THE FEDERAL REPUBLIC OF SOMALIA
MINISTRY OF HEALTH (MoH)

# Protocol for Implementing Community Led Total Sanitation (CLTS) in Somalia


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# Table of Contents

## ANNEXES

# Acronyms

CBWs: Community Based workers

CHWs: Community Health Workers

CLTS: Community Led Total Sanitation

CEC: Community Education Committee

DPHOs: District Public Health Officials

DEOs: District Education Officers

EHU: Environmental Health Unit (MoH)

FGS: Federal Government of Somalia

IMWSC: Inter Ministerial WASH Steering Committee

IDP: Internally Displaced Person

KAP: Knowledge, Attitude and Practice

MoH: Ministry of Health

MoE: Ministry of Education

MoEWR: Ministry of Energy and Water Resources

NSTF: National Sanitation Task Force

OD: Open Defecation

ODF: Open Defecation Free

SSTF: State Sanitation Task Force

SDGs: Sustainable Development Goals

VDC: Village Development Committee


# Preface

The Environmental Health Unit (EHU) of the Ministry of Health (MoH) is pleased to present this Community Led Total Sanitation (CLTS) Protocol in support of UNICEF Somalia WASH Section. This Protocol is the result of collaboration between UNICEF and MoH. Building on experience from a number of neighbouring country programmes the protocol advocates for CLTS approach towards a safe environment for all children with linkages to community actions and relevant education for a healthy and sustainable development.

In Somalia 56% rural people still go for open defecation and the MoH recognise that it is not possible to reach the target by single agency. Under the leadership of the MoH, other stakeholders include the Ministry of Education, Nutrition and Protection departments, local authorities (district, regional and state) and implementing partners will work together at community level in collaboration with MoH representatives at district, regional, state and national levels to reach the target. Apart from these, needs a concerted efforts from non-government agencies, private sectors and community based organisations to work towards on the same mission in Somalia related to sanitation.

Therefore, this protocol has been developed through a consultative process to maintain the standard and approach to eliminate open defecation from Somalia. The community has own capacity to combat their problems; nonetheless, external support is required to explore the untapped strength to solve the problem.

By focusing on community empowerment, giving those tools and knowledge to change behaviours they will be better prepared to care for their own families and communities' own health and clean environment. This is an area well recognized for support through UNICEF, in partnership with both implementing and donor governments in Somalia.

This protocol has been developed to suit local contexts and this is applicable in Somalia. Different stakeholders are engaged in the CLTS process including different government ministries (MoH, MoE&WR, MoE, MoI), donors, INGOs and NGO/CBOs. This protocol for CLTS therefore will work as a guiding tool for definition, reporting, verification and certification applicable to Somalia socio cultural context.

# Acknowledgements

This document is the outcome of broad consultation and collaboration with the stakeholders and partners of Somalia. The Environmental Health Unit of Ministry of Health (MoH) would like to thank UNICEF WASH Section, who supported and collaborated in the development of this document. UNICEF Somalia Country office also acknowledged for their financial and technical inputs during preparation of the CLTS Protocol. A number of existing documents have influenced this work, and have been drawn from for both ideas and lessons from neighbouring countries and practitioners. The ministry is thankful to the WASH focal points of the Ministry of Energy, Water and Resource Development, Ministry of Education and the State authorities who provided valuable insights for the document to make it contextual. Illustration uses from the document of Bangladesh. Finally, to all those too many to name whose contributions have made this a better document, MoH extends its grateful thanks.

**Minister of Health**

**Federal Government of Somalia**

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# 1. Background

Sanitation coverage is very low in Somalia and the latest Knowledge, Attitude and Practice (KAP) survey released in Aug'2015 reflect that prevalence of Open Defecation (OD) in rural areas is estimated as 56%, which is an improvement from 83% in Somalia in 2012. Only 25% of households have sanitation facilities within 10 meters and 32% of facilities are shared with an average of 3.5 families sharing latrines.

Considering the above situation on sanitation and high prevalence of sanitation-related diarrhoeal diseases including endemic cholera in Somalia and a recent polio outbreak, the Federal Government of Somalia (FGS) finds that there is a need to tackle this critical health challenge. This can be done through introducing a new approach, such as Community led Total Sanitation (CLTS) and bringing it to scale quickly.

The application of CLTS in a humanitarian crisis is considered an innovative approach to address health issues and expedite the pace towards the realization of the SDGs in Somalia. CLTS is one of the most effective ways of eliminating OD because it is a community-led and demand-driven approach that focuses on igniting a change in sanitation behaviour for the whole community rather than merely constructing toilets. The whole community including women who bear the brunt of hygiene and sanitation problems at household level, are involved in decision making. This approach also enhances equity in the community as the primary focus is communal actions towards elimination of OD where no particular prescribed latrine model or design and is based on one's financial ability and preferences.

CLTS already piloted in some of the parts of Somalia with some positive results. On 23rd June 2015, the FGS, Ministry of Health and Human Service issued a ministerial decree (reference MOH&HS/MOHO/0342/2015) encouraging Sanitation Stakeholders to use CLTS as a tool to eliminate OD in rural communities of Somalia

The Inter-ministerial WASH Steering Committee (IMWSC) established at Federal level to advocates, coordinates and guides WASH stakeholders on issues including CLTS. A sanitation working group / task force will be formed for knowledge management, and creation of an enabling environment for achieving the road map for an Open Defecation Free (ODF), Somalia. Through the Environmental Health Unit (EHU), MoH is the lead agency for sanitation and hygiene Other stakeholders include the Ministry of Education, Nutrition and Protection departments, local authorities (district, regional and state) and implementing partners will work together at community level in collaboration with MoH representatives at district, regional, state and national levels.

# 2. Need for Protocol

The CLTS approach has been adopted by majority of the stakeholders in Somalia since it's piloting in 2012. Training workshops for managers, officers and community facilitators have been conducted in the regions while sensitization conferences and exposure visits in Kenya ODF communities have been done with the participation of UNICEF staff, MoH, MoE and MoEWR officials and members of the international and national humanitarian organizations involved in WASH programs. This was aimed at having a common understanding amongst the stakeholders on the CLTS approach.

Since then, CLTS is steadily becoming an acceptable approach to the implementing partners with a great potential in addressing sanitation and hygiene situation in Somalia. The approach has been rolled out more than 300 communities while some (more than 100) of them attaining self-declared ODF status. In general villages have been triggered by Trainer of Trainees (ToTs) or other trained local facilitators. In many cases district and local authorities were engaged in the CLTS process through advocacy or sensitization meeting in the regions. Through the 2015 ministerial decree, the FGS declared zero tolerance to subsidy at household level and national/international partners have expressed commitment towards applications of the ODF approach for household sanitation except in emergency situations for the IDP camps.

Globally, different variations of the CLTS have been applied to suit local contexts and this is applicable in Somalia. To be able to scale up and get better health impact, a common understanding and guiding tool / protocol is needed by hygiene and sanitation stakeholders so that CLTS can be designed, implemented and evaluated successfully. Different stakeholders are engaged in the CLTS process including different government ministries (MoH, MoE&WR, MoE, MoI), donors, INGOs and

NGO/CBOs. This protocol for CLTS therefore supports as a guiding tool for definition, reporting, verification and certification applicable to Somalia socio cultural context.

It will also help government officials at district, regional, state and national level to recognize, certify ODF communities and award communities and their natural leaders, ODF assessment tool with identification and verification method will also be developed on the protocol basis.

Some of the issues encountered in Somalia that need to be addressed through the development of the protocol are:

## 2.1 Common understanding of CLTS and consistent implementation:

Various stakeholders have varying understanding and perception of CLTS; rightly so, given the communities' culture, affordability and response to change.

## 2.2 A process for identifying communities:

Considering that Somalia has had a long history of subsidised latrine programmes which will go against the principles of CLTS the choice of communities to target for CLTS implementation has to be done carefully to improve chances of success and enhance scaling up. It is important that initiating community consultation from a village which provides a favourable condition may help in getting quick win that in turn will also entice the champions and the neighbouring villages to embrace the approach. Some key characteristics which might lead to failure or success of triggering are noted. Some of the criteria for the selection of favourable communities for CLTS in Somalia are:

- Communities experiencing frequent occurrence of Acute Watery Diarrhea, cholera, typhoid, hepatitis, scabies, etc. over a six-month period
- Open Defecation practiced in the community;
- Presence of vegetation cover, misused latrines with uncovered pits, flies, bad odor and animal droppings.
- Not prone to frequent displacement due to conflict or natural hazards (drought, seasonal floods, cyclones) or migration of households that could interrupt the project.
- No recent history of subsidies for sanitation or benefitting from emergency interventions.
- Community should not be in close proximity to IDP camps/urban areas,
- Communities requesting for CLTS intervention.
- Village size: Initial focus on small communities, between 10-50 households, with a homogenous population and very close family kinship ties (implementation in bigger communities, above 50 houses, can follow).
- Communities that have good background of leadership.
- Communities that are accessible to UNICEF staff and government officials.
- Soil formations and ease of latrine pit excavation
- Preferable to have access to water supply

Such information needs to be considered at district or higher level as part of a baseline assessment in identifying appropriate communities to target.

To pave the way for home grown scaling up examples, initially focus all energy on 'low hanging fruits' one or few concentrated spots to get at least one ODF village in each district in 2016 and then go for scaling up with replication of success.

## 2.3 Community participation, triggering processes and who to involve:

A key component to achieving ODF is the level of community participation throughout the implementation process. It will be good to identify if there are already trained facilitators in the area they are working in (so they can bring them in to the process or learn from their experience). It has been noted that cascade training is not good for CLTS and it preferable that natural leaders emerge out of the triggered villages who will support the community in monitoring and follow up. It is important to conduct mapping of natural leaders and other influential personalities to support the process. Total participation and engagement with the community during pre-triggering and triggering are critically important.

In addition, due to access restrictions, implementing CLTS in challenging contexts like Somalia needs strong collaboration with local authorities, clan/religious leaders and community grassroots influential groups.

## 2.4 Developing Baselines:

Based on criteria for 'low hanging fruits' it would be good to establish a baseline of all communities/ villages in a wider area/district. This will also assist target with the aim of identifying those that may be easy wins that will encourage self-triggering and lesson learning. Assuming that baselines are gathered at district level, this would be the best time to identify communities. Getting the local governments and community leaders to participate in this proves would be motivating. The overall Somalia ODF strategy targets the districts in the rural areas to be reached, and the interventions to be put in place at the household level to improve their hygiene and sanitation situation. It will therefore be necessary for any partner implementing CLTS to collect baseline data on the total number of villages in the area targeted, their triggering status and post ODF status since this data is not available in general before the intervention.

## 2.5 Better understanding of triggering process and follow-up:

Triggering and follow up are important elements of CLTS strategy comprising various exercises leading ultimately to communities abandoning OD. As such, it is critical that triggering focuses on community mobilization and behaviour change rather than simply awareness creation and sanitation promotion. Quality of facilitation during triggering and follow up are critical elements in and at-scale CLTS program that influence ODF success rates and sustainability of ODF status. It is also important to note the importance of a good pre-triggering to facilitate ODF and also to sustain the change in the community. Apart from collecting baseline data on existing latrine ownership, it is useful to identify relevant influential leaders in the area, the prevailing beliefs about OD, and other critical information that could affect success such as nomadic lifestyles and the seasons when people are more able to build toilets.

## 2.6 ODF Claim, Verification, Certification and Celebration:

While ODF approach motivates the community for a collective action, there are temptations of short cuts by some communities in terms of declaring their villages ODF before they are truly ODF. There is also need to clarify where and to whom they make their claims to and how the information is conveyed up-to the the district authority under the leadership of district/regional public health officers. A system which has reasonable assurance to ensure the reliability of attainment of ODF status will bring credibility to the reporting mechanism and will also help in planning for further recommendations. Considering that CLTS will be rolled out in all parts of the country, it is anticipated that many villages will be claiming ODF simultaneously in different parts of the country. This will require a network of verifiers and certifiers to apply uniform criteria in their mandated areas. Therefore, CLTS implementing partners with the support of the district or regional authority led by the MoH public health officer should communicate with the MOH especially the CLTS Task Force at Federal level regarding verification and certification.

Roles of village elders, DPHOs, Local authorities, Implementing partners, Imams, Clan leaders, Regional, State and Federal government in ODF Claim, verification and certification.

**Table 1: Procedures for ODF certification**

| PROCEDURE | WHO |
|---|---|
| Village ODF Claim | Village leaders – CHWs, CBWs, teachers,<br>VDC – CEC, Sanitation committees and Health Committees<br>Natural leaders, Implementing partners,<br>Imams and clan leaders. |
| Verification | DPHOs, DEOs, Implementing partner, Other partners serving the village, District Social Services Officer, Natural leaders from other neighboring ODF villages, UNICEF, NSTF and SSTF |
| Certification | District, State and Federal verification Teams – IMWSC, SSTF, NSTF, MOH and UNICEF. |

Upon receipt of ODF claim from a community in question attached with result of their own latest self-verification or peer verification, the district team will facilitate and conduct a district level meeting to make decisions reliability data, establish verification team and provide feedback on verification dates to the concerned community. If no confidence absorbed that the community in question is truly ODF, the district authority will provide feedback to the community and establish a team to visit for further recommendations to attain ODF.

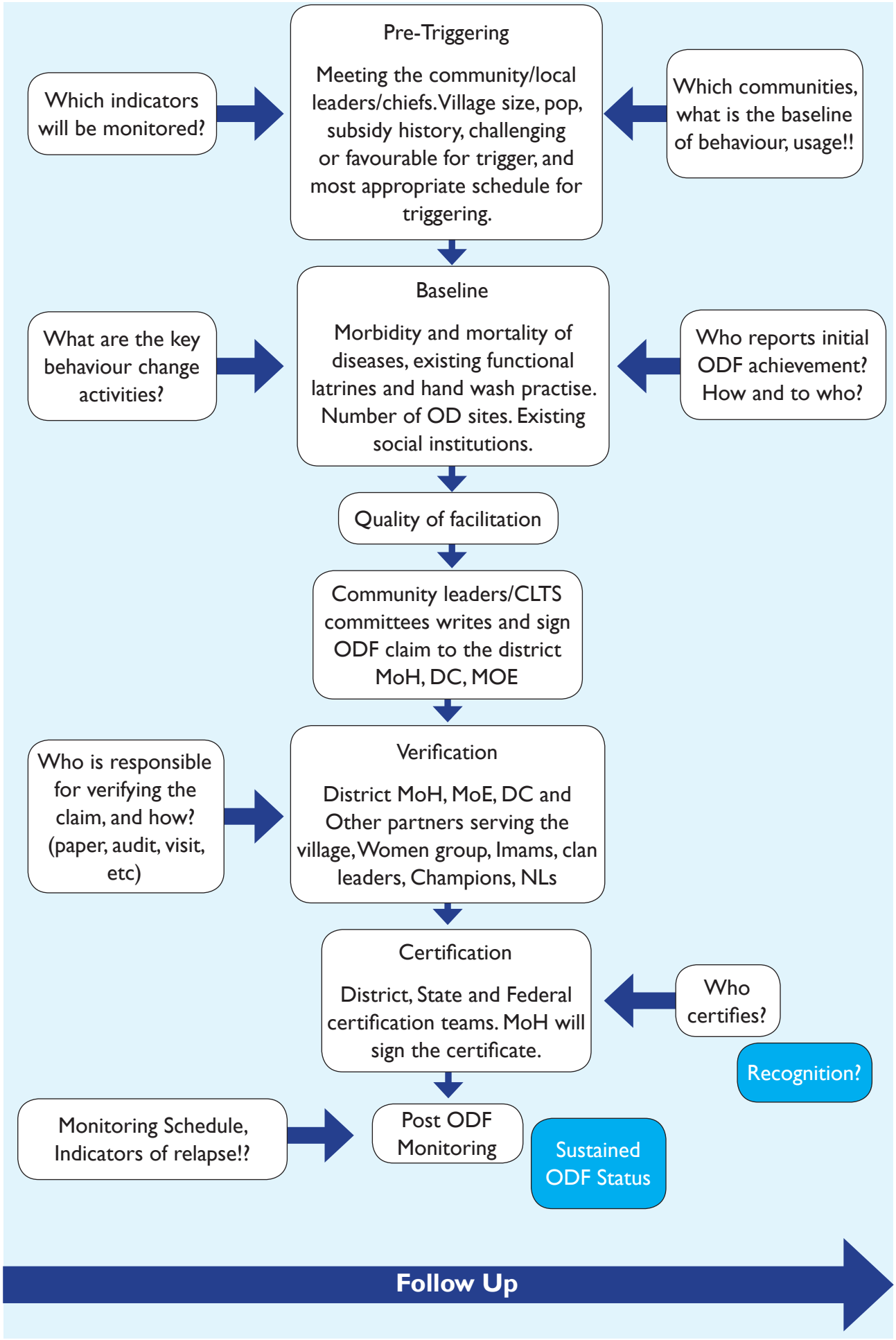
## 2.7 Post ODF and Total Sanitation Support:

Attainment of ODF status by the community is not an end of the scale up exercise but a start of the next phase of post-ODF. The community will be supported to sustain ODF and attain POST ODF status and ensuring that the final phase of TOTAL SANITATION status of the community is attained and maintained. It would be important to ensure that the community's sanitation status is in line with criteria meeting the SDGs. Since CLTS entails a sustained behaviour change, ODF attainment can be seen as intermediate milestone and the community may need support post ODF period as well. It is critical that these needs are articulated and for implementing partners to have a common understanding for them to plan the initiatives.

# 3. Protocol for Community Led Total Sanitation (CLTS)

Before going deeper into the elements of the protocol, it is important to understand key elements and processes involved in ODF initiative through CLTS strategy. The flow diagram indicated below illustrates critical steps in rolling out CLTS:

Figure 1: Stages of CLTS implementation



For verification and certification, it's important to happen in a timely manner so consider the parties that will be involved to ensure they have adequate time/availability to conduct verification and certification activities. The funded for the scale up should facilitate Post ODF community Action Plan with the duration between verification and certification. Regional and local initiatives should be encourage since too high level or centralized might become a bottleneck to declaration, and demotivates communities who have worked hard and are awaiting ODF certification. These regional/ local initiatives should be tempered with the quality of the certification.

## Protocol 1: Pre-triggering

**Community entry and mobilization: Rapport Building (pre-triggering)**

**CLTS facilitation:** Facilitation should be done by individuals with community mobilization (communication/ facilitation) skills and have understanding of community dynamics with good CLTS background. These includes ToTs (zonal-based Master CLTS ToTs), Health officer, local CLTS facilitators including CHWs or CBWs, hygiene promoters, WASH officers, community leaders, religious leaders, clan leaders, implementing partner, district authority, women and youth leaders and other emerging facilitators from the communities trained in CLTS approach. The behaviour and attitude of the CLTS facilitates in the adherents to basic Dos and DON'T's in CLTS principles may positively impact to the success of the whole project in achieving the desired goals.

Clarification of the purpose of the visit:

- Detail explanation of the objectives of the triggering
- Seeking support from the village elders/ religious leaders to facilitate and organise most suitable date, time and venue for triggering the community.
- Identification of natural leaders and other influential members of the community who may not have formal positions of power

The quality of pre-triggering rapport building with communities can be measured by the turnout and level of participation of community members, natural leaders and other influential local leadership during triggering.

## Protocol 2: Key Elements for Triggering and selecting of natural leaders

Triggering is the critical element of CLTS strategy and has a bearing on the desired outcome to a great extent.

i) Some of effective tools for triggering and post-triggering communities for behaviour change include:

- Rapport building
- Social/community mapping
- Transect walk
- Shit calculation
- A bottle of water/bread and the shit.
- F diagram - which is a useful tool to trigger to attain elements of hand washing with water and soap or ash at critical times, reduction of flies and nuisance of smell, and appropriate solid waste management.
- Calculation of medical expenses and loss of time/productivity
- Participatory Community Action Plan towards ODF
- Multifaceted campaign strategy and Participatory Community Monitoring and reflection of timely feedback.

ii) How to know that triggering and facilitation is effective:

- Level of household representation during triggering
- A participatory Community Action Plan is developed that feeds to the District Action Plan
- Triggered/ODF communities/villages

- Whether community still demanding subsidies
- Level of participation of women, girls and children in triggering
- CLTS uptake in the prescribed period (3 to 8 weeks[1])
- Average community households shift along the sanitation ladder in latrine construction.
- Success or conversion rate of triggered communities attaining ODF.
- Support from local government and health authorities
- Kindle of shame, disgust and surprise to stop OD.
- Emergence of:
    - Natural Leaders (NL) / ambassadors / champions and
    - Active ODF committees to facilitate the implementation of the Community Action Plan to attain ODF environment.
    - Sense of community solidarity and collective action to stop OD.

iii) Post Triggering Support

With the implementing organisation, the community should be jointly involved in the following;

a. Working with the local committee and natural leaders to spread/communicate the Community Action Plan to people not able to attend the triggering.

b. Community level monitoring, data collection: Natural leaders shall be central in implementation, monitoring, ODF attainment and post-ODF plans. Most of the post trigger work is carried out through multifaceted campaign strategy through voluntary engagement of communities and their resources. The engagement of the champions and volunteer natural leaders has to be considered during their support to CLTS approach so as not to be overburdened. At community level, they are the drivers of the change process and they need to be facilitated adequately to enable them successfully carry out their responsibilities. In monitoring the community actions plans, they work with CHWs and other local leaders to collect subsequent data of progress towards ODF and regularly update the community information hub. . A simple template should be developed together with the natural leaders to collect and store information on the progress of the community against their Action Plan (as well as record minutes of community meetings). This document should be signed / finger-printed by the village head and then submitted to the district sanitation task force and the sponsoring organization to update the district CLTS hub. The CLTS Task force will be an institutionalize coordination body at district, regional, state and national levels. The community leaders will work together with the District Medical/Health Officer as well as CLTS officers/supervisors to disseminate update of the Action Plan progress to the regional body who will disseminate to the State level coordination taskforce. The State level taskforce will disseminate progress to the NSFT. The NSTF will be responsible to oversee, monitor and regular updating the National CLTS knowledge hub. Coordination reflection meetings will be conducted on monthly basis at district level, quarterly at regional and state level and annually at the National level. These meetings will reflect ways to overcome challenges and constraints besides learning from each other and replication of best practices.

c. During triggering and throughout the scale up process local innovative solutions in latrine construction should be encouraged replicated in a consultative manner, technical support should be provided to the beneficiaries on:

[1] This time considers the availability of local construction materials and period community can mobilize, soil formation and also the type of livelihoods including nomadic pastoralists.

- Minimum depth of the pit
- Location of pits – should consider a standard distance from the dwelling unit and water sources
- The best quality local materials for floor (especially if the community is using logs to ensure some durability and avoid risks of falling in the pit)
- Standard dimensions (size) of the latrine, drainage (especially if it is used as a bathroom)
- Maintaining privacy in the superstructure in the use of local available materials to make superstructure
- How to make simple handwashing facility (leaky tins etc) and appropriate drainage of hand wash waste water.
- Considerations and inclusion of the needs for people with special needs
- Support the implementation and enhancement of the collective community action plan

**Post trigger follow-up and monitoring:**
At the start of the project in the community, many stakeholders with varying roles and mandates are involved and the true champions need to be identified and supported to take the process forward. The stakeholders include the CLTS Committee, community elders, Village Development Committee, Implementing Partners, Government PHOs, District Verification Committee, Other NGOs and Government Officials operating at local/regional level, women, men, school children,, MoH PHOs (state, district and federal), village sanitation committee, CLTS Officers and supervisors, CHWs, CBWs, hygiene promoters, CECs, teachers/professionals, clan and religious leaders, UNICEF, clan and religious leaders (IMAMs). Champions identified throughout the process should be utilized to support monitoring not just for their communities but also assist as resource persons in other neighboring villages.

Table 2: CLTS STAKEHOLDER ROLES AND FREQUENCY

| Stakeholder | Role | Frequency |
|---|---|---|
| Individual household | Latrine construction | Daily |
| Community leader | Daily monitoring in line with community action plan | Daily |
| CHW | Follow up latrine construction as per action plan | At least twice a week |
| Natural leaders/champions | Sensitization/follow-up | Daily |
| Village sanitation committee | Custodian of community action plan<br>Reviews progress initially on a weekly basis and less frequent thereafter | Weekly |
| Community leader | Sensitization and follow-up | Weekly |
| Clan/religious leaders | Advocacy | Monthly |
| CLTS officers | Monitoring and technical support and guidance | Weekly |
| CLTS supervisors | Monitoring, technical support and guidance | Weekly |
| District PHOs | Initially more frequently thereafter less as need arises<br>Technical support and guidance | Monthly |
| State and Federal government PHOs | Implement country Sanitation/CLTS strategy<br>Technical support and guidance | Monthly or Quarterly |

## Protocol 3: Definition of ODF

**Stage 1: Complying for ODF Certification.**

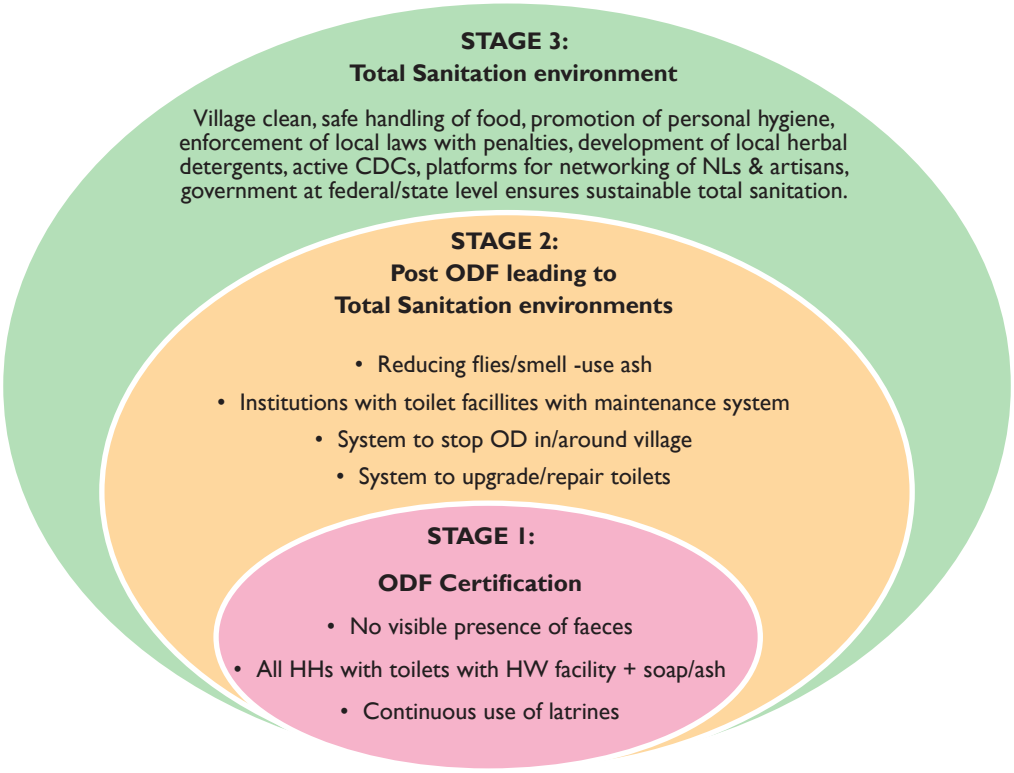
**The key indicators:**

***Non-Negotiables:***

- No exposed faeces within the community, between households and previous OD sites (this means a complete absence of exposed faecal matter that can be accessed by houseflies).
- All households have access to a toilet (individual or shared[2]) which should not facilitate faecal-oral transmission: All households have access to a latrine in use.
    - The latrine should be fly-proof (the squat-hole covered with a fitting lid)
    - The floor should be clean and free from faeces and urine.
    - Superstructure that provides privacy.
- All households have a hand washing facility near the latrine with water and soap or ash and appropriate waste water drainage.

  Continuous use of toilet by household owner and his/her family members including safe disposal of child and bed ridden people excreta. During verification, this can be ascertained through joint verification team observation of the condition of latrine floor, presence of urine, ash, vegetation near handwashing facility, footpath to the latrine. The verification team will record conditions on the checklist only after mutual agreement.

Figure 2: Protocol 3




[2] In rural somalia, it is acceptable to include the extended family (father and son/daughter and their families) living in one compound

### Stage 2: Post ODF leading to Total Sanitation environments

Attainment of ODF status is a step in a behaviour change process that requires monitoring and continuous work to be sustainable by the community. In Somalia, most implementing partners exit project areas and communities upon the end of an intervention period and as part of an exit strategy, local structures needs to be strengthened to ensure this behaviour change is sustained. These includes enhancing the capacity of community members, natural leaders, community champions, volunteers, MoH extension workers.

**The key indicators:**

All criteria in Stage 1 maintained

- Use of ash put over faeces in pit after defecation (reducing contact of flies and smell).
- Schools (including Koranic), health facilities, mosques and other public institution with functional WASH facilities (safe drinking water plus gender segregated hand washing facilities and latrines)
- A system of maintenance of WASH facilities in schools in place with involvement of CEC, businessmen, teachers and children.
- A system developed at community level by community to stop OD in /around village and protect water sources with the involvement of clan leaders, religious leaders and chiefs (Formation of sanitation and hygiene committee to oversee community systems to stop OD and apply sanctions to violators).
- Social marketing, links to private sector or other local mechanism is developed and available for households wishing to upgrade or to repair latrines and agreed reasonable time to repair latrines that collapse.
- Periodic village level monitoring post-ODF by the committee to check for operations and maintenance, breakage, as well as new homes built

Figure 3: sensitization and mobilization stakeholders

### Stage 3: A Total Sanitation Environment

To achieve total sanitation environments, communities will require intervention beyond the village and support will be needed at a higher administrative level like the district level.

The key indicators:

All criteria in Stage 2 maintained and in addition:

- Village being visibly clean (no garbage, stagnant water, debris)
- Safe storage/handling of food (free from flies)
- Promotion of personal hygiene
- Communities establish and enforce local laws and penalties to maintain total sanitation.
- Community invents and use local herbal detergents.
- Organized and active CDCs.
- Existence of platforms for the networking of NLs, community artisans and sanitation.
- Government MOH at federal and state level takes over, monitor and to ensure sustainable total sanitation.

## Protocol 4: ODF Claim/Verification/ Certification of ODF

The reporting, verification and certification should be done by separate bodies/agency who were not involved in implementation to ensure reliability. Factors to be considered and suggestive officials and agencies that could carry out the specific functions are provided below:

### Step 1: Community self-assessment process (ODF Reporting/Claim):

The first step in the ODF certification process is an internal process of community self-assessment. A community that has been triggered and believes it has achieved ODF status according to the stipulated criteria, conducts a self-assessment which is facilitated by the Public Health Officer where available or Health Coordinator of MCH or local authority. When a community in question is confident with their self-verification results complies with the ODF status requirement as defined above, the community leaders/natural leaders, chiefs, IMAMs etc will submit written and signed claim for ODF verification attached with the results of the community's latest self-verification to the district authority. Sometimes communities that have confidence that they have attained ODF can invite peer verification by the neighbouring communities and peer verification results attached to ODF claim by the community in question.

### Step 2: Verification:

Verification will be undertaken through a peer review process that will be supervised by the district team. The DC and MoH representatives at the district level will take the lead. Verification should be done within **one month** from the date of community's ODF claim. The verification team should consist of four (minimum 3) persons drawn from:

i) DPHO or MCH Coordinator or Essential Package of Health Services (EPHS) Coordination Body member.

ii) Trained Natural leaders and Community leaders/chiefs from neighbouring communities.

iii) NGO representatives from partners working in the area.

iv) MOH and MoE representation at district level is a must condition. The participation of the Ministry Energy and water resource and WASH CLUSTER .representations at district level is recommendable.

v) At least one zonal-based Master CLTS ToT if available

Where possible, the members from categories ii) and iii) above will be drawn out from the Village other than the area to which they belong to or work for. This is to avoid any conflict of interest and ensure objectivity. Villages should also submit the ODF claim to the DC (make sure that DCs are aware of the process and fully understand the

ODF requirements), for districts to be submitted to the regional authority/task force and for regions to be submitted to states authority/task force and for states to be submitted to the NSTF or national IMWSC for the verification, certification and celebration. Information and data for the communities should be provided to the verification team in time for decision making and preparations for the verification exercise. This could be presented to form part of the documentation for the ODF claim process.

### Step 3: ODF certification:

Certification will be carried within 2 months from the date of verification for villages at district level, for districts at regional level, for regions at state level and for states at national level. Certification will be carried out by a trained ToTs[3] and this team constituted at different level and not directly involved in implementation ensuring an element of objectivity. It will help to ensure that a genuine change of behaviour has taken place. Celebrations has to take place as it helps promoting healthy competition among villages. In addition, capturing and documenting the event can be used as useful learning tool. Moreover, at the time of certification the community is required to make a statement showing that there is a plan and intent to maintain their ODF status.

### Composition of the Certification Team

The certification team will be drawn from credible institutions/organizations i.e. NGO's, CBO's, etc. and optionally include individuals who have demonstrated skills and expertise in CLTS or Training of Trainers (ToTs) identified for Somalia[4]. They will be identified through a consultative process involving the different stakeholders and will include regional and district local government representatives and authorities at the various applicable levels.

They will be briefed/trained on the third Party Certification methodologies by the trained ToTs. The MOH at the respective verification levels will issue the certificate of ODF status to communities in question. If there are communities nearby that have been certified ODF, consider including their natural leaders or champions in the certification process of the community in question.

The MoH will compile the list of organizations and individuals accredited to carry out certification at the various levels (village, district, region and State) and provide this to the CLTS scaling agencies. The scaling agencies will then engage only accredited individuals.

### Quality Control of Certification

Quality of ODF certification will be ensured by sample check of randomly selected 10% of villages certified by the State MoH for villages and districts and MoH Federal government level teams for regions and states. This exercise would be carried out by accredited independent team including CLTS master ToTs that have previous experience in sanitation – CLTS and have capacity in ODF Certification. The certification will be notified only after the validation by quality assurance carried out as above.

### Recognition (at Local Level/ Regional Level/ National Level)

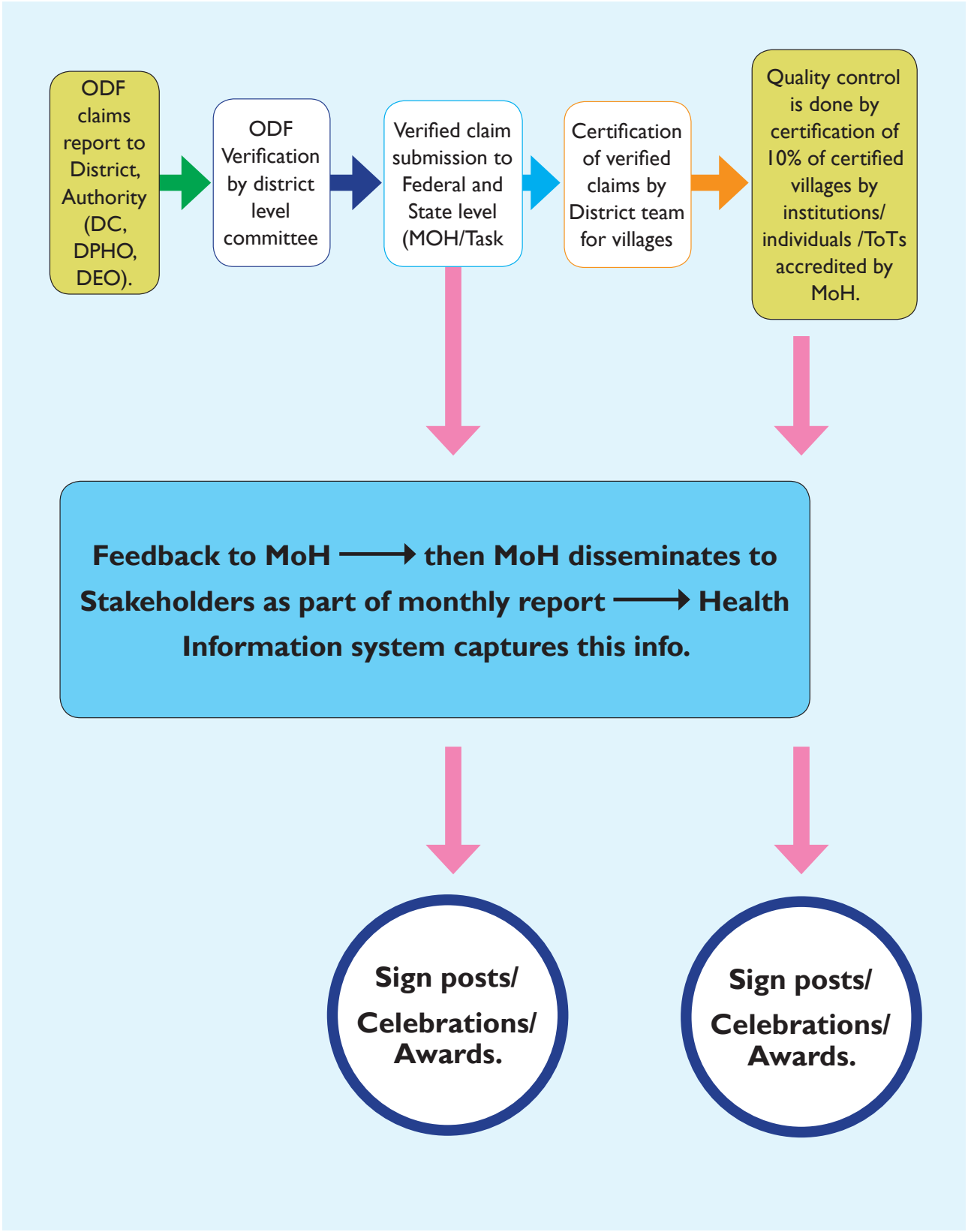
- Public celebration with local and outside guests
- Billboards, flags
- Involve media – TV, Radio and Newspaper
- Certificates to be issued during celebration as motivation for the natural leaders.

The implementing NGOs, individuals and community leaders who have emerged as champions and contributed to the ODF should be duly recognized through community felicitation. The recognition may be in form of certificates, memento etc. but should not involve **cash** award to individuals.

[3] Certification will be carried out presence of trained ToTs (minimum two) from regional or federal level

[4] Tots list is available to WASH section UNICEF and MoH (EHU).

Figure 4: Workflow process of certification



## Protocol 5: POST ODF Social Mobilization and Monitoring

It is important that the community receives support even after certification of ODF. This is especially critical to ensure that they do not revert to OD. Families who are using shared toilets should be motivated to have their own toilets and any new families branching out or new house constructed or any additional population settling in e.g nomadic population, should also conform to the open defection free status.

Families may like to upgrade the toilet facility to better standards; from basic toilet *to* improved toilet[5] as applicable along the sanitation ladder with support on trainings of community technicians/masons and appropriate supply chain and hard ware market link.

These may require handholding support, mobilization and behaviour change communication.

The community units provide a platform for community interaction and promoting hygiene practices.

The above mentioned objectives could be supported through following activities:

- ODF Community should develop a POST ODF sustainability plan as part of certification requirement (to be developed between verification and certification) and local authority will follow up.
- Follow up to ensure that the supply chain is strengthened in the area where triggering has been completed and it complements the community level commitment. The operationalization of supply chain is established such that it is not too long and expensive.
- Monitor villages achieving post ODF indicators. This could be done through the network of CHWs and should be linked to HMIS.
- Reorientation/retraining of Health workers to support community in post ODF stage to motivate them to adopt total sanitation. (Refer protocol 4.3)
- Training of local technicians (masons) to support community to improve the quality of latrines. The quality of latrine construction along the sanitation ladder as appropriate.
- Promote appropriate disposal system of solid and liquid waste
- Establish linkage with community initiative including those by other sectors such as Community Health Strategy. The solid waste disposal could be linked to composting for improved agriculture or small farming. Community Dialogue process may be used for monitoring post ODF sustainability.

## Way forward

The protocol will be disseminated to all organizations that operate in CSZ to use it for designing, implementation, monitoring, evaluation and reporting CLTS approach, it will also be used by the government officials at district, regional, states and national level to recognize, certify and award ODF communities and natural leaders,/champions ODF assessment tool with identification and verification method have also developed on the protocol basis. Federal Government of Somalia has been included CLTS approach for sanitation and hygiene to achieve ODF in the WASH Policy.

[5] basic toilet is defined as a toilet which does not facilitate faecal-oral transmission and has following features: A squat hole which should be covered (fly proof) ii) The floor to be free of faeces and urine and iii) the superstructure to be able to provide privacy)

JMP classification of improved toilet: Facilities that ensure hygienic separation of human excreta from human contact. They include:

- Flush or pour-flush toilet/latrine to:
  - piped sewer system
  - septic tank
  - pit latrine
- Ventilated improved pit (VIP) latrine
- Pit latrine with slab
- Composting toilet.

JMP further defines the pit latrine with slab as a dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The platform should be solid and can be made of any type of material (concrete, logs with earth or mud, cement, etc.) as long as it adequately covers the pit without exposing the pit content other than through the squatting hole or seat.

# ANNEXES

## ANNEX I

### DEFINITION OF TERMS

**Open defecation:** Open defecation is the practice of people defecating outside and not into a designated toilet.

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

**Verification:** This is inspection carried out to assess whether a community is ODF.

**Open Defecation Free:** This refers to when no faeces are openly exposed to the environment. Achieving ODF might involve the use of any form of latrines that prevent exposure of faeces to the environment with provision for moving up the sanitation ladder.

In brief:

- No OD
- Toilet access
- HWWS
- Safe disposal of children's faeces

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

## ANNEX 2

### GENERAL CRITERIA, METHOD, PROCEDURE, STEPS AND ODF CRITERIA FOR A BASIC LATRINE

Marking and digging the pit

Construction of a base of the pit

Construction of a platform floor on the pit

Construction of privacy

The squat hole should be covered with a fitting lid

**General criteria for a basic latrine**

The site of construction should be selected for a hygienic latrines.

The factor to consider are mainly the distance from the dwelling unit, the soil texture and ground elevation.

A pit latrine has 4 parts: the pit, the pit lining, the floor, and the superstructure privacy.

**Method of construction of a pit latrine**

**Elements:**

To construct a pit latrine you need wood, strong tree branch, wooden sticks/twigs (Kamora), rope or wire, spade, crow bar, bucket or basket, cement or earthen ring or wooden frame.

**Procedure to construct the pit /hole:**

- Correct measurement of the hole must be taken. Dig a five to six feet deep hole on elevated ground.
- The diameter should be one-and-half yards.
- Dig the wooden pillar in the middle of the hole, tie a string half in radius, then attach a stick at the end of the string and draw a deep circle with it.
- In the case of alluvial soil or soft soil, place the cement or earthen soil wheel or the wooden frame inside the hole. In such cases, a hole slightly bigger in size should be dug than these rings.
- The floor should be raised up by using the dug up soil. If it is not a flood prone area then the floor could be at least a yard high. If the area is flood prone, then the floor should be strong and raised to prevent damage by rainwater slides and gradual collapse.

**Steps to construct each part of a pit latrine**

**ODF criteria for a basic latrine**

- There must be water and soap or ash near the latrine with evidence of use.
- Hand washing waste water must be appropriately drained.
- The superstructure must provide adequate privacy.
- The squat hole should be covered with a well-fitting lid preferably with a handle.
- The floor of the latrine must be clean with no evidence of excrement.
- Child faeces must be disposed into the latrine pit.
- The latrine must be located away from water sources and dwelling unit.

## ANNEX 3

### CRITERIA FOR COMMUNITY SELECTION FOR CLTS IN CSZ SOMALIA

- Frequent occurrence of Acute Watery diarrhoea, cholera, typhoid, hepatitis, scabies, etc. over a six-month period;
- Open defecation practiced in the community;
- Presence of vegetation cover, misused latrines with uncovered pits, flies, bad odor and animal droppings;
- Communities where there has been no NGO-subsidized sanitation program within 1 year;
- Communities that are not benefitting from emergency interventions; away from urban centres, IDP camps,
- Communities that are requesting CLTS intervention;
- Smaller communities, between 10-50 houses, with a homogenous population and very close family and kinship ties (implementation in bigger communities, above 50 houses, can follow).
- Communities that have good background of leadership.
- Communities that are accessible to UNICEF staff and government officials.
- Soil is stable and easy to dig
- No periodic inundation/ flooding

## ANNEX 4

### PRE TRIGGERING CHECKLIST

Rapport building

Purpose

Set the stage for subsequent activities by developing mutual trust, agreement and cooperation.

Process Guidelines

- Various techniques can be used to break the ice. Begin with a simple self-introduction and begin a discussion with a few community members as informally walk through a village.
- To discuss a private and sensitive topic like sanitation/defecation, sometimes directly hitting the issue helps, while at other times, the topic is best approached at after talking about the general cleanliness situation in the village.
- Try to meet with as many people as possible and understand their perception of sanitation, defecating in the open, and how this affects their well-being.
- Try to encourage women to share their experiences as they suffer the most because of poor sanitation but often lack an opportunity to voice their views.

| Do's | Don'ts |
|---|---|
| • Think you are going to the community only to facilitate, not to teach.<br>• Ask people what the local words for 'faeces' and 'defecation' are and use these throughout your interaction with them.<br>• Be alert and take interest – try to remember names and potential change agents, e.g., WASH Committees, Community Education Committee etc. | • Don't forget to introduce yourself and explain why you're there.<br>• Don't prolong introductions longer than necessary, especially in a large group.<br>• Don't be impatient and start firing questions from a checklist. |

## CLTS PRE-TRIGGERING BASELINE DATA

1. Region: _____
2. District: _____
3. Clan: _____
4. Village: _____
5. GPS Coordinates: Latitude: _____ Longitude: _____

6. Name of the Chief: _____

7. Number of Households (families): _____

8. Population: M: _____ F: _____Total: _____

9. 10 Community institution (tick and state the number)

   - Dugsi
   - Madarasa
   - School
   - Health Facility
   - Mosque
   - Others (Specify name and No.)

10. Date of Pre-Triggering Visit: _____

11. Names of Staff: _____

12. Name of Implementing Partner: _____

13. No. of Usable Latrines before CLTS: Household:_____ Communal:_____

14. Functional WASH Committee ___YES ___ NO; If YES, M:_____ F:_____

15. Before CLTS, No. of Dish Racks: _____

16. Before CLTS, No. of water sources (type): _____
    No. of water sources by type that are Functioning:_____

17. Before CLTS, No. of Tippy-Taps/ Handwashing Facilities: _____

18. No. of Children 60 months (5 years old) and Below with Diarrhea in Last 2 Weeks:_____

19. No. of Persons over 5 years old with Diarrhea in Last 1 Month: _____

20. Proposed Date of Triggering:_____

## ANNEX 5

### TRIGGERING REFLECTION FORM

1. Region: _____
2. District: _____
3. Village : _____
4. Name of the community chief ----------
5. Population: M: _____ F: _____Total: _____
6. No. of Houses/households :_____
7. No. of Family Latrines:_____ No. of Family Latrines that are Functioning:___
8. No. of water sources by type : _____

   No. of water sources by type that are Functioning: _____
9. Tools Used in triggering (check and tick all tools that were used):

   - Community Shit and open defecation mapping
   - Shit Calculation; If checked, No. of Bags:_____
   - A bottle of water and the shit
   - Calculation of Medical Expenses; if checked, Amount (USD):_____
   - Walk of Shame
   - Transmission Route (F-Digram)
   - Reflection
10. Attendance at Triggering: Adults:_____ Children: _____ Total: _____

11. .At What Stage (from Question #9) was Community Triggered? _____

12. . Result of Triggering: _____

13. . Proposed Date of ODF: _____

14. . No. of Family Heads Making Commitment to Build Their Family Latrines: _____

15. Presence of religious and clan leaders? YES NO, If yes name them _____

_____ _____

_____ _____

_____ _____

16. No. of CLTS Latrines Community Promised to Build: _____

17. List of Natural Leaders:

_____ _____

_____ _____

_____ _____

18. Community Action Plan as per each household

| SN | NAME OF HH OWNER | START DATE | END DATE |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

## ANNEX 6

### CLTS PROGRESS WEEKLY MONITORING FORM BY NATURAL LEADERS AND FACILITATORS

1. Region:_____
2. District:_____
3. Village: _____
4. GPS coordinates:_____
5. Name of the Chief: _____
6. No. of Houses:_____
7. Date Triggered:_____
8. Implementing Partner:_____
9. Names of Visiting Staff:_____
10. Date of Last Visit: _____
11. Date of Current Visit: _____
12. No of Latrines before Triggering: _____ No. with hand wash facility_____ No. with soap/ash____
13. No. of Latrines Started after Triggering: _____
14. No. of Latrines Completed After Triggering:_____
15. No. of latrine in use today_____
16. Proposed Date of ODF: _____
17. No. of New Diarrhea Cases in Children Under 5 Years Old for Past Week: M:___ F:___ Total: _____

## ANNEX 7

### MONTHLY COMMUNITY OWN-SELF VERIFICATION (SOMALI VERSION)

### NATIJADA ISQIIMEYNTA BUSLSHADA

| QEYBTA 1: TUULADA | XOGTA |
|---|---|
| Magaca : | |
| Tirada dadka kunool: | |
| Tirada qoysaska dagan: | |
| Tirada qoysaska labooqday qiimeyntan: | |
| Magaca iyo lambarka qabanqaabiyaha | |
| Taarikhda Bulshada ay isqiimeysay: | |

| QEYBTA 2: NADAAFADA IYO FAYDHOWRKA | TIRADA QOYSASKA |
|---|---|
| Tirada qoysaska isticmaalayo musqul | |
| Tirada musqul godkeeda daboolsaaranyahay | |
| Tirada Musqul sagxadeeda nadiif ah oo saxara ama kaadi laheyn | |
| Tirada musqul dhismaheeda kore qarsoon | |
| Tirada qoysaska leh gacmadhaq biyaha dareera si haboon loo astura musqusha agteeda oo kaagdhaw saabuun iyo biya ama dambasp. | |
| Tirada qoysaska dhamaantood isticmaalayo musqul taas oo lagu asturona saxarada caruurta | |

| QEYBTA 3: SOCDAAL INDHAINDHEYN | |
|---|---|
| Aratgti cadeyn saxara bulshada gudaheeda, guryaha dhexdooda iyo banaanadii hore ee laisticmaalijiray | |

| KAQEYBQAATAYAASHA QIIMEYNTAN AMA XAQIIJINTAN | | |
|---|---|---|
| **Magaca** | **Saxiixa** | **Taarihkda** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## ANNEX 8

### COMMUNITY ODF CLAIM (SOMALI VERSION)

KA: Gudiga iyo wax garadka,
Tuulada XXXXXX

TARIKHDA: XXXXXX

KU; Gudoomiyaha
Dagmada XXXXX

KU: Sarkaalka wasaarada Waxbarashada
Dagmada XXXXX

KU: Sarkaalka wasaarada Caafimaadka
Daagmada XXXX

KU: Sarkaalka wasaarada arimaha Bulshada
Dagmada XXXXXX

OG: Ha'ada XXXXXX (IP)

OG: UNICEF

**UJEEDO: QIIMEYN AMA HUBIN SAXARADA OO LAISKA ASTURAY**

Tuuladeeda XXXX Waxaana baraarujisay oo nakicisay in dhibaatooyinka laxiriira saxarada dhulka ha'ada XXXX (IP) ee kahawlgasho Dagmada XXX. Xilligaa waxaan balanqaadnay in aan hiigsandoono ujeedkan anaga oo qorsha hawleed dajisanay sidii natijadan aan u gaari laheyn. Kadib bushada tuuladaan waxey si wadajir ah u wajaheen fulinta qorshaha aan kuhiigsaneynay inaan noqono tuula kunool dagaan aan dhulkeeda saxara laga arkeynin gacmahana sabuun ama dambas qof walba kunadiifiyo kadib markuu musqul kusaxaroodo.

Anagoo kukalsoon inan gaarnay hiigsigeena ayaan qiimeyn iskusameynay markey taarikhda aheyd xxxxx

Natijada kasoobaxday qiimeyntaa iyo hubintii aan iskusameynay ayaa sida kulifaaqan dhambaalkan nasiisay kalsooni buuxda oo aan kuaaminsanay inaan gaarnay heerki aan hiigsaneynay sida aan qorsheysanay.

Waxaan si diiran uga codsaneynaa maamulka dagmada xxxx in tuuladeena lagu sameeyo qiimeyn ama hubin kuwajahan ujeedada kor kuxusan si aan aqoonsi xaaladeena kuwajahan uga helno dawlada dalkeena.

Waxaan idinkarajeyneynaa jawaab dheehan.

Mahadsanidiin

Anagoo kala ah

| lambarka | Magaca | xilka | Saxiix |
|---|---|---|---|
| 1 | | Gudoomiyaha Tuulada | |
| 2 | | Gudoomiyaha gudiga Nadaafada | |
| 3 | | Culimaaudiinka | |
| 4 | | Macalin Iskool | |
| 5 | | Gudoomiyaha Ururka haweenka | |

## ANNEX 9

### RESPONSE TO COMMUNITY UPON ODF CLAIM

The district authority will call for a meeting to review reports pertaining to the community in question including and not limited to the community self-verification results. If the district feels confident enough that the community in question is ODF, then the authority establishes a verification team and provides written feedback to the community on dates of verification. If the district authority is not confident enough that the community in question is not ODF, then the authority visits the community in question and provides further recommendations to attain ODF. As well written feedback is provided to the community on the dates of visit.

## VERIFICATION CHECKLISTS

### 10.1 ODF VERIFICATION

**REGION:** _____ **DISTRICT:** _____

**LOCATION:** _____

**DETAILS OF THE VERIFICATION TEAM**

| SN | NAME | REPRESENTING | SIGNATURE | DATE |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

A. **HOUSEHOLDS**

| | NON-NEGOTIABLE INDICATORS | Response | | Remarks |
|---|---|---|---|---|
| # | | YES | NO | |
| 1 | Does the households have access to a latrine that is in use? | | | |
| 2 | Is he squat hole of the latrine is covered (fly proof)? | | | |
| 3 | Is the floor of the latrine is clean (free of faeces and urine)? | | | |
| 4 | Does the latrine superstructure provide privacy? | | | |
| 5 | Does the households have a hand washing facility with appropriate waste water drainage near the latrine with water and soap or ash? | | | |
| 6 | Does all the family members use the latrine including safe disposal of child faeces. | | | |

B. **TRANSECT WALK**

| | Walk of shame | Response | | Remarks |
|---|---|---|---|---|
| # | OBSERVATION | YES | NO | |
| 1 | Is there any trace of excrement in the previous open defecation sites? | | | |
| 2. | Is there any trace of excrement in the nearby bushes? | | | |
| 3. | Is there any trace of excrement between houses in the community? | | | |
| 4 | Is there a community map updated with the progress of the Community action plan available in the village? | | | |

Any other observations and additional comments on the ODF status of the Community:

.....

.....

.....

Recommendations (Give your recommendations on the ODF Status of the Community)

.....

.....

.....

## 10.2 POST ODF VERIFICATION

**REGION:** _____ **DISTRICT:** _____

**LOCATION:** _____

**DETAILS OF THE VERIFICATION TEAM**

| SN | NAME | REPRESENTING | SIGNATURE | DATE |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

| | NON-NEGOTIABLE INDICATORS | YES | NO | REMARKS |
|---|---|---|---|---|
| 1 | Are there latrines with hand washing facilities in schools where available? | | | |
| 2 | Is there separate latrine for girls and boys in school? | | | |
| 3 | Are there latrines in Health Centres where available? | | | |
| 4 | Are functional water supply available in the school? | | | |
| 5 | Do schools store water safely? | | | |
| 6 | Are functional water supply available in the health centre? | | | |
| 7 | Is the school drinking water safe? | | | |
| 8 | Are there functional and gender segregated latrines with hand washing facilities in Dugsis? | | | |
| 9 | Are there latrines with hand washing facilities in the community mosque? | | | |
| 10 | Are there trained CeCs, CtCs, Community WASH committees | | | |

### A. TRANSECT WALK

| | Walk of shame | Response | | Remarks |
|---|---|---|---|---|
| # | OBSERVATION | YES | NO | |
| 1 | Is there any trace of excrement in the previous open defecation sites? | | | |
| 2. | Is there any trace of excrement in the nearby bushes? | | | |
| 3. | Is there any trace of excrement between houses in the community? | | | |
| 4 | Is there any trace of excrement in any of the community's institutional latrines? | | | |
| 5 | Are community water sources protected and well maintained? | | | |
| 6 | Is there a community map updated with the progress of the Community action plan available in the village? | | | |

Any other observations and additional comments on the POST ODF status of the Community:

……

……

Recommendations (Give your recommendations on the POST ODF Status of the Community)

……

……

### 10.3 TOTAL SANITATION VERIFICATION

**REGION:** _____ **DISTRICT:** _____

**LOCATION:** _____

**DETAILS OF THE VERIFICATION TEAM**

| SN | NAME | REPRESENTING | SIGNATURE | DATE |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

| Sl no. | Description | Response | | |
|---|---|---|---|---|
| | | Yes | No | Remarks |
| 1 | Does the community have committee for ODF? | | | |
| 2 | Do all households use hygienic latrines | | | |
| 3 | Do all households always keep latrines clean? | | | |
| 4 | Do all Schools, Mosques, Dugsis/Madarasas (where available) have latrines, hand washing facilities? | | | |
| 5 | Do Health Centres (where available) have latrines and hand washing facilities? | | | |
| 6 | Do markets (where available) have latrines? | | | |
| 7 | Is there Hand washing facilities close to the latrines? | | | |
| 8 | Do people keep food covered? | | | |
| 9 | Do people keep drinking water covered? | | | |
| 10 | Is the community water point surroundings clean? | | | |
| 11 | Is there proper disposal of solid waste? | | | |
| 12 | Is there proper disposal of liquid waste? | | | |
| 13 | Is there proper disposal of animal waste? | | | |
| 14 | Is the community environment generally clean? | | | |

Any other observations and additional comments on the Total Sanitation status of the Community:

……

……

Recommendations (Give your recommendations on the Total Sanitation Status of the Community)

……

……

## ANNEX 11

SUMMARY OF VERIFICATION **RESULTS**

**(***To be completed by implementing partner for the verification team to endorse and copy issued to the village for feedback)*

| **PART 1: VILLAGE PROFILE** | **DETAILS** |
|---|---|
| Name of Community/location: | |
| GPS coordinate | |
| Population: | |
| Total number of households: | |
| Number of household visited: | |
| Name of the CLTS facilitator + contact | |
| Date triggered: | |
| Date of ODF/POST ODF/TOTAL SANITATION (as appropriate stage) claim: | |

| **PART 2: NON-NEGOTIABLE INDICATORS (ODF/POST ODF/ TOTAL SANITATION)** | **% OF THE HOUSEHOLDS** |
|---|---|
| As per the check of the appropriate stage annex 9 (9.1, 9.2,9.3) | |
| | |
| | |
| | |
| | |
| | |

| **PART 3: OBSERVATION** | |
|---|---|
| TRANSECT WALK ANALYSIS | |

| **PART 4: FINAL DECISION FOR ODF STATUS:** *please tick one* | | |
|---|---|---|
| **ODF** | | |
| **POST ODF** | | |
| **TOTAL SANITATION STATUS GRANTED** | | |

| PART 6: RECOMMENDATION | |
|---|---|
| | |
| **VERIFICATION TEAM DETAILS** | |
| **NAME/DESIGNATION** | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## SAMPLE OF FEEDBACK TO ODF VERIFIED VILLAGE

**Subject:** Open Defecation Free (ODF) verification visit's result

Dear Sir, Madam

Following the ODF verification visit of your village conducted on the XXX month year, I am happy to inform you that the verification team has recognize the achievement of the ODF status of your village.

This is great achievement of your community and the district team takes this opportunity to congratulate you for your efforts

I urge you to continue your effort to ensure that all household use and maintain their latrines appropriately and practice hand-washing with soap/ash. As you know Hand-washing with soap/ash before eating and after using the latrine is key to reduce diarrheal disease and keep you community healthy.

You will be visited for certification on xx/month/year and are hereby authorized to organize celebrations activities during the ODF certification.

Attached please find a copy of the verification report for your records as well as your village and the Open Defecation Free certificate will be issued during the celebration.

**District Commissioner,**

_____

Signature

**District PHO, MOH**

_____

Signature

**SAMPLE ODF CERTIFICATE**

**PARTNER LOGO**

unicef
unite for children

**SOMALIA**

# Certificate of Open Defecation Free - (ODF) Village Awarded To

.....

*(Name of Village)*

## During the recognition and certification ceremony held

## on .....

*(Date)*

## at .....

*(Place of celebration)*

District Commissioner,

_____

Signature

District PHO, MOH

_____

Signature

District CLTS Chair,

_____

Signature

Region PHO, MOH

_____

Signature

THE FEDERAL REPUBLIC OF SOMALIA
MINISTRY OF HEALTH (MoH)

# Protocol for Implementing Community Led Total Sanitation (CLTS) in Somalia

Supported by UNICEF Somalia

unicef
unite for children