre-Triggering stage
- Triggering stage and
- Post Triggering stage.

At each stage, a number of activities are undertaken towards moving the community to stop Open Defecation and become Open Defecation Free. The activities at each stage and how children can be involved are elaborately described in the next section of this document.

4. The role of children in the implementation of CLTS

CLTS implementation requires that all community members take an active part in the process and all its activities – from the decision to stop Open Defecation through the implementation of specific activities to the attainment of ODF. As discussed earlier in this document, children are the most affected by poor sanitary conditions of a community and therefore there is every justification that they are involved in the implementation process.

Indeed, children have proven to be very beneficial to the development process. In the case of the conduct of CLTS, children have a key role to play in all three (3) stages of the implementation process: Pre-triggering, Triggering and Post-triggering. These are elaborated below.

Children and CLTS pre-triggering activities

The conduct of Pre-triggering is a critical initial activity that must be done in every CLTS facilitation process. It establishes the basis for determining the success of the CLTS implementation process.

The Pre-Triggering stage covers the following specific activities:

- CLTS facilitators' entry into the community and schools
- Meeting with community and school leaders
- Interacting with community members and establishing key contacts
- Interactions with school teachers and pupils
- Developing a Sanitation Profile of the community
- Liaising with the community leaders to fix a date for a general community meeting

The Specific Role of Children in Pre-triggering Activities

The involvement of children is critical in this process since children are very knowledgeable about the community they live in as well as the school they attend.

CLTS Facilitators should involve children actively in pre-triggering activities by following the steps below:

Step 1:

After the first meeting with the community leadership, CLTS Facilitators should arrange and meet with children separately to brief them of planned Pre Triggering activities in the community.

- ✓ *This meeting can be at the school or at the community level. Facilitators should seek the assistance of the School based Health Coordinator in organizing them.*
- ✓ *It is likely that a lot of children will be present in this first meeting including very young ones under the age of five. At this stage do not turn anybody away.*
- ✓ *In this meeting, explain clearly to the children how and why they should be involved in the planned activities.*
- ✓ *Facilitators should plan all activities children will be involved in carefully. Remember that activities involving children should always be fun and lively to sustain their interest.*

Step 2:

Identify the older children who show interest in the activities that CLTS Facilitators are engaged in. Write their names and identify where they live. These children will be working actively to support the process throughout.

- ✓ *Facilitators should now ask the younger children and those not too keen to go and play. This leaves a smaller, more mature and more manageable group.*
- ✓ *Find out if any of them are Children/Youth Ambassadors. Make these children leaders.*

Step 3:

Divide the children into two or three groups and task each group to identify any facilities or places in the community that have a link with the water, sanitation and hygiene situation of the community.

- ✓ If facilitation is happening in a small community, children can be organized in one big group.
- ✓ Don't let the group work last for too long. Bring them together again and compile the list of things and places with them.



Children are very knowledgeable about the sanitation situation of their community and school. They know what facilities exist in the community and where they are located.

Step 4:

Engage them on a Guided Walk of the community and school to identify the location of the facilities they have identified.

- ✓ *In each community, children, especially the boys, move about the community daily and know their way around. Take advantage of this and let children show facilitators round the community and help identify defecation areas (including any existing toilet facilities).*

If community entry is done when schools are in session, go through the following steps.

Step 1:

Visit all schools in the community

- ✓ *Interact with the Head teacher, School based Health Coordinator and other teachers. Find out the best time facilitators can have a short interaction with the pupils. If the school is outside the community, facilitators should still visit the school, especially if the community feeds it with a sizable number of pupils.*

Step 2:

Meet with Children to discuss Water, Sanitation and Hygiene Situation in the Community.

- ✓ *Work with Children in the Upper classes (From Class 4 upwards). They can express themselves better. This makes facilitation easier and faster so that children, who are participating, do not lose too much contact time. Use the local language if that is preferred.*
- ✓ *Let children help build a list of Water, Sanitation and Hygiene facilities and places in the community. Find out what the general current water and sanitation situation is and what defecation practices are like in the community and school.*
- ✓ *Try and arrange a Guided Walk with the children as an after school activity. If there is a School health club in the school, let some of the members lead the Walk.*
- ✓ *Always remember to involve the Head teacher and the SbHC in all activities in the school.*



Compare and validate the Information collected from children and from adults. However, in doing so, do not give the impression that information collected from one source is more credible than the other.

TOP TIPS:

Develop a keen interest in the children's playing and learning activities. Just as they have developed an interest in the CLTS activities, it would be worthwhile for facilitators to do same. During the period that Pre-Triggering activities are being conducted, CLTS Facilitators should engage in some of the children's play and learn activities to strengthen the bonding with them. This is very important!

Children and CLTS triggering activities

The Triggering stage is when community members go through an analysis of their sanitation situation and make a decision on the way forward: whether or not they would want to make any changes. Community analysis is conducted using a number of participatory process tools.

The Triggering stage covers the following specific activities:

- Organizing for the conduct of the Triggering activities
- The conduct of the Triggering activities
- Making a decision on the way forward
- Identifying Natural Leaders

The Specific Role of Children in Triggering Activities

At the Community Level...

Step 1:

Reestablish contact with the adult children identified during the Pre-Triggering stage.

- ✓ *Visit the community a few days before the scheduled day for the Triggering exercise and mobilize the adult children who worked during the Pre-Triggering stage. If the facilitation team gets to the community during school hours, facilitators should visit the school to make contact with children who supported Pre-Triggering activities.*

Step 2:

Children Support Community Mobilization for Triggering

- ✓ *Have a meeting with the children and discuss the possibility of their supporting mobilization for the Triggering exercise. Explain to them that as many community members as possible to attend the Triggering exercise to make it successful. Explore any ideas they have on how to get people to attend the session. **Remember: HAVING THE NUMBERS IS CRITICAL.***

- ✓ *In the meeting with the children stress to them the benefits that will come to them in the CLTS implementation and how they are at the Centre of the whole process. Do not force the children to be involved. Work with willing children only!*

Some mobilization strategies may include:

- Door-to-door reminders
- Reminding parents about the importance of the Triggering meeting
- Preparing the Triggering grounds
- Gathering Triggering materials

Step 3:

Triggering with Children.

- ✓ *On the day of Triggering, the lead children should also mobilise their peers for the conduct of the children's Triggering session.*
- ✓ *When the gathering is ready, separate the children from the adults after the introductory activities. Seek the permission of the adults before facilitators separate the children for their own sanitation analysis.*

NOTE:

Children should also analyze the sanitation situation in their community. In most rural communities in Ghana, children practice Open Defecation much more than their parents. This is mainly because very often, the existing toilet facilities are not child friendly and are also located outside the community. The Triggering team should have enough members so that some can handle a Triggering exercise with the children.

- ✓ *Let children draw a Defecation Area map of their community. Use this tool to start the analysis process with the children. Continue to do the Shit Calculation exercise to heighten disgust and shame.*
- ✓ *If children confirm through the Defecation Area map that Open Defecation is being practiced, take them through a simple and straightforward analysis process. This will help children understand the issues and make a decision.*

TOP TIPS:

Use the following key issues/questions to guide the analysis process at the community level:

- *Why Open Defecation is being practiced in the community,*
- *Are children happy with practicing Open Defecation, if 'No' why*
- *Does Open Defecation have any bad impact on their lives – what are the negative impacts*
- *What can they do as children to stop Open Defecation*
- *Are they ready to take action to stop Open Defecation – are they ready to start taking action immediately*
- *What do they foresee as the main bottlenecks in the stopping of OD in the community*

TOP TIPS:

Use the following key issues/questions to guide the analysis process of the school situation:

- *Why Open Defecation is being practiced in the school,*
- *Are children happy with practicing Open Defecation, if 'No' why*
- *Does Open Defecation in school have any impact on their school attendance – what are the negative impacts*
- *What can they do as children to stop Open Defecation in the school*
- *Are they ready to take action to stop Open Defecation – are they ready to start taking action immediately*
- *What do they foresee as the main bottlenecks in the stopping of OD in the school*

Step 4:

Children taking Action

- ✓ *If children are ready to start taking action to stop Open Defecation, find out what they can start doing on their own immediately. Discuss their suggestions.*
- ✓ *Guide them to develop a simple Action Plan. The Action Plan should indicate the activities they want to undertake, when they can do it and who will lead them (See sample format below).*

Sample format for Children's Action Plan

	Proposed Activities	When will they be done	Who will lead the Process
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1.			
2.			



Do not push them to indicate too many activities in their Action Plan. It is always easier for children to do a few activities and repeat them instead of doing many different things.

Step 5:

Children as a Pressure Group

- ✓ *Help the Children to compose slogans and songs that demand that Open Defecation be stopped in their community. Practice whatever slogans and songs that come up with the children till they are perfect in them.*
- ✓ *Lead the children back to the place where the adults are gathered. As they move along, they should shout out their slogans or sing their songs demanding an immediate stop to Open Defecation in their community.*
- ✓ *When the children arrive where the adults are gathered, lead them to give a brief report on their discussions and the conclusions they have arrived at concerning the practice of Open Defecation in their community. If there are any Children/Youth Ambassadors in the group, let them do the presentation.*

If Triggering takes place whilst children are in school, follow these steps:

Step 1:

Mobilize Children

- ✓ *Visit the school and ask permission to interact with the children for a short while. Facilitators must remember that children are still in school so should plan the interaction carefully in order not to unduly disrupt contact hours. Discuss this with the school authorities*
- ✓ *Work with children in the upper classes. Gather children outside the classrooms, where they can conduct the activity comfortably. The School based Health Coordinator (SbHC) should be actively involved in the interaction.*

Step 2:

Triggering with Children

- ✓ *Conduct the Triggering exercises with the children. Start with the Defecation Area mapping and introduce the Shit Calculation exercise as well. Lead the discussion of the sanitation situation using the key points shown above. The Defecation Area map should start with the school area.*
- ✓ *If through the map, children show that Open Defecation is being practiced in the school and its immediate environs, lead a discussion with the children using the key points. Find out if children are ready to take action to stop Open Defecation, especially if it is going on in their school and its immediate environs.*

Step 3:

Children Taking Action

- ✓ *Guide children to develop a simple Action plan (use the format proposed). The School health club members should lead the process. The School based Health Coordinator should document the children's Action Plan and integrate it into the School health club's activities.*
- ✓ *Whenever possible, the Patrons of the School health club should be present during the exercise.*

Step 4:

Communicating their Decisions

- ✓ *Once children have taken a decision to act on Open Defecation, their decisions should be communicated to everybody so that they can be supported to achieve their objectives. The first group of people, who should receive the children's resolution, should be the school authorities. Support any Children/Youth Ambassadors who are around to document and communicate the children's resolution on Open Defecation to the Head teacher and other teaching staff.*
- ✓ *Carry along a copy of the children's resolution on Open Defecation as you rejoin the rest of your team with the adults. Read out the children's position on the practice of Open Defecation in their school and the community as a whole.*
- ✓ *Check if parents and other adults agree with the position of their children and if they are ready to support them.*

○ Children as Natural Leaders

During the sanitation analysis, Natural Leaders emerge. These are people who are convinced and make an immediate decision that their community must make a drastic turn around about regarding their sanitation situation, starting with them.

Some children show these tendencies, whether at the school or community level. They are normally quick to answer questions and also make comments about the poor sanitation situation. They make good suggestions on how Open Defecation can be stopped in the community. They are sometimes even able to draw sketches of the type of toilet they want. Children Natural Leaders are important because they are always around in the community and have a lot of energy to commit to the task. Children also learn quickly and can easily pick up the skills needed to facilitate the CLTS Process.

Follow these steps to identify children Natural Leaders.

Step 1:

Spotting Natural Leaders

- ✓ *During the Triggering exercise, look for any children who show a lot of enthusiasm and interest in the idea of improving the sanitation situation in their community and their school. Normally, they are amongst the first to openly indicate that they want the situation to improve.*
- ✓ *If you identify any such children, purposefully ask them questions and seek their opinions on the issues that come up. Consciously make an effort to select children in a way that reflects the composition of the community in respect of gender, religion, tribe etc.*

Step 2:

Giving Recognition to Natural Leaders

- ✓ *At the end of the exercise, draw out any such children and show them off to the larger group as a motivation to the others. It is also important to let them indicate their willingness to lead their colleagues in taking actions to sanitize their environment. The larger groups must know and recognize them.*
- ✓ *In the school, the School based Health Coordinator should take note of such children and involve them actively in all discussions and activities concerning Sanitation in the school.*

- ✓ *At the community levels, the adult Natural Leaders and the community leaders should take note of such children and involve them actively in all discussions and activities concerning Sanitation in the community.*

Support for Children Natural Leaders

Natural Leaders (be it Children or Adults) need support to be able to work well. Their support may be identified as follows:

- Training and orientation in the CLTS process: Discuss
 - concepts, tenets, implementation and outcomes of CLTS
 - Basic sanitation technologies (affordable latrine types)
 - Human relations
 - Facilitation skills
 - Hygiene promotion

NOTE:

This area of support for Children Natural Leader may not be as elaborate as that of the Adults though it is important to cover all the topics listed above

- Encouragement and Motivations
 - Linkage between their actions to communal benefits
 - How they stand to benefit as children
 - Words of encouragement that they are as capable as the adults in their analysis and actions
 - Occasional drink-ups with children Natural Leaders and other reasonable motivational packages
 - Movie/video sessions
- On-the-job follow-up support: provide guidance to children Natural Leaders as they carry on their tasks and nature them to become Children/Youth Ambassadors for WASH.

These training and support activities must be as practical, participatory and relevant as possible.

Children and CLTS post-triggering activities

A community moves into the Post Triggering stage after it has made a commitment to stop Open Defecation and is ready to take action to become Open Defecation Free. The Post Triggering stage covers all the activities the community undertakes as it moves towards achieving the Open Defecation Free status.

There are four main purposes for the establishment post triggering efforts:

- To empower communities to solve their own problems
- To encourage communities to take a planned action
- To enable communities analyze their strengths and weaknesses in solving their own problems
- To create a sustained community-led behaviour change arrangement in the community.

This is the stage that community needs the most support and “all hands must be on deck”. Activities at this stage shall entail the following:

- Establishing zonal arrangements and area leadership teams for post-triggering efforts
- Planning for Compound/ Household visits
- Conducting behaviour negotiations at the household levels
- Conducting monthly review exercises
- Periodic community sanitation clean-up campaigns
- Periodic information and education campaigns

At this stage, children play a critical role by continually reminding adults of the commitment to stop OD in the community. Children primarily become a pressure point on the adults to accelerate the effort to achieve the ODF status and also increase latrine coverage in the community.

The Specific Role of Children in Post-Triggering Activities

Children’s Post-triggering support covers both the school and the community. It is therefore important to create the right environment, set the tone, empower and strengthen children to take a meaningful part in these activities:

Activity 1:

- ✓ *Within the first week after the Triggering exercise, meet with the Children Natural Leaders to discuss the outcome of the Triggering exercise. If children are in school at the time of the first follow-up visit to the community, the children's meeting should be done in the school. If there are Children/Youth Ambassadors in the community, work closely with them.*
- ✓ *In addition to the Children Natural Leaders, as many children as are interested should be co-opted*

Activity 2:

- ✓ *Discuss with the Children the areas of support the community needs to become ODF. After that be clear about the intervention they have to make to realise this.*
- ✓ *The children's Action Plan (if one was drawn) should be the reference point for the discussions. Check to see if all these activities and support areas have been captured. If an Action Plan was not drawn, then use this opportunity to draw one up with the children. The School based Health Coordinator should lead this process.*
- ✓ *Discuss how to make the work easier. One way is to divide the community into little areas or zones so that children can work in groups in a particular area or zone.*

Activity 3:

- ✓ *Divide the children into sub-groups. Depending on the number of Children available and interested, each group may consist of 3-4 persons. Assign each group an area or zone. Let the children themselves give some identification for the compounds in their area or zone.*

Activity 4:

- ✓ *Task children to identify WASH problems in their zone or area and determine which of these problems they can take immediate action on. They should visit the compounds which are affected by the problem and interact with the compound head to indicate their willingness to support the compound overcome the problem. If the Children Natural Leaders (and the CYA) can come to an agreement with the householders on how they will support the compound, they should communicate whatever arrangements with the CLTS Facilitators, the WATSAN Committee and their School based Health Coordinator.*

NOTE:

Children Natural Leaders support should not be turned into child labour.

Activity 5:

- ✓ *As much as possible support the Children Natural Leaders to implement their proposed actions in the various compounds. The Hygiene and Sanitation Volunteer on the WATSAN Committee and adult Natural Leaders in the community should also be encouraged to support.*
- ✓ *Once the activities are completed, organize the children to review and learn lessons. The SbHC can provide support in this direction in terms of the timing and supervision.*

Children can also play active parts in clean up exercises, information and community educational campaigns during the Post-triggering periods

Activity 8:

- *Support them to provide information and reminders to parents and household members for the periodic clean-up exercises*
- *They can organise their peers in large number and be involved in the exercises*
- *Encourage them to provide support services during clean-up exercises.*
 - They can make water and other drinkables available for adults as they work
 - They can engage in the clean-up exercises themselves

Children and monitoring in CLTS

Monitoring in CLTS is primarily aimed at checking progress in stopping the practice of Open Defecation, the adoption of improved hygiene practices and the construction of household toilets. Community based monitoring processes and tools are used. The Defecation Area Map drawn by the children for example can be used for monitoring.

CLTS facilitators should work closely with the School based Health Coordinator to guide pupils to use the simple Monitoring Checklist (see Annex) which the children can use to check progress in their school and also in the general community.

If the CLTS process is carried out when children are on vacation, CLTS facilitators should work closely with the Natural Leaders identified in the community and any Water and Sanitation Committee that exists in the community to monitor the progress of children's involvement.

Annex

Children's Monitoring Checklist for CLTS Implementation

Background Information

- 1 Name of Community
- 2 District
- 3 When was the community Triggered?

Working Towards Attaining ODF

- 4 Has the community taken any major action to stop Open Defecation in the past two weeks?
- 5 Has any announcement being made in the community reminding people about stopping OD in the last two weeks?
- 6 In how many houses are there people still practicing OD secretly?

Latrine Construction

- 7 How many houses have a completed latrine
- 8 How many have Hand washing facilities near the latrine
- 9 How many houses are building a latrine

10 How many have only dug the hole

11 How many have started the building

Community Latrines

12 Are plenty people using the communal latrine if there is one?

13 Is the communal latrine properly covered so that flies cannot go in and out?

School Toilet

14 Do all the schools have latrines?

15 Are these latrine clean?

Refuse Dumps

14 Are people defecating on the refuse dump?

Who collected the Data?

Date: