

CLTS in Africa: Anglophone Workshop, 15-19 November 2010, Lusaka Zambia

Summary report compiled by participants of the workshop and edited by Petra Bongartz



Some of the participants at the Lusaka workshop

CONTENTS

1. Country Overview Presentations
2. Discussion of Key Topics:
 - Verification
 - ICT/CLTS/M & E
 - Re-triggering/Re-engineering
 - Schools and Children
3. Urban CLTS
4. Field Visits
5. World Toilet Day
6. Lusaka Declaration
7. Sharing of Good Practice
8. Launch of PLA Notes 61: Tales of Shit: CLTS in Africa
9. Plans for AfricaSan
10. Action Plans and Commitments
11. List of participants

Additional workshop documentation and information (blogs, photos, background information etc) is available online

<http://www.communityledtotalsanitation.org/resource/africa-regional-clts-sharing-and-learning-workshop-zambia>

1. Country Overview Presentations

Some presentations are also available in powerpoint format here

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Zambia (Govt & UNICEF)	
Timeline	<p>Began 2007 Chief Macha declared ODF Choma chiefdom ODF in 2008 103 villages. Whole district in 2010 2009 scaling up plan – 18 provinces Key players – govt, UNICEF & partners 286 chiefs strong role & councillors – legal enforcement. 60 court cases to enforce</p>
Achievements	<p>Chief Macha – AfricaSan award CLTS in National strategy and in plan 1,146 villages triggered 751 ODF in 18 districts Trainings – 43 trainers Urban CLTS begun in 2008 – unique challenges. Big improvements but none yet ODF.</p>
Challenges	<p>Leadership deficiency – need more chiefs like Macha and also at civic, professional and institutional levels Lack of champion facilitators Taboos and mindset esp in 7.5M rural pop. – don't want to talk about shit. Financial and logistical support – calculations suggest \$2 per latrine. Floods and poor soils in some areas.</p>
Addressing Challenges	<p>Leadership training eg with chiefs Eg 'Chiefs Act' clearly states responsibility, likewise councillors have legal responsibility. Facilitators – developed CLTS skills manual – helps to build confidence Chief Macha and other chiefs Tours for peer to peer influence. Likewise for taboos Funding from Govt – have paid for several trainings. Plus NGOs, local donors eg headman Kampundu – in the Copper Belt - made slabs for all the villagers. Basket lining for soft soils.</p>

	DWASH and WASHE approaches are still there, plus PHAST. CLTS has picked some of the best aspects. Built on what is already there.
Documentation	Facilitation skills manual has 4 modules: CLTS, SLTS, legal enforcement (especially for urban), data management. ToRs for national CLTS evaluation developed – not yet begun.

Zambia (Plan)	
Timeline	
Achievements	CLTS in 4 districts Chadiza district- triggered 70 villages, with 25 ODF. Have seen health impact on diarrhoea through monitoring in local clinics
Challenges	seasonality, can't trigger during rains. Collapsing latrines/loose soils. Resistance from pig owners Facilitators want payment

Zimbabwe	
Timeline	July 2008 – 3 trained in Zambia Resurrected W&S district subcommittees to train CLTS Facilitators Presentations at various levels Nov 2008 – national coordination unit (NCU) advised Plan to stop piloting unapproved CLTs activities Now allowed to pilot in 4 districts, but not national activity. Only Plan is player so far, with District level actors.
Achievements	Triggered 240 villages with 125 ODF (52%). Plan is on national task force for H & S policy. CLTS likely to be incorporated but under new name – CLIS = incremental sanitation. Shot a film on CLTS. Most partners now realise OD is the problem. Held national Zero OD workshop in....

	Successful incorporation of residents association and informal traders association (urban centre) Mutoko council chairperson and CEO now active CLTS practitioners
Challenges	Number of follow ups outstanding Policy issues non-existent, many partners running subsidy driven programmes. Many officials still doubt the process- especially technocrats Brain drain of trained facilitators Resource mobilisation / allowances for facilitators – need to be paid when start triggering. Restriction on use of natural resources. Eg trees Power cuts lead to water cuts, leads to increased OD. Permanent 'emergency' situation in country – lots of subsidised programmes, weak coordination. <i>"Pouring in resources before demand is created."</i>
Addressing Challenges	Evidence based advocacy Payment of facilitators allowances Incorporation of many depts. Into the DWSSC.
Documentation	Cranfield MSc student has written study on this – do not yet have report.

Uganda	
Timeline	Introduced in 2007 by Plan via regional worksop with KK in Tanzania –. 2008 National ToT – training by Philip Otieno from Plan Kenya. Key players – local govts, MWE, MoH, WSP, Plan, WSP, Netwas, Oxfam, WaterAid etc
Achievements	National pool of 60 trainers, 230 facilitators 252 villages triggered, 64 ODF. CLTS recognised in national development plan. Improved hygiene & sanitation promotion strategy Benchmarking for sanitation – national plan.
Challenges	CLTS not yet institutionalised, and PHAST is – and other approaches Central information management – database system still poor Going to scale with quality Lack of champion facilitators

Addressing Challenges	<p>Sensitisation of policy makers/politicians Documentation & dissemination of evidence Strengthen coordination mechanisms with all actors National specific TOT manuals and guidelines Refresher trainings Way forward Institutionalisation of CLTS National advocacy for CLTS – evidence base LOCs – local councils – need to target these levels</p>
Documentation	<p>CLTS best practices being documented by Plan – expected done by Dec 2010. Monthly updates sent to Plan RESA Training and learning journey (exchanges) reports & documentation – shared nationally.</p>

Tanzania	
Timeline	<p>Plan began in 2007. April 2009 – began piloting in 3 district areas, 34 villages. Still in this phase. Key Players: WaterAid, Irish Aid, MoHSW, MoWI, MoEVT, PMO-RALG & local NGOs WaterAid also using Mtumba approach in different areas. Mix of CLTS/PHAST/PRA. Urban san – pit emptying project using the Gulper, cleaning campaigns, triggered using CLTS approach, govt leaders involved. San Coverage is high – 98% Urban, 93% rural. But only 24% improved. San as a business – artisans are having shops, sanicentres.</p>
Achievements	<p>19 reported ODFs since 2007. WSP recruited Plan to train master trainers – none have created ODFs despite over 500 triggerings</p>
Challenges	Limited harmonisation

Malawi	
Timeline	2008 – Plan & UNICEF Country wants to declare ODF by 2015.(a realistic, achievable dream). Govt directorate of sanitation & hygiene.
Achievements	Over 1300 triggered, 415 ODF – around 30%. Adoption of CLTS by govt. Developed Scaling up strategy Emergence of sub-district leadership teams (task forces). Scaling up to all regions and districts 12
Challenges	Skilled facilitators needed. Coordination & harmonisation of resources Lack of national investment plan for S&H Poor verification systems in some districts – need to harmonise. Follow – up, M&E, documentation.
Addressing Challenges	Cap Bdg of trainers/facilitators Networking to be improved Piloting of incorporating traditional leaders DCT – district coordination teams – seem to measure success by nos triggered, not ODF. Will be re-evaluating performance criteria. Piloting safe water handling practices (SWAP) in ODF villages.
Documentation	Shits newsletter TA Mkanda area – conducted sustainability study

Kenya	
Timeline	<p>May 2007 after Tanzania RESA training with Plan. Pilot areas in Kilifi and Homa bay 1st ODF in 2007 July 2008 – Kamal Kar reg trg workshop MOPHS adopted CLTS May 2009 Hosted CLTS sharing wkshop March 2009 Key players: MOPHS, Plan, Unicef.</p>
Achievements	<p>Triggered 1500, ODF 191 Now in 6 counties of 45 and Plan in 8. Customisation of training tools and devt of training manual, Capacity building - about 600 PHOs as facilitators all over country. National stakeholders Forum for CLTS Draft strategic plan (MOPHS) Minister now on board and wants Kenya to be ODF country by 2013. Made easier/turning point by anchoring this in envt sanitation directorate, now have someone full time on CLTS. Will be having over 7000 EHOs by next year - and will all be given targets to trigger per year. (Target-driven CLTS?) Will be QCd by regional team and independent verification team. Devt of verification tools (SNV) Contracting of community Natural Leaders for F-up, M&E Linking & strengthening performance contracts – must see % increase in each state in annual plans. World Toilet Day – mainstreamed and used to celebrate ODF. Increased donor curiosity and interest UCLTS – urban – working in informal settlements SLTS – hosted Pan-African prog info sharing wkshop in 2010 Vitimbi – integrated media campaign on CLTS with KBC partnership. Piloting ICT data gathering – participatory GIS.</p>
Challenges	<p>Lack of passion among professionals Donor bias towards water</p>

	<p>Policy & strategy – inadequate govt support & weak coordination structures.</p> <p>Conflicting approaches by different players in the sector.</p> <p>Weak M&E/follow-up</p> <p>Allowances/ finance</p>
Addressing Challenges	<p>No logos on materials</p> <p>Continued engagement with professionally-mandated institutions</p> <p>Advocacy & information</p> <p>Dev't of M&E tools & reporting structures</p>
Documentation	A lot available on CLTS website

Ethiopia	
Timeline	<p>Introduction of CLTS NGO VITA began in 2006 with Kamal Kar. Plan had second regional meeting in Feb 2007 with Tanzania.</p> <p>Plan Ethiopia introduced CLTS. 1st ODF community was declared Sept 2nd 2007.</p> <p>Expansion of CLTS – Action research project – CLTS promoted via the learning workshops every 6 months. Also presented through the National WASH forum & planned joint field visit.</p> <p>Min of Health field workers</p> <p>2008 – UNICEF began promoting, and brought \KK back for 2nd workshop</p> <p>July 2009 – UNICEF & Plan signed cooperation agreement to support govt in promoting sna & hygiene.</p> <p>National level initiatives: June 2009 workshop accepted CLTS as national approach & established task force. Members: Government, WHO, WSP, WB, Palan, UNICEF, SNV, WaterAid, all national NGOs etc</p>
Achievements	<p>National approach & task force have developed:</p> <ul style="list-style-type: none"> • Implementation guidelines inc HWWS and HHWT • Training guide for CLTS • Verification guidelines – all 3 prepared by task force <p>Being promoted in all 9 regions.</p> <p>PLAN has 17 ODF verified communities (kebele - like wards) – these include 15-20 villages</p>

Challenges	No data – figures not available. Shortage of trainers with gd field experience Follow up is weak. CLTS misunderstood as magic bullet and how it should be implemented. Many ODFs not verified or recognised at regional level.
Addressing Challenges	Guidelines being rolled out. Will be promoted at all levels – national, regional and district. Establishing regional task forces mirroring national.
Documentation	WASH AcSearch Quarterly newsletter. Updates sent to Plan RESA. These are shared for CLTS website.

Eritrea	
Timeline	MDG target is 50%. Most previous programmes were subsidised. Late 2007 – CLTS adopted. Tried in 6 regions. 400 participants in training, someone from Bangladesh who mixed CLTS with PHAST. 2009 – Kamal Kar gave new training. Key Players: MoH, UNICEF, Red Cross. There are no (?) local NGOs.
Achievements	Triggered 247, ODF 42 in 6 regions. Total HHs 82, 651 Govt awareness is high Strong social solidarity Competition among communities re designs.
Challenges	Nomadic communities Shortage of construction materials, rocky and/or collapsible soil types. Limited private sector for making slabs/selling construction materials

Sierra Leone	
Timeline	Inception Phase Jan 2008 – March 2009 TOT for 170 govt & NGO staff Orientation of 95 councillors on CLTS

	<p>CLTS as strategic priority in PRSP II</p> <p>Experience sharing workshop</p> <p>Development phase: 1st village self-replicated ie not triggered.</p> <p>120 Natural Leaders trained as facilitators</p> <p>No of villages triggered now exceeds 1000</p> <p>Scale up Phase: CLTS Task Force >45 members</p> <p>3 studies commissioned (SM/evaluation/hwvs)</p> <p>Key Players: Govt & Local Councils, UNICEF, Plan, Goal & NGOs, MoHS</p>
Achievements	<p>981 villages now ODF of 2522 triggered, in 12 of 13 districts</p> <p>Over 20 partners, and around 10-12 UNICEF partners.</p> <p>Harmonised tools and Natural Leaders manual developed in English (& film) – they are given T-shirts and bicycles and per diems for workshops.</p> <p>CLTS model being used for other CB interventions</p> <p>GPS mapping of CLTS villages</p>
Challenges	<p>Lack of access to safe water</p> <p>Managing the expectations of stakeholders (still hoping for handouts)/ subsidised programmes begun pre 2008</p> <p>Slippage after achieving ODF</p> <p>Maintaining Quality whilst scaling up</p>
Addressing Challenges	<p>Funds secured for water supply</p> <p><i>“Overpower with success”</i> – take people to see what we do.</p> <p>Constant refresher training, exchange visits</p> <p>Monitoring by task force/peers</p>
Documentation	<p>National evaluation underway</p> <p>San marketing study</p> <p>Quarterly reports</p> <p>Report on scaling up workshop</p> <p>Natural Leaders manual in draft</p> <p>SLTS video</p>

Nigeria	
Timeline	<p>June 2005 – pilot in Benue State. WaterAid.</p> <p>Key Players – Federal govt & NTGS national task group</p> <p>NGOs eg WERI in Cross Rivers</p>
Achievements	<p>CLTS adopted as one of the national approaches in 2008 as part of scaling up strategy.</p> <p>CLTS active in 31 of 36 states. National ToT for trainers in 2008. 2010 – ToT for master trainers by Kamal Kar.</p> <p>Annual CLTS round table conference – hosted by different state each year. Identified ambassadors for LTS and gave awards for outstanding Natural Leaders and communities.</p> <p>Environmental health clubs in schools.</p> <p>Children & women’s rallies/celebrations – at LGA level.</p> <p>2692 communities</p> <p>465 ODF in 26 states</p> <p>GSF in Nigeria</p> <p><i>Innovations:</i> Use of Natural Leaders as trainers and National youth service corps</p> <p>Targeting wards instead of communities</p> <p>Children’s presentations.</p>
Challenges	<p>Heterogeneous settlements</p> <p>Cultural interference</p> <p>Poor access to water and difficult geology</p> <p>Reconciling CLTS with integrated approach.</p> <p>Understanding CLTS concepts.</p>
Addressing Challenges	<p>CLTS combined with advocacy targeted at opinion leaders</p> <p>Looking at integration with other approaches.</p> <p>Ensure Water & hygiene components are still followed up after triggering</p>

	<p>Promotion of community technology innovation</p> <p>Advocacy & sensitisation of policy makers</p> <p>Capacity development for CLTS trainers trickled own</p>
Documentation	<p>Baselines & Monitoring in 30 states</p> <p>National WASH profile ongoing</p> <p>Study of technical options for challenging environments</p> <p>CLTS re-engineering pilot in 2 states – evaluation in Dec 2010. Seeing the low % of ODF, this work is re-visiting triggered communities.</p>

Liberia	
Timeline	<p>2009 – Otukpo training in Nigeria</p> <p>2009 – Kamal Kar gave national training in Liberia, triggered 10 communities in Montserrado County</p> <p>2010 National training of 30 trainers.</p> <p>Key players: Public works, Health, UNICEF, CHF, local NGOs</p>
Achievements	<p>60 triggered, 15 now ODF</p> <p>CLTS adopted in the national policy and strategy</p> <p>Consortium of NGOs</p>
Challenges	<p>M&E is weak at county level</p> <p>Decentralisation - operationalisation of coordination at county level</p> <p>UNICEF has 8 contracts with small NGOs. They have targets for 10 ODFs – some have 1 or 2, so appear to need greater support.</p> <p>Subsidy issues from previous programmes.</p> <p>Logistics – especially mobility.</p> <p>Funding</p>
Addressing Challenges	<p>Advocacy for increased national budget for sanitation</p> <p>Developing monitoring tools</p> <p>Monthly county level meetings</p>

Documentation	Ongoing WASH package evaluation Opportunities: 10M from CHF over 5 yrs with USAID support. NGO consortium has strong interest
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Ghana	
Timeline	2007 Study tour to Bangladesh, India & Ethiopia Pilot projects in 237 communities across country Key players Environmental Health, UNICEF, CWSA, Danida, WaterAid & Plan
Achievements	1390 latrines built, 69 communities ODF. District san plans National Strategy became strategic san investment plan (SESI) and CLTS is in national sanitation policy. National Technical Working group on sanitation About 100 extension workers trained SWA Ghana Compact for water \$150M World Bank programme using CLTS – target 600,000
Challenges	No harmonised CLTS approach – all NGOs doing slightly different versions eg UNICEF are giving slabs. Facilitation Follow up support Monitoring, funding Limited documentation on knowledge sharing
Addressing Challenges	Knowledge Management project by Trend KKar coming in Jan 2011 for national training. SLTS study visit to Sierra Leone Baseline for CLTS mapping GSF via WSSCC National strategy being developed – all stakeholders will contribute. Policy will be launched on WTD on 19 th Nov 2010
Documentation	ODF status verification

2. Discussion of Key Topics:

Participants identified the following key issues and questions for discussion at the workshop.

- Champions and Natural Leaders
- Triggering and follow-up
- Urban CLTS
- Re-triggering re-engineering CLTS
- After ODF (Sustainability)
- Beyond CLTS
- Going to scale with quality
- Verification
- ICT and CLTS
- Subsidy, Allowance, Culture and Reward
- Harmonization
- Technology and Innovations
- School and Children (SLTS)
- CLTS and other Approaches

From these, participants selected the following four topics and discussed *What has been learnt* and *What needs to be done?*

- Verification
- ICT/CLTS/M & E
- Re-triggering/Re-engineering
- Schools and Children

Verification

What was learnt?

- Verification could be done in different ways

- Verification comes before Certification
- Indicators should be identified
- There must be community profile
- There must be a baseline before triggering

Some identified Indicators include:

- Confirm that facilities are adequate for use
- The toilet must have a cover
- There must be an active path leading to the latrine
- Confirm that latrine is in use
- If there is no smell find out if they use ashes
- There must be functional hand washing facility in place
- Children should be involved as they give information on true situation.

Who should carry out Verification?

This can be grouped into three stages

- Self assessment
- District Team Assessment
- Regional level Assessment

Learning points

- Verification to be done by unannounced team
- If community is involved in verification it leads to sustainability and ownership

ICT/CLTS/M&E

What was learnt?

- Information management
- Use of GPS for data gathering

- Pilot project on ICT with mobile phones still under study
- Developing Data gathering with the use of mobile phones
- ICT can be of great use to CLTS in Data gathering

Learning Points

- Need to revisit quality of baseline data
- How to use ICT for data gathering

Retriggering/Re-engineering

What to do;

- Identify master trainers, facilitators, managers and each should have its specific role
- Need good training for intervention
- Follow-up action
- Identification of Natural Leaders for scaling up
- Issues of Equity and inclusion
- Design training based on strengths and weaknesses
- Intensive Advocacy

Learning points:

Re-engineering looks at holistic approach of CLTS.

It tries to close the gap between triggering and ODF in a Community.

Schools & Children

What was learnt?

- Hygiene Education should be included in the curriculum
- Advocacy should be carried to policy makers
- Min standard must be adhered to for the design of toilets in schools
- SLTS still needs clarification

Learning points

- Children contribute toward building of toilets
- CLTS should be built into the curriculum of health institutions
- Minimum standard for latrines must be adhered to

3. Urban CLTS

A film (Story Ya Shonde) on Urban CLTS in Mathare, Nairobi, Kenya was shown and discussion of some of the issues specific to the urban context followed, eg

- Illegal settlements are often not considered in development
- Many factors must be considered for latrines to be constructed in such areas
- To stop OD is a collective action but in urban contexts the concept of community is very different

More information on the urban CLTS pilot in Mathare is available on the CLTS website

<http://www.communityledtotalsanitation.org/resource/piloting-clts-urban-setting-diary-progress-mathare-10-nairobi-kenya>

Contributions/Questions:

- Issue of sustainability
- What happens after garbage cleaning?
- Use of plastic packaging should be discouraged
- Land tenure issue needs to be sorted out
- Garbage is a big issue in many parts of Africa
- There is no Total Sanitation without addressing issues of garbage, sewage, sewerage
- Solid management and re-use should be explored
- People should be triggered to know their rights
- Government should be sensitized to play their role
- Sanitation is a right and not a privilege

4. Field Visits (debrief by group and discussion)

Group 1 went with the women and children

Learning

- Pride of the people was evident in the way they maintained their toilet
- Villages are so small so that social collusion is high, great opportunity for scaling up CLTS
- In this district, all 5 chiefdoms were triggered, as opposed to scattered triggering
- No OD in village was seen, and it was a very clean village
- Children play critical roles in latrine construction, especially for female headed households, helped in digging latrines and showing OD sites during triggering
- Women claim success in reaching ODF because of female headed households
- Most of toilets were made of bricks, had the skill to build these toilets, a step up in the sanitation ladder
- There were already latrines before CLTS, but they became more aware of hygiene so they built hand washing facilities, use ash, etc.

Recommendation

- Need for hygiene awareness, tippy taps were in place but not properly used
- Not all toilets had a lid

Group 2 went with the headmen

Learning

- 100% latrine coverage
- Community working with civic leaders and EHTs
- Latrines were very clean, had hand washing facilities
- The environment was clean and there was no evidence of OD
- Awareness amongst villagers on hygiene and sanitation was there as well as social solidarity
- A good innovation was a single unit
- Important for CLTS as a starting point

Recommendations

- HWF need to improve
- Need to have CLTS triggering, as those triggered in Choma did not actually trigger but civic leaders and headmen went from house to house and told people to build latrines
 - took a large amount of time to achieving ODF means that maybe triggering was not properly done

Comments

Was training for civic leaders and headmen hands-on? Did they know that their role is facilitation not lecturing? In a training, what message are we giving to the trainers or facilitators? It has to be clear how they train and what message they leave, and how you do it. Another group found that it took 2 years to become ODF, so the question of what happened during the triggering is important.

Giveson Zulu from UNICEF Zambia: Same problems have been observed in Zambia by UNICEF; there are 3 things happening in villages

1. Those that are having actual trigger, 80% of HH reached in 2 months
2. Those that are taking 2 years to reach 20% of villages when training is hands-on, trigger in villages around but not very effective
3. There is no trigger at all, people just hear from fellow villages and start to act

Now they are taking facilitators, assigning roles within the communities, when you do that they actually do the trigger. Divide them into groups of 5 and they do a lot of trigger, follow-up is not trigger, taking longer to achieve ODF. Take CLTS training to local levels, trigger where you are going to work, should not take them to the district for training

Lonis from Nigeria: We must identify who are trainers, who are managers, who are facilitators? Unless we identify them and give them their tasks, there is a disconnect between training and implementation on the ground. Unless we segment these roles, and have core trainers to identify community consultants and facilitators, then we will continue having this disconnect.

Harriet from Uganda: Has Nigeria made standard guidelines for identification of roles?

Lonis from Nigeria: Not yet, but experience allows you identify them.

Sammy from Kenya: During the training Managers need to be sharp and able to anticipate what is happening, it's very important to respond to these issues during the training, ask trainees how they will deal with these issues. How do we as managers prepare these facilitators so that they will know how to respond to these things?

Kamal: Trainers have to be great facilitators first. In the field, we did inquire whether there were other people trained from the same village, and the answer was no. Never expect that one facilitator coming for just 5 days training and going back alone will trigger well, because it must be a team of facilitators that must be trained. Headman was alone to bring the community to change the mindsets, but this is too much to expect, they quickly go back to their own style.

Atnafe from Ethiopia: Immediately after training of facilitators, one good person with experience should be around, there should be at least 2 or 3 so they support each other. Otherwise they will forget what they have learned.

Adam from Kenya: Challenges in Kenya: villages were being declared ODF but were not. Everyone sat down, came up with one training guide, national meeting held for all CLTS stakeholders, looked for partners that had experience in PRA tools, once they were trained they went out to trigger, they get reports every week, they have Natural Leaders. In training process, they are able to work together and oversee training. Facilitators are behind the scenes, community takes the lead. One training tool, one approach that you are using, what will be at the village level? At the district? At the national level? Good to have structured system of implementation. Supportive structures are needed.

Arnold from Sierra Leone: High time to shift from NGOs to using Natural Leaders. NGOs should support Natural Leaders. NGOs will do the follow-ups of what the Natural Leaders have done. What process are you using to ensure that these villages are ODF? Also, how do you compensate Natural Leaders for their time?

Amsalu from Plan RESA: Scaling up is thinking of strategy. If you train a lot of people, you might not even get a handful who are committed. What we can do is to invest in Natural Leaders. How do we bring them together to scale up CLTS in their countries?

Lonis from Nigeria: Investing in Natural Leaders is the only solution for scale but there is limitation in terms of capacity of what they can carry.

Rose from Kenya: In urban Kenya, with time it becomes hard for people to trigger in the communities they live in. Attitude that “you know where these things are, why don’t you just put them”, but if you choose Natural Leaders from other places it is easier for them to facilitate.

Kamal: Two big windows opened up – how do you handle the institutions? Challenge is you cannot go to scale without government. That’s where systems come in working together with government. The other area that is inherent is the power of Natural Leaders. Bringing these two things together and deciding where to invest resources is important. How we can use Natural Leaders as community consultants can be the answer to scaling up. How do we reward the time of Natural Leaders? A complete contract with Natural Leaders, terms of reference, you do this things and you get paid. What if we have a pool of Natural Leaders in each country, and we can use them institutionally to scale up?

Philip from Kenya: Challenge is more investment on outcomes as opposed to process which might not be sustainable.

Sammy from Kenya: Harmonization is important, capacity building is important, support to Natural Leaders is important. We can’t keep holding them back. We have a challenge as practitioners. Issues of quality are challenge.

Adam from Kenya: Sector plan needed, how can people support each other to get there? People implementing CLTS must commit in Kenya to being there until 2013, otherwise Plan won’t work with them.

Group 3 went with the village sanitation action group (SAG)

Learning

- good structure for follow up, committee at village level, at chief level, all ensured to follow up
- Community aware of dangers of OD
- Community used ashes or soap so they know about disease transmission through hands
- Had good local materials for construction of latrines, and they are durable, design unique
- Decrease in cases of diarrhoea, said by medical director
- Medical director is accountable to community, pressure her to keep track of disease trend in community

- Red Cross provided san plats were provided for community use as reward for becoming ODF, other communities hoped to have these as well, but they were not able to provide these for all households
 - When asked if people can make san plats, or if they know how to buy them, they said no; seems like they were not looking at moving up the sanitation ladder unless they were given san plats by donors
 - Highlights conflict of approaches
- Church is not involved in disseminating information on CLTS or hygiene
- Link between drinking culture and sanitation, although men are spending a lot of time drinking, 4000ZK a day, they will not buy water guard to drink water
 - we might think of targeting men, not only to get them working towards sanitation but also to improve gender disparities (prevent early marriage, abuse of women when men are drunk)
- When the latrine filled up they would cover it and dig a new one, when asked if they plant anything on the one you left behind, and they said no because it is dirty, in Zimbabwe they try Arborloo?, which is where they plant mango trees over old latrine sites, loss of opportunity there
- Church was not involved in CLTS, toilet was fixed point open defecation, dirty and there were flies, raises question about markets with declaration of ODF, beyond the community

Recommendations

- HWF need to be improved
- Need for provision of water

Audience Comments

Chief Macha remarked that some traditional leaders, eg chiefs, do not interact with people, so the whole thing becomes difficult. Chief Macha tries to talk to all chiefs to get them to change. Chiefs must lower themselves down to the level of the people so you can work together, that is how Chief Macha has an ODF chiefdom. Chief Macha shows people his house all the time so that they he can role model good sanitation standards. Leaders should be encouraged to do things exemplary. This is a big problem in Zambia, since most times people need to make appointments with their chiefs, which should not be the case. That's the problem in areas where things are not moving. Need of change of attitude in terms of hierarchical thinking. Chiefs should not be using their power to intimidate people to become ODF, but they need to be facilitators and open books to learn, not using authority, but being champions of change.

Chief's attitude is important. Out of 260 chiefs in Zambia, they can't be all like Chief Macha, but if we have 10 chiefs we can create a large change.

As for religious leaders, in Indonesia and other Muslim countries, as well as Hindu temples, they have been involved in the community sanitation drive. For the church in Zambia, it's possible to get them to be involved in making the community ODF.

Group 4 went with the civic leaders to Anja Bantu, 32 households

Learning

- CLTS has changed the culture of these people especially
- Reported reduction in diarrhoeal diseases
- A lot of commitment and teamwork from these leaders
- motivation is pride, and prevention of diseases
- If people don't comply to community pressure, they would take them to the village courts
- Facilities were in good condition, structures were strong and firm, all from brickworks

Challenges

- Inadequate safe water supply
- So what after ODF? They have other problems, if people can come in with other programs that would be good

Group 5 went with Chief Macha to his chiefdom

Learning:

- Chief Macha's are everywhere so we have to identify these influential people who can make things happen
- The triggering can take many forms, communities can be triggered and they will take action, but sometimes very influential people can have a big impact
- Behaviour change has happened in the visited area, toilets were built in 2005 and still using them, there are HWF
- Dignity and pride were very strong, they were very happy to take the group everywhere, which were clean

- The school PTA managed to build toilets, mobilized resources from other donors, built 20 cubicles, which is very impressive. If all communities can do the same there are many changes that can take place

Recommendations

- CLTS has been very successful. They can take other challenges like household treatment, repairing their own hand pumps, etc.

Group 6 went with the technocrats, a doctor and Environmental Health Officer (EHO) and an enforcement officer

Learning

- Big sense of community ownership, triggering in 2007 but ODF last month, came up with own indicators for behaviour change, when they saw people that were putting dish racks then they could declare ODF, also gave them the time to assist vulnerable
- Visit homes every 2 weeks, assisted in pressuring those who haven't built latrines, there is a structured checklist to be submitted to the extension worker, district is given information, there are village meetings 2 times per quarter, allows 2way feedback on data
- District focus on prevention as opposed to curative, as indicated by 20% of budget spent on community and environmental health
- Use of traditional courts
- Extension worker covers 47 villages, commitment from him was very obvious because he manages to visit all the villages

Recommendations

- Address issue of drop hole cover, need to be given guidance on what the purpose of the drop hole cover
- Need assistance on how to improve their hand washing facilities

4. World Toilet Day

To mark World Toilet Day, participants decided to create a little video clip. They formed the letters: *O D F* for Open Defecation Free and all group members chanted their letters. You can view the video here

<http://www.communityledtotalsanitation.org/story/worldtoiletdayvideo>

5. Lusaka Declaration

In time for World Toilet Day, the participants produced a set of statements and recommendations on issues key to the success and scale up with quality of CLTS, called the *Lusaka Declaration*. Its content is based on a wide range of experiences in different countries and relevant to the policies, programmes and projects of Governments, international agencies and NGOs. The hope is that this document can be given wide circulation.

<http://www.communityledtotalsanitation.org/resource/lusaka-declaration>

Participants committed themselves to sharing the *Lusaka Declaration* with their colleagues and in various fora in their countries and in the region. Some examples are given below:

- *Nigeria*: National Task Group on WASH/ CLTS meeting in December
- *Uganda* National Sanitation Working Group. Uganda national level stakeholders' brainstorming meetings on CLTS, also with Uganda Water and Sanitation NGO Network (UWASNET) and Network for Water and Sanitation (NETWAS) resource centers.
- *Netherlands*: NGO Platform that brings together all big WASH NGOs in the country. also share with other Plan NLNO implementing African countries and place it on Plan International Intranet.
- *Ethiopia*: monthly National Sanitation Task Force meeting
- *Liberia*: monthly national WASH consultative meetings and CLTS national steering committee meetings
- *Sierra Leone*: Quarterly WASH newsletter and within government meetings as well as other stakeholders such as NGOs.
- *Zambia*: national WASH planning meeting for CLTS 2011/2012 implementation in December 2010
- *Plan International Region of East and Southern Africa*: Plan SharePoint and within the regional East African partnership with WSP, UNICEF, with other regions of Plan in Africa.
- *IRC Netherlands*: IRC website for international viewing.

- *Kenya*: Inter-agency coordinating committee with quarterly meetings. also at meeting scheduled in November 2010 to review implementation/targets progress by all national level stakeholders
- *Eritrea*: Will share with UNICEF representatives and government departments. It will also be shared at the technical hygiene and sanitation meeting at national level.
- *IDS*: CLTS website, next e-newsletter and circulation to key contacts

6. Sharing of Good Practice on various topics

**** CLTS baseline data collection/ information:**

Sierra Leone:

Baseline data is collected during triggering. Out of the team of facilitators, one goes round community as the other triggers and collects information on the number of latrines, households with latrines, etc. More baseline information is collected from the community map drawn during triggering which is also used to inform further monitoring activities. The community transfers this map information onto paper, updates latrine information and the monitoring NGO checks this map to ensure that all households that were initially listed as having no latrines did eventually obtain and are using one. Chiefdoms are assigned to NGOs and the NGOs collect data and report to national level every 3 months who in turn report it in the national quarterly reports. Based on funding, the government has an MOU with DFID with targets set to implement CLTS at 50% coverage in 5 districts and 100% in one district. 6 districts chosen based on the Poverty Reduction Strategic Plan.

Malawi

Extension workers on the ground collect information on latrine coverage, etc using a specially designed form. At national level, a national level surveillance form is being used. The challenge has been that it has not been used effectively by the extension workers and it did not explicitly capture CLTS indicators. Malawi is in the process of putting together guidelines for national level data collection.

Uganda

Within Plan Uganda, data collection is done in the pre-triggering phase and includes information on population, no of h/h, existing latrines, among others. The sub-county local government data is also relied on, where available, as it's collected on an annual basis, especially with health data. The choice of where to go for CLTS triggering is determined by poverty levels and lowest sanitation coverage as also these determine the coverage of NGOs as Plan International, Uganda.

Ethiopia

A rapid assessment through a one pager questionnaire that assesses handwashing practices, sanitation behaviour and water management is done during the pre-triggering phase. There are also national implementation guidelines with a checklist for subsidy, latrine coverage, and diarrhoeal incidences. Atnafe Beyene of Plan International, Ethiopia will share this when it has been finalised. Community committees formed during triggering have developed their own monitoring committees with their own symbols showing the progress of latrine construction at h/h level.

Liberia

Data collected during the pre-triggering phase: no of h/h, no of wash facilities, proportion of Muslims and Christians in community, community's socio economic dynamic, predominant local language, nearest health centres, predominant diseases in the area. The form used is called a village profile assessment form. From the data collected the most vulnerable catchment area is selected.

Nigeria

Household baseline survey with which the government collects detailed WASH info. However, more data is collected during the mapping at triggering to get the information on latrines coverage. A vulnerability assessment form which has indicators on economic status, poverty, water coverage etc is used as a way of choosing the entry point for CLTS implementation. Nigerian participants will share this form.

At State level, Nigeria has water and sanitation agencies working closely with LGs which have WASH departments/units with coordinators. Each community triggered establishes a WASH committee inclusive of Natural Leaders. Committee reports on progress of activities and records all progress. This information is collected by the UNIT coordinators and submitted to the WASH dept, is collected/collated by UNICEF WASH office at that region then gets to national level. Uses UNICEF to collate this information as they have a good regional system which is better than the government state system thus easier to collect data.

Eritrea

CLTS Facilitators conduct baseline survey on latrines nos, h/h nos, subsidy, and date of triggering in the pre-triggering phase.

Ghana

Data is collected during the pre-triggering phase and more during the defecation mapping during triggering and this info included in the baseline database. To get to ODF declaration: they bring current map showing progress and the former map during triggering

which showed defecation places to verify these places. Low population size and subsidy assessment are some criteria for choice CLTS implementation areas.

Zambia

The NWRWSSP has good IMS systems and district staff full time on CLTS data entry. The IMS system updates automatically. They have DWASH committees with all partners in water and sanitation represented. Data reporting is monthly and all data available instantly. CLTS data however, is yet to be included as at present they are still training people to collect information with the forms that have just been designed.

**** Sanitation, undernutrition and neglected diseases (Robert Chambers)**

The 5 As of Nutrition: The last 3 are related to fecal contamination and most of show no clinical symptoms.

1. **Availability** of food
2. **Access** to food
3. **Absorption** Parasites in the stomach such as giardia, tape worms, ascaris, round worms; tropical enteropathy etc- bacteria damage the wall of the stomach so that nutrients cannot be absorbed properly
4. **Antibodies** production of antibodies to fight these diseases require a lot of energy from the body, therefore uses a lot of the nutritional energy; no clinical symptoms
5. **Allopathogens:** Other pathogens in the body that affect our health are liver fluke, zoonoses (through animals), bilharzia.

Robert Chambers to send a note he has developed on these issues to all participants interested.

**** Innovative Technology**

Kenya

Poster for community latrine innovated technologies: No logo of any sort to prevent community from attaching ownership to any organization/ government.

Pictures of pit lining technologies for loose soiled areas and for water logged areas; all of which were engineered by the communities. Other technologies were plastic slabs and superstructures made out of local materials, mobile plastic sanimart, drums

sunk into ground in loose soiled areas, among others. Kenya encourages local creativity and empowers local artisans, latrine covers are locally made.

Water safety surveillance is done by communities on monthly basis and reported to district. Each water point has a chlorine dispenser maintained and procured by the communities and treated at point of collection. Caution should be taken to ensure the latrines sunk in areas with high water tables (e.g. as low as 1 meter) do not become fixed point ODs as being too shallow OR flooding on surface during the rainy seasons. Ash alongside smoking latrines (see Sierra Leone newsletter) could be used to reduce fly breeding in pit and around squat hole.

Movement up sanitation ladder is one option on what next after ODF?. Need to get private sector interested to upgrade latrines. There is need to strike balance between affordability of the communities and the profit driven interest of the private sector by for example generating much sustainable demand (economies of scale).

Others

Page 68 of the CLTS Handbook reveals some good examples of plastic pour flush latrine technologies in Indonesia, done by a local entrepreneur and costing equivalent of US\$3. In Cambodia hollow tree trunks of palm trees sunk into ground to about 1.5 meters and used as latrine. During flooding periods, the trunk moves up and settles in during dry season. No shit upsurge in the rainy/ flooding seasons. Plastic slabs used in Ethiopia and placed on pits directly with on re-enforcement.

Loretta (UNICEF Ghana) to share information with Petra /participants on the plastic slab making company in South Africa who have different kind of plastic slabs including urinary diversion slabs.

After ODF, give communities a basket of choice technologies and avoid recommending only one technology.

We need to share more information in form of blogs, videos, and photos on technologies, options and innovations from within communities, marketing options and other activities we conduct after ODF; how we address issues of protecting human health as well as environmental sanitation.

****Information / knowledge management:**

Malawi

There are delegated field staffs that take charge of CLTS planning and the implementation and are responsible for budgeting, implementation and reporting at field level. They all keep their plans, budgets, progress reports and other documentation in one binder where their district coordinator and the national level coordinators can access this information. This eases information sharing with any incoming donors and by the task force.

Monthly checks are done by the Environmental Health Managers on implementation processes, challenges for harmonization in liaison with the task force coordinator per district. They are responsible for updating the tools, guidelines for continuous harmonization and this eases the monitoring for all processes.

Jolly Ann to write a one pager on the Malawi processes and share with Robert and Petra for further dissemination.

****Sustainability**

Ethiopia

How do we ensure that people use the latrines continuously after ODF? The assumption after CLTS triggering is that people will use the latrines and continue with the learned behaviour which is not necessarily true. In some Ethiopian regions, health workers have meetings every 15 days in each village, hold community tea meetings funded by personal contributions. Part of monies used to buy WASH materials as soap for handwashing. Meetings are recorded by health workers; community people sit with them and report their challenges. A committee is left to follow up and report back to the health extension worker and up to the district.

7. Launch of PLA Notes 61: Tales of Shit: CLTS in Africa

The recently published PLA Notes issue 61, *Tales of Shit: Community-led Total Sanitation in Africa*, was also launched at the workshop. Some of the contributors to the publication ((Samuel Musyoki, Herbert Chimhowa, Giveson Zulu, Leonard Mukosha, Jane Bevan, and Petra Bongartz) were present at the workshop. The publication is available for free download and can also be ordered from IIED (free for subscribers in the global South). More information is available on the CLTS website here <http://www.communityledtotalsanitation.org/resource/tales-shit-community-led-total-sanitation-africa-pla-61>

8. Plans for AfricaSan

In July 2011, the next AfricaSan conference will take place in Rwanda. Workshop participants discussed the possibility of collaborating on representing CLTS there. IDS is planning to co-convene CLTS events at the conference, eg a Sharing and Learning

workshop, an introductory session to CLTS for those not yet familiar with the approach and a session where experiences from different countries and organisations can be shared. Outcomes of the Lusaka and Mali workshops will provide a good basis for this. For example the Lusaka Declaration with its statements and recommendations on key issues may serve as a good structure for a CLTS session. Other ideas included a CLTS exhibition stall where all organisations involved in CLTS can display their publications, different people can be available for questions and discussions and CLTS films can be shown. Participants also liked the idea of acting out (role play) a triggering during one of the sessions. It would be a great achievement if CLTS could be specifically mentioned in the final statement that ministers from countries represented at AfricaSan will make.

Action points:

Participants committed to discussing AfricaSan in their organisations and finding out what plans are being made and who will be attending the conference. This information should be shared with Petra.

On a related matter, everyone urged each other to also share other opportunities for learning visits to other countries and other events such as the World Toilet Summit.

9. Action Plans and Commitments

Each country/group was asked to consider what they would take home from the workshop and what follow-up they would make as a result. A selection of key action points are given below. Many were common, some specific to countries. What was clear is that we all have a lot of work to do in the coming year to continue the promotion and the scaling up of CLTS in Africa.

- Report back on this meeting to our colleagues and partners.
- Write a blog entry and send to Petra for the CLTS website
- Learning exchanges within and between countries
- Documentation of best practice in our country
- GPS mapping of CLTS villages (Uganda, Liberia)
- Train all 286 chiefs to be 'Machas' (Zambia)
- Make formal contracts with external ODF verification team members (Kenya)
- CLTS Advocacy week, 6-10 Dec (Kenya)
- Develop a national CLTS newsletter/bulletin
- Take training to the state level (Nigeria)

- Harmonisation of all CLTS monitoring in the country (Liberia)
- Advocate for more research on CLTS
- Using the 'medical costs' tool more, especially in areas where sanitation coverage is already high but not yet ODF
- Follow-up: integrate more and institutionalise
- More follow-up, less triggering (Eritrea)
- Focus on Natural Leaders as our next wave of facilitators (Liberia)
- Implement sanitation marketing linked with CLTS (Ethiopia)
- Strengthen monitoring and supervision
- Develop a costed scaling up plan (Ghana)
- National level refresher training with Kamal in 2011 (Ghana)
- 'Photobank' of CLTS innovations (Sierra Leone)
- Identify emerging issues and plan thematic workshops – eg Urban CLTS, CLTS in emergencies (IDS)
- Closer coordination at regional level between organisations (Plan & UNICEF)

More details can be found in the country action plans available on the website

<http://www.communityledtotalsanitation.org/resource/africa-regional-clts-sharing-and-learning-workshop-zambia>

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