

**HIGH-LEVEL ADVOCACY WORKSHOP
AND TECHNICAL SESSION
ON
COMMUNITY- LED TOTAL SANITATION
NAIROBI
SEPTEMBER 14TH -17TH, 2015**

Organisation and Facilitation
UNICEF Somalia and CLTS Foundation

Report Writing

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Contents

1. Introduction	4
Background to the Workshop	4
Sanitation Status and Policy context.....	4
Challenges in Implementation and scaling up:	5
2. Objectives of the Workshops	5
Objectives of the Advocacy Workshop: September 14 th -15 th	5
Objectives of the Technical Workshop: September 16 th -17 th	5
3. Profile of the Participants	6
4. Sessions Overview	7
4.1. Mapping Expectations.....	7
4.2. Presentation by Chief Macha	8
Overview of sanitation in Zambia	8
Key learnings in Zambia’s scaling up experience	8
Key strategies for ODF success	9
Recommendations for an ODF Somalia – Chief Macha.....	9
Participant speak.....	10
4.3. Presentation by Ms. Ruth Koki Mwanzia: County Health Minister, Kitui County, Kenya	11
Overview of sanitation in Kitui County, Kenya	11
Key learnings in Kitui’s process to achieve ODF outcomes.....	11
Key strategies for ODF success	12
Recommendations for an ODF Somalia - Madam Ruth.....	14
4.4. Sessions by Kamal Kar.....	14
Advocacy Workshop.....	14
Technical Workshop.....	18
5. Group Exercises and Presentation Points	20
5.1. Advocacy Workshop Groups.....	20
Group Exercise	20
Presentation Points.....	21
5.2. Technical Workshop Groups	27
Group exercise.....	27
Presentation Points.....	28
5.3. Summary of Action Plan by regions.....	30
6. Summary of Recommendations from the group work sessions and interactive discussions...	30

Policy and Advocacy.....	30
CLTS Implementation and scale up.....	31
Coordination	31
Monitoring & Verification.....	31
Change of attitude & Integration	31
Annexure 1.....	33
Advocacy Workshop Participants' List.....	33
Technical Workshop Participants' List.....	35

1. Introduction

Background to the Workshop

UNICEF Somalia has, since late 2012, led community-led sanitation initiatives in Somalia to end open defecation (OD) and improve access to sanitation and hygiene, particularly in rural settings. In October 2014, UNICEF Somalia engaged CLTS Foundation to facilitate a 5 days' Master training of trainers' (TOT) workshop at Hargeisa, Somaliland, as part of its efforts to strengthen the capacity of key resource people to effectively implement and monitor Community-led Total Sanitation (CLTS) initiatives in Somalia. Attended by officials and public health officers from the Ministry of Health, local and international NGOs and the UNICEF WASH teams from Somaliland, Puntland and the South Central region of Somalia, this TOT was a strategy towards scaling up CLTS implementation in the country.

In September 2015, UNICEF Somalia partnered with CLTS Foundation once again to facilitate two 2-day workshops for key stakeholders from Somalia. One was a high level **Advocacy workshop** to institutionalise CLTS in Somalia. This was attended by senior officials – Ministers and Director Generals – from the government and representatives of donor agencies and international NGOs. The second workshop was a **Technical workshop** for scaling up CLTS implementation in Somalia. The target audience for this workshop were master trainers, front line government officials, members of local and international NGOs and UNICEF WASH teams. The workshops were held in Nairobi from September 14th- 15th and from September 16th- 17th respectively and was designed and facilitated by Dr Kamal Kar with support from Ms Preetha Prabhakaran of CLTS Foundation. The UNICEF Somalia WASH team, led by the Chief of WASH, Mr Dara Johnston and WASH Specialists, Mr Charles Mutai and Mr Rufus Eshuchi, provided key inputs and supported the co-facilitation of the workshops. In the spirit of learning and sharing from other country experiences and utilising it as an effective strategy to import useful lessons, two key resource persons were invited to share their country experiences, inspire and offer guidance to the participants at the workshops. These were Honorary Ms Ruth Koki Mwanza, Kitui County Health Minister from Kenya and His Excellency Chief Macha, the traditional head of Macha chiefdom in Choma district in Zambia.

Sanitation Status and Policy context

The Ministries of Health in Somaliland, Puntland and the South Central region have officially endorsed CLTS as the national sanitation strategy and emphasised on the universalisation of 'collective behaviour change' strategy in all government and partner initiatives. This is seen as a major breakthrough in the nation's sanitation policy that has thus far been driven by donor funds aimed at toilet construction. As proven elsewhere in the world, this strategy has in itself been ineffective in increasing both sanitation coverage as well as usage in the country. Besides, the fragile security situation that has ravaged the country for years literally puts aid out of reach for most Somalians. In this context, CLTS is seen as an effective strategy to rapidly change the sanitation scenario in Somalia and involve the community people more actively in achieving better sanitation and health as key development outcomes.

The dangers presented by Somalia's inadequate sanitation and hygiene situation is reflected in its alarming rate of open defecation and related human development statistics. At present, at least 83% of the rural population defecate in the open (4th highest in the world). The national average for OD stands at over 50%. The seriousness of the health situation in the country is underlined by frequent cholera and wild polio outbreaks combined with increasing number of diarrhea and cases of U-5 mortality, resulting from poor sanitation. Diarrhoea rate for U-5 children is estimated to be 2 out of every 5 children and every hour one child under 5 years of age dies due to water and sanitation related

illnesses. Somalia's Infant Mortality Rate (IMR) is 180 (for every 1000 live births) which is the 3rd highest in the world.

Challenges in Implementation and scaling up:

Though the national policy incorporates CLTS as the core strategy, its translation into action and outcomes has been a challenge. The reasons are several, some of them being: the continuation of a subsidy policy by donor and implementing agencies, inadequate understanding and capacity for effective community engagement and CLTS implementation, lack of systems and protocols to guide effective action etc. The recent workshops organised by UNICEF Somalia were aimed at addressing these concerns and blockages to generate an enabling environment for better policy implementation and equipping key stakeholders with the technical knowledge, attitude and skills essential for effective CLTS implementation and scale up.

2. Objectives of the Workshops

Objectives of the Advocacy Workshop: September 14th-15th

- To gain a clear understanding of the Community-led Total Sanitation (CLTS) approach with special reference to institutionalisation and ensuring right enabling environment for scaling up sanitation in Somalia
- To understand the meaning of open defecation free (ODF) environments, including clarity on collective behaviour change for health outcomes vs target driven latrine construction for geographical coverage
- To understand and appreciate the new role of the government as enablers and process facilitators rather than as direct implementers
- To discuss, understand and strategize a plan of action or recommendations to ensure :
 - Mechanisms for inter and intra ministerial/institutional collaboration
 - Scaling up CLTS by mainstreaming Natural Leaders and Community Consultants

Objectives of the Technical Workshop: September 16th-17th

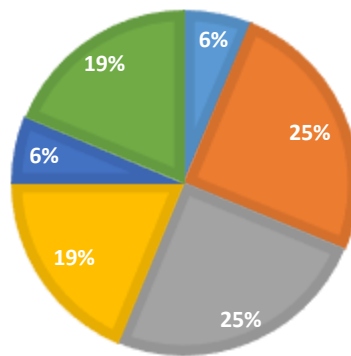
- To gain a clear understanding and knowledge on the principles, rationale, methodology, applicability and limitations of Community-led Total Sanitation (CLTS) in order to achieve ODF with special reference to Somalia.
- To understand the importance of all 4 stages of the CLTS triggering process
- To understand the importance of focusing on outcomes (ODF) rather than outputs (latrine construction)
- To understand the criticality of engaging diverse set of stakeholders in the scaling up process
- To discuss strategies for scaling up CLTS across all zones of Somalia to expedite CLTS implementation and achieve ODF status in an incremental rate with a clear emphasis on engaging with Natural leaders and community consultants

3. Profile of the Participants

The Advocacy workshop had 36 participants including high ranking government officials such as Ministers, Director-Generals and Advisors from the Federal Government, Somaliland, Puntland, Jubaland, Galmudug local administration and Interim SW Administration. Participants included representatives from the following ministries: Ministry of Health, Ministry of water, Ministry of Planning, Ministry of Energy & Water Resources, Ministry of Education, Ministry of Interior and Ministry of Planning & International Cooperation. The participation of the above ministries is deemed critical in the implementation of the sanitation agenda for effective planning, budgeting and allocation of resources and inter-ministerial coordination that is necessary for fostering an enabling environment for institutionalising CLTS in Somalia.

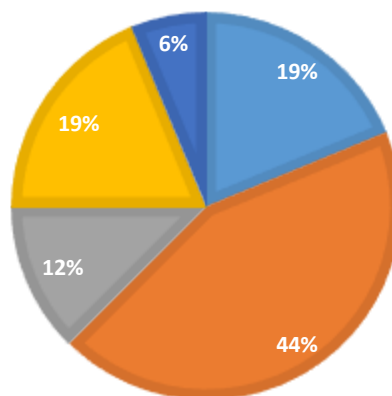
REGION WISE MINISTERIAL PARTICIPATION

■ Puntland ■ Somaliland ■ Federal Government
■ Galmudug ■ Jubaland ■ Interim SW



MINISTRY WISE PARTICIPATION

■ MOP/MOPIC/MONPD ■ MOH ■ MOW/MOWER ■ MOE ■ DMA



The Technical Workshop was attended by members from the international NGO community operating in Somalia. The participants also included CLTS master trainers who are part of the government and NGO staff. UNICEF WASH teams were present at both the workshops.

A list of the workshop participants has been attached at the end of this report as an Annexure.



4. Sessions Overview

4.1. Mapping Expectations

The participants came up with a number of expectations that were clubbed under the following thematic topics as mentioned below.

- CLTS Tools and Techniques
- Knowledge of CLTS
- CLTS Facilitation Skills
- Aspects of Collective behaviour change
- ODF Strategy
- Scaling up strategy
- Advocacy and Institutional Collaboration
- How CLTS works in particular social contexts
- Monitoring & Evaluation of CLTS
- Lessons learnt and sharing of experiences

4.2. Presentation by Chief Macha

In his presentation, Chief Macha gave an overview of the sanitation scenario in Zambia and highlighted the key role that the institution of Traditional Chieftdom had played in improving access to sanitation in Zambia.



Overview of sanitation in Zambia

The Ministry of Local Government and Housing is mandated to provide water and sanitation in Zambia. The strategy to attain ODF by 2020 is driven by increased sanitation coverage in rural and peri-urban areas. By 2015, CLTS approach was implemented in 73 of 92 rural districts, and achieved 5000 ODF villages with 2.5 million people having access to sanitation.

CLTS was implemented as a pilot project in Choma district of Zambia in the year 2007 and was instantly successful. The overall latrine coverage increased from 23% to 88% in the district. Nine out of the 12 villages triggered during the pilot exercise achieved more than 90% coverage. In one of the communities, latrine coverage increased from 14% to 102% - there were more latrines than households! After its success in Choma district, CLTS was scaled up to other districts and provinces of Zambia. A number of people were trained as CLS facilitators and among these were Chiefs, Ward Councilors, Environment Health Technicians and other government officials. Within 2 years of CLTS in Zambia, significant coverage was achieved in 5 chiefdoms: Macha, Singani, Hamaundu, Mapanza and Moyo. In the year 2009, Macha Chiefdom attained 100% latrine coverage and achieved ODF status.

Zambia at present has 23 certified ODF chiefdoms. Several chiefs are CLTS champions who collaborate with other chiefs to build their capacity on CLTS and provide guidance on achieving ODF.

Key learnings in Zambia's scaling up experience

1. CLTS is not about constructing toilets – it is about changing attitudes, mind-sets
2. Inclusion of key stakeholders is essential for sustainability – the mainstreaming of Traditional Leaders within the government and creating effective and efficient traditional structures has been a key success factor
3. Real time Monitoring and Information Management to support planning is crucial– with clear reporting system
4. It is important to have well trained CLTS facilitators – capacity needs to be built among a diverse set of actors and not just those mandated to implement sanitation programmes
5. Integration of other government line ministries in the sanitation programme – All ministries have to work together
6. Harmonization of CLTS activities through National Guidelines.
7. Access to clean water is a key challenge that can hold back progress
8. Government needs to increase its share of funding for CLTS activities
9. Need to overcome traditional taboos – For e.g. in some families it is a taboo for the daughter-in-law to share the toilet with her in-laws

In response to the participants' questions about how Zambia's experience could be adapted to the Somalian context, Chief Macha offered the following suggestions:

Key strategies for ODF success

1. Commitment is the key in any context!!!
2. Next is capacity building – everyone needs to understand CLTS
3. CLTS is an approach to empower people to define their own problems and find their own solutions
4. Empower chiefs – Expose them to other country CLTS experiences
5. Collective behaviour change – important for sustainability- if people spend money and build toilets they will use it
6. If health is a priority for the government it has to reflect in its budgeting as well
7. Use funds judiciously – take them to the people for CLTS facilitation in the villages, instead of holding workshops in hotels.
8. Additionally the reporting system has to be strong – information has to flow from the village to headman to chiefs to ministry. This can be quite challenging
9. Go with a clean slate to the community – if the facilitator looks very knowledgeable then the community will misunderstand her/him
10. Pre-triggering is most important – just mingle and talk, don't preach, exercise public relations – must be very carefully done, talk to children. If you have missed this part, triggering won't be effective.

Recommendations for an ODF Somalia – Chief Macha

1. Use traditional structures effectively - Involve traditional chiefs and village/religious/clan leaders in the CLTS campaign in Somalia
2. Clan leaders live with their people – develop them as key sanitation drivers as they can change well entrenched cultural taboos
3. Ask the Somalian people how they would like to handle their problem
4. Nomadic populations make a fence for their animals. Likewise they can also make their latrine
5. Establish sanitation monitoring committees in the villages.
6. Use the media effectively - When ODF villages are covered in the news, other villages read about it and get influenced
7. Dependence on foreign aid- can be dangerous – and unsustainable
8. Need to find a strategy to reduce the aid-dependency of the communities

Participant speak



In Somalia the chiefs have power. One cannot enter the community without the consent of the chief. Also the chiefs are the ones who elect the MPs – there is a strong connection between the tribes and the regional/ federal level

Mohamed Said Abdilahi

Advisor to Ministry of Planning and Advisor to the President

Today Somalia is decentralising so it is a good time to implement CLTS. Regional states will enable the government to speak to people more.

Sanitation and Hygiene are the basics for development – it has to be people centred and people led

Hassan Dimbil

Deputy Minister of Health, Somaliland

All those who are participating here will take back a comprehensive report to the Ministry. Within the ministry we have to understand what we need and what can be done. The Ministry should make efforts to mobilise the community

In the Somalian culture, it is shameful to talk about shit, but we have to change this social norm.

We all need to change our attitudes - not just the community!!

Important take-aways

1. Use existing structures
2. Involve informal leadership
3. Train human resources at multiple levels
4. Social solidarity
5. Involve different ministries
6. Collective behaviour change leads to sustainability

Omer Haji Mohamed Shuriye

Director General of Ministry of Energy and Water- Somalia

Cleanliness is a part of the Somalian culture. The crucial thing is to raise people's awareness about it.

Creating ODF communities will benefit the community as a whole - they don't need to be paid for it

4.3. Presentation by Ms. Ruth Koki Mwanzia: County Health Minister, Kitui County, Kenya

Ms Ruth shared her experiences of implementing CLTS in the Kitui County of Kenya, one of the frontrunners among the 47 counties in the country. She spoke to the group about the role of the government and the traditional structures in facilitating the process to achieve ODF environments among rural Kenyan communities.



Overview of sanitation in Kitui County, Kenya

Kitui County embraced CLTS as a strategy towards achieving ODF in 2010. By mid- 2012, 70 villages were claimed ODF. At present, out of a total of 4670 villages, 1141 are ODF. A total of 93 health practitioners have been trained on CLTS and over 1200 natural leaders have emerged.

The impact of CLTS in Kitui County has been significant. Diarrheal diseases have reduced by 10%. Since the beginning of CLTS approach, there has been no cholera outbreak in the county. The living standards of people have considerably improved. Furthermore, progress is being made towards rescuing the KSH 859 million that Kitui County loses annually due to poor sanitation.

Key learnings in Kitui's process to achieve ODF outcomes

1. CLTS is not about only health – it is an issue of economics, human rights, human dignity
2. Triggering behaviour change among political leaders and decision makers is essential
3. Encourage and support the emergence of Natural Leaders
4. Resource gaps can be bridged by establishing and strengthening partnerships
5. Discourage subsidy in order to strengthen community ownership and sustainability
6. Once communities are triggered they become innovative and are able to identify and use resources within their reach.
7. Behaviour change begins once people learn that they are ingesting other people's or their own shit. High sense of shame, disgust and fear hold the power to ignite people to take action and use their own resources to stop OD
8. CLTS is guided by consultation and learning from the community, including the children
9. The ODF process should go beyond the household and focus on markets, schools, public places etc.

Key strategies for ODF success

1. Working with both Traditional and County Government structures (sub county administrators, ward administrators, village administrators and village council of elders)
2. Clear role for the government as duty bearer in implementing and scaling up CLTS.
3. The County Government has to take on the role of leading all partners and donors to plan, implement, monitor and evaluate. In Kitui, process led by the government.
4. The CLTS process is led by the government. It is important to work with donors and partners, but the strategy and the roadmap is set out by the government
5. Establishment of CLTS knowledge hub to capture and disseminate learnings
6. Delivering as one (stakeholders)

In her presentation to the group, Ms Ruth outlined the clear roles that the government and the traditional structures assumed in the CLTS implementation and scaling up process:

Government; The Duty Bearer



**Planning for CLTS including budgeting-FY2014/15 Ksh 10 million
-FY2015/16 Ksh 74 million**

Capacity building; empowering communities to be in charge of their sanitation

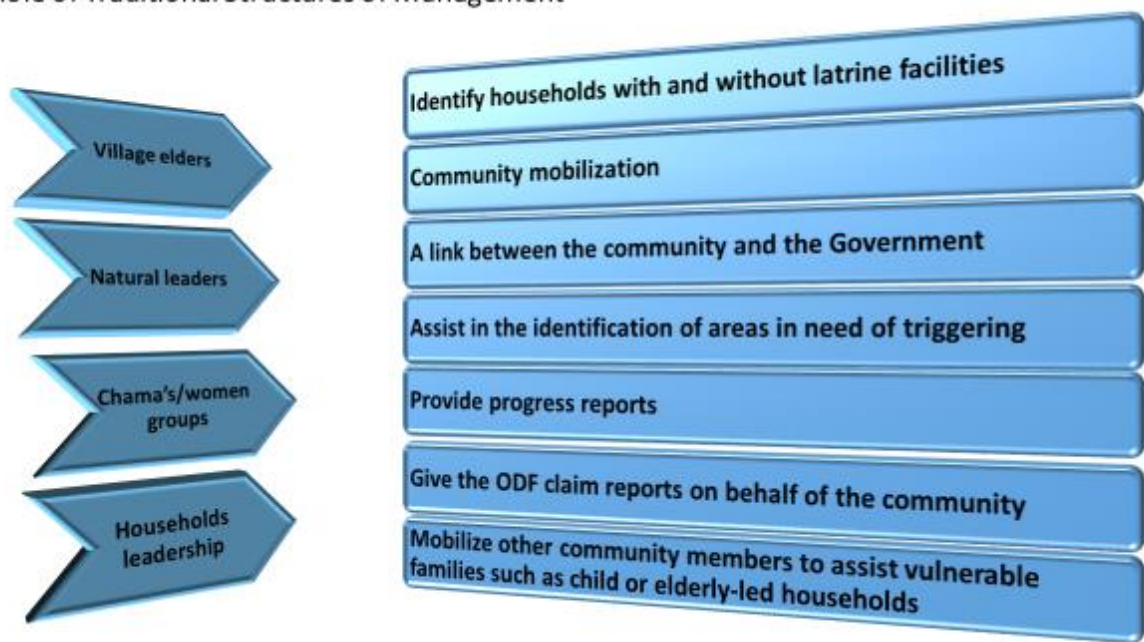
Identifying and supporting emergence of natural leaders

Establishing and strengthen partnership e.g. with UNICEF Somalia

Support periodic evaluation to assess progress and inform future planning

Establish a framework to support post ODF activities (sustainability)

Role of Traditional Structures of Management



Recommendations for an ODF Somalia - Madam Ruth

1. Government is the duty bearer - should ensure that 'right to sanitation' for the people is actualised
2. Government has to take the lead in planning and budgeting – involve and guide all partners – but leave the implementation to the community
3. Donors can help in bridging resource gap but not in setting the sanitation agenda for the people
4. Inter-ministerial cooperation is a must! Sanitation cannot be the responsibility of one ministry alone. Sanitation is everyone's business, it has to form part of planning of all ministries
5. One has to convince all ministers how improved sanitation can help meet their ministry goals – thus make all ministries put in money for sanitation
6. Planning has to be backed by budgets.
7. Empower by building capacity - Once the community is empowered scaling up will happen spontaneously.
8. Develop institutional champions – MOH and MOP can be champions
9. Identify new (maybe informal) structures that you can use for CLTS implementation and scaling up such as women's groups
10. Identify and support Natural leaders
11. Community health volunteers are champions in their respective villages – use them

4.4. Sessions by Kamal Kar

Advocacy Workshop

At the advocacy workshop, Kamal Kar addressed the senior level government officials with the following:

“You have been one of the front runners in open defecation in the world. Do you want to change your status and become one of the frontrunners in the journey towards ODF? How many of you think that if you try no one can stop you? Whoever thinks so, raise your hand?”

Over the 2 days of the workshop, he enthused the government officials with new energy and the drive to take on their role as leaders of their country and make the right decisions that will take their country into good health and prosperity. Drawing their attention to the perils of open defecation and the cumulative burdens that it added with every passing year to Somalia's economy and the well-being of Somalians, Dr Kar urged the senior government officials to take responsibility for the situation. He said *“In Somalia, if the situation of IMR/CMR/diarrhoea does not change and millions of children continue to die, you will be held responsible and you cannot dismiss this responsibility as office bearers elected by the people of this country.”* He said that whatever has to be done will need to be done by the Somali people – *“Nobody from outside will come and do this for you. This is a silent emergency. The worst affected are children who do not have a voice and they are dying every day due to illnesses which you can stop. Let's not make this business as usual. You have to be serious and quick about this.”* He added

that it was up to the group what they wanted to do differently to change the situation and they had to think about this over the next 2 days.



Dr Kar motivated the group by highlighting that the situation could be changed and it wasn't rocket science. Open defecation could be eradicated by generating an enabling policy environment, allocating adequate budgets and trained resources to translate policy into action, coordinating efforts within and between ministries towards a common goal and establishing working partnerships with key sanitation actors. All it required as a starting step, was political will and commitment to work towards an ODF Somalia. Once this was secured, it was a matter of putting the right resource mix together and focusing on making things work.

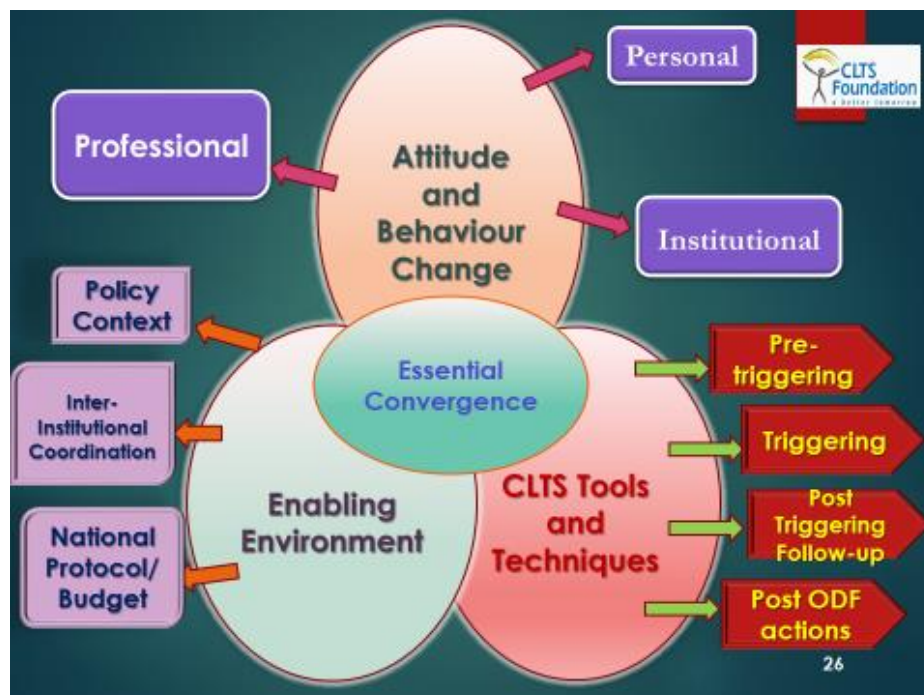
Dr Kar facilitated a number of participatory exercises that required the participants to work individually and in smaller groups, reflect upon the current challenges and the existing gaps in the way they were approaching and addressing issues; and brainstorm on short and long term strategies and action plans to achieve ODF targets. Sessions involved group discussions and presentations, learning and sharing within smaller groups and group presentations to the larger group for suggestions and feedback. At the end of each exercise, recommendations were sought from the participants. These have been summarised in the section on 'Recommendations' in this report.



Key points highlighted at the workshop were:

1. Community-led Total Sanitation (CLTS) is an innovative approach for empowering communities to completely eliminate open defecation (OD). It focuses on igniting a change in collective sanitation behaviour, which is achieved through a process of collective local action stimulated by facilitators from within or outside the community. CLTS involves no upfront individual household hardware subsidy and does not prescribe standardised latrine models.
2. Since the emergence of CLTS in the year 2000, it has led to paradigm shifts in policy and practice of national governments, donor and implementing agencies.
 - a. The term “ODF” emerged from CLTS for the first time in the history of sanitation.
 - b. Shift in indicator of measuring progress from counting latrines to counting of ODF community as an outcome not as output
 - c. Distinct shift from Target driven Partial Sanitation to Community Led Total Sanitation occurred in the thinking process of major sanitation actors
 - d. Behaviour change started receiving priority over household level infrastructure building
3. Challenges of scaling up CLTS globally have been :
 - a. Governments used to subsidy driven approach resisted making the policy shift towards community empowerment
 - b. Without policy and a nation-wide strategy with roadmap and adequate resources, institutionalisation and large-scale scaling up was not possible
 - c. Mandate for sanitation/WASH rested with ministries focused on infrastructure creation rather than measuring health outcomes
 - d. Focus on toilet construction continued
 - e. While some nations realized the need for behaviour change for sustained health outcomes, changing the mind-set of some donors to modify funding guidelines posed a new challenge
 - f. Weak inter and intra-institutional coordination and lack of functional linkages between organisations and departments blocked effective convergence of efforts
4. Where CLTS has been successful, innovative strategies have been employed by countries, some of them being :
 - a. **Sanitation led by Ministry of Health/Public Health focusing on health outcomes rather than infrastructure creation** - Kenya, Ethiopia, Indonesia
 - b. **Clear national sanitation strategy with ODF target and roadmap**
 - i. Achieved ODF communes, sub-districts, districts
 - ii. Successfully created a healthy competition amongst the local governments within the country which triggered national ODF campaign. E.g. Madagascar, Kenya
 - c. **Transforming mindsets of donor agencies**

- i. Countries like Ghana (WB), Chad (EU) succeeded in transforming major donor's funding mechanism and terms as decided by the country themselves rather than the outsiders
 - d. **Establishing appropriate enabling environment** helped in converging the efforts of multiple actors towards realizing the national goal rather than disconnected and piecemeal success on CLTS
 - e. Established **organic scaling-up mechanisms**
 - i. Widening network with Natural leaders and Community Consultants
 - f. Emergence of **CLTS champions at highest leadership level**
 - g. As the success of communities attracted the attention of local governments, the national level political leadership became interested to show case the success at the country level and emerge as champions in the region. E.g. Malawi, Madagascar, Zambia
 - h. Need for abolishing the practice of OD is being stressed by a set of new champions emerged at the highest levels of national political leadership (President, Prime Minister of Madagascar, Timor Leste, Kiribati, Ministers of Ghana, Cote De Ivory, Malawi, Kenya, etc.)
- 5. Critical elements for CLTS success – CLTS is not a magic bullet and it does not operate in a vacuum. The knowledge and skills of the CLTS methodology will only be effective when it is supported by an enabling policy and institutional environment along with behaviour change at all levels of governance and administration and not just the community.



Technical Workshop

The main objective of this workshop was to equip the participants with the knowledge and skills related to the CLTS methodology and to address the challenges encountered on the field through interactive discussions and sharing of experiences from other countries where CLTS has faced similar challenges.

Dr Kamal Kar started the workshop by addressing the issue that CLTS was being implemented in Somalia since 2012 – for the past 3 years - and yet there were no ODF villages. He drew attention to the fact that once communities were triggered, it was challenging to go back and re-trigger them. Hence, it was a matter of grave concern that the teams were unable to convert triggered villages into ODF. This meant that all had to go back to the drawing board and revisit the basics of the CLTS approach to ensure that the key principles were understood and being followed.



- During the workshop, in addition to the some of the points covered in the advocacy workshop, Dr Kamal Kar addressed the following points:
 1. Meaning of ODF – It is not counting of toilets but ensuring a contamination-free environment by eradicating all pathways of faecal-oral contamination.
 2. CLTS is not only about Triggering. There are 4 different and equally important stages of the CLTS process starting with Pre-triggering and moving on to Triggering, Post-triggering follow up and continuing with post ODF activities even after the community has achieved ODF status. Usually the first and the last stage of the CLTS process are neglected. If the pre-triggering is not done well, then triggering will fail. Similarly if post-ODF activities are not given attention to, sustainability of behaviour change and sanitation facilities can be challenging.
 3. When you trigger 3 things happen: Those who have received toilets in the past say they will start using it from that day; those who don't have toilets start digging; and those who can't do either – the first two groups help out the 3rd group or allow them to use theirs and gradually

they build their own. The key point here is that the community as a whole decides not to continue eating shit even for another day. This is the sign of effective triggering.

4. The three criteria for ODF verification are :
 - a. There is no faeces visible outside in the community; this is to indicate that faeces is safely confined
 - b. The latrine is completely covered with a lid and there are no flies in the area
 - c. The community members wash their hands with soap or ash after defecation (this is to stop all routes of faecal-oral contamination)

5. It is important to engage diverse set of stakeholders during the facilitation process. For e.g. if the facilitators are from outside of the community you have to form a core group around you – involve the traditional/clan leaders, local leaders, natural leaders, elected representatives, school teachers, health workers, community development workers, religious leaders etc. from the community. This will help you get access and buy-in from the community.

➤ The CLTS facilitators present were asked to share a list of challenges that they encountered in the process of CLTS implementation in the regions of Somalia. The following were highlighted by the group:

- There is no political buy-in from the higher levels of decision making
- Agencies continue to give out subsidies which defeats the purpose of CLTS
- Female facilitators find it difficult to do CLTS triggering (talking about shit seen as a cultural taboo)
- Lack of water
- Difficult to dig in some places
- Lack of local materials
- No active governance structures are present
- Lack of post-triggering follow up
- Lack of monitoring
- Lack of personnel /teams to do the verification
- Difficult to eradicate OD with floating populations or when visitors to the village practice OD
- When NGOs shift from provision of subsidies to the CLTS approach, communities start mistrusting them.
- Triggering and post-triggering follow up done by separate teams/ organisations
- Fragile security situation impacts post-triggering follow-up
- Costs are higher because of the volatile situation



In the discussions that progressed over the 2 days of the workshop, the above issues were addressed and debated. Recommendations to address these challenges were sought from the participants and resource persons present - these have been included in the last section on 'Recommendations'.

➤ In another exercise, the participants were shown a film which showcased the process of CLTS implementation and scaling up in Madagascar. After the film, they were asked to point out few

basic activities which were not currently being done in Somalia during CLTS facilitation and follow up. The participants noted the following points:

- Do not erect signboards during ODF celebration
- Do not separate adults and children during facilitation
- Handwashing is currently not part of ODF criteria

The participants highlighted the following as useful take-aways:

- Government leadership is important, in Somalia it is led by NGOs
- Community has to lead the way
- Role of children as change agents
- Start simple and grow
- Focus on easy targets to create successful examples
- Effective triggering is important
- Consistent post-triggering follow up is required
- The toilet model has to be simple, culturally acceptable
- Sensitivity to the natural environment – participatory technology development
- Toilets must be fly-proof

5. Group Exercises and Presentation Points

5.1. Advocacy Workshop Groups

Group Exercise

The participants formed groups based on which state/region they represented. They were asked to come up with an action plan with the following key questions in mind:

1. What will be the Institutional structure?
2. Plan, target, roadmap for the next 6 months?
3. Role of each ministry and role of external agencies?
4. Outcome – how many ODF villages? How many NLS?
5. Budget?
6. Timeline?



Presentation Points

Group 1: SOMALIA FEDERAL GOVERNMENT

<p>Institutional Structure</p>	<pre> graph TD IMWSC["IMWSC –MoH, MoEWR, MoE, DMA and MoPIC (is the chair)"] --> Ministerial Ministerial --> DGLevel["DG Level"] DGLevel --> DeptLevel["Departmental level (WASH units of line ministries)"] DeptLevel --> RegionalStates["Regional States"] RegionalStates --> Region RegionalStates --> District RegionalStates --> Village </pre> <ul style="list-style-type: none"> • Formulation of policies, strategy, guidelines/standard • M&E framework in place • Overall sector coordination • Resource mobilisation 			
<p>Role of external agencies</p>	<p>Knowledge and experience sharing Resource mobilisation Capacity building and technical assistance In line activities with that of the government</p>			
<p>Funding arrangements</p>	<p>Government commit funds (IMWSC will advocate) Mobilize donor funds</p>			
<p>Target</p>	<p>Activity ODF</p>	<p>target 60%</p>	<p>responsibility all stakeholders led by MoPIC</p>	<p>timeframe 2020 (5 years)</p>
	<p>Verification and certification</p>	<p>1,000 communities</p>	<p>IMWSC led by MoPIC</p>	

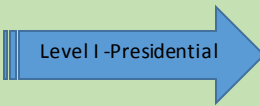
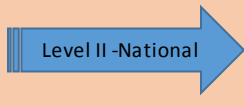

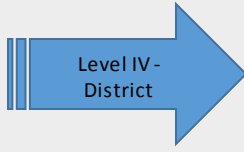

Engagement of informal leaders	Identify emerging NL, traditional leaders and women groups Empowering them
Outcome	By 2020 60% ODF (around 1,000 communities)

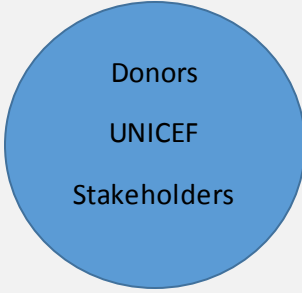
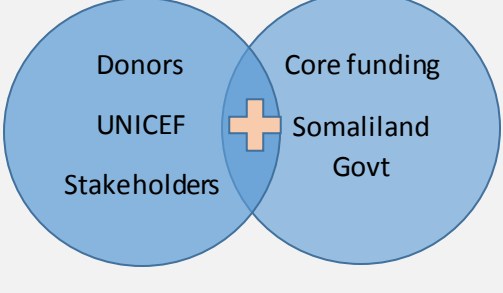
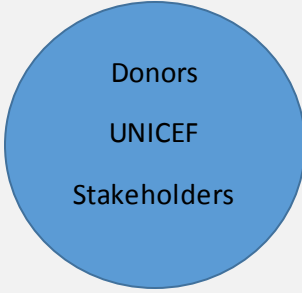
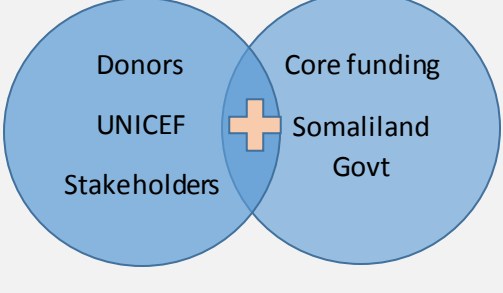
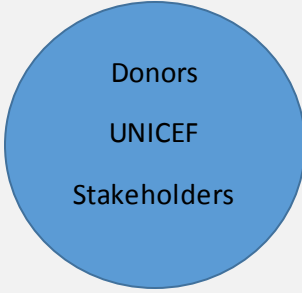
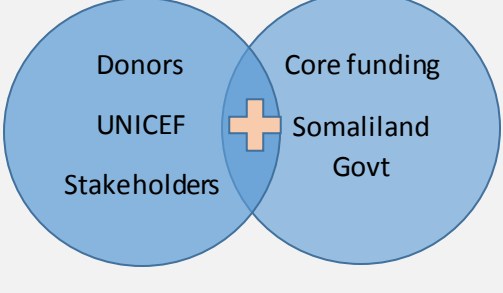
Group 2: South West State Administration

Institutional Structure	MoH as lead MoP, MoE, Mol, MoW&ER All these ministries will act the steering committee (October) Roles and responsibilities Policy development and guidelines for sanitation and hygiene Development of ToR T.C. Responsible for certification of ODF
Role of each ministry	MoPIC - Planning for overall sub national CLTS programs MoE - Promotion of hygiene and sanitation for school children and public places + curriculum Establishment of safe and sanitary environment Mol (information) - Dissemination of sanitation messages through the media MoW&MR - Provide safe water to the communities Mol - coordination regional + district and village level leaders MoH - Mapping of project and prioritising regions Training/capacity building for CLTS supervisor Training or mobilisation of natural leaders Identifying locally available materials for (construction of latrines)



Group 3: Somaliland (NWZ)

Institutional Structure	Level	Structure	Responsibilities
	 <p>Level I - Presidential</p>	<p><u>ODF Commitment</u></p> <ul style="list-style-type: none"> • high level commitment to end OD 	
	 <p>Level II - National</p>	<p><u>Steering committee (Ministries)</u></p> <ul style="list-style-type: none"> • <u>8 ministries</u> • <u>MoH, MRW, MoE</u> • <u>MoRA, MoEnv. MoPND</u> • <u>MoI, MoNF</u> <p><u>Technical Committee</u></p> <ul style="list-style-type: none"> • <u>DG/Directors</u> 	<p><u>Steering committee and UNICEF</u></p> <ul style="list-style-type: none"> • Develop ToRs for Technical Committee • Policy issues/sanitation strategy • Certification of ODF Committees <p><u>Technical Committee + UNICEF + INGOs + NNGOs</u></p> <ul style="list-style-type: none"> • Develop national roadmap/work plan • Organising National Level ToT • National level M&E • Recommendations to ST for certification of communities
	 <p>Level III - Regional</p>	<p><u>Focal Point</u></p> <ul style="list-style-type: none"> • Regional Officers 	<p><u>Regional focal points + UNICEF + INGOs + NNGOs</u></p> <ul style="list-style-type: none"> • Baseline information • M&E for regional level • ToT cascade to district/village • Identification & selection of target villages • Implementation plan • Logistics
	 <p>Level IV - District</p>	<p><u>District Coordination Team</u></p> <ul style="list-style-type: none"> • District Officers and community 	<p><u>District level</u></p> <ul style="list-style-type: none"> • Implementation • M&E
	 <p>Level V - Village</p>	<p><u>Village</u></p> <ul style="list-style-type: none"> • Village Development Committee • community leaders 	<p><u>Community</u></p> <ul style="list-style-type: none"> • Natural leaders' network • Community M&E

Role of Ministries	<p>MoWR support CLTS process by providing water to communities</p> <p>MoH lead ministry for hygiene/sanitation and CLTS</p> <p>MoE involvement of schools/students/teachers in CLTS process</p> <p>MoPD planning/ M&E</p> <p>MoRA awareness raising about OD/cleanliness</p> <p>MoF allocate budget to MoH for 2017</p> <p>MoInt involvement of local officials in CLTS</p>				
Role of External agencies	<p>Donors - Funding/advocate</p> <p>UNICEF - Funding/technical support/advocate</p> <p>Other UN agencies - Funding/technical support</p> <p>International NGOs - Implementation</p> <p>National NGOs - Implementation</p>				
Funding arrangements	<table border="1"> <thead> <tr> <th>Now</th> <th>Post 2017</th> </tr> </thead> <tbody> <tr> <td>  </td> <td>  </td> </tr> </tbody> </table>	Now	Post 2017		
Now	Post 2017				
					
Plan, Targets and Roadmap for the next 6 months	<p>Establish institutional set-up over 1-year</p> <p>Transitional/institutional task force arrangements –within 3 months</p> <p>Implementation of CLTS –target 10 ODF villages in 6-months</p> <p>Organize national/regional and district level ToTs</p>				

Group 4: PUNTLAND

Institutional arrangements and Role of Ministries	Inter-ministerial Steering Committee:	
	Ministry of Planning	Planning Budget allocation
	Ministry of Interior	Coordination of local government structures Bring traditional structures
	Ministry of Information	Advocacy and dissemination of information on CLTS
	Ministry of Health	Capacity building on CLTS Developing national strategy and plan for scale-up CLTS Policy implementation
	Ministry of Education	Coordination of WASH in Schools with CLTS Integration of CLTS to the curriculum
	Directorate of Water – PSAWEN	Provision of safe drinking water Enough water for sanitation

Role of external agencies	Technical and financial assistance Implementation of CLTS activities	
Planning	Building structures –central up to community level including traditional structures	October 2015
	Advocacy at central level	Sept 2015
	Resource mobilization at different levels central-regional-district and community level	Sept-Nov. 2015
	Capacity building for different partners and stakeholders	Oct 2015
	Triggering process at community level	Oct 2015
National Target for CLTS	5 ODF villages by April 2016	
Roadmap	<p>Establishment of structures</p> <ul style="list-style-type: none"> Inter-ministerial steering committee Inter-ministerial task force for ODF Regional and district structure Government NGOs Traditional leaders Community structure Local authority CBO Traditional elder Women groups Youth School committee Health committee 	
Advocacy activities	<ul style="list-style-type: none"> One on one meetings - ministry of planning and steering committee members Formal inter-ministerial steering committee meeting Advocacy at regional – district level 	
Resource Mobilization	Allocation and meeting government	
Capacity building workshops/meetings for different stakeholders	<ul style="list-style-type: none"> 30 people from central steering committee 40 people from central task force 40 people from traditional and religious leaders 100 people from regional and district task force 30 villages to be triggered by communities leaders 	



Group 5: GALMUDUG STATE INTERIM ADMINISTRATION

<p>Institutional structure</p>	<p>State level To form steering committee (state level ministries) Develop ToR for the technical committee Allocation of budgets Form technical committee (TC) Role of Technical Committee (TC) Develop national work plan Develop national policy framework guidelines Certification of ODF communities Capacity building (Organizing National Level ToTs) Establish national level Monitoring and Evaluation Regional Level Develop regional coordination committee Organize monthly meeting Baseline information Review the budget ToT roll-out to district and village level Develop implementation plan for 150 ODF District level District sanitation committee (women groups, youth, elders and religious, INGOs, LNGOs) Role Implementation of CLTS involve CHWs Verification and certification Monitoring and evaluation</p>
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	<p>Community level Village development committee, women groups, clan leaders, religious leaders, teachers Role Support CLTS triggering, engage school and MCH Monitoring and Evaluation</p>
Role of Ministries	<p>Ministry of planning – Planning MoE –education in schools on hygiene practices MoI –develop hygiene messages and air through radio MoW –establish water sources MoH –capacity building all levels (organizing community)</p>

5.2. Technical Workshop Groups

Group exercise

The participants formed groups based on their regional affiliation and discussed the following key questions, following which they were asked to present an action plan to the larger group.

- Strategy - What are we going to do differently from now on?
- Outcome - What are we going to achieve in 6 months?
- Role of actors - Who is going to do what?



Presentation Points

Group 1: South Central Region

Strategy	<ul style="list-style-type: none"> • Involve national, local and regional authorities • Work with elders, district commissioners, MPs – focus energies • District level- profile them – identify low hanging fruits • Change mind-sets – federal government to local level • Time frame – 3 months for mapping and profiling • Start CLTS process in 5 districts–after 6 months when the process is still ongoing – 2 out of 5 ODF (10 ODF out of 25) • Visit villages already triggered follow up and improvement • Follow ups – with District Commissioners (DCs) – start involving them at the planning stage itself • Budget – Organisation picking contracts in which CLTS is going to be part of it.
Role of actors	<ul style="list-style-type: none"> • Roles –Local WASH clusters should strengthen coordination in their locality, Improve capacity of DCs • UNICEF or some partner – should facilitate for building capacity • Verification/certification – include NLS/community • All agencies should support the local authorities to lead this process – should be government-led and not UNICEF-led

Group 2: Somaliland (NWZ)

Strategy	<ul style="list-style-type: none"> • Engage government officials – push CLTS, awareness • School teachers, traditional leaders, women’s groups to intervene in the process • Focus now on villages that are not contaminated by subsidies-favourable villages • Consensus with the government and stakeholders Training other facilitators in all districts targeted
Outcome	Triggering – 6 villages ODF target – 2 villages
Role of actors	<ul style="list-style-type: none"> • All agencies (local/INGOs) to support – Ali Dakane + DEQA (NGO – Heal Horn Local NGO) will take the lead • Coordination and advocacy among all existing actors to stop subsidy

Group 3: Puntland (NEZ)

Strategy	<ul style="list-style-type: none">• Advocacy at national level through involvement of IM steering committee and have task force for each ministry in the steering committee• Increase the importance of traditional leaders• Strengthen inter/intra agency coordination
Target	5 ODF by April 2016
Role of actors	<ul style="list-style-type: none">• Communities in the centre of it all• Donors support this• Government should facilitate national policy and plan.



5.3. Summary of Action Plan by regions

SIX MONTHS PLAN OF ACTION FOR GENERATION OF ODF VILLAGES IN DIFFERENT ZONES/STATES OF SOMALIA				
Name of State/Zone	Targeted No of Villages to be triggered	Targeted No of ODF Villages	Highest official Responsible	
Somaliland	100	10	Deputy Minister of Health	
South West State	180	30	State Minister of Health	
Puntland	60	>5	Minister of Planning	
Federal Government	1000 villages	60%	DG Water	
Galmudug	150	30%	State Minister of Health.	

6. Summary of Recommendations from the group work sessions and interactive discussions

Policy and Advocacy

1. Develop national sanitation policy with clear articulation of CLTS as the approach and no provision of subsidised latrines.
2. Develop a national strategy and guidelines for collective behaviour change and mechanisms for dissemination (in local languages)
3. Enforce policy guidelines and ensure adherence to it by all actors. For e.g. Government declaration of “no-subsidy” provision at household level should be disseminated to all stakeholders and should be respected by all
4. Establish regional policies and guidelines on CLTS
5. Establish national CLTS protocol and M&E protocol
6. CLTS knowledge materials to be translated into local languages and disseminated widely
7. Every region should produce an ODF village on the ground and learnings from it should be disseminated widely and incorporated at policy level to produce ODF district/region
8. Define and disseminate national definition of ODF
9. Persistent advocacy for behaviour change required at all levels : Government, donors, INGOs, local NGOs, UN

10. Increase resource mobilisation and provision of funds for CLTS implementation and monitoring
11. Involve the community as well in policy formulation and not just implementation

CLTS Implementation and scale up

12. Funding for all CLTS stages is required – and not only for triggering
13. Follow up on all triggered villages in all regions- stop triggering any more. Go back to the triggered villages and focus on follow-up till they become ODF
14. Triggering has to be done very carefully – follow the process. Go to villages, come back, evaluate – some villages become ODF on their own when they hear about other ODF villages
15. Identify location-specific scaling up challenges and address them
16. Success breeds more success - Start with low hanging fruits i.e. those villages most likely to be successful – to build confidence and conviction
17. Build capacity and develop well trained CLTS facilitation teams across the different regions
18. Leverage the benefits of CLTS into other activities in target villages
19. CLTS should be process-oriented and outcome-focused – which should be ODF villages/ number of Natural Leaders
20. Funding mechanism should be outcome-focused and not activity-focused - Have a performance system for payments – money paid only after the village becomes ODF
21. Triggering should be followed by a clear plan. Form a village committee. Develop a clear reporting system. The Village Committee should be able to report to the chairman of the committee. From the village it moves upwards towards district, province and then the ministry.
22. There should be a program not just to trigger for training people, but need a program to follow up to convert them to ODF
23. Build capacity and involve different actors in implementation
24. Empower women's groups and bring them to the forefront of CLTS activities
25. Focus all energy on one concentrated spot to get at least one ODF village – this will spark off more success - this will pave the way for home grown example to scale it up

Coordination

26. Inter-institutional coordination mechanisms to be established and strengthened for CLTS– among government, NGOs, donors
27. Establish CLTS experience sharing platforms – Regional/state level platforms involving all actors
28. Each regional state to develop a CLTS structure and share it at the national level
29. Formation of Steering Committee at each state level (district & national)
30. Extension and strengthening of inter-ministerial coordination committee to regional and district levels

Monitoring & Verification

31. Formation of independent task force for CLTS to do verification and monitoring to declare villages ODF in South Central, Puntland and Somaliland
32. Formation of ODF verification teams at district level
33. Develop a MIS for ODF – to record number of ODF villages – and make this available publicly

Change of attitude & Integration

34. Attitudinal change needs to happen at all levels
35. Let the community decide their own strategy
36. Have trust in the community's ability to change
37. Be very sensitive to Somalia culture
38. Be very careful how to use language – use traditional lingo to break the taboo

39. Improve access to water – integrate CLTS with improvement of water
40. Integrate CLTS in NGO policies/strategies – avoid standalone CLTS projects
41. Flood situation – emergency response – donors will ask what is needed- we shouldn't say latrines are needed- should say that they can support help support ODF environments. Otherwise it takes away from all the work being done on CLTS

How to convince donors?

- Make one ODF village
- Involve local authorities
- Use platform such as WASH cluster and consortiums and Ministerial committees to disseminate information
- Strengthen Inter-ministerial committee – from regional –district-village
- In committees, government should lead the meeting and not allow the agencies to dominate

Annexure 1

Advocacy Workshop Participants' List

	Organisation/Agency	Ministry/Zone/Area	Name	Title/Designation	
	1. Invited Quests				11
1	CLTS foundation	India	Kamal Kar	Chairman	1
2	CLTS foundation	India	Preetha Prabhakaran	Program Manager	1
3	World Vision, Programme Development and Quality Assurance	Somalia	Rachel E. L. Wolff	Director (PD&QA)	1
4	World Vision	Somalia	Isaac Ndolo Mbithi	Programme Manager	1
5	Polish Humanitarian Action (PAH)	Somalia	Ninah Mocior	Head of Mission	1
6	Swisso Kalmo	Somalia	Dr Abdullahi Mohamed	Program Manager	1
7	Concern Worldwide	Somalia	Sarah King	Programmes Director	1
8	UNICEF	Zambia	Chief Macha of Mocha		1
9	Kitui County	Kenya	Ruth Koki	Minister fo Health and Sanitation	1
10	Kitui County	Kenya	Faith K. Mutinda	Public Health Officer	1
11	Kitui County	Kenya	Johnson N. Muinde	Public Health Officer	1
	2. UNICEF Staff				9
12	UNICEF	Nairobi	Foroogh Foyouzat	Deputy Representative	1
13	UNICEF	Nairobi	Dara Johnston	Chief of WASH Section	1
14	UNICEF	Nairobi	Charles Mutai	WASH Specialist	1
15	UNICEF	Nairobi	Edward Kinyanjui	Programme Assistant	1
16	UNICEF	Mogadishu	Ali Dowelbait	Nutrition Specialist	1
17	UNICEF	Hargeisa	Abdoulaye Fall	WASH Specialist	1
18	UNICEF	Mogadishu	Qumrun Nahar	WASH Specialist	1
19	UNICEF	Garowe	Rufus Eshuchi	WASH Specialist	1
20	UNICEF	Garowe	Mohamoud Ahmed Hassan	WASH Officer	1

	3. Somalia Government Representatives				
	3.3 Puntland				1
21	Ministry of Planning, Puntland	Garowe	Ahmed Ibrahim Awale	Minister of Planning	1
	3.2 Somaliland				4
22	Ministry of Health, Somaliland	Hargeisa	Abib Aden		1
23	Ministry of Health, Somaliland	Hargeisa	Hassan Dimbil	Vice Minister of Health	1
24	Ministry of Water, Somaliland	Hargeisa	Abdirizak Nour	DG, Ministry of Water	1
25	Ministry of National Planning and Devt., Somaliland	Hargeisa	abdirashid	DG, MoPDD	1
	3.3 South Central Somalia				
	3.3.1 Federal Government, Mogadishu				4
26	MOE	Federal Government	Ismael Mohamed, Technical Officer	Technical Officer	1
27	Disaster Management Authority (DMA), Ministry of Interior	Federal Government	Abdullahi Jumale, Chairman DMA	Chairman, DMA	1
28	Ministry of Energy and Water Resources (MoEWR)	Federal Government	Omer Haji Mohamed Shuriye, DG	DG MoEWR	1
29	Ministry of Health	Federal Government	Yassin Jama, ToT	Advisor and CLTS ToT	1
	3.3.2 Galmudug Local Administration				3
30	MOH	Galmudug	Naima Mohamud	Minister	1
31	MoE	Galmudug	Mohamed Abdukadir Hashi	Minister	1
32	MoE	Galmudug	Habiba Mohamud Abdi	DG MoE	1
	3.3.3 Jubaland				1
33	MoH	Jubaland	Aideed Suleiman Hashi	Deputy Minister of Health	1

	3.3.4 Interim SW Administration (ISWA)				3
34	MoH	ISWA	Isaq Ali Subag	Minister of Health	1
35	MoH	ISWA	Isaak Mohamud Mursal	Acting DG of MoH	1
36	Ministry of Planning and Interntaional Cooperation (MOPIC)	ISWA	Mohamed Said Abdilahi	Advisor, MoPIC	1
	TOTAL				36

Technical Workshop Participants' List

	1. Invited Quests				6
1	CLTS foundation	India	Kamal Kar	Chairman	1
2	CLTS foundation	India	Preetha Prabhakaran	Program manager	1
3	UNICEF	Zambia	Chief Macha of Mocha		1
4	Kitui County	Kenya	Ruth Koki	Minister of Health and Sanitation	1
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7	UNICEF	Nairobi	Dara Johnston	Chief of WASH Section	1
8	UNICEF	Nairobi	Charles Mutai	WASH Specialist	1
9	UNICEF	Nairobi	Edward Kinyanjui	Programme Assistant	1
10	UNICEF	Mogadishu	Qumrun Nahar	WASH Specialist	1
11	UNICEF	Garowe	Rufus Eshuchi	WASH Specialist	1
12	UNICEF	Garowe	Mohamoud Ahmed Hassan	WASH Officer	1
13	UNICEF	Galkayo	Abdisamed Mohamud	Programme Assistant	1
14	UNICEF	Mogadishu	Abukar Aden	WASH Officer	1
15	UNICEF	Mogadishu	Ibrahim A. Mahat	WASH Officer	1
16	UNICEF	Hargeisa	Hassan Ahmed Egal	WASH Specialist	1

17	UNICEF	Galkayo	Abdelrahman Issack	WASH Officer	1
	3. International NGOs				14
18	IOM	Somalia	Omer Khayre		1
19	COOPI	Somalia	Peter Mutevu	mutevu@coopi.org	1
20	Caritas	Somalia	Lucie Leclert	lleclert@caritas.ch	1
21	Caritas	Somalia	Hilda Odero	hodero@caritas.ch	1
22	INTERSOS	Somalia	Padmore Ochieng	database.somalia@intersos.org	1
23	Islamic Relief	Somalia	Shukri Mohamed	shukrow@yahoo.com	1
24	oxfam	Somalia	hassanur ali sheikh	-	1
25	Concern Worldwide	Somalia	Mercy Gitau	mercy.gitau@concern.net	1
26	Save the Children	Somalia	Mohamed Isak Jalafey	Isak.Jalafey@savethechildren.org	1
27	NCA	Somalia	Rispa Were	Rispa.Were@nca.no	1
28	IRC	Somalia	Abdurazak hussein Abdullahi	abdurazak.abdulahihussein@rescue.org	1
29	WVI	Somalia	Isaac Ndolo Mbithi	-	1
30	DRC	Somalia	Ciara Jasna	infrastructure.coord@drcsomalia.org	1
31	DRC	Somalia	Mohamed Muse Ali	-	1
	4. TOTs				6
32	MoH	SCZ	Yassin Jama		1
33	NRC	SCZ	Safia Ahmed		1
34	Independent	NEZ	Mohamed Billow Mahat		1
35	MoH	NEZ	Naima Nur Muse		1
36	SRO	NWZ	Ali Dakane		1
37	HEAL	NWZ	Deeqa Biihi		1
	5. Strategic Advisory Group (SAG)				3
38	WARDI	Somalia	Abdullahi Zubeir Ali	abdullahi.wardiorg@gmail.com	1
39	NRC	Somalia	Mutuku Muema	mutuku.muema@nrc.no , 0722288933	1
40	WOCCA	Somalia	Robbert Vandersteeg	robbert.vandersteeg@woccaorg.com	1

	6. PHOs- Sanitation focal points (MoH)				2
41	Ministry of Energy and Water Resources (MoEWR)	Omer Haji Mohamed Shuriye, DG	DG MoEWR, Federal Government		1
42	MOPIC	Mohamed Said Abdilahi	Advisor, MoPIC, ISWA		1
	TOTAL PARTICIPANTS Session II =42				42