



COMMUNITY FOLLOW-UP WORKSHOP FACILITATION GUIDE:

FOR ORIENTATION OF COMMUNITY LEADERS

**INTERAIDE & ENGINEERS WITHOUT BORDERS CANADA
CLTS PROGRAM, PHALOMBE DISTRICT
VILLAGE-LEVEL MONITORING PILOT
2011-2012**

Financing and executing organizations:



This guideline has been prepared by the consortium of InterAide and Engineers Without Borders Canada (EWB). The content does not reflect the views of the financing or executing organizations.

ENGLISH VERSION

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INTRODUCTION

CLTS is an approach that relies on a community's understanding and participation during each stage of the process: pre-triggering, triggering, follow-ups, verifications and celebrations.

Monitoring (or follow-up) activities are the backbone of CLTS and rely heavily on community involvement for sustainability and ownership over the activities. To be in line with the core intention of the approach, the activities must also be "community-led". In order to achieve this, the local leaders themselves must be equipped with the knowledge, skills and attitudes required for proper orientation of the community to conduct monitoring activities.

To encompass these concepts, InterAide and Engineers Without Borders Canada (EWB) came up with an activity that involved community members in the monitoring process. In an attempt to ensure sustainability through active participation and complete community ownership, and increase capacity by providing responsibility around continuous monitoring work, the Consortium of InterAide and EWB introduced Community Follow-up Workshops. These were workshops meant to engage community members in learning how to monitor CLTS progress in their village, how to work together with their respective local health extension worker, and how to be completely involved in reaching and sustaining ODF status.

OBJECTIVES OF THE MANUAL

This manual is meant to act as a guide for facilitators during the implementation of Community Follow-up Workshops as part of a Community-Led Total Sanitation (CLTS) program. Information provided is based on workshops piloted in Phalombe District during the GSF Program from 2011-2012 by Engineers Without Borders Canada (EWB) and InterAide.

The pilot was a village-level monitoring strategy that included a workshop for community leaders to gain the knowledge and skills required for taking ownership over the monitoring process in their communities. Immediately after a triggering, these workshops gave community members the chance to get directly involved in the post-triggering, monitoring process. These workshops were called 'Community Follow-up Workshops' and included a capacity building exercise, peer-to-peer engagement and interaction, case studies, faecal-oral route demonstrations/diagrams, action plan presentations and role definitions.

CLTS's participatory approach promotes participatory techniques/exercises as part of the facilitation process to encourage teamwork, community empowerment and allow local leaders to feel ownership over their progress towards reaching Open Defecation Free (ODF) status.

As a reminder, this manual is a guideline and should be modified according to the community members' needs and learning styles. A program should be prepared by the facilitator and presented to the group (with timeframes for each session, including breaks) to set expectations. Remember that time management is extremely important for running workshops that are heavy on content.

PARTICIPANTS

One facilitator per 15 people was identified as ideal during the Phalombe pilot; however, the number of available facilitators and community members invited per village varied from case to case.

Two facilitators ran each workshop; participants from 6 villages were invited per workshop. From every village, 1 village headman (VH), 3 Natural Leaders (NL), and 1 Health Surveillance Assistant (HSA) were invited, totalling to 5 participants per village.

It is important that members of community structures at the Group Village Headman (GVH) and Traditional Authority (TA) levels are involved in these workshops. When possible, members of the Village Development Committee (VDC) and Area Development Committee (ADC) should be invited to attend a workshop to get a sense of how they can incorporate CLTS into their monthly VDC and ADC meetings. This will also provide an opportunity for these members to discuss accountability with local leaders during the 'role development' session.

MATERIALS REQUIRED

Facilitation Materials

- Flip charts
- Pental markers
- Masking tape
- Follow-up workshop facilitation guide
- Facilitator lesson plan
- Community monitoring forms
- Other teaching and learning aids (i.e. Charcoal/ash and a biscuit for faecal-oral route demonstration)

Participant Materials (provided by facilitators)

- Booklets or paper
- Ballpoint pens

WORKSHOP COMPONENTS

WORKSHOP PROGRAM

Introduction: Climate/Environment Set-up – 1 Hour

Activity 1: Presentation of Objectives – 10 Min

Activity 2: Introduction to CLTS – 20 Min

Activity 3: Sanitation & the Faecal-Oral Route – 20 Min

Activity 4: Discussion of Open Defecation Free (ODF) Status – 20 Min

Activity 5: Effects of Sanitation to Social Development – 10 Min

Activity 6: Action Plan Presentations – 1 Hour

Activity 7: Energizer – 10 Min

Activity 8: Role Definitions – 30 Min

Activity 9: Orientation of Monitoring Tools – 1 Hour

Summary

The workshop program outlined above is discussed in more detail below.

CLIMATE/ENVIRONMENT SET-UP (1 HOUR)

For maximum participation during the workshop, it is important to create a comfortable environment that enables learning and willingness to engage. The steps below are several suggestions based on experiences in Phalombe.

- Opening prayer – Ask a volunteer to make an opening prayer (2 Min)
- Self-introductions - Ask participants to make self-introductions in a participatory way in order to bring up morale and provoke participation
 - EXAMPLE: *Group all participants based upon what colour of clothing they are wearing. Have them get to know one another by name, village, position, and the last time they defecated, etc. - 20 min)*
- Fears and expectations – Think of participatory ways to encourage participants to express their fears and expectations
 - EXAMPLE: *In the same introduction groups, discuss and map out by writing down everyone's fears and expectations on paper and laying them on the ground under main categories that seem to emerge from the exercise. This is a fun way to engage people rather than just brainstorming - 15min)*

ACTIVITY 1: PRESENTATION OF OBJECTIVES - 10 Min

WORKSHOP OBJECTIVE

Workshop objectives help set the tone of the workshop and allows people to get a brief overview of what they should expect. The phrase below describes the overall workshop objective that is proposed to be introduced to the participants. It gives a general idea of what type of outcome is meant to be achieved by the end of the workshop, who the participants are, what type of role they will play in CLTS, and the reason for playing these roles.

The facilitator should introduce the following objective at the beginning of the workshop:

“The workshop aims to incorporate community members and leaders as active players in the CLTS follow-up process to ensure community ownership and sustainability of CLTS.”

SPECIFIC OBJECTIVES

As part of this session, participants should:

- a) Understand the CLTS approach
- b) Discuss sanitation with a focus on the faecal-oral route
- c) Discuss the effects of sanitation to community development
- d) Present their action plan developed after CLTS triggering and discuss if it's achievable
- e) Define the roles of community leaders & HSA in CLTS and tie them to the action plan
- f) Understand how and when to use the community CLTS monitoring tools

TIP: Allow ample time to go through the list of specific objectives above – use examples when necessary.

ACTIVITY 2: INTRODUCTION TO CLTS – 20 Min

The facilitator should use tools that can simplify the understanding of CLTS amongst the community leaders and give them a practical introduction to the importance of improved sanitation and hygiene. These practical tools can include case studies, brief hand-washing or drop-hole cover “triggerings” or demonstrations, or any other participatory exercise.

Example: Use of a case study:

- The facilitator should divide the participants into two groups and provide both groups with the same case study and questions to answer before bringing both groups back to discuss.
 - **VILLAGE A:** In this village every household in a village has a latrine because the HSA communicated the DHO’s mandate for all households to have a latrine. Everyone in the village accepted and built a latrine. However, none of the latrines had drop-hole covers (DHC).
 - **VILLAGE B:** In this village there are 77 households with latrines and 71 of those latrines have drop-hole covers. Ash and other chemicals are also used to kill flies in the pit. 23 households have no latrines and share with the households that do have latrines. This has been done because the chief of the village mandated that every latrine in the community must have a drop-hole cover to help prevent cholera.
- Q1 - Which village has initiated the construction of latrines on their own?
 - Answer: Village B because the chief led the community to initiate latrine construction
- Q2 - Which village is more likely to sustain their development: Village A or B? Why?
 - Answer: Village B because the construction of latrines was community-initiated and not imposed by the DHO
- Q3 - Who do you think should initiate community sanitation issues in the community: the HSA or the traditional leader? Why?
 - Answer: Traditional leader because they should be in charge of driving good development in his/her own community
- Q4 - Which village are using better sanitation practices: Village A or B? Why?
 - Answer: Village B because each latrine has a cover which prevents transmission of disease
- Q5 - When you think about a “good” latrine, what type of features does it have?
 - Answer: well fitted drop-hole cover that covers the entire hole and hand-washing facility that has clean water with soap or ash

TIP: *If the answers differ, the facilitator allow the participants a chance to debate and come up with the right answer*

Later, the facilitator should summarize the case study by discussing and writing out the definition of CLTS as follows:

C = Community = Anthu omwe akukhala m’udzi mwathu

L = Led = Kutsogolera

T = Total = Mwathunthu

S = Sanitation= Ukhondo

- Community-Led Total Sanitation stands for = Kukhala ndi zipangizo za ukhondo, motsogoleredwa ndi anthu akumudzi eni ake.
- Explain to them that CLTS relies on the community's realization of their poor sanitation status and the efforts they make in improving their sanitation and hygiene practices, mobilize locally available resources, reach ODF status, and climb up the sanitation ladder.

ACTIVITY 3: SANITATION & THE FAECAL-ORAL ROUTE – 20 Min

To understand the effects of disease transmission and the importance of having a latrine, hand-washing facility and drop-hole cover, the local leaders should have a good understanding of how to prevent the spread of diseases by presenting the faecal-oral transmission route. Below are several different techniques that can be used to demonstrate the pathways.

“SHIT ‘N SHAKE”

- The facilitator chooses 4 volunteers and tells the rest of the group to go outside and wait.
- Volunteer 1 will be the main actor. Tell him/her to perform a small demonstration outside whereby he/she will pretend to be on the toilet and use a small paper for wiping. Smear charcoal or ash on his/her hands to represent the shit.
- Volunteer 2 will be the village chief while Volunteer 3 and 4 will be community members
- The facilitator and volunteers will go outside to join the others.
- Volunteer 1 will demonstrate what happens when one shits and contaminates his hand after wiping with paper. The charcoal or ash on his hand will represent the shit and will contaminate the paper and his/her hand.
- He will then go over to Volunteer 1 (chief) and shakes his hand – the charcoal/ash should transfer onto his hand. He will then shake the hand of Volunteer 2 and 3 – charcoal/ash should also transfer to their hands when they shake.
- Food should then be given to one of these volunteers if it is available. Show that that the food has touched the shit (charcoal/ash) when the volunteer touches it. Ask the group what lesson they see from the scenario.

TIP: *This is the opportunity to emphasize the importance of hand-washing after using the toilet. Sometimes shit is not observable because germs are invisible. This does not mean they are not present.*

TIP: *Discuss what else is needed during hand-washing (i.e. soap/ash). If they answer “water and soap or ash”, ask them why. To demonstrate the importance of soap/ash, ask the group what they use when they wash their clothes. If they answer water and soap, ask them why they use soap. If they answer that it is because they want to get rid of dirt or odour, ask them if they still use soap even if the clothes do not look dirty or smell. Bacteria and dirt is often invisible – this is similar to the invisible bacteria and dirt on the hands after using the latrine*

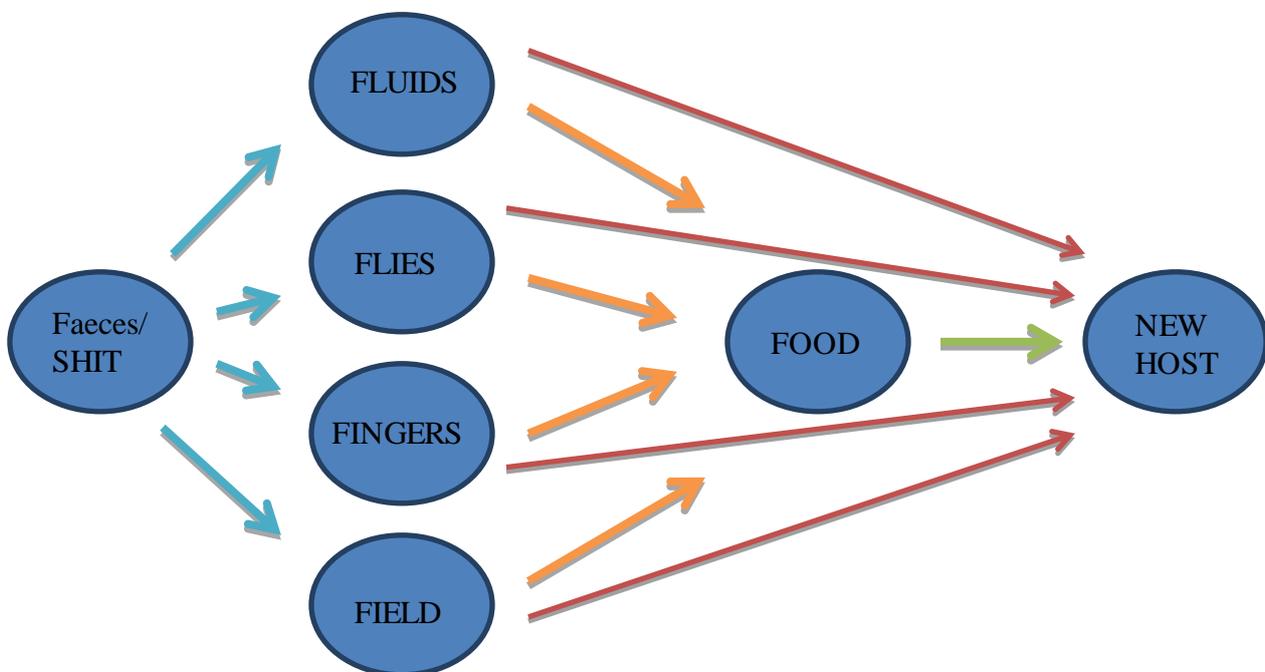
LATRINE BRAINSTORM

- Draw a picture of an uncovered latrine on a flipchart and ask the participants how shit can be transferred from the latrine to the mouth of a person?
- Write down answers that are brainstormed and draw them on the flipchart with pictures and arrows indicating the transmission pathway.

- Ask how the shit can be prevented from reaching the mouth (i.e. Using a drop-hole cover and washing hands after shitting, covering food, etc.)

FAECAL-ORAL ROUTE DIAGRAM

- Draw a faecal-oral route diagram to illustrate the transmission pathways – Later explain it as follows:
 - **Flies on food** – *When flies lands on shits then on our uncovered food, they transfer shit to our food. When we eat, we are also eating our own shit.*
 - 2. **Animal feet** – *When other domestic animals like dogs or chicken step on our food after stepping on open defecation (shit), we also end up eating shit when we eat the food*
 - 3. **Fluids** – *Rain water can wash away the open defecated shit on the ground into the river where many people get their drinking and bathing water*
 - 4. **Hands & fingernails** – *When we carelessly clean ourselves after defecation or when we carelessly remove a nap from a child without washing hands, we can contaminate ourselves with shit when we eat after these activities*



- Ask the participants how shit can be prevented from reaching the mouth and causing disease; draw these features (hand-washing, drop-hole cover, food covering, etc.) on the diagram
- The facilitator should also ask the participants to discuss the effects of eating shit: “Eating shit is the cause of several waterborne diseases!” List down examples of common water borne diseases (*Diarrhoea, Dysentery, Cholera*) and how poor hygiene impacts well-being.

TIP: *Participants may not be able to identify all the pathways. The facilitator can help them, so long as there is a general understanding and awareness of the links between open defecation and spreading of disease*

ACTIVITY 4: DISCUSSION OF OPEN DEFECATION FREE (ODF) STATUS – 20 Min

The objective of CLTS is to stop open defecation. The indicators used for verifying villages to become Open Defecation Free (ODF) and achieve this status are the same for every district. Community leaders must be aware of the elements that need to be in place in order for their village to be declared ODF.

- The facilitator should ask the participants to brainstorm the meaning of ODF status according to them
 - The facilitator should split the participants in 2 groups.
 - Group 1 should be asked to discuss the qualities of a good traditional latrine that does not enable the transmission of shit, either through drawing or discussion.
 - Group 2 should discuss factors to consider when declaring a village ODF.
 - Come back into a group and briefly discuss.
- TIP:** *The community should have a total understanding of the effects of defecating in the open, the health implications of shit contamination, and a commitment to stop it.*

Facilitator's comments: *Group 1 - A good traditional latrine should have privacy, well-fitted drop-hole cover and a hand-washing facility with soap or ash.*

Facilitator's comments: *Group 2 - ODF means that there is no open defecation found on the ground, every household has a latrine (except when sharing is necessary), and each latrine has a drop-hole cover and hand-washing facility with soap or ash.*

ACTIVITY 5: EFFECTS OF SANITATION TO SOCIAL DEVELOPMENT – 10 Min

What does sanitation and hygiene mean to a community member? What are the effects of poor sanitation and hygiene habits? The local leaders should come up with stories from their own communities that speak about sanitation and hygiene.

- The facilitator can ask the participants to get into pairs and briefly discuss the implications of not having sanitary facilities or use a medical cost calculation technique to present this.
- Discuss as a whole group.

Facilitator's comments:

- Money will be used for taking care of sick family members (travel and medication costs)*
- Loss of lives of bread winners*
- Much time taken to care for sick family members instead of developmental activities*
- House without sanitary facilities may not attract visitors*

ACTIVITY 6: ACTION PLAN PRESENTATION – 1 Hour *(Based on the number of villages)*

Immediately after a triggering, a collective action plan was made by the VH, Natural Leaders and other community members. It is important that these plans are presented to other villages for analysis, critique and feedback. This will allow peer-to-peer engagement, ideas and recommendations for improvement or modification to the action plan, and encourage a sense of competition amongst leaders to achieve ODF status rapidly.

- The facilitator should ask the participants to get into groups according to their village, re-visit their action plan and amend it basing on lessons learnt from the workshop thus far
- Every group should then present the amended action plan. There should be an opportunity for discussion, feedback and critique after the presentation

TIP: *The facilitator should evaluate whether the participants have understood the concepts of contaminant transmission and the effects of it, the importance of community-led designs in sanitary facility construction, and the need for complete community involvement and ownership over their development and health*

ACTIVITY 7: ENERGIZER – 10 Min

The facilitator can think of an energizer to uplift morale and energy levels. Some energizers take the group outside for fresh air, involve stretching to improve circulation, or are simply entertaining and fun to do. The energizers should be age-appropriate.

An example is a clapping game that requires some creativity by the facilitator and a bit of memorization for the participants.

Instructions: Have everyone stand up and stand in a circle. The facilitator of the energizer will clap once for *senorita*, twice for *senora*, three times for *ola*. The facilitator can change these words to whatever he/she pleases. Once the clapping concept is established and introduced, the facilitator will call out the words, and the participants have clap the correct number claps associated with the word. This requires paying attention, which refreshes the mind and keeps it active! It becomes especially interesting and fun when the facilitator can create a rhythm with the claps.

ACTIVITY 8: ROLE DEFINITIONS – 30 Min

This activity is of utmost importance for the workshop. It will allow every participant to develop their own role for monitoring at their village. These roles are defined and presented back to the group, where comments and critique are encouraged. Links should be drawn between the different roles and how they will work together.

- The facilitator should ask participants to be in groups according to their position/structure in the community (Village Headman, Natural Leader & HSA)
- In these groups, various roles should be developed and written on flip chart. Tell them to think about their action plans when coming up with these roles
- One person from each structure should present the role definitions. Every other person from that group should record the roles on a piece of paper to keep record of, take home, and link to their action plans. The HSA should also record these roles because it will be useful for them when they conduct follow-ups in their village. He/she will check up on the roles to see if the responsibilities have been done.

TIP: *The facilitator should step in to ask about responsibilities that may not have been brought up by each group using the guidelines below. Note that these roles are noted for the facilitator and should NOT be dictated. Community members should be developing roles on their own*

ROLES DEFINITIONS FOR EACH STRUCTURE

HSA's

- Conduct follow-up every 2 weeks
- Review community monitoring forms and conduct random spot checks
- Check commitment to village action plan
- Verify and report monthly CLTS progress to health facility
- Continue to "trigger" community, with focus on laggard households
- Provide technical support to NLs around form use

Village Headmen

- Encourage NLs and community members to reach ODF status
- Re-enforce by-laws set by community to safeguard sanitation practices
- Reinforce by-laws to safeguard sanitation practice
- Hold people accountable to CLTS action plan
- Spread message about CLTS to other villages

Natural Leaders

- Record progress 3 times a month on community monitoring tool by door-to-door inspection
- Provide reports to the health centre through their HSA
- Continue "triggering" through meetings and reminders
- Encourage the community to work within the planned time to achieve their ODF goal

Area Development Committee

- Hold GVH accountable to mobilizing their community to become ODF
- Ensure GVH reports on their sanitation profile at monthly ADC meetings; reports are provided to the District Council
- Encourage NLs and community members to reach ODF status
- Reinforce by-laws set by community to safeguard sanitation practices

Village Development Committee

- Communicate messages from ADC to communities
- Collect information about CLTS progress (data) from Natural Leaders; report summary to ADC
- Encourage VHS and GVHS during VDC meetings to continue progress
- Assist the Natural Leaders to work in line with the collective action plan

ACTIVITY 9: ORIENTATION OF MONITORING TOOLS – 1 Hour

The community monitoring form is the tool utilized in the village for recording and tracking household CLTS progress. It is crucial that the information on the form is carefully explained and the local leaders are effectively oriented on how to use it by the end of this session. This form is also known as the "Village Register Form" as it acts as a register for every household's sanitation and hygiene facilities in a village. This is a specific form for monitoring community progress by community members, and is separate from the form that HSAs fill out when they conduct their regular community monitoring visits.

TIP: Prepare a template of the Village Register Form on a large flipchart or present the tool on an overhead projector (if power is available) large enough for everyone to see and follow along during the orientation.

- The facilitator should pass out the blank community monitoring forms to every participant. Refer to the appendix for the form.
- Carefully orient the participants on each item that would need to be filled. It is crucial that *everyone* in the group understands the form and is able to fill it out themselves right after the workshop!

TIP: One form is meant to be filled out 3 times per month by the natural leaders (or VH depending on the roles defined by the structures). It is important to orient the group on how to complete a form 3 times per month (3 household audits per month) and complete the form to submit to the responsible HSA at the end of the month.

- Gauge the level of understanding carefully; when you are convinced that the form is well understood, group them and ask them to role play a “household audit scenario”. Make them fill out the form as they do it.
- If the completed form cannot be provided to the HSA for whatever reason and the community is within walking distance from their health centre, it is encouraged that the form is submitted to a senior HSA at the health centre if possible. If neither is possible, hold on to the form until the HSA visits for their next follow-up. At that time, a new form should be provided to the community.

Household Audit Scenario

- Ask 2-3 volunteers to make up hypothetical family names and the number of sanitary facilities they have/do not have. Ask another 2 volunteers to act as the NLs during this household audit scenario.
- Ask the NLs to go through a “household audit” scenario with the 2-3 families and dictate to the facilitator how he/she would fill out the form for this first visit.

TIP: The facilitator should ask the group if they agree with the fill-out of the form for the first monthly visit and encourage the HSAs to participate – ask: if the HSA were to visit after this audit, what types of information would be important to tell him/her? Which households should they spot-check and support? How could he/she mobilize the lagging households and encourage those who are in progress or have sanitary facilities?

- Ask the NLs to go through the second and third household audit visit in the same way. Again, ask the group if the “NLs” are asking the household appropriate questions and filling in the form correctly.

TIP: The facilitator should enable reflection during this process from all structures, including the HSAs. Facilitate reflective questioning that generates ideas about the different methods that can be used to support households which are having challenges, and link the implications to what they have learned during the workshop (i.e. Having everything but a HWF will still enable the transfer of faecal matter to other surfaces, including food)

- The whole class should observe and make comments. Correct the mistakes to make sure there is an understanding of what went wrong when filling out the form. Discuss what should have been done correctly. Everyone should have a perfect understanding of the form.

- The facilitator should explain that there will be technical support from the HSAs during their routine follow-up visits, but emphasize that the monitoring of will be mainly the responsibility of the community members themselves (VH and Natural Leaders), as they are the ones taking ownership of the progress towards ODF state.

TIP: *The community monitoring forms should be filled out 3 times every month. The responsible HSA will record the progress every 2 weeks, when he/she goes for their bi-weekly follow-up visits. Emphasize the use of the forms as a way of having a database for the village around sanitation and hygiene – it can be very useful for the VH and other community leaders to use and refer to.*

SUMMARY

After the workshop, the local leaders should be well equipped with the knowledge, skills and attitudes required to effectively monitor the CLTS progress in their communities on their own. They should be aware of sanitation issues and understand the importance of improving their current practices in order to achieve ODF status.

Every local leader should come out of the workshop with a clear understanding of their role in the monitoring process, how it links to others community members/structures facilitating CLTS monitoring, and feel empowered to drive the behaviour change themselves.

There should be an ignition in these members to strive for ODF state as quickly as possible, and a sense of ownership over their development and health. As CLTS is to be “community-led”, community members should participate actively during the implementation of activities.

KALEMBERA WA M'MUDZI

Dzina la mudzi _____ Nyakwawa _____ Mfumu yaikulu _____	Tsiku lomwe adazindikira zidyerano cha manyi _____ Dzina la mlangizi _____ Udindo wa mlangizi _____
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Langizo

Tsiku lopangira kalondolondo woyamba _____ Saini ya Mtsogoleri woilika _____	Tsiku lopanga kalondolondo wa chiwiri _____ Saini ya Mtsogoleri woilika _____	Tsiku la kalondolondo wachitatu _____ Saini ya Mtsogoleri woilika _____
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Langizo:

Lembani tsiku lomwe ntchitoyo inachitika. Ngati siinachitike musalembe chilichonse

#	Banja	Ali mkati mokonza chimbuzi	Chimbuzi chakonzedwa	Banjali linali kale ndi chimbuzi lisanazindikire za chidyeranocha manyi	Chimbuzi nchovundikira	Pali chipangizo chosambira m'manja	Kusamba m'manj ndi sopo pochoka kuchimbuzi
e.g.	Zondwayo Jere	3-Oct-10	17-Oct-10	Ayi		1-Nov-10	
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