The boma chief said it all. One of the youngest boma chiefs in the Torit County, he stood up at the end of the CLTS triggering meeting and told his community:

“Look, I’m just like you. I’m no different. I’ve been shitting in the bush since I was a small boy. But I’m now full of shame because of what I’ve seen today. We are all eating shit and getting sick. This shitting in the bush or along the road has to stop – and I will be the first to take action. Tomorrow I’ll start digging my pit – and you should follow me. Everyone should build a toilet. I’m setting a target date – by 18th October, one month from today, we should all have completed our toilets. If anyone fails to do so, he will bring shame on his house and will be fined 50 South Sudan pounds (US$9). If I fail to build a toilet, I will pay a fine of 100 South Sudan pounds. My councillors will go house to house to check on you – and help everyone to get started. From today if we see you shitting along the road, we will warn you and check on how fast you are building your toilet. We should stop waiting for government and the donors to build us toilets. We can do it ourselves! We will do it ourselves!”

This triggering meeting at Okulu Village was one of the practice sessions in a five day training workshop for CLTS facilitators held in Torit County, Eastern Equatorial State (EES), South Sudan in September 2014. This area is slowly recovering from civil war and sanitation is one of the priorities of the Ministry of Physical Infrastructure (MOPI) and the Ministry of Health (MOH), the two ministries responsible for water supply, sanitation and hygiene (WASH). MOPI and MOH are being assisted by NIRAS, a Danish consulting company who are implementing the Dutch funded ProWAS Water, Sanitation, and Integrated Land and Water Resource Management Project over the next three and possibly five years.

Eastern Equatorial State is divided into eight counties (equivalent to districts) and each county into payams (sub-districts), payams into bomas, and bomas into villages (4-5 villages per boma). These administrative structures are being used by the project to implement a CLTS program in four payams of Torit County, which is 140km east of the capital Juba.

The workshop was facilitated by Hellen Akurut Okot, an experienced CLTS trainer and Ross Kidd, a NIRAS training consultant. The two lead trainers were assisted by county WASH staff and Mike Wood, NIRAS WASH specialist. Payam administrators and boma chiefs selected the trainees for the workshop and participated in the post-workshop advocacy meeting to build political support for the follow up program. The project recognises that the active support of political and administrative leaders is crucial to the success of the CLTS program – villagers listen to their chiefs (especially when they model the required behaviours) and follow their advice.

Hellen Akurut Okot, an experienced CLTS trainer and MOPI Sanitation Officer, organised the successful CLTS Campaign in Magwi County in 2010, which resulted in several villages becoming ODF – so she knows how to motivate and mobilise villagers towards this objective. Magwi is a county on the border of Uganda and many of its citizens fled to Uganda during the civil war and developed skills and hygiene and sanitation habits in Uganda. Hellen herself was educated in Uganda and has developed strong skills in CLTS through on-the-job training and experience. She is one of the most dynamic and committed CLTS trainers in South Sudan –
highly committed to the CLTS approach. When she moved to Torit the first thing she did was to build her own toilet and tippy tap on her plot and has been systematic in getting her three children and neighbours to develop good hygiene habits. She is a forceful and passionate speaker with a real gift for explaining CLTS methods to others.

The group of 22 participants consisted of village volunteers who were selected and trained to do triggering meetings and follow up household visits. Torit county has limited numbers of government extension workers and they are mainly based at the county level, so it was decided to create a new cadre of para professional CLTS workers who live in the villages and are in a good position to do follow up household visits. Those selected had primary or secondary education and some experience working as volunteers on different development projects.

We tried to get a good balance of men and women but failed. It is difficult to recruit literate women in South Sudan. Very few women have completed primary school. Women are viewed as farm labour, a mechanism for getting cows as bride price, and producers of children. Many fathers don’t want to send their daughters to school, thinking they will get pregnant and spoil their chances of getting married with a good bride price. Those girls who attend school are often dragged out of school to chase birds or do weeding. However, the situation is gradually changing and an increasing number of girls are now attending school regularly particularly at schools with toilets for girls as well as for boys. So those who did the selection did not give enough priority to involving women.

An important trigger for the workshop was cholera, a disease which plagues South Sudan in the rainy season. In June-July 2014, for example, the hospital in Torit reported 136 people dying from cholera, and many others died outside the hospital without these cases being reported. The loss of lives and loss of productivity because of this scourge became a major focusing issue during the workshop and advocacy meeting. Hellen helped participants see that they waste lots of money paying for treatment for cholera – money which could have been better spent on buying tools and materials to build toilets, which would help to prevent cholera and other diseases associated with poor sanitation like typhoid.

The cholera epidemic helped to create an openness to talking about cholera and how to stop it. The strongest argument came from the Medical Calculation Tool which asks villagers to calculate the costs of treatment for cholera and the time taken away from food production and loss of life and asks people to compare this with the cost of buying tools to dig and build a toilet. An example of the Medical Calculation dialogue is given below -
What happens when you get cholera? “We get sick and go to the clinic.”
How much do you pay? “SSP120 for medicine + SSP100 for transport” = SSP 220 (US$38)
How many people get typhoid? “Almost all of us get typhoid.”
How much does treatment cost? “SSP 175 (US$30) for full treatment per person.”
The whole family might get infected e.g. 10 cases typhoid per year = SSP 1750 (US$300).
How much do you pay for a shovel to dig a latrine? SSP20 (US$3)
What else happens? “If we are sick, we have less time and energy to work in the garden. We can’t do work – we have to take people to the hospital and pay for transport.”
To summarize: we agreed that we are wasting a lot of money – 2,000 pounds (US$350) a year - to treat diseases (cholera, typhoid, and diarrhoea) which can be prevented. You know you could stop these diseases by building latrines and washing your hands with soap or ash. But we are not telling you to change. You have to decide for yourself.

One other factor was the political and administrative leaders in the area - payam administrators and boma chiefs. These leaders were briefed before the workshop and asked to help select trainees, then involved in the practice triggering meeting, and then invited to attend the half day advocacy meeting held at the end of the training workshop, where arguments for stopping OD and building toilets were made. Some of these leaders took a strong position advocating for a change in practice – and also took a lead role in the follow up mobilisation.

Another big topic during the workshop was culture – the tradition of open defecation in this area. The Lutoku villagers of Torit County are proud of shitting in the open. Many of them view shit around the house as a good sign, a badge of honour – it demonstrates that they are producing lots of food from their farming. Lots of shit means that the man of the house has produced lots of sorghum, beans and ground nuts. During our village meetings, however, many leaders and villagers themselves challenged this “tradition”, saying they had already adopted new practices to get rid of Guinea Worm and could do the same to establish a new culture of latrine ownership and use. They said – “We survived the war by working together and supporting each other – and we can do the same with sanitation. Neighbours can help neighbours and together we can do something.”

Resistance to change was also based on other cultural beliefs such as:
- In-laws cannot shit in the same toilet (taboo)
- Men don’t like to be seen entering a building to shit, it’s a shame!
- Belief that if a woman uses a toilet she will not bear children (taboo)
- Shitting in the bush has always been done by our ancestors so why should we change?

**Story from the workshop:**
One man refused to build a toilet while his neighbours were building them. The chief offered a reward to anyone in the village who could persuade this man to build a latrine – he would become an advisor to the chief. One man took up this challenge. He went out early one morning and followed the “resister” to the place where he shits every morning in the open. The resister asked the man, “Where are you going so early in the morning?” The wise man told him, “My sister is very sick and the witchdoctor told me to bring fresh shit to him to be used for medicine. Since everyone else has already built a latrine, it is hard to find fresh shit. Since you have just dropped a nice pile of shit, I am taking your shit to the witchdoctor.” On hearing this, the resister scooped up his own shit and ran into the bush with it. And that same day he built a latrine!
The Executive Director of Torit County, Mr. Cypriano Michael, said: “Look, I’ve always had a toilet. I had the only toilet in my village and we had our community meetings on my plot because everyone could use my toilet. And when I moved to Torit town the first thing I did was to build a toilet on the plot so the builders could use it while building my home.”

The Torit training program was the first of two training courses – one for Torit County and one for Kapoeta North County. Kapoeta is a cattle keeping area on the border of Ethiopia and Kenya. The tribe there is Toposa. When we first arrived in Kapoeta North, we were told that “Toposa men do not shit!” We didn’t challenge this directly, but instead asked questions to fish out the response that it is seen as shameful to be seen going for a shit. Men walk a very long way from their compound to shit in order to disguise what they are doing. Some even take a motorbike. So women are not supposed to know where men go to shit. One woman, Madelina, told us very directly: “Oh, these men are all liars! They shit every day, but they don’t want you to know it. Me, I had a good shit this morning and don’t mind admitting it.” Few people from Kapoeta North migrated to Uganda during the war – they stayed in Kapoeta. The Acholi and other tribes who moved to Uganda as refugees learned from the NGOs about the importance of toilets and hand washing, so these groups are much more open to the CLTS idea.

Both workshops started with three days of training at the workshop site where participants learned and then practised the triggering activities. Then on the last two days the two teams moved to the village to run triggering meetings – in four different villages. These meetings took a while to get started – villagers were in the fields weeding – but each meeting was successful – there was a good turnout and a good response.

Each of the triggering activities made a strong impression on people and by the end of the meeting people were saying, “Let’s do something.” In Okulo Village, Imoruk Payam, Phillip Okee (the lead facilitator) said: “I’m like you. I have no toilet. I have been shitting in the bush. But I have decided to change. Tomorrow I will start building a toilet. Hands up those who will follow me!”

Some villages had already received toilet slabs from earlier sanitation projects organised by other NGOs. So in these villages participants asked for tools for digging. Phillip challenged this, saying, “I have nothing to give you – my hands are empty. If you wait for government or donors you may wait a long time and in the meantime more children will die. What do you want to do? Fold your arms and wait – or do something now! We have hoes in our garden – they can be used to dig a
pit. You are already digging holes for burial. What do you do to dig a grave to bury someone – where do you get the digging tools?”

One youth leader in Okulu Village spoke out against the CLTS program at the start of the triggering meeting. He said – “What our village really needs is to repair the hand pumps, do things for youth, and hire teachers for the school, not do sanitation. Slabs were given out on a previous sanitation project but the donors did not come back to check on the use of the slabs.” For the first part of the meeting he sat back and watched the CLTS activities, looking very suspicious. But little by little he got interested in what was happening and by the middle of the meeting he began to participate actively. He volunteered to be part of the hand washing demonstration and at the end of the meeting he was the first person to put up his hand saying he would start immediately to build a toilet!

FOLLOW UP PROGRAM

Earlier attempts to do CLTS in Torit County by other donors and NGOs had failed. They had conducted triggering meetings but after the triggering they did very little follow up. As a result their efforts resulted in very few toilets being constructed. And people continued to shit in the bush or along the road.

The ProWAS project decided to give much more attention and resources to the follow up program. They argued that triggering is just the start – it needs to be followed up with regular monitoring visits to every household. The project established the following structure for the follow up program:

<table>
<thead>
<tr>
<th>Level</th>
<th>People Involved</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>State and County</td>
<td>WASH staff</td>
<td>Coaching and monitoring</td>
</tr>
<tr>
<td>Payam and Boma</td>
<td>Payam Administrators, Boma Chiefs</td>
<td>Advocacy and setting rules</td>
</tr>
<tr>
<td>Community</td>
<td>CLTS Workers</td>
<td>Triggering meetings and HH visits</td>
</tr>
<tr>
<td>Community</td>
<td>Sanitation Committee</td>
<td>Organisation of community support, encouragement, cajoling</td>
</tr>
</tbody>
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Each CLTS worker was assigned to conduct two triggering meetings in villages within his/her own payam (working with the other CLTS workers from that payam) and follow up household visits in her/his own village and one neighbouring village. The household visits are done three days a week and cover all households in the two villages – persuading villagers to build toilets and inspecting completed toilets. The CLTS workers encourage households with examples of latrines already built by other villagers. They check on progress. When the household gives a day on which work will be done, they go back on this day to see what happens. These visits continue until the household toilet is completed. The CLTS workers also provide technical advice – explaining where to dig, the dimensions for the pit, and how to build a slab and superstructure with locally available materials. They also work closely with the Village Sanitation Committee, which sets by-laws to push people to build toilets.

In one case three CLTS workers were selected from a single village. This team tried to do triggering in villages where they are not based. This proved to be difficult – it involved long walks to these villages and working with people who didn’t know them. In retrospect we should have asked Payam administrators to select trainees from different villages so that they could do triggering and follow up visits in their own village.
One exceptional field worker – Gabriel Okurang, in Ikara village – organised triggering and follow up visits to five villages. Some of these visits involved a walk of 25 km to reach the village as there is no road.

The CLTS workers discovered that war widows were paying other villagers to dig pits for them. These women had lost their husbands and in some cases were crippled from the war. They paid roughly SSP100 (US$20) to dig a latrine pit.

The project provided an incentive for this follow up work. Each CLTS worker is paid a monthly allowance of 400 pounds (US$80) a month. This is roughly equivalent to the starting salary of a primary school teacher in South Sudan. This payment is only given to CLTS workers who are doing regular visits and submitting reports on their work (recording the status of toilet construction at each household).

The WASH state and county staff visit the CLTS workers on a bi-monthly basis. They also conduct one day workshops for the Sanitation Committees in every payam. These committees lead the community in the toilet building campaign and assist in follow up.

The project staff also do monitoring visits and arrange for political and administrative leaders from the state and county to attend local training events. Taking the officials to villages which are successful help them see that villages can be successfully mobilised to build toilets. The officials give motivational speeches to the CLTS workers and villagers and these speeches are recorded and played over the radio and mentioned in news bulletins.

Officials are not always willing to “walk the talk”. One payam administrator gave a moving speech during the advocacy meeting, but has been slow to build his own toilet. The project visited him three times to check on his toilet and each time he made an excuse. On the third visit they couldn’t find him and he arrived late, looking very sheepish and totally exhausted from just digging his own pit! However, he has not yet covered the pit or built the superstructure. So other villagers do not take him seriously.
At the time of writing 248 pits have been dug and covered while putting up the superstructure is ongoing in 14 villages.

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