

# TRIGGER

ANNUAL  
2010-2011  
REPORT

An Annual Publication for the **Pan African Community - Led Total Sanitation** and Sanitation Marketing Project



Plan



enon  
01

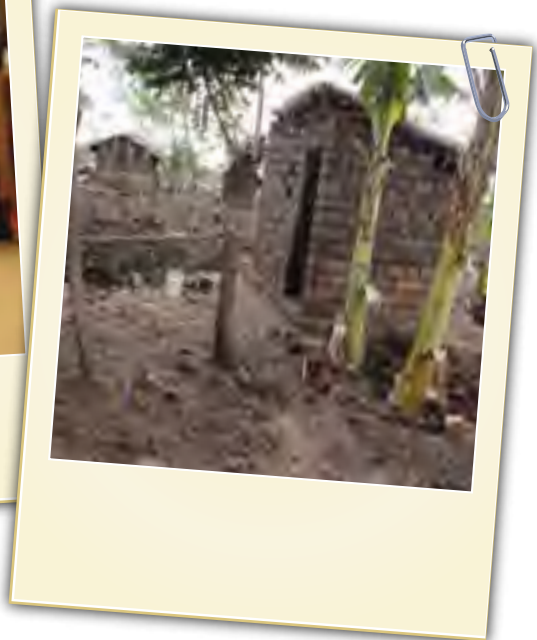
Partnership with WDF  
worlddutyfree.com

# Contents

Executive Summary	5
Triggered @ Ethiopia	8
Triggered @ Kenya	10
Triggered @ Ghana	12
Triggered @ Malawi	14
Triggered @ Niger	16
Triggered @ Sierra Leone	18
Triggered @ Uganda	20
Triggered @ Zambia	22

## Abbreviations – Meanings:

CLTS	Community-Led Total Sanitation
SLTS	School-Led Total Sanitation
TOT	Trainer of Trainers
UCLTS	Urban Community-Led Total Sanitation
ULTS	Urban Led Total Sanitation
UTS	Urban Total Sanitation
Kebele	Ethiopian description for community which constitutes 30-50 households
ODF	Open Defecation Free
PU	Programme Unit
WASH	Water, Sanitation and Hygiene
CSO	Civil Society Organisations
CBO	Community Based Organisation
NGO	Non Governmental Organisations
BOYA	Bombali Youth in Action - Sierra Leone
Shit	human faeces and used as good shame to elicit positive change of behaviour



# Innovation and Adaptation a priority in CLTS

Pan-African Countries pioneer community-led total sanitation in schools and communities

## Executive Summary:

Two and half billion people are still without access to proper sanitation – including 1.2 billion who have no facilities at all and are forced to engage in the hazardous and demeaning practice of open defecation.

In Africa, the sanitation challenge continues to grow; many countries may not achieve the Millennium Development Goal (MDG) for sanitation particularly in rural and peri urban areas where most people live.

The importance of sanitation and water to human health and well-being is the recognition of its role as an engine of development.

Plan's goal is that children and youth realise their right to safe, reliable and affordable drinking water supplies and hygienic situation.

For the past 3 decades, many development organisations used different approaches such as provision of latrines and subsidizing the cost of building toilets to help the poor people access sanitation facilities but these approaches have not achieved intended results as there are still a significant number of people with no access to sanitation facilities.

Plan International is working with communities in identifying barriers to accessing sanitation in Africa and exploring initiatives to ensure proper sanitation facilities are available to them. In February 2007, Plan RESA identified Community Led Total Sanitation (CLTS) as viable approach going to scale.

In January 2010, Plan launched a euro 8.5 million Community-Led Total Sanitation (CLTS) project in 8 African countries: Ethiopia, Kenya, Uganda, Malawi, Zambia, Ghana, Niger and Sierra Leone. With the backing of the Dutch government, this five-year project dubbed “Empowering self-help sanitation of rural and peri-urban communities and schools in Africa,” was designed to promote and scale-up community based and school focused self-help sanitation approach in Africa. The project is also intended to support communities’ aspirations to climb the ladder of sanitation by introducing Sanitation Marketing.



## The Strategy of the Pan African CLTS

### Programme is to:

1. Empower the population to install by itself appropriate sanitation facilities and undertake proper hygiene practices through the three approaches of Community Led Total Sanitation (CLTS) School Led Total Sanitation (SLTS) and Urban Total Sanitation (UTS).
2. Engage and assist the (local) authorities in the process for continuation and scaling up to reach much more persons.
3. Engage the private sector in construction and maintenance of the toilets.
4. Develop national and international networks for lobby and advocacy on this low cost sanitation approach, for exchange and coordination between organisations, and for action research towards best and acceptable approach models.
5. Start with an inception phase for better coordination and network development (estimated 6 months), followed by the implementation (3.5 yrs), and a final year to assure sustainability. (Considering that 6 of the 8 countries already implement CLTS, there will be a difference in pace in developing and strengthening the network in a country and subsequently in the length of the inception period.)

In February 2011, representatives from the 8 implementing countries met in Hawasa town, Ethiopia, as part of their annual review and to share experiences. In total there were 37 participants including those from Plan Australia, Netherlands, Water Aid, Ethiopia, Uganda, Kenya, Malawi, Zambia, Niger, Sierra Leone, Ghana, International Development Studies (IDS), International Water and Sanitation Centre (IRC), Plan Netherlands National Office (NLNO), SNV, and the Ethiopian Ministry of Health.

Each country presented a report on the achievements realised and challenges encountered in the first year of implementing the Pan African Community-Led Total Sanitation (CLTS) project.

**Amsalu Negussie**

**Project Coordinator/ Pan African CLTS NLNO Project, Plan International.**



### Key Elements of CLTS

The CLTS approach is based on:

- Self discovery of the community.
- Ignition elements of fear, shame disgust leading to change.
- Decisions are community led and community centered.
- Realization of the effects of Open Defecation to health.
- Collective action on towards an open defecation free (ODF) community.
- Empowerment and inspiration of community to take collective action.
- Subsidy-free intervention.

It is worth noting that Ethiopia has taken on CLTS on a new level with the introduction of School-led total sanitation (SLTS). Plan Ethiopia has adopted this new hygiene and sanitation approach that uses teachers to trigger communities, while reporting developments.

Another key highlight of the year was the launch of the Urban Community Led Total Sanitation in Nairobi, Kenya, which is the first in Africa.

### Programme Targets of Pan-African

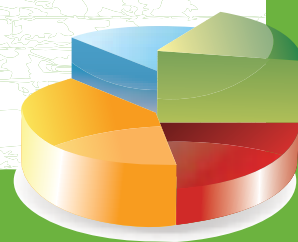
#### project:

- 805 rural communities
- 36 peri-urban communities
- 742 schools.
- 2,568,000 persons reached for improved sanitation and hygiene practices
- 2,140,000 persons with new access to improved sanitation (MDG7, target 10, indicator 31)

We invite you to view achievements of each implementing country.

## Fact Sheet:

- ▶ Community-Led Total Sanitation (CLTS) focuses on igniting a change in sanitation behaviour rather than constructing toilets. It does this through a social awakening that is stimulated by facilitators from within or outside the community. It concentrates on the whole community rather than on individual behaviours.
- ▶ Collective benefit from stopping open defecation (OD) can encourage a more cooperative approach. People decide together how they will create a clean and hygienic environment that benefits everyone.
- ▶ Communities respond to CLTS triggering in different ways. Some are inspired to make changes immediately while others are reluctant or undecided at first but come around after seeing or hearing how other communities have changed.
- ▶ At the heart of the CLTS approach is the ripple effect that communities can take charge of their own destinies through various innovations.



## Quotes:

“I urge all of you to take personal responsibility for sanitation. Charity always begins at home, maintain the constructed latrines well so that continually prevent open defecation. We are now going to emulate CLTS in the neighbouring parishes....”

- **Emmanuel Osuna, District Local council 5 chairman for Tororo district (Uganda)**

“I would have been one of the sickly victims if this water was not brought to the community. I am glad to see the water point in front of our doors, just like those in Lalibela Town,”

- **Zemed Aderaw 18, grade 11 (Ethiopia)**

At a neighbouring community called Manera, Western Kenya, a spark ignited by CLTS trigger was transforming into a flame. The villagers in this community, without any external subsidies were constructing latrines using locally available materials, and were determined to bring an end open defecation practices. In the course of time, the four villages that make up Manera community were certified to be open defecation free (ODF). A celebration was held to commemorate this important achievement. With this development, the Rambusi community was again jolted into action! (Kenya)

# Triggered @ Ethiopia



Programme highlights

**Target group:**  
1.2 million people

**Geographical coverage:**  
Lalibela, Shebedino and Jimma programme units  
211,000 households in 4200 villages including 14,000 students and 200 teachers in 20 schools and 9000 people in 4 peri-urban areas

**Overall objective:**  
To improve the survival and development of children, their families and communities by facilitating empowerment of communities to a level they can meaningfully analyze and solve their own sanitation and hygiene problems, supported by action researches, and thereby contribute to the achievement of the government's Universal Access Plan, the MDGs targets and Plan's WASH development objective lessons and experiences.

## Key Successes in 2010-2011:

- Orientation on CLTS given to 696 people (mainly government workers, etc)
- District, Kebele and Development Units/Villages CLTS coordinating committee established to monitor CLTS activities.
- CLTS facilitation training given to 742 government and NGO stakeholders.
- Baseline survey conducted in 36 kebeles.
- Triggering conducted in 1086 Development Units/ villages in all the Program Units.
- 34 schools triggered.
- 3 villages in rural town triggered
- Organized and conducted inter-community exchange visits to share experiences.
- 35 kebeles achieved ODF status ie 1007 Development Units/Villages, 34,894 HHs and 178,543 people.

## Action Research Areas:

- Focusing on SLTS- involving schools in sanitation and hygiene development
- Going beyond ODF and sanitation marketing: to promote sustainability of services and improve quality of latrines.

## Empower Children in Hygiene and Sanitation Promotion

### Improving school enrolment, retention and enhancing change of behaviour in sanitation

**“Those who defecate in the open would eat and drink their shit through flies and contaminated water and thus, they would contaminate themselves including their families with diseases. Such people would be obliged to incur big expenses for medication,”** said Kocho.



Student singing during ODF ceremony



First and Second Cycle School Students in their group song they presented to local people in and Open defecation free ceremony.



Mr. Mekonnen, Principal applauds the work of SLTS in Kocho.

School-Led Total Sanitation (SLTS) employs teachers as community facilitators in the promotion of hygiene and sanitation. Students play active roles by initiating families to go to triggering sites and report developments after communities are triggered. However, as their participation indicates, student's roles are not limited to initiation and reporting but they also facilitate villagers about latrine construction during community meetings.

Through a group song, Kocho School students moved the masses saying, "We are human beings with superior faculty and therefore, we should not be contaminated by our shits; we should practically prove that we are truly superior animals with special thinking power. It is not enough to bury shit in latrines but it is equally important that we should wash our hands with water and soap after latrines so that we can stop infectious diseases."

In one of the stanzas of the song, the students also gave a caution to adults, "Stop mentioning children as an excuse when you find shit in the open, around houses. We will not defecate in the open and if you find shit in the open it belongs to adults not children. If we find an adult defecating in the open, we will not tolerate him/her; we will call him "Chilancho" (Ethiopian taboo word for shit).

School led total sanitation (SLTS) has improved schools through creating clean school compounds and improving child enrolment and retention. Mr.

Mekonnen, Principal of Murancho Gucho School said "While facilitating villages, we were able to access 200 children who had reached the age of education but were not enrolled. A further 36 students who experienced an interrupted school schedule were brought back to pursue education. The school compound is now clean and attractive, while the teacher and students have improved latrine utilization since the introduction of SLTS in the institution."

Sebsibie Bekele is one of the villagers at Kocho Kebele and he compared his past and present experience regarding sanitation: "Five months ago, villagers including me used to defecate in the open, especially, in the backyards where we cultivate our beloved crop plant-**enset**. It was difficult to cultivate the plant due to infestation and there was no habit of washing hands after defecation. During a community meeting that Plan Ethiopia facilitated, all villagers were encouraged to construct latrines including communal ones for passerby's so as to curb risks and ensure a clean environment. If you cast your eye on my backyard you will agree that it is neat. We wash our hands with water and soap. Our small children who feared heights and the use of latrines no longer defecate in the open.



Mr. Sebsibie's personal latrine

We came up with another method whereby we gave them 'Enset' leaves to act as 'potty holders'. The leaves were wide enough to handle the shit and were slightly folded and dropped into the latrine after the bowel experience.

# Triggered @ Kenya



**Target group:**  
600,000 people

**Geographical coverage:**

The Coastal Region (Kilifi, Msambweni, Kinango, Kwale and Ganze districts), Nyanza Region (Homabay, Ndhiwa, Suba and Rachuonyo districts) and selected informal settings in the City of Nairobi

**Overall objective:**

- To contribute towards reduction of infant and child morbidity and mortality in Kenya.
- To empower rural and peri-urban communities in Kenya to improve their sanitation and hygiene practices

## Specific Objectives:

- To improve sanitation and hygiene practices in rural and peri-urban communities and schools in Kenya
- To conduct action research, generate knowledge base and insights concerning Community Led Total Sanitation (CLTS), School Led Total Sanitation (SLTS), and Urban Led Total Sanitation (ULTS) for sharing with other stakeholders with a view to informing and improving program implementation.
- To strengthen the capacity of stakeholders and establish networks for CLTS, SLTS and UTS implementation

## Key Successes in 2010-2011:

- Launched discussions on sanitation between stakeholders like landlords and tenants, community members and the relevant government ministries departments, among others.
- Enhancement of individual and institutional capacity and awareness on ULTS to enable them to collectively confront the sanitation challenges, address problems and execute their mandate.
- Mobilizing and partnering with individuals, groups and organizations to form a united front to seek solutions to the numerous problems that slow community development initiatives.
- Enhanced visibility and concerns of sanitation through the mapping process and the visits that were conducted.

## Improved Environmental Sanitation

**Name: Alex Tembo, Kilifi District**

“Before, we didn’t have a toilet, and children used to get sick. In the past, there was cholera, and at other times people got diarrhoea. We used the forest whenever we had bowel experience. Other times we used a hoe to dig a hole but we had to look for places to hide. Certainly you went to get treatment at the hospital, but then you got sick nevertheless later on.





“Recently we were educated about making the environment clean, digging toilets, rubbish pits and constructing dish racks. The people from the health clinic – the community health workers (CHWs) were teaching us.

“I have changed; I don’t go to the toilet in the forest. This is not just me, but includes many others in the village. It’s a short distance; I walk from here to over there... (Pointing to the newly-constructed household toilet). I’m now advocating for this change of behaviour. Many times I encourage my neighbours to construct toilets as well.”



## Kenya Marks the Dawn of UCLTS in 2010

### The launch of 1st Urban Community Led Total Sanitation in Mathare

About 60% (2.4 million) in Nairobi live in informal settlements (slums) like Kibera and Mathare. Majority of these people have no access to sanitation facilities. Most facilities are not connected to the main sewer lines, or for those who are connected, the connections are not functional as they are either clogged or broken. This sorry state of affairs is what has given rise to what is commonly referred to as “flying toilets”, as people defecate in plastic bags and simply dispose of them wherever they deem fit including on rooftops or their neighbours’ door steps, while others resort to using plastic tins commonly known as “Kasuku” and draining the shit at the closest trenches.

For the first time since independence, the people of Kenya are constitutionally entitled to an expanded Bill of Rights and the government is accountable for respecting, protecting and promoting these rights. One of the rights amongst others indicates that;

### Ensures every person basic elements of survival including:

- The right to accessible and adequate housing, and to reasonable standards of sanitation.

It is in light of the foregoing that Plan International Kenya, in conjunction with Community Cleaning Services (CCS), implemented a pilot project titled “Urban Community Led Total Sanitation (UCLTS)” in selected units within the larger Mathare sums. This is a participatory approach that sensitizes communities to analyze their sanitation profile, and inspires them to stop open defecation without depending on external assistance or subsidies. Through this approach, the people of Mathare 10 have collectively taken action to clean up their environment without waiting for government-led interventions.

The youth training was very successful as 4 sites were triggered: Mashimoni, Gumba, Kwamburu and Nyangau villages in Mathare 10 with an estimated population of about 50,000 people using ULTS approach. This was followed by a roundtable meeting involving various urban sanitation stakeholders in Nairobi that included the City Council of Nairobi, Ministries of Public Health and Sanitation, Education, Local Government, Water and Irrigation, the trained ULTS facilitators, as well as representatives from NGOs, CSOs and CBOs that are actively involved in sanitation and hygiene initiatives in the slums. The purpose was to brainstorm together on how to tackle the emerging sanitation challenges that face residents in the slums.



# Triggered



## Ghana



**Target group:**  
20,000 people from 50 communities and 25 schools

**Geographical coverage:**  
The Upper West Region, Central Region, Volta Region and Eastern Region (Districts of Sissala West, Wa municipal, Agona East, Abura Assebu Kwamankese, and South Tongu Upper Manya Krobo)

**Overall objective:**  
To reduce sanitation related illnesses, improve knowledge and skills and enhance sanitation services for 50 rural communities in Ghana

**Programme highlights**

## Specific Objectives:

- To terminate indiscriminate defecation in 200 project communities in 5 districts in Ghana by facilitating the implementation of CLTS.
- Promote proper waste management through facilitating community led sanitation action and management systems for 200 rural communities
- Promote proper hygiene in project communities through education, sensitization and awareness district workshops for the beneficiary communities
- Improve the health, living standards and long-term viability of the beneficiary rural communities by providing reliable, convenient access to clean water
- Build capacity and networks in strengthening CLTS/SLTS in the six program areas.

## Key Successes for FY 2010-2011

- 45 communities and 20 schools have been triggered successfully include one (1) peri-urban community in the Northern sector
- Networks and collaboration with various national and international organisations that deal with water, sanitation and health management.

## Girls as Natural Leaders in Sanitation, Hygiene

One would have thought or argued that boys have the courage and selfless spirit to work as natural leaders in communities. It turns out that girls equally have all that it takes to become natural leaders in support of either community or school project.

A very good example began during the School-Led Total Sanitation triggering activity at Kanchau basic school, Sissala West District of the Upper West Region in Ghana. There was a drinking water competition which involved boys and girls during the triggering activities. In all, three students volunteered including two young girls of age 12 and 13. The girls decided to participate in the competition to prove to their male counterpart that what men can do, women can equally do it even better.



They were given an equal amount of clean water to drink. At the end of the first round, it was not clear who won the competition because they all finished drinking the water virtually at the same time. A second round trip drinking competition was proposed and the facilitator requested a little amount of 'shit' to be added to the water. It was expected that the school children would drink since it was a competition but surprisingly, none of the competitors was ready to take the glass of water to the mouth, let alone, to drink the water being served.

It was then that the 12 years old girls made a declaration to the whole students and teachers that she was not going to drink the water because it was polluted with 'shit'. She further explained that their water sources were polluted with shit because most people practice open defecation in the community. Her statement received a big applause from her colleagues. Another girl of age 13 stood in front of the teachers and other students and exclaimed; "We will stop shitting behind the classrooms and near wells". Others joined her to declare that they will report anybody who would be caught defecating openly to the elders of the community.

Some boys explained in their native language to their friends about the linkage between polluted water and diarrhoea. What broke the camel's back was the boldness and courage the school girls had to say that "we will not continue to defecate in the bush and around wells or ponds" and that they will go every length to ensure that their parents construct latrines for them.

The student composed songs and chanted in the streets of the community. They developed a clear action plan which was to be monitored by the student leaders and teachers.

### Lessons:

- Girls have courage and selfless working spirit to support the community and schools achieve Open Defecation Free environment.
- The songs composed were initiated by girls and received great backing from their male counterparts.
- Girls can influence the peers to take up advocacy issues up to higher levels.
- Girls can equally match up with boys in decision-making, persuade their parents to construct latrines and their efforts should be acknowledged.



“we will not continue to defecate in the bush and around wells or ponds”

# Triggered @ Malawi



**Target group:**  
199,907 people

**Geographical coverage:**  
Lilongwe District and Traditional Authority areas such as Juma in Mulanje district, Njewa and Chimutu in Lilongwe District.

20799 households, 8112 under five children, 76 extension workers and 32 primary school teachers.

**Overall objective:**  
To eliminate open defecation in 102 villages where Traditional Authority exists such as Njewa and Juma through the use of CLTS approach and improve access to sanitation in 16 schools through the use of SLTS approach.

Programme highlights

## Specific Objectives:

- To improve knowledge on key hygiene practices and corresponding behaviour change, leading to reduction of water borne and water related diseases in homes and schools
- To improve access to total sanitation in villages and schools
- To develop and strengthen monitoring and evaluation, advocacy and networking systems
- To increase capacity of local government service providers to effectively plan, lead and support development initiatives, including District Assemblies, Area and Village development committees, government extension workers and community natural leaders.

## Key Successes in 2010-2011:

- 87 villagers triggered and attained 100% latrine coverage
- 25 villages Open defecation free (inspection in progress)
- Communities have realised the importance of empowerment and engaging youths
- Recognition of CLTS approach has led other NGOs and government institutions to adopt its methodology
- Community-Led Total Sanitation has promoted social cohesion among community members
- Capacity building undertaken for 165 Extension Workers which include Plan, UNICEF, GOAL Malawi, Africare, Hygiene Village Project, Mulanje Mission Hospital, Water for People and Red Cross.
- 87 villages triggered
- Networking initiatives with 12 UNICEF districts

## Triggering People to Action

### Recount of a man who went straight into digging a latrine moments after triggering



During a 5 day CLTS National Workshop which was held in Blantyre Malawi in October 2010, one man from Muphuwa Village in Mulanje District demonstrated how triggering can immediately send people into action. A group of CLTS facilitators triggered Muphuwa Village, one of the 25 villages in the area where people defecated openly and immediately after Wilsoni Mongolo went into digging

a new hole for his latrine. Asked on why he decided to do this, he clearly demonstrated how disgusted he was for unknowingly eating his own as well as other people's 'shit'. Most villagers in Muphuwa Village used the nearby Mthuruwe River to access water for various purposes including domestic use.

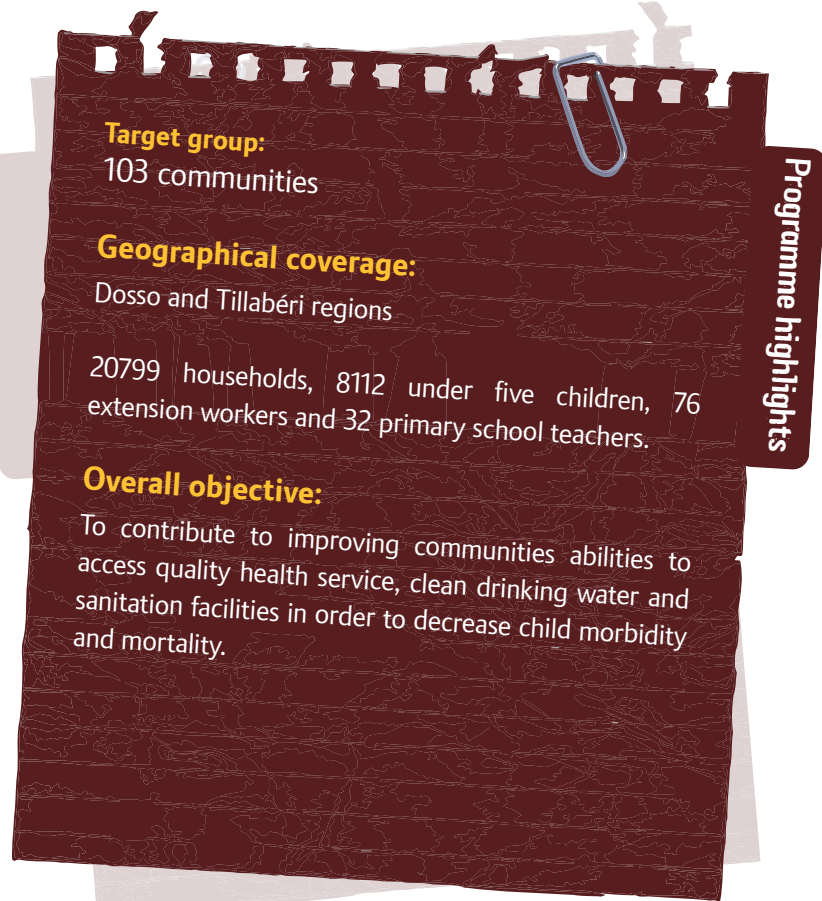
"I realized, after the triggering, that we were eating one another's shit. This prompted me to immediately start digging a latrine. I will take lead and encourage all those who do not have latrines in our village to have one. This will help our village to stay free of diseases such as diarrhoea which is a big crisis at the moment. I am very happy because people from this village have witnessed and heard this for themselves how diarrhoea diseases are spread if someone does not have a proper latrine", Mongolo stated.

To date community members at Muphuwa Village observe good hygienic practices, a visit to the village shows well looked after latrines with hand washing facilities. The Village has a 100% latrine coverage pending to be ODF certified. Wilsoni Mongolo continues to be an ambassador of spreading hygiene messages in his villages because he does not want to relive the 'shit eating' experience.



**I am very happy because people from this village have witnessed and heard this for themselves how diarrhoea diseases are spread if someone does not have a proper latrine"**

# Triggered @ Niger



**Target group:**  
103 communities

**Geographical coverage:**  
Dosso and Tillabéri regions

20799 households, 8112 under five children, 76 extension workers and 32 primary school teachers.

**Overall objective:**  
To contribute to improving communities abilities to access quality health service, clean drinking water and sanitation facilities in order to decrease child morbidity and mortality.

Programme highlights

## Specific Objectives:

- Scale up from 7% to 20% primary sanitation infrastructures coverage rate in 103 communities within Dosso and Tillabéri departments through Community-Led Total Sanitation (CLTS) approach.

## Key Successes for FY 2010-2011

- Training provided to Plan Niger staff on Community-Led Total Sanitation (CLTS)
- Training provided to the media on CLTS approach, with participation from 3 journalists and 3 health agents
- Social mobilization of 14 pilot communities to achieve Open Defecation Free status (ODF)-
- Training provided to 16 community masons

## Repelling Termites with Tobacco

### Tobacco treated wood, solution to durable latrine construction

The Dosso and Tillabéri communities in Niger face many challenges one of them being termites' attack against the wood they use to construct latrines. The termites' attack is a source of danger thus the latrine could collapse at any time.

The main challenge for people living in these communities is to construct good quality and durable latrines using local materials. This became a welcome challenge for Daouda Djibo, a well-known mason from Sandidey community in Dosso area. He battled with the problem and came up with an innovative method to protect wood dedicated to construction of latrines.

Djibo realised that when he treats the wood with tobacco extracts, it became durable and termites could not attack it. His method is simple: the tobacco is immersed for 24 hours. Thereafter, the liquid is collected and mixed with the





clay to be used for the latrine construction. It is then applied to the entire wood. The covered wood is then protected against termites' attack and could sustain the latrine construction for a long period.

When Mason Djibo is asked about his innovation, he says, "I have noticed that the most vulnerable component of a latrine is the wood which is usually attacked by termites and other insects. Knowing that tobacco has a strong odor, I presumed that it could repel termites".

Daouda tested his method and after several months he reached the following conclusion: latrines constructed with treated wood remain strong.

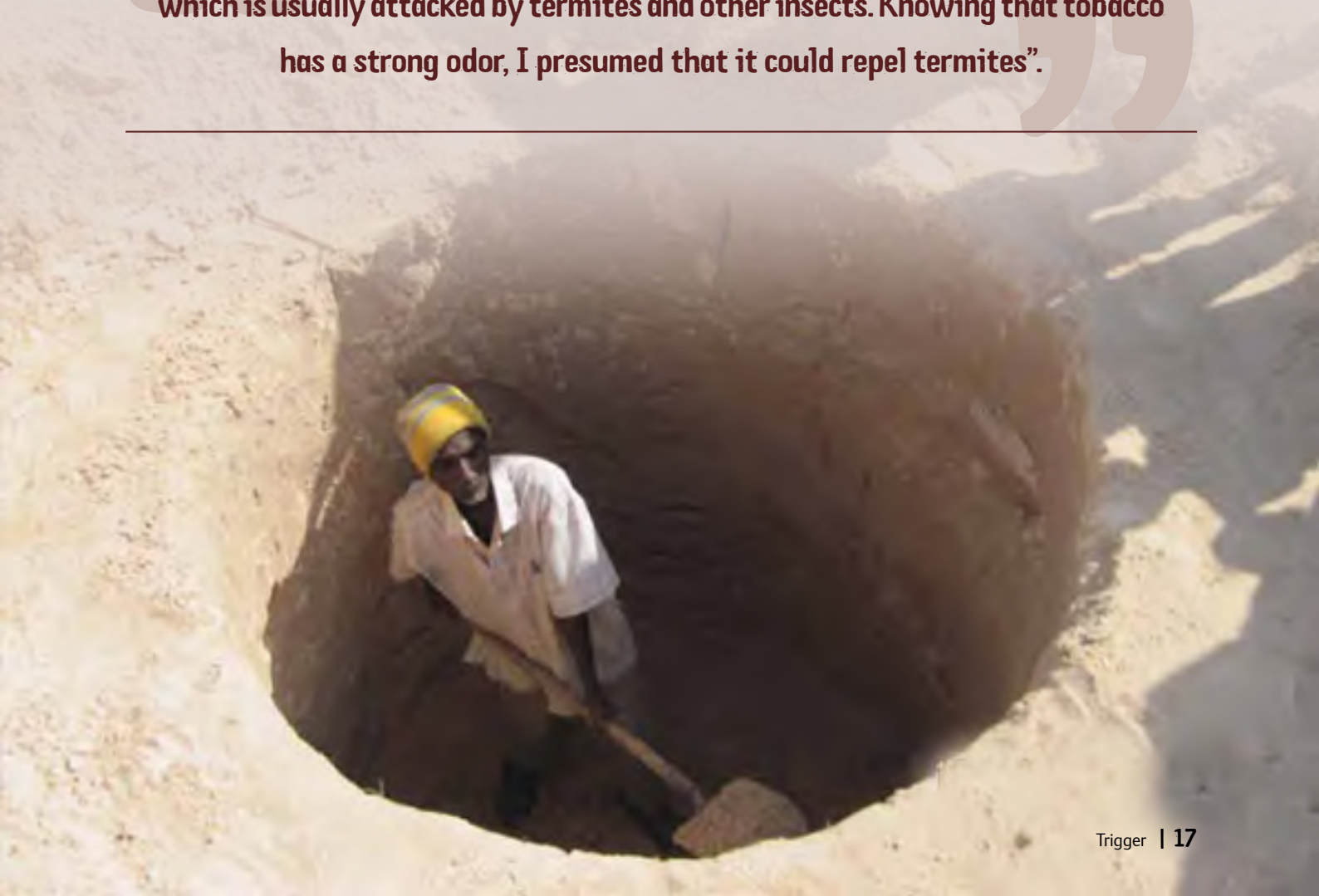
The "Tobacco solution" is now used by community masons to build durable latrines. The popularization of this method is encouraged by Plan Niger with the inventor Daouda Djibo who is keen to share his knowledge with colleagues.

Plan Niger regularly holds training sessions for masons to build their capacity to build sustainable and affordable latrines with local materials and endogenous techniques.

---

**"I have noticed that the most vulnerable component of a latrine is the wood which is usually attacked by termites and other insects. Knowing that tobacco has a strong odor, I presumed that it could repel termites".**

---



# Triggered @ Sierra Leone



## Target group:

206 communities with children, youth and the elderly as well as people living with HIV/AIDS. Makari Gbanti Chiefdom with a population of 41,186 people in 286 villages. Paki Massabong chiefdom with a population of 17,320 people in 72 villages. Total population in the two chiefdoms is 58,506 people in 358 villages.

## Geographical coverage:

Bombali District with two chiefdoms

## Overall objective:

To contribute towards reduction in the incidence of diarrhoea related diseases as a result of faecal-oral transmission and improve the hygiene behaviour of participating community members within Bombali District by 2014.

## Specific Objectives:

- To increase access to improved sanitation, human waste disposal facilities and improve hygiene behaviour of 260 villages in two chiefdoms in Bombali District in Sierra Leone by 2014.

## Key Successes for FY 2010-2011

- Raised awareness level of CLTS to about 47,000 of the general population
- Trained 62 project volunteers/natural leaders/facilitators (21 Female and 41 Male) on CLTS concept and methodology to be able to conduct triggering of communities.
- Raised the awareness level of local authority councillors and other stakeholders (6 councillors, 12 chiefs and 90 village headmen) of the CLTS approach and launched it at the chiefdom level
- Triggered 46 communities and 8 have attained Open Defecation Free status.
- Planned, organized and implemented project inception and detailed planning workshop and project launched at district levels
- Trained 12 project staff and 62 volunteer/facilitators/natural leaders on monitoring and coaching skills
- Set up 8 community based sanitation taskforce with defined roles and responsibilities

## Restored Dignity

My name is Yeabu Turay, I am 34 years old woman married to Mohamed Kanu who has two other wives. I gave birth to three children but lost my first child due to vomiting. I come from Fullah town, Makarie Gbanti chiefdom in Bombali District.

Many houses including ours in the village do not have latrines. In the past I used the bush in front of our house to (kaka) defecate. In November last year, Plan Sierra Leone and Bombali Youth in Action (BOYA) came to our community, used the youths from the neighbouring villages as volunteers to sensitize and expose us to shame and embarrassment for change of behaviour. This was simply because we did not own latrines.



I was very angry with my husband for bringing shame to our family because he refused to dig a latrine for us. I told my husband if he didn't dig a latrine, I would go to my parents because he failed to give me my dignity.

Four months later, my husband constructed a good latrine for the family to use. I am now a happily married woman my dignity has been restored. I have access to a latrine and wash my hands with soap afterwards.

Thanks to Plan, BOYA and community youths who supported me to realise my self dignity as a mother.

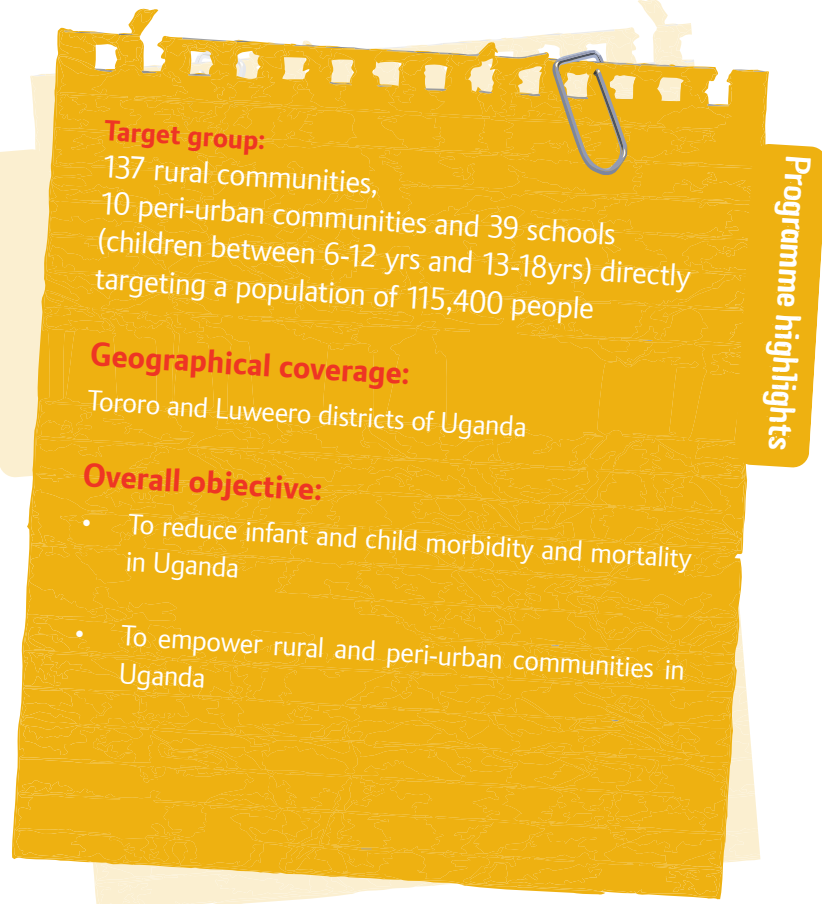


---

**I am now a happily married woman my dignity has been restored. I have access to a latrine and wash my hands with soap afterwards.**

---

# Triggered @ Uganda



## Target group:

137 rural communities,  
10 peri-urban communities and 39 schools  
(children between 6-12 yrs and 13-18yrs) directly  
targeting a population of 115,400 people

## Geographical coverage:

Tororo and Luweero districts of Uganda

## Overall objective:

- To reduce infant and child morbidity and mortality in Uganda
- To empower rural and peri-urban communities in Uganda

Programme highlights

## Intermediary Objectives:

- To improve sanitation and hygiene practices in rural and urban communities and schools in Uganda
- Strengthen capacity and networks on Community-Led Total Sanitation (CLTS), School-led Total Sanitation (SLTS) and Urban Total Sanitation (UTS) in Uganda

## Key Successes for FY 2010-2011

- 19 of 33 villages in 2 districts reached ODF
- Monthly project highlights and documentation of processes, best practices and lessons shared
- 3,258 people had access to and used latrines
- 33 functional community sanitation committees
- Participation at national sanitation working group and part of concerted efforts to develop a national Trainer of Trainer (TOT) manual and guide on CLTS
- Developing an advocacy strategy on CLTS and sanitation marketing
- Strategic partnerships and lead roles at national level with Ministry of Health and chair of hygiene and sanitation Working Group of Uganda Water and Sanitation Non Governmental Organisation (NGO) Network
- 50 CLTS facilitators and trainers trained on CLTS
- Strong linkages created with local government structures for sustainability

## Achievements in Uganda:

- Replication of what is being done at school within their home e.g. construction of plant stands, hand washing facilities, digging rubbish pits, cleaning of latrines and smearing of their kitchen and compounds.
- Children have been able to support fellow children to adopt good personal hygiene like brushing, hand washing, bathing among others.
- In schools where some children are infested with jiggers, children in the school health clubs have taken the initiative to talk to parents to help them change and treat the jiggers.

- Jigger infestation among some of the children has been eradicated through the help of the members of the health club who took initiative to request teachers to buy safety pins for removing the fleas from the feet of pupils infested with the tungiasis.
- Health parades have been established where the members of the health clubs inspect the children to identify personal hygiene issues among others. They talk to the children and follow up to home to talk about the condition with the parents/guardian.
- Awareness and mobilization has been done by the children within some communities neighbouring their schools through drama and songs.
- Through children attending CLTS triggering at school, they have been able to talk to their parents and participate in the construction of latrines in their homes.
- Children need vibrant leaders among themselves and among their teachers. They can cause change in a short period of time and the habit/behaviour is upheld and practiced elsewhere like at home.

## I own my latrine

“Before constructing a latrine, I used to defecate in the garden, sometimes leaving faeces exposed, at other times digging a pit and then burying them”, narrates Akongo Yanina, a 50-year-old widow of five children.

Akong Yanina comes from Atiri D village in Atiri parish, Tororo district. She represents the many women-headed households who after CLTS triggering struggled within their means to construct latrines. Yanina’s story



**Akongo Yanina (inset right) explains how she made the latrine door to ensure privacy in the latrine**

is similar to many other disadvantaged people, as her struggle was the trend in villages triggered in Tororo district. About 19 villages attained Open Defecation Free status by December 2010, having introduced the project in May 2010.

“I worked on peoples gardens to get an income so as to buy land on which I built this house and paid for the latrine construction. I finally realized it was shameful for me to give visitors a hoe to dig a pit and then bury their faeces. In my mind I could no longer pick garden vegetables to eat, I thought they were all contaminated as we had littered faeces all over the garden”, continues Yanina. “I also used to defecate in the bush before we constructed that latrine”, shares Agago John, a 14-year-old male and the youngest of Yanina’s five children.



**Agago John (top), Yuniya’s youngest son and Adele Margaret (above) a neighbours daughter demonstrate how to use the tippy tap after visiting the latrine.**

A total of 2,910 new people acquired household latrines, 258 people accessed and are using a latrine facility, while 485 new household latrine facilities were constructed in the Open Defecation Free villages. Open Defecation Free status coupled with other desirable hygiene behaviours, such as hand washing with soap or ash, will in the long run reduce the number of children dying due to diarrhoea and water, sanitation and hygiene related diseases.

# Triggered @ Zambia



**Target group:**  
120,000

**Geographical coverage:**  
Mansa Programme Unit

**Overall objective:**

- To contribute to the reduction of child mortality and improvement of households' food security in ten (10) wards of Mansa District, Zambia with a total population of 120,000.

Programme highlights

## Specific Objectives:

- To increase the sanitation coverage through the CLTS approach in order to reduce infectious diseases associated with faecal contaminations that contribute to high child morbidity and mortality rates.
- To promote the concept of multiple uses of water in order to encourage communities to grow nutritious food to address the stunted growth in children, high morbidity and mortality rates.
- To improve access to safe water sources to reduce water borne diseases that contribute to high child morbidity and mortality rate;
- To improve hygiene practices in the communities order to reduce communicable diseases.

## Key Successes in 2010-2011:

- Implementing an integrated project focusing on multiple uses of water in cooperation CLTS/SLTS, improving access to water and nutrition via school or community gardens
- Improved sanitation is impacting school attendance and disease rates, as documented by reports from relevant institutions. At Choma Central Basic School, the head teacher attributed improved attendance to reduced incidences of diarrhoeal disease, stating, "We monitor absenteeism every day, and we have seen tremendous improvement." The local hospital, Macha Mission, has also noted a reduction in diarrhoeal disease cases since last year.
- CLTS activities undertaken in Misakalala and Lukola communities which brought together 2000 children.
- 114 Community health workers trained
- 39 natural leaders trained (10 were children)
- 18 D-WASH members and 18 environmental health technologist trained in CLTS
- Partnerships created with government ministries; Ministry of Health, Department of Water Affairs, Ministry of Agriculture, local authority and community members to enhance sustainability and ownership.

## A Transformed Village

Before CLTS was introduced, Chama Boyi village in Lukola community, Mansa district used to be very dirty because of open defecation and indiscriminate solid waste disposal.

At the time of triggering, Chama Boyi village had a total population of 382 people, and 81 households. Of these households, very few owned latrines as a result people practiced open defecation. But after the village was triggered in 2010, the situation changed. The Headman Chama Boyi boasts, "After my village was triggered 97 households dug latrines, built bath shelters, refuse pits and dish racks. It is a clean village.



**Village headman Chama Boyi in front of his household latrine**

The village headperson together with 13 other village headpersons formed a committee to look into sanitation in Kasomalelwa Chiefdom. With the introduction of CLTS activities in Chief Kasomalelwa' chiefdom, by-laws were formulated to discourage Open Defecation and these are;

- Any household without a latrine after the ODF date shall be fined ZMK10, 000 equivalents to US\$2 and given a period in which to construct one.

- Any household who fails to construct a latrine after the extension shall be fined an extra ZMK5, 000 an equivalent to US\$1.
- Should the household fail to pay the extra fine, the head of the household is reported to Chief Kasomalelwa who makes them work in his field.
- The Village headpersons in Chief Kasomalelwa's chiefdom have also discussed how best to strengthen the monitoring systems in the chiefdom to ensure sustainability.



**Village Headman Chama Boyi with wife in front of their dish rack and cooking shelter, after the triggering process villagers are conscious of health and communicable diseases**



**Village committee after discussing how to effect the by-laws when people falter on Community-Led Total Sanitation initiative and digging latrines.**



**Plan Zambia,**  
Plot 87A Kabulonga Road,  
Kabulonga,  
Lusaka,  
Zambia.  
Tel: +260-211-260074  
Fax: +260-211-260093

**Plan Ghana**  
10, Yiyiwa Street,  
Abelenkpe,  
Accra,  
Ghana.  
Tel: 030-2773370  
Fax: 030-2776102

**Plan Kenya**  
Dennis Pritt Road  
Opposite Silver Oak Kindergarten  
P.O Box 25196, 00603  
Nairobi,  
Kenya.  
Tel: +254 20 3870215/6

**Plan Uganda**  
Plot 126 Luthuli Avenue,  
Bugolobi,  
Kampala,  
Uganda.  
Tel: +256 414 305 000  
Fax: +256 414 505 005

**Plan Niger**  
Rue du Beli, BP 12247,  
Plateau Niamey,  
Niger.  
Tel: +227 20-72-44-44/45  
Fax: +227 20-72-44-91

**Plan Malawi**  
Guidance, Counseling and Youth Development  
Centre Building,  
Off M1 Road, between Area 30 Police and  
Kanengo,  
P.O Box 2053  
Lilongwe, Malawi.  
Tel: +265 1 712 210 or +265 1 712 211  
Fax: +265 1 712 212

**Plan Ethiopia**  
Gujeni Building,  
Kirkos Sub City,  
Kebele 05/06/07,  
House #: 1069, PO Box 5696,  
Addis Ababa,  
Ethiopia.  
Tel: +251 11 4670175-82  
Fax: +251 11 4161542

**Plan Sierra Leone**  
6 Cantonement,  
Off King Harbour Road,  
PMB 245, Freetown,  
Sierra Leone.  
Tel: +232-22-234-080  
Fax: +232-22-235-060

**Plan International Inc.**  
Region of Eastern and Southern Africa (RESA)  
Grevillea Grove, Off Brookside Grove - Westlands,  
Nairobi,  
Kenya.  
Tel: +254204443462-5  
Fax: +254204443474

**Pan-Africa Programme**

