Empowering self-help sanitation of rural and peri-urban communities and schools in Africa
List of Acronyms
CG: Care Group
CO: Country Office (offices of Plan in the programme countries that execute the programmes)
CLTS: Community-Led Total Sanitation
DA: District Assembly
DHMT: District Health Management Team
EHSD: Environmental Health and Sanitation Department
EHTS: Environmental Health Technologists
HSAs: Health Surveillance Assistants
LNGOs: Local Non-Government Organizations
MoPH: Ministry of Public Health
NL: Natural leader
NLN: Natural Leaders Networks
OD: Open Defecation
ODF: Open Defecation Free
PIE: Plan International Ethiopia
PU: Programme unit
VS&L: Village Savings and Loan
VSLA: Village Savings and Loan Association
SLTS: School Led Total Sanitation
ULTS: Urban Citizen-led Total Sanitation

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Introduction

The Pan African Programme
In 2007, Plan International introduced Community-Led Total Sanitation (CLTS) in Africa to support its child survival and development goals. In the last six years, 10 Plan Country Programmes in the Region of Eastern and Southern Africa have adopted CLTS as the main approach to promoting sanitation at scale. The Pan-African CLTS Programme is one of Plan’s efforts to promote sanitation at scale beyond national and regional boundaries. The project was launched in January 2010 as a multi-country initiative that involves 5 countries in East & Southern Africa (Kenya, Ethiopia, Uganda, Malawi and Zambia) and 3 countries in West Africa (Sierra Leone, Ghana and Niger). The project is co-funded by the Dutch Ministry of Foreign Affairs and implementation started in January 2010.

Programme objectives and strategy:
• To empower communities to construct and maintain 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).
• To engage and assist local authorities in these processes in order to create sustainable results and reach scale.
• To engage the private sector where appropriate.
• To develop national and international networks for lobbying and advocacy for low cost sanitation, for exchange and coordination between organisations, and for action research on good practice.

Objectives of this issue of Trigger
1. To look at key issues and questions as well as innovations and solutions that have emerged from the Pan African CLTS Programme
2. To share the progress, challenges and opportunities in each of the programme countries
3. To extract lessons learned from working together in a multi-country project

The Global Sanitation Situation
Over a billion people are still defecating in the open and 2.5 billion lack access to improved sanitation in 2013, almost all in developing countries and mainly in rural areas. Within and between communities, access to safe and hygienic sanitation remains sharply skewed: the lowest income quintiles have had far the least access and the least improvement over recent decades. In addition, lack of privacy for women for defecation, urination and menstrual hygiene, and the shame of being seen, can result in major gender discriminations. Lack of sanitation impacts on school attendance and thus education, especially for girls. In addition, there is increasing evidence that that at least half the under nutrition of children under five is a result of faecally-transmitted infections, causing stunting with long term irreversible damage to health, cognitive development and later life prospects.

It is clear that the opportunity for enhancing human wellbeing through widespread improved sanitation and sustained hygiene behaviour change is enormous.
Community-led Total Sanitation

Community-Led Total Sanitation (CLTS) is a participatory approach to rural sanitation which is now a global movement implemented by governments, NGOs and agencies in almost 60 countries. Central to CLTS is the recognition that building toilets for people does not guarantee their use, and that it does not lead to sustainable improvements in sanitation and hygiene. Therefore, CLTS seeks to provoke and support collective behaviour change through community mobilisation instead of hardware provision. The focus shifts from toilet construction for individual households to people establishing open defecation-free communities for themselves. CLTS stresses community empowerment and community-led collective behaviour change through safe sanitation and hygiene with handwashing.

CLTS has been adopted by many of the major players in the WASH and development sectors: by the Water and Sanitation Programme (WSP) of the World Bank, UNICEF, Plan International, WaterAid, SNV, WSSCC, Tearfund, Care, World Vision, Oxfam and others, and by bilateral and multilateral donors and lenders, foundations and the Global Sanitation Fund (GSF). The acceptance by Governments, and their incorporation of CLTS into national policy has been quite extraordinary: there are now at least 20 governments where CLTS is official policy or in the official policy. Target dates for national ODF (open defecation free) status have been set. The innovative approach of total sanitation has been more and more embedded within the national policies. This programme has contributed to this. In the table below you can see how CLTS has been embedded within the 8 programme countries.

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Overview of learning and achievements

Over the course of the four years of the programme, CLTS has not only become deeply embedded in the Plan programmes in the eight countries but it has also been adopted by the national governments and other NGOs. Strong Water Sanitation and Hygiene (WASH) and CLTS alliances and networks that support the scaling up of CLTS can be found in all countries. They also provide an enabling environment for the Pan Africa programme. In turn, the Pan Africa programme has contributed to the spread and scaling up as well as learning around CLTS in these countries, particularly through advocating work and the sharing of experiences beyond Plan.

The multi-country nature of the Pan African programme has made it possible to compare and contrast CLTS in different contexts. Looking at how the approach is being implemented in the eight countries it is clear that there is not one generic CLTS approach but that there are a diversity of ways in which it is being used. This diversity results from the need to make the approach context-specific. Whilst the basic elements of CLTS are usually the same (e.g. in terms of the triggering phases and the aim to create ODF communities), details as to who is involved in preparation, follow up, monitoring and certification vary widely amongst the countries under review. At the same time, many of the challenges and questions that have emerged are shared by all countries and this is where the multi-country nature of this programme has benefited individual programmes: Innovations, ideas and solutions have been shared as well as co-generated. In the course of the implementation of the programme CLTS has been more and more embedded within the national policies. This programme has contributed to this. In the table below you can see how CLTS has been embedded within the 8 programme countries.

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Source: CLTS Knowledge Hub
Niger:
Niger’s government has accepted CLTS but so far not allocated any budget for it or incorporated it in any of its national programs.

Sierra Leone:
CLTS has been incorporated in the 2008 Water & Sanitation Policy. There is a strong political will to implement CLTS activities. This is manifested through the establishment of a Hygiene and Sanitation Directorate, increase in budgetary allocation and the establishment and adoption of WASH Policy by the parliament.

Ghana:
In Ghana’s National Water Policy of 2008, CLTS has been acknowledged as the preferred approach to scale-up rural sanitation and hygiene in Ghana.
Uganda: In 2010 CLTS was recognized in the National Development Plan as an effective low cost approach for sanitation promotion. However, CLTS is only one of the sanitation approaches recognized to reach sanitation targets.

Ethiopia: The Ministry of Health and the Ministry of Water & Energy recognized CLTS as the main sanitation strategy in 2009 and a CLTS policy was developed by a national taskforce.

Kenya: Under the National Sanitation Strategy of 2010 CLTS has been recognized as one of the potential approaches for sanitation improvement. In 2011 the Ministry of Public Health & Sanitation adopted CLTS as official strategy and launched Kenya ODF 2013, aiming to achieve a defecation free Kenya by that year.

Malawi: In October 2010, the Government of Malawi decided to adopt CLTS as the nationwide strategy for eliminating open defecation. A CLTS scale-up strategy was developed in March 2011 by key stakeholders in the country in order to accelerate its adoption and progress. This strategy focuses on having Malawi ODF by 2015.

CLTS is a successful participatory approach that stimulates communities to make their own decisions and take their own actions in improving sanitation and hygiene conditions, leading to sustainable improvements.

Implementing CLTS is not without challenges, and the approach is not a silver bullet. Success and sustainability of the approach depend on many different interlinking factors, not least of all, human resources, for example in terms of quality of facilitation, and institutional buy-in and coordination, as well as the creation of an enabling environment. The Plan programme itself has struggled with the issue of human resources and capacity constraints. Staff turnover in several country programmes has been high and handover to new project staff has not always been smooth. In addition, not all project staff are working fulltime on the Pan Africa programme and thus there are constraints resulting from competing demands on their time.

Key challenges and questions

The CLTS approach has clearly moved into a new phase. After the initial focus on training and triggering, practitioners are now facing a number of challenges and questions that require further enquiry and more thorough long-term planning. Unresolved questions concern, amongst others:

- sustainable, appropriate and affordable latrine designs/technologies,
- movement up the sanitation ladder,
- sustainable hygiene behaviour change, e.g. handwashing
- monitoring, verification and certification,
- equity and inclusion

In addition, there is also the competing demand on government officials that are in charge of the ODF verification which is another shared challenge. As a result, it has taken rather a long time before communities that have self-verified are verified and certified independently. This inevitably can be demotivating for communities which may sometimes result in slipping back into OD.

Despite these challenges, the programme has clearly shown that CLTS can empower people to look beyond NGO or government support and that it can catalyse collective action to improve living conditions. It can also help communities to find ways of demanding that their local, district and national governments take responsibility and fulfil their duties. Plan strongly believes that CLTS is a very strong approach to empower people to sustainably improve their own sanitation and hygiene situation. Based on the strengths of the approach Plan is committed to continue to improve the quality of implementation in order to deal with the emerging challenges.

Sustainability

Sustaining ODF status means that communities, households and individuals maintain consistent use of toilets and hygiene behaviour over time. Yet experience across the board, not just in the Pan Africa programme, shows that there is still a lot we don’t know and need to learn more about how to create sustainability.

Between March 2012 and October 2013, Plan International carried out research on ODF sustainability. Four of the eight Pan Africa programme countries were part of the study: Ethiopia, Kenya, Sierra Leone and Uganda. This study presents a good starting point in terms of analysis of different aspects that help or hinder ODF sustainability. We have much to learn, for example more about how to create a more enabling environment institutionally and politically, how to phase in sanitation marketing, how
to better engage government, NGOs and others in the post-ODF phase, how to improve monitoring and learning, how to create lasting behaviour change and change social norms, and how to further ensure equity and inclusion.

There are many dimensions of sustainability that need to be taken into account and it could be argued that all of the emergent issues listed in this Trigger, fall under the umbrella of sustainability.

Social/political and administrative sustainability

Natural Leaders and local committees and groups are key components in the efforts towards sustainability and Plan is working to support them in all country programmes. In Ghana, a network of Natural Leaders is emerging in the Tumu Area where their activities are creating a wave of change in communities in the PU. They are advocating for increase in budgetary allocation for sanitation at the District level and also promoting volunteerism and peer education among Natural Leaders. To create sustainable follow up, Plan Ghana is investing in motivation activities and rewards for Natural Leaders (e.g. t-shirts, caps, rakes, cutlasses, wheelbarrow, pick axes and shovels). Similarly, in Ethiopia, Natural Leaders Networks (NLN) have been established in ODF kebeles in Oromia PU. They are set up like businesses and have their own bylaws, one of which concerns sustainability. The village CLTS committee also monitors sustainability of facilities. Community conversations are also used for this purpose. Experience has shown that some families revert back to OD but the NLN activities and family dialogues help to reinforce behaviour change towards ODF.

In Malawi, Natural Leaders, Chiefs and Health Surveillance Assistants (HSAs) are trained to conduct triggering sessions together. HSAs, Natural Leaders and the Village Health and Village Development Committee members as a result are responsible to conduct follow up and monitoring activities in order to ensure that village attain and sustain the ODF status. Plan however learned that HSAs have insufficient capacity to conduct sufficient follow up after villages have been triggered. To counter this challenge, the Care Group Model has been developed. In this model households in a village are put into groups of 10. Each group identifies a mother or father leader who monitors the sanitation progress within the group. The mother and father leaders are then organised in groups of 10-15 that are called Care Groups. These Care Groups assist the Health Surveillance Assistants (HSAs), Natural Leaders and the Village Health and Village Development Committee members to monitor the overall sanitation and hygiene progress in a village. Though this approach, community members are taking an active role in the follow up and monitoring activities thereby reducing the burden of work on the HSAs. After villages declare themselves ODF, the governmental District Coordination Team is in charge of the official ODF verification. As in other countries this process is often slow and

Plan is looking at ways on how to speed up this process. In Ethiopia, experience sharing visits between triggered communities and ODF communities are used to enhance the adoption of new sanitation and hygiene behaviours. This has been found to be a good tool for creating behaviour change. It also creates healthy competition among communities.

Plan Ethiopia has also found that it is vital to involve different stakeholders throughout the CLTS process, such as the school community. Engaging children and teachers in planning and decision making for sanitation and hygiene improvement activities enhances their knowledge, practice and behaviour change and ensures good follow up and sustainability. Involving religious leaders can also be helpful as a community cannot be declared ODF if religious institutions do not have hygienic sanitation facilities. The priests are also highly respected by the people, so Plan Ethiopia has used them in promoting sanitation and hygiene activities in Shebedino and other areas. Plan also works closely with the existing administrative structures. For example, the government has a structure where the Woreda Administrator is the Chair of the WASH Team. This structure has been utilized by Plan Ethiopia staff and has been found very effective since the administrator is the responsible person for all development activities in the district.
Key Findings of the ODF Sustainability Study

Between March 2012 and October 2013, Plan International carried out research on ODF sustainability in their programmes in Africa. This study, carried out on Plan’s behalf by FH Designs and with support from the Australian and UK governments, was conducted in Ethiopia, Kenya, Sierra Leone and Uganda. The study investigated results in CLTS programmes operated by Plan across the four countries. Data was collected in 4960 households in 116 villages where CLTS had been triggered and communities declared ODF two or more years before the study commenced. The study sought to answer three questions:

1. What percentage of households had remained ODF?
2. What were the primary causes of households reverting to open defecation (OD)?
3. What motivated people to remain ODF?

Key findings

- The study identified that 87% of the households surveyed still had a latrine and thus that if ODF status was equated with a household having a functioning latrine then the rate of reversion to OD (or ‘slippage’) was a remarkably low 13%. However, if a wider set of criteria for ODF qualification was applied - things like having a lid over the latrine squat hole, having hand washing facilities with water and soap or soap-substitute - then the slippage rate increased progressively to over 90%.

Key recommendations:

- Address improved hand washing behaviours as part of the sanitation programs;
- Incorporating health messages at appropriate times in the CLTS process as a motivator for both uptake of sanitation and maintenance of latrines;
- Greater (and more targeted) post-triggering follow up and support for households;
- Ensure maximum household and family member participation in triggering events;
- Improve access to finance and market supplies of higher quality latrine materials to allow households to upgrade from basic latrines - in the absence of this the study found virtually no movement up the sanitation ladder from simple pit latrines built using local bush materials.

Physical sustainability

The problem of collapsing soils and thus collapsing latrines is a common one among all countries. In **Sierra Leone**, Natural Leaders facilitate awareness raising sessions to encourage household heads to construct new latrines using more durable materials. They share a local method that can avoid latrine collapse. In **Malawi** communities are adopting other techniques in latrine construction such as pit lining using bricks and traditional baskets (Nkhokwe). They also use lighter materials to construct the super structure such as elephant grass and plastic or paper. In **Uganda**, 83 masons have received refresher training on appropriate latrine design and construction for loose soil formation and waterlogged areas. In **Kenya**, communities are encouraged to dig pits during the dry season, on raised grounds and to line the pits with local reeds/metal drums. It also helps if pits are designed in circular shapes. Across country programmes, it has been found that there is quite a lot of local indigenous knowledge about sustainable designs and technology for latrine construction that can be tapped into.

Progress, Key Issues and Emerging Learning

At the end of 2013, the programme overall was on its way to reaching its targets. However, there are significant disparities between countries and between the quality of the latrines constructed and the processes set in place. By the end of 2013, a total of 1,029 communities and 474 schools have gained ODF status. As a result, 1,643,916 people have gained access to sanitation and have improved their hygiene practices.
Post-Triggering Follow up, Monitoring, Verification and Certification

Post-ODF follow up is needed to ensure sustainability of sanitation and hygiene practices as well as maintenance of latrines. The following section gives an overview of the type of post-triggering and follow up that different countries have undertaken. Inevitably, monitoring and follow-up will remain a critical aspect even after the programme has ended.

In 2013 Plan Kenya intensified the follow up activities of the already triggered villages and stopped triggering new villages. In the past, follow up after triggering and ODF verification and celebrations were often delayed because of the workload of the Ministry of Health. However, since Kenya’s devolution (= decentralisation) process and the shift of the responsibility of health and consequently CLTS from the national to the county level, the speed of ODF verification has improved.

To address the lack of consistency in follow up to triggered villages by the Ministry of Health, Plan has stimulated the setup of CLTS Committees to continue monitoring and ensure that ODF status is attained and sustained. Members of these committees are Natural Leaders who emerged during triggering sessions and other community members selected by the communities themselves. They go door to door to monitor if households are constructing latrines and improving their hygiene practices. Communities that have attained ODF are being handed over to the local government’s Community Health Committees (CHC). The CLTS and Community Health Committees together support the post ODF process and ensure that villages are verified.

After villages declare themselves ODF, governmental Community Health Workers (CHWs) will officially verify the villages and conduct follow up and monitoring activities together with the Village CLTS committees to ensure that villages sustain the ODF status. Due to the fact that CHWs have limited capacity to conduct throughout follow up, the Village CLTS Committees play a crucial role in ensuring that villages sustain ODF.

Plan Zambia has trained Natural Leaders to conduct triggering sessions together with the local chiefs. In all the triggered villages Sanitation Action Groups (SAGs) have been formed that consist of Natural Leaders who are responsible for ensuring that triggered villages attain the ODF status and improve their hygiene practices. They are in charge of the door to door follow up after villages have been triggered. Joint Monitoring Program Teams (JMPT) consist of staff of the Zambia Police, Judiciary, Community Development, Health Local Authority and traditional leaders. Plan has trained them to monitor CLTS activities and to conduct ODF verification at the community level.

According to the current verification and certification guidelines drafted by the Ministry of Local Government and Housing, the process of verification has to be approved by the government on the village level, then the Rural Health Centre level, then the district level and finally the provincial level.

Since these teams have got other departmental work, verification of villages claiming to be ODF can be delayed. This is demotivating to villages. Discussions are underway to possibly change the ODF verification and certification process so that sub-district teams can verify other villages. This will speed up the ODF verification system dramatically.

Plan Malawi has trained Natural Leaders, Chiefs and Surveillance Assistants (HSAs) to conduct triggering sessions together. Health Surveillance Assistants (HSAs), Natural Leaders and the Village Health and Village Development Committee members are responsible to conduct follow up and monitoring activities in order to ensure that village attain and sustain the ODF status. Plan however learned that HSAs have insufficient time to conduct appropriate follow up after villages have been triggered. To counter this challenge the Care Group Model has been developed. For details see the section on Sustainability above.

Plan Uganda is engaged in building the capacity of a quality assurance team consisting of community-based volunteers, in
order for them to monitor community action plans developed during triggering and progress towards ODF. Plan Uganda has designed a range of activities around hygiene promotion, sanitation marketing and cooperation with local organisations, such as Village Health Teams that reside in the communities and are already active in the field of health are in charge of monitoring the sanitation and hygiene behaviours of people living in their village.

**Plan Ethiopia** has focused on institutionalising CLTS at the community level by helping to establish, train and follow up with Natural Leaders’ networks to improve attainment and sustainability of ODF status. Natural Leaders’ networks consist of Natural Leaders from different villages that exchanges knowledge and work together. Natural Leaders’ networks are in charge of monitoring the villages after triggering. They also collect data on the number of ODF villages, schools and people reached. This has helped to accelerate implementation. Plan Ethiopia uses a number of platforms such as community conversation, family dialogue, coffee ceremonies, etc. as a means of reflecting on progress towards ODF.

**Plan Sierra Leone** involves the District Council in the entire CLTS process through the District Health Management Team (DHMT) which has developed a CLTS monitoring system. The District Council in collaboration with the District task force members are using this monitoring form to harmonise and monitor the collected data. The District Task Force, the Natural Leaders, the District Health Management Team and the Health Overseer are carrying out bi-weekly monitoring exercises. The bi-weekly monitoring exercise and the awareness raising done by Natural Leaders have triggered those households whose latrines have collapsed to rebuild them.

**Urban CLTS**

In some of the countries within the Pan African Programme, the CLTS approach has been adapted and piloted within the urban context. Most notably the work done by **Plan Kenya** in Mathare illustrates one way in which this approach can be implemented in an urban slum setting. On a smaller scale, urban CLTS has also been piloted in peri-urban and urban areas of Choma and Lusaka in **Zambia**, Osukuru in **Uganda**, and Hawassa and Arba Minch towns in **Ethiopia**. There are of course major differences between the rural and the urban setting. Communities are more heterogeneous, urban dwellers are more transient and there are issues relating to limited space, tenancy arrangements and pit-emptying, particularly in urban slums. In recognition of this, urban CLTS (UCLTS) has not been about conducting conventional triggering in cities or about people digging pits or erecting structures (the city bylaws would not permit this). Instead, many urban CLTS adaptations have focused on empowering citizens to demand their rights, bringing different stakeholders (eg the municipality, landlords, tenants) together to discuss and resolve the issue jointly and/or enforcing

existing laws regarding sanitation, hygiene and public health.

Plan Kenya has focused on mobilising citizens to become aware of their sanitation situation and of their rights in this respect so that they can challenge the institutions who are duty bearers with regard to the right to sanitation. Thus, in Mathare, Kenya it has also become known as “Citizen-led Total Sanitation”. It builds on the history of struggles against forced eviction in the informal settlements, putting sanitation and environmental improvements on the radar of residents and the agenda of structure owners/landlords and making mandates on institutions such as the Nairobi City Council. By 2013, the urban CLTS project in Mathare had resulted in landlords starting to construct toilets for their tenants. In addition, community members have rehabilitated a lot of space that was used for open defecation and turned it into gardens and farms. The target area in Mathare is currently around 85% ODF.

In Zambia, ‘urban CLTS through legal enforcement’ is being used in Choma and Lusaka. This was initiated as a response to cholera outbreaks in Lusaka. Some aspects of triggering are still used, but the emphasis is on legal enforcement of laws and by-laws to address and confront open defecation and improve general hygiene. Institutions and businesses are being sensitised with campaigns and trainings to ‘clean up their act’ and provide proper sanitation facilities. Replication of the approach has been conducted in Chembe and Mansa Districts and this has contributed to enforcement of the governmental Public Health Act whereby public places such as markets, bars, schools and other settings are being inspected in terms of their sanitation status.

Systematically designed and well organized Urban Community Led Sanitation and Hygiene in Ethiopia is piloted at 20 Urban Slum Villages in 3 Kebeles of Hawassa Town in 2014. There are two primary schools in these urban slum villages. The process of the pilot in these urban slum villages and schools entailed the following: First, one lead community facilitator was selected from each of 20 villages and trained in land rental. The facilitator visited each school within an urban slum village for one day. Each trained community facilitator is assigned one class room to visit and to start triggering after a transect walk to the school compound that looks at school waste collection and disposal systems, school latrines and hand washing facilities. Then students and teachers are gathered at a flag ceremony and discuss the situation, make an action plan and select a total of 8 lead students (4 girls and 4 boys) and 2 support teachers to coordinate the process of school sanitation and hygiene.

Plan Uganda has also been working in peri-urban areas. However the progress has been slow as tenants see it as the responsibility of their landlord to provide suitable sanitation. Plan has organized dialogue meetings with landlords and tenants to discuss and sensitize them. Local leaders have taken on follow up on the progress and are making efforts to provoke further action through displays in public places and through announcing the names of the landlords whose tenants practice open defecation due to the absence of a latrine on the local radio station. In response to emerging issues, the local leaders and sub-county authorities have taken the lead in following up on progress in peri-urban centres through self-initiatives. Landlords without latrines have committed themselves to comply with the law and this has been successful, for example in Osukuru parish in Tororo which has requested ODF verification.
School Led Total Sanitation

School Led Total Sanitation (SLTS) is a variation of CLTS. It grew out of the realisation that a community cannot truly be ODF if the schools do not have facilities that enable children to practice good sanitation and hygiene. Moreover, SLTS recognises that schools can serve as entry points to reaching the wider community. Communities are triggered through and often at schools. SLTS recognises children's potential to become ‘agents of change’ and ‘ambassadors’ of health and hygiene. Schools can serve as a good focal point for community discussions, celebrations and learning around sanitation and hygiene.

Experiences from triggering schools in Ethiopia, Ghana and Zambia, for example show that children are quick to learn and do become active agents of change. The ways in which children can become active are multiple: whistle blowing, showing and flagging OD sites, writing and singing ODF songs, writing poems, performing street dramas, creating posters, collecting baseline information, disseminating information to friends and parents, to name a few activities.

Getting the teachers to also work with children to undertake community work is not easy due to time constraints. However, Plan Ethiopia has overcome this by discussing this with the relevant educational offices. SLTS is currently taking place in 55 districts of the country in partnership with UNICEF. In Kenya, the challenge has been that there is no nationally agreed definition for ODF School and therefore different interpretations have been used to declare schools ODF, delaying the ODF process for schools. The second challenge is the absence of water systems at schools and surrounding communities. This has an effect on the ability to clean the latrines and to wash hands after latrine use.

Plan is currently working with ODF schools and communities to improve their access to water supply. In Ghana, one of the key challenges is that adults are not always aware of the rights of the child, and adults regard children as less significant than adults. As a result, with the implementation of SLTS it has been found that a ‘significant adult’, e.g. a teacher, village chief or even external facilitator can play a key role in successful triggering of SLTS. In addition, post-triggering follow up by some district assemblies (DAs) in schools is not encouraging. As a means of focusing on a solution for this challenge, Plan will be organizing stakeholders meetings to discuss the support of the DAs to help strengthen this aspect.

Gender, Equity and Inclusion

The objective of CLTS is to achieve total sanitation. In order to do so, all members of a community have to be included. There are ethical reasons for this, but also the fact that as long as any open defecation continues, all are affected. Different community members, e.g. children, women, the elderly and the differently abled have particular needs for access to sanitation. However, these groups may not have their needs adequately represented because they lack a voice in the community, cannot attend the triggering or have their needs overlooked.

In keeping with Plan’s emphasis on girls’ empowerment, gender and inclusion, the Pan African Programme has paid close attention to the role and involvement of women and girls during all stages of CLTS and all eight country programmes have tried to ensure that women, girls, boys and men are involved in decision-making processes. However, sometimes taking on roles in CLTS can be an additional burden for women and can also reaffirm gender roles and existing power relationships, e.g. only women taking care of cleaning latrines. It is clear that more research is needed on how best to continue to improve the inclusion and empowerment of women and girls within CLTS.

Within the Pan African CLTS Programme there are promising initiatives to this end:

Plan Uganda commissioned a study on the role of gender on Community-Led Total Sanitation (CLTS) to ‘Investigate gender relations, how they influence the Open Defecation Free (ODF) attainment processes and its sustainability as well as other socio-cultural factors that impact on ODF attainment and their implications to ODF sustainability.’ Specifically, the study aimed to establish how CLTS processes have facilitated the participation and inclusion of men, women, boys and girls and disadvantaged groups in decision-making processes. It also looks at existing power relations within the communities and how they affect responses to CLTS facilitation, and assesses potential for collective action towards ODF. The study also explores the extent to which CLTS processes have improved opportunities for men, women, boys and girls and other disadvantaged groups to access sanitation and own and control other resources. The study further identified gender concerns and cultural factors inhibiting the CLTS.
processes.
Key recommendations include:
• holding gender awareness sessions for Village Health Team members and Natural Leaders to help them appreciate gender relations and the different needs and interests of women, men, boys and girls;
• capacity building for gender analysis and gender programming for community facilitators working on CLTS gender equality, women’s rights and child rights;
• dialogues and debates in schools for both teachers and learners; and
• triggering in public places.

Plan Sierra Leone has noticed that girls are taking a lead in raising awareness in schools and communities. They perform dramas about sanitation and handwashing with other pupils at schools and in the community. They even go on door-to-door visits with community leaders to help spread the message about hygiene behaviour practices. Whilst women are taking on leadership roles in promoting sanitation activities, it was noticed that they were often hesitant or even afraid to do so. In order to tackle this issue Natural Leaders have encouraged women to take a leadership position in the network of Natural Leaders groups. Secondly, women are given the opportunity to chair some of their meetings and also to champion the post-awareness raising in triggered and ODF communities.

In contrast, in Kenya more women than men are involved in CLTS and sanitation programmes. This could be attributed to the fact that more women than men participate in CLTS triggering sessions because the men are at work at the time of triggering. At the school level, through School Led Total Sanitation (SLTS) both girls and boys have been trained as SLTS behaviour change agents to influence their communities to adopt positive sanitation and hygiene practices.

Plan Malawi has encouraged the participation of girls and women in sanitation and hygiene initiatives. One of the key turning points has been the use of dialogue circles where communities are brought together to discuss the importance of sanitation and hygiene. Previously it was noted that while men were taking positions in decision making roles, women were not participating in activities to promote sanitation and hygiene. Through the dialogue circles more women and girls have been given the chance to represent their villages and communities in different roles. This has helped communities to take issues of sanitation seriously and it has had a bearing on the sustainability of the Pan African Program.

Plan Ghana has created focus group discussions for women so that they feel free to voice their opinions and contribute to the decision making while in Niger the gender focus has meant that women and girls have a central role in project implementation. Girls and women are in charge of village development (hygiene and sanitation, school government, micro finance etc.) and they are active in public sessions on hygiene and sensitization.

Plan Ethiopia focuses on schools providing specific facilities for menstrual hygiene management. It should be noted that these kinds of facilities do not exist in all schools. Currently, these special facilities only exist in Hawassa town, where they have been provided by another NGO working in the region. However, Plan Ethiopia is now triggering schools and organizes WASH clubs in which a focus is also placed on having a separate room/facility for girls with soap, water and pads to take care of their menstrual cycle. This is to help avoid girls dropping out of school during their period. Another example is Plan Zambia which has since last year focused on schools constructing special menstruation shelters for girls. Of the total 13 ventilated improved pit latrines (VIPs), constructed at Luo, Kasenga and Kapyata Primary Schools, one VIP at each of these schools has a menstrual hygiene room. At these schools, there is some initial evidence that there is reduced absenteeism among senior girls.

CLTS and disabilities
Making CLTS fully inclusive by considering the needs and involve-
ment of those with disabilities is an issue that has only recently been receiving more attention. There are many forms of disability, including mobility impairments, sensory impairments (affecting sight or hearing), chronic illness, impairments caused by older age or mental health issues. People affected are often not present at triggering and lack voice in their community, and thus have their needs overlooked. They may even be hidden by their families\(^4\).

Some of the Plan country offices have also focused on people with disabilities as part of the Pan-Africa programme.

**Plan Ghana**, for example, found that some community members with disabilities were not able to construct latrines but had also not been helped by others. Therefore, activities to encourage community support for the physically challenged and vulnerable are now being included during triggering. Specific activities have also included exchange visits for latrine artisans to learn about inclusive latrines (wide door, ramps, and guide ropes) in other communities. Accessibility audits have also been conducted in some areas.

In **Plan Malawi**’s work, socially excluded groups are mostly being supported through Youth Groups and Care Group Models. These groups help to mobilize community members to take up different roles in constructing latrines for people with disabilities. In addition, people with a disability are now involved in review meetings so that they can express and contribute ideas to the whole community.

In **Uganda**, the community members through the Village Health Teams, collectively support People with Disabilities (PWDs) to construct latrines. People with Disabilities have participated in feedback meetings during CLTS follow ups. Issues of appropriate latrine design have been taken care of through the marketing of a raised seat slab for PWDs by masons.

One clear recommendation in the Frontiers of CLTS issue on disability and inclusion is that monitoring should be carried out throughout the CLTS planning, implementation, monitoring and evaluation stages for people with a range of different needs and perspectives who can then actively contribute to each stage of the CLTS process. This will be something that the Pan-Africa programme will focus more on in the coming year.

**Sanitation Marketing**

Almost all Plan Country Offices are implementing some type of sanitation marketing activities but with limited scope.

In **Ethiopia** one sanitation marketing centre had already been established by Natural Leaders in Shebedino area and it is being strengthened through training and financial support. The centre has a legal status and is working on improving latrine standards by providing latrine slabs and hand washing facilities. This will promote better latrines and will help people to climb the sanitation and hygiene ladders. In 2013, in order to further strengthen the sanitation market centre, a consultant was hired to conduct a study on the sanitation ladder. Based on the recommendations a business plan was developed together with relevant stakeholders.

In 2011, **Plan Uganda** found that a lot of the masons who had received training on sanitation marketing, were not selling latrines. In 2012, Plan partnered with Water For People to conduct an evaluation to find out why. Plan Uganda has now started to implement some of the recommendations from this report. In 2013, there was a follow up to the evaluation. Findings include a gradual uptake of improved latrines (10% to 15%), 9.8% improvement in effective hand washing (24% to 33.8%) and construction and installation of 151 latrine slabs on household latrines. Currently, a total 16 Village Information Centres are working with Africa 2000 Network, a local NGO charged with the responsibility of passing on sanitation technology related information.

Latrine construction in Uganda has been mainstreamed into the curriculum for schools teaching on bricklaying and concrete practice. In response to the findings, masons have been retrained in entrepreneurship and marketing, and sanitation marketing has been integrated into Village Savings and Loan Associations (VSLAs). A recent review meeting in May 2014 revealed that 333 latrine products (slabs) were marketed and 35 additional masons trained on job through peer to peer strategy. At the

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moment there are a total of 42 masons that have joined VSLAs in order to access credit and to be able to invest in their sanitation marketing activities. New marketing materials have also been produced and distributed to the masons in order to promote their latrine models. Technical advisors offer ongoing back up support as a control measure to ensure that the qualities of the latrines produced by the trained masons are all of a good standard. Integrating sanitation marketing with VSLAs in this way increases access to capital which means that masons have business capital and communities have capital to hire a mason.

In Malawi, 30 masons were given training in sanitation marketing in 2013. Each of the masons was assigned a catchment area of 10 villages. To boost financial capacity of community members, Plan has integrated the CLTS project with Village Savings and Loan groups. Community members are able to participate in these VSL groups, which we are yet to see the results of.

In order to help communities climb the sanitation ladder, Plan Sierra Leone encouraged local masons who initially received training on how to low cost sanitary materials to become entrepreneurs. These local masons produce low cost toilet seats, which are being made available to the public at affordable prices.

In Niger, sanitation marketing is relatively new. In 2013, the Plan Niger CLTS team attended a sanitation marketing workshop in Senegal to which they were invited by the Regional UNICEF Office. Sanitation marketing is currently being rolled out in the project areas, and so far 109 local masons are active within their communities. They have the skills and knowledge to provide different types of latrines to the people. To enhance sanitation marketing, awareness campaigns through community radio and music groups, plus identification of 2 local contractors for Sanitation Marketing (this in close collaboration with the local masons active in the communities) has taken place in 2013.

**Water**

In many communities, water is in short supply and this poses a challenge in creating sustainable hygiene behaviours in terms of handwashing and personal hygiene. Despite the fact that water is essential to ensure good hygiene practices, experience shows that when water and sanitation are combined in one project, the focus often shifts away from sanitation or water is used as a reward for communities that have reached the ODF status, thus disturbing the CLTS approach which aims at sustainable improving people’s behaviour without incentives.

**Zambia** is the only project within the Pan African CLTS Programme that used an integrated project focussing both on sanitation, hygiene and water. To ensure that the water component was not used as incentive, water was implemented first in the villages. As a result the CLTS results are lagging behind, and targets might not be reached within the project duration.

In Zambia the emphasis has been placed on improving access to safe drinking water and food security through the use of the Multiple Use systems (MUS). At the start of the programme and by the end of 2013 a total of 27 tube wells had been drilled and 49 open wells had been rehabilitated and equipped with hand pumps, providing 46,738 people with access to safe drinking water. A total of 17 of the protected wells are located at schools, 4 at rural health centres and 28 in the villages. By the end of 2013, ten of the schools had water points established. The water from these pumps is not only used for drinking water and hand washing but also to water the newly constructed school gardens. These gardens have been constructed as part of this project to educate school children about nutrition and food. In the summer of 2012, the first crops were harvested and community members were able to buy the products at a reduced price. The proceeds of the school gardens have been used to buy new seeds which enable the school gardens to continue even after the project has ended.
Plan Ethiopia has found that they can trigger communities and achieve ODF kebeles in three months or less, but that improving the water supply takes much longer and requires additional financial resources and governmental commitment. Their solution has been to integrate sanitation and water but this has not entirely solved the problem. The situation in schools is even more challenging. Many schools do not have water for handwashing. It is beyond the scope of the Pan Africa programme to address this shortage of water supply in schools, but Plan Ethiopia has started to promote rain water harvesting in schools.

Similarly, Plan Niger also found the absence of water points in communities and schools a challenge for CLTS activities. Accordingly, they developed proposals for funding to address this with targeted activities. Additional funding was secured through Plan Canada and led to the construction of six new bore holes equipped with manual pumps and the rehabilitation of four old bore holes in Dosso and Tillaberi. It also allowed for the construction of 24 blocks of public latrines (with handwashing systems) in health centres, the training of 13 committees in charge of water point management and the training and equipment of water point repair men. Funding was also secured from UNICEF and Irish Aid to rehabilitate three old bore holes in Dosso, adding manual pumps to them. Eight public blocks of latrines and five blocks of school latrines equipped with handwashing systems were also financed.

Plan Uganda was also able to secure additional funding from another donor to improve access to water facilities in the triggered communities.

Reflections
This multi-country programme is being implemented in 8 countries in East (Ethiopia, Kenya, Malawi, Zambia and Uganda) and West (Ghana, Sierra Leone and Niger) Africa. There are benefits to working in this way: it offers unique opportunities to exchange lessons learned between the different countries, especially through the annual review meetings. It is interesting to see how the CLTS approach is being implemented differently in each country, and despite the differences, the countries are also facing many similar challenges. For example: how to select, and keep good Natural Leaders motivated and how to prevent latrines from collapsing during the rainy season. Within the Pan African Programme, solutions for these challenges are being shared. This learning is also being shared within the national WASH networks and learning alliances in which all Plan country offices play an active role.

Working within a multi-country programme has also ensured that management costs are used as efficiently as possible. Learning events are combined for all 8 countries and reports are combined within one overall report. The programme also aims “To develop national and international networks for lobbying and advocacy for low cost sanitation, for exchange and coordination between organisations, and for action research on good practice.” At national level the individual country projects have definitely contributed to the development of national networks that exchange knowledge and that lobby and advocate for low cost sanitation options. At international level knowledge exchange takes place during international conferences like AfricaSan, Brisbane at the WASH for Everyone Everywhere 2014 conference, UNC Water & Health Conference, WEDC, to name a few, and as such the programme is using existing international platforms to share experiences. The CLTS website run by the CLTS Knowledge Hub5 at IDS and the CLTS website run by IRC6 are also used to share documents and action learning with the international CLTS community. In case this programme is scaled up/continued this international component could be

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utilized even better by taking a more leading role as CLTS specialists, and by adding a stronger research component of which findings could be disseminated internationally. Naturally, there are also challenges when working in a multi-country programme. Each country is different and community responses to the CLTS approach differ greatly. Basically, a context-specific approach is needed in each country. All the 8 Plan country offices are also very busy and it takes effort to ensure lessons are shared and the different country offices interact on a regular basis. Collecting data in a uniform manner is also a challenge. For this reason, Plan has developed a benchmark system against which all countries report their progress and which allows some comparison. This data collection tool is used quarterly. However, this benchmark system only captures the hard data. Within CLTS such data is difficult to collect and the soft data on why and how people change their behaviour cannot be captured in this system. The initial idea for the benchmark system was also to be able to score country projects on their efficiency. However, as the local contexts are so different this makes it almost impossible. Nevertheless, this system offers us a data collection model, which is essential for collecting the aggregated data needed for donor reports. Additional case studies and narrative reports are then essential to capture context specific information and the reasons behind the hard data. Together, this provides an adequate of the CLTS programme and its results.

Overall, it can be said that working in a multi-country programme has many benefits and offers us a unique opportunity to learn and develop the CLTS approach within the different countries. Plan already has gained an enormous amount of knowledge by working in this multi-country programme and we hope that we get the opportunity to build upon this knowledge in the future.

Ways forward/the future

Officially the Pan African CLTS Programme was to end by the end of 2014. However, different Plan country offices indicated that they would need more time to ensure that all project activities are strongly embedded within the local structures to ensure sustainability. Therefore a non-budgetary extension until the end of 2015 was requested by Plan and approved by the Dutch Ministry of Foreign Affairs. In 2015 the focus of the programme will be on ensuring that all CLTS activities are well embedded within the local structures. This means that full ownership of all CLTS activities (pre-triggering, triggering and post triggering) is taken up by the local communities as well as the local government. Plan continues to lobby for embedding CLTS within national WASH strategies together with allocation of personnel and resources to implement these strategies. In 2015 Plan will not be triggering new communities, but mainly focus on training local communities and local government on sustaining the CLTS activities. Plan will gradually move away from the CLTS activities in these communities. In 2015 Plan will also focus on how all lessons learned within the programme can be documented and shared with the international WASH community. Publications will be produced and during the AfricaSan meeting in May 2015 Plan will share its CLTS experiences. Starting in 2016 a large final evaluation/impact assessment will be conducted by an external consultant. This will hopefully provide a lot of useful information that can be shared with the international WASH community.

As Plan wants to build upon the knowledge and experience gained within this programme new funding options to scale up and/or expand this programme will also be explored. Many Plan country offices have indicated that the way forward would be to implement a sanitation marketing programme within already triggered and ODF communities. This would offer target communities the ability to move up the sanitation ladder. Plan offices have also indicated that they would like to scale up their urban CLTS activities, which in this programme has been successfully piloted in different settings. Some countries would also like to explore options for integrating water for Multiple Uses (MUS systems) within CLTS. This would enable us to implement an integrated WASH programme that also focuses on improving food security.

Funding options will be explored by Plan Nederland but also by the individual Plan country offices, which are already implementing many different CLTS projects in their countries funded by different donors.

Overall, it is clear that Plan has embraced the CLTS approach. Not because it’s a perfect approach but because at this point it is the best approach that mobilises communities to take ownership of their own change process with the means that they have. The approach also supports Plan’s focus on gender equality, often empowering women through meaningful participation and changing their WASH situation. It is clear that the lessons learned from the Pan African CLTS Programme will shape Plan’s future CLTS activities.
Ethiopia

Challenges & mitigating actions taken
In 2013 Plan Ethiopia encountered the following challenges and took the following mitigating actions to deal with the challenges at hand:

Staff turnover of government employees:
This is a problem not only at Weredas but everywhere and may not be solved in the very near future. We train facilitators of districts and after sometimes they go somewhere for reasons of promotion or leave the district and go somewhere for a better pay. This is universal and we cannot do anything. What we are doing to mitigate the problem is to conduct training for the new staff as situations permit. Plan Ethiopia also tries to orient people during review meetings of the project with the different stakeholders.

Water Supply Shortage in the communities:
Plan Ethiopia learned they can trigger communities and achieve ODF kebeles in three months or less, but that improving the water supply takes much longer and requires additional financial resources and governmental commitment. Their solution has been to integrate sanitation and water but this has not entirely solved the problem. The situation in schools is even more challenging. Many schools do not have water for handwashing. It is beyond the scope of the Pan Africa programme to address this shortage of water supply in schools, but Plan Ethiopia has started to promote rain water harvesting in schools.

Sustaining the sanitation and hygiene facilities and utilization:
From our experience in the field during field trips and re-verification some families tend to revert back to OD but they repair and start using the services as before once they are reminded or discovered by others. The situation in communal latrines is worse since no person as such is responsible to keep up the facilities. The idea was that the nearest family living nearby will take care of the latrine but the experience does not show this.

Main lessons learned
• The government has a structure where the Wereda Administrators Chair of the WASH Team. This structure has been utilized by Plan Ethiopia and has been found very effective since the administrator is responsible for all development activities in the district.
• Instituting CLTS Team at the Community Level: The kebele/ community technical team and Natural Leaders are in charge of monitoring the villages after triggering and collection of data on the number of ODF villages, schools and people reached. This has helped a lot to accelerate implementation. In order to improve their skills, close consultation and training has been given to the kebele technical teams.
• Involving the school community: Engaging children and teachers in planning and decision making for sanitation and hygiene improvement activities enhances their knowledge, practice and behavior change and ensures good follow up and sustainability.
• Involving religious leaders: A community cannot be declared ODF if
religious institutions do not have hygienic sanitation facilities. Next to that, priests have also authority by the people and are therefore important for the success of activities.

- Political commitment: The political commitment in Ethiopia is good since it has a plan to achieve the MDG targets. For example, Amhara Health Bureau has prepared an action plan to make 30% of the Weredas ODF in 2013 which is a plus to increase the commitment of the health staff at all levels.

- Experience sharing visits between triggered communities and ODF communities enhances the adoption of new sanitation and hygiene behaviors. This has been found a good tool for convincing people about sanitation and also creates competition among communities.

- Plan Ethiopia has effectively piloted the use of CLTSH approach in urban settings.

### Self-built latrine in Ethiopia.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Accumulated Progress 2010</th>
<th>Accumulated Progress 2011</th>
<th>Accumulated Progress 2012</th>
<th>Accumulated Progress 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of ODF communities</td>
<td>7,536 villages/210 kebeles (triggered, not ODF)</td>
<td>360 villages/10 kebeles (triggered, not ODF)</td>
<td>46</td>
<td>103</td>
<td>154</td>
</tr>
<tr>
<td>No. of ODF schools</td>
<td>20</td>
<td>13 (triggered, not ODF)</td>
<td>41</td>
<td>168</td>
<td>215</td>
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<tr>
<td>No. of people that have gained access to sanitation and improved hygiene practices</td>
<td>1,200,000</td>
<td>241,844</td>
<td>580,539</td>
<td>843,973</td>
<td></td>
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</table>
Ghana

<table>
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<tr>
<th>Project Details</th>
<th>Ghana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Ghana</td>
</tr>
<tr>
<td>Geographical coverage</td>
<td>8 districts in the upper West Region, Central Region, Volta Region and Eastern Region</td>
</tr>
<tr>
<td>Target group</td>
<td>20,000 people, 50 communities in 8 districts, 25 schools</td>
</tr>
<tr>
<td>Indirect beneficiaries</td>
<td>Total population in the 8 project districts</td>
</tr>
</tbody>
</table>

Challenges

- Though the CLTS approach is a policy adopted nationwide, it happens that District Assemblies (DAs) and politicians promise to construct public latrines in communities, which undermines the CLTS approach.
- The practice of dual approaches (CLTS and subsidy for household latrines) in the same environment adversely impacts on CLTS.
- Lack of leadership in some communities to mobilize community members to support CLTS activities.
- Lack of commitment on the part of DAs to support CLTS activities, especially in the area of participating in meetings where mutual and binding decisions need to be made.
- Geological formations (rocky areas) in some communities make it impossible to excavate the earth for latrine construction.
- Lack of logistics to facilitate frequent and regular community visits by staff of the Environmental Health and Sanitation Department (EHSD), denying governmental support to the CLTS programme.

Thoiba collecting water for household use from the river about a kilometre’s walk from her home in the Upper West Region of Ghana. She has to collect water each morning before school, and says she is sometimes late as a result.
Lessons learned

- To create a supply of qualitative latrines there is a need to identify and create a network of local sanitation entrepreneurs, community members and Natural Leaders.
- Extra attention needs to be given to schools, Natural Leaders and community members in a participatory approach for hygiene promotion (handwashing with soap and latrine use), to make sure this element is not overlooked.
- Access to microfinance is essential for households to buy latrines.
- Data collection on water-related diseases such as diarrhoea/ malaria/skin diseases/ORS treatment is important to measure and show CLTS has an impact.
- Support communities in ODF self-assessment and verification at community level.
- Physically challenged community members should be supported to construct their latrines.
- Proposals should be developed to scale-up CLTS in other communities close to the project area based on lessons learned.

5. 2 out of the 26 communities have been verified and have received awards at national level
Main challenges & mitigating action taken

ODF verification and celebrations were delayed because of the workload of the Ministry of Health

As a result of the devolution (= decentralisation) process, which has taken place in Kenya, the responsibility of Health and consequently CLTS has moved from the national level to the county level. This has had a positive impact on the speed on ODF verification.

**Topographical conditions – soil either rocky or weak hindering digging of pits at household level**

Communities are encouraged to dig pits during the dry seasons on raised grounds and to line the pits with local reeds/metal drums. It also helps if pits are designed in circular shapes.

Low project prioritization by some community members where food for work programmes are implemented by other NGOs

To counter this Plan has conducted meetings with other NGOs and stakeholders to harmonize activities of NGOs working in the same communities.

**Lack of consistency in follow up of triggered villages by Ministry of Health**

To counter this Plan has stimulated the setup of CLTS Committees to continue monitoring and ensure that the ODF status is attained and sustained. Communities that have attained the ODF status have been handed over to the Community Health Committees (CHC) of the local government for which CLTS has become an integral component of their health strategy. The CLTS and Community Health Committees support the CLTS process, which is
managed by the Ministry of Health.

Ensuring that landlords build toilets as they ought to within the Housing policy
Some banks have introduced sanitation financing products. However, the interest rates are very high.

Difficulty assessing health outcomes of the CLTS project
In all 4 project areas it is still very difficult to attain health data for the particular project areas. However, the data that we were able to collect indicates a decline in the number of diarrhoeal diseases in the project areas. Both in Mathare and in Homa Bay Plan has established contact with the provincial office of Ministry of Public Health and Sanitation and they have agreed to share health data on a quarterly basis to track health impact of the project. In Homa Bay Plan is also strengthening the capacity of the district leadership on health information systems to help improve on this.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Accumulated Progress 2010</th>
<th>Accumulated Progress 2011</th>
<th>Accumulated Progress 2012</th>
<th>Accumulated Progress 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of ODF communities</td>
<td>264</td>
<td>16</td>
<td>41</td>
<td>84</td>
<td>319</td>
</tr>
<tr>
<td>No. of ODF schools</td>
<td>546</td>
<td>1</td>
<td>12</td>
<td>22</td>
<td>103</td>
</tr>
<tr>
<td>No. of people that have gained access to sanitation and improved hygiene practices</td>
<td>600,000</td>
<td>46,435</td>
<td>312,685</td>
<td>319,752</td>
<td>418,324</td>
</tr>
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</table>

Main lessons learned
- Through multiplier effects more villages are becoming ODF and progress is going faster then expected.
- Need to bring on board more local people for continued follow up and guidance of ODF communities and schools as government officials have too many other competing claims.
- Sanitation financing is a new emerging model and can support the sanitation initiative in urban settings.
- Local indigenous knowledge, designs and technology for latrine construction is often more sustainable.
- CLTS needs to be harmonized so that partners have a standard of implementation. Different partners do it differently, including subsidizing to some extent. For instance, rural, urban and semi-arid are all different settings and therefore some standards need to be developed for each setting.
Main challenges & mitigating actions taken

Collapsing of latrines due to sandy soils
Communities are adopting other techniques in latrine construction such as pit lining using bricks and traditional baskets in the area of Nkhokwe. People also use lighter materials to construct the super structure such as elephant grass and plastic or paper. Some community members also construct latrines strategically such as on anthills.

Inconsistent follow ups by HSAs
Health Surveillance Assistants are often too busy to regularly follow up on the triggered communities. To counter this challenge a strategic action plan has been developed in which the HSAs get support from the Village Health Committees, Village Development Committees (VDC), Village Leaders as well as Natural Leaders to ensure continued follow up on the triggered villages.

Inadequate latrines in schools
Despite the SLTS efforts within this project there are still not enough latrines at the target schools. To counter this School Management Committees have been trained on sanitation and hygiene. Also local resources and communities have been mobilized so that they can take action to construct better and more latrines.

Inaccessible road networks to targeted villages especially during rainy seasons
Efforts have been made to empower different structures from within the communities. Natural Leaders were to empower natural leader networks, VDCs, chiefs, and VHCs. This has been done through meetings, orientations, and networks through which they work together as a unified team.

Resistance to positive behavioural change by other community members
Some community members have been resistant towards the change in behaviour of community members due to CLTS. To counter this, the Chiefs from the targeted villages are taking a leading role through the formation of bylaws to ensure that all community members comply to ODF demands.
Main lessons learned

• Communities once empowered are very innovative in solving the challenges that they encounter while carrying out CLTS activities.
• Encouraging partnerships at local level reduces the burden of placing many responsibilities on one person/officer.
• Community involvement plays an important role in making them realize the available resources they have and enable them to utilize them in an efficient manner.
• Coordination between Plan staff, government extension workers, local structures, chiefs, and communities acts as a great tool in sustaining CLTS initiatives in the target areas.
• Once chiefs are empowered, they bring remarkable influence within their communities by the virtue of being leaders. This brings positive influence to the management and sustainability of CLTS activities in these different communities.

5. 2 out of the 26 communities have been verified and have received awards at national level
Challenges & mitigating actions taken

- ODF status maintenance: Awareness campaigns through community radio and music groups.
- Household investment in sanitation facilities: Awareness campaigns through community radio and music groups. And identification of two local contractors for sanitation marketing, in close collaboration with the local masons active in the communities.
- Absence of water points in some CLTS schools: Plan Niger was granted additional funding from other external donors to construct and rehabilitate water and sanitation facilities.

Lessons learned

- The maintenance of ODF status depends on climatic risks and possibility of households to invest in durable sanitation facilities
- The households which have enjoyed the use of latrines are more willing to rebuild their collapsed latrines
- Good hygiene practices at schools requires water points in schools area

<table>
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<tr>
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<tbody>
<tr>
<td>No. of ODF communities</td>
<td>103</td>
<td>7</td>
<td>23</td>
<td>32</td>
<td>62</td>
</tr>
<tr>
<td>No. of ODF schools</td>
<td>40</td>
<td>-</td>
<td>15</td>
<td>25</td>
<td>34</td>
</tr>
<tr>
<td>No. of people that have gained access to sanitation and improved hygiene practices</td>
<td>135,000</td>
<td>18,152</td>
<td>74,569</td>
<td>66,110</td>
<td>56,080</td>
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</table>
Main challenges & mitigating actions taken

**Women Natural Leaders were afraid to take the lead in promoting CLTS activities both at community and chiefdom level**

Male Natural Leaders have encouraged women to take a leadership position in the network of Natural Leaders groups. They have given them the opportunity to chair some of their meetings and also to champion the post-awareness raising in triggered and ODF communities.

**Some latrines collapsed as a result of poor soil conditions**

During the awareness raising sessions facilitated by Natural Leaders, household heads were encouraged to construct new latrines using more durable materials and also show them a local method that can avoid latrine collapse.

Community members perception that Natural Leaders are been paid

During the joint monitoring exercise done by task force members, Plan staff, Natural Leaders, councillors and chiefdom authorities, project participants were informed about the role of Natural Leaders in the implementation of project activities and about the fact that they are not being paid for their activities.

Some households do not maintain their latrines and lack the knowledge of proper hand washing

During the street theatre events, children practised proper hand washing with soap and water and how to maintain their latrines.

### Indicators of Progress

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<tr>
<th>Indicators</th>
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<tbody>
<tr>
<td>No. of ODF communities</td>
<td>150</td>
<td>8</td>
<td>48</td>
<td>78</td>
<td>106</td>
</tr>
<tr>
<td>No. of ODF schools</td>
<td>20</td>
<td>0</td>
<td>7</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>No. of people that have gained access to sanitation and improved hygiene practices</td>
<td>32,630</td>
<td>1,332</td>
<td>12,354</td>
<td>22,020</td>
<td>45,940</td>
</tr>
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</table>

7. Another 20 communities are awaiting verification by the District Health Management Team (DHMT) in order to be declared ODF.  
8. 20 schools were triggered
Main challenges & mitigating actions taken

Collapsing latrines due to loose soil formation and water logging
83 masons have received refresher training on appropriate latrine design and construction for loose soils and waterlogged areas.

Relatively slow progress in peri-urban areas
Progress in these areas is less fast than in rural areas due to the fact that tenants see it as the responsibility of their landlord to provide suitable sanitation. Plan has organized dialogue meetings with landlords and tenants to discuss and sensitize them. Local leaders have taken up the role to follow up on the progress in these peri-urban areas.

Limited access to credit among masons to invest in sanitation marketing
42 masons have joined VSLAs in order to access credit and to be able to invest in their sanitation marketing activities.

Main lessons learned
• Strengthen the engagement of local leaders and landlords during triggering sessions in peri-urban areas to provoke further action through the display in public places and through announcing the names of the landlords, which tenants practice open defecation due to the absence of a latrine over radio stations. This shall create public shame and accelerate ODF attainment and sustainability.
• Integrating sanitation marketing into VSLA will increase access to capital, which is needed to ensure that both the masons have business capital and the local population has capital to hire a mason.

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<tr>
<td>No. of ODF communities</td>
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<td>50</td>
<td>130</td>
<td>151</td>
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<tr>
<td>No. of ODF schools</td>
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<td>12</td>
<td>18</td>
<td>23</td>
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<tr>
<td>No. of people that have gained access to sanitation and improved hygiene practices</td>
<td>115,400</td>
<td>3,258</td>
<td>18,954</td>
<td>46,550</td>
<td>78,381</td>
</tr>
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</table>
Main challenges & mitigating actions taken

The slow rate of certification of villages that claim ODF
According to the current verification and certification guidelines drafted by the Ministry of Local Government and Housing, the process of verification has to be approved by the government on the village level, then the Rural Health Centre level, then the district level and finally the provincial level.
Since these teams have got other departmental work, verification of villages claiming to be ODF can be delayed. This is demotivating to villages. Discussions are underway to possibly change the ODF verification and certification process so that sub-district teams can verify other villages. This would speed up the ODF verification system dramatically.

Some shallow wells have stopped working
Some of the shallow wells stopped working from October to December 2013 because the water table had gone down. Communities have been encouraged to wait for the water table to go again.

Main lessons learned
- The longer it takes for a village claiming to be ODF to get certified, the easier it becomes to get back to old habits. It has been realized that ODF certification acts as a catalyst to sustained village sanitation.
- Most protected shallow wells normally dry up during the dry season. According to government guidelines they fall under season water points and are acceptable.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Accumulated Progress 2010</th>
<th>Accumulated Progress 2011</th>
<th>Accumulated Progress 2012</th>
<th>Accumulated Progress 2013</th>
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<td>No. of ODF communities</td>
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<td>71</td>
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<tr>
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<td>22,832</td>
<td>26,652</td>
<td>53,101</td>
<td>103,359</td>
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Self-built latrine in Uganda.