



SCHOOL LED TOTAL SANITATION TRAINING
FOR
TEACHERS AND SCHOOL MANAGEMENT COMMITTEES
SUPPORTED BY
ARUA DISTRICT COMMUNITY TRUST

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ABBREVIATIONS

WAF	World Action Fund
CLTS	Community Led Total Sanitation
EHOs	Environmental Health Officers
EMIS	Education Management Information System
HAs	Health Assistants
His	Health Inspectors
SDG	sustainable Development Goals
MHM	Menstrual Hygiene Management
NLs	Natural Leaders
NOD	No Open Defecation
OD	Open Defecation
ODF	Open Defecation Free
OEC	Open Defecation Eradication Committee
PRA	Participatory Rural Appraisal
PTAs	Parent Teacher Associations
SMCs	School Management Committees
SLTS	School Led Total Sanitation
VHTs	Village Health Teams
WASH	Water Sanitation Hygiene

1.0 INTRODUCTION

School-led Total Sanitation (SLTS) is a widely-used approach for the promotion of sanitation intended to eradicate open defecation and transform a school's health and wellbeing for the better. As well as being an insult to human dignity, open defecation is the root cause of faecaloral transmission of disease and as a result poses an enormous threat to health.

To meet Target 6 of the sustainable Development Goals (SDGs) the proportion of people without sustainable access to safe drinking water and basic sanitation needs to be halved For Africa to achieve this ambitious goal, Uganda's role – as populous nation is vital to take action.

With over 30% of the households in Uganda lacking access to safe sanitation facilities, hence practicing Open Defecation (OD), a considerable section of the population, especially children- is still at risk of the adverse effects of poor sanitation, specifically Open Defecation (OD) that include sanitation related morbidity and infant mortality.

To tackle the sanitation challenge, new innovative approaches are required to accelerate access and sustained use of latrines coupled with good hygiene practices such as effective hand washing. Community Led Total Sanitation (CLTS)/School Led Total Sanitation (SLTS) is one of such approaches that is low cost, high impact and sustainable.

The approach recognizes that merely providing latrines neither guarantees nor results in improved sanitation and hygiene. It therefore focuses on igniting and facilitating the process which enables the community realize that they are ingesting each other's feces.

This elicits disgust and eventually breaks the cycle of fecal-oral contamination.

Seeing how SLTS is changing lives, WAF introduced the approach in Arua district in 2016

Over time it became clear that the practice would need to be adapted to be effective in the district t with its own challenges. Drawing on the findings from evaluations and research on CLTS in the country, WAF has progressively revitalized the SLTS process.

It is now working well in a number of schools. We hope to be able to present these success stories as 'learning communities', examples of good sanitation practice that can be promoted in district.

The training therefore outlined the three key elements of SLTS namely:

1. Shame- Shame comes from being taught that we are worthless or bad or something similar. Shame comes from being humiliated for our behavior
2. Disgust-This is to excite nausea or loathing in; sicken. To offend the taste or moral sense of; repel leading to profound aversion or repugnance excited by something offensive
3. Fear-A feeling of agitation and anxiety caused by the presence or imminence of danger and hence the unpleasant emotional state consisting of psychological and psycho physiological

responses to a real external threat or danger, including agitation, alertness, tension, and mobilization of the alarm reaction.

In total, the category and number of participants trained is as per table below:

Sn	Category	Male	Female	Total
01	Teachers	113	81	194
02	School Management committees and Parent teacher association members	115	42	157
03	Overall total	228	123	351

This report is a practical case study to implementing the revitalized SLTS approach in and is intended to bring about inclusive, equitable and effective results.

It covers the main barriers and triggers to progress likely to be encountered along the way, provides technical advice on dealing with geophysical environments that make latrine construction difficult, and makes recommendations for monitoring and documenting the process to ensure long-term behavior change for the different school engaged audience, pupils, school teachers, parents and school management committees.

2.0 CHILDREN AND SCHOOL-LED TOTAL SANITATION



Typically, where CLTS has been implemented, children have played steering roles in the process. However, until recently this has not been the case in Arua District due to sensitivity surrounding the issues and the idea of children relating with elders.

In most traditional African societies, children come of age from about seven years old and should be seen but not heard; they are expected to be obedient and never question the authority of adults. The child's role from this age is limited to greeting their parents in the morning and doing the household chores – closely connected to sanitation, especially for girls. During the process of triggering, children are often either sent away or allowed to watch from a distance to satisfy their natural curiosity. On the rare occasions when children are indulged (perhaps due to the presence of strangers) it is common for them to be hushed and reprimanded by the adults. Any boldness from a child is considered insolence.

Despite these deep-rooted challenges, there are examples of the exclusion of children from Community Led Total Sanitation (CLTS) beginning to change. Recent developments have proved that children can be involved and engaged in a very productive way, especially in monitoring hygiene behavior and progress on latrine construction and use within communities.

School-led Total Sanitation (SLTS) (or an alternative such as Children led Total Sanitation in areas with no schools) has been introduced:

- To introduce school children to sanitation and hygiene education in practical ways, as well as promote the integration of SLTS into the school curriculum.
- To compensate for inadequately funded monitoring and evaluation.
- To ensure the success of SLTS is maintained, a system should be in operation to train younger students to take over from senior students once they have graduated.
- Another equally important priority is to get the programme scaled up through replication in neighboring community schools; this will aid advocacy efforts for the state-wide roll out of the programme.

2.1 Voices of children

“In my school, we have new latrine and water is available for us to wash our hands after defecating. We are grateful to WAF”

“SLTS is still like a dream; that is why we are putting all our efforts into making it work. We are pleased today that we have achieved 100% latrine use for all households. Before this project, our toilets were not well built and we used to go to the bush and other open places to defecate. Flies would infect our foods with diseases. That's not the case now because we cover our toilets and understand the importance of good sanitation to our health.”

“After the SLTS triggering and hygiene education in my school, WASH Clubs for hygiene promotion were established and we learned the importance of maintaining good sanitation and hand-washing..”

“Before, WAF constructed latrines in our school, we suffered diarrhea and dysentery and it was a very difficult time for me. But now we use latrines and wash our hands with soap after defecating. We also decided to build a latrine for use at home after discussing with our father”.

3.0 TRAINING CONTENT

The training focused on the following thematic areas

3.1 How to Implement SLTS Approach?

In the beginning of the process, the community/school is approached to build rapport, clarify the objective of the programme and convince the members why they should implement a no subsidy led programme on their own. Once the community understands the objectives, they are made to realize and accept how open defecation (OD) creates problems and affect their lives. Then participatory rural appraisal (PRA) methods are adopted

PRA methods are used to bring instant change in the understanding and behavior of the people by igniting sparks of awareness in their minds. This process is adopted to motivate community members through their won involvement and initiative to build and use latrines as well as bring positive changes in their hygiene and sanitation behavior. This method helps to change people's perception allowing them to start thinking from a new dimension and perspective. The following tools are used:

- Shameful walk/Praise walk: A shameful walk, an adapted version of a classic “transect walk”, is called the process of collectively visiting the places of open defecation by members of the community and representatives of the facilitating organisations/teams.
- Faeces mapping: Faeces mapping is the process of preparing the community map indicating the places of defecation through community participation.



Children participating in resource mapping of their village

- Feces calculation: Once people realize that there is a lot of feces lying around in the area, you should raise the questions such as: How much on an average does an individual defecate in a day?

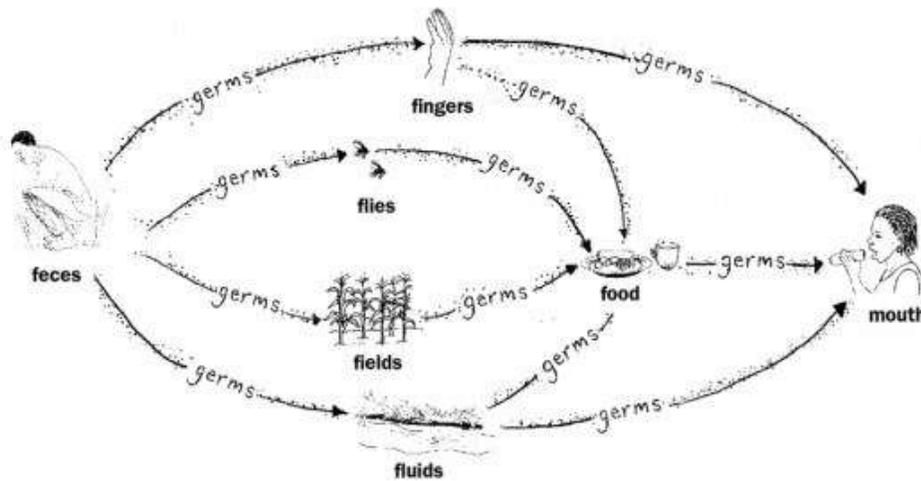
□ Shit production per family per day.
□ Appreciate the family who produces more shit.
□ Shit production per week /month/year per family.
□ Shit production per village (change to unit of lorries/Isuzu).
□ Encourage the community to announce the amount of shit produced together

- Faeces mobility mapping: In this exercise community members should realize how dangerous open defecation is by getting to know the five different fecal-oral contamination ways in order to avoid the transmission of diseases like diarrhea and improve the health and hygiene situation.



The bottle of water/food demonstration on feces mobility

This is called the five-F-diagram. Fecal-oral contamination can happen through: 1. Food, 2. Fingers, 3. Flies (and all kind of insects), 4. Fields (e.g. agriculture field), 5. Fluids (e.g. water).



Fecal-oral transmission routes include: Fingers, flies (and other insects), fields (agriculture), food, and fluids, e.g. contaminated water.

After having used these exploring methods and tools, the facilitator asked the participants who and by when they will stop indirectly ingesting feces or within how many days they will end open defecating practices. The names of the people will be listened down who commit that they will stop open defecation. Asked for the person who commits to construct a toilet in the shortest span to step forward. Gave a round of applause to the individual and applauded the rest one by one.

After the community members, have expressed their commitment not to defecate in the open, it was decided by whom and how these commitments will be monitored. For this purpose, it can be useful to form a committee.

This committee should also decide the duration within which to declare the community an “open defecation free” area. Set the date for this and accordingly facilitate to develop an action plan linking School Led Total Sanitation to the Community from which the school pupils come from.

3.2 Teaching Hand washing In School

Hand washing really is our best defense against many kinds of bacteria and viruses that cause infection. It's particularly important in schools, where lots of things are shared - desks, books, pencils, food, and even germs. Without proper hand cleaning, a single infection can quickly spread among students, teachers, family, and friends.



4.0 MENSTRUAL HYGIENE MANAGEMENT AND WASH IN SCHOOLS

Empowering Girls ‘Education through

WASH in Schools fosters social inclusion and individual self-respect. By offering an alternative to the stigma and marginalization associated with hygiene issues, it empowers all students – and especially encourages girls and female teachers. In recognition of the positive impact on girls’ school attendance and achievement, initiatives around the world are addressing adolescent girls’ menstrual hygiene management (MHM) needs through WASH in schools programming. Such interventions are increasingly implemented in both development and humanitarian emergency contexts

4.1 Discussions on acceptable MHM facilities:

- Provide privacy for changing materials and for washing the body with soap and water
- Provide access to water and soap within a place that provides an adequate level of privacy for washing stains from clothes/ reusable menstrual materials; and
- Include access to disposal facilities for used menstrual materials (from collection point to final disposal)



Girl child concerns need to be addressed urgently through MHM sessions and practice

5.0 WALKING THE TALK IN COMMUNITY/SLTS

Why the passion for CLTS/SLTS?

- Community Led Total Sanitation and School Led Total Sanitation creates a bond with the community more than other routine sanitation measures
- CLTS/SLTS in general have friendly work environment since they entail working with communities and empowering them to take charge of their sanitation and hygiene matters • It's shameful to be associated with communities/schools that have rampant OD and by being SLTS ambassadors we see reversal of the trend
- Communities ignorantly suffer from preventable diseases hence incurring unnecessary expenses; yet the solution is in their hands

6.0 THE PRINCIPLES OF SLTS/CLTS APPROACH

These include the following:

- Focusing on outcomes, not on hardware inputs.
- Collective action: Mobilizing the community rather than establishing household contacts.
- Local choice: Providing a variety of technological options and getting people to access affordable technologies.
- Setting up proper institutional framework: Giving the school a central role in scaling up and sustainability.
- Incentives: Directing incentives to the community/schools and rewarding outcomes, rather than subsidizing individual household toilets.
- Market development: Promoting the availability of sanitary materials and allowing private suppliers to respond to the demand and communities relying on affordable locally available materials.
- Communities construct their own latrines with their own resources. Those people who are better off help those who are too weak or poor to help themselves.

- ❑ No standardized top-down designs: People decide for themselves.
- ❑ Facilitation, not teaching or preaching: Appraisal and analysis are facilitated. But after triggering information media campaigns and encouragement can be provided.
- ❑ Spontaneous emergence of Natural Leaders (NLs) as a community proceeds towards Open Defecation Free (ODF) status.
- ❑ Local innovations of low cost toilet models using locally available materials.
- ❑ Community-innovated systems of reward, penalty, spread and scaling-up.

7.0 POTENTIAL OF SLTS APPROACH

SLTS entails with it the potential for further benefits beyond those of previous partial school sanitation programs:

- 1) Speed. The speed of going total, meaning that the community/school is claiming to be Open Defecation Free (ODF), can be remarkable. In best-case scenarios communities declare themselves or are declared ODF in a matter of weeks.
- 2) Totality. ODF conditions provide a public and not just a private good. SLTS has shown a spotlight on this aspect. A question is to what degree achieving total or degrees of total ODF status increases these benefits for the community/school. Claims of dramatic drops in diarrhea and other diseases following the achievement of ODF conditions are numerous. People in ODF communities do again and again report sharp drops in diarrhea and medical expenses. Anecdotal evidence is so widespread, and seems such commonsense, that it is easy to believe.
- 3) Social solidarity leading to other actions. The community/school solidarity and sense of achievement from a successful SLTS process can be an entry point for other initiatives.
- 4) Local leadership, self-confidence and livelihood. Linked with social solidarity, the emergence and growing confidence of local leaders — in a SLTS context usually described as Natural Leaders (NLs) — is often reported. This provides opportunities for people with leadership potential and can also apply pressure on the existing leadership. The voluntary work and commitment of NLs can contribute to the sustainability of SLTS and other activities beyond the life of any external project in the school and in the community.
- 5) Christian teaching. Linking open defecation to the message of Moses to the children of Israel who were liberated from Egypt and had to walk for 40 years while staying in camps. They were advised to have tools for digging holes into which they defecated and not indiscriminately as they were doing. (Deuteronomy 23:12;14)



Reverend reads to participants a bible quote especially Deuteronomy 23:12-14

7.1 Advantages

- SLTS does not rely on sanitation subsidies or service delivery from external agencies.
- The approach encourages people to change their hygiene behaviors without prescribing how they should do it.
- Empowering the households/schools and enabling them to get onto the sanitation ladder at the level that they can afford.
- SLTS also empowers natural school leaders and facilitators who then move on to other communities/schools to spread the effect or use the momentum of collective action and social cohesion to address other livelihoods issues in the community

7.2 Disadvantages

- SLTS relies on the quality of the facilitators.
- The selection process, their training and their motivation level are critical factors for success.
- Where previous interventions have offered subsidies or prescribed certain standards the community tends to have reservations and be skeptical about SLTS and wait for handouts
- The sustainability of SLTS approaches is sometimes questionable, given that the technologies chosen are usually cheap compared to those offered by different implementing organizations.

8.0 PARTICIPANTS OF THE SLTS TRAINING

The participants ranged from head teachers, teachers, school management committee members and parent teacher association members as detailed in the table below.



The different categories of participants in training session

Sn	Category	Male	Female	Total
01	Teachers	113	81	194
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9.0 USING TEACHERS AS SANITATION & HYGIENE TRAINER OF TRAINERS IN SCHOOLS

Most teachers were surprised after realizing from the CLTS presentation that they have been eating one another's shit.

The Teachers, literally showed remorse after being taken through the triggering session as they gave testimonies of how for a long-time diarrhea and related infections have been an endemic problem and realized why for the last few months they have never experienced any high outbreaks of the same after the construction of latrines with support of WAF

They then developed their action plans with SMART activities that they can implement at the school level with minimal resources.

Among the action areas they suggested include;

- Mentoring other teachers so that sanitation & hygiene issues are given the priority it deserves
- Strengthening/reviving school health clubs.
- Organizing school hygiene actions either weekly or monthly depending on school calendar.
- Requesting for the involvement of health teachers in the SMC/PTA meetings to sensitize parents & other stakeholders on sanitation issues

- Pushing for the establishment of award system for pupils and schools that have excelled in hygiene promotion practices

Three key guiding principles of school WASH were identified during the training as:

- Child friendly technology& program (age appropriate, gender& culturally sensitive and taking care of special needs)
- Life skilled based approaches to be promoted
- Building multi stakeholders partner-ship with the water schools

8.1 Voices of the participants

The following were the voices as captured from participants of the training:

“Can you imagine a house without toilet? I think most of us couldn’t imagine living in a house without toilet, and I consider the same happens for schools. But unfortunately, that’s a reality in some of our schools.

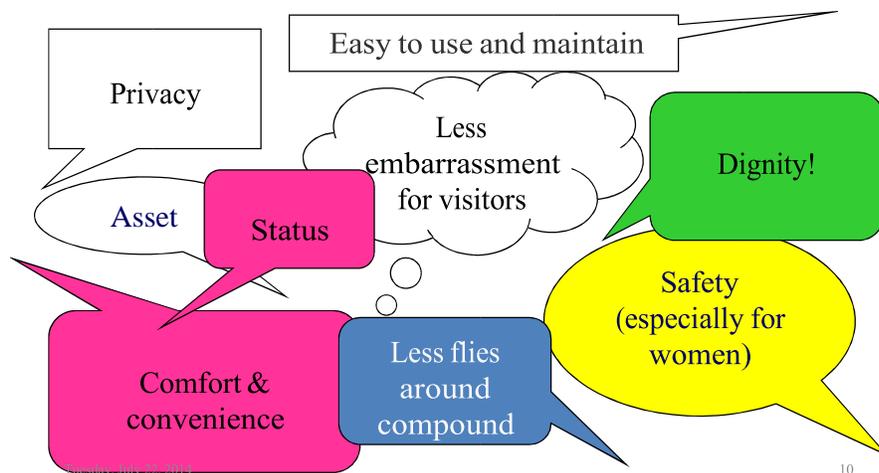
This innovation is unique. To my knowledge this is the first time anywhere in Arua District that teachers have been systematically engaged in triggering CLTS. If it continues to work well it may provide a means for going to scale faster with CLTS/SLTS in the district

Teachers experiencing live triggering, watching an experienced facilitator facilitating this in a community in real time. They see how it is done and it is practically inspiring and calling for our actions.

8.2 Reasons fronted by participants calling for provision of sanitation facilities

Demand-led (Demand-responsive) approaches

Although improved sanitation leads to improved health, people associate toilets with other benefits/attributes:



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9.0 GENERIC SCHOOL ACTION PLANS

Activity	Where	When	By WHO	Resources	Cost	Success indicator
Formation of WASH clubs	School	July, 2016	Head Teacher	Stationery	10,000	Functional Clubs in place
Construction of tippy taps at latrines	School	Continuous	Pupils	Hand washing equipment	10,000	Functional tippy taps in place
Boiling drinking water	School	Weekly	Pupils	Fuel and water	N/A	Boiled water available
Visiting households around the schools	Villages	August-October	Teachers and pupils	Community maps/baseline data	N/A	Number of visits and lists of homes visited

Cleaning compounds	School/homes	Daily	Pupils	Dustbins/refuse pits and brooms	20,000	Clean and garbage free compounds
Cleansing of latrine	School/homes	Daily	pupils	Brushes, soap, water	20,000	Clean and well maintained latrines
Conducting Health parades	School	Daily	Teachers/prefects	Time	N/A	Improved personal hygiene
Menstrual hygiene management	School/home	Monthly	Senior woman teacher/mothers	Sanitary pads and rags	100,000	Improved girl attendance and MHM awareness
SLTS Review meetings	School	Quarterly	SMCs/PTAs	Venue and refreshments	100,000	Attendance list and resolutions of the meeting

11.0 TRAINING EVALUATIONS

The key evaluation answers from the various cluster trainings were as follows:

1. Interesting aspect of the training:

- Knowledge acquisition on how diarrhea is spread through eating/drinking of human excreta
- The calculation of faeces and hence the quantity of faeces produced by communities which is spread in the environment if there are no latrines being used
- The paths faeces take so as to reach the mouth (F-Diagram)
- Planning actions to stop open defecation
- Eradication of open defecation by the entire community other than by individuals
- School Led Total Sanitation (SLTS) interventions and linkages with the community
- Awareness of contamination of food and water due to Open defecation (ODF)
- Participatory approaches which allow every person to take part in sanitation and hygiene promotion.
- The facilitation skills employed by the facilitator leading to clarity of the training
- How good sanitation contributes to a healthy life
- Community mapping of defecation areas by pupils being realistic of what is in the community they live in

2. Key messages from the training

- Collective responsibility is key in stopping open defecation other than focusing on individuals and latrine coverage
- Washing of hands with soap at critical times
- Methods of preventing faeces from reaching the mouth
- Eradication of open defecation at school and at community levels
- How to achieve total sanitation and hygiene in school and in the community through pupils and teachers
- The enormous amounts of feces produced in the communities without their realization unless demonstrated through feces calculation
- Stopping open defecation for good health benefits
- The linkages between school and the community as two entities in which the children live in.
- Taking responsibility of keeping the environment clean through partnering with the entire community within which I live in
- Behavior change is fundamental in sanitation and hygiene promotion both in school and in the community
- Provision and proper use of latrines
- To take lead as a change agent to sanitation and hygiene promotion in my community

3. Areas that need to be improved in subsequent trainings

- Time management so as to cover wider aspects including practical demonstrations
- The facilitator should be given more time to train and interact with the participants as he has a wide experience and facilitation skills.
- Allotting more time for discussions after each presentation
- More time for training so as to cover other aspects of sanitation and hygiene
- Giving hand outs during training
- More trainings to be organized by WAF
- Being ready to make follow ups after the training
- Train communities as well if they have not been trained
- Train school management committees as well

12.0 KEY RECOMMENDATIONS ON SLTS

- 1) A school cannot be a school without the presence of toilets, safe water and hygiene education. Participants outlined their expectations that: “WASH must be part of every school”. Adaptation of local and national, standards for WASH in Schools and enforcement of standards are critical to ensure children’s right to access to WASH. These standards should be the basis for sub county/district action plans that aim to reach all schools within a concrete time frame and should allow for gradual improvements to facilities and hygiene practices. Participants advocated for the monitoring of WASH in Schools coverage through Education Management Information Systems “EMIS”.
- 2) Triggering small face-to-face schools/communities while bringing more people to the triggering meeting where consensus and commitment are easier is more sustainable and practical to achievement of ODF.
- 3) Empower gender equity through WASH in Schools: Girls are particularly vulnerable to dropping out of school, partly because many are reluctant to continue their education when toilets and washstands are not private, not safe or simply not available. When schools have appropriate, gender-separated facilities, an obstacle to attendance is removed. Adequate WASH facilities and menstrual hygiene education improves the quality of education experience for both female students and teachers.
- 4) A sanitation game played by children/pupils which internalises and reinforces awareness and the practice of songs, role plays drama send messages to anyone found doing open defecation to make them feel ashamed
- 5) Intensifying follow-up after triggering through the OD Eradication Committee (OEC), Volunteer Community Health Workers, and children, driven with immediacy, urgency and incentives from the weekly reporting to the school and community administration
- 6) Organize to reach and engage all teachers who have not been privileged to participate in the just concluded training
- 7) Action by the community or the government/NGOs to install or upgrade school toilets and hand washing facilities following the triggering at schools should be encouraged and promoted.
- 8) Hand washing really is our best defense against many kinds of bacteria and viruses that cause infection. It's particularly important in schools, where lots of things are shared - desks, books, pencils, food, and even germs. Without proper hand cleaning, a single infection can quickly spread among students, teachers, family, and friends. Fundamental is the promotion of hand washing in all schools in the district.

- Hand cleaning and basic hygiene habits are generally learned during early childhood. But it needs to be reinforced for them to wash them as often and thoroughly as they should.
- Research suggests that it is important for hygiene lessons to be repeated during the school curricula.
- Using a coordinated approach, teachers, school nurses, administrators, and students can all take part in a campaign. Student involvement especially can boost its impact.
- Great resources already exist for schools. Some promotional materials, curricula, and activity ideas should be designed and shared out for practice with the pupils
- Want to impact absenteeism? Promote hand washing and make it convenient at these key times:

1. Upon arrival at school
2. Before lunch
3. After using the restroom/latrines
4. Before leaving school for home





The seven steps of proper hand washing

Three key

recommendations for the future Menstrual Hygiene Management:

- (1) Document current MHM practices and the barriers girls face in various contexts;
- (2) Develop guidelines for integration of a minimum MHM package into existing School WASH programmes; and
- (3) Engage with national governments/NGOs from the very beginning when initiating MHM-related activities to ensure buy-in and additional support for multi-sectoral involvement.

Many girls in low-income countries such as Uganda do not have private, clean and safe places for washing hands or clothing in school. MHM initiatives seek to increase and improve WASH in Schools facilities

13.0 LESSONS LEARNT

- A software approach (which consists of raising awareness and administering sensitization programs) must be complemented with hardware projects (water supply and sanitation projects) in order to generate quick No Open Defecation (NOD) in communities.
- Women and children have a key and strategic role in NOD sensitization process, as they are the most affected.
- A sustained development mechanism will follow once communities realize the importance and subsequently institutionalise the idea/concept.

- Schools are triggered, with teachers and pupils appraising and recognizing the conditions of their toilets and the extent of open defecation (OD) around the school.
- Pupils are encouraged to compete to bring as many family members to the planned meetings as they can, and those who bring most are applauded.
- After triggering, “amazi” [shit] Eradication Committee automatically emerges from the triggered communities, with one elder, one man, one woman, one youth and one child, the youth and the child being school goers to oversee resolutions agreed upon.
- The pupils on the WASH Clubs/Committees report progress weekly to the school, which passes them on to the Administration which can then follow up.

14.0 THE ROAD AHEAD

In partnership with those who are dedicated to the health and education of children, we should be committed to an ambitious but imperative vision: every child goes to a school that provides safe water, proper sanitation and hygiene education – a school where they will grow, learn and thrive as well as score the sustainable development GOAL 6 as illustrated in the caption below.



2015 MGD 7 goal to be scored through intensification of CLTS and SLTS

15.0 CONCLUSIONS

Many variations are possible. In our view the core of this original approach shows good potential for going to scale with more sparing demands on community level staff than conventional CLTS, and also faster and more sustainably. For long term sustainability, it has the great advantage of involving children. This may prove to be a major and relatively effective means of going to scale with CLTS/SLTS in Water schools within the programme area.

SLTS interventions utilize a variety of behavior change and constructs through multiple activities to bring about sanitation behavior change and hence:

- ❑ Activities need to focus on sustainability.
- ❑ More emphasis is needed to plan activities based on complete behavior change and tailored to the various cultures and contexts.
- ❑ More research is needed on best practices for SLTS interventions.

Children can play a key role in SLTS both during triggering and follow up
They are usually very interested and excited by the proceedings during triggering and quickly pick up the key messages. They can act as powerful agents of (behaviour) change applying pressure on their parents and other adults to follow suit.
Children have flagged shit with the culprit's name or sung songs and slogans against open defecation. It can be a good idea to facilitate separate activities with children during triggering allowing them to draw up their own action plans and present them to the adults. Where SLTS is started in a school setting children act as messengers taking their learning about open defecation and their desire to stop it back into their homes.



“This is how we wash our hands, wash our hands, wash our hands, this is how we wash our hands before we eat our food.”

This is how we wash our hands, wash our hands, wash our hands, this is how we was our hands after using the toilet”