Community Approaches to Sanitation

Swachh Bharat Mission – Gramin
Five-day training module: an overview

This 5-day training module is designed for frontline functionaries, mainly Swachhagrahis, who are deployed at the village level to facilitate community mobilisation. It is also the introductory training for potential master trainers of Community Approaches to Sanitation and will be used in combination with a subsequent 3-day module.

This programme aims to scale up local capacity building efforts focused on collective behaviour change from a social behaviour change communication perspective. It is envisaged that trained participants will be engaged and deployed by states and districts to facilitate communities on the ground and enable them to achieve Open Defecation Free (ODF) status.

This module forms part of the wider training package which includes three other training modules of: one, two and three days. These training modules are intended for senior managers, mid-level managers and training of trainers respectively. A facilitator’s guide has also been designed. It includes the rationale and design underpinning the package along with instructions and checklist for preparing and delivering these programmes.
Objectives of the module

- Appreciation of the need and urgency to prioritise sanitation and work towards achieving the goals of Swachh Bharat Mission (Gramin) using Community Approaches to Sanitation (CAS)
- Understanding of the factors contributing to the practice of Open Defecation (OD) across rural India
- Understanding of what did not work in past programmes including key bottlenecks and barriers and approaches that address them
- Understanding of the concept, principles, and processes of a community based approaches to sanitation; how it is different from other behaviour change communication approaches and the key requirements for using it as a method
- Understanding and skills in community triggering and follow-up methods through simulation and real-time experience
- Appreciation of the technology issues involved in safe toilet construction that lead to credible and sustainable ODF results

Structure and delivery of the module

This five-day module covers 30 working hours with 12 hours in the field for triggering and post-triggering follow-up exercises.

Class room sessions are designed to be delivered either as preparation for hands on triggering and follow up, or as de-briefing and experience sharing sessions following real time triggering and follow-up in real communities.

The focus of the training is on enhancing practical skills accompanied with necessary knowledge inputs to support skill development exercises.

Training methods

The module is to be delivered using a mix of methods to be used during classroom and field-based sessions:

Methods for classroom sessions:
- PowerPoint presentations (PPTs)
- Interactive lecture presentations
- Games
- Screening of films
- Question and answer sessions
- Experience sharing

Methods for field sessions:
- Community meetings
- Participatory exercises at the community-level
- Use of trigger tools
- Gandhigiri

Preparatory arrangements

The preparatory arrangements required to be undertaken include the following:

- Prepare PowerPoint presentations and ensure films and other aids required are accessible
- Practice the delivery of sessions in the stipulated time
- Agree on dates and share the schedule and checklist for preparatory arrangements (including venue, material, field visits, selection of participants) of the training with organizers
- Finalise the names of resource persons for each session and secure their availability for the scheduled dates
- Prepare and make available the reading material for participants

Registration and feedback

A registration form (Annex 1) should be completed by each participant. This form is designed to collect basic information about the participant regarding her/his educational background, work experience, and professional skills and expertise. This primary information about the participants will give the training team a quick understanding of what knowledge and experience of sanitation and ODF the participants bring to the programme. This will help the training team fine-tune the delivery strategy of the workshop. After the programme, participants are also asked to complete a feedback form (Annex 2). This will help them review what they have learnt and how it might be applied and provide comments on the facilitation and content of the module.
Annexures

Annex 1

Registration form
Five- day training on Community Approaches to Sanitation (CAS)

Annex 2

Feedback form
Five- day training on Community Approaches to Sanitation (CAS)
Training schedule: Day 1

Registration

Morning

SESSION 1
Getting started
10-11

SESSION 2
Making India ODF: Issues and challenges
12-15

SESSION 3
What is ODF?
16

SESSION 4
Community Approaches to Sanitation: concept, principles, processes and tools
17-24

Afternoon

SESSION 5
Essentials of attitude and behaviour for a facilitator
25-26

SESSION 6
Trigger approach: Pre-triggering, triggering and CLTS trigger tools
27-30
Training schedule: Day 2

Morning

1. Recap of learning from Day 1

   SEQUENCE 1 Simulation of community triggering exercise 44-45

   SEQUENCE 2 Simulation of triggering in schools exercise 46-47

   SEQUENCE 3 Formation of groups and roles and responsibilities of triggering team members 48

   SEQUENCE 4 Mock practice of triggering and early morning follow-up 49

   SEQUENCE 5 Preparation for field visit 50

   SEQUENCE 6 First round of hands-on triggering in selected villages 51

Afternoon
Training schedule: Day 3

Morning

**SESSION 1**
Post-triggering early morning follow-up

**SESSION 2**
Field visit for early morning follow-up

Afternoon

**SESSION 3**
Presentation on field visit experience

**SESSION 4**
Second round of hands-on triggering in selected villages
Training schedule: Day 4

Morning

1. SESSION
   Real time early morning follow-up in triggered villages of Day 3
   59

2. SESSION
   Presentation on field visit experience
   60

Afternoon

3. SESSION
   Post-triggering follow-up and safe toilet technology options
   61-63
Training schedule: Day 5

Morning

SESSION 1
Harvesting learning and mapping out the way forward

SESSION 2
Sustainability of ODF results

SESSION 3
Action planning by the participants

Afternoon

SESSION 4
Experience sharing by natural leaders (NLs)

SESSION 5
Feedback and closure

Note: This is a suggested training schedule which can be adapted as per training requirements.
This session will begin informally with a warm welcome to the participants and self-introductions from the training team members. This will be followed by a game to help the participants become familiar with their surroundings and comfortable for the upcoming sessions.

All the participants will be requested to leave their seats and move around the training hall freely as though they are on a stroll. They can move in any direction they want without running into each other. After a minute or so they will be requested to increase the speed of their walk, which will be followed by another request to increase the speed a bit more after 30-40 seconds. They will then be asked to move as fast as they can without running. Facilitator(s) of the exercise from the training team will also be doing the same while instructing and coordinating the exercise.

At the end of this exercise, the participants will be requested to walk with their eyes closed, opening it at times, only to make sure that they do not bump into each other. Participants usually start enjoying the exercise after some initial hesitation and even laugh at times. This exercise is known as ‘Milling Around’ and helps the participants get physically and mentally relaxed in an atmosphere of trust and openness.

The participants will then be asked to form pairs based on the proximity of their dates of birth. They will then ask each other about their work background, and major personal and professional interests.

All the pairs will be given five minutes to get to know each other, after which both members of each pair will introduce their partner to the entire group. Each pair will be given one minute to complete their introduction, that is, 30 seconds for each member of the pair. In a group of 30 participants, the whole exercise will take around 20 minutes including the initial five minutes of interacting with each other. Effective time management by the session facilitator is of critical importance in conducting this exercise.

In case there is time constraint, a quick alternative will be to opt for a quick (20-30 second) individual introduction by each participant.

In the remaining five minutes of the session, the session facilitator will thank all the participants.
for their participation in the exercise and will present a brief overview of the design and purpose of the training module. This could be followed by questions from participants and responses from the session facilitator, as time permits.

**Technical notes for trainers**

Following the “ice-breaking exercise” and introductions, the session facilitator will share the workshop overview, explaining the design of the training and its objectives. This will be followed by a participatory exercise to set agreed norms of conduct for the participants and resource persons during the training programme.
Session outcomes

- Understanding why OD needs to be stopped
- Understanding why past programmes have not worked and why OD continues in rural areas of the country
- The Swachh Bharat Mission - Gramin and its guidelines

Duration

40 minutes

Method

PPT presentation and film
Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

This session will be delivered using a PPT presentation and a film on SBM(G) guidelines. It will be interactive with questions encouraged from participants throughout.

The session facilitator will underline the enormity and complexity of OD as a development issue and challenge within India. The knock-on effects of OD on other development issues and outcomes such as nutrition (stunting), health (diarrhoeal disease), and the well-being of people in general should be emphasised. The facilitator will highlight that the most affected are women and children. The session will conclude that SBM offers a real opportunity to pursue and achieve the goal of an ODF India, sooner rather than later.

The following technical notes for the facilitator touch upon some of the key points covered during this session.

Impact of poor sanitation

Children and women bear the heaviest burden of poor sanitation and open defecation. Almost a quarter of all children under-five years of age who died of diarrhoea in 2012 lived in India. India also has the largest number of stunted children in the world (approximately 61 million) While investments are being made in nutrition and complementary feeding, the value of this investment is severely compromised by lack of sanitation and poor hygiene practices.

With specific relation to women and girls, the negative impact of open defecation is something women and girls experience monthly. Lack of safe and private spaces for women and girls to
washes or tend to their personal hygiene needs when menstruating severely restricts their ability to fully participate in daily activities, including attending school. Moreover, environmental enteric dysfunction and diarrhoeal diseases needlessly cost and compromise lifelong opportunities and productivity.

Despite 30 years of national rural sanitation programming in India from 1986-2016, ODF results have been persistently elusive, except in the last year. There were only 13 ODF districts at the launch of Swachh Bharat Mission - Gramin on 2 October 2014. This figure has gone up to 193 ODF districts as of 9 September 2017. However, around 488 districts (out of 681) have yet to become ODF (SBM-G MIS). The task of reaching all these districts in a matter of less than three years (2017-19) is huge and fraught with challenges.

The biggest challenge is to end the practice of open defecation and create fully ODF habitations, villages, GPs, blocks and districts across the country. However, the focus on ODF outcomes has been largely missing from the actual implementation of the programme on the ground till recently, though it has been an intended outcome in all the national programmes since TSC launched in 1999.

SBM is distinctive and historic, in terms of having the elimination of OD as one of the stated objectives of the national rural sanitation programme in India for the first time.

This underlines the need to understand the pressing reasons for working towards the elimination of Open Defecation (OD) and making India ODF.

A PPT presentation with explanatory visuals will be used to explain the nine reasons why OD must be stopped in India.

Nine reasons why OD must be stopped

01. **A national shame**: India accounts for 60 per cent of the total OD in the world. This is more than the whole of Sub-Saharan Africa. (WHO/UNICEF, 2015)

02. **Loss of dignity**: Defecating in the open leads to loss of privacy and dignity among women, men and children

03. **Environmental Enteropathy**: A sub-clinical condition leading to inflammation of the small intestine through repeated ingestion of faecal pathogens. The inflammation reduces the intestine’s capacity to absorb nutrients which results in malnutrition and stunting. It also has knock-on effects on cognitive development. (Petri, 2012)

04. **Malnutrition**: One-third of all malnourished children in the world live in India (UNICEF, 2017)

05. **Stunting**: Something like 39 per cent of children under five in 2014 were stunted (Save The Children, 2017)

06. **Low-birth weight**: Poor environmental sanitation has repeatedly been suggested to be a contributor to low-birth weight, which can lead to cognitive defects

07. **Epilepsy**: In many people, epilepsy is caused by infection with the pork tapeworm which is due to a lack of improved sanitation (García et al., 2003)

08. **Diarrhoea**: OD is a main cause of diarrhoea. In India, diarrhoea causes one in ten deaths of all children under five. Annually 2,12,000 children die due to diarrhoea (Liu et al., 2000)

09. **Economic loss**: In India, according to a study by WSP in 2006, OD results in an economic loss equivalent to USD 48 per person or 6.4 per cent of GDP. This figure was between 1-2 per cent in developing African countries (WSP, 2006)
Why OD continues:

Bottlenecks and barriers

While access to toilets is limited, the use of toilets remains a matter of even greater concern, as many toilets that are built are not used. Low awareness of the potential health and economic benefits of better sanitation and hygiene practices, a perception of high costs of having a household toilet and the perceived convenience of open defecation along with its socio-cultural acceptance have kept the sanitation status low. Other major obstacles in sustaining the open defecation free status have been the inadequate involvement of local self-governments and communities and poor-quality construction or technological failure in the model design leading to slippage in behaviour.

Research over the past decade offers useful insights into the factors leading to the persistence of open defecation and non-adoption of safe hygiene practices in India. Some of the key challenges at the household, community and institutional levels are presented below:

Household

- The household’s lack of knowledge of entitlements and pathways to access sanitation services
- Inadequate knowledge of the risks and costs of open defecation and benefits of good hygiene, especially for children who are under two and those under five as well as adolescents and women
- A perception that sanitation is the government’s responsibility
- Poor knowledge and practice of appropriate toilet operation and maintenance making toilets unusable over time
- Lack of knowledge about appropriate design options (such as Twin-pit) and construction costs limiting household demand
- Lack of sufficient running water in the vicinity raises the dissatisfaction level and leads to continued open defecation
- Caste, belief systems, preferences, habits, and socialisation patterns undermine toilet use even when a household toilet is available. For example, men may feel that toilet use contradicts their sense of masculinity
- Lack of high-quality toilets built to a design and finishing that rural households aspire to own. Building and owning a toilet is not perceived as aspirational—more people own mobile phones and TVs than toilets

Community

- Open defecation is a socially accepted traditional behaviour. The major challenge is to change behaviours that have been established over centuries and are considered as socially acceptable. Communities find open defecation an acceptable solution in their setting and there is no social discrimination against open defecation
- Limited engagement and inadequate capacity of PRIs for programme implementation
- Inadequate involvement and engagement of the community on sanitation issues

Institutions

- The focus has remained largely on construction of toilets and not on behaviour change. Toilet designs have been imposed on people from outside the local context without community engagement. People, as end users, have hardly been involved in the construction of their own toilets
- Insufficient human resources at the state and district levels to design, plan, implement, supervise and monitor Social and Behaviour Change Communication (SBCC) interventions of the SBM programme
- Insufficient toilet technology options for all geographic conditions including soil conditions, depth of the water table, flooding, temperature variability, etc
- Lack of well-targeted information on service provision and entitlements to communities in the lowest two wealth quintiles
- No dedicated and skilled frontline workforce for Water, Sanitation and Hygiene (WASH) messaging
- Limited communication capacity of existing frontline workers engaged in SBM implementation
• Limited national and state capacity to provide WASH SBCC training

• Poor convergence (sanitation, water, health, nutrition) yet Frontline Workers (FLW) of health and nutrition are expected to deliver messages for WASH

• Environmental factors are a serious issue, be it flooding or droughts. Flooding renders toilets unusable, and droughts restrict the availability of water. The consequences being that families accord minimal water for sanitation

**Opportunities with SBM (G)**

Swachh Bharat Mission (SBM), an all-India mission targeting both rural and urban areas, sets the agenda for a clean and Open Defecation Free (ODF) India by 2 October 2019.

The Government of India (GOI) has committed itself to broadening its strategies to create an improved and enabling environment for the acceleration of sanitation and hygiene. SBM is distinctive and historic in terms of having the elimination of open defecation as one of the stated objectives of the national rural sanitation programme for the first time.

An ODF community is now defined by the Government of India and includes two factors:

• No visible faeces in the environment

• Safe confinement of human excrement in households and institutions adopting safe sanitation

The programme is championed by the Prime Minister and every Ministry takes responsibility for its contribution to the overall campaign to create a Clean India by 2019. When compared with the previous sanitation flagship programmes of GOI, the following four major changes in the SBM guidelines aim to create an enabling environment for the achievement of clean and ODF India:

**Flexibility**—States have the flexibility to design and implement the programme to suit their circumstances.

**District as the unit of implementation**—The change from the Gram Panchayat to the district should allow for more effective partnerships and realistic planning for implementation at scale.

**District Magistrate (DM/DC) led-experience** suggests that leadership of district magistrates is the key to the effective implementation of SBM on the ground. Most of the remarkable ODF results, such as in Nadia, Bikaner, Harda, Indore and Cooch Behar since the launch of SBM (G) in October 2014 have been achieved where DMs have actively led and driven the ODF campaign at the district level.

**Managing the incentive**—States now have unprecedented leeway to use the SBM incentive flexibly and creatively.
What is Open Defecation Free (ODF)?

**Session outcomes**
Understand what ODF means in an Indian context and how that relates to the Sustainable Development Goals

**Duration**
50 minutes

**Method**
PPT presentation and film
Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board

**Process**
The facilitator will start by highlighting that elimination of OD is one of the key objectives of the SBM (G). The Ministry of Drinking Water and Sanitation (MDWS) in consultation with key stakeholders has defined ODF as the following:

ODF is the termination of faecal-oral transmission, defined by:

- No visible faeces in the environment/village;
- Every household, as well as, public/community institution using a safe technology option for disposal of faeces

Safe technology option indicates no contamination of surface soil, groundwater or surface water; excreta inaccessible to flies or animals; no handling of fresh excreta and freedom from odour and unsightly conditions.

It is important to note the term ‘toilet’ is not mentioned in the definition and description of ODF. However, a safe toilet offers the best solution for safely separating excrement from human contact. The sanitation Sustainable Development Goal (SDG) demands universality in sanitation access, insofar as, everyone should use a toilet all the time. This carries a critical central message that ODF is essentially about living in a faecal-free environment and not in just having a toilet.

This will be followed by screening one or a series of films.

- **Not Just Toilets!** can be screened to give the participants an idea of what people from ODF villages feel about the benefits accrued to them due to attainment of ODF status.
- **Kaha to Kiya Bhi** (together they made it)
- **A People’s Movement: Community initiatives against Open Defecation**

In planning this session the facilitator should choose the film/s to be screened from those listed in the Facilitator Guide or MDWS website/YouTube channel.
SESSION 4
Community Approaches to Sanitation: concept, principles, processes and tools

Session outcomes

- Understanding of the concept of Community Approaches to Sanitation (CAS) and the key steps of this approach
- Understanding of the different types of Community Approaches to Sanitation, with a focus on Community-Led Total Sanitation (CLTS) and Community Approaches to Total Sanitation (CATS)
- Understanding of the nature and use of triggering and other tools

Duration
60 minutes

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session on community approaches to sanitation builds on the earlier sessions on issues and challenges related to making India ODF by 2 October 2019, as per the timeline set by the Mission.

The facilitator should explain that in India, many large-scale successes in terms of ODF districts have used CLTS and CATS tools and techniques. Alongside these methods, a combination of community and social mobilisation approaches have been used to influence behavioural change and generate a people’s movement to bring about sustainable ODF outcomes. MDWS has coined the term Community Approaches to Sanitation (CAS) to encompass these approaches to making communities ODF in the context of India.

This explanation will be followed by a presentation to share the concept, principles, processes and tools of CAS in detail. This will include the explanation on CAS, the difference between traditional service delivery approach and CAS, core concepts of CLTS and CATS, how the approaches differ, key processes and tools for triggering.

Technical notes for trainers

Community Approaches to Sanitation (CAS)

Community approaches to sanitation is the term applied by the Ministry of Drinking Water and Sanitation (MDWS), Government of India, to encompass the service delivery approach to making habitations, villages, Gram Panchayats (GPs), blocks, districts and states in India Open Defecation Free (ODF).

The service delivery approach varies from state to state and from district to district. However,
there are some elements that are common across many states. Chief among these are the participatory approaches and tools used to engender a collective decision by communities to abandon open defecation and adopt toilet use. Embedded in these approaches are elements of Community Led Total Sanitation (CLTS) and Community Approaches to Total Sanitation (CATS).

Therefore, CAS partly relies on the methodology of CLTS mainly in terms of the use of CLTS trigger tools, and the CATS approach, with its added focus on creating an enabling environment for the community-led approaches to be adopted as part of the main implementation strategy at the district and state levels. The term CAS therefore is used throughout these modules to refer to the standardised approach promoted and adopted by the GOI as its preferred approach to service delivery within the SBM context.

Community approaches to sanitation are based on the understanding that sanitation is a community and not only an individual household issue. Hence, to achieve real and sustainable ODF results, communities must be in the lead role.

The main focus of community approaches is the complete elimination of open defecation. The emphasis is on collective behaviour change rather than just toilet construction and involving everyone in the community and leaving no one behind. Hence, the use of the term ‘total’ in the names of these approaches, namely: Community Approaches to Total Sanitation (CATS) and Community Led Total Sanitation (CLTS).

Contained within ‘total’ is the idea that toilets use by the community should extend beyond the home to all public places, including government buildings for example, PRI offices, Anganwadi Centres, health facilities, schools, markets and toilets for transient populations and passers-by, etc. The focus is on collective decision-making by the community and the joint development of local solutions. They rely on Social and Behaviour Change Communication (SBCC) approaches. They mobilise communities to create a shared demand to end open defecation in contrast to provision of a top-down, project-driven supply of household toilets.

**Paradigm shift: Traditional service delivery approach to Community Approaches to Sanitation**

The traditional approach to programme delivery has been one of subsidised toilet construction accompanied with a communication approach based on information, education, and communication (IEC). Both these elements of the traditional approach tend to establish the primacy of the outside actor in the intervention design and delivery.

The paradigm shift inherent in community approaches involves (i) programme implementation being community led in its approach and (ii) the use of social and behaviour change communication (SBCC) methods.

**Table 1:** Key distinctions between the traditional and community approaches.

<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>Community Approach</th>
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</thead>
<tbody>
<tr>
<td>Focus on material, hardware</td>
<td>Focus on people</td>
</tr>
<tr>
<td>Process driven by outsiders</td>
<td>Natural leaders emerge and lead the process</td>
</tr>
<tr>
<td>Construction of toilets</td>
<td>Collective behaviour change</td>
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<tr>
<td>Counting toilets</td>
<td>Counting ODF villages</td>
</tr>
<tr>
<td>Prefixed standard design</td>
<td>Users design their toilets</td>
</tr>
<tr>
<td>Telling and teaching</td>
<td>Facilitating the process</td>
</tr>
<tr>
<td>Subsidy and reward</td>
<td>Trigger and self-help</td>
</tr>
<tr>
<td>IEC</td>
<td>Collective analysis and decision</td>
</tr>
</tbody>
</table>
Community-Led Total Sanitation (CLTS)

CLTS is an innovative methodology for mobilising communities to become ODF. Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become ODF. It is predicated on the premise that merely providing a toilet does not guarantee its use. CLTS therefore places a strong focus on mobilising the community to bring about sustained behaviour change aimed at creating ODF communities.

CLTS process

CLTS is essentially an empowering process in which communities are engaged in a process of collective self-reflection that eventually leads them to resolve to end OD in their habitation/village. The community members then mobilise their own resources to achieve this without waiting for external assistance or subsidies.

CLTS processes and practices have demonstrated that sustainable behavioural change requires a powerful emotional trigger. During CLTS triggering sessions, as they have come to be popularly called, women, men and children together or separately are moved by powerful emotions of disgust, shame, pride, self-esteem, and at times fear. And depending on the context, one or more of these powerful emotional triggers compel communities to rethink the age-old practice of OD, eventually leading them to discontinue it.

A range of participatory learning and action tools are used that trigger the sense of shame, pride, disgust and fear among community members across different local contexts. At some point during the triggering session, women, men and children invariably realise that they are eating each other’s faeces. This generates a feeling of disgust among people.

Triggering has come to be seen as the core of community approaches to sanitation in the Indian context. However, experience suggests that triggering alone is not enough to achieve sustainable ODF results.

Follow-up is critical in consolidating the gains of a triggering exercise. Strategic and timely follow-ups need to be undertaken to convert the initial spark into a wildfire that spreads rapidly through a community, compelling it to take collective local action to make their village ODF with a sense of urgency.

There are two types of follow-ups: one that follows soon after triggering, and one that needs to be undertaken post-ODF declaration, which is about a long-term series of interventions to sustain ODF status.

The first follow-up must be undertaken early in the morning on the day after the triggering. This activity starts with Monitoring committee members (men, women, children) making teams to cover different OD sites, where open defecators can be met on their way to the OD sites. People are usually in a hurry and find it embarrassing to meet others during this period. Repeated requests and polite methods, using Gandhian ways of persuasion popularly known as Gandhigiri, such as giving a flower to the person returning after OD can have a transformative influence on the collective sanitation behaviour of people. It puts them firmly on the path of becoming an ODF community, wherein adoption and use of toilets is accepted by the whole community paving way for a new social norm.

Towards the end of the early morning follow-up exercise, which usually lasts for two and a half hours, a planning meeting is held primarily with monitoring committee members to decide as to what actions would be undertaken to end OD in the village.

This approach of community triggering and mobilisation, now central to community approaches is radically different from the traditional approaches of implementing sanitation at the community level, as described in Table 1.

Note: Monitoring committee have different names in different states e.g. Nigrani committee etc.
Community Approaches to Sanitation (CATS)

CATS is the term used by UNICEF for community-based sanitation approaches. CATS encapsulates various approaches to community-based sanitation such as CLTS and others. The approach allows flexibility in developing the most appropriate route for reaching ODF goals in any given setting when working with government and partners. The elements of this approach ensure:

- It is driven by collective process (as opposed to targeting individual households)
- Handwashing at critical times is a key component of the programme
- Community leadership includes children and caregivers

It is important to understand the distinction between CLTS and CATS, as they are often used interchangeably in a variety of contexts creating considerable amount of confusion among users and practitioners, primarily because many CLTS methods and processes are used within CATS initiatives.

CLTS precedes and informs CATS. CLTS was developed in Bangladesh in 1999 and has spread to more than 60 countries over the last 15 years or so. CLTS makes use of participatory methodologies to engage communities in a collective self-examination of their sanitation situation often leading to collective local action to eliminate the practice of open defecation. CLTS propagates a no-subsidy approach and works best when there is no provision of upfront subsidy or incentive for toilet construction at the individual household level.

CATS, the term that came to be used by UNICEF globally in 2008, uses the same participatory methodologies as CLTS, but has a couple of additional elements and is much more open and flexible in its approach. It is not averse to a subsidy/incentive regime for toilet construction, so long as it targets communities and contributes to the overall goal of ODF communities.

In the specific context of India, CLTS methods and tools have been invariably used within the given framework of a subsidy/incentive regime. This has been so mainly because all four national programmes since 1986 have had varying levels of subsidy/incentive provision for the construction of individual household toilets.

The use of CLTS tools and methods in different districts and states in India has invariably entailed addressing the subsidy/incentive issue in some form or the other. This feature of the Indian context suggests that the community-led approaches being used in India are closer in nature to CATS than CLTS.

It is important to underline here that visible differences between CATS and CLTS in the Indian context are more superficial than substantive, as both involve the use of the typical intervention cycle of pre-triggering, triggering and post-triggering follow-up as their core methodology. However, CATS accommodates a much wider methodology and is much more open to including measures that can potentially lead to ODF outcomes at the community-level.

CATS’ openness to operate within a context where upfront subsidy for toilet construction either in the form of money, material, or in cases where both are present, makes it more relevant in the Indian context, whereas this is not admissible and acceptable within a purely CLTS framework.

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1 CLTS was developed by Kamal Kar, then an independent consultant from India working along with VERC, an NGO in Bangladesh.

2 Central Rural Sanitation Programme (CRSP) 1986-98; Total Sanitation Campaign (TSC) 1999-2011; Nirmal Bharat Abhiyan (NBA) 2012-13; and Swachh Bharat Mission (SBM) since 2014.
Nine principles of CATS

The nine principles of CATS are as follows:

1. CATS aim to achieve 100 per cent ODF communities through affordable, appropriate technology and behavioural change. The emphasis of CATS is the sustainable use of sanitation facilities rather than the construction of infrastructure.

2. CATS depend on broad engagement with diverse members of the community, including households, schools, health centres and traditional leadership structures.

3. Communities lead the change process and use their own capacities to attain their objectives. Their role is central in planning and implementing CATS, taking into account the needs of diverse community members, including vulnerable groups, people with disabilities, and women and girls.

4. Subsidies, whether funds, hardware or other forms, should not be given directly to households. Community rewards, subsidies and incentives are acceptable only where they encourage collective action in support of total sanitation and where they facilitate the sustainable use of sanitation facilities.

5. CATS support communities to determine for themselves what design and materials work best for sanitation infrastructure rather than imposing standards. External agencies provide guidance rather than regulation. Thus, households build toilets based on locally available materials using the skills of local technicians and artisans.

6. CATS focus on building local capacities to enable sustainability. This includes the training of community facilitators and local artisans, and the encouragement of local champions for community-led programmes.

7. Government participation from the outset at the local and national levels ensures the effectiveness of CATS and the potential for scaling up.

8. CATS has the greatest impact when it integrates hygiene promotion into programme design. The definition, scope and sequencing of hygiene components should always be based on the local context.

9. CATS is an entry point for social change and a potential catalyst for wider community mobilisation (which can include other health and education based interventions).
CLTS and CATS, mark a radical paradigm shift from the traditional approach of providing physical infrastructure to people. This is mainly in terms of looking at sanitation as a matter of public good in the form of a faecal-free living environment for all in the community rather than as a private good in the form of a physical facility to be owned by an individual household.

### Principles of community approaches

The key principles underlying CAS drawn from CLTS and CATS are:

**Community takes the lead:** The CAS approach is guided by the belief that the communities have to take the lead in transforming their collective sanitation situation. They have to reflect on their conditions, find that their sanitation situation is unacceptable, resolve to change it and then take concrete steps to put an end to the practice of OD. The community monitors its own progress towards an ODF status.

**Solidarity and cooperation is the key:** The whole community must collectively resolve to act and work together to achieve an ODF community/village. They must realise that one person defecating in the open can contaminate everyone’s living environment and endanger everyone’s health.

**Change from within - no external prescriptions, pressures, demands for action or incentive:** Communities resolve to change because they internalise the idea that OD is unacceptable and they need to change it. It is not because of any external pressures, prescriptions, demand for action or incentive.

**Focus on indigenous knowledge and wisdom for seeking local solutions:** Communities are encouraged to come up with their own innovations, both in terms of use of local material such as stones and bamboo for construction and the design, mainly of the superstructure.

**Natural leaders emerge:** Natural leaders who are from local areas where ODF initiatives are being implemented are nurtured and encouraged to lead all actions.

**Community monitoring:** The community monitors the behaviour of its members on a regular basis through community institutions such as monitoring committees.
Key processes of community approaches

Most of the community processes currently in use in India follow the three phases of pre-triggering, triggering, and follow up, as envisaged within the CLTS approach.

**Pre-triggering**
During pre-triggering, facilitators introduce themselves to the community and begin to develop a rapport. The facilitators gather information to determine the best time to hold a triggering by ensuring that there are no other activities planned at the same time, so that all members of the community are available.

**Triggering**
Triggering follows rapidly and is the phase whereby the community is mobilised to take a collective decision to abandon the practise of open defecation. This process can take a variety of forms and relies on participatory tools and approaches. The aim here is to facilitate the community to reach a decision to abandon open defecation on their own. If this does not happen, it is not forced.

**Follow-up**
Follow-up is the final phase whereby facilitators make visits to the community to support them in their action planning to make the community ODF. The facilitators will often provide technical support on toilet options, constructions and supplies.
Trigger tools

Any event, exercise, activity or idea that makes people think and act with a sense of purpose and urgency either as an individual or a community is a trigger.

Examples of some trigger tools are:

- Mapping of OD area
- Transect walk in OD area
- Calculation of faeces
- Faecal-oral routes of transmission
- Water and faeces
- Food and faeces
- Mobile tool
- Protest by children
- Monitoring map

Note: A brief introduction of some trigger tools are available at the end of session 6 of Day-1.
SESSION 5 Essentials of attitude and behaviour for a facilitator

**Session outcomes**
- Understanding of the attitude and behaviours required to facilitate CAS training
- Skills required for being an effective facilitator/motivator of community approaches to sanitation

**Process**
This session underlines how training sessions should be conducted and delivered. It can be conducted in the following two ways:

- **Brainstorming exercise on the attitudes and behaviours required by a facilitator in plenary.** Ideas generated by participants are written out on a flip chart in real time. This is followed by a participatory review and analysis of all the ideas. The facilitator wraps up the session summarising the key points of the session in the form of a power point presentation.

- **The facilitator begins the session with a role play where participants are divided into three groups comprising:**
  - A group of 4-5 participants functioning as the team of facilitators
  - A group of 4-5 participants as observers and rapporteurs to observe, record and report the proceedings
  - The remaining participants as the group of community members

The tasks allotted will include a visit by the team of facilitators to an imagined village to talk about SBM and its goal of an ODF India. Role-play should be completed within 15-20 minutes. This should be followed by quick experience sharing by all the three groups. The session will end with a power point presentation by the session facilitator.

**Technical notes for trainers**
The most critical element of the CAS process is effective facilitation on the ground. This presupposes the availability of trained, experienced and effective community facilitators. An effective CAS facilitator is one who has the experience and skills to trigger communities and mobilise them to undertake urgent and immediate collective local action to eliminate the practice of OD. The community facilitator could be either from within the community or an outsider.

Some of the skills required are:
- Rapport building with communities before triggering

**Duration**
30 minutes

**Method**
PPT presentation and Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board
● Effective communication skills
● An ability to learn actively
● A high level of internal drive to work with communities
● Understanding of community processes
● Being able to deal with difficult situations and queries/questions with ease and poise

● An ability to engage with and use tools that trigger communities to think and act collectively

The following do’s and don’ts can help to guide community facilitators in their communication with communities.

Table 2: Do’s and Don’ts of community facilitation

<table>
<thead>
<tr>
<th>✔ Do’s</th>
<th>✗ Don’ts</th>
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<tbody>
<tr>
<td>● Ensure the participation of all in the community including women, men and children</td>
<td>● Do not preach or prescribe</td>
</tr>
<tr>
<td>● Facilitate participatory exercises in a manner that can engage all in a group to collectively think and act</td>
<td>● Do not find faults</td>
</tr>
<tr>
<td>● Recognise the ignition moment and seize it to build community consensus to end OD at the earliest</td>
<td>● Do not make promises or offer inducements</td>
</tr>
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<td></td>
<td>● Do not impose/suggest solutions by your own.</td>
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</tbody>
</table>
**SESSION 6**

**Trigger approach: Pre-triggering, triggering and CLTS trigger tools**

<table>
<thead>
<tr>
<th><strong>Session outcomes</strong></th>
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<tbody>
<tr>
<td>• Understanding of the concept of triggering along with its practical mechanics and dynamics</td>
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<tr>
<td>• Understanding on the activities and methods involved in pre-triggering, triggering and use of CLTS trigger tools</td>
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<table>
<thead>
<tr>
<th><strong>Duration</strong></th>
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<tr>
<td>2 hours 30 minutes</td>
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<table>
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<tr>
<th><strong>Method</strong></th>
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<tr>
<td>PPT presentation and Plenary discussion</td>
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<table>
<thead>
<tr>
<th><strong>Materials required</strong></th>
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</thead>
<tbody>
<tr>
<td>PPT presentation, cards, felt pens, adhesives, pins and pin board</td>
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</tbody>
</table>

**Process**

The three stages of pre-triggering, triggering and post-triggering follow-up in community approaches have been shared with participants in the earlier session. This session will go into the details of the pre-triggering process and triggering. The session on post triggering follow-up will be taken up later.

The facilitator will start with explaining what is meant by pre-triggering and its role. This will be followed by a presentation on triggering tools. The session will close with a question and answer session.

**Technical notes for trainers**

Ending the practice of Open Defecation requires a shift in a set of long-held and often unconscious attitudes and behaviours. Facilitating change of this nature requires facilitators to engage both rationally and emotionally with communities if they are going to recognise that ways of behaving acceptable for hundreds of years are both no longer acceptable but also harmful to their health and well-being.

This change will be easier for some than for others. Those who have been defecating in the open for very long, or who find it difficult to link this behaviour to negative consequences, will find it hardest. For those groups, logical explanations are unlikely to be enough of a driver and facilitators will need to engage powerful positive emotions like pride and honour and surface and manage potentially negative feelings such as shame and disgust if they are to create a readiness for change.

Triggering describes a process, activity or idea that effectively engages people so they reflect on their current behaviour and then think and act differently with purpose and urgency towards an agreed outcome.

**Pre-triggering**

Pre-triggering is critical in ensuring the effectiveness of any triggering exercise. Pre-triggering involves: a process of eliciting basic
information about the community—such as its location, demography, socio-economic conditions; assessing its current level of open defecation and the level of readiness to change these behaviours; understanding and developing the general willingness to engage with outsiders to explore ways of improving their situation.

**Purpose of pre-triggering**

The purpose of pre-triggering is to: understand the nature of the community to be triggered; assess their likely readiness and willingness to change behaviour and therefore the appropriate triggering techniques; and agree on the date, time and venue for triggering in consultation with the community.

For organising triggering sessions (as part of field study during the training or otherwise), pre-triggering visits to villages should take place for a week (or 1-5 days) prior to triggering. If possible, Sarpanch/secretary should be called before undertaking the pre-triggering visit so that they are available when the village is visited.

A one or two-person team can be engaged for conducting the pre-triggering exercise.

In a training situation, at least one trainer reaches the training location a day before the start of training. S/he along with at least three or four local officials from the organisers, visit a shortlisted village and demonstrates a pre-triggering exercise. Thereafter, the participants will be divided into teams to conduct pre-triggering in 8-10 villages. Four villages each are required to be triggered on the second and third day of the programme.

The following activities should be undertaken for a pre-triggering visit:

- Meeting with the Sarpanch, ward member, heads of SHGs/other CBOs such as Bhajan Mandali, cricket/football clubs to explain the purpose of the visit which is to fix a date, time and venue for the visit of the triggering team. Ensure the day being fixed for triggering is not a local market day, religious festival, wedding, day of condolences or any other event which might restrict a visit to the village. Request should be made for every household to be represented during the meeting.
- The purpose of a triggering visit should be articulated as per the local requirement and the visiting team members can use their best judgement to decide how they are going to do it. For example: “A team from our organisation is surveying villages to understand the lifestyle of villagers, the development of the village - particularly in relation to sanitation and hygiene standards - and whether the village is dependent on the government for everything or if the community is willing to solve some of its own problems to improve the quality of life”
- As sanitation is often not a priority for people - and is perceived primarily as the government’s responsibility; people, generally do not want to gather for a discussion on sanitation. It is necessary to clarify the core objectives of the visiting team. Request for 2-3 hours of the community’s to help them understand the village situation.
- In cases where the Sarpanch or village leaders are already willing to make their village ODF, the necessity for all households to participate in the triggering meeting should be emphasised. The leaders though, should be cautioned not to disclose the agenda of the triggering meeting to people as it should unfold during the proposed triggering exercise.
- It is important to ascertain whether more than one triggering session is required in the village. This could be due to distances between hamlets, size and population, or other reasons such as previous or ongoing conflicts between people in different hamlets.
- Meeting the traditional leaders such as village Patel, Mukhiya is important. Sometimes they are more influential than the elected leaders and should not be ignored. Request them to be present during the triggering meeting and seek their help in gathering people for the triggering meeting.
- Meeting with local school teachers should be ensured. They should be requested to attend a triggering meeting with children in the school. Explain that during the triggering exercise they should act as observers.
- Wherever possible, participants should take a walk around to get an understanding of
the village. Ideally, they should be able to identify where OD areas are without being conspicuous, and assess the feasibility of organising a transect walk on the day of triggering. Where possible, the venue for the triggering exercise should be near an OD area. This information need not be shared with village elders.

- It is good to get a sense of the history of any collective action in the village, the level of sanitation coverage and toilet use. This needs to be done without asking the villagers too many questions.
- Before leaving the village, it should be ensured that phone numbers of all the key village leaders are taken.

**Triggering communities**

Triggering is divided into two broad components: (a) community realisation, resolve and collective decision to end OD; (b) community action planning to achieve ODF status.

a. Community realisation and collective decision to end OD

**Greetings and introduction**

The meeting with the community should start with greetings and introductions. Local greetings should be used if facilitators are familiar with the language. To save time the community leaders/representatives should be asked to introduce themselves, instead of each person of the community introducing herself/himself.

**Explaining the purpose of the visit**

The next step should be explaining the purpose of the visit. It should be emphasised that the team is here to learn about the community and to hear from community members about how they live – their livelihoods, homes, festivals, the crops they grow, their water and sanitation situation etc. In case of an inquiry about the purpose of this information seeking, it could be explained that this is regarding a survey to identify communities and villages willing to take steps to improve their quality of life on their own rather than waiting for the government’s help.

**Setting the tone and breaking the ice**

It is a good exercise to find out the time people would be willing to spare for this exercise. A consensus about the time available should be sought and it should be ensured that the triggering session is completed within this specified time. If the triggering team takes more time than agreed, many or most people may leave without the triggering session being completed.

Ensure that people feel free to talk openly about their village. Some general discussion should be initiated by asking questions and listening carefully to answers. For example, one could find out how many wards there are in the village, or the number of households. Questions about people’s livelihoods, crops, children and other local issues often help break the ice with the community.

This is also the time the facilitator can get to know the caste profile of the community, their main occupations, and their internal community dynamics without being too inquisitive and intrusive about it. They can also find out whether there are any youth groups, women groups or other influential networks. Information about local festivals and rituals could also be gathered during the informal discussions with people at this stage.

The issue of water and sanitation invariably comes up at some point during this open discussion with the group of people present. In case it does not the facilitator has to identify a suitable entry point to initiate a discussion on the availability of water and sanitation in the village.

It is important to ensure this conversation is of an appropriate length of time. If it is too short, people may not have opened-up sufficiently to enable an interactive and participatory session with them. If it is too long, there may be little time left to engage the community in analysing their sanitation situation, facilitate a collective decision by the community to end OD, and draw up some initial steps to implement their decision. This initial ice-breaking session should ideally be not more than 15-20 minutes.

**Key communication tip:** Language, including body language, of the lead facilitator and other co-facilitators, is key to effective communication with people during this opening session and sets the tone of the main triggering session to follow. It is important to check early in the session that people are really looking forward...
to further discussions. Local facilitators from within the village should be identified and co-opted for translation, if the local language is not understood/spoken by the external facilitators.

**Applying participatory tools to trigger thought and action**

After the initial ice breaking process, the facilitator should begin one of the appropriate participatory exercises capable of engaging all present at the triggering site. Defecation area mapping, calculation of faeces, calculation of medical expenses, water and faeces, food and faeces are some of the most effective tools to begin with. Any of these could be chosen as the first exercise depending on several factors such as number of people present, space available, the weather, etc..

There is no prescribed number and sequence of trigger tools to be used in a single triggering session and it may be difficult to pre-plan the exact process. What should be used and when may emerge based on the facilitator’s reading of the situation.

There are numerous tools that can be used and some of these and their indicative processes are outlined.
**Examples of trigger tools**

### Calculation of medical expenses

The aim of this tool is to help communities analyse and understand the high financial and social costs of illnesses at the household and community level. Subsequent exercises will help establish the causal linkages between preventable illnesses and poor sanitation practices. This often leads to the realisation at the community level that ending OD will result in improvements in the health and financial status of households and the community.

This discussion can be initiated by the facilitator initially through inquiries about the health and well-being of people in the community in general and children in particular. This may involve asking questions about the most common illnesses in the village. One of the participants could be invited to come forward and list out the responses of people on a chart paper. These may include many illnesses such as Malaria, Diarrhoea, Typhoid etc. Allow participants to provide their answers without any interruptions or input from your side. It is also a good idea to map out the seasons in which certain illnesses tend to occur, their pattern, and their likely causes and consequences for people in the village.

Once the process of listing out responses is complete, an average annual expenditure of a household on medical expenses should be worked out by the people themselves. Different people could offer different estimates of expenses to begin with. This could be followed up by an exercise to help people arrive at a consensus of average annual medical expenses, first of a household, and then of the entire community. The total amount usually turns out to be big, both for the individual household and the community in a year.

On a lighter note, the facilitator could also pose the question – ‘who receives all this money?’ The obvious answer would be ‘the doctor’.

The following question could be ‘who is getting richer in the process? The obvious answer again is ‘the doctor’. The next question is, who is getting poorer in the process?’ The unanimous answer usually is ‘the people in the village’.

The session could conclude by pointing out that the medical expenses of people in the village over the past 10 years not only add up to thousands of rupees; but the illnesses treated have led to the loss of many precious lives, particularly of young children.

A long pause or moment of silence (of a minute or two) in the group may follow before the facilitator begin with another activity.
**Examples of trigger tools**

**Mapping of OD area**

The purpose of this exercise is to facilitate the identification of OD areas in the settlement and to get communities to recognise they are contaminating their living environment.

The facilitator should begin by asking for volunteers willing to come forward to draw a map of their village on the ground for everyone to see and understand the general layout of the village. The map will include the villagers’ settlement pattern, their community facilities such as schools, health centres, community centres, place of worship, and their community resources such as water bodies, forest areas, etc.

Sample conversation that can follow:

**Facilitator:** Let’s draw a map of your village. Is it possible? Could we all draw this map together so our village roads, schools, places of worship, panchayat office, etc can be pointed out?

People will agree; sometimes it may require a bit of persuasion by emphasising a perfect map is not required. This is meant to be a rough map giving a broad picture of the village.

**Facilitator:** Stand up please! (adding a bit of humour) this is not a meeting to sit. We all need to participate and feel free to point things out. Come on, hurry up!

**Facilitator:** Can someone draw a boundary?

As someone starts drawing this, request others to join in to complete the boundary.

**Facilitator:** Can you show me all the important public buildings and resources such as the roads, temple/s, mosque/s, church and other religious places, school, AWC, GP office, drinking water sources, etc?

**Encourage more people to participate.**

**Facilitator:** (Puts a bunch of cards inside the boundary of the map): One person from each household should take a card and place it on the map to show the location of their home. You need not write anything on it.

Everyone should complete the task simultaneously to complete the task quickly. People can be encouraged by clapping during the process, for example, when the first person comes in to add something to the map.

**Facilitator:** (after the map is complete) How does it look?

**Participants:** It looks good

**Facilitator:** Let’s clap for everyone. The map looks really good and provides us with a lot of information.

**Facilitator:** Let me ask you one question, where do you go for OD? Take this yellow powder and use it to mark open defecation areas on the map.

People generally hesitate in doing this; you need to encourage them; clap for someone who comes first. Once, this step is complete, move on to crisis/emergency situations.

**Facilitator:** Where do you defecate during crisis/emergency situations such as during the rains, in the middle of the night, or when someone is pregnant? Put some yellow powder on
Examples of trigger tools

those places. Sometimes people say they defecate near the neighbour’s house or in their own backyard or road nearby.

Facilitator: Where do you dispose of the infant’s faeces; please show all those places by placing yellow powder.

After these exercises everyone present is invited to have a good look of the map created by them.

Facilitator: How does the village look now? Was the village looking better earlier or now?

Participants: It looks bad now. It looked better earlier.

Facilitator: (pointing towards the yellow powder): What is all this?

Participants: This is faeces.

Facilitator: So, the whole village is surrounded by faeces? Who is responsible for this?

Participants: We are responsible.

Facilitator: So, you live amidst this dirt and faeces every day?

Participants: (silent)

People affirm that this is true.

Facilitator: Okay. Thanks for your detailed analysis and for preparing a really good map. Now, tell will you clap for this map?. Eventually people will say No (Feeling ashamed).

Transect walk

The purpose of this exercise is to help people face the reality that OD, even at a distance from their homes, not only contaminates their food, but gets back into their system in a variety of ways.

Generally, people are reluctant to do a transect walk to the OD areas/sites. The facilitator needs to tactfully get people to agree to this. For example, in villages where people generally defecate near the water pond, they could suggest making a visit to the pond. Generally, the answer would be in the affirmative. They could then ask some community members and participants to help to accompany the facilitators and request everyone to come along, especially reaching out to women and men who seem reluctant to go.

The facilitator may find a fresh heap of faeces and could then call everyone to gather around it. Everyone present may not do so to begin with. Some may stand at a distance, but gradually many of them come closer to listen to what the facilitator has to say.

Facilitator: Come on, we have come from outside your village and are standing close to it. You all use it every day, so why don’t you come closer now?
Examples of trigger tools

Calculation of faeces at the defecation site is something that often works as a powerful trigger for disgust among the people present. The facilitator must be skilled and sensitive enough to conduct this in a manner that jolts people to think without hurting or humiliating them in the process. The longer it takes to complete the exercise the better, as it invariably triggers an unmistakable sense of disgust and regret among the people and compels them to decide to stop OD almost immediately.

One of the ways this exercise could go is as follows:

**Facilitator:** Is this from this village or does it belong to another village? When was it produced? Does everyone come here to defecate? Or are there other places, similar to this one? Do you travel so far even at night and during the rains? Do you have any other places? Are there any reptiles or wild animals that come here at night? Are there other risks?

(Pointing towards the faeces)

**Facilitator:** Does this come from a child, a woman or a man? And what is sitting on it? A fly. How many legs does a fly have? Does this fly stay here or does it fly into our homes? How far can a fly travel? Well sir, does it sit on your food? What does it leave there? What are we eating then with the food? And so on, till the facilitator feels the exercise has created the desired impact.

The purpose of this tool is to facilitate an understanding of the numerous ways in which faecal material left in the open travels back to the people who produced it and also to others. The best time to use this tool is immediately after the faeces calculation exercise.

**Facilitator:** I guess we really need to understand where all this faeces go? We do not see this huge quantity around that we have calculated! So, where has it gone?

Some tentative answers usually start coming in a bit hesitatingly to begin with. At this stage, the facilitator should really encourage people to start thinking and applying their minds to the question. S/he should also invite someone to come forward and note down the answers on a chart. The answers could include: the faeces get mixed up in the soil; it goes into water bodies during rains; it dries up and disappears; animals could eat it up or at times or walk over it, etc.

The facilitator can then ask several questions, and give people enough time to respond and listen carefully to their answers.

**Facilitator:** Does the dog remain in the fields after eating faeces or does it wander into the village? Do your kids sometimes play with these dogs? Do the children get soiled with faeces while playing with these dogs? Do these dogs, after eating faeces, touch our food plates? Can we conclude then, that the faeces that was lying in the open comes back to us?

**Facilitator:** What about the water? Does the faeces get mixed with water? Who drinks this water? Meaning, could the faeces lying in the open, seep into groundwater after getting mixed with rain water?

P can be encouraged to draw a diagram in which faeces is shown on one side and the human mouth on the other with different routes of faecal-oral transmission also shown on it.
Examples of trigger tools

Calculation of faeces

The purpose of this exercise is for people to recognise that OD eventually results in massive amounts of faeces in the open, which end up contaminating their immediate living environment.

Here the facilitator must apply her/his best judgement as to whether and how to initiate this discussion. In some cases, with communities who are more open to discussing this, the facilitator could be quite direct.

**Facilitator:** Where do you go for defecation? How much does a person defecate in a day on average?

*In other communities where it is not so simple, the facilitator may take a different route.*

**Facilitator:** How do you begin your day usually?

**Participant:** We are all farmers, we go to our field to check if all is well; if there are any pests hampering the growth of our crops.'

**Facilitator:** Is that all or do you go for anything else before or after that?

**Participant:** We go for our morning calls as well.

**Facilitator:** Is that true of everyone here?

**Facilitator:** OK, you mean you all go out for defecation in the morning? Any idea how much you produce in one single session or in a day? Some people may burst into nervous laughter and giggle with embarrassment or may cover their faces with hands.

Some may respond and come up with a certain figure while some others could say they have never weighed it. Some others could say it depends on how much one eats. Let the participants debate this for a few minutes and settle on an answer, in terms of an average number.

**Facilitator:** So, what could be the total amount of faeces produced in the village during a day, if you add up all the faeces produced by all those who defecate in the open?

The participants will arrive at an amount for the whole village for a day.

**Facilitator:** So, could you also calculate the total amount of faeces produced in the village in a week, a month, a year?

*During the exercise, invite someone from the village to volunteer to write the important figures on a chart paper.*

**Facilitator:** When was this village established? If one starts calculating all the faeces produced since the beginning, it would run into hundreds of truckloads of faeces and probably enough for the size of a hillock. The calculations are carried on till the facilitator feels the exercise has created the desired impact.
Examples of trigger tools

**Water and faeces**

It is best to apply this tool during the transect walk to the OD area. Another option would be to have this discussion at a location where faeces have been brought and placed at, or near, the meeting place. In case the meeting place is at any temple/religious area be cautious while exercising this tool or if possible ask people to come out of the place nearby and do it.

**Facilitator:** Could I have a glass of water?

Co-facilitators bring a glass of clean potable drinking water.

Facilitator gulps a little bit and offers the people present the water. Some may take it, while others may refuse simply because they were not thirsty or simply do not feel like drinking water with faeces in view.

**Facilitator:** Had this been a clean place, I would not be concerned about drinking this water.

People agree. The facilitator then pulls a strand of hair from her/his head and showing it to the people asks an obvious question - What is this?

People will answer that it is a strand of hair. The facilitator dips this strand of hair in the faeces and then dips it in the water. Making sure the action is visible to all.

**Facilitator:** Would anybody like to drink this water now? Why are you people not taking it? People may say it is because they saw it being dipped in the faeces.

**Facilitator:** Any idea as to how much faeces has actually got mixed with it?

**People:** Very little, just equal to one strand of hair.

**Facilitator:** But how does the water look now? Has the colour of water changed?

**Participants:** No, it looks clean.

**Facilitator:** What would have happened, if you had not seen this happening in front of you?

**Participants:** We would have drunk it.

**Facilitator:** What would have happened if you had drunk it?

**Participants:** We could have fallen sick.

**Facilitator:** So, no one is willing to drink this water when the faeces on a strand of hair had been mixed with it. How many flies could sit on our food while we are eating? How many legs does a fly have?

**Participants:** 5 or 6. Who said 6? Can everyone clap for her/him?

**Facilitator:** Can someone calculate the number of legs in the flies that could possibly sit on food we eat?

**Facilitator:** Is there anybody in this village who throws food away because flies sit on it? If anyone does, please raise your hand.

Mostly, the answer is: None.

**Facilitator:** Then, what is it that flies are leaving on the food?
Examples of trigger tools

Participants: Faeces.
Participants: So, what are we eating with food in this village?
Participant: Eating faeces.

Facilitator: Does everyone agree with the lady/gentleman who had just said s/he was eating faeces.

People generally agree.

Facilitator: Should we stop eating faeces like this or should we continue?

People normally say: It should be stopped.

Facilitator: You may wish to think carefully about this. There is no pressure from us. We are not suggesting anything. So, it is for you to decide if you and your village want to stop it?

Participants: Yes, we want to stop it.

Facilitator: Could those of you who want to stop it please raise your hands? Those who do not want to stop it need not raise their hands.

Facilitator: So how do you want to start taking steps to stop this?

Food and faeces

The purpose of this tool is to get people to understand what happens when food and faeces are placed in close proximity to one another.

This tool is generally used and is much more effective, while the mapping exercise is on. However, there is nothing fixed about it and it could be used to great effect as a standalone tool depending on the local situation. This tool also supplements the oral-faecal transmission tool.

A member of the team of facilitators brings faeces and food in separate boxes and puts them near the meeting place. Nothing is said. People simply observe the flies moving to and from faeces to food and realise that although it is not so visible in their daily life, this is what is happening.
Examples of trigger tools

**Mobile tool**

The purpose of this tool is to help people realise a toilet is affordable if it is really a priority.

The conversation about this could be:

**Facilitator:** Is there a mobile phone here? Please give it to me for a little while. Who else has a mobile phone?

The facilitator will collect several mobile phones. He will then point to the phone,

**Facilitator:** What is this?

**Participants:** Mobile

**Facilitator:** I want to ask you if this mobile phone is a matter of convenience or pride.

**Participants:** Convenience.

**Facilitator:** Yes, it is for our convenience. We can talk with each other, so it is a convenience. What is the cost of the mobile phones that I have in front of me.

**Participants will say what their mobile phones cost and this will vary.**

**Facilitator:** Some rich people have mobiles costing Rs. 10,000? If it costs 10,000, does it enhance dignity?

**Participants:** No, it is still a convenience.

**Facilitator:** (pointing to the string attached to the mobile phone) So, why have you attached this string to it?

**Participant:** To prevent it from falling.

**Facilitator:** (Pointing to the cover of a mobile) And there is also a cover. Why?

**Participant:** To prevent it from getting damaged in case it falls.

Facilitator (pointing to the lamination) And why have you laminated the screen?

**Participant:** To save it from being damaged by water

**Facilitator:** People have taken all these steps, done so much to save and protect their phone like lamination, cover, string, etc. All this we have done to protect our mobile which is a facility or a convenience. Is it right?

**Participants:** Yes.

**Facilitator:** Then tell me one thing. Has our dignity as human beings become cheaper than the mobile phone? We protect our mobile phones through a connected string and a cover, but at the same time, we expose ourselves every morning and evening by going for OD.

So is it that we have actually lost our dignity or is it that we are more interested in material things, conveniences, rather than our dignity?

**Facilitator:** In case the mobile is lost, how many days can you live without it?

**Participants:** One or two days? May be a week or two?
Examples of trigger tools

**Facilitator:** Meaning that people will arrange to quickly replace their lost phones?

But nobody is worried about their dignity. When it is lost, nobody is concerned. If I abuse someone he may attack me in a fit of anger. Is this true?

**Participants:** Yes

**Facilitator:** But every day we compromise our dignity by defecating in the open. Why are we not affected by that? You get angry just by someone’s verbal abuse, but not when we defecate in the open. This is a question for all of you to think and answer for yourselves.

**Facilitator:** Can anybody say that she or he has never seen anybody defecating in the open?

**Participants:** None.

**Facilitator:** This means that everyone present here has seen someone defecating in the open. So, where is our dignity? Is it protected?

**Participants:** No.

We never really thought of that.

*This may help them arrive at a decision to stop OD and target a date for it.*
Ignition point (community self-realisation) and community resolve to end OD

During the application of trigger tools, the facilitator must be fully attentive to the responses and reactions of participants, whether expressed verbally or through their body language. The community self-realisation that they are eating one another’s faeces comes in different ways. While some may express it in their commitment to end OD, others become silent and worried. Some will have an expression of disgust, or shame or fear of loss of dignity, others may get angry with their neighbours for practicing OD. Others may start planning for the change. This is the ignition point. The facilitator must seize this moment and build upon it. This is the time to consolidate the community resolve to end OD. This is also the time to bring triggered children to the meeting place and support them to present their ideas to adults. This helps reinforce the community’s commitment to make their village ODF.

Building community’s resolve to end OD

- How many of us wish to stop feeding faeces to others?
- Why are you feeling ashamed now, when you are not ashamed while defecating in the open?
- Now why are you ashamed about discussing it?
- How long will we continue to feed faeces to our children?
- Do you agree we should think about these concerns?
- Should we or should we not?
- So how will this stop and who will do it?
- How will you do it and when will you stop the practice?

**Participants:** I will build in three months’ time. Soon after the harvest, I will build a toilet.

**Facilitator:** OK, so you will do it in three months but what about others? Even if you alone construct and use a toilet…. are you safe? What do you all think? This is a collective issue. If you use a toilet, you will not make others eat your faeces but you would continue to eat others faeces if they don’t use one. Is that acceptable to you?

**Participants:** Everyone should stop defecating in the open as quickly as possible.

**Facilitator:** Do only some people wish to change this reality or all of you?

**Participants:** All!

**Facilitator:** Those of you who wish to stop it, please raise your hands. Do you all want to continue to eat faeces or stop it? Those who wish to stop it should raise their hands….and those who wish to continue to eat, may keep their hands down. Do all of you want to stop it?

Once people raise their hands, the facilitator can encourage them by clapping and praising them for their wise decision to improve the quality of life for everyone, including their children.
**Presentation by triggered children to their adults**

Children should go through a triggering exercise at school or at a separate location from adults to ensure their free and frank participation. Once they agree that OD must be stopped, the children should join the adults’ meeting. This should ideally coincide with the ignition point reached by the adults so that the children’s presentation can fuel the spark already ignited, and thus reinforce the community’s commitment to end OD.

At times, the children arrive at the meeting place of adults shouting slogans to end OD. First, children should communicate their request to their parents and elders to stop OD and build toilets, so children don’t have to grow up eating faeces. Adolescent girls should share their challenge and trauma with adults.

Presentations by children often make a huge impact on adults and compels people to decide to end OD. People often decide to end OD for the sake of their children, and not because of any outside influence or pressure. Parents often become emotional with tears in their eyes.

In most cases, at this stage people collectively decide to end OD. In this case, the facilitator moves to the next part of the triggering exercise, as described in the following section.

There could be a few communities that do not move even on the request of children. In that case, the facilitator could thank the community for their time and the analysis done. They should summarize the analysis and reflect back their surprise that people in this village are knowledgeable - they know that they and their children are eating each other’s faeces - yet still do not wish to correct this.

They should then prepare to leave the venue. The other team members of the facilitation team follow. But keep your ears open. It is possible that some people may request you to stay back and discuss the matter further. You should then come back, if required. For example, they could say that some community members can construct toilets easily but others cannot as they are poor. It is possible that community members are not clear that functional toilets can be built with a small investment and that most people can afford this. So, the facilitator could share technology options, if the community members express a willingness to learn and construct toilets on their own. The facilitator may also share examples of other ODF villages where rich households helped poor families as they were determined not to eat their faeces.

These are examples of possible entry points that may re-open the dialogue with the community. It is important to use a provocative or stimulating style in this setting so people are pushed to take a decision. The facilitator should not request or suggest anything to people on her/his own. The community must decide for itself.
b. Community action planning to achieve ODF status

Sharing of experiences by a natural leader from an ODF village

It is an advantage to have someone from an ODF village as a member of the triggering team. Once the community decides to end OD, the presence of this person and the sharing of her/his own experience is often inspiring and encourages people to think and initiate collective local action to end OD. The natural leader can be invited to share her/his experience. Some questions s/he could respond to are as follows:

- Why did people change their behaviour?
- How did they achieve ODF environment in their village?
- How long did it take to become ODF?
- What were the respective roles of men, women and children?
- How did they support poor people?
- How did they motivate difficult people?
- What benefits are being experienced at the community level following the ODF living environment?

**Fixing a date for ODF achievement**

Once the community has decided to end OD, they should be encouraged to sit together and make a concrete community action plan to achieve ODF status. First, the facilitator should ask them to set a date by which they would like to end OD. People may or may not decide it the same day. This can be taken up during a subsequent follow-up visit the next day.

**Formation of Nigrani Samiti (monitoring committee)**

A Nigrani Samiti should only be formed once the community has agreed themselves that a dedicated sanitation team is needed to drive the ODF movement at the village level. The role of the facilitator is simply to enable the formation process.

Once a decision to end OD has been taken and a date decided for the village to become ODF, a planning exercise needs to be facilitated for people to discuss and decide how they are going to accomplish this goal. In this planning exercise, if facilitated well, people invariably identify the need to form a team to oversee the implementation of the ODF plan in the village.

At this stage, the facilitator can play a more proactive role and help people form a Nigrani Samiti or whatever name they might like to give to this group in the village. It often requires very little facilitation to convey to communities the need for a team of inspired and dedicated sanitation volunteers to accomplish the task.

**Facilitator:** As you want to do it collectively, would you like to form a team? Would you like to form one team, or teams of men, women and children separately? (Distribute chart paper and marker so that they could write the names of the team members and the office bearers).

**Facilitator (once the exercise is completed):** Would you like to give a name to your committee? The facilitation team should then congratulate the office bearers of the committee.

**Agreement on the first follow-up to be done on the very next day of triggering**

Once the monitoring community has decided to end OD, they should be encouraged to sit together and make a concrete community action plan to achieve ODF status. First, the facilitator should ask them to set a date by which they would like to end OD. People may or may not decide it the same day. This can be taken up during a subsequent follow-up visit the next day.

**Planning meeting**

The community should be informed that after the early morning follow-up is completed, a small planning meeting will be held at 6.30 am to agree on a door-to-door survey to find out the exact situation of toilet usage and decisions on procurement of material, digging and lining of pits, construction of squatting platform, pit cover, construction of superstructure, helping poor people and construction supervision.

*Note:* Different terms are used for monitoring committees in different parts of India. One of them is Nigrani Samiti.
**SESSION**

**1** Simulation of community triggering exercise

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**Session outcomes**

- Experiential understanding of a community triggering exercise in a simulated situation
- Conceptual clarity on the steps involved in a community triggering exercise

**Duration**

2 hours 45 minutes

**Method**

PPT presentation and Plenary discussion

**Materials required**

PPT presentation, cards, felt pens, adhesives, pins and pin board

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**Process**

This session aims at simulating a triggering exercise in a classroom situation to give participants experience of the processes that takes place in real-life community situations.

In the simulation, the participants play the role of villagers and the triggering process is demonstrated by the facilitators present in the classroom. Participants are divided into two groups comprising: (i) a group of 4-5 participants, as observers and rapporteurs to watch, record and report the proceedings; and (ii) the remaining participants as the group of community members.

The triggering process usually takes 3-4 hours and is undertaken in a single session. But for this simulation, it is shorter and divided into two parts:

**Understanding the triggering process**

The first part of the triggering session is about facilitating a process of reflection through which the community realises that OD is unacceptable.

As explained in the earlier session, Community realisation and collective decision to end OD has four components. The components are reiterated for the simulation.

**Greetings, introduction, explaining the purpose and setting the tone**

The group playing the role of the community is asked to analyse their (imagined) sanitation situation and reflect on its consequences on their immediate living environment and daily lives. The facilitator will help in analysing the situation.

- **Applying triggering tools**: The previous session outlined tools that have been found to be effective across a range of contexts. The facilitator will use one of the tools in the simulation to explained it better. It will be emphasised that an important skill for community facilitators is deciding which tools to use and when, based on their assessment of the situation.

- **Recognising and seizing the ignition moment**: This is the critical part of the triggering process and it will be highlighted the effectiveness of a CAS facilitator is
determined by her/his ability to recognise and use the ignition moment effectively to trigger community resolve and commitment to eliminate OD within an agreed time frame. This is the moment of collective self-realisation at the community level that OD is damaging and unacceptable and that they must stop it.

In case of a situation where triggering with the group of children is taking place separately, this is the moment when triggered children should be brought to the meeting place of adults shouting slogans to end OD. A presentation by children to their adults at the triggering site has been found to be very powerful and effective in many places across India.

- After participants have finished the first part of role play the facilitator will highlight the key components of the second phase. The second phase concerns community action planning for putting an end to the practice of OD. This phase ensures the resolve of creating an ODF community is concretised in the form of a set of specific actions to be undertaken. These must be within a definite time frame agreed by all at the community level.

Technical notes for Trainers

The details of the triggering tools and processes along with community action planning has been explained in the last session.

The focus of this session should be on building conceptual clarity on the steps involved in the triggering process and how it is to be facilitated.
SESSION 2
Simulation of triggering in schools exercise

Session outcomes
- Understanding of the process of triggering in schools
- Clarity on the steps and challenges of triggering children in schools

Duration
45 minutes

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The process for carrying out the simulation exercise for triggering in schools is largely the same as in the session on simulation of community triggering exercise.

The participants will be divided into two groups comprising: (i) a group of 4-5 participants as observers and rapporteurs to observe, record and report the proceedings; and (ii) the remaining participants as school children and their teachers.

The simulation exercise will be conducted by the session facilitator using a set of participatory tools as indicated in the guidance note for triggering communities, which are adapted to be used with children.

The simulation exercise usually begins with some informal conversation with children about their schools and their overall experience of studying in schools. It gradually shifts to their water and sanitation practices and needs.

Once initial rapport is built with the participants, tools found to be more effective during triggering in schools are used to trigger both children and teachers (as played by the participants) in an imaginary school. These trigger tools include: faeces and water, food and faeces, calculation of faeces and oral-faecal transmission route.

Technical notes for Trainers

Triggering in school

It is important that everyone from the village is involved in the activities leading to the accomplishment of ODF status. Both adults and children should be involved in the process; often children are more excited about the related activities including early morning follow-up.

Ideally, triggering in schools and community should be conducted on the same day as the rest of the community. If, on the day of community triggering, the school is closed and children are not available, this activity can be organised within 1-3 days of triggering.

Triggering children to end OD requires facilitators to follow the same principles and approach.
as they use for adults. They simply need to be adapted for children. For example, playing games with children or singing songs in the beginning of the process helps break the ice and facilitate more active participation among them.

Sometimes, stories of how children in other places organised themselves to make their families stop OD helps children to come up with their own ideas on how to promote an ODF lifestyle.

Children can contribute to the sanitation work in many ways, including:
- Helping to mobilise people by organising processions in the village shouting slogans against the practice of OD in the morning and evening
- Visiting households in groups and motivating people using Gandhian ways of persuasion
- Request elders to not defecate in the open and cover their faeces with soil
- Maintain cleanliness in the school toilets and adopt hygiene practices like washing hands with soap at critical times, using tooth brush, cutting nail, combing hair, etc.
- Carry these messages back home to motivate their families to improve sanitation and hygiene practices

When the triggering team reaches the school, their first task is to ask the school principal and teachers to allow the children to participate in the discussion with the teachers present as observers. Once the stage is set, trigger tools like OD area mapping, transect walk, calculation oral-faecal of faeces, oral-faecal transmission routes, etc. are applied based on the context and judgement of the facilitator.

When the ignition moment arrives, the facilitator stops applying tools and facilitates the process of agreeing actions such as: the formation of children’s sanitation clubs to monitor sanitation and hygiene practices in the school; preparation of action plans; facilitating a commitment to actions to ensure a clean environment in schools and in their respective villages; helping children to formulate their own slogans to end OD.

In some cases, as resources permit, souvenirs such as, nail cutters, branded caps, badges, small mementoes, etc. are given to the children who actively participated in the process. A date for a follow-up visit is also fixed and it is agreed that the children will undertake a number of activities by this date.

If the community triggering and school triggering occur simultaneously (which is the ideal situation), the triggered children are taken to the meeting place of adults (at around the ignition moment) in procession, shouting slogans. There, they present what they learnt about the practice of OD and its impact on their lives, and request their elders to construct and use toilets and stop defecating in the open to save children’s health and lives.

Triggering children is not sufficient. Success largely depends on the understanding and knowledge of teachers. Ideally, triggering children and teachers to act on ODF should occur at the same time. If teachers are not fully sensitised, they may not effectively inspire the children or community at large, for the children to take action.

Teachers’ and students’ action beyond the school enhances the sustainability of community efforts. Hence, a school-community-school relationship is very helpful in achieving the goals of total sanitation.
SESSION 3
Formation of groups and roles and responsibilities of triggering team members

**Session outcomes**
- Formed groups for real-time triggering in villages
- Clarity among members of the triggering team about their respective roles and responsibilities during triggering

**Duration**
30 minutes

**Method**
PPT presentation and Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board

**Process**
This session focuses on forming groups for real-life triggering in communities and schools. The participants are divided into 4–5 groups depending on the number of participants. These groups will become triggering teams.

Within each group, different members should be assigned the following roles: lead facilitator, co-facilitator(s), rapport builder, reporter, faeces and rice collector and material manager.

The responsibilities of different members of the groups/triggering teams will be explained to them through a PPT presentation.

**Technical notes for trainers**
The key message of this session will be that triggering in communities and schools is essentially team work and hence the effectiveness of triggering lies in the effectiveness of the team work.

One way of understanding TEAM is - Together Everyone Achieves More. It is critically important that all team members appreciate and understand their respective roles and responsibilities well enough to discharge them efficiently and effectively during the actual triggering session on the ground.

The facilitator can develop a power point presentation for this session (optional).

Members of triggering teams have the following roles and responsibilities:

1. **Lead facilitator**: facilitates the entire process from entry to exit from the habitation
2. **Co-facilitator**: assists the lead facilitator while conducting triggering exercises with the community. The co-facilitator could also implement some of the tools, as pre-decided
3. **Social mobiliser**: helps build a good rapport and creates a conducive environment that enables community members to speak freely
4. **Reporter**: observes and records the proceedings of the day
5. **Faeces and rice collector**: collects faeces, rice and other materials as required during the triggering exercise
6. **Material manager**: ensures that all the required materials for the application of the tools are available in time

**Session outcomes**

- Formed groups for real-time triggering in villages
- Clarity among members of the triggering team about their respective roles and responsibilities during triggering

**Duration**
30 minutes

**Method**
PPT presentation and Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board

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5. **Faeces and rice collector**: collects faeces, rice and other materials as required during the triggering exercise
6. **Material manager**: ensures that all the required materials for the application of the tools are available in time
SESSION 4
Mock practice of triggering

Session outcomes
- Mock practice of the triggering exercise
- Identified possible slip-ups and formulated a back-up plan

Duration
30 minutes

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
Participants are divided into 4–5 groups formed in the previous session. The working groups of participants are advised to do a mock practice of the triggering exercise within their groups. For this, 2 to 3 members in the group can act as facilitators and the remaining members as community members. This practice session helps participants gain confidence in facilitating triggering, overcome any hesitations in addressing audiences and ensure they are prepared to ask a series of questions to provoke communities to analyse and act collectively.

Technical notes for trainers
The role of the session facilitator during this session will be simply to observe and answer queries of the participants working in different groups.
SESSION 5  Preparation for Field Visit

**Session outcomes**
At the end of this session the participants will be prepared for triggering field visit.

**Duration**
30 minutes

**Method**
PPT presentation and Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board

**Process**
The session will begin with a briefing by the session facilitator about the field visit. Villages will be assigned to each group. Contact numbers, place of meeting, basic data including demography and sanitation profile of the villages will be shared.

Participants are informed about vehicles that have been allotted to each group and when they are to proceed to their allocated villages. The teams are reminded of their roles and responsibilities.

The groups are also briefed about do’s and don’ts.

**Technical notes for trainers**
As the focus of the training programme is hands-on learning, field visits and participatory exercises with community members in a real-life setting are of crucial importance. During these exercises, participants learn to apply triggering tools in real communities and try to get them to commit to making their villages ODF.
SESSION 6
First-hand round of hands-on triggering in villages

**Session outcomes**
Real-time activity attempts to trigger 4-5 selected communities

**Duration**
3 hours and 30 minutes

**Method**
Real time triggering in villages using trigger tools

**Materials required**
Triggering materials (listed in annexure)

**Process**
This session begins with the departure of the triggering teams to their respective destinations. It is crucial that teams are punctual and reach their respective villages well before time so they can prepare for the scheduled triggering session.

The triggering teams are usually received by some of the community members in the village. They then move to the agreed venue for the triggering exercise. On reaching the designated place, the members of the triggering team will greet the villagers present there.

The purpose of the visit will be explained to the people present by the leader of the triggering team and their consent for participation will be sought.

The lead facilitator along with all the members of the triggering team will carry out the triggering exercise as planned. After the completion of the exercise, the team will thank the villagers for their interest, time and participation.

**Technical notes for trainers**
The session facilitator should try and maximise the participation of group members in the triggering exercise. Each participant in the group should have an opportunity to apply the triggering tools or/and related tasks as agreed within the team.

The session facilitator needs to observe the triggering process in the field. If they find that a group member is not able to perform her/his role properly, they should assume their role for a period. Once the concerned individual – having observed the trainer - feels able to take up the responsibility again, the trainer should slowly withdraw.

If the trainer feels the process is likely to be derailed they should discuss this with other members of the group as per the emerging need and if necessary intervene to bring the exercise back on track.

Upon returning from the field the facilitator will ask participants to reflect on how they feel at the end of the triggering process.
Post-triggering early morning follow-up

**Session outcomes**
- Understanding the importance of post triggering follow-up
- Understand basic concepts of gandhigiri applied in the sanitation context

**Duration**
20 minutes

**Method**
PPT presentation and Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board

**Process**
The session will begin by underlining the critical role of post-triggering early morning follow-up. The facilitator will explain in detail the concept of early morning follow-up and the type of activities which are being used for this process.

**Technical notes for trainers**
The early morning follow-up is one of the major tools for consolidating the community resolve to end OD achieved during the triggering exercise. Meticulous planning and efficient execution of this follow-up exercise sets the tone for the collective local action to follow at the village level.

Gandhigiri has been found to be an extremely potent tool in inducing desired behavioural changes among people, mainly because of the nature of immediacy and urgency inherent in the human interaction involved and its totally disarming and transformative impact on people.

**What is Gandhigiri?**
Early morning follow-up is best done using Gandhian ways of persuasion popularly known as Gandhigiri in the Indian context. “Gandhigiri” refers to the practice of the ideals of Mahatma Gandhi.

**Why Gandhigiri?**
While triggering creates a broad consensus among the community members to end OD, early morning Gandhigiri provides an opportunity to remind people about their commitment and initiative to undertake collective local action to achieve the goal.

Secondly, during the triggering session, some households may not have been present and therefore largely unaware of the proceedings and outcomes. Early morning (dawn) Gandhigiri provides an opportunity to trigger these people and spread the message to almost everyone at a time when people go for defecation.

Thirdly, the presence of outsiders (particularly senior officers of district administration) emphasises the importance of the issue, as they are also coming to the village early in the morning to request people to end OD.

**Timing**
It is best to organise Gandhigiri the day after the triggering exercise takes place early in the morning, say around 4:30 or 5:00 a.m.
depending on the season, at a time when people start going for OD. Most open defecators can be met if the team for Gandhigiri is there before they come out of their houses to go for OD.

Another suitable time for Gandhigiri is the evening when people go out into the fields for the same purpose.

Once Gandhigiri is initiated, it must be continued every day during early morning and evening till the village becomes ODF. It is suggested that for ensuring the long-term sustainability of outcomes, this should be continued until a permanent shift in the sanitation behaviour of people is clearly established.

Who should do Gandhigiri?

Gandhigiri is primarily to be done by community members themselves i.e., village people, particularly members of the monitoring committee including men, women and children. Outsiders need to be there as a catalyst to initiate the process and they should keep visiting until the monitoring committee undertake the responsibility on their own and external help is no longer required.

The presence of senior officers and public representatives of the Gram/Block/District Panchayats, inspires functionaries down the line and motivates community members.

The Gandhigiri may include:

○ Requesting people to cover their faeces with soil, till they can stop open defecation. If they do not cover it, the monitoring committee members do it

○ Monitoring committee members could offer roses/garlands to open defecators as depicted in the film ‘Munna Bhai MBBS’ or adopt any other innovative ways. Anything that helps them realise by emergence of emotions such as shame, pride and dignity needs to be facilitated

○ Requesting people to construct toilets and stop defecating in the open. If they already have toilets, they should be requested to use their toilets

○ Committee members offering them to use their toilets till they have own toilets

○ The use of a few tools (such as water and faeces demonstration, mobile tool etc.) to trigger those who were not there during the triggering exercise

○ Monitoring committee members could also decide to visit each household after completing the exercise in OD areas and request them to create peer pressure

Hold a planning meeting: At the end all, the team members assemble and a small meeting is held in which, the following are discussed:

○ Technology options (it is important to convey common mistakes in construction of leach pit toilets and provide explanation on safe technology options as per their geographical conditions)

○ Availability of masons and material vendor shops and mason training

○ ‘Sankalp’ (commitment) to continue Gandhigiri in early morning and evening and the strengthening of the monitoring committee for this. Strengthening basically means including more people. If over a period of time, the monitoring committee becomes larger this is an indicator of sustainability of community monitoring and persuasion system

It is extremely important that outsiders do not take lead in the process, their role must be to encourage Nigrani Samiti members to lead during Gandhigiri. Participants, if required, should request people only with folded hands. Participants must never be offensive in their behaviour. Offensive and coercive behaviour is unacceptable.
SESSION 2
Field visit for early morning follow-up

Session outcomes
- Undertaken early morning follow-up in triggered villages
- Drawn learning for improving the quality of subsequent early morning follow-up exercises

Duration
4 hours

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
The working groups of participants visit their respective triggered villages early in the morning and carry out follow-up activities using Gandhigiri methods and hold a community level planning meeting as agreed.

Technical Notes for Trainers
Most of the early morning follow-up activities involve meeting people going for OD or who are already engaged in the process, and requesting them to stop this practice and use toilets. If they don’t have a toilet, they are asked to cover their faeces after defecation until they construct their own.
Session 3

Presentation on field visit experience

Session outcomes

- Reflection on field visit experience
- Experience sharing and lessons for future improvements

Duration

1 hour and 15 minutes

Method

PPT presentation and Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

This session is for presentations by the working groups based on their experience of real-time triggering in communities carried out on Day 2.

Participants will be provided with some key points around which they can structure their experience related to both their triggering and early morning activities.

1. Presentations on the triggering experience could be based on rapport building with the community, the triggering process, trigger tools used, difficulties faced and overcome and triggering outcomes.

2. Presentations on early morning follow-up (including Ghandigiri) should include the process of carrying out the early morning follow-up, difficulties faced and overcome; and results achieved.

Working groups will be given 15 minutes to prepare their presentations and 5 minutes to present. After all the presentations have been made, a question and answer session will be held.

Technical Notes for Trainers

It is advised that the session facilitator structures the presentations by teams of participants in a manner that maximises the learning from the experiences being shared.

Suggested format for presentations of (triggering and early morning follow-up)

- Name of the village……………….
- Name of GP……………………………………….
- Total HHs in the village…………………………………….
- Number of persons present during triggering Men………………Women………….. Children………
- Process/activities…………………………..
- Outcomes achieved………………
- Whether any natural leaders emerged…………………………..
- Lessons/Insights emerging from this exercise…………………………..
- What we could do differently during next triggering?…………………………..

The facilitator should encourage participants to focus on their learning, accomplishments, failures and challenges.

Facilitators supervising field exercises should also share their observations of the field visit.
SESSION 4
Second round of hands-on triggering in selected villages

Session outcomes
- Participate in second round of real-time triggering
- Built on lessons learnt in from the review of the first exercise

Duration
4 hours

Method
PPT presentation and plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
To enhance participants' triggering skills and apply some of the lessons learned from the first triggering exercise and the feedback session, each group undertakes a second triggering exercise in a new set of villages.

The groups should again divide the roles and responsibilities among the members and discuss their strategy prior to the visit. Ideally each participant should take a different role to the one undertaken in the first field visit.
SESSION 1
Real time early morning follow-up (Gandhigiri) in triggered villages of Day-3

Session outcomes
- A second real-time early morning follow-up (Gandhigiri) in teams
- A planning meeting with monitoring committee

Duration
4 hours and 15 minutes

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
The working groups of participants visit their respective villages triggered on Day 3 to carry out early morning follow-up activities using Gandhigiri methods and to hold a planning meeting at the community level as agreed.

Technical Notes for Trainers
Most of the early morning follow-up activities involve meeting people going for OD or who are already engaged in the process, and requesting them to stop this practice and use toilets. If they don’t have a toilet they are asked to cover their faeces after defecation until they construct their own.
SESSION 2
Presentation on field visit experience

Session outcomes
- Reflection on their field visit and comparison to first experience
- Drawn out and discussed lessons for future improvements

Duration
60 minutes

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
This session is a similar reflective process to the one undertaken on day three after the first field visit.

The working groups are again given 15 minutes for preparing their presentations and 5 minutes for presenting based on a similar structure as the day before. This will be followed by a question and answer session.

1. Presentations on the triggering experience should focus on: rapport building with the community, triggering process, trigger tools used, difficulties faced and overcome and outcomes achieved

2. Presentations on early morning follow-up (including Gandhigiri) should include the process of carrying out the early morning follow-up, difficulties faced and overcome and results achieved.

In both cases participants should reflect on any changes in approach taken based on feedback they received after the first field visits.
SESSION 3
Post-triggering follow-up and safe toilet technology options

**Session outcomes**
- Understanding of the rationale and role of post-triggering follow-up in achieving ODF results
- Understanding of various aspects of safe toilet technology options

**Duration**
2 hours

**Method**
PPT presentation and Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board

**Process**
This session focuses on post-triggering follow-up and safe toilet technology options. One hour is allocated for each theme.

The session begins in plenary with an open discussion where participants share their ideas and insights about various post-triggering follow-up activities based on their experience so far. All points shared by participants are written out on flip charts for everyone to see and reflect. This is followed by a brief presentation from the session facilitator summarising these and adding any additional points missed.

The crucial significance of safe technology options for toilet construction in ensuring credible and sustainable ODF results will be highlighted in this presentation.

Following this, a presentation on technology options will be made by the session facilitator, highlighting their importance in ensuring credible and sustainable ODF results. The presentation will focus on twin leach pit toilet technology. Some information on toilets linked with biogas and Ecosan toilets will also be shared.

**Technical Notes for Trainers**
Excessive focus on training and triggering activities to the neglect of post-triggering follow-up results in many triggering exercises not leading to the achievement of ODF status.

All post-triggering activities are directed towards the goal of achieving and sustaining an ODF living environment for the concerned community.

Some of these activities include:
- Carrying out a comprehensive baseline survey recording data on households with or without toilets, number of open defecators and OD sites
- Collective pledge by the community members to cover faeces in the open until the village becomes ODF
- Fixing the ODF date for the village
- Streamlining the supply chain
- Having trained masons on board
- Demonstration of safe toilet construction on demand
**Post-triggering follow-up:**

Post-triggering follow-up is the key to converting will into action at the community level. Community triggering usually triggers people to resolve to end open defecation and to act together as a collective to make it happen.

Post-triggering follow-up must be timely and strategic to be truly effective. Timely follow-up helps keep the ‘spark’ ignited during community triggering not only alive, but also turn it into a wildfire that wipes out the practice of open defecation at the community level sooner than later. Strategic follow-up essentially means to seed and nurture the spirit of sustained collective local action for achieving credible and sustainable ODF results on the ground.

The role of the community facilitator in carrying out follow-up is critical. It entails engaging with the triggered community closely and act as their confidant, friend, guide and technical assistant. The facilitator should constantly look to find innovative and effective ways to convert the community desire and decision into collective local action. This should be through continuous demand-led support, inspiration and reminders; and by undertaking regular early morning and evening follow-up activities.

Gandhigiri, as an approach to persuade people to do the right thing, has been found to be very effective during early morning and evening follow-ups, following triggering. However, Gandhigiri alone is not enough, and should be supplemented by other follow-up actions. Other key steps and processes to be undertaken by the community facilitators could include:

- The facilitation of a **baseline survey by the community**. This step is critical for preparing an open defecation elimination plan (ODEP) or ODF plan for the village. This can be done by engaging two young community volunteers for a couple of hours for every 10 households or so. In the end all the volunteer teams come back with their report and the monitoring committee compiles the information. This is shared in a community-wide meeting organised for the purpose. Alternatively, the committee members themselves can do this during door-to-door visits as part of Gandhigiri. It may require a few days as it may not be practically feasible to cover all households in a single day.
- The facilitation of a **collective pledge to do Gandhigiri** every morning and evening and covering faeces till ODF status is achieved.
- Ensuring the community **decide on an ODF date**, if this was not done during triggering.
- Facilitating the **streamlining of the supply chain**. This will include preparing a list of masons and vendors of sanitary material in and around the village.
- Ensuring **trained masons on board**. This may require organizing mason trainings on community approaches to sanitation, as well as the construction of Twin-pit toilets. It needs to be emphasised that the leach pit is a cost-effective and sustainable option based on safe and environment friendly technology and is suited to most rural areas in India. It is also important to emphasise that those having septic tanks must dispose of the outflow water into a leach pit.
- **Demonstrating effective toilet construction** in a few HHs in different pockets of the village in response to demand from willing community members.
- Discuss and look to **ensure the functionality, usage and O&M of school toilets**. Teachers must ensure proper functioning, usage and maintenance of toilets. Mukhiya/Pradhan/Sarpanch/ward member should support this.
- Discuss and look to **ensure the functionality, usage and O&M of Anganwadi toilets**.

It must be underlined that practice around follow-up is constantly evolving with new innovations coming to light from different states and districts in India on a regular basis. Hence, the users of this module (both trainers and field practitioners), have to keep updating their toolkit regularly by incorporating new innovations and practices.
Safe technology options

Swachh Bharat Mission (Gramin) focuses on achievement of Open Defecation Free (ODF) villages that entails safe disposal of human excreta. Safe technology design is therefore, an important component of toilets.

There are various models of toilets like twin-pit, Septic tank, Ecosan toilets and Bio toilets amongst others. While GOI provides flexibility to states in choosing the toilet technology considering areas topography, soil conditions etc., properly constructed twin-pit toilets perhaps may be the best given its advantages such as-low price, easier to build, less water consumption etc. The Septic tank, on the other hand is more expensive, needs more water for flushing and since a soak pit is many times not constructed along with septic tank, it becomes unsafe. The choice of technology lies with the individual household based on the local geographical condition. However, if Twin-pit toilets are constructed, the following issues may be kept in mind:

1. Leach pit should not be more than four feet deep
2. The middle portion of the bottom of the pit should be kept in natural condition for leaching of liquids
3. No excessive honeycombing (there should not be more than 2-inch gap between bricks)
4. Junction chamber should have proper slope at the bottom and it should have a smooth finishing and should be in Y shape
5. Excreta conveying pipes should have slope of 1:10
6. Don’t use a vent pipe
7. Maintain a distance of 1 meter between leach pits
8. Water source should be 10-15 meter away from the twin-pit toilet
9. Raised leach pit structure for depressions and water-logged areas

Beside the twin-pit toilet, the appropriate technologies for high water table areas and rocky terrain areas where Twin-pit has to be customised (raised platform) or other technologies such as Ecosan toilet, Biogas linked toilet and Bio Digester toilet may be used.

Note: for detailed information about safe technology options refer,

Ministry’s Handbook on technological options for on-site sanitation in Rural areas

http://www.mdws.gov.in/sites/default/files/Final per cent20Draft_Handbook per cent20MDWS per cent2BWaterAid per cent20per cent20onsite per cent20sanitation.pdf
SESSION 1
Harvesting learning and mapping the way forward

**Session outcomes**
- Reflection on learning—particularly real-time triggering in communities
- Discussed and decided possible the future roles of trained participants

**Process**
This session aims at helping the participants harvest their own learning from the previous four days and map out their way forward after the training. Working groups are asked to share their learning from the programme in pre-triggering, triggering and post-triggering follow-up activities and methods.

The process will be as follows: all participants in the working groups will be asked to list out a couple of key learnings and something that they did not know prior to this training. After all the participants have identified their learning points, they will share their points within their respective working groups.

After sharing by individual participants is done, each working group will create a list of key learnings and prepare a presentation.

It is well known that learning is of real value only when it is put into action. Hence, all groups will also have to identify ways in which they can translate their learning into action on their return to their respective workplaces.

When the working groups are prepared, they will make their group presentations in plenary.

**Duration**
1 hour

**Method**
PPT presentation and Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board

**Technical Notes for Trainers**
This session will be of great value for identifying the key learning points from the programme for the participants, as well as its application in work situations following training. As part of the initial briefing to the participants the facilitator should explain that a listing of resources will be made available to each individual participant. In the ensuing discussions within each group, common learning points should be combined and presented as one learning point, while different learning points should be captured, articulated and presented separately.
SESSION 2
Sustainability of ODF results

Session outcomes

- Key elements of sustainable ODF
- Understanding about how to achieve sustainable ODF results on the ground

Duration
1 hour

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

This session uses a participatory approach for identifying the key elements of sustainable ODF results. It uses the Nominal Group Technique (NGT) brainstorming method.

This method is implemented in a round robin fashion, whereby each participant is expected to contribute one point each to begin with in the first round. In subsequent rounds, each participant is again requested to contribute one point. Rounds of contribution by participants continue until everyone says that they have nothing more to contribute.

After listing all the points made by the participants in plenary, learning points generated are organised and arranged within the agreed broad categories. These points may include pre-triggering, triggering, trigger tools, post-triggering follow-up, early morning Gandhigiri, supply chain, construction material and toilet construction, IEC/BCC, use of incentives and transfer of incentives to people etc.

A brief presentation is then made by the session facilitator on sustainability issues, followed by interaction and discussion with the participants.

Technical Notes for Trainers

To make the process efficient and effective, the session facilitator must make sure all the participants understand the process well. After the initial round, many points may be repeated by the participants. The session facilitator should quickly paraphrase similar points made by participants and group them with key points already made. Repetition should be avoided.
SESSION 3

Action planning by the participants

Session outcomes
- Action plans prepared
- Learning through peer review

Duration
2 hours

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
This session is for participatory action planning within groups and strategic action planning at the level of individual participants.

Divide participants into groups (if required) based on the block or district that they represent for collective planning purposes.

After all the action plans are prepared, they will be shared and reviewed in the plenary.

Technical Notes for Trainers
In the case of a face-to-face training programme, the participants have to prepare action plans for the next 1-3 months, post-training. In this session:

- Name the different phases, in which this will be achieved (usually one village could take an average of 1-3 months to achieve ODF)
- Form block-wise teams from among the existing participants
- Allocate villages to each team for triggering and follow-up in the next 1-2 months
- Meet the team for review and chalking out the scaling-up plan
- Decide who will monitor and how
- Decide on the roles of different stakeholder groups
- Develop a capacity building plan

District Collector should be present and chair the session (if training is at the district level)

Agree on a target date for making the district ODF
Session 4

Experience sharing by Natural Leaders (NL)

Session outcomes

- Experience shared by natural leaders
- Reflection on the experience and how it can inspire and help in going forward

Duration

1 hour

Method

PPT presentation and Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

Natural leaders (NL) from communities and villages triggered on Day 2 and 3 will be the key resource persons for this session.

The role of the session facilitator will be to coordinate with all the natural leaders, receive them at the training venue and invite them over to share their experiences since the triggering exercise in their village.

The NLs from triggered villages are invited to share their experiences one by one. Each experience sharing session is followed by a question and answer round, where participants or other NLs may ask questions and seek clarifications from the presenting groups/teams of NLs.

The presence of the District Collector and other senior district-level officials during this session should, if possible, be ensured to help create conviction, commitment and ownership at the district level.

Technical Notes for Trainers

This session is of great significance in building up the participants’ conviction in the efficacy of the approach in mobilising communities and creating natural leaders at the community level to eliminate the practice of OD.

The trainer needs to decide whether the NLs would be best making their presentation one-by-one in the plenary or simultaneously. If it is decided to have them simultaneous, presentation stations should be prepared for all NLs. Each station should have a place for putting chart paper and a chair. The participants could be divided into small groups so that they can interact with the NLs making presentations and rotational presentations can be facilitated.

Tips for Facilitating Natural Leaders’ Presentations

- It is important to welcome the NLs when they arrive.
- It is important to make the NLs comfortable so that they are not intimidated by any unfamiliarity with the training environment.
- Participant groups should support their respective village community people by helping them display their presentations on the walls.
- The District Collector should felicitate these NLs to make them feel welcome.
SESSION 5
Feedback & Closure

Session outcomes
- Agreement on way forward
- Feedback on the training

Duration
1 hour

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
This will be the final session of the training programme and the facilitator will wrap up the programme by underlining all its high points, mainly the successful triggering sessions organised in around the villages, and the experiences shared by NLs from triggered communities and villages.

The attention of the participants will be drawn to the action plans and outlines of district-wide ODF plans they have prepared.

The session should close with words of ownership and commitment by the host government department/organisation to deploy the trained participants for building local capacity and mobilising local resources to implement the capacity building plans.

Technical Notes for Trainers
This session is aimed at creating wider ownership of the ODF agenda not only by the participants, but also by the senior-level government officials.
Annex 1

Registration form

Five-day training on Community Approaches to Sanitation (CAS)

Name............................................................................................................................................................................

Designation....................................................................................................................................................................

Organisation....................................................................................................................................................................

Contact Details: Email ID.............................................. Mobile.................................................................

Educational Qualification/s............................................................................................................................................

Work Experience: Number of years..................................   Sector/s......

How long have you been working in rural sanitation and in what capacity (in two sentences)?
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Have you been trained in community approaches to sanitation such as CLTS/CATS/SARAR/SBCC etc?

Yes/No........................................................................................................................................................................

If yes, when did you receive the training and by whom or/and which agency?
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How did you use your learning from training subsequently? (In two sentences)
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Do you have the experience of working with communities? Yes/No
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If yes, in what capacity and with what results? (In two sentences):
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Please write what do you think are the key features of community approaches to sanitation? (in points):
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Annex 2

Feedback form

Five-day training on Community Approaches to Sanitation (CAS)

Name ................................................................................................................................................................

Designation ......................................................................................................................................................

Organisation .....................................................................................................................................................

Feedback

Please write at least five things that you have learnt in this programme, which you did not know earlier, or not in the manner that you know now.

Which of the following roles/tasks you think you can carry out effectively after this training:

- Trainer of Community Approaches to Sanitation (CAS)
- Community facilitator/motivator/mobiliser
- Pre-triggering
- Triggering
- Post-triggering follow-up

What more do you think you need to know, learn or practice, before you can function as an independent trainer of community approaches to sanitation (CAS)?

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What do you think were the strengths of this 5-day CAS training programme?

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What do you think were the weaknesses of this 5-day training programme?

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What are your suggestions for improving the delivery of these programme in future?

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Feedback form

Please mention three key lessons you have learned during the workshop

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Please mention three topics of the workshop you liked most

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Please mention three topics of the workshop which you did not like

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Do you think that there is a need for another training programme or workshop after this for sharpening your training skills?

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Any other comments

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## Feedback form

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<th>S.N.</th>
<th>Description</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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<tr>
<td>1</td>
<td>Contents of the training workshop</td>
<td></td>
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<tr>
<td>2</td>
<td>Quality of facilitation</td>
<td></td>
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<tr>
<td>3</td>
<td>Learning from hands-on triggering and follow-up exercises conducted during the field visit to selected villages</td>
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<td></td>
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<tr>
<td>4</td>
<td>Participation in workshop activities by the participants</td>
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<tr>
<td>5</td>
<td>Coordination between the facilitators and participants</td>
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<tr>
<td>6</td>
<td>Discipline during sessions</td>
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<tr>
<td>7</td>
<td>Accommodation and arrangements for the participants</td>
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<td>8</td>
<td>Quality of meals/food</td>
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<td>9</td>
<td>Arrangement for travel and tours during the workshop</td>
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<td>Total impact of the workshop</td>
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Note: Tick(✓) mark in only one box.
## Acronyms

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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>ATI</td>
<td>Administrative Training Institute</td>
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<td>AWW</td>
<td>Anganwadi Worker</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>Member of Legislative Assembly</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>Open Defecation</td>
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<td>Spheres of Influence for Equity</td>
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<td>State Institutes of Rural Development</td>
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<td>TOT</td>
<td>Training of Trainer</td>
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<td>World Health Organisation</td>
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<td>Water and Sanitation Programme</td>
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Notes