

United Nations Children’s Fund - UNICEF – Banjul

The Gambian Ministry of Health & Social Welfare

REPORT

National Training on

Community Led Total Sanitation (CLTS)

In The Gambia (May 2010)



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List of Abbreviations

| | | |
|--------|---|---|
| AMCOW | - | African Ministerial Council on Water and Sanitation |
| CLTS | - | Community Led Total Sanitation |
| EU | - | European Union |
| MDG | - | Millennium Development Goal |
| OD | - | Open Defecation |
| ODF | - | Open Defecation Free |
| PLA | - | Participatory Learning and Action |
| PRA | - | Participatory Rural Appraisal |
| PS | - | Permanent Secretary |
| RRA | - | Rapid Rural Appraisal |
| UNICEF | - | United Nations Children's Fund |
| WASH | - | Water, Sanitation and Hygiene |

1.0 BACKGROUND

Global statistics show that sanitation delivery is lagging behind in the quest to achieve the Millennium Development Goals (MDG) target of halving those without access by the year 2015. Sub-Saharan Africa remains the part of the world with the most countries who are off track in respect of meeting the MDG target. Over the years, many approaches have been implemented to the aim of increasing coverage. The main characteristics of these approaches has been the delivery of latrine facilities, very often based on a subsidy approach and the use of prescribed technology options.

In the Gambia, the story is no different with sanitation coverage (67%) lagging behind that of water (92%) with regional disparities in which some regions have coverage as low as 31%. Various approaches have been tried by both government agencies and Non Government Organisations (NGO) towards increasing sanitation coverage notable amongst which was the training of latrine artisans to construct low cost improved pit latrines by the Department of Community Development. However, this donor funded project failed for many reasons including sustainability of the effort after donor funding run out and the low demand for the services of the trained artisans since communities did not scale up the demand for the improved latrines.

In the last ten years, the Community Led Total Sanitation (CLTS) approach has come up as a radical approach to increasing sanitation coverage especially in rural areas. The approach was introduced by Dr Kamal Kar in Bangladesh when he undertook an evaluation of a number of water and sanitation projects funded by WaterAid. Since then the approach has gained international acceptance and recognition. CLTS works by directly attacking the practise of open defecation using a variety of participatory exercises that help community members make a self assessment of their own sanitation situation and subsequently taking collectively decision to change their existing situation resulting in the community totally stopping open defecation (ODF) and moving on to promote the use of improved toilet facilities by each community member. Some of the key features of the approach are that:

- it is a community based approach which requires collective community decision making
- it achieves results rapidly
- it is an empowering approach that builds community capacity
- it does not rely on subsidies

1.1 Context

In 2009, a National Sanitation Policy was developed with the assistance of UNICEF – Gambia. The policy, along the lines of the declaration of African Ministerial Council on Water and Sanitation (AMCOW), emphasizes the use of community led solutions to address

the national sanitation problem. In the same year, three government officials and one UNICEF Project Officer attended a CLTS Training workshop in Nigeria to introduce them to the approach and build their capacity to become the nucleus of CLTS implementation within the country.

Since then, the group facilitated a regional level training in the Upper River Region to pilot the approach. Though this effort had some weaknesses, the pilot achieved some success at the community level which was a clear indication that the approach could be adopted to the local conditions in the country. To begin a national rollout of the approach, a national level training workshop was organised under the auspices of the Ministry of Health with support from UNICEF- Gambia to train both technical and policy level officials from partner institutions. This report elucidates the conduct of the training workshop and other activities related to the Consultants mission.

1.2 Courtesy Calls

As part of the mission, the Consultant was led by the UNICEF WASH Officer and the Public Health Officer to pay courtesy calls on various stakeholders within government. The first point of call was to the Permanent Secretary (Administration) in the Ministry of Health and Social Welfare. In the short interaction with him, he was briefed on the purpose of the Consultant's visit to The Gambia and the effort to use CLTS to impact positively on sanitation delivery. He gave his support to the programme and indicated that the Ministry had already committed itself to the process. The next point of call was to the Permanent Secretary (Technical) Ministry of Local Government and Lands. The PS reiterated the importance of water and sanitation and went ahead to talk about some on-going developments within the sector which would support sanitation development. The team also interacted with the Director of Water Resources and the Deputy Director at the Department of Community Development. The Deputy Director welcomed the idea of the Consultant's visit and stressed that it was time for sanitation to be emphasised at the highest level.

The courtesy visit was very useful and its established stakeholders commitment to the process.

2.0 WORKSHOP ORGANISATION

2.1 Workshop Objectives

The specific objectives of the workshop were that by the end of the workshop, participants:

- would have understood the genesis, principles and methodology for applying CLTS

Bwiam, Western Region

- would have gained adequate knowledge and skills to trigger CLTS in rural communities
- would have gained knowledge and skills to train others to trigger CLTS
- would have developed Action Plans to roll out/scale up CLTS in the various regions

2.2 Workshop Venue

The workshop was held at the Bwiam Lodge located in Bwiam in the Western region. The lodge provided conference facilities for the workshop activities. Majority of participants were also housed at the same venue. Meals were also provided by the lodge's catering services.

2.3 Workshop Duration

The workshop was conducted from the Monday 10th of May to Saturday the 15th of May 2010. Participants arrived on Sunday the 9th and departed on the evening of Saturday the 15th of May 2010.

2.4 Workshop Participants

Participants for the workshop were drawn from various government departments playing key roles in water and sanitation development. All the regions across the country were represented and the composition of participants was also broad reflecting the various levels including regional level officers through to field facilitators. A total of forty nine (49) people participated in the workshop made up of forty four (44) participants and five (5) facilitators. Participants came from government, NGOs, health training institutions and CBOS. A full list of participants is attached as Appendix 1 of this report.



Group
Picture
showing
Participants

2.5 Resource Persons

The workshop was facilitated by Mr. Vincent Tay, an external facilitator procured by UNICEF Gambia to lead the process. He was supported by Sana Jawara (Chief public Health Officer, Ministry of Health, Lamin Saidyleigh (Department of Water Resources) and Alfred Gomez – Ministry of Health) who are all local facilitators leading CLTS capacity building in the country.



2.6 Workshop Planning and Coordination

The CLTS training workshop was planned jointly by UNICEF- Gambia, the Ministry of Health and Social Welfare and the Department of Community Development. The planning team worked closely together to put in place all preparations for the workshop including agreeing on content and structure, participants, venue and logistics. Mr. Musa Drammeh, the UNICEF WASH Officer led the coordination effort and ensured that everything was put in place for the successful conduct of the workshop.

3.0 WORKSHOP CONDUCT

3.1 Workshop Content

The workshop was based on the CLTS approach. The content focused on the understanding the approach and the process tools used for triggering. Other related topics that were treated during the workshop included facilitation skills and participatory methodologies. Both of these topics are directly relevant to understanding and using the CLTS approach.

The workshop timetable is attached as Appendix 2 of this report.

3.2 Workshop Opening

Participants to the workshop were welcomed by the Deputy Public Health Officer who was also the chairman for the day's activities. In his welcome address he expressed his happiness about the workshop and hoped participants would take advantage of it to learn as much as possible. He wished them a good in Bwiam. The workshop was officially opened by the Chief Public Health Officer. In his opening address, he spoke about the global

challenge of sanitation the potential of CLTS to help Africa get on track towards achieving the MDGs targets. The Chief Public Health Officer commented on the importance of the workshop and said not only should participants learn as much as they could but they should also plan how they would disseminate the knowledge and skills to their counterparts. He thanked UNICEF – Gambia for the organising the workshop and declared the workshop opened.

On his part, the WASH Officer for UNICEF – Gambia in addressing participants highlighted the recommendation by African leaders that sanitation should be tackled using community led processes and related the CLTS approach to this recommendation. He indicated that sanitation was more than just a health problem and more pragmatic approaches needed to be adopted to meet the challenges on the ground. On behalf of UNICEF – Gambia he thanked the government team for the support and cooperation UNICEF had received so far in sanitation delivery.

3.3 Workshop Process

Day 1 – Classroom Sessions

The workshop began with an introductory session which included participants self introduction, discussion of the workshop objectives, timetable, discussion of participants learning objectives and logistics arrangements for the workshop.

The lead facilitator began the workshop with a few tips on facilitation for the participants. He intimated that because of the critical role of facilitation in implementing CLTS, at every opportunity that they get, participants should learn new things about facilitation and always take up every opportunity to get to take part in facilitation.

To set the stage for understanding CLTS, the facilitator took participants through an exercise in which they did quick reviews of some water and sanitation projects which they had implemented in the recent past. The key features of these projects were discussed and it was clear that the subsidy approach was common, technologies for sanitation were prescribed, on paper, everybody said there was high community participation using Participatory Rural Appraisal (PRA) to facilitate this. The discussion that followed showed that despite these seemingly positive measures, none of the projects achieved real success in terms of significant increases in sanitation coverage and behaviour change mainly because the processes were not community driven, neither were the technologies that were being introduced. The facilitator introduced the CLTS approach as a radical but innovative alternative to the usual project approach. The presentation covered the origins of the approach and discussed the key features that make CLTS different from traditional approaches. The facilitator then went on to describe the process tools used to trigger a community and the three phases of CLTS implementation. The presentation ended on the challenges that go with implementing the CLTS approach. Through the presentation

participants asked a variety of questions to deepen their understanding of the methodology. What came out clearly was that most participants were sceptical about the approach and found it difficult to see how a sanitation project work without directly providing latrines. Others were also worried about the use of crude words for shit because of cultural sensitivities

A documentary on the CLTS approach, 'NO- SHIT PLEASE' which shows the origins of the approach, its processes and tools with interviews with the originator of the approach, Dr. Kamal Kar was shown to participants to support the facilitator's presentation.

The day ended with an informal validation of the day's learning in which participant's described the day's learning in a single word. Words like 'interesting', 'educative', 'participatory' and 'revealing' were used to describe the day's sessions.

Day 2 – Classroom Sessions

The second day of the workshop began with a short recap of the previous day's activities. The recap tested participant's recall of the previous day's learning. The participants were able to recall the key learning points without much reference to their notes.

The whole of the second day was dedicated to learning the process tools used in facilitating the triggering moment in CLTS. The lead facilitator used a very hands-on approach to ensure that the right skills were transferred to participants. For each tool the facilitator described the tool, its purpose, the materials needed to undertake the exercise and explained the process for using the tool in a step by step manner. After this, he did a demonstration of the tool and then allowed participants to do return demonstrations.



Facilitator demonstrating the Defecation Area Mapping Exercise



Participants participating in Defecation Area Mapping Exercise

The essence of participants return demonstrations was mainly to ensure that they were able to give the right instructions for facilitating each tool. Participants were taken through all the process tools including: the defecation area mapping, the 'Walk of Shame', 'Glass of Water' and shit ; medical expense calculations and 'open shit to open mouth'.

The day ended with a discussion of the next day's field triggering exercise. The objectives of the field exercise were explained to participants and the logistics arrangements for going to the field and the communities to be visited were discussed thoroughly. Participants were then divided into groups and left to prepare themselves for the next day's field exercise. Four groups were created to visit four communities namely:- Luluchorr, Ballen, Baipol and Gikess.

Day 3 – Field Work

Both facilitators and participants left the workshop early to be able to meet the scheduled appointments with the various communities. The objectives of the field visit were firstly to allow participants to practice the use of the various process tools and secondly to 'trigger' the community. Each group followed a standard procedure in the community which involved observing the required traditional protocols, introducing themselves to the

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general community and engaging the community, with the permission of the community leader (Alkali), in the process of analysing their sanitation situation using the process tools.

All four groups had very good encounters with their communities in that they were able to successfully facilitate all the process tools in each community. The 'triggering' outcome however varied from community to community. Though the group's were able to 'trigger'



the communities, their lack of experience with the process caused them to miss the 'ignition' moment and thus loose the momentum that creates the 'match box in a gas station' effect of a truly 'triggered' community.

Community members mapping their defecation areas



Walk of Shame

Back at the workshop centre, the four groups did a presentation on their experiences in the communities. Each group gave a summary of their engagement with the community

highlighting the process tools they used, their achievements and challenges. The facilitators led a lively discussion in which they provided feedback to the groups. The weaknesses in the field facilitation were identified and strategies for overcoming them were discussed. The video footage of the various groups facilitation was used to guide the discussion. It was clear that though the groups had each successfully used the various tools, they had used them in a very mechanical way and had not been able to convey the emotions which go alongside the tools to trigger the deep sense of shame and disgust.

The day ended with a discussion on latrine technologies. The facilitator gave a presentation on various latrine technology options that were suitable for rural areas. The presentation focused on how each technology works and how to upgrade from technology option to the other. This knowledge will essentially be useful for helping triggered communities who start off with rudimentary latrines to climb up the sanitation ladder. The presentation covered direct pit latrines, Ventilated Improved Pit latrines, alternating Ventilated Improved Pit latrines and Pour Flush latrines. It also covered the different types of latrine slab in use including advantages and disadvantages of each of them.

Open Shit to Open
Mouth Exercise (Faeco-
oral transmission)



Day 4 – Field Work

On the second day of field practice, the groups visited another set of four communities with the same objectives of ‘triggering’ them. The second set of communities visited were: - Janack, Gibonack, Siwol and Batending. The same procedures were followed at the community level as in the first field practice exercise. This time participants had the benefit of some amount of experience and a better understanding of the approach based on the feedback session held after the first effort/attempt. The result was a far more improved triggering experience in which participants were able to ‘ignite’ the communities they worked in to rise up and collectively decide to change their sanitation situations. The feedback session was very positive because all the groups had very interesting experiences to narrate on how community members on their own had identified OD as a problem and had gone on declare that they were going to stop OD through building more latrines in the community and insisting that everybody use a latrine for defecation.



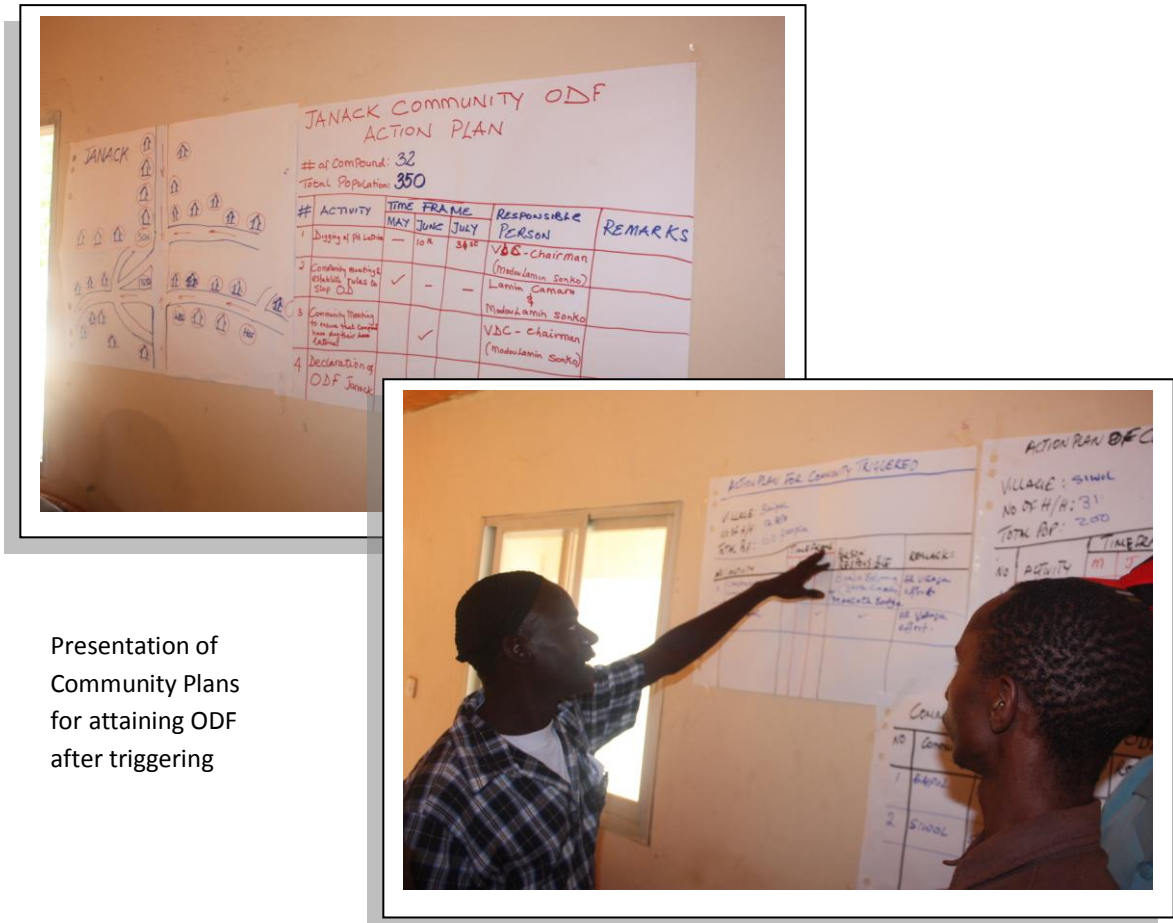
Participant taking community members through analysis process towards 'ignition' moment

The last session of the day was a presentation on participatory methods. The facilitator gave an overview of participatory methods highlighting on their origin, purpose and key features starting from the RRA to PRA and then PLA. He led an extensive discussion on the three pillars of participatory methods:- Behaviour and Attitudes, Methods (tools) and Sharing. He stressed that a good facilitator should work with all three pillars and not just focus on some of them. Very often, people have used participatory tools without complimenting them with the right behaviours and attitudes as facilitators. The facilitator drew participants' attention to the first day of field practice and the second day when they achieved more success because they combined the right behaviours and attitudes to the process tools. This session was important because CLTS is mainly a participatory process that uses process tools from PRA. At the end of the session participants were encouraged to broaden their knowledge about other participatory tools such as PHAST, SARAR and so on.

Day 5 – Classroom Sessions

The last day of the workshop was devoted mainly to planning activities. Two community representatives from each of the triggered communities were invited to the workshop venue to interact with participants and share their community plans for attaining the Open Defecation Free (ODF) status. Participants who worked in the different communities helped the community representatives to put their plans of flip chart paper for display.

Bwiam, Western Region



Presentation of Community Plans for attaining ODF after triggering

All community plans were displayed along the walls and participants visited each display in groups, using the round robin method, to listen to each community present its plans towards reaching ODF. This exercise was very useful since it brought to fore a key philosophy of CLTS that it is not about constructing latrines but once triggered, community members can find their own innovative solutions to the problem.

After the community presentations, a second level of planning was conducted mainly with the team from the Western region on how follow-up of the triggered communities will be undertaken. This was facilitated by the Ministry of Health (Chief Public Health Officer) and UNICEF (WASH Officer).

3.4 Workshop Closing

The workshop was officially closed by the Chief public Health Officer. Before his closing speech, the facilitator shared his own impression about the workshop and the way forward. He praised participants for their ability to quickly learn the triggering tools and correct their field mistakes. He encouraged them to build on their facilitation skills and they

would soon make excellent CLTS facilitators. In his closing remarks to participants, the UNICEF WASH Officer, Mr Drammeh thanked participants for their participation and said the time has been well spent since the workshop was very educative and he had personally learnt a lot of things and met many new people in the past five days. He thanked the facilitator for a good job well done and pledged UNICEFs support to ensure that CLTS gains roots in the country.

In his closing speech, the Chief Public Health Officer, mentioned that he was very happy at the way the workshop had proceeded and praised participants for the zeal and enthusiasm which they had approached the workshop. He expressed his confidence in participants ability to trigger communities using the CLTS approach and indicated that plans were far advanced for rolling out CLTS starting with regional level capacity building and the constitution of training teams to ensure that there is adequate capacity to use the methodology.

The Regional Director for the Department of Community Development, Mama Sawaneh gave the Vote of Thanks for the close of the workshop.

3.5 Workshop Validation

The workshop was validated using an informal validation exercise in which participants rated themselves and their appreciation of four key aspects of the workshop. The areas included, their understanding of the CLTS approach, their ability to trigger, their ability to train others to trigger and the quality of facilitation. Three rating scales were used:- 'Average' = 50%, 'Good' = 70%, 'Satisfactory' = 90%. Thirty seven participants took part in the validation exercise.

On their understanding of CLTS, 57% indicated a 'Satisfactory' score, whilst 43% indicated 'Good'. On their ability to trigger communities, 73% indicated a 'satisfactory' rating whilst 37% indicated 'Good'. On their ability to train others, 76% indicated a 'Satisfactory' score whilst 24% indicated 'Good'. On the quality of facilitation, 54% indicated 'Satisfactory' whilst 46% indicated 'Good'.

Participants did not have any complains about the feeding and lodging facilities. However, there was occasion to complain once or twice about delays in serving meals. Overall, the outcome of the workshop validation reflects the outcome of the workshop.

4.0 Policy Level Orientation on CLTS

The Ministry of Health and Social Welfare organised a half day orientation for policy makers on the CLTS approach which the Consultant made a presentation. This orientation was used as an advocacy tool for winning support for the approach in sanitation delivery within the

country. The No Subsidy, nature of the approach and its delineation of latrine construction makes it different from all other approaches and thus very difficult for people to appreciate and accept. The orientation was used to give as much information to policy level stakeholders to help them appreciate the approach and assure them of its applicability in the local context. The orientation was attended by various stakeholders including representatives from the government, the Ministry of Health and Social Welfare, the Department of Community Development, Ministry of Water Resources, Ministry of Economic Development & Planning, the PS Environment & Forestry, the PS Local Government. Development Partners like the EU Charge de Affairs, the WHO Country Representative, UNICEF were also present. NGO partners like Concern Universal, the Director, Child Fund International amongst others were present for the orientation.

5.0 CONCLUSION

The quest to improve sanitation is not only driven by the desire to attain the MDG targets but more importantly because sanitation is dignity. OD is the bottom of the sanitation ladder and the most unacceptable form of sanitation if we are concerned about the impact of diarrhoeal diseases, especially amongst children. The CLTS approach ‘constructs people’ who not only construct latrines but go on to implement environmental improvements to ensure that diarrhoeal diseases are reduced to a minimum.

This CLTS training workshop is a major step in The Gambia’s effort at implementing a sanitation solution that goes beyond latrine construction but stresses behaviour change for sustainability. The CLTS facilitators who have been trained in this workshop will form the nucleus of a core of people who can themselves implement CLTS at the community level, train others to implement CLTS and also advocate for the approach. The key challenge now lies with strengthening their capacity and providing opportunities for them to utilize what has been learnt in the workshop.

6.0 RECOMMENDATIONS

The following recommendations are made to UNICEF, Gambia and the Ministry of Health and Social Welfare for Scaling Up and sustaining the use of CLTS in the country.

- **Establishing a CLTS Coordination Mechanism**

Since CLTS is new and in a sense a radical approach, its coordination during the roll out process is critical. It is recommended that a national level Task Force is put in place to coordinate the roll out process. This Task Force should be led by the Ministry of Health and

Social Welfare to ensure sustainability. Composition of the Task force should include line agencies, donor partners and NGO representatives. The Task Force will lead the process

- **Develop National CLTS Plan with clear Milestones to be achieved**

The Gambia has to immediately put in place a clear national plan for rolling out CLTS. Presently, the elements for the national roll-out have been agreed but have not been structured into a clear plan with milestones that can be tracked. It is recommended that the Ministry of Health and Social Welfare and the Department of Community Development take the lead in structuring this plan. This is to ensure ownership of the process. The key elements of the national roll-out include:

- Establishment of national level stakeholder coordination structures for driving the process
- Nation-wide capacity building
- Policy level advocacy and engagement to ensure that CLTS is recognised within relevant national policies
- Resource mobilization for Monitoring
- Documentation and sharing of lessons

- **Strengthening Capacity of Facilitators**

The participants in the workshop showed the acumen to be good facilitators of the approach however, what was missing was their ability to facilitate the process based on the precepts of Participatory Learning and Action. This body of methods stresses a good marriage between the right Behaviour and Attitudes and the use of various process tools. Participants in the workshop demonstrated that they have no problem learning new things and implementing them but were not strong on the complimentary behaviour and attitudes needed to support the process. CLTS requires both for the full benefits of the approach to be realised.

It is highly recommended that a Facilitation Skills training should be organised for those who will form the National and Regional CLTS facilitation teams. This training should cover facilitation as a skill and also expose participants to various PRA/PLA process tools that support community level planning, decision making and hygiene promotion. These will complement their present skills to make them master trainers of not only CLTS but also the participatory planning process and hygiene promotion that takes place during the Post Triggering Phase.

- **Downstream Training**

The national training workshop was designed to provide as many people as possible with the skills to trigger CLTS however a lot more CLTS Facilitators are needed, especially at the district level to undertake community level triggering. The need for downstream training is

imperative and must be done with utmost care to ensure that the right knowledge and skills are transferred to that level. The critical link is the downstream training from Regional Facilitation teams to District level field facilitators.

The Consultant recommends that as soon as possible, the National Facilitation Team should be constituted and supported to begin downstream training of Regional Facilitation Teams. During the next tier training – from Regional Facilitation Teams to District level field facilitators, key members of the National Team should support the Regional level counterparts to ensure that the quality of training is not compromised and that right behaviours and attitudes are translated at that level.

- **Defining ODF**

The main outcome of a triggered community in CLTS is the community attaining the ODF status. ODF in its simplest form means Open Defecation Free, but what does it mean to be ODF? A common understanding of ODF has to be arrived at such that when reports are made from different parts of the country about ODF communities, there are basic things that one can find in these communities.

It is recommended that at the national level, key stakeholders agree on the characteristics of an ODF community. This then becomes a standard checklist for certifying communities as ODF and monitoring their effort to sustain the status.

- **Use Pre-Triggering as an entry points for establishing National Sanitation Data Base**

A key activity in the Pre-Triggering process of CLTS is the participatory community profiling. This exercise is meant to collect basic information on the water and sanitation condition in the community before triggering is done. This information acts as a baseline for comparison when the community has been triggered and is certified as being ODF. Considering that data on the true state of sanitation in the rural areas is usually not readily available and costs a lot in terms of human resource and logistics to put together, the Consultant strongly recommends that the Pre-Triggering process should be used to build a National Base on Sanitation. This would mean the development of more extensive but participatory data collection tools which can be integrated into the CLTS process to collect relevant information on each community. The status of communities can then be updated on the National Data Base when they attain ODF.

- **The Sanitation Ladder Approach**

The most common response from a CLTS triggered community is to take emergency actions to stop Open Defecation. Very often these actions translate into the construction of rudimentary latrines. These rudimentary latrines represent the starting point in the Sanitation Ladder Approach. Community members who initiate latrine construction after being triggered do not have to remain at the rudimentary level, they should be encouraged

to move up the sanitation ladder towards the facility of choice which they are satisfied with and is affordable to them.

The Consultant recommends that the Sanitation Ladder Approach is adopted and field officers oriented on it to ensure that after triggering and even when communities have attained the ODF status, they can still work with individuals within the communities to upgrade their rudimentary latrines to the 'improved' latrine level as stipulated in the National Sanitation Policy.

APPENDIX 1**LIST OF PARTICIPANTS FOR THE NATIONAL TRAINING ON COMMUNITY LED TOTAL SANITATION**

| NO. | NAME | INSTITUTION | Email Address |
|-----|---------------------|----------------------------|--|
| 1 | Mama J. Suwaneh | DCD/Brikama | Mamsjanneh@yahoo.com |
| 2 | Lamin Badjie | Kanifing Municipal Council | laminbadjie@yahoo.com |
| 3 | Solomon P.S. Jatta | College | spsjatta@yahoo.com |
| 4 | Alagie Touray | Health/ Soma | Tourayg910@gmail.com |
| 5 | Jaligeh Nget | Health/Bansang | - |
| 6 | Sarjo Darboe | Health/Kanifing | smfalarbo@yahoo.com |
| 7 | Bolong Jobarteh | Health/Banjul | bsjobarteh@yahoo.com |
| 8 | Edrisa Sanyang | Child Fund | edrisasanyang@gmail.com |
| 9 | Lamin Ceesay | Health/ Kaur | Imsceesay@yahoo.com |
| 10 | Alfred Gomez | Health/Basse | Gomezalfred20@yahoo.com |
| 11 | Marie K. Mendy | WASDA | - |
| 12 | Kantong Marena | DWR/Soma | kantongmarena@yahoo.com |
| 13 | Lamin Jammeh | Area Council - Barra | - |
| 14 | Abdoulie Juum | Health/Mansakonko | ajuum2006@yahoo.co.uk |
| 15 | Binta Bojang | Health/Banjul | bbbojang@hotmail.com |
| 16 | Edi Bah | Child Fund | edibah1974@yahoo.com |
| 17 | Malick D.M.Manneh | Health - Mansakonko | malickmanneh@yahoo.com |
| 18 | Philip J. Sambou | FEDER | |
| 19 | Amadou Woury Jallow | Health/Essau | Amadou.jallow@gmail.com |

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| | | | |
|----|-------------------|-------------------------|--|
| 20 | Momat Jallow | Health/Kanifing | mjimjallow@yahoo.com |
| 21 | Alagie Jatta | DCD/MKK | jattanjie@yahoo.com / alhagyjatta@yahoo.com |
| 22 | Chaba Saidy | DWR/Banjul | chabasaidy@yahoo.com |
| 23 | Sheriff Jammeh | Health/Basse | S4jammeh2004@yahoo.co.uk |
| 24 | Baba Jatta | DCD/ Kerewan | - |
| 25 | Alieu Sallah | Area Council/Kuntaur | - |
| 26 | Sheriffo Mboge | DWR/ Kerewan | - |
| 27 | Lamin Ceesay | Health/Basse | lamincesay69@yahoo.co.uk |
| 28 | Momodou Saidyba | Area Council/Mansakonko | - |
| 29 | Bakary Ndow | Health/Brikamaba | ndowbakary@gmail.com |
| 30 | Buba Manjang | Health/Farafenni | bubmanjang@yahoo.com |
| 31 | Aminata Sillah | Health/Basse | amiesillah@gmail.com |
| 32 | Karamba Keita | Health/Banjul | karambakeita@yahoo.co.uk |
| 33 | Faburama Darboe | TARUD Gunjur | Kampung76@gmail.com |
| 34 | Bakary Bojang | SIFF | - |
| 35 | Sheriffo Bojang | DCD/ Brikama | - |
| 36 | Ousman Kambi | Health/Sibanor | - |
| 37 | Bakary Jadama | Area Council/Brikama | babjados@yahoo.com |
| 38 | Lamin Fatty | Red Cross/Brikama | Lfatty78@yahoo.com |
| 39 | Yorro Bah | Health/Banjul | - |
| 40 | Lamin J. Jobarteh | Health/Kuntaur | - |
| 41 | Famata Colley | Health/Bwiam | famatacolley@yahoo.com |
| 42 | Isatou Bah | DWR/ Janjanbureh | - |

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| | | | |
|----|--------------------|-------------------|--|
| 43 | Karim Darboe | Health/Essau | akdarboe5@yahoo.com |
| 44 | Abdoulie B. Badjie | Health/ Farafenni | badjieabdoulie@yahoo.com |
| 45 | Fabakary Cham | DCD/ Kuntaur | - |
| 46 | Alhagie Jabbie | Health / Bansang | anidsjabbi@gmail.com |
| 47 | Musa Drammeh | Unicef | mdrammeh@unicef.org |
| 48 | Vincent Tay | Consultant | veetay@hotmail.com |
| 49 | Sana Jawara | CPHO, Health | Barow2002@yahoo.com |

National Training Workshop on the CLTS Approach in The Gambia

Bwiam, Western Region

APPENDIX 2

Workshop Timetable

| Date/Day | Time | Session Topic | Activities/Tools | Materials Needed | Facilitator |
|---|-------------------|---|--|--|-------------------------|
| Day – ONE Monday -10 th May | | Travel to venue and Registration | | | Bolong and Karamba . |
| Day – two – Tuesday 11 th May 2010 | 8.30– 9.30 | Opening Ceremony | | | |
| | 9.30– 10.00 | Introductory session | Course objective, self introduction, training norms, fears and expectations Video show on CLTS | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers, LCD , video show Same as above | Sana / Vincent |
| | 10.00- 10.30 | Hygiene & Sanitation Trends | Brainstorming, facilitation, group work | | |
| | 10.30– 11.00 | Tea Break | | | Bolong and Karamba |
| | 11.00-11.30 | Training methodologies participatory rural appraisal and Behavioural change | Brainstorming, facilitation, group work | Flip charts, VIPP cards, masking tapes, flip chart board, pen and markers. | Vincent |

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| | 11.30-12.00 | Facilitation skills Communication and self preparation | Brainstorming, facilitation, group work | Flip charts, VIPP cards, masking tapes, flip chart board, pen and markers. | Sana and Chaba |
| | 13.00-14.00 | Lunch Break | | | Bolong and Karamba |
| | 14.00-15.45 | PRA Tools(Transect walk, Faecal calculation, seasonality Trend Analysis,Wealth ranking, Venn diagramme) | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | Vincent |
| | 15.45-16.00 | Tea Break | | | Bolong and Karamba |
| | 16.00-17.00 | PRA Tools cont. | Brainstorming, facilitation, group work | Flip charts, VIPP cards, masking tapes, flip chart board, pen and markers. | Vincent |
| | 17.00-17.15 | Day's Evaluation | | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | Vincent |
| Day – Three – Wednesday 12 th May | 8.30-8.45 | Recap of previous day's activities | | | Sana/Chaba |
| | 8.45-9.45 | Introduction to CTLS | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and | Vincent |

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| | | | | markers. | |
| | 9.45-10.30 | Step by step Guidelines to implement CLTS | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | Vincent |
| | 10.30-10.45 | Tea Break | | | Bolong and Karamba |
| | 10.45-12.15 | Faeco- Oral Route of transmission | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | Vincent/Sana |
| | 12.15-13.00 | Blocking Routes of Transmission | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | Vincent |
| | 13.00-14.00 | Lunch Break | | | Bolong and Karamba |
| | 14.00-15.00 | Social Mapping | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and | Vincent |

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| | | | | markers. | |
| | 15.00-16.00 | | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | Vincent |
| | 16.00-16.15 | Tea Break | | | Bolong and Karamba |
| | 16.15-17.00 | Sanitation Ladder | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | Vincent |
| | 17.00-17.15 | Day's Evaluation | | | |
| Day – Four | 8.30 – 8.45 | Recap of previous day's activities | | | |
| Thursday | 8.45-9.45 | Guidelines on Planning and Implementation | | | Vincent |
| 13 th May | 9.45-10.45 | Guidelines on Planning and Implementation | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and | |

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| | | CLTS Action Plan (Cont | | markers. | |
| | 10.30-10.45 | Tea Break | | | Bolong and Karamba |
| | 10.45-13.00 | Planning for Field Work | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | |
| | 13.00-14.00 | Lunch Break | | | Bolong and Karamba |
| | 14.00-16.00 | Practical simulation of CLTS (Triggering exercise 1) | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | |
| | 16.00-16.15 | Tea Break | | | Bolong and Karamba |
| | 16.15-16.45 | Practical simulation of CLTS (Triggering exercise2) | Brainstorming, facilitation, group work | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | |

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| | 16.45-17.00 | Practical simulation of CLTS (Triggering exercise3) | | Flip charts, VIPP cards, maskin tapes, flip chart board, pen and markers. | |
| | 17.00-17.15 | Day's Evaluation | | | |
| Day – Five – Friday 14 th May | 7.00 – 16.00 | Field Visits | | | |
| Day – six Saturday – 15 th May | 8.00 – 10.00 | Presentation and Discussions on field visit findings | | | |
| | 10.00– 10.30 | Tea Break | | | Bolong and Karamba |
| | 10.30-13.00 | Discussion in support of technology option | | | |
| | 13.00-14.00 | Lunch Break | | | Bolong and Karamba |
| | 14.00-15.00 | Draft States' CLTS Action Plan and | | | |

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| | | Presentation | | | |
| | 15.00-16.00 | Evaluation and Closing | | | CPHO |