

Report on

**East and Southern Africa Regional Training Workshop on
Community Led Total Sanitation**

Held at Fringilla Lodge in Zambia

(14th – 18th July 2008)

Facilitated by Dr. Kamal Kar

Workshop Co-Organized by Plan Zambia and Regional East and Southern Africa (RESA)
Johannesburg, South Africa

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Introduction

The Regional East and Southern Africa (RESA) office of Plan International and Plan Zambia had jointly organized the five days training workshop on Community Led Total Sanitation (CLTS) in Zambia from 14th to 18th July 2008. The Workshop was attended by staff from the Plan Zambia, Zimbabwe and Mozambique, CREPA (Centre Regional pour l'eau potable) – Burkina Faso, UNICEF Mozambique and Zambia. The other participants came from Department of Community Development and Ministry of Health – Zambia; UNICEF and Ministry of Irrigation and Water Development in Malawi; and UNICEF and Public and Housing in Mozambique (see annex for list of participants).

The participants at the end of the training had developed their plans of actions for the next six months for their respective countries.

Workshop Objectives

The five days workshop has the following objectives;

1. To expose the participants on the Community Led Total Sanitation approach, its origin, development, methodology spread and applicability.
2. To impart knowledge and skills of facilitation of CLTS to the participants
3. Through field exercise, triggering CLTS in villages and sharing experiences of selected communities.
4. Based on the first-hand experience of CLTS triggering, developing a plan of action of introducing and implementing CLTS by the participating organizations for the next six months.
5. Develop an informal network of CLTS practitioners in national, regional and global level.

Workshop Process

The workshop was facilitated by Dr. Kamal Kar and the proceedings were as follows;

Introduction of the participants

Day-I

Welcome and inaugural address by **Mr. Stephen Mukumbuta**, Program Support Manager, Plan Zambia.

Background and objectives of the workshop by Mr. Amsalu Regional WATSAN Advisor of Plan, Johannesburg, South Africa

Dr Kamal Kar the trainer requested the participants to introduce each other, and exchange the following information:

Professional background, personal and family information and stories, your hobby, your favorite drink, date of your last open defecation and any other information you think important.

He then asked all the participants to stand in small groups according to the countries they came from. Participants came from five different countries in Africa. Then he asked the small groups to shout what "shit" was called in their respective languages. He also urged them to call "shit" with its raw local name (the way local people call it) and not to use the polite, sophisticated and urban version for the purpose of producing disgust and shame that would trigger action. Trainees called it differently like "tushi", and more

Please see list of participants in annex.

Participant's expectations from the workshop

After that Dr Kamal Kar asked about participant's expectations and requested them to write them one in each card. A good participatory exercise followed. Trainees wrote their expectations on cards, one in each card. Expectations were read out and were shared and then categorized under seven headings as follows:

Gain CLTS Facilitation Skills

- Learn more on how we are going to teach CLTS issues
- to find out about perceived challenges and obstacles CLTS facilitators face
- to become a CLTS facilitator / trainer

Approaches to CLTS

- To understand how the concept of CLTS is different from other concepts
- To learn how to get communities triggered
- How to apply CLTS without causing culture shock.
- To understand the process of CLTS
- To Learn more how CLTS can raise ODF without emphasis on infrastructure
- To understand the rationale and tools to use to trigger CLTS
- To construct a pit latrine by the end of the workshop

Certification of Attendance

To get a certificate of attendance / participation

Understanding CLTS

Clarification on the role of partners on CLTS

To learn how to use CLTS approach in sanitation

How to integrate the CLTS approach with agriculture

To empower communities in proper siting of wells to prevent diarrhea diseases

To acquire knowledge on how to implement CLTS concept

Monitoring and Evaluation

- cost-benefit analysis of CLTS
- to see the level at which Zambian villages are compared to Malawian villages on issues of open defecation
- to understand the effects of CLTS on people's livelihood
- to learn on how effective and sustainable CLTS has been in other places

Sharing Experience

To share experiences in CLTS

To learn from others the factors that can make ODF possible

Challenges of CLTS

- Sustainable strategies for intervention
- Challenges and opportunities in CLTS
- Learning hygiene and sanitation problem solving in the communities

Why CLTS?

Next, Dr Kar gave a brainstorming presentation about 'Why CLTS?' All the participants were divided in to four groups and were given an assignment to discuss any sanitation project implemented in the past which had failed or didn't meet its objectives. The groups were asked to document the main reasons of failure and present. The groups were given 15 minutes time to prepare their presentation.

Group presentation on Challenges of sanitation and reasons for failures:

Group –I The Sanitation Project -Mozambique (1980s),

The reasons of failure:

1. Subsidies caused dependency on the donor
2. Lack of phase out strategy
3. Sudden increase in demand by increased population
4. Lack of involvement of community in identification and planning
5. Technology driven-local community has no capacity to cope with the technology
6. Technology prescription came from outside
7. abundance of the bush

Group –II

D-WASHE project (2003-04)

Reasons for failure

1. Attitude of community-usage of the latrines with in-laws
2. Bureaucracy in delivery top down approach
3. Lack/inadequate community mobilization
4. Lack of sensitization on sanitation
5. Lack of ownership by the community
6. Sanitation is not viewed as priority by the community
7. Various sanitation approaches by organizations

Group-III

Kamuchacha WatSan Project- Zambia (2004)

Reasons for failure

1. Culture/traditional beliefs
2. Not community felt need
3. Supply driven project
4. Attitude (elders cannot use the same toilet with the children)
5. No alternative food for pigs

Group 3: HESP Project - Malawi (1994)

Reasons for failure

1. Culture/traditional beliefs (belief that men can develop swelling of testicles and if a pregnant woman can abort)
2. Not community felt need
3. Supply driven project
4. Attitude (elders cannot use the same toilet with the children)
5. No alternative food for pigs

Group-IV

UNICEF supported projects (PHAST)- Zambia

Reasons for failure:

1. Logistical support was not adequate
2. Lack of follow up from facilitators and donors
3. Wrong target to implement
4. Cultural perception-privacy
5. Technology-cost safety dignity

6. Social-economic (people sell cement)
7. Inadequate community support (institution)
8. Lack of ownership by community

Group-V

Village WASHE 1995-2008 (UNICEF)

Reasons for failure

1. Lack of community involvement
2. Lack of consultation on technology options
3. Lack of materials for the project
4. Traditional values and beliefs
5. Mismanagement of materials for the project/Diversion of materials (latrine-house)
6. Lack of community sensitization on hygiene

Why Scaling-Up Community Led Total Sanitation in East & Southern Africa?

Amsalu Nigussie's presentation and facilitation

Mr. Amsalu Regional WATSAN Advisor and Global Net Work Leader of Plan International introduced the topic "Why CLTS?" and facilitated discussion.

- Why do we need to scale-up Sanitation in Africa?
- How can we do it?

Why?

- Lack of Drinking Water Supply & Sanitation is one of the Main Causes of Child Poverty in Africa.
- Africa has the lowest safe water supply and sanitation coverage in the world.
- Out of 905 million people of Africa, about 300 million lack access to clean water and about 313 million lack basic sanitation
- Relatively the Eastern and Southern African Countries have lower coverage of sanitation in the Continent. Ref. Human Development Report 2006
- 28 years ago The UN General Assembly had declared 1980-1990 as the Water & Sanitation Decade
- The declaration was to provide all humanity on the planet with clean water and sanitation facilities by 1990
- In 1990 the world found out that there was not even 10% increase in coverage & the schemes developed were not sustainable ,After analyzing all the lessons learnt in the last 28years, in Dec/2007 the UN Declared 2008 as an International Year of Sanitation -
- Why Total Sanitation & Hygiene (according HDRo6 & LSH)
- 2.6 billion people lack access to proper sanitation ,120 million/year have to access basic sanitation to reach the MDG target,Even if the MDG is accomplished 1.8 Billion would be still with out access.
- 2.2 million diarrhea deaths each year (90% < 5 years)
- Every 15 seconds 1 child dies ,88% of diarrhea diseases attributed to WASH
- Improved sanitation reduces diarrhea diseases by 32%,Handwashing can save a million lives (London School of Hygiene and Tropical medicine)
- Almost all Plan RESA Countries have HH latrine coverage target in their WATSAN Country Program Outlines (CPOs)

Plan RESA	CPO Latrine Coverage	By Year	MDG
Countries	Target		

Malawi	to 50%	2009	?
Zambia	to 60%	2009	?
Tanzania	10-25%	2009	√
Uganda	10-70%	2009	√
Kenya	20% increase	2009	?
Ethiopia	11-53%	2010	√
Sudan	1.4-30%	2011	√

Average Unit Cost & Percentage Plan Contribution to Household Latrine

Countries	Average. Unit Cost	Community Contribution \$	Plan Contribution \$	% Plan's Contribution
Albania	\$300		300	100
Egypt	\$250	63	187	75
Sudan				
Ethiopia	\$74	62	12	17
Kenya	\$271	207	64	24
Uganda			15	
Tanzania	\$325	209	116	36
Zambia	\$50	20	30	60
Malawi	\$75	25	50	67
Zimbabwe	\$250	70	180	72

The Challenges that Governments other actors like UNICEF and Plan need to address urgently and properly

- What is the impact of our intervention on diarrhea control and reducing child mortality? A Child dies from diarrhea every 15 min. because he/she eats someone's Faeces
- Will there be a difference on child health if we increase the latrine coverage from 10-50% ? If neighbours don't have latrines do households get benefit from their latrine
- What is the rationale for Plan to subsidize HH latrine?- every family build a house, a kitchen, storage for their crop shade for their animal,.. Why not Latrine?

Plan RESA made a decision to adopt CLTS

- Plan has found out with previous pace and approach it will take more than 100 years and >\$ 30 billion (\$100/HH) to achieve total Sanitation in E&S Africa only
- Plan RESA was looking for cost effective sustainable sanitation program and learnt about CLTS
- Contacted Dr.Kamal Kar on 3rd Nov/06**
- Conducted the 2 Regional Trainings in FEB/07 one Tanzania and another in Ethiopia

- The outcome of the trainings have shown good results, particularly in Kenya, Ethiopia, Tz and Uganda

Why these RESA trainings were essential (Mombassa and Zambia)

- There are so many good achievements, and challenges that needs reflection and analysis
- There is a need for advance training to achieve critical mass of quality facilitators in the Region
- There is a need to promote CLTS at scale with quality to influence the government policies in the RESA Countries
- To benefit from global commitment and political will -2008 IYS

The need for collaboration of Plan and UNICEF

- Both organisation have similar vision of realising the full potential of healthy children
- Plan and UNICEF have their own Comparative Advantages. UNICEF, a UN body works with national Gov. PLAN has CCCD
- The collaboration is essential for cost effectiveness and to have great impact in short time with less resources

Presentation on UNICEF Experiences and lessons from Choma District, Zambia – By Peter Harvey

- CLTS - an approach which facilitates a process of empowering local communities to stop open defecation and to build and use latrines without the support of any external hardware subsidy.

What's different about CLTS?

- It motivates communities by helping them to appreciate the dangers and indignities of poor sanitation.
- It triggers a sense of shame, disgust and feeling of irresponsibility.
- It promotes pride, sense of ownership and sustainability.
- It establishes zero tolerance to subsidy – i.e. there are no 'handouts'!

The process:

- District Council led
- Training of CLTS facilitators
 - Councilors
 - Chiefs
 - Village Headmen/women
 - Environmental Health Technicians
 - NGO staff etc.
- Identification of villages
 - Low coverage
 - No subsidized projects
- Community discussions
 - Where do you defecate?
 - During the day / at night
- Community mapping of defecation areas ,Shit volume calculations ,Fecal-oral transmission
- Health cost calculations ,Toilet cost calculations,'Walk of shame',Community resolution
- Technical advice for toilet construction ,Formation of Sanitation Action Groups (SAGs)
- Monitoring, verification and certification

1st phase of pilot in Choma district:

- Training of facilitators
- 12 villages in 2 Chiefdoms

- Planning meeting with Chiefs and Headmen/women
- 12 villages triggered
- SAGs established in all villages
- Neighbourhood assistance to vulnerable households

A review after 2 months showed the following:

No.	Village	Popn.	No. of households	Number of toilets and % coverage			
				Before CLTS		CLTS Review	
1	Siamunyeu	253	35	8	23%	33	94%
2	Siatembo	927	116	16	14%	118	102%
3	Siakacheka	645	86	9	10%	44	51%
4	Siankope	633	89	16	18%	89	100%
5	Sibbilisokwe	186	27	2	7%	27	100%
6	Munapuutu	618	68	0	0%	63	93%
7	Chidakwa	281	26	20	77%	26	100%
8	Siachiwena	137	14	6	43%	15	107%
9	Chambwa	169	20	13	65%	13	65%
10	Sibajene	326	52	27	52%	52	100%
11	Macha	265	40	22	55%	22	55%
12	Dibbilizwe	96	42	1	2%	40	95%
	Totals	4536	615	140	23%	542	88%

Presentation on CLTS rational, background and global sanitation scenario – By Kamal Kar

- It is about community seeing the need for use of a toilet.
- its not asking the community to construct toilets
- Three stages: Pre-triggering, Triggering and Post-triggering

The current global sanitation scenario:

- More than 2 billion in the rural and 600 million in urban areas do not have access to sanitation.
- Through OD more than 144 thousand trucks of human excreta is being spread all over India every day which contaminates water bodies, environment
- 42 children are dying of diarrhea every hour in India alone
- Total loss from diarrhea, debility and work loss amounts to trillions of dollars globally
- Millions of dollars are being spent by Governments, international development agencies, INGOs as subsidy on sanitation
- Often toilets costing US\$ 200-300 prescribed/given free to those who earn less than US\$ 2 or 4 a day
- With the current trend surely not all countries would achieve MDG targets and for many it might take decades
- Most efforts of sanitation till date are outsider designed, prescribed and emphasis heavily on latrine construction rather than collective hygiene behaviour change
- Often less than 50% of costlier latrines built with subsidy are used for the purpose they were built

CLTS in other communities

- Fate of free toilets in a slum of a Municipality town near Calcutta, India and Yemen
- CLTS involves the entire community in collective action to end open defecation
- Women participated in sharing their plans of stopping open defecation

- This is further strengthened with local government support by Thesil Nazim
- “We have constructed our own toilets and we don’t allow any one to defecate in the open! We have cleaned our drain!”
- Collective local action began in all households immediately after triggering of CLTS
- Children can play a very important role in the process of Triggering CLTS
- Hundreds of low-cost local community-made toilets are surfacing in the rural landscape in CLTS villages in Bangladesh.
- Do we have patience to allow communities to gradually move up the Sanitation Ladder?
- Toilet renovated after one year of use in Skun villages of Tbeng Commune, Banteay Srei district in Siem Reap province in Cambodia - great sense of ownership and pride! One woman with three children could save at least R 30,000 per month from medicines and doctors.
- Natural Leaders emerge from the very first collective action that improves everyone’s conditions of living, Skun villages of Tbeng Commune of Banteay Srei district in Siem Reap province in Cambodia. Can we help in developing thousands of such natural leaders and engage them as community consultant?
- Use of ash after defecation in direct pit latrine is an innovation by the community of Skun villages of Tbeng Commune of Siem Reap province in Cambodia. One gets potash rich manure at the end. Whose idea?
- Community Innovated direct pit latrine- Skun village, Banteay Srei, Cambodia
- Locally innovated toilet model in flood prone areas and in places with high water table. Sambas, West Kalimantan
- Local dealer of sanitary hard ware displaying different models of sanitary toilets that suits different pockets, PLAN Bangladesh promotes CLTS without subsidy
- Plastic pans are available in the shops of remote villages in Bangladesh wherever CLTS is in progress.
- From rain water harvesting jars to making san-plates in Kampung Spu, Cambodia. Who is responding to who’s demand? Could they be equal partners of developing strategies of sanitation marketing?
- Beyond ODF! Neat and clean roads maintained by ODF communities (Lumajang, East Java and Kampung Spu in Cambodia)
- Striking difference between mud walls and thatched roofs of dwelling houses and brick & cement walls for toilet. Whose designs and decisions?

Global spread of CLTS since its innovation in 1999-2000

- Bangladesh, India – Maharashtra, Himachal Pradesh, Andhra Pradesh (introduced) Haryana, Madhya Pradesh, Cambodia, Indonesia, Nepal, Pakistan, China (introduced), Mongolia (introduced), Tanzania, Uganda, Ethiopia, Zambia, Nigeria, Bolivia, Yemen, East Timor (Recently), Yemen, Nigeria, Kenya,

Major shifts needed from the traditional sanitation approach to CLTS

Areas of major shift	Traditional Sanitation (TDPS)	CLTS approach
Major emphasis given on	Toilet construction	Empowerment of people
Mode of learning	Verbal	Visual
Role of community	Passive recipient of ideas, technologies and subsidies	Active analysts and innovators
Areas of major shift	Traditional Sanitation (TDPS)	CLTS approach

Outsider's role	Teaching, advising, prescribing and supplying hardware	Facilitating a process of change and empowerment
Major outcome	Increased number of latrines	ODF communities and no shit in the open
Areas of major shift	Traditional Sanitation(TDPS)	CLTS approach
Toilet designs are those of	Out side engineers	Insiders and community engineers
Indicators of measurement of change	Number of toilets built	Number of ODF communities
Major inputs	Sanitary hardware, subsidies those are expensive	Software/ training and capacity building

What could be a better way to achieve the Millennium Development Goals (MDGs) ?

- Outsider designed prescription of expensive toilet models with subsidy or insider's will to stop open defecation the way they could afford?
- Who identifies the poor? Outsider's survey or insiders collective well being analysis?
- Who's reality and decisions counts?
- Who is more powerful in fight against open defecation?
- What is more powerful ? Local collective strength or external assistance or a balance between the two and empowerment of insiders?
- Who leads? Who learns?
- Truly Community Led approach is definitely an opportunity to put them on the driving seat
- Target driven approach kills diversity. Scaling up effort of CLTS in Bangladesh with huge funding has raised many new questions.
- Looking in to these for a deeper understanding is necessary.

Fundamental and Non Negotiable Principles of Rural CLTS

- No subsidy for hardware (not for the poorest or anyone else)
- No blueprint design (only people's designs, not engineers')
- People first: they can do it
- Facilitate, don't provide
- Go slow at first for faster later

Scaling Up with Quality

- Involve Government organisations.
- Nurture lateral spread with a key role for community consultants, catalysts and facilitators, encouraging a movement
- Spend less
- Hasten slowly
- It spreads like a pebble in the pond

Dos and Don'ts in Village Triggering

- Avoid un necessary introductions

- Be with them
- Write names of heads of households on the cards
- Pick another colour to represent H/H that have toilets
- Where do we go for shitting normal and emergence(for those who do not have toilets shade the area where the shit.)
- Those who shit in the bush can we clap hans for them
- Next step calculation of shit
- Next step walk of shame
- Do flies choose which H/H to visit
- We have found that in this village you eat shit
- Can we get a picture of you for a report
- Identify three natural leader,gender sensitive, children
- Date of declaration of ODF
- Which of the H/H had death/morbidity of children under five.

Field Visits

Day Two: 15th July 2008



Community Triggering: Walk of Shame

Participants were taken through a demonstration on community triggering. Participants then formed 5 groups of 8 members each in preparation for field visits and community triggering: The groups planned to visit 5 villages on Tuesday and another 5 villages on Wednesday in Chikobo Ward and Chief Liteta's area of Chibombo District. The district has 1 clinic and 1 hospital, 5 basic schools, 1 traditional/local court. ADC chairpersons, area councilors and headmen were to be involved in the exercise. The villages had on average 50 to 70 households. Lenje, Tonga are the main local languages spoken in the communities and favourable villages to be visited were those without or with minimum previous subsidies.

Group Composition

Each group had:

- 1 Lead facilitator
- 2 Co-Facilitators
- 1 Content recorder
- 1 Environment Setter
- 2-3 Childrens Facilitators

Groups

- Zebra Group – to visit
- Mashu Group – to visit Mwamfumba (about 50 households)
- Dung Beetle Group – to visit Liteta Village (over 200 households),
- Zambezi Group – to visit Kabengele Village (between 50 – 60 households)
- Cheetah Group – to visit Mpola Village (between about 60 -70 households)

CLTS Triggering Tools to be used

A:

- Defecation area mapping on social map
- Calculation of shit by household per day per month per year
- Calculation of medical expenses for the treatment of diarrhea diseases
- Transect walk of open defecation area (Walk of Shame)
- Faecal area contamination route mapping
- Glass and water
- Food and shit

B:

- Sharing of designs of simple pit latrine constructed by other communities (this should be done on demand)
- Identify and encourage Natural Leaders/Early Initiators
- Facilitate Action Planning
- Post triggering follow-ups

Items used for community mapping

- Coloured powder of various colours (used maize grit)
- Markers
- Cards (various colours)
- Flip Chart Paper
- During mapping, the children may be separated from the main group, but whatever we do at the end, the children's houses is presented together with adults map and new discoveries and patterns will be discovered.
- Children get distracted easily, so you may ask creative questions such as singing a song as they draw the map – keep them busy. Later own children may even compose a slogan and songs against shitting, and as such act as 'Change Agents.'
- Children do very good analysis, and they may do their own calculations.
- For each card, it should have: household head name, amount of sheet per day and amount of money/expenses on diarrhea diseases.

Water and Shit

You let two people bring a bottle or cup of water. Then you put a piece of shit into the same bottle and present to them and ask if they would drink it. They would refuse and hence you will demonstrate how the water we drink can be contaminated. Another demonstration is to discuss how open wells can be contaminated with shit from feet/shoes when stepping on the sides of the well where the bucket is put.

Food and Shit

You may also demonstrate the case of any child with a lot of flies on its mouth and demonstrate. Or you may put bread/food next to shit and later ask community members to eat the bread or just let them observe how flies will move from food to shit and vice versa.

Shit Contamination Routes

The community can be asked to show modes/routes of contamination: Possible responses may include:

- Rain water,
- Wind (for dry shit),
- Bicycles,
- Shoes,
- Children/Adults playing with footballs, netballs, etc
- Hands,
- Animals' hooves,
- Flies.

Note: It is important that the facilitator summarizes after every session. During field triggering visit, make it clear to the community that there will be no subsidies to be provided. Facilitators should be spread/scattered to get all details from informal discussions by community members.

- When you get a n answer that the toilets are very expensive, tell them that 'you are ready to share on a model that was used in another place?' Ask if they are interested. If they express interest, you may sketch a simple design. Sharing design of simple pit latrines constructed by other communities should be done on demand
- After the sketch you may refer to the routes of transmission and cross out appropriate ones after those are dealt with by setting up a latrine, you may let the community realize that one route still remains - hands. You can emphasize that with hands, one eats one's own shit.
- Having a latrine is not enough, so encourage the group to explore how to deal with that.
- Identify and encourage Natural Leaders (2 – 3 from each village)
- Facilitate development of Action Plans
- Bring them to together to present, having transferred the maps to charts with details (defecation and expenses, etc) and present which day they will declare their villages ODF areas

Reflection on Day Two Group work

Day Three: 16th July 2008



The groups shared on previous day's field experiences following the format below (For detailed reports, see attachment).

Part A

- What tools did you apply?
- What worked well and what did not work well?
- What did you do wrong?
- How was the team work? Did the team members perform their roles as planned? What did they do wrong?
- What were the new learning's?

Part B

- How was the transition from triggering to action planning?
- What did you do specifically during this time?
- What were the most memorable moments in the process?
- How do you rate the final triggering outcome?
- What is your new strategy for today based on yesterday's experiences?

Day Four: 17th July 2008





Post Triggering: Communities action plans and decided on ODFs for their villages

Presentation of Reports (see group reports attached)

- The five groups prepared their triggering reports. In addition Cheetah presented a video for their field triggering visit.

Report Formats

- Date of Visit
- Name of village, ward, chiefdom, district, province, country
- Brief description of village
 - Number of households
 - Population size
 - Livelihood, etc
- Sanitation profile
 - How many households have toilets, how many toilets
 - How much open defecation
 - What kind of latrines (with covers and without covers)
 - Where are the major spots for open defecation
 - Existing hygiene behaviour and practices
 - Local name for shit and shitting
- Shit calculation
- Health profile
 - Prevailing diseases
 - Medical expenses
 - Treatment costs
 - Health systems
- Process of triggering
 - Tools
 - Children involvement
- Outcome
 - Date for declaration of Open Defecation Free (ODF) for the area – how many weeks
- Team members
- Any interesting details and experiences

- Photographs (low resolution)

Presentation of Action Plans and ODF Dates for Villages

Day Five: 18th July 2008



On the last day, Natural Leaders from the villages presented their community maps and action plans with Open Defecation-Free (ODF) dates. This also gave an opportunity for villages to learn from one another on toilet designs with various innovations for ventilation and hand-washing facilities using locally available materials. The following were the dates set declaration of ODF for respective villages:

Village	Number of households/toilets	ODF Date
• Mwanfumba	220 households, 100 latrines	15 th August 2008
• Kabengele	36 households, 15 latrines	15 th August 2008
• Kapila	102 households, 58 latrines	30 th September 2008
• Ndeke 'B'	23 households, 8 latrines	30 th July 2008
• Buleze	28 households, 18 latrines	20 th August 2008
• Ndeke 'A'	51 households, 14 latrines	16 th August 2008
• Simoonga	21 households, 13 latrines	20 th August 2008
• Ngala	42 households, 5 latrines	16 th August 2008

Closing remarks

Kamal emphasized on the importance of post-triggering follow-up. He advised the communities to keep the maps and other information safely as they could be used as monitoring tools.

A Natural Leader from Ndeke 'A' village gave a vote of thanks on behalf of the communities and stated that Ndeke 'A' village will strive to reach ODF and climb the sanitation ladder by using burnt mud bricks to construct their toilets.

Plan Zambia Program Support Manager (PSM) in his closing remarks affirmed the political will at management level and that Plan would support and work closely with partners on the ground to implement CLTS. He thanked everyone for participating in the workshop and wished them a safe passage back home especially for participants coming from outside Zambia.

Workshop Evaluation

The workshop was evaluated by way of participants aligning themselves under five ratings on the wall as respective evaluation questions were asked. All participants generally stated that the workshop objectives were met. As regards the objective of forming informal networks, resources were shared by Petra Bongartz from Institute of Development Studies (IDS) at the University of Sussex, UK, for further information follow ups.

Evaluation Question	Rating by Participants				
	Less than 20%	20% - 40%	40% - 60%	60% - 80%	Over 80%
Expectations	0	0	0	8	30
Skills rating	0	0	1	11	24

Conduciveness of institutional environment to roll out CLTS	0	0	18	7	11
How do you rate the overall logistics and arrangements?	0	0	5	11	16
Facilitation and content					

Issues from evaluation:

- Participants who rated 40-60% for institutional conduciveness of CLTS raised concern over existence of partial subsidies in some communities. They said CLTS and zero subsidy new concepts and that there is need to demonstrate and convince respective institutions and partners on moving towards zero subsidies.
- Workshop organizers were commended. However, it was aid that community mobilization can be improved.
- Political will and budget from Plan Zambia to roll out CLTS is there
- There are partners on the ground to support CLTS

Appendix 1: CLTS Resources

To Order Films

- Earth Report: Clean Living BBC/TVE (Film about Bangladesh seen on Monday night)

Contact: Dina Junkermann.TVE – at dina.junkermann@tve.org.uk

Knowledge Links (India) Films:

- No Shit Please (English)
- Understanding CLTS with Kamal (Hindi with English Subtitles)
- People and Their Voices (Hindi with English Subtitles)

Contact: Knowledge Links: knowledgelinks@gmail.com

CLTS Website: www.communityledtotalsanitation.org

Appendix 2: List of Participants of the CLTS hands-on training workshop on CLTS, Zambia

No.	Name	Institution
1	Stephen Mukumbuta	Plan - Zambia
2	Maric Kangamba	Plan - Zambia
3	Ireen Singongo	Plan - Zambia
4	Chibeta Nkwemu	Plan - Zambia
5	Emmanuel Mkandawire	Plan - Zambia
6	Samuel Tembo	Plan - Zambia
7	Joseph Mushalika	Plan - Zambia
8	Isaac Mwase	Plan - Zambia
9	Khama Chilema	Plan - Mansa
10	D. Mutonga	Partner- Mansa
11	Sifaya Simulekwa	Plan- Mansa
12	Stephen Ngoi	Partner-Mansa
13	David Sombaile	Plan - Mazabuka
14	Hildah Mwampwa	Partner - Mazabuka
15	Chris Ntalasha	Partner - Mazabuka
16	Sandra C Ndhlovu	Plan - Mazabuka
17	Chinkusu Enock	Plan - Chibombo
18	Pelete Julius	Partner- Chibombo
19	Willy Zulu	Plan - Chibombo
20	Grace K. Nyirenda	Partner- Chibombo
21	Eliot Ncube	Plan-Chibombo
22	Josephat Mutale	Plan- Chadiza
23	Benjamin Phiri	Plan-Chadiza
24	Polite Zulu	Plan - Chadiza
25	William Mwanza	Partner- Chidiza
26	Catherine Lungu	Partner- Chadiza
27	Herbert Chimhowa	Plan-Zimbabwe
28	Track Murauzi	Plan-Zimbabwe
29	Samuel Rukuni	Plan-Zimbabwe
30	Feliciano Chamo	Plan - Mozambique
31	Mabuco Nordino	Plan - Mozambique
32	Amsalu Negussie	Plan RESA
33	Petra Bongartz	IDS, UK
34	Dr. Kamal Kar	UK
35	Tamala Zembeni	Unicef-Malawi
36	Paul Chunga	Unicef-Malawi
37	Chimwemwe Nyimba	Unicef-Malawi
38	Americo Muianga	Unicef-Mozambique
39	Alberto Cumbane	Unicef-Mozambique
40	Pedro M. Fernandes	Unicef-Mozambique
41	Noemia Monteiro	Unicef-Mozambique
42	Peter Harvey	Unicef-Zambia
43	Lizzy Muzambalala	Plan - Zambia
44	Alfred Mumba	Plan - Zambia
45	Kapembwa Musenda	Plan - Zambia

Appendix 3: Schedule of the CLTS hands-on training workshop on CLTS, Zambia

14 July 2008	
Time	Activities
Day 1: July 14	
Time	Activities
08:30 - 9:00	Registration of participants
9.00	Welcome by CD Plan Zambia
9.15	Context setting and background of the workshop- Mr. Amsalu
9.30	Introductions of participants and ice breaking (games) KK
10.00	Expectations of the participants and objectives of the workshop
11.00	Tea Break
11.30	Why CLTS? Past experiences of sanitation from the region
12 .00	Presentation
13:00 - 14:00	Lunch Break
14:00 - 15:00	Introduction of CLTS (Concepts, rationale, background,)
15.00-15.45	Experience of CLTS in Choma district of Zambia- Peter Harvey, UNICEF Lusaka
15:45 - 16:00	Tea Break
16.00=17.30	How to trigger CLTS
17.30	Evaluation of the day and close
Day 2: 15 July 2008	
Time	Activities
08:30 – 08.45	Recap of Previous Day
8.45	Methodology continues
09:00 - 10:30	Group formation and team strategy building for village triggering
10:30 - 11:00	Tea Break
11:00 - 13:00	Continuation of practical tools for CLTS and review of group strategies
13:00 - 14:00	Lunch Break
14:00 - 18:00	Visit to villages by five/ six sub groups and triggering
18.30	Participants return to base
20.00	Dinner
Day 3: July 16 2008	
Time	Activities
08:30	Quick recap of day II village triggering work
10.30 - 13.00	Review of groups facilitation in villages and distillation of new learning (on video record preferably)
13:00 - 14:00	Lunch break
14.00	Leave for villages (five/six sub groups go to six new villages)
18.00	Groups return to base
Day 4: July 17 2008	
Time	Activities
08:30 - 09:30	Preparation of group reports
09.30 - 10.30	Feedback from community visits

10:30 - 11:00	Tea Break
11:00 - 12:00	Feedback from community visits (continue)
12:00 - 13:00	Discussions on Post Triggering Follow-up activities and certification before declaration of ODF villages
13:00 - 14:00	Lunch Break
14:00 - 17:00	Presentation continued and distillation of new learning
	Back home plan by the participants for the next six months Generalization and conclusions drawn from field exercises
Day 5: July 18 2008	
Time	Activities
08:30 - 09:30	Preparation of group reports
09:30 - 10:30	Invited communities from the CLTS triggered villages start arriving and get ready for presentation
10:30 - 12:30	Community presentation continues
12:30 - 13:30	Questions and answers and setting arrangements for post triggering Follow – up of CLTS triggered communities. Evaluation of the workshop
13.30 - 14.30	Lunch break
14:30 -	Closing of the workshop departure

