

Notes from Community-led Total sanitation



Training for East and Southern Africa

February 21–25, 2007, South Spring Hotel, Awassa



Plan Ethiopia

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Welcome address

Dr Tezera Fisseha, Plan Ethiopia Program Support Manager

The event started with Dr Tezera's warm welcome to the Guest of Honor Dr Shiferaw, Head of the Health Bureau of Southern Nations Nationalities and Peoples Region, the trainer Dr Kamal Kar, trainees, and organizers to the training.

He noted that over 40% of child deaths in Ethiopia are due to diarrhea, and indicated that this can be reduced by promoting proper sanitation and hygiene practices. He also mentioned the recent prevalence of acute watery diarrhea in many parts of the Region as exemplary of consequences of unsanitary and unhygienic conditions. Among the reasons mentioned for such conditions were lack of access to sanitation facilities and to water supply, improper/no usage of latrines, and failures to effect behavioral change among communities.

“Our efforts to improve water supply, sanitation and hygiene didn't yield the required outputs, likely due to approach problems. Thus, the need for new tools and approaches is unquestionable. We are here to learn about community-led total sanitation (CLTS), which includes issues of community empowerment, and community involvement in sanitation.” He said that the world renowned sanitation educator Dr Kamal will give us important lessons about the concepts and skills in CLTS.



Dr Tezera indicated trainees were from about nine East and Southern African Plan Countries (Ethiopia, Kenya, Sudan, Tanzania, Zambia, Malawi, Uganda, Egypt, Zimbabwe), from the Health Bureaus and Offices of Southern Nations Nationalities and Peoples Region (SNNPR), Amhara, and Oromia Regions, and from other partner of Plan Ethiopia such as Intermon Oxfam, WaterAid, Water Action, and Hawassa University but to mention some. Then he welcomed the trainees again and invited Dr Shiferaw, SNNPR Health Bureau Head, to give opening remarks.

Opening address

Dr Shiferaw, SNNPR Health Bureau Head

Then, Dr Shiferaw made eyes-opening remarks about sanitation, hygiene, and water supply in Ethiopia in general and in SNNPR in particular. He indicated that despite good efforts and sizeable investments to improve sanitation and hygiene, progresses were not to the desired level. Aware of the problem, the government has identified Personal Hygiene and Environmental Sanitation as one of the priority health issues in the Health Extension Program.

Dr Shiferaw said that improved water supply, improved hygienic practices, and improved sanitation result in improved health conditions. And hence, the Health Sector Implementation Strategy calls for:

- Community Mobilization and Empowerment through continuous dialogue and negotiation

- Accountability and Performance Contractual Agreement on high impact interventions
- Appropriate technology towards standardization and quality
- Political Commitment and Mentoring and Encouragement
- Enhanced Partnership (Domestic and International)

He also noted that the Health Sector Performance Goals are to achieve

- achieve the Plan for Accelerated and Sustainable Development to End Poverty
- achieve the Millennium Development Goals (4,5,6,7)
- improved health status (reduction of morbidity, disability and mortality)
- Financial Risk Protection (Community Based and Social Insurance) and
- Citizen satisfaction



Dr Shiferwa said, “Without adequately addressing the issue of safe water supply and sanitation it is highly unlikely to achieve targets set for MDGs” According to him the components of safe water supply and sanitation include:

- personal hygiene/hand washing
- proper use of latrine
- waste disposal (solid/liquid) and
- safe water supply and utilization.

He indicated that to address these issues, the Bureau is in favor of innovative approaches that would help involve and empower communities so that they become leading actors and managers of their own development. In this regard, he noted that progress made towards Hygiene and Sanitation are:

- Public Health Proclamation enacted by the regional parliament
- Strategies ,Guidelines and Protocols developed
- Memorandum of Understanding signed (Health, Water and education sectors)

Dr Shiferaw also appreciated to Plan international for the effort toward a new tool: Community-led total sanitation and said, “I believe the approach would be helpful even to the Health Bureau”. Then, he declared the event open.

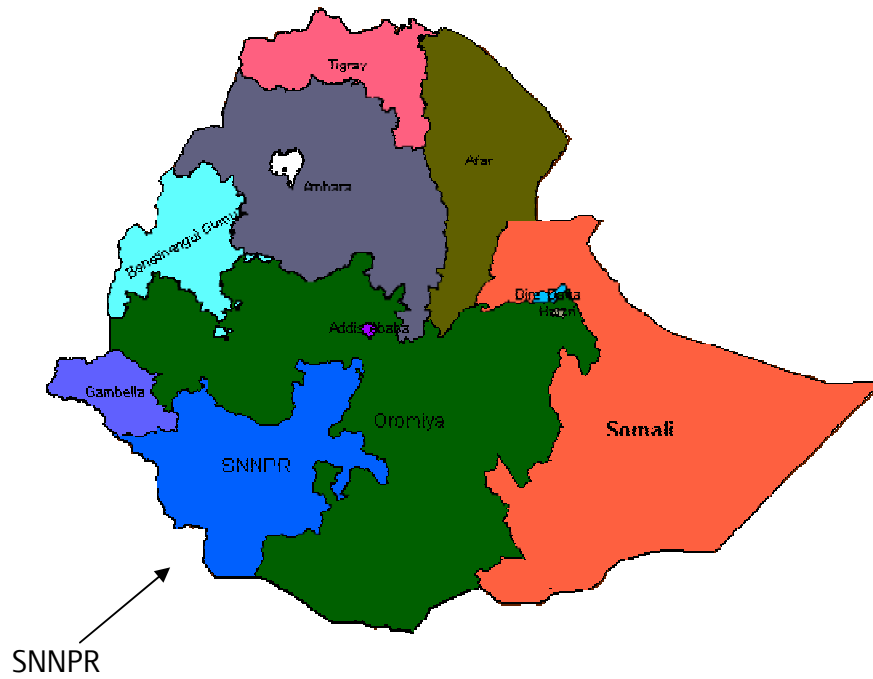
Then Dr Tezera emphasized on Plan’s commitment to implement the approach and invited Dr Shiferaw to present the Improved Sanitation and Hygiene Program of SNNPR Bureau of Health.

Improved Sanitation and Hygiene Program of SNNPR Bureau of Health

Dr Shiferaw

Outline

- Brief Background and Indicators
- Health Sector Performance Goals
- Status of Hygiene and Sanitation
- Lessons Learned
- Challenges and Recommendations



Picture 1. Administrative regions in Ethiopia



Picture 2. Administrative zones in SNNPR

Brief Regional Background

1. South Nations Nationalities and Peoples' Regional State (SNNPR)

- Located at South and Southwestern part of the country
- More than 15,321,000 population (20%) and an area of 118,000 sq. km (10%)
- Administratively arranged in 14 Zones, 22 city administrations and 133 districts (8 special districts)
- About 56 ethnic groups with varying languages and cultural diversity

2. Priority Health Issues-Health Extension Program

- Personal Hygiene and Environmental Sanitation
- Improved Water Supply, Improved Hygienic Practices and Improved Sanitation
- Improved Family Health Care
- Improved Maternal Health and Improved Child Health
- Prevention and Control of communicable Diseases
- Prevention and Control of HIV/AIDS
- Prevention and Control of Malaria
- Prevention and Control of Tuberculosis

3. Health Indicators compared

Indicators	SNNPR		National
	DHS 2000	DHS 2005	
Neonatal Mortality	49	36	49 to 39
Infant Mortality	113	85	97 to 77
Under Five Mortality	191	142	166 to 123
Maternal Mortality			871 to 673

4. Nutrition Indicators Compared

Indicators	SNNPR		National	
	DHS 2000	DHS 2005	DHS 2000	DHS 2005
Stunting	55.4	51.6	52	47
Wasting	11.8	6.5	11	11
Underweight	53.7	34.7	47	38
Under five Anemia		46.2	----	53.5

5. Key and Main Functions

- Key function
- Universal Health Promotion and Disease Prevention consensus built by the community at large

- Main Functions
- Accelerated Expansion of Primary Health Care Units
- Universal Coverage of Health Extension program
- Implementation of Health Sector Civil Service Reform and Sustainable Financing
- Accelerated Human Resource Development

6. Health Sector Implementation Strategy

- Community Mobilization and Empowerment through continuous dialogue and negotiation
- Accountability and Performance Contractual Agreement on high impact interventions
- Appropriate technology towards standardization and quality
- Political Commitment and Mentoring and Encouragement
- Enhanced Partnership (Domestic and International)

7. Health Sector Performance Goals Health Sector Performance Goals

- Achieve PASDEP and MDGs
- A Plan for Accelerated and Sustainable Development to End Poverty
- Millennium Development Goals (4,5,6,7)
- Improved Health Status
- Reduction of morbidity, disability and mortality
- Financial Risk Protection
- Community Based and Social Insurance
- Citizen Satisfaction

8. Hygiene and Sanitation

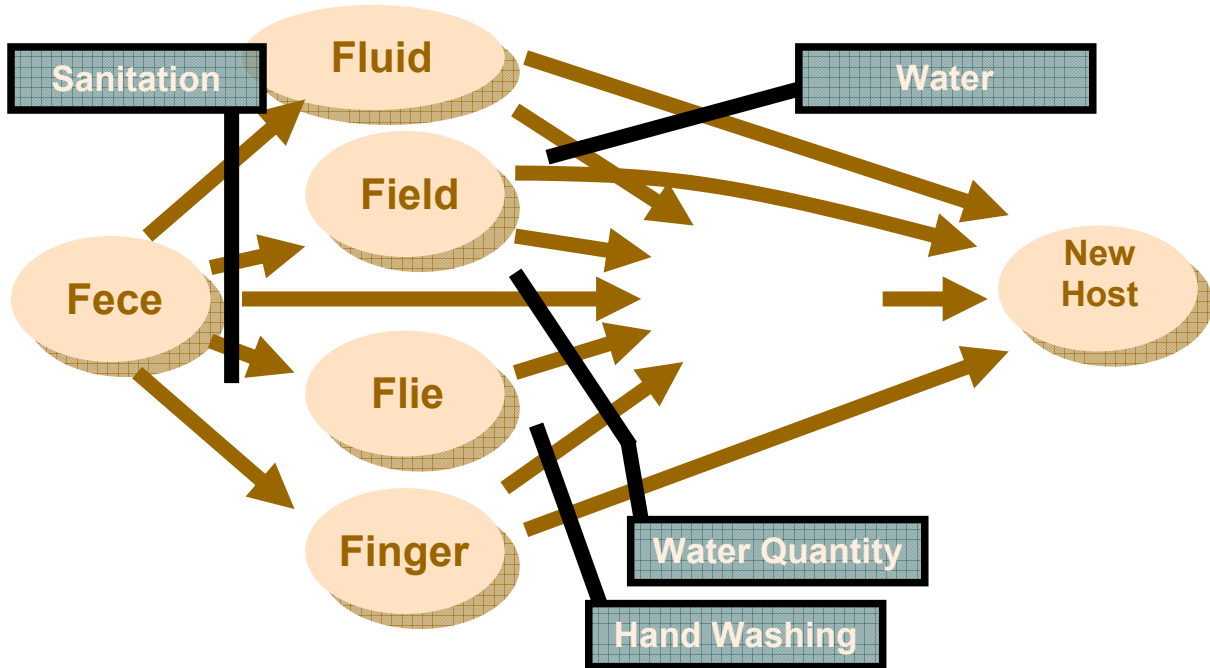
- Without adequately addressing the issue of safe water supply and sanitation it is highly unlikely to achieve targets set for MDGs i.e. resources and commitment
- Components
- Personal Hygiene/Hand Washing
- Proper use of Latrine
- Waste disposal (Solid/Liquid)
- Safe Water supply and utilization
- Food safety
- Proper and Healthy housing
- Institutional modeling (Hotels, Offices, Institutions like health facilities, schools etc)

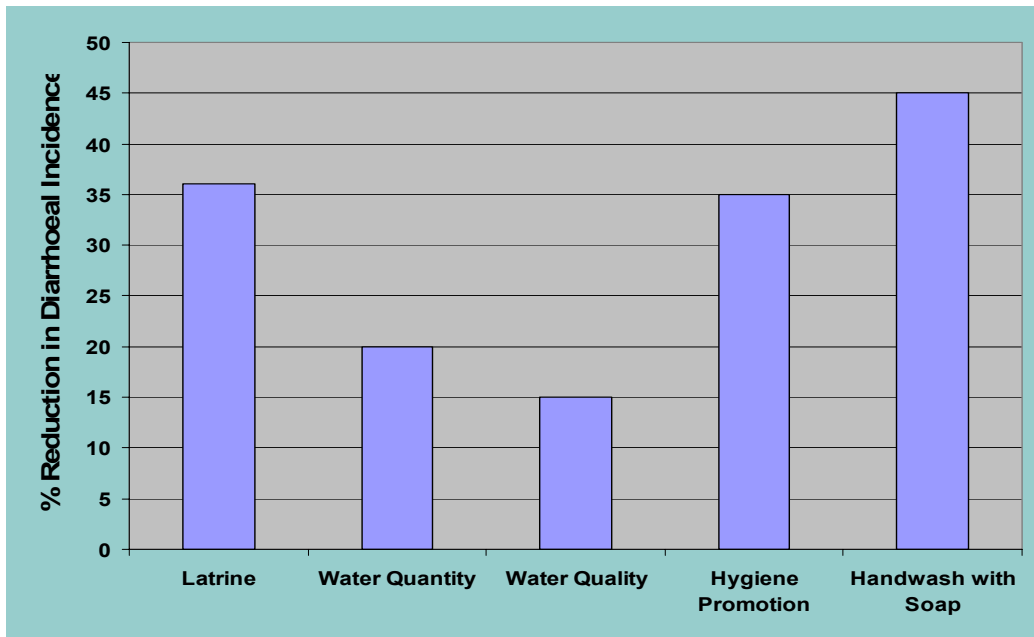


9. Burden of Disease

- Lancet series estimated:
- Mortality secondary to Pneumonia=28%
- Mortality secondary to Diarrhea=24%
- DHS findings
- Under five diarrhea in the two weeks preceding the survey = 18%
- Children's stools left uncontained=67%
- Episodes of diarrhea=25%
- Under five children with symptoms of ARI=13%

10. The F-Diagram





Effectiveness of WatSan interventions for reducing diarrhea morbidity

Progress made towards Hygiene and Sanitation

- Public Health Proclamation enacted by the regional parliament
- Strategies ,Guidelines and Protocols developed
- Memorandum of Understanding signed (Health, Water and education sectors)

MDGs Declaration/Strategic Directions

- Community Mobilization and Empowerment
- Appropriate technology towards standardization and quality
- Political Commitment and Mentoring and Encouragement
- Integrated approach/Enhanced Partnership (Domestic and International)

How did everything get moving?



The driver anecdote: “the need for cost effective, broad reach, high impact preventive health interventions”

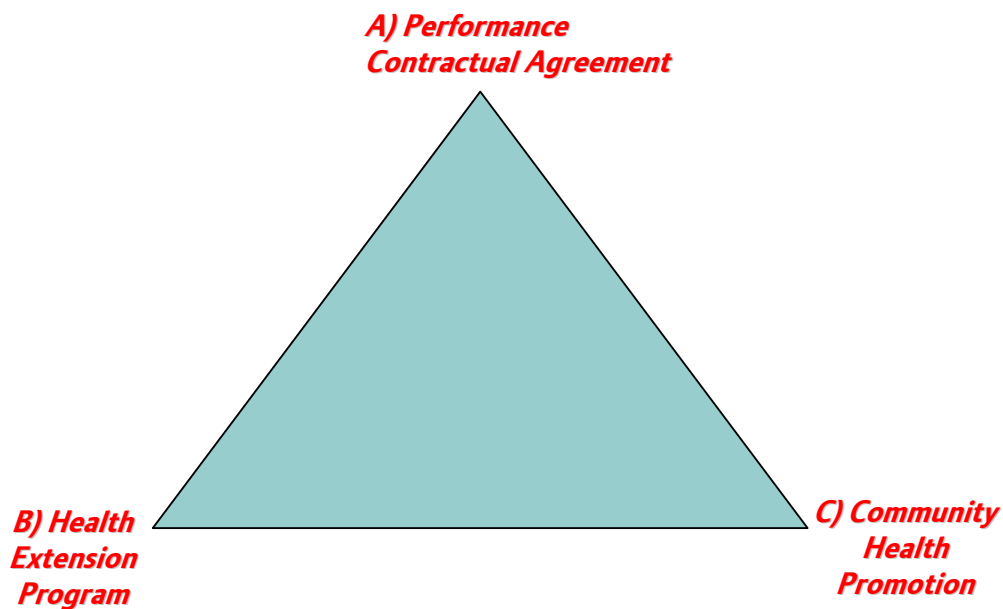
Mass-Movement and Comprehensive Approach



- Concept paper “ignition document” prepared to facilitate consensus around the need for community ownership of healthy behavior and lifestyle – especially on *vaccination, family planning, hygiene & sanitation, and Health posts*
- *Doable and measurable actions clearly defined (attitude & action)*

“Cascading consensus building and Performance Contractual Agreement” - (Region to HHs)

Core concept-Reaching Communities and creating accountability



Core concept-Performance Contract

- Mechanism to ensure implementation of regional and national initiatives
- Consensus between implementers and partners on performance indicators
- Performance agreements signed between all levels of government tiers on agreed targets
- Performance Indicators validated for their contribution towards child and maternal survival
- Performance achievements tied to incentives – inbuilt incentives

Performance Contract agreement- Regional Template

Zone/SPW/Woreda	Sample indicators		
	Latrine	EPI	HCT
Gurage			
Hadiya			
Sidama			
Signed and Sealed	Regional Health Bureau	Zonal Health Department	Woreda Health Office
	Signed and Sealed	Signed and Sealed	Signed and Sealed

Core Concept- Health Extension Program

- Components: Family Health Care, Personal Hygiene and Environmental Sanitation, Control of Communicable diseases
- Led by two female health extension workers and community development committee
- Based on the principles of Education, Demonstration and Reinforcement
- Professional Health Extension Workers provide preventive health care services directly to model households and Communities
- Model household health package and community wide health package

Current Progress, Health Extension Workers, Road Map

Year	2004	2005	2006	2007
Planned	750	1500	2100	2650
Achieved	746	1500	2200	Universal coverage
Percent	100 %	100 %	100%	100%

Pastoral Health Extension Program (58 and 120)

Core concept-Health Extension Workers



Female Health extension workers:

- *Link to formal health services*
- *Conduct model HHs and community wide Health Extension Package program*
- *Member of Community Development Committee*

Core Concept-Community Health Promoters

- Volunteer Health Cadres elected by community members
- Trained on basic primary health care concepts
- Perform preferred health behavior as models
- Disseminate the same to neighborhoods
- One Health Promoter may follow 20 to 30 HHs
- Create demand to health service utilization
- Supervised by Health Extension Workers

Core concept-Appropriate Technology

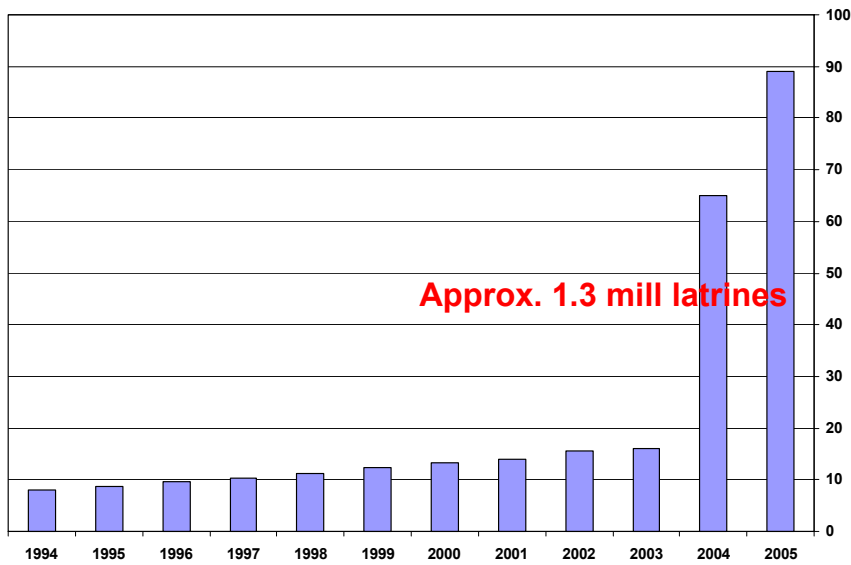


- Households are directly responsible for improved sanitation and hygiene - NO DIRECT SUBSIDY approach - use public money for PROMOTION and for public sanitation facilities
- “Empowered communities” apply peer pressure on defaulters

Core concept-Local Solutions

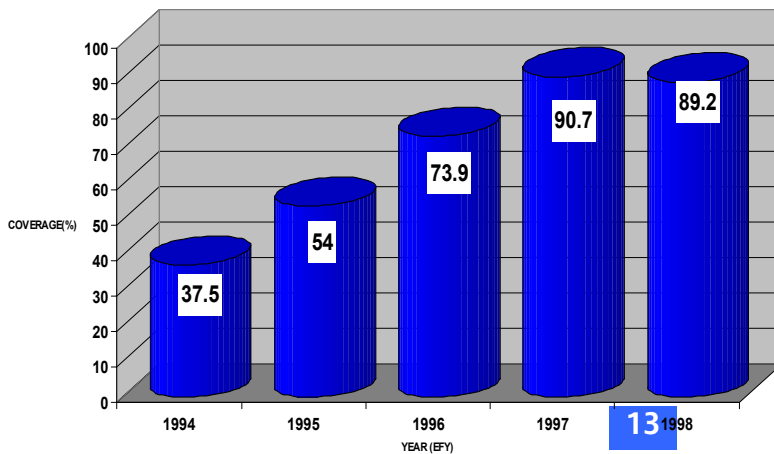


The immediate results....

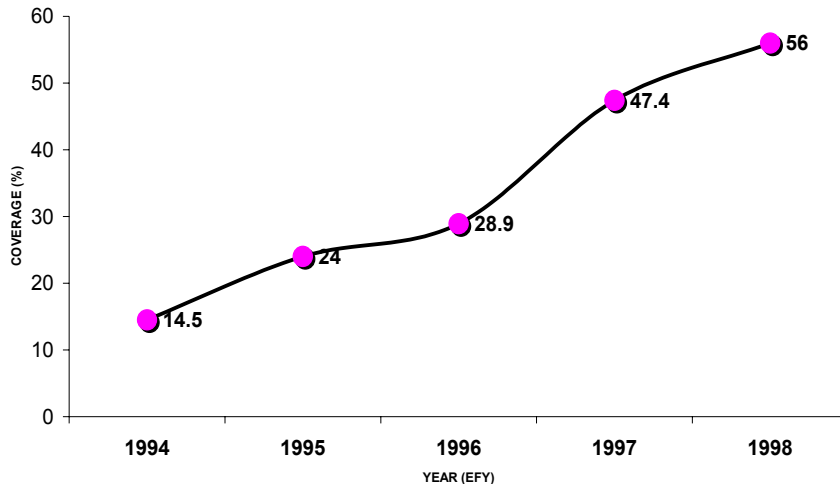


Trends in latrine coverage 1994-2006

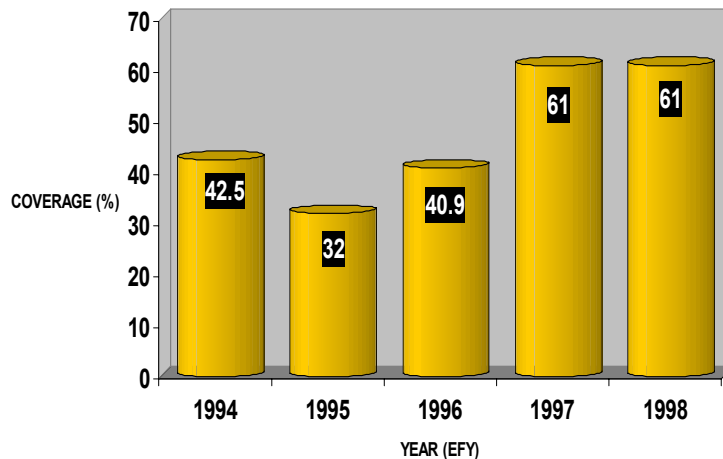
DPT3 COVERAGE(1994-1998 EFY),SNNPRS



FAMILY PLANNING NEW ACCEPTER RATE 1994-1998
EFY, SNNPRS



ANTENATAL CARE COVERAGE (1994-1998
EFY), SNNPRS



Lessons Learned

- Beginning of a cultural change from a “no toilet society” to a “toilet society”...
- Broad community mobilization and consensus building – a critical and decisive step to success
- Action-oriented approach based on “doable actions” and minimum contact time with households gives results
- Accountability & clear responsibility is critical
- Political commitment matters
- Universal basic health service coverage does not necessarily require parallel economic development or large amounts of external support
- Principle of Speed-Volume-Quality

Justifications for the observed immediate results

- Community mobilization and empowerment-Walk the historical and traditional talk

- Performance contractual agreement at all levels
- Strong political commitment-with informed and cascaded knowledge at all levels
- Enhanced domestic partnership-education, water, Agriculture, and women affairs

Justifications for the observed immediate results

- Health Extension Program and Health Promoters Initiative-Road map to Sustainability
- Encouragement and mentoring by our stakeholders and genuine partners
- Leadership-Critical step to successful path

Challenges

- To build on the existing momentum and turn pits into durable, appropriate and affordable latrines which are used by all the family – expand the offer of sanitation technologies
- To improve hygiene component particularly hand-washing at critical times but also water safety and food hygiene.
- More emphasis on and investment in institutional sanitation
- Expand and modify program to urban areas
- Improve partnerships with the private sector, NGOs and improve coordination with other sectors (education, water)

Recommendations

- Continued community mobilization, empowerment and ownership
- More collaborative work among strategic sectors and international development agencies
- Scale up the quantity of latrines to Quality ones through Sanitation marketing and other alternative links with microfinance institutions
- Conduct action oriented and epidemiological studies to bring more local knowledge to policy makers and planners
- Establish a hygiene promotion and sanitation research center of excellence in collaboration with domestic and international research institutions

Beginning of Hygiene and Sanitation Movement on Sustainable path..

I acknowledge all partners including communities working hard to this end

Thank you So Much

[For the PowerPoint, click [San-Hygiene SNNPR.ppt](#)]

Following Dr Shiferaw's presentation, Ato Amsalu Nigussie, RESA WASAN Advisor, presented about 'why CLTS': purpose and objectives.

Why the need for Scaling-Up Sanitation in E& S Africa

Amsalu Nigussie

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

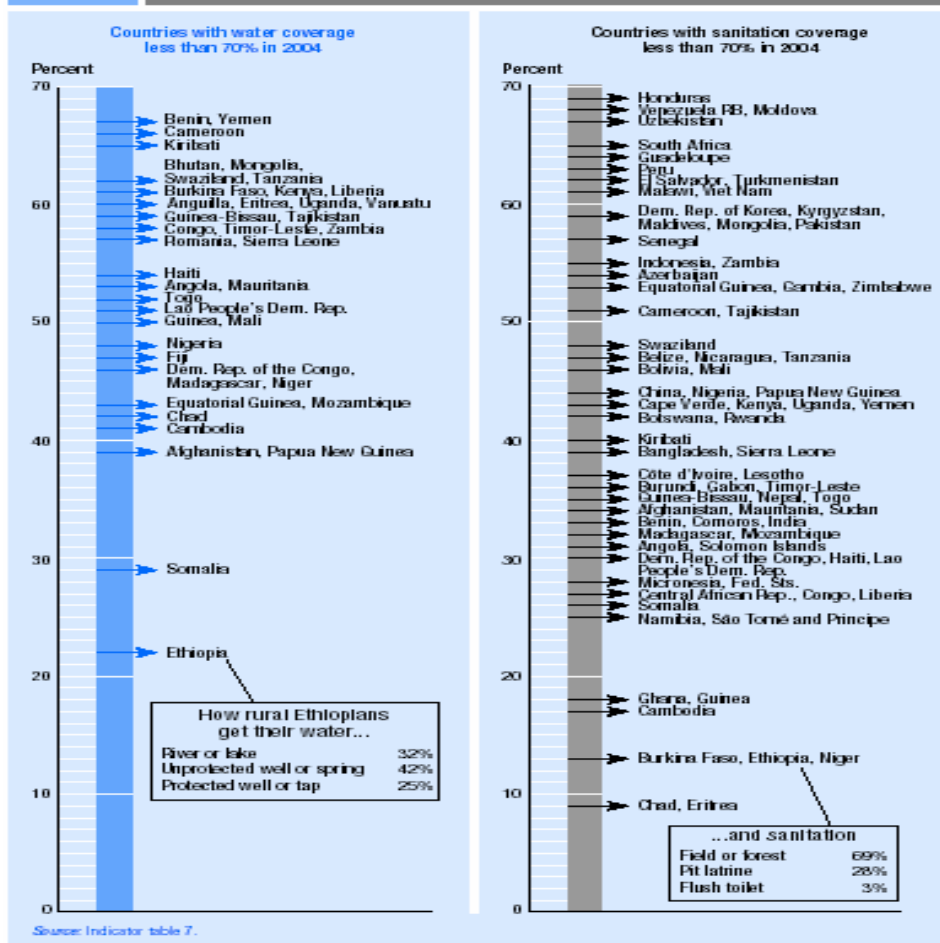


Why? Because:

- *There is 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 **313 million lack basic sanitation.**
- relatively the Eastern and Southern African Countries have lower coverage in the Continent.

Human Development Report 2006

Figure 1.3 Many countries face a long climb to universal coverage



Sanitation National Coverage %- HDR06

Esater & Southern African Countries	
Ethiopia	15
Mozambique	32
Sudan	34
Rwanda	42
Kenya	43
Uganda	47
Tanzania	47
Zimababwe	53
Zambia	55
Malawi	62

Why Community-Led Total Sanitation Training

- There were many approaches like PHASTetc but they are not scaled-up
- REAS has been looking for innovative approaches that empower people to lead 100% sanitation promotion
- Recently we learnt -CLTS could create conducive environment to promote sanitation at scale.
- This training is designed to introduce CLTS in the E&S Africa Region to increase the skill of facilitation of Plan and Partner Staff

Then Dr Kamal let the trainees introduce each other, including their jobs.

He then asked what shit is in different languages, and urged trainees to call shit with its raw disgusting names with the purpose of producing disgust and shame that will trigger action. Trainees called it like 'ar' (Amharic), 'chilo' (Sidamigna), and more.

Next, Dr Kamal asked about trainees' expectations. Trainees wrote their expectations on cards; expectations read and shared and then categorized under seven headings.



Trainees' expectations

A) Approach and understanding

I'll be able to:

- know about how to approach the community to understand basic hygiene and sanitation promotion
- learn about how to involve communities in sanitation and how to initiate behavioral changes
- know about how communities in Ethiopia regard sanitation issues
- learn more about challenges and best practices in sanitation in rural communities
- know about how avoid hazards (sanitation related)
- have a clear understanding of CLTS and how to apply it.
- understand how communities can be mobilized for total sanitation
- know about How to change the community attitude to use clean water, latrine services, refuse pit and compound sanitation and general sanitation
- understand behavior change strategies related to CLTS
- update information about CLTS approach
- know what water and sanitation mean
- see good number of people buying the idea
- know how to integrate with other programs
- know about hygiene promotion in CLTS integration
- learn new approaches on how to address community sanitation
- know about our sanitation coverage as compared to other regions
- learn concepts of Community Sanitation
- know about general sanitation education
- know about what we should do to improve our sanitation coverage.
- know about how to promote hygiene sanitation in the community
- know about how to translate the 99% hygiene awareness to 99% positive behavior in hygiene for the communities



B) What is CLTS

- To know what CLTS approach is
- Know all about CLTS
- To gain more knowledge about sanitation
- To understand more about total sanitation
- To define CLTS

C) Knowledge and skills

- How we reach 100% coverage using available resources
- Tools to facilitate total sanitation
- Materials for CLTS
- Acquire more skills about sanitation

- Know tools (communication to promote sanitation and hygiene education)
- Learn more on CLTS practical steps
- Acquire skills related to implementing CLTS
- Approaches to empower people in the villages
- Better understand the methodologies associated with CLTS
- Mechanisms of CLTS
- I will know communication strategy to bring about behavioral change
- Learn different participatory methodologies of hygiene and sanitation promotion along with their strengths and drawbacks
- Gain knowledge from others
- Compare other approaches with CLTS
- Learn effective methods to enhance communities' participation in total sanitation
- Learn simple and replicable methods of sanitation promotion
- Learn the methodology
- Fully understand the concepts underlying CLTS
- Learn some words in the local languages - SNNPR
- Fully understand what CLTS is
- Easily understood messages
- How to increase behavioral change in the community on Hygiene and Sanitation
- Methods to increase CLTS
- Practical application of methodologies
- Gain knowledge about sanitation
- Methods/approaches to do CLTS
- Equip trainees with basic tools of CLTS
- Learn good facilitation skills related to hygiene and sanitation
- Knowledge and skills of CLTS
- Learn effective tools for BCC for sanitation
- Real and new strategies and methods for improving hygiene and sanitation practice
- How to break communication barriers
- Applicability of CLTS methodology
- Learn of new methodology to mobilize the community to total sanitation concepts
- Learn how to operationalize CLTS in different situations
- Know more on approaches and methodologies to meet 100% sanitation coverage



D) Scaling up Sanitation

- Updated sanitation scaling-up approaches
- How can we scale-up sanitation using CLTS approach
- Expect to know tools to community sanitation scale-up
- How to see strategy through to total sanitation

E) Monitoring

- How to monitor CLTS in the villages

F) Sharing experience

- To acquire CLTS knowledge and concepts
- Learn experiences on scaling-up CLTS
- Get different experiences from different countries

- Experience sharing about community sanitation from hers and how to scale it up
- Exchange experiences on sanitation promotion strategies
- Experience sharing about promotion and practice of sanitation at the community level
- Expected to know sanitation experience to different African countries
- Picture of current sanitation stats
- Enable participants to establish/strengthen network and partnership on sanitation and hygiene
- Trainer from countries similar in economic and social aspects to Ethiopia
- Learning from others on Sanitation interventions
- Experiences from different countries about CLTS

G) 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 Kamal gave a brainstorming presentation about ‘Why CLTS?’ and then he assigned trainees in groups of four. Groups discussed about any failed sanitation project they know and why the project failed. Group reports were presented.



Group presentations

Group 1. Failed project: Villagization program in Wolmera (1980–85), sanitation was a sub-component.

Reasons:

- Forced intervention: It was government driven; thus people shifted to pit latrine
- Supply-driven, rather than demand driven
- People didn't appreciate having toilet
- No room for awareness creation
- Cultural problem: In the village pits were used to store grain not waste

- Lack of ownership
- Toilets turned to storage
- No follow up and monitoring mechanism.
- Privacy problems as the latrines were communal.

Group 2. Failed project: Massive latrine construction in Ethiopia, North Shewa, 6 yrs back

- Forced intervention by govt and some NGOs as a reaction to diarrhea epidemic
- Initiative not created by the community
- Awareness not created
- Lack of integrated approach
- Similar cases in Kenya



Challenge:

- No movement toward effecting behavioural change
- People don't believe that using latrine is beneficial to their health

Group 3. Reasons for failure of sanitation projects in Eth, Zambia, Sudan (domestic latrine)

Reasons

- Lack of community involvement
- Not need-based; outsiders' concerns not insiders' concern
- Community demanding expensive toilets
- Latrine construction emphasized over bringing behavioural change



- Bad construction: One toilet in Sudan slid down and the rest of the community refused to use toilets. Plan, communities and Water and Environmental Sanitation Department financed the project
- Many projects started as campaign and then stopped
- People ask lot of money
- Expensive technology
- Lack of good strategy
- Facilities like sanplates provided for free both for sub-structures and super structures, still true in

Ethiopia

- Lack of integration of sanitation to water supply and hygiene education
- Inclination to mere figures rather than to usage and real coverage
- In Zambia: around 1990
 - Government financed the project with money from NORAD
 - Communities contributed some amount, may be 40 %

- Model was provided
- Latrines were VIP type

Group 4: Project in Jimma Zone

- 100% externally funded, designed and implemented
- Less community involvement
- The human element not considered
- Waste used as fertilizer
- No community ownership
- No awareness creation works
- Problems in project design



Discussion

Question raised on whether the toilets have water supply and hand washing facilities.

Rxn: Hand washing used to be done traditionally; it is already there. It is not a new phenomenon. As of about three years, there is also a WASH movement. It promotes integration of sanitation, water supply and hygiene problems. But, anal cleaning is a problem with the wider community. Even though it is practiced, people clean their anal with inappropriate materials; no soft papers, no use of water—used papers, leaves, stone, are commonly used. However, anal cleaning practices are not causative of hemeorides; they may only aggravate the already existing problem.

Recently, sectoral emphasis (by outsiders to insiders) has been given to:

- Integration of sanitation, water supply and hygiene
- Hand washing at critical time
- Dig latrines
- Keep water safe

While it is good that outsiders have concern about problems of insiders, outsiders assume that insiders lack knowledge, awareness, resources, and skill for sanitation and hygiene. This implies that we outsiders are more part of the problem: we usually go to communities to subscribe, to order, to force. CLTS is about addressing these problems. It entails a shift in approach: we should be to the communities to facilitate their discussions and decisions.

Dr Tezera (Reminder): This shift in approach applies not only for sanitation and hygiene but also for all development activities like family planning. Our efforts over the past 40 yrs didn't yield meaningful results due to approach problems. These should be redressed and the CLTS approach should be applied to development projects in different sectors.

Afternoon: Dr Kamal presented about CLTS: [CLTS slides from Resource persons\CLTS update for WP 257 final.pdf](#)

- **Problem:** Approaches in implementing sanitation projects leading people to develop philanthropic attitude and doling out mentality.
- **Solution:** Ignition PRA needed to redress the problems

Outsiders' attitudes and behaviors: The body language

Remember: "Action speaks more than words"

Dr Kamal presented CLTS experiences in different countries, such as [CLTS slides from Resource persons\CLTS Tanzanian experience.ppt](#). Then, trainees were categorized in groups of four and then did roll playing exercises. The exercise relates to approaches to development activities. Commands to be given only in gesture.

Group 1. Outsiders communicating to insiders in a top-down approach

Group 2. Outsiders communicating community members in a friendly approach

Group 3. Outsiders communicating community members in a participatory approach

Group 4. Outsiders communicating community members in a more top down approach

Observations



Group 1: Outsiders communicating to insiders in a top-down approach

- Insiders were silent while outsiders did a lot
- Outsiders (standing) were looking higher than insiders (sitting)
- Outsiders used disgusting gestures
- Outsiders with hands in their pockets looked bossy
- Insiders not feeling comfortable
- Insiders disregarded the conversation
- Outsiders lecturing

Group 2: Outsiders communicating community members in a friendly approach

- Warm hand shaking
- Outsiders introduced themselves to insiders
- Outsiders invited by insiders to come again
- Both outsiders and insider relaxed and smiling
- They were all in the same plane
- Communication was two way
- Outsiders were learning more than lecturing



Group 3: Outsiders communicating community members in a participatory approach

- They sat in the same plane

- Both insiders and outsiders expressed themselves
- Insiders were in action, outsiders observing
- Warm interactions
- Communities leading outsiders
- All insiders and outsiders were in the same level
- Everybody's contribution was building up

Group 4: outsiders communicating community members in a more top down approach

- Outsiders showing power to the community
- Outsiders preferred their mobile conversation to the lady's talk
- Outsiders not receiving the message
- Insiders were not interested; look bored
- Threatening body language
- Outsiders not listening to insiders
- Communication was one-way



NB: Also consider dressing styles: outsiders and insiders should dress almost similar.

The exercise of understanding the levels of poverty and its relation with open defecation, environmental sanitation and use of toilets in Bangladesh, using methods of participatory rural appraisal (PRA) revealed that subsidy approach had built-in elements which prevented total community sanitation (Kar, Ahmed, Saha and Yesmin 2000). The landless excluded; the poorer depended on subsidy; and even the better off waited for subsidy instead of constructing toilets of their own. Thus the researchers explored a different approach, without subsidy, and based on facilitation to catalyse community self-help.

Participatory total community sanitation

Dr Kamal presented about ignition participatory rural appraisal.

Ignition process using PRA: What it involves

1. Defecation area transect
2. Situation mapping
3. Collective calculation of shit and flow diagrams
4. Visual tools
5. Planning for collective and household action and implementation
6. Children as agents of change



Practical steps in ignition PRA

- ⇒ Outsiders (development facilitators from outside the community) greet insiders (community members) at the planned activity site
- ⇒ Outsiders introduce themselves to insiders

- ⇒ Outsiders explain their purpose and request insiders to draw map of their village, including who lives where
- ⇒ Insiders draw their village, indicating with lines where the poor, medium and rich live (different colors used)
- ⇒ Insiders stand near their home
- ⇒ They write name of the household head on yellow card and put the card to the ground
- ⇒ Each insider draws lines to where he/she defecates
- ⇒ Insiders put cards at where they defecate
- ⇒ Communities identify emergency defecation areas and common shiting areas, like children's shiting areas
- ⇒ They learn that their village and backyards of each household are shiting area
- ⇒ Outsiders facilitate for shit calculation
- ⇒ Household heads count their household size and calculate the quantity they shit in a day, 2 kg, 3 kg, 5kg, etc.
- ⇒ Households who shit more and those who shit less identified
- ⇒ Reasons of why some families shit more and others less are probed
- ⇒ No criticism against more shiting families; no outsider interference
- ⇒ Shit quantity of each household added
- ⇒ Insiders know the quantity they shit per week, per month and per year
 - If daily shiting per household is 20.5kg, per week shit of will be around 143.5kg, the per month 615kg and per year about 72 q
- ⇒ Outsiders ask where all that shit goes to
- ⇒ Insiders respond, "the shit is washed away by flood when it rains; hens eat it, wind takes it away when it dries, animals swipe it with their hooves, some is brought back home by children's shoes, etc"
- ⇒ Outsiders ask where the flood drains to, where wind blows to, and where all the shit carrying factors get to
- ⇒ Insiders respond that flood drains to rivers/springs/ponds; and so may wind add the litter it carried onto surface water
- ⇒ Outsiders ask where insiders get water supply from
- ⇒ Insiders respond, "from rivers, springs, ponds, etc"
- ⇒ Outsiders ask insiders, "You told us that your shit gets to rivers, springs, ponds, etc. This means you drink the soup of your shit"
- ⇒ Insiders feel shame and guilty; regret about their shiting practices on wrong places
- ⇒ Insiders ask for a glass of water and then give it to one of the insiders to drink it
- ⇒ Insider resists.
- ⇒ Outsider asks why
- ⇒ Insider responds I already realized that the water contains soup of shit
- ⇒ Outsider asks, "What will happen to you if you drink it as you used to?"
- ⇒ Insider: "I will get sick"
- ⇒ Outsiders again ask if colonies of flies rest onto the shit.
- ⇒ Insiders say 'yes'
- ⇒ Outsiders ask whether flies rest on leaves, utensils, open meals, washed closes, etc
- ⇒ Insiders: "Yes"
- ⇒ Outsiders: what do the flies that were on the shit carry on their feet?
- ⇒ Insiders: Shit
- ⇒ Outsiders: What happens when the flies rest on leaves, utensils, and open meals, washed closes, etc?

- ⇒ Insiders: They drop the shit there
- ⇒ Outsiders: What happens when you eat that food, use those utensils, etc?
- ⇒ Insiders: Again ashamed of and irritated about their defecation practices
- ⇒ Outsiders: Don't be ashamed of us. Tell us (Probing)
- ⇒ Insiders: We consume the...shit together (shame and disgrace)
- ⇒ Outsiders: Whose shit is that?
- ⇒ Insiders: (shame and disgrace again) ours
- ⇒ Then, outsiders: What do you use for anal cleaning?
- ⇒ Insiders: Leaves
- ⇒ Outsiders: But leaves are contaminated with shit by flies. And you are cleaning shit with shit.
- ⇒ Insiders: Shame and disgrace again
- ⇒ Outsiders: do you wash your hands after defecating?
- ⇒ Insiders: Not usually
- ⇒ Outsider brings a stick with shit at one of its tips and asks the people to smell the shit
- ⇒ Insiders: Effff....
- ⇒ Outsiders: Why?
- ⇒ Insiders: It is bad
- ⇒ Outsiders: But, look, you are eating each others' shit, drinking soup of each others' shit, cleaning with each others' shit.
- ⇒ Insiders: Shame and disgrace again
- ⇒ Outsiders: So would you again defecate in the open?
- ⇒ Most insiders (including children) set out to clean their village and not to shit their again. Some resist
- ⇒ Outsiders: Why you resist?
- ⇒ Resistant insiders: We have no option
- ⇒ Outsiders: Then all of you will be consuming the shit.
- ⇒ Most insiders: No, we will stop them.
- ⇒ Outsiders: How?
- ⇒ Insiders: We will construct latrines.

NB: Outsiders should approach:

- in a friendly manner,
- should facilitate not dictate or lecture
- consider themselves as members of the community
- should provide appropriate models, that can be practiced using locally available materials
- encourage communities to come out of the bond of cultural taboos
- be creative to handle gatekeepers

Each group that practices CLTS should design its implementation strategy. It should also have:

1. lead facilitators
2. co-facilitators
3. process recorder
4. environment setter

Trainees assigned to four groups. The groups were named Shit/Chilo Group (to encourage trainees to call shit with its disgusting name), 'Duresa' Group, 'Buticho' Group, and 'Morocho' Group. The

group names refer wealth status of people in Sidamigna. And the idea was that shit amount of people may differ according to wealth status.

Group members

Duresa Group	
1. Paulos Markos	2. Lamrot Mulat
3. Dawit Desalegn	4. Atnafe Beyene
5. Robert Njorege	6. Nimeri Ali-Ahmed
7. Yalew Tizazu	8. Mohamed Ismail
9. Yirga Ewnetu	10.
Shit/Chilo Group	
1. Hussien Hassen	2. Abiyot Abera
3. Francis Mtitu	4. Demissie Dalke
5. Kassie Chekole	6. Negesse Dibissa
7. Byman hamududu	8. Abiyot Fisiha
9. Worku Nigussa	10. Yamrot Fekadu
11. Messele Kada	12. Yimenu Adane
13. Dawit Bekele	14. Negesse Dibissa
Buticho Group	
1. Kassoga Phoebe	2. Mudimida Nigel
3. Kuri Mamo	4. Musse Duressa
5. Genene Kawiso	6. Girma Hailu
7. Tamirat Sadamo	8. Koshe Karfafa
9. Alemayehu Awoke	10. Tezera Fisseha
11. Demissie	12. Getnet
13.	14.
Morocho Group	
1. Martha Wood	2. Reshida Abadiga
3. Getachew Demissi	4. Abebe Alemu
5. Amin Abas	6. Teweldebirhan Girma
7. Biruck Desalegn	8. Joseph Phiri
9. Seyoum Getachew	10. Cherkos Tefera
11. Daniel Brook	12. Ashebir Dejenie
13. Matebu Tadesse	14.

Each group designed its CLTS implementation strategy in two parts: 1. action process, and 2. an action plan. Group representatives presented their strategy. Each group also elected lead facilitators, co-facilitators, process recorder, and environment setter.

Groups' strategies/methods

Duresa Group

A) Roles

- ❖ Lead facilitator: Paulos
- ❖ Co-facilitator: Dr Dawit
- ❖ Process recorder: Lamrot
- ❖ Environment setter + community setter: Paulos +
- ❖ Use children: Gizework + Lamrot

B) Tools

- ✚ Defecation area mapping (calculation of shit + flow chart)
- ✚ Transect walk: selection of houses (select randomly)
- ✚ Finding ignition moment and building on it
- ✚ Identifying persons who are willing to start and bringing them up front & clap and make them speak

C) Steps/process plan to ignite (Part I)

- ⇒ Greeting, introduction and explaining purpose
- ⇒ Mapping houses: Name of HHs
- ⇒ Draw line of shitting
- ⇒ Identify emergency shitting places
- ⇒ Children shitting area
- ⇒ Calculate amount of shit produced per day, per week, per month, per year
- ⇒ Allow insiders to announce the amount of shit produced. Encourage those who produce more and vice versa
- ⇒ Ask where the shit goes
 - Draw line of shit movement: chicken eat, people step on it
- ⇒ Ask for a glass of water and ask them to drink it
- ⇒ Add shit to some portion of the water
- ⇒ Ask them whether they eat shit or not
 - Bring shit and ask them to smell

**Steps/process plan after ignition (Part II)**

- ⇒ Clap for the first one who shouted 'stop open defecation'
- ⇒ Bring him/her forward and ask him/her to repeat it louder to the community
- ⇒ Ask the community "who will agree with this? Raise your hands"
- ⇒ Start discussion with those who didn't raise their hands. Ask reasons: may be cost is high?
 - Tell them that other villagers are doing it with little cost
- ⇒ Form committees from community members
- ⇒ Appoint them that we will visit them with journalists and other villagers to celebrate about this village 100% free from OD

Comments and discussion on the Duresa Group strategy

Q. The group has said that it will quantify amount of shit in kg, g. Would the community understand those units?

A. Group will use locally known estimations and then will convert those approximations to standard units

Q. We know that urine is pollutant and has foul smell. But, how would we include it in the calculation of shit?

A. You may calculate it in litters. And wherever you didn't calculate the urine, tell the people that the calculation doesn't include urine.

Q. What would you do if communities refuse to take back n home the cup you borrowed from them for the cup exercise, would you pay the cost or what?

A. Group will use materials like plastic bottle from its own.

Q. Calling shit in its disgusting names like 'chilo' and 'ar' is a cultural taboo among the Sidama people. How would you handle that?

A. We tactfully facilitate, encourage and urge the people to say those names loud. Lead them to walk first and then encourage the move!

Q. How would we know whether or not you implement your plan?

A. Processes may be recorded/observed.

Q. What would we do if someone reacts aggressively against picturing/filming shit areas?

A. Use creative approach and convince them before picturing/filming.

Concern: One afternoon may not be enough to implement the plan.

Reaction: Start early and use time effectively.

Shit/Chilo Group

A) Division of roles

Lead facilitator: Do the whole process.

Co-facilitator: Assist the lead facilitator and give chances to other group members

Environment setter: introduce the group to the community and vice versa; invite the leader to the floor; look all the community members participating; take dominant person out; control the facilitators and group members not to talk too much.

Process recorder: records punctuality; what went right; what went wrong.



B) Persons assigned

Elders' Group

- ❖ Lead facilitator: Getachew
- ❖ Co-facilitator: Yimenu
- ❖ Process recorder: Hussien
- ❖ Environment setter: Demissie

Children's Group

- ❖ Lead facilitator: Abiyot
- ❖ Co-facilitator: Worku
- ❖ Process recorder: Abiyot

❖ Environment setter: Kassie

C) Strategy/process plan

- ⇒ Leave early to be punctual
- ⇒ On arrival at the site, greet the community
- ⇒ Introduce the group to the community and vice versa
- ⇒ Invite the leader to the floor
- ⇒ Leader states:
 - explains the group is from
 - explains the objective
 - who we are
 - starts the mapping
 - community will set the action plan

D) Area mapping process

- ⇒ Large boundary map
- ⇒ Who is living at the last point in the village in every direction?
- ⇒ Location of everybody's house
- ⇒ Write name of the HH and put at where the house is.
- ⇒ Draw a line to where they defecate
 - Represent sheet with yellow powder; more yellow more shit and less yellow less shit.
- ⇒ Emergency shitting area
- ⇒ Children shitting area
- ⇒ Average volume of shit per person per day
- ⇒ Amount of shit per household per day; ranking
- ⇒ Calculate the amount of shit per community/day, week, month, year
- ⇒ Draw flow diagram
- ⇒ Do what you are doing; continue ignition.
- ⇒ Community sets action plan

Comments and discussion

Comment: Group should complete the action plan.

Q. Would communities be able to draw map of their village?

A. They can, and there are different experiences. When needed, we may also assist them, but we don't have to underestimate them.

Q. How many community members/people does the group target?

A. (Dr Kamal +other trainees): Words like target group and beneficiary have been causing communities to develop sense of dependence, expectation, and community subordination. Thus, we need to avoid them. Communities are teachers in their environment, and should not be taken as passive recipients. They are our teachers, our partners, and we are all beneficiaries of a project. They are not targets. This is thus a triggering point to take a paradigm/approach shift from seeing communities as beneficiaries, mere participants, and passive recipients to seeing them as active partners, as teachers, as decision-makers. We should seek their consultation; involve them and empower them.

Buticho Group

Part A. Process plan

1. Division of roles
 - 1.1. Lead facilitator: Genene
 - 1.2. Co-facilitator: Koshe
 - 1.3. Process recorder: Demissie
 - 1.4. Environment setter: Alemayehu
2. Processes
 - ⇒ Introduction (1.1)
 - ⇒ Purpose of visit (1.1)
 - ⇒ Mapping (1.1)
3. Environment setting
 - ⇒ Divide the group into 2 (children and adults)
 - Children's Group*
 - Lead facilitator: Alemayehu
 - Co-facilitator: Koshe
 - Process recorder: Demissie
 - Environment setter: Girma
- 4) Transect walk
- 5) Back to the site of map
 - ⇒ Come with sample of shit
 - ⇒ Glass of water exercise
 - ⇒ Food for...

Part B. Action plan

- ⇒ Identify natural leaders
- ⇒ Form committees
- ⇒ Transfer field information onto paper (by committee members)
- ⇒ Committee members present on Saturday
- ⇒ Declaration date (the earlier the better)
- ⇒ Children's group present to adults



Comments and discussion

Comments: Group should complete the action plan. Group should not shy away to call shit with its disgusting names—Chilo or ar.

Concern from the group: Calling shit Chilo or ar is a cultural taboo in the area.

Dr Kamal: We should approach them tactfully; be open to them; establish rapport first and then ask questions that lead them to using those words. Ask for repetitions and they will do it.

Morocho Group

A) Division of roles

- ❖ Lead facilitator: Abebe (Shebedino)
- ❖ Co-facilitator: Cherkos
- ❖ Process recorders: Seyoum, Tewelde, Martha
- ❖ Environment setter: Ashebir
- ❖ Gate keeper: Daniel Brook (SPUM)
- ❖ Logistics: Rashid, Joseph, Amen

B) Process plan

- ⇒ Introduction, explanation, permission
 - Form adults' and children's groups
- ⇒ Mapping
 - Boundary
 - HHs/W name
 - Orientation of map: every HH stands at location of its house
- ⇒ Indicate shitting area
 - Emergency shitting area
 - Children shitting area
- ⇒ Quantify shit with locally understandable units
- ⇒ Calculate shit quantity with units which the communities can understand
 - Indicate HH shit quantity on HH's card
 - Identify HHs that produce more shit and those who produce less and announce that.
 - Village shit per day, week, month, year



- ⇒ Flow chart exercise
- ⇒ Ask for a glass of water
- ⇒ Ask for a volunteer to chug/drink it
- ⇒ Add some shit to the remaining amount and again ask for a volunteer to drink it
- ⇒ Are you exposed to chance of ingesting shit
- ⇒ Transect shit area/transect walk
 - Is there shit? Latrine?

Comments and discussion

Q. How would we manage gate keepers? Do we need to be with them all the time or what?

A. Take them out of the group and try some creative means to handle them. But it is not totally avoidable.

- Let the teachers do everything by themselves. Let them take their cards, argue each other, etc. Let them sing and dance. All these are good signs that they will come to an agreement.
- Involve men, women, and children.
- Align schedules to communities' calendars.

- At the end, communities may ask for subsidy. Tell them they have do it themselves; it is their duty.
 - If they say it is expensive, inform them of simple options.

Rules in CLTS (Dr Kamal)

Rule number 1. Be nice to people

Rule number 2. Be nice to people

Rule number 3. Be nice to people

Rule number 2. Repeat rules 1 & 2

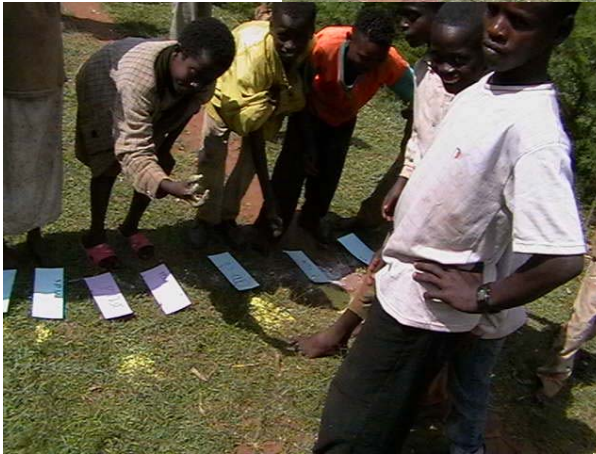
*Use your own judgment all the time. Be creative

Then, trainees went out for field exercise to Midre Genet Kebele Abonsa Village, Leku town Kebele 03 nearby Nigat KG School, Morocho and Midre Genet Poltery . The Shit/Chilo Group worked at Midre Genet Kebele Abonsa Village, the Buticho Group at , Leku town Kebele 03 nearby Nigat KG School, the Moroncho Group at Midre Genet Poltery and the 'Duresa' Group at Morocho village. Here are some of the activities.

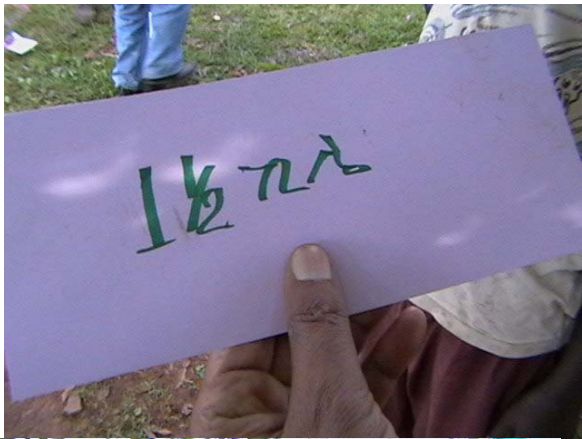
CLTS Pictorial





















More at: [CLTS day 2C:\Documents and Settings\matebuTad\My Documents\My Pictures\CLTS\CLTS day 1C:\Documents and Settings\matebuTad\My Documents\My Pictures\CLTS\CLTS day 2 Group reports on Fieldday 2\From Day 2 visits](#)

Group Report about field day 1

Groups organized reports about the field exercise.



Before group reports, each group expressed the experience in a sentence. Strengths, weaknesses, challenges and solutions of yesterday's exercise were discussed.

Duresa Group

It was good and we enjoyed it.

Shit Group

It was good and we enjoyed it.

Buticho Group

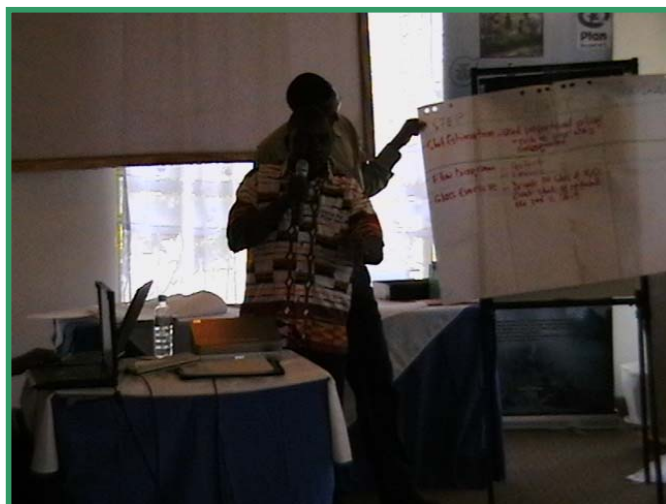
It was difficult and triggering. We didn't trigger much.

Morocho Group

It was next to perfect. It went well.

Group presentations

1. Morocho Group



Steps/processes	What went right	What went wrong
• Introduction	• Adults' and children's groups	• Many children to manage
• Mapping	• Good number of communities.	• Cards are attractive to children: latent manipulation
• Shit estimation	• Friendly responses from community	• Few children participated in the mapping
• Flow diagram	• Good participation by adults, children, men, women	• Noise as adults and children were too close
• Glass exercise	• Much triggering	
	• Community promised to construct latrins	
	• They called the spade spade: no resistance to say ar/chilo	
	• No translation problem; good interaction	
	• Active participation: Adults were able to map their houses and shitting areas	
	• Showed the proportion of rich's shit and poor's	
	• Perfect chaos	
	• Drunk 1 st glass but refused the 2 nd with shit	

Discussion

Q. Out of the flow diagram, mapping, glass water exercise, which tools were most powerful in triggering? The glass exercises.

Q. Did you ask what should be done? Yes.

Q. Did you show a diagram of simple latrine? Yes

Did you meet natural leaders? Yes, male female.

Q. Any language barrier? No

2. Duresa Group

Visited Morocho Village



Processes

- Community members were waiting
- Started with greetings and prayers by the community
- We were welcomed and offered chairs, but we insisted on sitting on the ground
- We had introductions of all present
- We introduced the purpose of the visit
- We requested the children to form their own group apart from the adults

Adult group

- Mapping of their village
- Identified households, main road, and water source
- Agreed on the local word for shit – chilo
- Identified regular defecation places for adults, emergency and children
- Community computed the amount of shit generated per day, week, month and per annum and wrote the data on a flip chart
- We asked them what happened to the shit
 - Water to water points, carried by animals and feet or shoes
 - They said the food and water they were consuming were contaminated by shit
- We asked them about their children who are barefoot come who eat without washing and get infected and asked them whose fault it was, to which they replied it was due to poverty
- At this point one ‘gatekeeper’ tried to steer the discussion to community poverty issues away from their willingness to address sanitation issues
- The gatekeeper was pulled aside by Work and Numeri to explain poverty issues away from the main meeting
- At this point the mood of the participants was very high towards sanitation, and we told them thank you very much and asked them if they were willing to continue in the same situation.
- At this point, there was an ignition and the community was triggered. Everybody raised their hands and said they did not want to continue eating shit.
- We invited those who wanted to construct latrines to the centre and all came.
- Dr. Mohamed showed them a picture of low cost latrine and the promised to do it.
- They promised to construct the latrines within three months.
- We then informed them about our planned meeting at Awassa on CLTS and they expressed desire to attend.
- They elected two representatives and two children to attend.
- We made a transect work (homes and ponds)
- We had a general discussion on environmental health hand washing
- Closing ceremony with prayers

Children Group

- Drew map on paper
- Did the same as adults
- Interludes of music and dance made it exciting
- Children presented their findings to the adults and the adults were very impressed
- Two children were selected by the community to attend the Awassa meeting

Challenges

- Women were few

- There was a gatekeeper
- We needed to agree with children on appropriate symbols for homes, schools, water sources etc for clarity of the map.

Pictures: <C:\Documents and Settings\matebuTad\Desktop\CLTS group visit\Durasse group\Addis photo>

Recommendations

- Plan Ethiopia needs more presence in the community

Discussion on Duresa report

Q. What were the triggering/ignition points? When too much ar was found (calculation), when we ask them whether they will continue eating ar, at the point where we asked what should be done and by who.

Points:

Children participation was high

Enset leaves that are used to rap up edible matter were found contaminated with shit, children showed this to their elders.

Q. How did the community realize the disgust before the glass of water test?

The mood was high and we didn't need to wait that exercise

Q. Many HHs say they latrine. But didn't use. How many don't have? How many do use? Was the mapped quantity in line with the reality?

A. During our transect walk, we cross-checked that there is too much ar as calculated; many HHs don't use latrines (latrines have no seats and substructure), many don't have toilets.

3. Buticho Group

What went well?

- The introduction process went well
- Group Formation
- Mapping for the children's group
- Transect Walk for the children's Group



Part B

- Natural Leaders
- Time line (2 months for the children's group)



What went wrong?

- Place for the meeting was not conducive
- Group composition for the adults was not good, there were many non residents
- Time for the meeting was not convenient
 - Women Participation was very low
- No transect walk for the adult group

Challenges

- Wrong expectation from the insiders
- Environmental setting
- Facilitation Skills



Lessons Leant

- Methods to be used depends on the community setting (Urban Vs rural)
- The approach requires skill
- Timing and site of the meeting need to be properly planned



Discussion on Buticho Report

- Children group too triggered
- They mentioned of diarrheal cases and compared treatmet costs against latrine costs
- Children requested us to help them end the problem
- Adults' group was disorganized and resistant
- Damp matchbox

Challenges

- Poor facilitation
- Cultural resistance from aged people
- People appear to have superficial knowledge of the problem: we know all this< please tell us what to do and help us do it.
- It is you who should tell us what to do.
- Much chaos as it is near a school
 - Two gangsters: Are you preachers? What are you doing here if you don't support?
- Lesson: Approaches for children and
- Triggering point: Transect walk. Dr Tezera stood in the middle of the faces and asked for water.

- Adults resistant while children were too triggered.
- Eventually, all were convinced. “We should stop consuming shit”
- Too many outsiders; insiders were scare of outsiders
- No transect walk
- Some insiders were too drunk

Facilitator, together with insiders, should have been strong to convince them. We should face all these challenges

4. Chilo/ar Group



What went well?

- Mingled very well with the insiders/greetings
- Had introductions done very well
- Insiders drew the map with easy, good participation
- Insiders seemed to be enjoying what was taken place
- Children’s group had good participation
- Co lead facilitators quickly assisted where there were gaps
- Gate keepers dealt very well (aside)
- Transect walk was done – defecation area was seen having shit
- The community was looking forwarding to learn something
- Community wasn't embarrassed to name shit in their local language



What went wrong?

- Didn't introduce ourselves on at right time
- Sometimes, facilitators gave lectures

- Some body language was inappropriate (standing up, hands in pocket, carrying bags, sitting on chairs)
- Didn't manage the gate keepers very well
- Didn't utilize the opportunities
- Didn't create enough fear/disgust

What went wrong?



- No transect walk with children
- Wanted to prepare action plan in our presence
- Children were not told to combine map with adults
- Mission was not adequately done
- People expectant of donations
- Facilitators grouped themselves
- The meeting was not inclusive to all (women)
- "Pushing" for the agenda (Eating shit)
- Insiders pretend don't know what to do!!!!
- No trigger!!

Challenges

- Insistence on getting help
- School children (passer-by) kept disturbing the process
- Early reports indicated high sanitation coverage but villages had only pits

Procedure followed

- ❖ Greetings
- ❖ The translator invited the leader
- ❖ The leader told the community who we are, the purpose of our visit
- ❖ Asked the community what shit is mean in Sidamigna
- ❖ The group is introduced to the community
- ❖ The community is asked to draw the map and they draw the boundary
- ❖ Located the last houses in every direction
- ❖ Located their houses in the map

Procedure followed

- Wrote the name of the house hold head
- Located common, individual, emergency and children shitting area
- Out of common shitting area the worst is visited through transect walk
- Returned back and done shitting calculation



Proceeding: Children group

- Mapping the village with ash
- Assign them selves on the village
- Wrote the households head name put it where the house is on the map
- All members of the group were facilitating
- put yellow color representing shit
- Showed shitting areas
- Calculated the weight of shit with the highest 13.5 kg and the lowest 6kg

Proceeding: Children group



- Weight calculated by children: 275.5kg/day, 1928.5kg/week, 7714kg/month, 92,569kg/year
- They ate and drunk food and water brought from one home. But after they touch the yellow powder representing shit they refused to do so.



More at: <C:\Documents and Settings\matebuTad\Desktop\CLTS group visit\Byman group\Photos>

Discussion

- Not enough disgust created in adults; but promising flames
- Less triggered
- Why did you fail to trigger? Is it because we missed some important exercises like the shit flow diagram, the glass exercise that are important to trigger action? These should have been done as they trigger action.
- The group had the chance of triggering some disgust. Latter, one of the trainees (Francis) the issue of photographing and exposing that to other parts of the world
- Animal and human waste was here and there. This is strange while shiting in open areas is common in Africa.
- Latrine design was problematic.

Dr. Kamal

Lots of learning.

- Subsidy expectations; influence of Plan's subsidy in Plan areas and their neighboring areas like Chilo and Duressa villages.

- One case: “We met some villagers leaving the CLTS exercise earlier and asked them why. They told us that they have tasks to do. We asked them whether or not sanitation is their problem. They said it is, and that is due to passers by. So, why not you involve and reflect your concerns.
 - Villagers said, ‘They don’t listen to us! Please go and tell the Kebele Administration to employ a guard and look after the village sanitation.’ This was surprising.”

*Dr. Kamal presented about Conducive and unconducive conditions for CLTS.

* Then participants joined their previous groups and refined their CLTS strategy that they designed and used the previous day.

Refined strategies/Revised procedures of Groups

Buticho Group

1. Roles

For Adults’ Group





- 1.1. Lead facilitator: Alemayehu
- 1.2. Co-facilitator: Mussie
- 1.3. Process recorder: Genene/Migel
- 1.4. Environment setter: Tamirat/Girma

For Children’s Group

- Koshe
- Tezera
- Getnet/Phoebe
- Kuri

Ignition part

1. Introduction

-  Proper orientation
-  Separation of insiders and outsiders
-  Arranging meeting site
-  Encourage women to participate

2. Mapping

- 2.1. logistic arrangement by co-facilitators
- 2.2. adequate time for mapping
- 2.3. a good deal of work on mapping

3. Transect walk

- 3.1. transect walk after mapping



PART-B: Remains the same

*Then trainees and trainer went out to Remeda, Fura Kebele Huwo village, Taremesa, and Hobolso sites for field exercise. Duressa Group worked at Remeda, Shit/Chilo Group at Fura, Buticho Group at Taremesa, and Morocho Group at Hobolso.

Group reports on field day 2

Groups compiled field reports of the second field day.

Each Group's impressions (the self self)

Duresa Group

- Much successful
- Better than the previous day's
- We learnt a lot
- Excellent facilitation
- Much triggered
- Gatekeeper managed

Chilo Group

- It was successful
- More than ignition: matchbox in the gas
- Insiders actively participated, highly irritated
- Shame and disgust; some insiders even crying
- Well facilitated

Buticho Group

- Worked in a rural setting unlike yesterday's
- No resistance from insiders
- Huge crowd
- Well facilitated
- Insiders much triggered
- They blamed their ignorance
- Some said let's start now, others said let us get organized
- Much better than the previous day's
- Weakness: few members of outsiders

Morocho Group

- Better than the previous day; successful
- Children started saying 'chilancho', meaning aram
- More triggered
- Innovative facilitation

Dr Kamal: involving children is good. Give them some whistle to blow when they see a shitter and they will manage it.

Group presentations

Morocho Group

Visited Hobolso

What went right?

- EVERYONE had fun (lots of joking) – both insiders and outsiders



- First word out of mouth was “chilo”
- “How to discourage open shitting” role play: children clap and sing “R’um” and “chilancho”
- Several natural leaders emerged – varying ages
- Community noted outsiders openly shitting in their village on their way by
- Going to build communal toilets in areas where passersby are shitting → go to those villages to disseminate messages
- Environment setters played a strong role → e.g. pulling

women out from behind the group to participate

- No gatekeeper issue

What went wrong?

- Team was late
- Low number of children → no children’s group
- Location was by the roadside and thus there were many curious onlookers
- Mapping was difficult at first → e.g. husband and wife marking separate houses
- Boundary mapping was problematic and had to be adjusted
- Outsiders talking too much/lecturing
- Unsure whether community participation/enthusiasm was genuine → *Plan* employees well known within the community and responses may have been “too” positive
- Participation of women was sometimes low



Chilo Group

What improvement

- The greeting
- Introduction at the right time
- Where we came from, who we are
- The whole process was started by prayer



- Objective was stated and they were asked to start the job
- Mapping was very nice: they indicated boundary, road, churches in addition to houses and defecation area.
- Women participation was excellent
- There were praying and songs
- The facilitator was very good
- The dominant person was managed very well: Interviewed for one hour.
- The Ignition was a muchbox in the gas station before we even use other tools like transect walk etc
- Time management was very good
- Representative of the participant who would come to Awassa was elected democratically
- Children were very cooperative.
- Children participation was very good.
- Dependency syndrome was not seen.
- The children presented their map to elders.
- The method to trigger was excellent and the people reaction was also very nice. They were shouting to respond.



- They said they would be chilo free in two months time.
- The elder person once again closed the meeting with prayer. We all were surprised that in the prayer he nominated chilo and prayed for his community to be free from eating each others chilo.

Duressa Group (Visited Remeda Village)



Environment setting

Environment setting (Continue)



Mapping



For all steps, please browse: [Group reports on Fieldday 2\2nd day visit Duessa group.PPT](#)

Buticho Group: Visited Taramessa

Mapping



Positive elements

- All steps were followed except transect walk for Children's group



Positive elements

Ignition point set after calculation in both groups



- Commitment for Action – NOW in Children & adults in 2 weeks



Shortcomings

- Women Participation Still very low
- Children did not present to adults

Challenges

- Funeral activity
- Language barrier

Lessons

- Tool is appropriate if conditions are favourable

Case: During the transect walk, the group saw a river contaminated with shit stake and asked community members to drink from that river. Many refused saying that they have now already realized that

Discussion

Q. What were the favorable and unfavorable conditions for CLTS (to Buticha group)?

Q. Women in Sidama do not speak in the presence of men and elders. How was women participation in each group and how can we improve that?

A: Through PRAs.

Feedback from different participants (on CLTS in general)

Government staff (Health facilitators, CDFs, DAs, Health Officers)

1. I learnt a lot and found it very helpful to my work
It enables even to break cultural barriers to practicing sanitation.
It impacts behavioural change in short time and provokes action
2. I work on sanitation and hygiene. This approach/tool would enable inable me to mobilize many people in short time. It ignites and even causes a burst.

From NGOs (Water Action)

Very good approach. Even selection of trainees has a mix and is good. It is a new approach that met most of my expectations. We will implement it in our organization.

From Jimma Zone, Kersa

This is a very useful training; enabling approach. I have gained lot of lessons for myself and will take that to the community as well.

NB: Both the community and I are lucky in that I got this chance. Initially, it was the Engineer who was assigned to the training. Fortunately, he went on another business and I joined the training. The engineer wouldn't apply it, but I will!

From Intermon Oxfam

It is a paradigm shift from business as usual! We often hear that sanitation coverage of SNNPR is about 80% or so; but minimum usage. This new approach will help us out of that. We should think of scaling it up; lobby decision-makers to recommend replication of the tool.

*Also WATSAN Advisors of other RESA countries shared their experiences. Many found it practicable for impact.

From Amhara Health Bureau

Very powerful tool; but communal latrines important for emergency shitting. Close follow up is important to reinforce action.

Eg. “In Narobi, lots of flying toilets (plastic bags filled with shit) fill the roads during the night.” Says, Mr. Njorege.

In Bangladish, people even say “we don’t marry girls from villages where open defecation is practiced.”

There are also cases where communities say no to open defecation. They work to keep their village open defecation free (ODF). This comes through empowering communities. Thus, all of us should empower who is next us. Empower front line staff. Listen them. Organize them.

Presentations from elected community representatives

Community representatives

Leku 03

Netsanet Masresha
Nigussie Awlacheu
Eyasu Daka

Midre Genet Abonsa

Techane Mulatu
Tela Keyamu

Tarenessa

Elias Ritamo
Nasir Lengisho

Remeda

Yachiso Arusa
Afito Atara

Fura

Seyoum Hamesso
Belayinesh Worku

Midre Genet (Polutory)

Daniel Dacha
Amussie Chalie

Hobolso

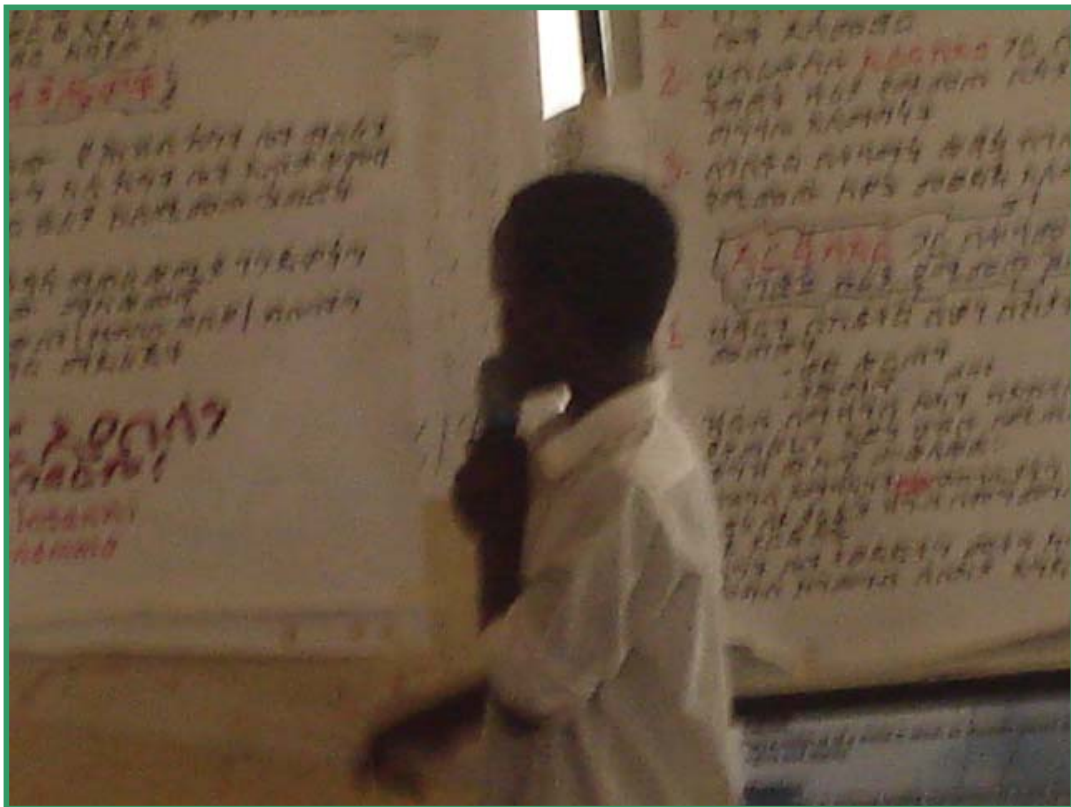
Becho Haiso
Sifrash Degu

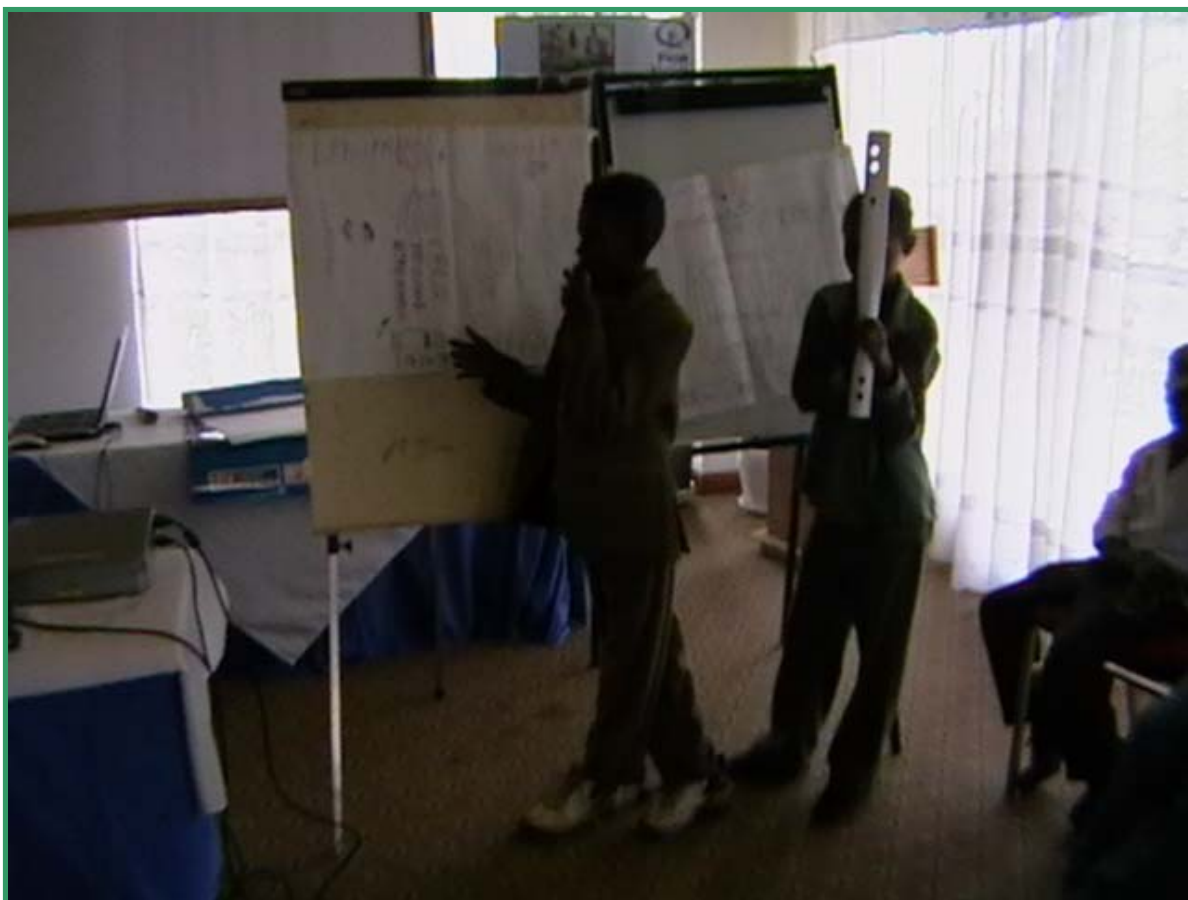
Morocho

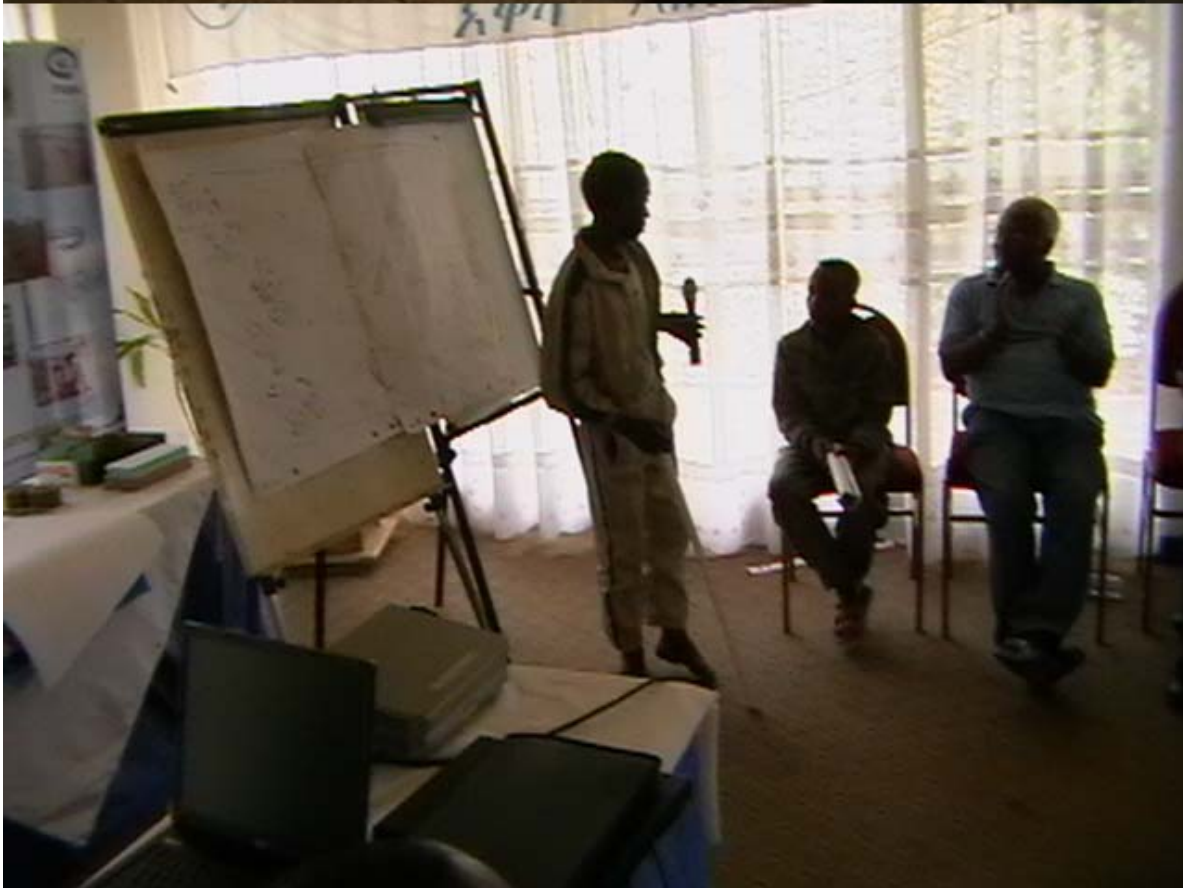
Esayas Aburie
Elias Rebo
Takele Filikamo
Beyene Bantesa

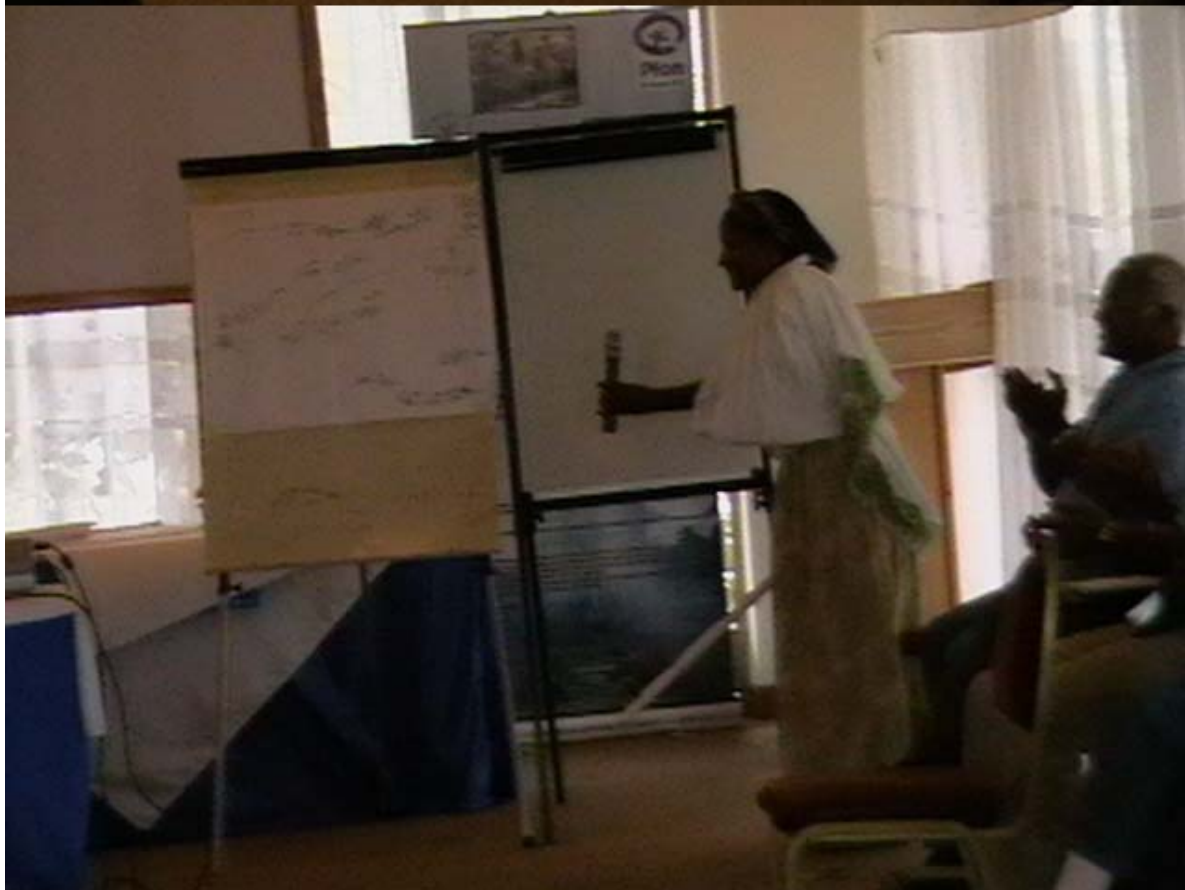
Communities presented their reports and action plans.

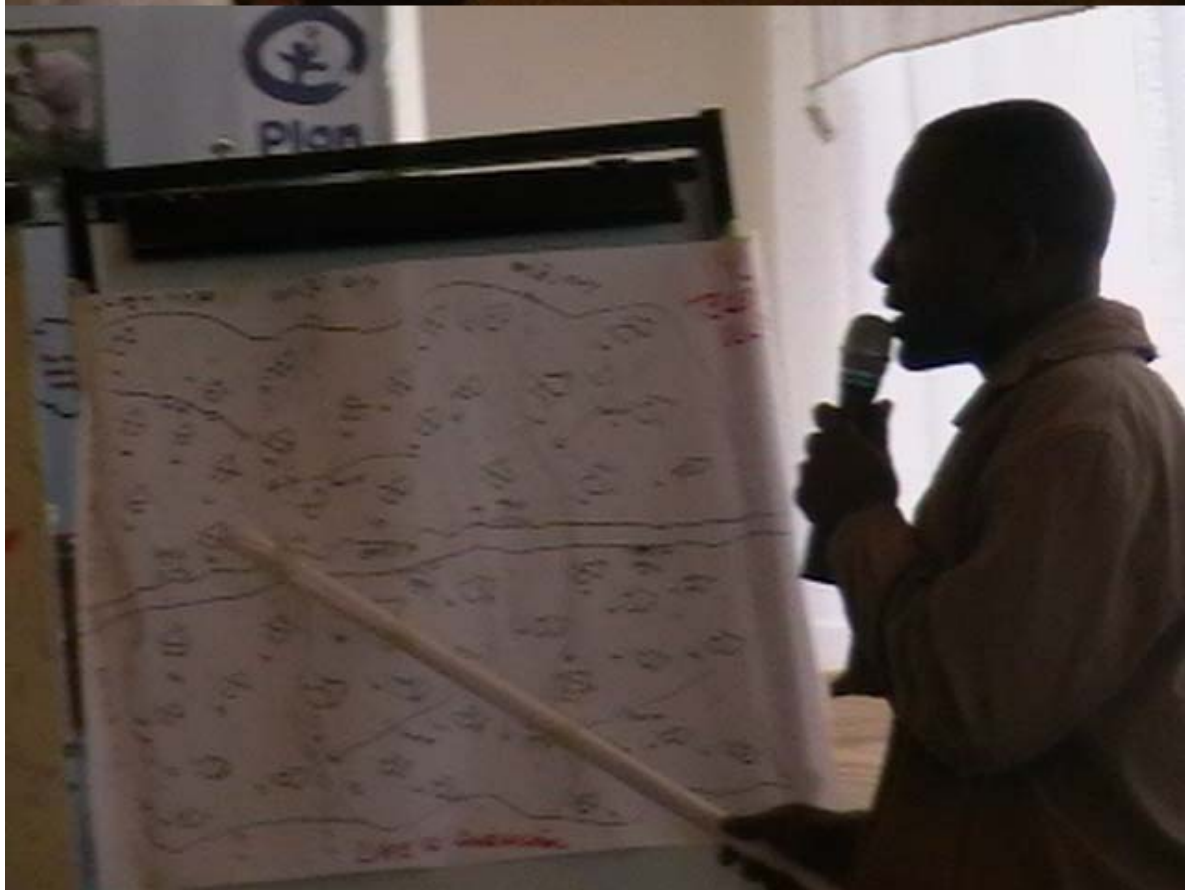
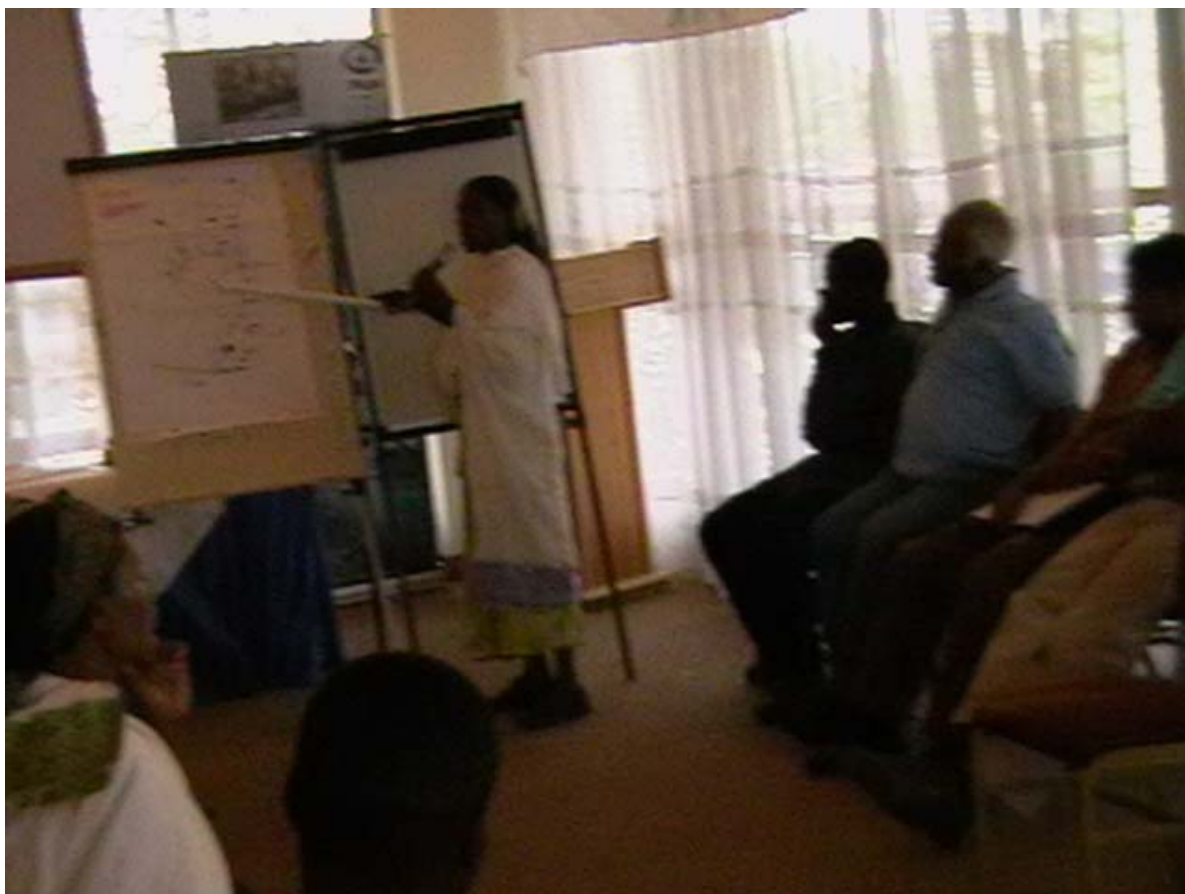












Then, natural leaders from the community gave their feedback about CLTS. Here is the voice of a man.

Earlier, experts from the Health Bureau used to orient us about sanitation and force us to dig pits. We dig pits but never use them. Now, after the CLTS exercise in our villages, we realized that we have so far been eating and drinking our shit. Shame! God excuse our ignorance. We were shocked with feelings of shame, disgust and fear. Now, we have decided to stop open defecation and to make our village open defecation free. We would do this by our own, but need your follow up and technical support.



Ato Demissie from the Regional Health Bureau said on his part that he found the approach highly engaging and helpful. His words to the community were, “We hope you will keep your promises and keep your village open defecation free. And in this effort, the Bureau is ready to provide to you technical supports.”

Community representatives/natural leaders were asked whether they can go to Addis Ababa with the training team and make presentations in Addis on Monday Feb 26, 2007.



The natural leaders anonymously agreed to go to Addis Ababa with the trainees and to present their action plans at the national conference. Then Plan Ethiopia made logistics arrangements with them and saw them off to their home. As a child-centered organization, Plan took special care to the well being of the children who will travel to Addis Ababa: Permissions asked from parents/guardians; children accompanied by family/family members; transport and per diems arranged.

Trainees' feedback on community presentations

- It was a big success; beyond trainees' expectation.
- Hot ignition.
- From-the-heart reactions/real feelings from the community.
- All agreed that they realized they were consuming their shit.



- Community seems to move out of dependency on subsidy; seem empowered and committed.
- The time trainees spent was so fruitful.
- Young natural leaders created: they may be good educators of tomorrow. These people will be tomorrow's leaders.
- A move from physical construction to shaping human mind.
- Real representation of the

natural leaders, not manipulators. They presented it the same way we saw on the field.

- The word chilo/shit perceived as from sacred to secular.
- Too much need for immediate action.

Guidelines for triggering CLTS: Advices from Dr Kamal

- Having produced all these impacts, we should keep the momentum move fast. Follow immediate actions to the tempo. Don't let the flames down. Thus, you need action plan.
- There should be strong monitoring and follow up during implementation.
- Reward people who will be the first to construct and use latrines after CLTS lessons.
- Invite some community members to trainings of this sort and deploy them in the community for fast adoption and scaling up of CLTS.
- In designing a CLTS strategy, move from geometric progression to arithmetic progression.
- Be ware of the type of participation you envisage. There are nine different types of participation like participation for information, participation for receiving subsidy, participation for making others happy, forced participation, participation for purpose, and others.
- Your strategy should target outcomes (ODF) not outputs (number of latrines/pits dug).
- Let actions and decisions be done by the community.
- Don't demand lot of funding but little for software components and may be for some backstopping support.
- Contextualize action plan to local realities and calendars.

More at: [CLTS slides from Resource persons\Guidelines for triggering CLTS.pdf](#)

Then, Dr Kamal presented about what could be done during CLTS: about how to handle favorable and unfavorable conditions for CLTS.

Favorable and unfavorable conditions for CLTS

[CLTS slides from Resource persons\Favourable and unfavourable conditions 18 Dec 06.doc](#)

Then, in groups of four, Plan staff and partners developed six month action plans that may be implemented in Plan areas.



Action Plan of a sample group

- Institutionalize CLTS
- Empower community
- Advocacy and networking for CLTS through the CRDA-led WWG; involve Water Working Group
- Pilot CLTS in our project
- Monitor and evaluate all activities
- Document and disseminate experiences

Resources

- Personnel costs
- Training costs

Comments

Set time frame

Indicate how many HHs/villagers will be open defecation free (ODF).

*Dr Kamal requested Plan Ethiopia PUs and their stakeholders to refine its action plan and submit for documentation on Monday February 26, 2007. Here is one of the action plans.

Amhara Region CLTS Action plan

Objective of the pilot CLTS

- To have 10 ODF villages.
- To replicate the refined and successful CLTS tools in the region

Strategic outputs

- Orientation about CLTS to Woreda partners.

- Create CLTS facilitation skill to Plan Ethiopia front line workers, health extension workers, teachers, youth clubs, religious leaders and development agents at community level.
- Exercise ignition on CLTS process @ selected 10 Goats/villages.
- Exercise ignition process @ 10 school
- Monitor the process and refine with the coordination of Woreda health office & Plan.

Outcome indicator

- 10 Villages totally sainted before and after the process.
- No of Natural leaders emerged
- 10 schools totally sanitized
- Clean environment due to CLTS
- Non conventional indicators emerged
- Practice of waste disposal improved
- No. of projects other than toilet construction.

CLTS Action plan

Period of implementation: March – June 2007

Activity Description	Time frame	Responsible body	Budget Source
Orientation about CLTS to. Woreda. <ul style="list-style-type: none"> • Administration. • Agriculture office. • Health office. • Local NGOs. 	1 st week of March	Woreda Health office and Plan	
CLTS facilitation skill Training to health Extension workers, Plan front lines, Teachers, DAs Religious leaders, Youth clubs/Associations	Fourth week of March	Health office &Plan	Plan
Exercise ignition on CLTS process @ selected 10 Goats/villages.	Starting from 1 st week of April	All trained on CLTS &	Plan
Exercise ignition process @ 10 school	2 nd week of April	Teachers, extension .Health worker & Plan.	Plan
Follow – up and refine CLTS	Starting from march	Health office and Plan	Plan

Evaluation of the CLTS training

Then, evaluation of the training followed. First, Dr Kamal asked the trainees all together about whether or not their expectations from the CLTS training were met. Trainees said, “Yes”.

Dr Kamal set five ranges on cards as to where feedbacks should fall. These were less than 20%, 20–40%, 40–60%, 60–80%, and 80% and above. The cards were mounted at five different places in the hall. He read evaluation criterion one at a time and trainees stood to the card that has range of their evaluation point. Responses were counted and recorded. Two people from each

response group gave reasons as to why they evaluated the training that level. Here are the evaluation results.

Q1. To what extent do you think your expectation is met?

A) less than 20% (0 people); B) 20–40% (0 people); C) 40–60% (0 people); D) 60–80% (13 people) E) 80% and above (28 people).

Reasons from the 60–80% response group

- I am beyond 50% and the rest will come through reading and practice.
- I have got the basics about CLTS and I can develop it further through reading.

Reasons from the 80% and above response group

- I found the approach and presentation skills appropriate for development activities.
- Theoretical staff was concretized by practical exercises.

Q2. To what extent do you think you gained clear knowledge and understanding about CLTS?

A) less than 20% (0 people); B) 20–40% (0 people); C) 40–60% (0 people); D) 60–80% (12 people) E) 80% and above (29 people).

Reasons from the 60–80% response group

- I need more practice in order to be able to apply CLTS in the community.
- I am at 75 and the rest comes through reading.

Reasons from the 80% and above response group

- I can perfectly exercise the approach.
- Though knowledge and understanding about something is relative, I have got good knowledge. The first day, I was asking as to how the tool could be applied. But, after the practical exercises, I am above 80%.

Q3. To what extent do you feel confident to trigger CLTS in communities?

A) less than 20%; B) 20–40% (1 person); C) 40–60% (4 people); D) 60–80% (19 people); E) 80% and above (17 people)

Reasons from the 20–40% respondent

- My country reality (Zambia) is not conducive: less populous and thus cannot get huge collections to implement CLTS.
- My supervisor may not allow.

Reasons from the 40–60% response group

- Triggering depends on favorable and unfavorable conditions.
- For cultural reasons in Sidama, male, female and children defecate on different places.

Reasons from the 60–80% response group

- I need to further strengthen my facilitation skills through reading and practice.

Reasons from the 80% and above response group

- I have understood the additive effects of each process and the interrelationship of each tool.

- I have learnt from the field work that I can catch the mood of the people. Communities seem to absorb the lessons.

Q4. To what extent do you think the learning from this workshop will be helpful in your work?

A) less than 20% (0 people); B) 20–40% (0 people); C) 40–60% (2 people); D) 60–80% (16 people); E) 80% and above (23 people)

Reasons not asked for.

Q5. To what extent do you think your institutional environment is conducive to do CLTS?

A) less than 20% (1 person); B) 20–40% (4 people); C) 40–60% (12 people); D) 60–80% (4 people); E) 80% and above (20 people)

Reasons from the less than 20% response group

- My supervisor is not positive towards me.

NB from Dr kamal: Plan needs to empower its staff in order to empower people.

Q6. To what extent do you think the success of this training in terms of facilitation, logistics, setting (place, time), and accommodation?

A) less than 20% (0 people); B) 20–40% (0 people); C) 40–60% (0 people); D) 60–80% (19 people); E) 80% and above (221 people)

The evaluation ended here and then Ato Amsalu Nigussie, RESA WATSAN Advisor gave few closing remarks.

Closing remarks: Ato Amsalu Nigussie, RESA WATSAN Advisor

Ato Amsalu first invited trainees if they wanted to say something about the event. Mr. Njoroge from Plan Kenya thanked:

- the trainee for his skillful imparting of useful approach,
- Organizers and all Ethiopians for friendliness, kindness, openness
- Awassa for the safety and appropriateness for such events.

He also commented that organizers should have taken the foreigners to places where they could have meals of their choice.

Then, Ato Amsalu extended words of thanks to:

- Dr kamal for his will to give the training and for he did it wonderfully.
- all the trainees for sparing their time to take the training and for their significant contributions.
- Plan Ethiopia, especially Dr Tezera, for showing the interest and commitment to organize the event in Ethiopia.
- all organizers at Plan Ethiopia CO, Plan Shebedino PU for making it possible and interesting.
- all partners, including the staff from government offices, for attending the training and for showing interest to adopt and scale up CLTS.

- W/ro Eskedar for efficiently handling logistics issues.
- The rapportuer for documenting the entire event.
- The Shebedino Wereda Administration, Leku Town Mayor, and Kebele Chair persons for allowing the event in their areas.
- THE COMMUNITIES FOR THEIR INVOLVEMENT IN THE EXERCISE AND FOR THEIR HOT INTEREST TO IMPLEMENT clts.

Then, Dr Mohamed Ismaili from Egypt noted that Ato Amsalu was behind the success in having this event.

Finally, Dr Tezera wished Dr Kamal win be the next Nobel Prize Winner Social Scientist. Dr Tezera also thanked all environment setters and interpreters. He promised that Plan Ethiopia is committed to adopt CLTS, especially at the new Program Unit at Jimma.

The Training ended on February 24, 2007 at 7.30 PM. The next day, the trainer, trainees, organizers, and community elected natural leaders left for Addis Ababa to attend the National Workshop on CLTS on the 26th of February 2007.

[Accounts of the National CLTS workshop available at: [CLTS National workshop at the Hilton\Accounts of CLTS National workshop.doc](#)]

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Link to the CLTS National workshop accounts:[CLTS National workshop at the Hilton\Accounts of CLTS National workshop.doc](#)