East Africa Regional Workshop on Scaling up of CLTS and Enhancing Area Coverage: Running the last miles towards MDG sanitation targeting the next 24 months.

Windsor Golf Hotel, Nairobi, Kenya 27th & 28th January 2014
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Introduction

This document reports on an international workshop on Scaling up of CLTS and Enhancing Area Coverage: Running the last miles towards MDG sanitation targeting the next 24 months. The workshop brought together participants from eight African countries, as well as one Caribbean country, to share experience to date and chalk out strategies for moving the sanitation agenda forward over the next two years.

Nearly all participants were highly experienced CLTS practitioners involved in mostly large-scale CLTS sanitation programmes. The workshop was designed to create a learning environment in which best practice, challenges and responses from the different countries could be shared, discussed, and where appropriate absorbed into the action plans of all countries. The eight African countries – hosts Kenya, Tanzania, Uganda, Somalia, Madagascar, Sudan, South Sudan and Ghana – represented a range of stages and scales of CLTS work, as well as a range of funding mechanisms and implementation modalities. Somalia was represented by actors from each of its three semi-autonomous regions – Somalia, Somaliland and Puntland. The objective was to share experience and use this new learning to develop and fine tune strategies for further work.

The workshop was facilitated by CLTS Foundation, an India-based organisation lead by CLTS pioneer Kamal Kar, supported by UNICEF Eastern and Southern Africa Regional Office, and hosted by CLTS practitioners from the Government of Kenya.

Participants from Kenya, Tanzania, Uganda, Ghana, Madagascar, Somalia, Sudan, South Sudan and Guyana, and the facilitating team from CLTS Foundation, on the first day of the workshop.
Session 1: Objectives of the workshop

The introductory session saw Dr Kamal Kar (Chairman, CLTS Foundation), Shri Deepak Sanan (CLTS Foundation Advisor), Dr. Peter Harvey (Regional Advisor, WASH, UNICEF Southern and Eastern Africa Region), and distinguished guests from host country Kenya, Dr. Kepha M Ombacho (Chief Public Health Officer, Ministry of Health), and Permanent Secretary of the Ministry of Health, Professor Fred Segor, setting the agenda alongside the 50-plus participants.

Community Led Total Sanitation has successfully challenged and influenced the dominant thinking and redefined the premise of policy making in sanitation across the world. It is now a time-tested process and has proved to be effective when the political imagination has captured the essential shift from toilet construction to facilitating the process of collective behaviour change. Progressively since the birth of CLTS in 1999-2000 in Bangladesh, 54 countries in Asia, Africa and Latin America have rolled out CLTS as a strategic move to achieve their national sanitation targets. Communities across the world have shown great enthusiasm for taking charge of their own fate and generating strong social capital to take forward the behaviour change process. There are numerous examples where collective action around sanitation has become a starting point for overall development in the community.

But the development and spread of CLTS has not been without its challenges, including in Africa. Some examples of difficulties include the practice of compromising with the methods, sometimes in the interest of seeking short cuts. Peter Harvey, WASH Regional Advisor for UNICEF Southern and Eastern Africa Region, gave an overview of the situation in this region of Africa: in the 21 countries of the region, 35% of the population have access to improved sanitation, while 65% do not. This amounts to 100 million people. In rural areas, 32% of the population defecate in the open, but this figure masks inequalities. Within the poorest 20% of the rural population, for example, 60% defecate in the open. But there has also been important progress since CLTS was first introduced in UNICEF in the region in 2007: since then, there is a new ODF population of 5 million.

Echoing other speakers, Dr Kamal Kar emphasised in his keynote speech that this workshop brings together experienced practitioners of CLTS from different countries, but also people working at different levels and in different roles. This offers a unique and in-depth opportunity for knowledge sharing and exchange, and for analysis of these learnings ready for application in different settings. The different roles represented include for example, the Ghana delegation which includes district level administrators who are central actors in local implementation processes, and the Madagascar delegation which includes representatives from implementing NGOs working at district and regional levels. This spread is significant because one of the emerging themes in CLTS is the recognition of roles of many different kinds of actors, indeed the need to bring many kinds of actors on board. This might include some that are as yet rarely tapped: professional networks; farmers’ unions, Rotary Clubs, produced associations, and district level actors who need to understand the principles of CLTS, such as district level actors in education.

And when the emphasis is on involving such a range of actors, then the second theme is how to generate the institutional coordination to have these actors all working to their strengths and aligned with the power of CLTS.

Professor Fred Segor, Permanent Secretary, Ministry of Health emphasised the commitment of the part of the Government of Kenya to addressing the issue of open defecation through the Kenya sanitation strategy. An important angle in Kenya is that sanitation is implemented through the Ministry of Health and is very clearly seen as part of preventative health. There is a strong link between sanitation and the right to affordable, equitable health. This also has a financial aspect: US$
324 million a year is spent on treating health problems, and an estimated 0.9% of GDP lost to these illnesses, that would be minimised in a context of basic sanitation. This GCP figure represents loss of productivity of the sick person and family members caring for them, but does not include environmental or commercial impacts in terms of loss of business like tourism due to OD. Therefore there are good economic reasons for the Government of Kenya’s commitment to the programme, and its particular attention to knowledge management and learning through the monitoring and evaluation system developed for it.

*Address by Professor Fred Segor, Permanent Secretary, Ministry of Health during the opening session*
Technical Session I:

Sharing of progress on CLTS by each participating country with reference to their MDG goals.

All the participating countries presented a general overview of the present scenario and status of CLTS implementation, across the themes of

- Scale of the programme
- Policy on sanitation and/or CLTS
- The status of progress against national targets (MDGs and other targets)
- Innovative or noteworthy features of the programme.

These situation analyses are presented in Table 1, below.

*Ann Thomas, UNICEF, ESRO Nairobi, setting up guidelines for the Situation Analysis.*
<table>
<thead>
<tr>
<th>Country</th>
<th>Scale of Programme</th>
<th>Policy</th>
<th>Progress v National Targets</th>
<th>Innovation / Points of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Implementation at scale (National Programme) Targeted—47 Counties - approx. 35 m people Reached – 27 Counties - approx. 2.5 m people</td>
<td>Sanitation and Hygiene policy and ODF / CLTS roadmap in place</td>
<td>National target – ODF Rural Kenya by 2013 (not met)</td>
<td>Establishment of a national CLTS Hub with e.g. Sanitation marketing officer; knowledge management officer; involves GoK (MoW; MoE, MoD) and NGOs and private sector. Development and operationalization of 3rd party certification: done by County level actors who are not implementing CLTS, but are trained in 3rd party certification guidelines. Development of ODF protocol Development of CLTS 3-tier M and E system with knowledge flows systematised ICC sanitation and hygiene</td>
</tr>
<tr>
<td>Sudan</td>
<td>Population 33,975,593 27% have access to basic sanitation To date: 80 communities triggered in 4 States (White Nile, Kassala, North Kordofan, Khartoum) 49 declared ODF By June 2014 100 communities triggered, 60 ODF</td>
<td>No specific ODF policy facilitate formulation of CLTS associations</td>
<td>Target to reach 60% coverage by 2015 Plan developing CLTS with • 200 more communities where Plan already works • 200 ‘new communities • Expanding across all 18 States to reach 70000 people</td>
<td>Involving different actors (INGOs; LNGOs, CBOs, CSOs) Encourage LNGOs to facilitate CLTS; Work in collaboration with Ministry of Agriculture: WES programme under which MoA; MoE and MoD collaborate in seedling distribution;</td>
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<td>Uganda</td>
<td>UNICEF – 28 districts USFProg – 15 (+15) Plan – 4</td>
<td>Not yet ODF policy But included in • National Devt Plan</td>
<td>Coverage 70% v 77% by 2015 (but coverage, not ODF) 72% (MDGs)</td>
<td>Partnerships with other stakeholders ○ WSP/WB ○ UNICEF</td>
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<tr>
<td>Region</td>
<td>Sanitation Grant (GoU) – 10 Others – 15</td>
<td>Total 72 Districts</td>
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<tr>
<td>Ghana</td>
<td>National Sanitation Strategy</td>
<td>Development Partners</td>
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<td></td>
<td>• National Sanitation Strategy</td>
<td>NGOs</td>
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<td></td>
<td>• Exposure / learning journeys</td>
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<td></td>
<td>• Strengthening coordination through the NSWG and UWASNET</td>
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<td>• Promoting sanitation improvements thru sanitation marketing</td>
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<td></td>
<td>• Moving up the sanitation ladder</td>
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<td>• BCC</td>
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<td></td>
<td>National MDG target – 54% Institutional / public latrines – 46% Progress: 15% 2011 Others: 85% - shared houses in compound; - Open defecation (19%) - public latrines</td>
<td>1. IEC:</td>
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<tr>
<td></td>
<td>• Community information centres</td>
<td>Community film shows</td>
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<td>• Community film shows</td>
<td>Community video show of triggering process – playing back</td>
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<td></td>
<td>• Use of mass media</td>
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<td>2. Piloting results-based financing for NGOs in CLTS</td>
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<td>3. Coordination at all levels</td>
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<td></td>
<td>• National - NESPoCC; NTWGS; WSSWG; sub-committees</td>
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<td></td>
<td>• Regional – Regional Coordinating Council; RPCU; RICCs, RFT</td>
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<td></td>
<td>• District – MMDPCUs; DICCs; DFT,</td>
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<td></td>
<td>• Area Council – CLTS team</td>
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<td>• Community Level – WATSANS; N Ls</td>
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<td>4. Pilot CLTS in small towns with good results</td>
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<td></td>
<td>5. Agreement with an independent verifier – these are NGOs in the districts paid by GoG.</td>
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<td>6. Increased investment in sanitation</td>
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<td>7. Recruitment of sanitation officers to District Assemblies</td>
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<td></td>
<td>8. Celebrating ODF communities and NLs who have excellent performance.</td>
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| Somalia | 53% OD 70% no access to water 40% Diarrhoea rate Frequent polio and cholera outbreaks | 154 communities triggered of 11000 needed to be on track to achieve ODF - with collaboration of UNICEF, 5,500 target for 2015 | 1. Sanitation techniques for nomads – reaching out - tie up with education campaign - focus in rural areas where displacement due to conflict was less, and therefore the hand out culture of emergencies was also less. |

| Madagascar | 14 regions; 68 Districts | National WASH Strategy: CLTS is Target (GSF) 12000 ODF villages | 1. Scaling up strategy |

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- **Sanitation Improvement Strategies:**
  - Exposure / learning journeys
  - Strengthening coordination through the NSWG and UWASNET
  - Promoting sanitation improvements through sanitation marketing
  - Moving up the sanitation ladder
  - BCC

- **Sanitation Grant Distribution:**
  - Sanitation Grant (GoU) – 10
  - Others – 15
  - Total 72 Districts

- **Ghana Implementation:**
  - Implemented in 7 of 10 regions
  - 38 districts
  - Actual scaling up started 2012; piloted in 2007
  - Targeted communities: 3681
  - Entered 3067
    - 1990 communities triggered
    - 663 communities declared ODF
    - 490 facilitators trained
  - National Sanitation Policy in place, revised in 2010
  - National Strategy and Action Plan
  - Rural Sanitation Module and Strategy
  - Millennium Acceleration Framework
  - District medium term Development Plans
  - District CLTS Plans in the offing
  - National MDG target – 54%
  - Institutional / public latrines – 46%
  - Progress: 15% 2011
  - Others: 85% - shared houses in compound; - Open defecation (19%) - public latrines

- **Somalia:**
  - 53% OD
  - 70% no access to water
  - 40% Diarrhoea rate
  - Frequent polio and cholera outbreaks

- **Madagascar:**
  - 14 regions; 68 Districts
  - National WASH Strategy: CLTS is
  - Target (GSF) 12000 ODF villages

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- **National Environmental Sanitation Policy in place:**
  - Revised in 2010

- **National Strategy and Action Plan:**
  - Rural Sanitation Module and Strategy

- **Millennium Acceleration Framework:**
  - District medium term Development Plans

- **District CLTS Plans in the offing:**
  - National MDG target
  - Institutional / public latrines

- **Progress:**
  - 15% 2011

- **Others:**
  - 85% - shared houses in compound
  - Open defecation (19%)
  - Public latrines

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- **Somalia On-going policy development:**
  - CLTS protocol in place (Puntland)
  - S&H policy in place (Somaliland and Puntland)

- **11000 needed to be on track to achieve ODF:**
  - With collaboration of UNICEF
  - 5,500 target for 2015

- **Sanitation Techniques for Nomads:**
  - Reaching out
  - Tie up with education campaign
  - Focus in rural areas where displacement due to conflict was less, and therefore the hand out culture of emergencies was also less.

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- **Madagascar National WASH Strategy:**
  - CLTS is
  - Target (GSF) 12000 ODF villages

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- **Sanitation Officer Recruitment:**
  - To District Assemblies

- **Celebrating:**
  - ODF communities and NLs who have excellent performance.
<table>
<thead>
<tr>
<th>South Sudan</th>
<th>4m population covered</th>
<th>main approach</th>
<th>Target (MDG) 25000</th>
<th>Progress (GSF) : 7007 ODF villages</th>
<th>Constraints: on-going emergency environment has affected implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 target (GSF):</td>
<td>22 regions (100%) by 2014; 100 Districts (84%) by 2015</td>
<td>6m population (of 20 million)</td>
<td>If all institutions work with the same approach, the target is attainable.</td>
<td>• Institutional Triggering • U approach for scaling up 2. Technology Innovation e.g. Famoplat</td>
<td>3 states 25 counties 500 villages triggered but emergency situation has brought subsidy and has been challenging.</td>
</tr>
<tr>
<td>CLTS included in WASH country strategic framework</td>
<td>Will be the selected approach in the New Sanitation Policy for Rural Sanitation</td>
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</table>
Technical Session II: Policy and strategies for CLTS implementation at Scale:

Several countries in Africa have been trendsetters in employing innovative strategies and models to achieve faster results on the ground. Some countries have demonstrated strong political will through appropriate policy formulation that situates CLTS as the key approach to achieve sanitation objectives. Further, over the last few years, experiments have also been carried out with regard to different funding mechanisms and implementation strategies to achieve progress at scale.

This session aimed to explore experience with the role of policy and the role of funding in going to scale. Different strategies have emerged with relationships to both funding and the policy environment. Different funding mechanisms have resulted in differential outcomes across various countries. While some countries have made remarkable progress, with similar kind of funding other counties have lagged behind - and appropriate institutional coordination appears to have been a strong determinant of the pace of CLTS implementation. Therefore aspects of an enabling environment for scaled up CLTS was also a focus of the session.

There were two components of the session. One parallel session discussed policies, provisions and gaps, which form the building blocks of national CLTS agenda. The other discussed issues concerning funding and institutional coordination for effective and efficient implementation.

Parallel session1: Policy

This session, chaired by Lilian Okero, Chief of Wash Unicef, South Sudansaw presentations from Ghana and Kenya.

Ghana listed a number of policies relevant to CLTS implementation currently in place in Ghana – these included the Environmental Sanitation Policy; the National Water Policy; the Rural Sanitation Model and Strategy and the MAF on Sanitation, as well as medium term development plans, and the health policy. Of these, the Environmental Sanitation Policy of 2010 and the National Environmental Sanitation Strategy and Action Plan (NESSAP) are most important. These emphasise community participation, behaviour change and provide support for the CLTS implementation building blocks of Advocacy, Champions, Cascade training, Natural Leaders and Demand Responsiveness at all levels. Further policy has enabled ownership of the process at district level, including dedicated finance generated at this level.

In Kenya, there was earlier one relevant ministry – the Ministry of Health – but this expanded to two with the introduction of the Ministry of Public Health and Sanitation which deals with preventative health. The umbrella health policy of 1994 was followed in 2006 by a policy on Environmental Sanitation and Hygiene, which since 2013 is being used in the newly devolved governance structure which created a County system for local governance. An ODF roadmap was also developed in 2011, and the target of an ODF Rural Kenya was set.

This ambitious plan required funding, and from 2012 more partners came on board – World Vision, US AID etc. and from July 2014, the World Bank. All of these have eventually been persuaded by evidence that the no-subsidy approach can work.

Coordination among donors is managed by the 20-member National Steering Committee for CLTS, which meets on a quarterly basis and develops implementation strategies. But an important asset in this situation is that the government is the main driver of the process, the main Champion of CLTS.
In short, Ghana’s is a model working in a decentralized way in a decentralised system. Local government has authority in policy implementation; and there has been a participatory planning process. In Kenya, until last year there was one ministry (Health), but now there are two. The NESH policy (currently being revised) has a strategy and ODF road map that institutionalises CLTS. A large amount of micro planning has been done for clear roles and implementation at local levels.

Lessons from these two models included that:

- Establishment of Ministry of Public Health and Sanitation specifically focused on preventative health is an asset. It also solved the challenge of diversion of funds to other ministries like Ministry of Water.
- If the Government is in the driver’s seat, the process can really move forward.
- Participatory approaches are important for buy in to policies and strategies.
- A CLTS National Steering Committee is a key resource to review the situation periodically, identify challenges and conflicts of interest and solve problems.
- The CLTS hub which co-ordinates master trainers and other areas is also an important element of the structure.

In short, essential elements of the policy environment include

- A policy document with a government committee to oversee implementation;
- Authority for implementation vested in the relevant location and an execution strategy clearly articulated;
- A decentralized implementation structure;
- Strong stakeholder coordination.

Parallel session 2: Structure of Funding and Institutional Coordination

This session, chaired by Ronnie Rwamwanja, Technical Advisor of Uganda Sanitation Fund Programme saw presentations from Madagascar and Sudan.

Madagascar explained the funding structure of the Global Sanitation Fund (GSF) as it works in Madagascar in the FAA programme (FondsD’Appui de l’Assainissement). In this case an International NGO is the Executing Agency (EA), although in other GSF cases the EA is UNICEF or the government (E.g. in Uganda). Key features of the funding structure include the Programme Coordinating Mechanism which brings stakeholders together from government, the WASH coalition, private sector, local and international NGOs and donors, and provides strategic direction and guidance to the programme, and sub-grantees (SGs) which are local level implementing NGOs funded by small, large or extension grants.

An important feature of the funding mechanism in place in FAA is that it is results based and a detailed performance assessment of SGs is carried out every year. This is linked to capacity strengthening where performance is weak, and termination of contract where it is unacceptable. This has fostered a competitive spirit and a continuous focus on objectives / results. Within that, the wider funding structure has been flexible; able to appreciate context and tap into local structures and networks, encourage local innovation, involve large numbers of actors and support a systematic learning cycle.
Institutional co-ordination is partly embedded in the funding structure, with the close involvement of the PCM as an important multi-stakeholder advisory body. Co-ordination has also been enhanced by three types of actions:

- Capacity building in CLTS at many levels including in SGs but also in wider national and regional networks
- Institutional Triggering, a technique which brings influential actors together at different administrative levels and uses CLTS tools to generate shock at the uncomfortable facts about open defecation and a sense of urgency to act to improve sanitation
- Building or strengthening local coordination structures, such as monitoring committees at different levels, or district and local level WASH coalition organisations.

Dr RijaLalanirinaFanomeza explaining the traffic-light Performance Assessment Mechanism in FAA Madagascar

Plan Sudan presented a contrasting situation in which Plan is on the point of scaling up the CLTS programme, having been working in 80 communities in four states up until this year. Over the next two years, all 200 communities in which Plan Sudan already works will be reached, and a further 200 communities in which Plan has no previous work, spread across all of the 18 States will be reached with CLTS.

Because Plan Sudan faces some significant institutional co-ordination challenges, including the use of a subsidy approach in many cases, and a serious terminology confusion in the case of CATS promoted by UNICEF in Sudan, the preparation phase for this planned scale up has been important. Preparation activities have included:

- Training workshops for representatives from government, local NGOs, international NGOs, community based organisations and community leaders
- A one-day national workshop for all partners in sanitation – the government, UN agencies, INGOs, CBOs etc.

Both experiences offered some insights into important features of institutional co-ordination:
• A national coordinating body can be a great asset, but much depends on how far this body takes on CLTS and understands its principles. A body that does not take on CLTS functions as a barrier.

• Co-ordinating bodies at all levels may be voluntary mechanisms but there is a role for funding of these in the long run.

• Institutional triggering is an important tool about which more could be shared. It differs from ‘ordinary’ advocacy in that it directly uses CLTS tools, usually contains an element of hands-on work such as discussion of a dirty latrine, and aims to result in commitments to tasks and an Action Plan.

Discussants Loretta Roberts, UNICEF Ghana, and Chris Williams, Executive Director of the WSSCC, brought participants back together in plenary, and raised issues concerning both funding and co-ordination:

• Government commitment is an essential factor, and a marker of this should be some component of government funding. More could be done to explore options for government funding at regional and district level, where some fund sources are based.

• Where an enabling environment and the necessary government systems for implementation, external support will also be likely to support the government. Where this is not the case, other mechanisms may be more appropriate.

• There is a long road ahead to reach most sanitation objectives – which is ultimately about universal coverage. One substantial challenge is the issue of sanitation in towns and cities. It will be necessary both to leverage current innovation to travel this road, as well as raise funding to a higher level to mobilize sufficient resources. This will necessitate commitments from governments.
Mid-point summary of initial learnings to apply in-country

Before the start of the next session, country groups were asked to review the learning from the previous day and to summarise the main points that were relevant to their own situations.

**Ghana**
- Institutional triggering is an important tool and involves identifying leaders at various levels.
- Triggering can build on existing/previous meetings with these leaders.
- Coordination platforms at district level to generate funding is an innovative method.
- Support is also important from the Ministry of Local Government.
- A Master Trainers Network would be an important addition in Ghana.

**Somalia**
- Should finish developing the policy;
- Should collaborate with local authorities – water, education and health
- Will develop a CLTS protocol
- Will look at opportunities for funding to develop a strong basis to move forward.
- Institutional Triggering is a key activity to moving ahead.

**Sudan**
- Effective coordination is essential. It is not only one organisation that can implement CLTS at scale, but everyone must come together to do this.
- Coordination Saves Lives

**Madagascar**
- It is important to insist on leadership by the government
- The government should also make some financial contribution
- There needs to be a coordination structure at every level
- All actors in the sector should have a performance and result based process, and process should be open to performance assessment scrutiny
- The role of the WASH coalition should be acknowledged
- Fine tuning is necessary to ensure that the common vision and framework / structure for coordination is properly aligned for all.
- Policy formulation and putting it into effect is an important step
- National planning should be strengthened

**South Sudan**
- Institutional Triggering could be very helpful
- The major task is establishing the road map

**Guyana**
- CLTS should be introduced into the master plan for Solid Waste Management
- The concept of master trainers should be brought into SWM action
- Institutional triggering can be effective here
- There should be a central authority in SWM to ensure efficiency
Kenya

- The process of establishing leadership and buy-in by the government is a key driver—this is one of Kenya’s strengths to build on and make sure the government really takes this on.
- The new County system means there is a challenge to create local level platforms for coordination and prioritise CLTS here.
- We should work to bring in other players like farmers’ associations, businesses etc. – there are a lot of people to involve and learn about CLTS here.
- Strengthening the enabling environment so that partners including local level NGOs at grassroots can work effectively.
- Local human resources – making the most of these with capacity building and empowerment.
- Use of peer to peer verification exercises which are subject to quality control.
- Standardisation of the protocol is important – there should be one way of doing business among all partners. Kenya has this protocol but we have to carry it through.
- Natural Leaders should be linked to the community health strategy

Tanzania

- Institutional triggering is potentially very useful.
- Financial contribution from government is important
- There should be strong performance monitoring; the performance assessment mechanism from Madagascar could be developed grade partners and understand different capacity building needs.
- Motivating political will is a key task
Technical Session III: Operationalizing the national strategy and tapping the potential of local actors

A single organisation or body of actors cannot achieve nation-wide ODF status. Many countries have worked out strategies to develop new CLTS actors of at different levels. In the process of local empowerment, different roles for different actors become defined. Many countries have achieved scale by relying upon range of actors including natural leaders, traditional leaders, religious leaders, local political representatives. Other similar arrangements, like building grass root constituencies by creating local action groups etc. have been effective to stimulate faster coverage. Interesting experiments have also been done with regard to developing multi layered monitoring protocols with the involvement of various actors.

In this sessions, chaired by Shri Deepak Sanan, CLTS FoundationAdvisor, and Loretta Roberts of UNICEF Ghana, three detailed presentations were given by countries which have good experience with these issues. Madagascar described the wide array of local level actors who are brought into the process to inspire their neighbours and systemically take CLTS further out and to more people. This is one way of moving from a village to village ODF process to an exponential growth. As shown below, key actors can play different roles at any one CLTS implementation site, and where roles are clearly defined and accompanied by guidelines and job aids, this is a great advantage.

Main local actors and their roles:

Ultimately the objective in each area is to achieve ‘institutional saturation’ – i.e. addressing all local institutions and bringing actors into a variety of named roles in collaboration with each other to produce a road map to achieve ODF in that area. Institutions may include the administration (Mayor, local chief), the Wash Coalition, local government departments such as of water, education; traditional leaders, traditional singers, journalists, religious leaders, other NGOs, and new CLTS actors – Natural Leaders, Community Consultants and Champions.

Plan Sudan, in a second presentation, like Madagascar also shared some of the ways one group of these actors, Natural Leaders, can be motivated to stay involved. Across both experiences, the following methods were put forward for bringing in and enabling these actors:

- Triggering of local actors
- Forming of CLTS organisations / committees for monitoring and replicating
- Capacity building – providing opportunities for training
- Establishing clear guidelines and job aids
➢ Providing help with transport for meetings and triggering sessions
➢ Providing opportunities for travel for sharing experience in other communities
➢ Some payment based on agreed results
➢ T-shirts, caps etc.
➢ clear and public acknowledgement and appreciation of their crucial role
➢ certification as acknowledgement of their contribution
➢ Career Plan: from NL to CC or simple actor to champions
➢ offering a career path with possibilities for developing skills and livelihoods.

The Kenya delegation next explained the details of its thorough Monitoring and Evaluation plan for ODF Rural Kenya Campaign 2013. The importance of monitoring was emphasised for three areas:

- knowledge management,
- learning and adapting, and feeding into capacity building
- Feeding into sustainability issues as evidence is generated of ODF and its effects.

The M&E plan aims to create regular data flows from the bottom up from village level Community Health Workers through the primary health and district health centres to the CLTS Hub where data is evaluated and M&E reports are produced for donors and other stakeholders. It does this via datasheets for monthly data collection at each level which summarise the data coming in from the level below.

Challenges to this system were both presented and discussed in plenary. These include inconsistent reporting from the field and sometimes lack of response from the field on some data issues and as yet inadequate technical support for the system from the CLTS hub to field staff. Some suggestions were offered for addressing some challenges involved in generating an accurate and quality M&E system. These included

- The possibility of aligning some indicators with data that is generated independently of the programme, such as child mortality data. This data can suggest impact without relying on the data inputs of those invested in the programme. It can also function as a triangulation exercise to support data generated internally.
- A need to act fast on capacity building for data collection in the field at the same time as designing and implementing a system for 3rd party verification.
- Developing understanding of how monitoring methods may need to change as a programme scales up exponentially. For example, it may be necessary to recognise that CLTS protocols developed for relatively small scale may be unsustainable at scale and that they will need to be simplified with indicators reduced in scope.
Session IV: Community Led Total Sanitation for larger health outcomes and other MDG targets.

Experiences of CLTS suggest that most ODF villages across the world achieved far more than basic sanitation. Knock on effects of sanitation include health outcomes and spread through solid and liquid waste management to livelihood, agriculture, food security and so on. In other cases, the precious social capital generated through the CLTS process has successfully leveraged the achievements directly or indirectly in other sectors.

This session, chaired by Dr Kepha M Ombacho, CPHO, Ministry of Health, Kenya and Daniel Truneh, SNV Kenya, saw three presentation of important ‘knock-on effects’ of CLTS processes, beyond the direct sanitation outcomes which usually form central parts of understanding of impact. Each gave a clear picture of important linkages between sanitation via CLTS and other sectors and objectives. These linkages are useful for a number of reasons including that they are places where

- Partnerships can be sought.
- More actors can be brought in.
- Other sectors can be aligned with ODF objectives.
- Evidence can be generated to help sustainability as well as spread to other areas.

From Guyana an example of using CLTS methods for knock-on issues was presented. Here, the drive is for Open Garbage Disposal Free (OGDF) solid waste management practices. The practice of open garbage dumping has implications for sanitation and hygiene, but because the area is vulnerable to flooding, and drainage systems are threatened by dumping, it also has significant economic effects. The “Cleanliness and Citizenship” initiative has been piloting the use of CLTS tools to generate behaviour change in waste management. In particular the initiative intends to generate collective action to completely stop garbage dumping.

One of the challenges discussed included the difficulty of generating or drawing on community cohesion in urban areas, of the kind where this project works, which is similar to a challenge often faced by CLTS in urban areas, in contrast to rural communities where collective identity is a resource which can be used.

The emerging picture of addressing these challenges in Guyana provides an inspiring example of what kind of post-ODF development initiatives can emerge from CLTS work, as well as the power of these tools for use in related sectors.

From Madagascar the experience was shared of some knock on effects or post ODF impacts of CLTS on non-sanitation / health issues like food security and livelihoods. Examples given included:

- Food security has been substantially enhanced in the lean season in coastal areas of Madagascar by better collection of the Soanambo fruit. This large, nutritious fruit no longer falls into OD ground and is therefore much more systematically collected and used. Previously much would be wasted because it fell into shit.
- A restaurant built on previously OD area generating employment and income for local families
Economic activity generated locally and providing incomes by an emerging market in sanitation driven by local technology and innovation and increasing demand for sanitation as a result of behaviour change.

From UNICEF Somalia, a case was made on the links between nutrition – or malnutrition – and OD and of the advantages to both sectors of responding to this linkage. Recent research published in the *Lancet* has shown that “54% of international variation in child height can be explained by OD practice.” In contrast, only 29% of this height variation is explained by GDP. In addition, the connection between OD and cases of diarrhoea are often cited in CLTS practice, and these diarrhoea cases are strongly linked to malnutrition also. Recognising these linkages provides the opportunity to recognise the common objectives of these sectors and for each to draw on the resources of the other.

Nutrition interventions have also increasingly been moving from health facilities to communities, alongside a shift to an emphasis on prevention of malnutrition. This gives the nutrition sector a natural alignment with CLTS, creating a win-win situation in which the nutrition sector has much to gain from using CLTS tools as well as promoting ODF. At the same time CLTS could benefit from inserting ODF into primary health targets and indicators on the basis of links with nutrition status via diarrhoea episodes. Maintaining ODF would then become a measure of the effectiveness of district health agencies. A strong recommendation was to involve actors involved in community based nutrition, where available, in CLTS processes, and to find ways to communicate the links. The importance of maintaining lines of open communication across sectors is clear in this situation.

These three examples of how CLTS is connected to a range of other development issues rang true for many participants and point to ways in which the practice and principles of CLTS can be enriched by them once behaviour changes is established and ODF status achieved.
Session V: Running the last miles! What can we achieve in the remaining 24 months?

This session, co-ordinated by Ann Thomas of UNICEF Eastern and Southern Africa Region, Nairobi, saw each country group integrating learnings relevant to their specific situation into a roadmap for an ODF strategy over the next two years. Most countries in the region are off track with respect to their MDG sanitation targets, although a few have exceeded their target achievement and have a clear plan of action for the remaining two years.

Participants, working in country groups, were asked to consider CLTS behaviour change components, sanitation improvement strategies, and issues of creating an enabling environment, co-ordination, and financing of strategies identified.

Issues to consider also included:
- Looking at performance of the current programme and the monitoring system to measure this.
- Whether an ODF protocol is in place or should be developed
- What plans are in place for an ODF strategy, but also for sustaining ODF behaviours?

A number of very practical strategies were identified and time commitments established, according to the guidelines for Action Planning which sought to establish:
  - The key actions required for scaling up CLTS 2014-15
  - The timeline and associated milestones (such as AfricaSan 2015; National targets etc.)
  - The specific support required to achieve these targets / actions.

Action plans developed are presented in Table 2, below. As each country presented their plans, various commitments were sought from individuals to carry the roadmap forward in their sphere of influence.

The Ghana team, including Deputy Minister, Ministry of Local Governance, Ghana, Baba Jamal (2nd from left), making a commitment to seeing the roadmap through.
### Table 2: Roadmaps of actions and timeframe for the next 2 years.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Timeline</th>
<th>Support required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Somalia</strong></td>
<td></td>
<td></td>
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<tr>
<td>1. Policies, roadmaps, strategies</td>
<td>On-going to end 2014</td>
<td>Government commitment&lt;br&gt;Donors&lt;br&gt;Technical Assistance from UNICEF&lt;br&gt;-do-&lt;br&gt;</td>
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<tr>
<td>2. Institutional Triggering; advocacy; awareness raising</td>
<td>March – June 2014</td>
<td></td>
</tr>
<tr>
<td>3. Capacity building (at local authority, Community)</td>
<td>June 2014</td>
<td>CLTS ToT from UNICEF / CLTS Foundation&lt;br&gt;</td>
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<tr>
<td>4. Stakeholder conference (WASH)</td>
<td>Before June 2014</td>
<td>UNICEF / Govt&lt;br&gt;</td>
</tr>
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<td>6. Formulation of M&amp;E framework for ODF and hand washing</td>
<td>By End 2014</td>
<td>Govt, UNICEF&lt;br&gt;</td>
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<tr>
<td><strong>Uganda</strong></td>
<td></td>
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<tr>
<td>1. Institutional alignment</td>
<td></td>
<td>- Collaboration and coordination&lt;br&gt;- Human and financial resources&lt;br&gt;</td>
</tr>
<tr>
<td>a. Mapping partners</td>
<td>June 2014</td>
<td>- Human resources; financial resources; logistical resources&lt;br&gt;- Consultancy / funds&lt;br&gt;</td>
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<tr>
<td>b. Develop CLTS protocol</td>
<td>August 2014</td>
<td></td>
</tr>
<tr>
<td>2. Establish a CLTS Hub</td>
<td>Dec 2014</td>
<td></td>
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<tr>
<td>3. Develop a National Roadmap</td>
<td>Dec 2014</td>
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<tr>
<td>a. Include ODF in HMIS Golden Indicators</td>
<td>March 2015</td>
<td></td>
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<tr>
<td>b. Policy review to embed CLTS</td>
<td>March 2015</td>
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<tr>
<td>4. Institutional Triggering – bring on board other institutions / organisations</td>
<td>March 2014</td>
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<td>a. Cultural leaders</td>
<td></td>
<td>- Funds&lt;br&gt;- Human resources&lt;br&gt;</td>
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<td>b. Corporate leaders</td>
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<tr>
<td>c. Charity organisations</td>
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<td>d. Faith based organisations</td>
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<tr>
<td>e. Political and civic leadership</td>
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<tr>
<td>5. Capacity building for all actors</td>
<td>Continuous</td>
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<td><strong>Sudan</strong></td>
<td></td>
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<td>1. Standard operational processes (SOP)</td>
<td>February 2014</td>
<td>CLTS feedback on the SOP&lt;br&gt;</td>
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<tr>
<td>2. Training of facilitator from Plan and partners (210) in three batches</td>
<td>March, April 2014</td>
<td>Dr Kamal Kar to provide technical support&lt;br&gt;</td>
</tr>
</tbody>
</table>
3. Establishing network group at local and National level  
   May-June 2014  
   CLTS Foundation to provide technical guidance base on their experience

4. Introducing CLTS for 150 communities in 3 states (N. Kordofan, White Nile and Kassala states)  
   March-April 2014  
   Financial support / in country technical team to lead the campaign.

5. Developing follow-up mechanisms based on the existing M&E system  
   May 2014  
   Financial support / in-country technical team to design the mechanisms

6. Advocate for CLTS at local and state level (to be incorporated in the State strategy)  
   Advocacy campaigns  

7. Introducing CLTS for 200 communities in 3 states (N. Kordofan, White Nile and Kassala states)  
   January 2015  
   Financial support / in country technical team for triggering

8. Introducing CLTS in 200 communities in 18 states  
   February, March 2015  
   Financial support / in country technical team for triggering - Technical support from Dr Kamal Kar

9. Advocate for CLTS at local and state level  
   May-June 2015  

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**Kenya**

1. Revise & Harmonize EHS Policy, Strategy, ODF Road Map 2013  
   April 2014  
   GOK/ Partners

2. Develop CLTs Micro plans  
   April 2014  
   GOK/ UNICEF

3. Piloting and rolling out M & E systems in counties  
   June 2014  
   GOK/ Partners

4. Operationalize decentralized 3rd Party verification  
   June 2014  
   GOK/ Partners

5. Advocacy & Resource Mobilization  
   Continuous  
   GOK/ Partners

6. National Sanitation Conference/ County engagement  
   April 2014  
   GOK/ Partners

7. Strengthen/ Support/ Sustain  
   December 2014  
   GOK/ Partners

8. Declare 5 counties open defecation free  
   December 2014  
   GOK/ Partners

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**Ghana**

National launch of CLTS Scale-up  
   June 2014  
   GoG/ AiSWAM

Regional Institutional Triggering  
   August 2014  
   TA from CLTS Foundation

Mass Media Campaign  
   June-Dec 2014  
   GoG, Private sector media, UNICEF

Community Triggering  
   Aug-Dec 2014  
   MMDCE, UNICEF

Monitoring / Follow up  
   August 2014 – Sept 2015

Results – ODF Communities/district  
   25% by March 2015  
   50% by June 2015  
   100% by Sept 2015

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Other Activities
<table>
<thead>
<tr>
<th>Evaluation by districts</th>
<th>Monthly</th>
<th>MMDAs</th>
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<tbody>
<tr>
<td>Evaluation by Regions</td>
<td>Quarterly</td>
<td>RCCs</td>
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<tr>
<td>Evaluation nationally</td>
<td>Bi-annual</td>
<td>MLGRD</td>
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<tr>
<td>Incorporation of CLTS activities in MMDAs budget</td>
<td>2015</td>
<td>MMSAs</td>
</tr>
</tbody>
</table>

### Madagascar

**Objectives:**
- 2015 – 25000 villages ODF; 6 regions ODF
- 2018 – 40000 villages ODF; Madagascar ODF (22 regions)

**Institutional Triggering:**
- new government; partners, authorities; private sector; elected parliamentarians – at all levels
  - October 2014

**Capacity Building:**
- For Ministries’ technical staff at all levels
  - By Dec 2014
- For local NGOs
  - By June 2015
- For 10000 local masons
  - By Dec 2015

**Milestones:**
- National period sharing
  - 2014-15
- Annual Sector review
  - 2014 and 2015
- Reinforcement and implementation of national M&E plan
  - 2014-2015
- Pan African sanitation conference
  - April 2015

### Tanzania

Using GSF and NSC funding, train additional National district / regional facilitators
Scaling up CLTS to the remaining 56 districts – total 168
Rolling out the M&E framework and MIS
Strengthen the monitoring system through Joint Monitoring visits and actions involving all key stakeholders
Strengthen stakeholder co-ordination mechanisms
   - National Steering Committee meeting and Technical Working Groups
     - ongoing
<table>
<thead>
<tr>
<th>Task</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Establish stakeholders coordination for a at regional and district level</td>
<td>ongoing</td>
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<tr>
<td>Involve private sector to meet demand for improved toilets</td>
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<tr>
<td>Get S&amp;H policy approved</td>
<td>2014</td>
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<tr>
<td>Clarify financing mechanisms</td>
<td>By June 2014</td>
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<tr>
<td>Establish public sector budget allocations</td>
<td></td>
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<tr>
<td>including sustainable financing</td>
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<tr>
<td>Capacity building including private sector; local government; including improving HR capacity at all levels</td>
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<tr>
<td>IEC strategy and S&amp;H guidelines</td>
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</table>
**Session VI: Valedictory session**

In the closing session, the emphasis was on summing up the learnings available from experiences across the region and on how to put these to use to move forward with the sanitation agenda. The connection of sanitation with health and poverty was again re-iterated, and the varied situation of the different countries represented at the workshop briefly summarised and reviewed.

Guest of Honour, Baba Jamal Mohammed Ahmed, Deputy Minister, Ministry of Local Government and Rural Development, Government of Ghana summarised, “This is not about you, and it is not about me; it is about humanity.”

The session closed with a vote of thanks to all involved in bringing about the workshop and to participants for creating an inspiring event, a situation in which challenging and learning could really happen, and for bringing forward cutting edge issues at the frontiers of scaling-up CLTS practice.
## Annex 1: Participant List

### PARTICIPANTS’ LISTS - EASTERN AND SOUTHERN AFRICA REGIONAL WORKSHOP, NAIROBI (27TH & 28TH JANUARY 2014)

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name</th>
<th>Organisation</th>
<th>E-Mail</th>
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<tr>
<td>1</td>
<td>Zahra A Mustaf</td>
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<td>3</td>
<td>A. BofManteau</td>
<td>Institute of Sanitation</td>
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<td>Otai Justin</td>
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<td>YasinAddiJama</td>
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<td>D. M Mukama</td>
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<td>Orech Nixon</td>
<td>Plan Uganda</td>
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<td>Omar Shurie</td>
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<td>RijaFanomeza</td>
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<td>JoulonyRakoioiriwa</td>
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<td>Unicef Somalia</td>
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<td>17</td>
<td>Ronnie Rwamwanja</td>
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<td>Lilian Okwiry</td>
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<td>25</td>
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<td>Audreyanna Thomas</td>
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<td>Paul Smith</td>
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<td>38</td>
<td>Lorretta Roberts</td>
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<td>Benjamin Murkomey</td>
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<td>Peter Harvey</td>
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<td>Dr. KephaOmbacho</td>
<td>Chief Public Health Officer</td>
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<td>Rebecca Budimu</td>
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<td>Francis Mititu</td>
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<td>Julian</td>
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<td>Dr.John Kariccu</td>
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<td>William Okoyo</td>
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<td>Dr.A.Nuur</td>
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<td>Janet Mule</td>
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<td>Francis Wadegn</td>
<td>GOAL Kenya</td>
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<td>52</td>
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<td>Kamlak Kar</td>
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<td>Swati Kar</td>
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<td>Deepak Sanan</td>
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<td>Sisir Pradhan</td>
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<td>Kirsty Milward</td>
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<td>58</td>
<td>Marina Madeo</td>
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<td>Edwin Wanjaia</td>
<td>Ministry of Water</td>
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<td>Charles Ngira</td>
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<td>Baba Jamal</td>
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<td>64</td>
<td>Daniel Truneh</td>
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<td>65</td>
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<td>66</td>
<td>Chris Williams</td>
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Annex 2: Workshop Schedule

Session Guideline

East Africa Regional Workshop on Scaling up of CLTS and Enhancing Area Coverage; Running the last miles towards MDG sanitation targeting the next 24 months.

Windsor Golf Hotel, Nairobi, Kenya
27th & 28th January 2014

Day-1, 27th January

Session I:

Welcome, Introduction of Objectives and inauguration of Workshop:

Community Led Total Sanitation approach has successfully challenged and influenced the dominant thinking and redefined the premise of policy making across the world. It is now a time-tested process and has proved to be efficient and effective when the political imagination has captured the essential shift from toilet construction to facilitating the process of collective behavior change. Till now, 54 countries in Asia, Africa and Latin America have rolled out CLTS as a strategic move to achieve their national sanitation targets. Communities across the world have shown great enthusiasm and interest in taking charge of their fate own and generated strong social capital to moderate the change in hygiene behavior in particular. There are numerous examples where such collective action has become a starting point of overall development in the village.

This session will convey snapshots of CLTS vis-à-vis achieving MDG targets along side the introduction of the participants, sharing of workshop objectives and keynotes by hon’able key note speaker.

Session Outline:

- Session duration: One hour 30 minutes (9.30 -11.00 hrs.)
- Welcome address by Deepak Sanan, CLTS Foundation
- Sharing of Workshop background Objectives by Peter Harvey, Regional Adviser, Unicef, ESRO,
- Keynote address by Dr. Kamal Kar, Chairman CLTS Foundation
- Remarks by guests on the Dias
- Remarks by the President, Honourable James Macharia, Minsiter of Health, Kenya
- Vote of Thanks by the Ministry of Health, Government of Kenya

Tea and Coffee Break: 11.00 -11.30hrs.
Technical Session I:

Sharing of progress on CLTS by each participating country with reference to their MDG goals.

All the participating countries will present general overview of present scenario and status of CLTS implementation. This session will provide an overview of country situation and salient features of their policy and programmes with reference to their MDG target.

<table>
<thead>
<tr>
<th>Sharing of the progress in CLTS by the participating countries with reference to their MDG goals.</th>
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</table>
| **Session Chair:** Dr. Peter Harvey; Regional Adviser, Unicef, ESRO, Nairobi;  
**Co-chair:** Dr. Kephame Ombacho, Chief Public Health Officer, MoH, Government of Kenya. |  |
| Elements | Time frame | Duration |
| Introduction of the session by chair | 11.30-11.40 | 10 minutes |
| Presentations by participating countries (Kenya, Ghana, Uganda, Tanzania, Sudan, Madagascar, Somalia, Somaliland, Puntland, Rwanda) | 11.40-13.15 | 95 minutes |
| Remarks by chair | 13.15-13.30 | 15 minutes |
| Lunch Break | 13.30-14.30 | 30 minutes |

Technical Session II:

Policy and strategies for CLTS implementation at Scale:

This session essentially highlights the aspects of enabling environment for scaled up CLTS implementation.

There are several countries in Africa, which have been trendsetters in employing innovative strategies and models to achieve faster results on the ground. Some countries have demonstrated strong political will through appropriate policy formulation that situates CLTS as the key approach to achieve sanitation objectives. Further, over the last few years, experiments have also been done with regard to different funding mechanisms and implementation strategies to achieve the progress at scale in both quantitative and qualitative terms (Fund mobilization and structuring institutional coordination).

In view of only 24 months to the MDG deadline and differential progress observed in various countries in Africa, it is high time we learn from each other about the positives and gaps that exist in national policies, which either facilitate or constrain the progress. Similarly different funding mechanisms have resulted in differential outcomes across various countries. Appropriate institutional coordination has also been a strong determinant of the pace of CLTS implementation. While some countries have made remarkable progress, with similar kind of funding, other counties have lagged behind. Hence it is important to learn the key aspects that made one country perform better than the other.
There will be two key components of the session. One part is about the policies, provisions and gaps, which form the building blocks of national CLTS agenda. The other aspect is structuring funding and institutional coordination for effective and efficient implementation. These two aspects will be discussed in two simultaneous sessions with lead presentations from a few countries. The outcome of the discussions in two parallel sessions will be discussed in the plenary at the end of the technical session with participation of all.

Session outline:

- Duration: 3 hours 30 minutes including 30 minute Tea/ Coffee break
- Split group with two parallel sessions
- Presentation of few cases in two parallel session to ignite the discussion
- Open house discussion
- Consolidation of Group finding
- Presentation of group findings and organizing a panel discussion with two Panelists and Chair.

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<th>Elements</th>
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<tr>
<td>Introduction of the session by chair of the</td>
<td>14.30-14.40</td>
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<tr>
<td>parallel session</td>
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<tr>
<td>Lead presentation for both the parallel sessions (Ghana, Madagascar, Kenya, Sudan)</td>
<td>14.40-15.10</td>
<td>30 minutes</td>
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<tr>
<td>Open house discussion in each parallel session</td>
<td>15.10-15.45</td>
<td>25 minutes</td>
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<tr>
<td>Tea/Coffee Break</td>
<td>15.45-16.15</td>
<td>30 minutes</td>
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<td>Plenary on the outcomes of the parallel sessions</td>
<td>16.15 -17.30</td>
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**Evening Cocktail and Bites:** 18.30 hrs.
Day2: 28th January 2014

Technical Session III:

Operationalizing the national strategy and tapping the opportunities of local potential actors

A single organisation or body of actors cannot achieve nation-wide ODF status. It has been experienced that many countries have worked out strategies to develop new actors of CLTS at different levels. In the process of local empowerment, the roles of the local actors who have been contributing systematically in rolling out of different aspects of CLTS implementation have been defined clearly. Many countries have achieved scale by relying upon range of local actors such as natural leaders, traditional leaders, religious leaders, local political representatives and transforming them as community consultants. Many other similar arrangements like building grass root constituencies by creating local action groups etc. have been quite effective to stimulate faster coverage. Interesting experiments have also been done with regard to developing multilayered monitoring protocols with the involvement of various actors.

This session intends to bring such experiences on the table and have discussions on the possible strategies and modus operandi to enhance the pace of work and engender faster outcome of ODF constituencies.

Session Outline:

- Duration: 3 hours
- Introduction of the topic by the chair
- Lead Presentation of experiences from two countries
- Open house discussions
- Summing up and consolidation of the session by the session’s Chair and Co-chair.

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<thead>
<tr>
<th>Operationalizing the national strategy and tapping the opportunities local potential actors</th>
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<tr>
<td><strong>Chair of the session –Chair: Deepak Sanan; Co-Chair: Loretta Robers, Unicef Ghana</strong></td>
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<tr>
<td>Introduction of the session by chair</td>
<td>9.30-9.40</td>
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<tr>
<td>Lead presentation on engaging with local Actors (Nameri Ali, Sudan, Rwanda, Dr. Jolina, Madagascar, BenzinMurkomen, Kenya)</td>
<td>9.40-10.20</td>
<td>40 minutes</td>
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<tr>
<td>Presentation on ODF monitoring involving different actors- Kenya</td>
<td>10.20-10.40</td>
<td>20 minutes</td>
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<tr>
<td>Open house discussion</td>
<td>10.40-11.05</td>
<td>25 minutes</td>
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<tr>
<td>Summing up of the session and remarks by discussants</td>
<td>11.05-11.30</td>
<td>25 minutes</td>
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<tr>
<td>Tea/ Coffee Break</td>
<td>11.30-12.00</td>
<td>30 minutes</td>
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Session IV: Community Led Total Sanitation for larger health outcomes and other MDG targets.

Experiences of CLTS suggest that most ODF villages across the world achieved far more than basic sanitation. Knock on effects of sanitation spread through solid and liquid waste management to livelihood, agriculture, food security and so on. The precious social capital generated through the CLTS process has successfully leveraged the achievements directly or indirectly in other MDG goals like Goal 1; Eradication of poverty, Goal 4: improve child mortality and Goal 5: Improve maternal Health.

Hence there is an urgency to both realize and disseminate this cross cutting nature and enhanced scope of CLTS action and forging institutional collaboration of these actors who are usually perceived as limited to the sanitation realm.

Session outline:

- Duration: 1 hours 30 minutes
- Lead presentation on post ODF action and knock on effects from select countries
- Open house discussion
- Reflection by Co chair
- Consolidation and remarks by the Chair

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<tr>
<th>CLTS for larger health outcomes and other MDG targets</th>
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<td><strong>Chair of the session – Dr. Kepha M Ombacho, CPHO, MoH, Kenya</strong></td>
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<td><strong>Co-chair – Daniel Truneh, SNV Kenya.</strong></td>
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<tr>
<td>Introduction of the session by chair of the parallel session</td>
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<tr>
<td>Lead presentation (Dara Johnston, Somalia, Rwanda, Madagascar, Audreyanna Thomas, Guyana)</td>
<td>12.10-12.55</td>
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<tr>
<td>Open house discussion</td>
<td>12.55-13.15</td>
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<tr>
<td>Summing up of the session and remarks by discussants</td>
<td>13.15-13.30</td>
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<tr>
<td>Lunch Break</td>
<td>13.30-14.30</td>
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Session V:

Running the last miles! What can we achieve in the remaining 24 months.

Most countries in the region are off track with respect to MDG sanitation target. There has been a differential progress made by the countries in the region. Some have doubled/tripled the target achievement over the last couple of years and have a clear plan of action for the remaining two years. Do we have a very clear roadmap converging all institutions, available resource, tapping traditional and non-traditional potential with appropriate structural space? How much are we going to miss out? Which are the low hanging fruits in terms of achieving
targets? What gaps do we foresee to be able to optimize our focus and achieve the most out of the remaining 24 months.

This session will dwell on the above questions and outline workable strategies to better utilize the next two years to safeguard national pride and let millions of children celebrate their 5th birth day.

- Introduction of themes by Dr. Kar with lead presentations on possibilities.
- Presentation by select countries, which have developed the MDG roadmaps.
- Country-wise discussions and presentation of a plan to come up with the road map for next 24 months.
- Consolidation and way forward.

**Session V: Running the Last Miles**

*Session Chair: Ann Thomas, Unicef, ESRO, Nairobi; Co chair: Loretta Roberts, Unicef, Ghana, Special contribution: Dr. Kamal Kar, Chairman CLTS Foundation.*

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<td>Introduction of theme by Dr. Kamal Kar</td>
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<td>Working session</td>
<td>14.55-15.30</td>
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<td>Country sharing</td>
<td>15.30-16.15</td>
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<td>Summing up by chair</td>
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<td>Tea/Coffee Break</td>
<td>16.30-17.00</td>
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**Session VI: Valedictory session**

Brief proceedings of the workshop will be presented before the distinguished guests and panelists present in the valedictory session. Comments will be invited from the participants from different countries and the workshop will be closed with closing remarks from the distinguished guests followed by a vote of thanks giving by the organisers.

**Valedictory session: 17.00 hrs. - 17.45hrs.**

- Presentation of brief proceedings by documentation team
- Remarks by distinguished guests
- Vote of thanks

*Guest of Honor: Baba Jamal, Deputy Minister, Local Governance, Ghana.*