

# **CLTS field guideline**

## **From French Red Cross experience in Cambodia**



**March 2010**

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## 1. General

This guideline has been written in order to provide some help with the implementation of the CLTS approach. It contains most of the experience feedback from our partners, Red Cross colleagues and our own project.

It should be considered as an improvable tool, and not as a constraint to follow at all costs.

Some key findings have to be kept in mind to understand the CLTS method:

- **As a participatory approach, CLTS should be a lively project where communication and human relations matters more than high tech solutions.**
- **The aim of CLTS is to eradicate open defecation in the target area. More than counting the number of latrines build, we have to look which percentage of the population use latrines instead of defecating in open field.**

## 2. The “sanitation ladder”

To evocate the many ways to improve the sanitation conditions in an area, we use the “sanitation ladder” like the example in Lao PDR Figure 1.

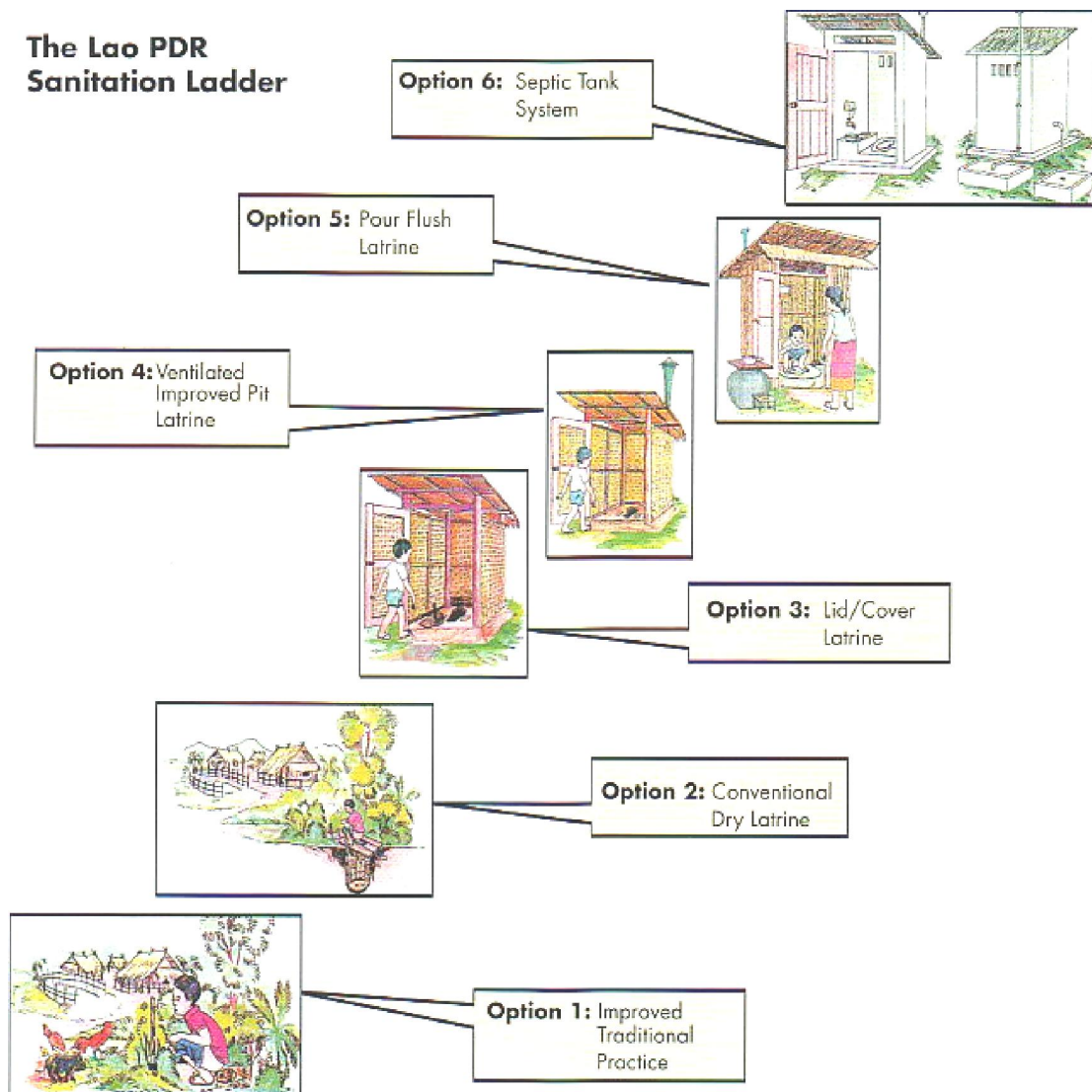


Figure 1: Sanitation ladder in Lao PDR



To illustrate this concept, we can say that at the bottom level of the ladder, we have the open defecation, and at the top of the ladder the modern ceramic flush toilets. Every steps of the ladder are the upgrades that can be done from one situation to another. For example, the 1<sup>st</sup> step is the wooden slab dry pit latrine, the 2<sup>nd</sup> is a concrete slab dry pit latrine, the 3<sup>rd</sup> is concrete slab pour flush latrine, etc. The image of the ladder tries to illustrate that sanitation is an upgradeable facility, and if the top sanitation system is hardly affordable at first, many options in between can be reached with affordable investment, and later upgraded.

The sanitation ladder is supposed to help people raise their living conditions. When people climb at the 1<sup>st</sup> step of the ladder, they may improve their health because open defecation start reducing and germs are more controlled. From this 1<sup>st</sup> step, they can expect an increase of their livelihood (less time sick, less drug expenses, more work, more income...) and then later go to the 2<sup>nd</sup> or 3<sup>rd</sup> step of the ladder, etc.

For ODM project, in most of the villages it is not very likely that the third of a pour flush or equivalent will be reached without any external help during this 3 year project. There is a need of more steps in the sanitation ladder. In Cambodia unfortunately, there are no low to medium cost options available between the simple pit latrine and high cost pour flush toilet. A \$10, \$15 or even a \$20 toilet is today not available and not object of the social marketing organizations. Yet these are the rungs of the sanitation ladder that could help the poorest gain access to a more hygienic toilet. Moreover there is also a need for more affordable technologies for difficult environments.

Because sanitation marketing is an important step in the CLTS post-triggering process, it is worth looking into the available latrine options and the transport distance in your country.

### ***3. CLTS Field step by step handrail***

#### **3.1. Pre-triggering: selection of villages**

Time: Pre-triggering visit can be relatively short (collection of information in order to select the village) (**Annex A:** Favorable and unfavorable conditions for the implementation of CLTS).

Staff: A team of 2 field staff.

Material: Questionnaire (**Annex B**), empty application form (**Annex C**) and pens.

Remarks: Meet leaders and villagers, visit all hamlets and open defecation areas, get an idea of the size of the population in the village and identify favorable and unfavorable conditions.

##### **I. Invite formally the major local stakeholders of the village (or “sub-village”): Village chief and council, WSUG members, RCVs, teachers, VHV, ...**

- Make sure that the major stakeholders are attending the meeting, particularly those with good social acceptance and leadership (even if they are informal leader).
- Make sure that the participants are truly representative of the community (lower, middle, upper classes, youth/elders, men/women...).
- Locate most of the open defecation area (through village RCV or another village partner).
- Ask questions about the environment around and in the village (availability of local building material, water level in rainy season, soil (easy to dig a pit), ...).
- Ask questions about the income source and rate for different groups in the village.
- Ask the number of existing latrines and are those latrines build by the villagers or constructed with the help of a NGO (subsidized program). Are those latrines used?

At the beginning of the meeting the team should explain the reason of the visit and the questions (transparency). You could ask to fill in an application form but this is not mandatory.

#### **3.2. Information/training session CLTS for RCV, village and council leaders of the selected villages (1 day) at district level**

Before doing the actual triggering in the villages it is advisable to provide an information or training sessions about CLTS, the objective and in particular the steps during the triggering meeting. This training session is given by the RC staff.

In the training, the role and responsibilities of each of the triggering team members need to be highlighted as are the different steps of the CLTS process. The other subject that needs to be discussed

is the post-triggering – monitoring phase. When there is already an ODF village in the region, it is very useful to invite the village leader or other relevant person of that village to make a testimony in front of the other village and council leaders.

The objective is that at the end of the session the village and council leaders of the selected villages are in favor of implementing the CLTS approach because without their support it will be very hard to obtain a successful result.

### 3.3. Triggering: 1<sup>st</sup> CLTS meeting: Participatory appraisal

Time: Half day (from 3 to 6 hours)

Staff: A team of 5-7 members

Composition:

- § 1 CRC facilitator from the Community Development team (the lead facilitator),
- § 1 member of the CLTS department of PDRD,
- § The village chief of the village that will be triggered,
- § The commune chief of the commune where the villages belongs to,
- § The 2 Red Cross Volunteers of the village,
- § A village chief of a village which has been declared ODF (testimony).

Material: Color and symbol cards, pens and markers, IEC material about the pathways of faecal contamination (Figure 2), papers (to make a list of volunteers that will build a latrine and to make an action plan), flip chart (Figure 3), informed choice manual and banner, camera.



Figure 2: Photo of the IEC tool used for the transmitting pathways

Remarks: Open mind, no pre conceived mind set of definitive outcome.

- **Attitude and behavior of the facilitators should be a combination of boldness, empathy, humor and fun.**
- **CLTS must be provided in a “community empowerment” mode rather than a “prescriptive” and “target achievement” mode.**
- Choose a slack labor period for the date of the meeting, avoid market days, marriages and funerals, ...
- While waiting for the people to come and once all officially invited people are gathered, talk about informal subjects about their village, in order to make the people feel comfortable in a friendly atmosphere (example: where the name of the village comes from, how good the place look or anything which make them proud).



# គំរូបន្តង់អនាម័យដែលមានតម្លៃទាប

## Low-cost Latrine Designs

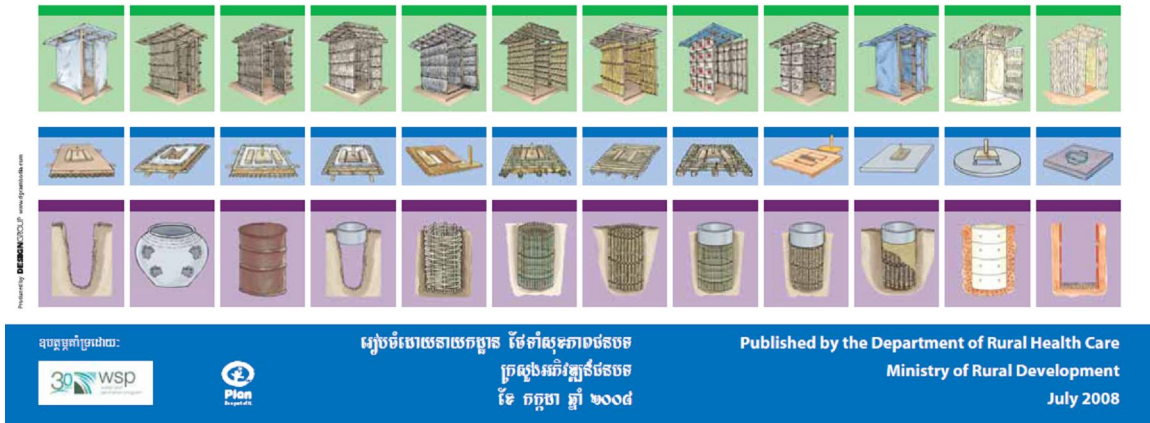


Figure 3: Flipchart on rural household latrine selection

### II. Present purpose and self introduction (15 minutes)

- Introduce all team members to the villagers and the role they will play during the triggering meeting and post triggering.
- Relate back to the pre-triggering visit and the selection of the village.
- Explain the purpose of this meeting and what will happen in the next coming hours.

### III. Village mapping of the actual situation (15 minutes)

- Identify a place where the villagers can draw a map of their village on the ground and where there is enough place to move around.
- Ask the villagers to identify the houses, the school, the community buildings, main roads, water points and etcetera with stones, carts or other material.
- Then ask the villagers to stand back and explain the next step.

### IV. Identification of the households with and without latrines/ Identify social status (45 minutes)

- Ask villagers to identify the HH with latrines and the HH without latrines with different colors or symbols for example. Put the carts on the ground so that the villagers need to come and take them (don't distribute). Take a picture of the map after this stage.
- Do the same for the social status but than with other color carts. Here as well the villagers need to pick up their own carts. Take a second picture of the map after this stage.
- Ask one or two team members to draw the map with the different identifications on a big paper that you can use later in the first place to follow the progress of the latrine construction and in a second stage to make home visits to the most vulnerable families. In a second stage of the project the social map can be used as a base for the application of smart subsidies.
- Then ask the villagers to stand back and explain the next step. In the mean time some other team members prepare the material that will be used to identify the stool. In our case most common is the use of rice husks but you can also use colored sand (yellow) or any other local material that is very common.

### V. Represent open defecation with for example rice husks (15 minutes)

- In this step you will ask the villagers who don't use a latrine to pick up a handful of rice husks and distribute it on the places (1/2 hand per place) where they defecate.
- When they are finished looking at the map and ask them what is their impression.
- Take a picture as reference.

## VI. Calculations of the amount of shit produced (15 minutes)

- 300 gram per person / day.
- 1 family has an average of 5 persons so this makes 1,5 kg per family per day.
- Multiply this amount by the number of families that don't have latrine in the village.
- Multiply for 1 week (7 days) (10.5 kg/family).
- Multiply for 1 month (30 days).
- Multiply for 1 year (365 days).
- The result will be many tons of faeces; normally this will shock the community.

## VII. Disgust pathways of faecal contamination (30 minutes)

- Before taking out the IEC tools, ask people where all this shit goes?
- Draw a shit in the middle of a double flip chart and put markers and empty carts next to the flip chart. Ask people to pick up the carts and write or draw the agents or pathways that bring shit into their home (f.e. water, flies, animals, toys, shoes, ect).
- Then ask how shit goes into the mouth? (Fingers, flies, kitchen tools, food, water, ect.).
- Then you can show and explain the IEC tool with the 7 F's and the barriers that could help to block those pathways.

## VIII. Analyze the expenditure for medical treatment caused by OD practice (15 minutes)

- Ask the people what they lose when they or a family member is sick and write down the answers on a flip chart.
- Ask the people how much it cost them to go to the health centre and get treatment for diarrhea and write down the answers on a flip chart.
- Then use IEC tools (pictures cards) to explain better about the diarrhea and how it can be prevented.

## IX. Transect walk to defecation areas (30 to 45 minutes)

- Invite the people to join in a walk through the village with as target those places where the people indicated they practice open defecation. Start to walk around the village continuing talking about casual and positive things. Invite any villagers on the way to join the walk (especially women and kids).
- When a good number of people (40-50 persons) have joined the walk, reach one of the open defecation area.
- When on open defecation site, stop walking and start to ask questions about this place:
  - o Do you have other closer places to go at night or in case of emergency?
  - o How women deal to have privacy?
- Take a bottle of water, open it. Ask them if they will drink this water. Then take a hair from you head (or something else), pretend you touch the ground or some stool with it and put it in the bottle. Present the bottle to some individuals (and hopefully they refuse). Ask then why they don't want to drink it.
- Refer back to the disgust pathways for the food. (In the CLTS handbook there is an example of a woman who pick up a shit with a stone and put it next to a plate with rice; the people saw how the flies came to the shit and the rice, apparently a little later a dog came to the shit and the food as well. Through the visualization, people started to understand.).
- Go maybe to another place near by and do the same exercise.
- Take the people back to the assembly place. While doing this the triggering team should stimulate the discussions between the villagers.
- Remark: depending on the village the transect walk can also be done at the end of the process. Villagers can easier leave the meeting when doing the walk in between! Maybe it could be good to do the transect walk in the beginning of the meeting like in the original CLTS handbook.

## X. Ignition moment of discussion and solution finding (30 minutes)

- When the triggering was successful, there are plenty of discussions and when the lead facilitator will ask what the villagers will do now, some persons will take the lead and come up with solutions, like building latrines, burring faeces, ...
- One of the team members will record what the villagers are bringing up as solutions in order to keep a track record.



## XI. Show technical aspects through an informed choice manual (30 minutes)

- When the discussion comes to how to build latrines, the lead facilitator can introduce the informed choice banner with latrine pictures (Figure 4A and 4B).
- If a village leader from an ODF village is present as a team member, you can introduce him again so he can tell the story of his village and how they managed to build latrines with local materials.
- Discuss the availability of local construction materials.

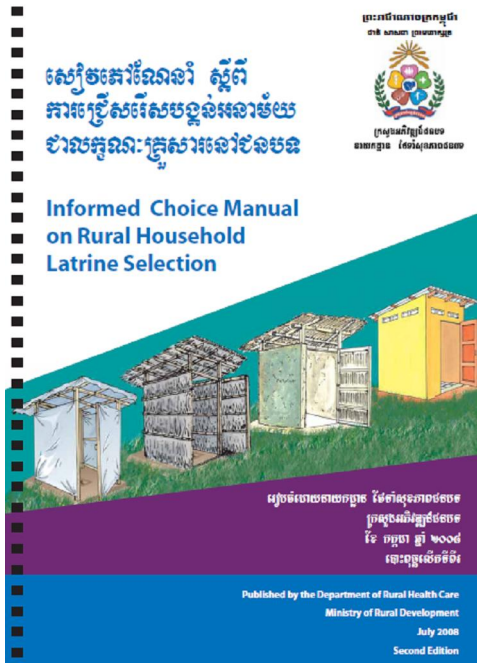


Figure 4A: Informed choice manual on rural household latrine selection



Figure 4B: Banner on rural household latrine selection

## XII. Action plan (15 minutes)

- In this stage the village leader should ask the persons that will build a latrine to come forward and this effort need to be rewarded with applause.
- These are the persons that can be identified as “natural Leaders” or Village Focal Person (VFP) of the village (persons who can lead informally the CLTS in the community) and will lead some groups of around 10 families to build their latrines.
- Note down all the names of the families that are willing to build a latrine and when they want to finish building their latrine.
- According to the response, you can schedule the next monitoring visit. When the response was high it should be in the next couple of days either you wait at least a week to go back for your next visit. You should announce the time of the next visit to all villagers.
- You could leave a copy of the village map which indicates the HH with and without latrines so that the village leader can keep a visual record of the progress the village made. This progress map can be used in the next meetings as well (when appropriate).
- Than it is time to say your goodbyes and end the meeting.

### 3.4. Post triggering: monitoring in the first month

Time: From 2 hours to half day, 2 times during a week and then wider intervals if required.

Staff: 1 or 2 field staff with the help of the village chief, VFP and RC volunteers.

Material: The village map and the list of names where the progress is recorded, camera to take picture of the latrine with the family.

Remarks: Be supportive and encourage, don't dominate. If required take some leader of the community to successful CLTS villages, sanitary marts, or invite leaders from open defecation free villages.



- Let the people come out with their own idea, just try to point the evident technical problems in order that people find their own solution.
- Create condition for brainstorming amongst the community member. Gather groups (~10 persons) who can work together, who have the same dynamic, who live in the same neighborhood.
- Encourage the village leader, RCV, WSUG and village focal person (group leader) in their task.
- When you see some of them doing “technical mistake”, instead of advising, ask them questions about why they make such a choice (for example latrine upstream a water point, not appropriate choice of location, size, materials for the latrine...), discuss the mistake and give when appropriate some technical advice and encourage them. Take note of the answers and the discussion for future reference.

### 3.5. Post triggering: PHAST sessions & monitoring

Time: Half day, one time in the month

Staff: 1 or 2 field staff with the help of the RC volunteers

Material: IEC material (Figure 5A and 5B) for the PHAST session and the specific topic that day, when the village is still not ODF à the village map and the list of names where the progress is recorded, camera to take picture of the latrine with the family.



Figure 5A: IEC materials for PHAST



Figure 5B: IEC materials for PHAST

Remarks: Be supportive and encourage, organize some exchange visits with other villages, stimulate other initiatives of the community,

- Each of the following months, the RC staff in collaboration with the RC volunteers and the hygienist of the WSUG will conduct a PHAST session on a specific topic like hand washing, food and body hygiene, water supply, latrine use and maintenance, ect.
- After 3 months, the RC staff can start to organize exchange visits between villages and more specific with ODF villages.
- Encourage the village leader, RCV, WSUG and village focal person (group leader) in their task. Motivate them to use and refer to the informed choice manual they have in the village.
- Encourage the villagers who are constructing a latrine and give some technical advice.
- Encourage the villagers to rebuild their latrine once the first one broke down or is full.
- Keep records in a kind of database to follow the progress during the project.
- You can organize small competitions within or between villages.
- Organize something special on the global hand washing (15 October) and sanitation day (19 November) in the villages or schools.

### 3.6. Verification and certification of the ODF status

Time: Half day

Staff: External persons: 1 commune council, 1 PDRD (government), 1 NGO staff, 1 or 2 villagers of an ODF village, 1 or 2 villagers from a neighboring village

Material: List with criteria to check the ODF status

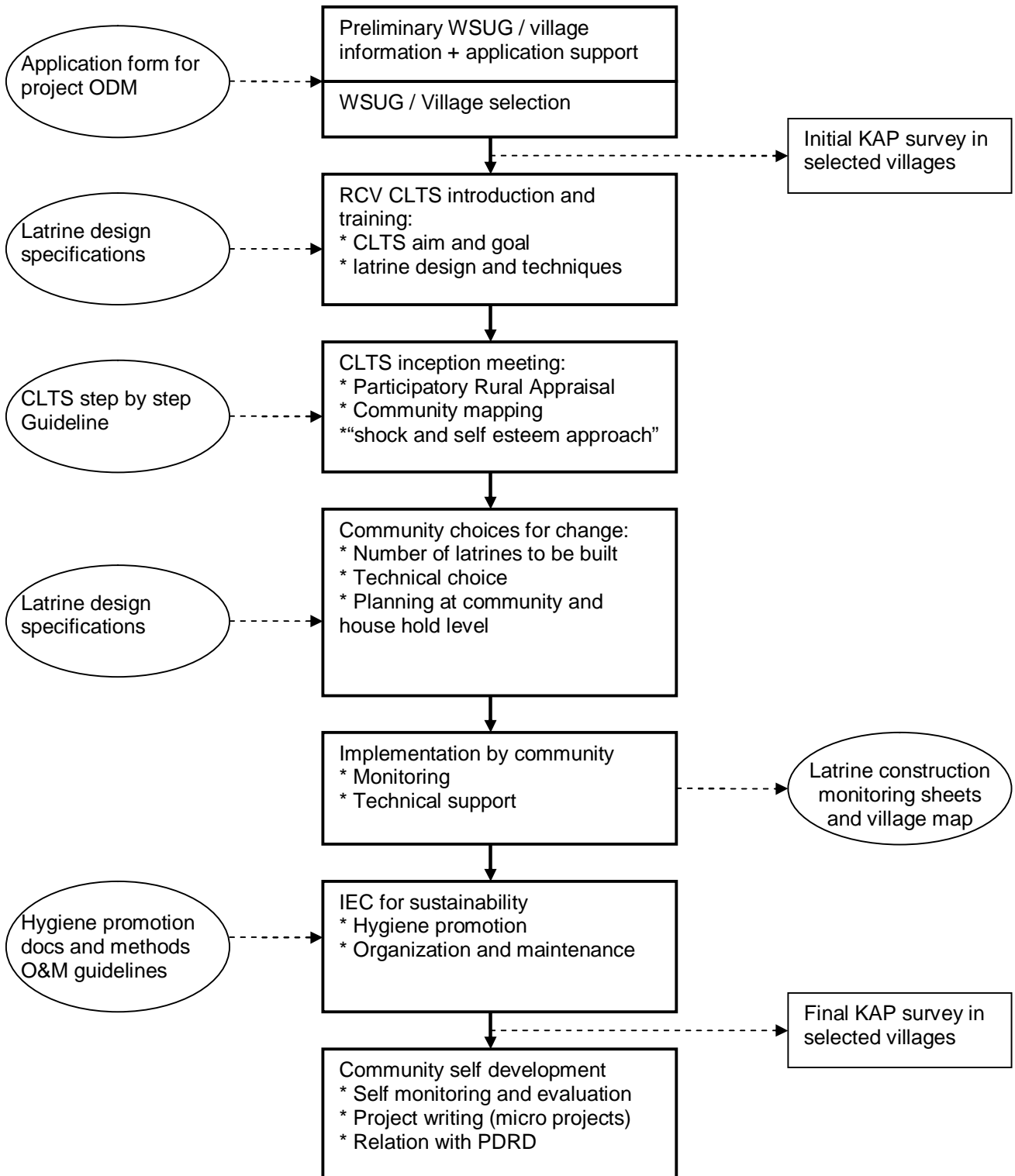
Remarks: Needs to be objective with a feedback towards the village, has to be repeated after some time to maintain the ODF status

- Interviews and focus group discussions with some villagers.
- Transect walk through the village and especially visit the former defecation sites.
- Visit some of the latrines<sup>1</sup> and verify if they are in use.

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<sup>1</sup> The process is still not completely defined and official but during the verification the number of latrines should be representative for the village and chosen randomly.

#### 4. CLTS implementation quick chart





## 5. Chronogram of CLTS implementation in a village

	<b>When</b>	<b>For how long</b>	<b>What</b>	<b>Tools</b>	<b>Participants / by whom</b>
Pre-triggering	Month 1	2 hours	Pre-triggering visit: selection of village	Questionnaire and application form	2 RC Field Officers
	Month 2	5 Days	Recruitment and training of RC community based volunteers Training in RC P&V and first aid	First Aid Kit	2 RC volunteers (community level) by RC field officers
	Month 3	3 Days	CLTS Pre-Triggering: Training on Sanitation and Health with the local opinion leaders	Training package	Village Chief, School Director or teacher, Buddhist Monks, Health Centre Chief and 2 RC Volunteers by RC field officers
Triggering	Month 4	1/2 Day	CLTS Triggering	Triggering tools	Triggering team of 5-7 members with RC lead facilitator
Post-triggering	Month 5	3 Days	PHAST and hygiene promotion training for the RC volunteers and WSUG hygienists	IEC materials and PHAST tool kit for village	2 RC volunteers and WSUG hygienist (community level) by RC field officers
		1/2 Day	CLTS Follow up and monitoring PHAST Step 2 & 3 (focus on hand washing)	IEC materials Distribution of soap	Community Workshop by RC field officers & 2 RC volunteers
	Month 6	1/2 Day	CLTS Follow up and monitoring PHAST Step 2 & 3 (focus on body and food hygiene)	IEC materials	Community Workshop by RC field officers & 2 RC volunteers
	Month 7	1/2 Day	CLTS Follow up and monitoring PHAST Step 3 & 4 (focus on water supply) targeting all HH	IEC materials	Community Workshop by RC field officers & 2 RC volunteers
	Month 8	1/2 Day	CLTS Follow up and monitoring PHAST Step 5 (focus on latrine use and maintenance)	IEC materials	Community Workshop by RC field officers & 2 RC volunteers
	Month 9	1/2 Day	CLTS Follow up and monitoring PHAST Step 6 & 7 (focus on micro projects)	IEC materials	Community Workshop by RC field officers & 2 RC volunteers
	Month 10	1/2 Day	CLTS Follow up and monitoring		Community Workshop by RC field officers & 2 RC volunteers
	Month 11-12	1/2 Day	CLTS Follow up and monitoring		Village leader and 2 RC volunteers

## 6. Project cycle with CLTS implementation

	<b>When</b>	<b>For how long</b>	<b>What</b>	<b>Tools</b>	<b>Participants / by whom</b>
Preparation	Month 1	1 month	Recruitment of local RC staff (if necessary)		Applicants by RC branch and partner
	Month 2*	7 Days	Training of local RC staff (if necessary): Training in RC P&V and first aid	Training package – First Aid kit	RC Field Officers by RC branch and partner
		3 Days	CLTS Training	Training package	RC Field Officers by MRD or other CLTS trainers
Pre-triggering	Month 3	2 hours per village	Pre-triggering visit: selection of village	Questionnaire and application form	RC Field Officers
	Month 4	1 month	KAP survey in selected villages	Questionnaire	RC staff (preferable other) or external consultant
	Month 5	5 Days	Recruitment and training of RC community based volunteers Training in RC P&V and first aid	First Aid Kit	RC volunteers (community level) by RC field officers
	Month 6	3 Days	CLTS Pre-Triggering: Training on Sanitation and Health with the local opinion leaders	Training package	Village Chief, School Director or teacher, Buddhist Monks, Health Centre Chief and RC Volunteers by RC field officers
Triggering	Month 7	1/2 Day per village	CLTS Triggering	Triggering tools	Triggering team of 5-7 members with RC lead facilitator
Post-triggering	Month 8	3 Days	PHAST and hygiene promotion training for the RC volunteers and WSUG hygienists	IEC materials and PHAST tool kit for village	RC volunteers and WSUG hygienist (community level) by RC field officers
		1/2 Day per village	CLTS Follow up and monitoring PHAST Step 2 & 3 (focus on hand washing)	IEC materials Distribution of soap	Community Workshop by RC field officers & RC volunteers
	Month 9	1/2 Day per village	CLTS Follow up and monitoring PHAST Step 2 & 3 (focus on body and food hygiene)	IEC materials	Community Workshop by RC field officers & RC volunteers
	Month 10	1/2 Day per village	CLTS Follow up and monitoring PHAST Step 3 & 4 (focus on water supply) targeting all HH	IEC materials	Community Workshop by RC field officers & RC volunteers
	Month 11	1/2 Day per village	CLTS Follow up and monitoring PHAST Step 5 (focus on latrine use and maintenance)	IEC materials	Community Workshop by RC field officers & RC volunteers

	Month 12	1/2 Day per village	CLTS Follow up and monitoring PHAST Step 6 & 7 (focus on micro projects)	IEC materials	Community Workshop by RC field officers & 2 RC volunteers
	Month 13	1/2 Day per village	CLTS Follow up and monitoring		Community Workshop by RC field officers & RC volunteers
	Month 14-15	1/2 Day per village	CLTS Follow up and monitoring		Village leader and RC volunteers
Evaluation	Month 16	1 month	KAP survey in selected villages	Questionnaire	RC staff (preferable other) or external consultant
	Month 17	2-3 Weeks	Project evaluation	Questionnaire, FGD, interviews, documentation	External consultant

\* When the IEC tool kit for CLTS and/or PHAST does not exist for the local context, sufficient time and budget need to be included in the beginning of the project to develop it.

## 7. *Human resources for CLTS implementation*

### Composition of internal team:

- § 1 team leader (also responsible for hygiene promotion and PHAST activities),
- § 2 to 4 facilitator from the Community Development team. The number of facilitator will depend on the numbers of targeted villages. They should be enough for the post-triggering activities.

### People involved:

- § 1 member of the CLTS department of PDRD,
- § The village chief of the village that will be triggered,
- § The commune chief of the commune where the villages belongs to,
- § The 2 Red Cross Volunteers of the village,
- § A village chief of a village which has been declared ODF (testimony).

## 8. *Minimal budget for CLTS implementation*

To be completed.



## 9. Annexes

### Annex A:

#### CLTS favorable and unfavorable conditions:

##### **A. MORE FAVORABLE**

- Small settlement (hamlet rather than big village)
- Remoter rather than closer to towns and big roads
- Socially and culturally homogeneous
- Lack of cover in the surrounding area
- Wet/moist conditions which wash excreta around and keep it smelly and nasty
- Unprotected vulnerable and currently polluted water point
- Visibly filthy conditions
- high incidence of diarrhoeal disease (especially on children)
- progressive local leadership
- existence of active groups within the community

##### ***a. Policy and organisational environment***

- Where there has been and is no programme of hardware subsidies and none is proposed.
- Where CLTS triggering facilitators are strongly motivated, well trained, have appropriate attitudes and behaviours, and are flexibly supported by their organisations
- Where there is provision for follow up encouragement and support after triggering
- Where finding and supporting natural leaders who can spread CLTS laterally is a priority

##### ***b. Current conditions and practices***

- Favourable community size
- High incidence of diarrhoeal disease and child mortality
- Where defaecation is constrained by lack of privacy
- Where open defaecation has little or no economic value
- Where it is easy for people to see visually, and analyse, the links between their defaecation habits and ingestion of faeces
- Where during rains or the night people defaecate nearby

##### ***c. Physical conditions***

- lack of cover in the surrounding area leading to lack of privacy
- wet, moist and/or visibly filthy and disgusting conditions where faecal contamination is offensive
- settlement patterns provide adequate space for latrines
- shrinking space for open defaecation due to construction of roads, buildings, deforestation, desertification etc
- Soil is stable and easy to dig
- Nearby wells will not be polluted
- Water supplies are unprotected and vulnerable to contamination

##### ***d. Social and cultural conditions***

- Socially homogeneous community with high cohesion
- Progressive local leadership
- A tradition of joint action
- Women have a voice
- Where latrines and cleanliness give social status

##### ***e. Timing of triggering***

- When bad effects of open defaecation are most evident
- At the beginning of a slack labour period
- It is advisable to take into consider the seasonal calendar of the farming or busiest period (avoiding implementation during their busy time will bring higher degree of success)

## **B. MORE CHALLENGING**

- Large settlement
- Close to town and main road
- Socially and culturally diverse
- With much surrounding cover
- desert condition in which excreta dry
- well protected water point
- Current, previous or nearby programme of hardware subsidies
- apparent clean condition
- low incidence of diarrhoeal disease

### ***a. Policy and organisational environment***

- Hardware subsidies. Where there has been a recent or is a current programme for hardware subsidies, or one is thought or known to be proposed
- Organisations with big budgets for subsidies, and targets and reporting based on latrines constructed
- Opposition from the staff of such organisations
- CLTS triggering organisations and staff with top-down teaching cultures and practices
- Lack of staff and resources for follow up, encouragement and support after triggering

### ***b. Current conditions and practices***

- Existing use of nearby water that carries faeces away (stream, river or the sea)
- Economic use of faeces for fish farming or agriculture
- Private, accessible and convenient places to go (e.g. latrines with running water)
- Plenty of cover of bushes, trees and/or topography in surrounding area

### ***c. Physical conditions***

- Hard rock in which it is difficult to dig
- Highly collapsible soil
- Dense settlement where it is difficult to find space, and storage may fill up
- Dangers of polluting nearby wells

### ***d. Social condition***

- People are very healthy with little diarrhoea
- Socially divided community with low cohesion
- Weak tradition of joint action
- Women have little voice and/or few resources
- Concepts of modesty and taboos which act as deterrents
- History of and stories about latrine collapse or failure or danger (eg of children falling in)
- Likely resistance from influential people

### ***e. Timing of triggering***

- during peak labour demand
- when faeces are less filthy and disgusting, eg during hot dry or very cold/freezing weather periods
- It is advisable to take into consider the seasonal calendar of the farming or busiest period (avoiding implementation during their busy time will bring higher degree of success)



## **Annex B: Village questionnaire**

To be completed



**Annex C: Application form for the village selection**

Project application Water, Sanitation, Health, Hygiene, Social, Economic  
and Environmental Impacts Assessment Form

Project/micro-project title: \_\_\_\_\_

**1. Project management?**

-

**2. Project ownership?**

-

**3. Project accessibility and sustainability?**

-

**4. Water, Sanitation, Health and hygiene impacts related for human (negative and positive impacts)?**

Describe the impacts that are likely to occur on the following and how they will be minimized

(Please write in the space provided or on the back of this form if there is not enough space)

- **How the impacts will be minimized:**

**5. Social impacts related for human and communities societies (negative and positive impacts)?**

Describe the impacts that are likely to occur on the following and how they will be minimized

(Please write in the space provided or on the back of this form if there is not enough space)

- **How the impacts will be minimized:**

**6. Economic impacts related for human (negative and positive impacts)?**

Describe the impacts that are likely to occur on the following and how they will be minimized

(Please write in the space provided or on the back of this form if there is not enough space)

- **How the impacts will be minimized:**

**7. Environmental impacts related for natural vegetarian and animals or human (negative and positive impacts)?**

Describe the impacts that are likely to occur on the following and how they will be minimized

(Please write in the space provided or on the back of this form if there is not enough space)

**Natural vegetarian and animal:**

- **How the impacts will be minimized**

**Surface waters and soils:**

- **How the impacts will be minimized**

**Cultural feature:**

- **How the impacts will be minimized**