

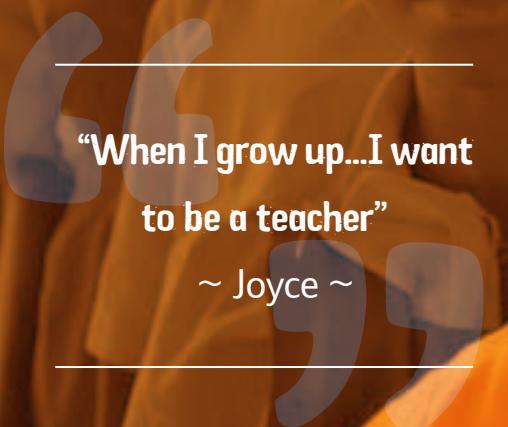
trigger

ANNUAL
2011
REPORT

Publication for the Pan African Community - Led Total Sanitation Project by Plan International



Plan



**“When I grow up...I want
to be a teacher”**

~ Joyce ~



© Plan/Joyce with her classmates, Ghana

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Acronyms

CBO	Community Based Organisation
CLTS	Community-Led Total Sanitation
CHW	Child Health Workers
CSO	Civil Society Organisations
DCT	District Coordinating Team
IDS	Institute of Development Studies
IRC	International Water and Sanitation Centre
MOPHS	Ministry of Public Health and Sanitation
NGO	Non Governmental Organisations
NLNO	Netherlands National Office
OD	Open Defecation
ODF	Open Defecation Free
Shit	Human faeces and used as good shame to elicit positive change of behaviour
SLTS	School-Led Total Sanitation
TOT	Trainer of Trainers
UCLTS	Urban Community-Led Total Sanitation
ULTS	Urban Led Total Sanitation
PU	Programme Unit
VHT	Village Health Teams
WSP	Water Sanitation Programme
WASH	Water, Sanitation and Hygiene

Introduction

Plan International was among the first organisations in 2007 to introduce the Community Led Total Sanitation (CLTS) approach in Africa. The CLTS approach particularly aims to raise awareness on the sanitation and hygiene practices in rural communities, and trigger the population into collective action to improve the situation by itself. A major principle of CLTS is no toilet subsidy and no financial reward when the community reaches 100% Open Defecation Free (ODF). The principle works, as many experiences by Plan, Unicef, World Bank and WaterAid have demonstrated.

This programme aims to expand Plan's current CLTS activities in 6 African countries (Sierra Leone, Ethiopia, Uganda, Kenya, Zambia and Malawi) and introduce it in two other countries (Ghana and Niger). Due to the African focus of this programme it has been called the Pan African CLTS programme.

The general objectives of Pan African CLTS programme are to reduce infant and child morbidity and mortality in the 8 African countries and empower rural and peri-urban communities through the use of CLTS, School-Led Total Sanitation (SLTS) and Urban Community-Led Total Sanitation (UCLTS). Besides this general objective the programme also aims to improve the CLTS approach by sharing experiences through learning alliances and action learning as well as to promote the CLTS approach internationally in order to scale up the approach through more organisations and in more countries.

The Pan African CLTS programme was co-financed by the Dutch Ministry of Foreign Affairs and implementation of the initiative started in January 2010. In July 2011 the first Trigger annual report was published, the programme's progress during July 2009 - December 2010 period was highlighted.

In this second annual narrative we will give an update on the progress made in 2011.

Plan International uses rights-based approaches in its Water, Sanitation and Hygiene (WASH) programming. Access to safe water and sanitation is vital to human health and well-being due to its role as an engine of development.

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.



Scaling up CLTS

Hand washing after visiting a latrine in Agulu



Drama on open defecation



Ethiopia

Advocating for global Hand Washing Day



Kenya

Girl child participation in triggering activities



School children fetching water from a borehole in Luvem West Parish



Sierra Leone



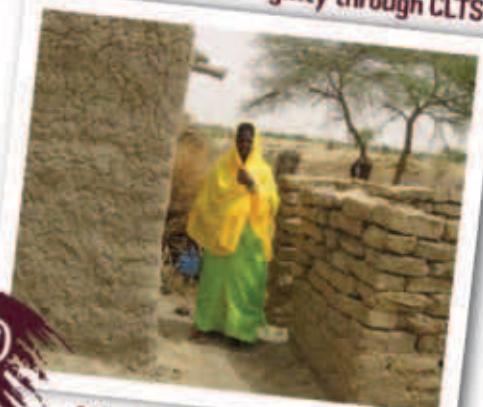
Post-triggering ODF sign post in Lilongwe



Malawi

Uganda

Restoring women's dignity through CLTS



Niger

Progress overview

Inspiring communities develop better sanitation

The Pan African Community-Led Total Sanitation project has been running for two years, with an ambitious target to facilitate 805 rural, 36 peri-urban communities and 742 schools in reaching Open Defecation Free (ODF) status by end of 2014. The result, 2.6 million people gain access to sanitation and improve their hygiene practices.

By the end of 2011, a total of 510 rural communities and 192 schools gained ODF status. In the last two years 711,186 people have gained access to sanitation and improved their hygiene practices, from an initial 46,578 in 2010, to 664,608 people in 2011.

Although no peri-urban communities have reached the ODF status yet, there are tremendous achievements towards this goal in urban communities. A case in point, Mathare slums in Kenya where there was collaboration between Plan and the Ministry of Public Health. Landlords ensured that some of the open sewers were repaired and communities proactively organised weekly clean-ups which resulted in a clean environment with improved sanitation.

In order to monitor the health impact of the Pan African CLTS project, Plan is working with health centres to improve statistics and record keeping. Preliminary data from 2011 indicate a reduction in the number of waterborne diseases in communities that gained the ODF status. In the coming years, more health data will be collected to get a better insight in the health impact of the programme.

Figure 1.1

Accumulated progress until December 2011											
Indicators	Target	Ethiopia	Uganda	Kenya	Zambia	Malawi	Ghana	Sierra Leone	Niger	Total Programme	Percentage of overall target
No. ODF communities	805 rural and 36 peri-urban communities	46	50	199	71	53	20	48	23	510	63%
No. ODF schools	742 school	41	12	105	3	2	7	7	15	192	26%
No. people have gained access to sanitation and improved hygiene practices	2,568,000 people	241,844	18,954	250,050	26,662	46,610	40,153	12,354	74,569	711,186	28%

Working with Governments to scale up CLTS

In 2011, each of the 8 countries recorded ongoing discussions with line-government ministries on emerging sanitation initiatives and policies as compared to the onset in 2010. The majority of the countries are now working through National Sanitation forums, leading technical working groups to influence policy directions to move up the sanitation ladder. These are huge opportunities to contribute to the wellbeing of children and their communities.

In Zambia, Plan was implementing CLTS largely on its own. Currently, Plan Zambia has demonstrated its capability as an ODF verifier in a national programme after being contracted by the government to cover 72 districts, scaling up CLTS nationally.

The Pan African project has empowered Plan Malawi play a part in writing the Open Defecation Free (ODF) Malawi strategy by 2015, prompting the government to launch CLTS in one of the villages in the project.

In Kenya, Plan played a major role in the crafting of the government's Open Defecation Free Rural Kenya strategy in 2013.

In order to scale up the CLTS, Plan offices are collaborating with other NGOs that are working in the field of sanitation. For example, Plan Ethiopia in partnership with UNICEF has assisted the Federal & Regional Governments to promote CLTS at scale. In 2011, Plan Uganda published a CLTS trainer of trainers guide together with Water and Sanitation Collaborative Council (WSCC) which was endorsed by the Ministry of Health. Plan Uganda further signed a memorandum of understanding with the Ministry of Health as part of their effort to scale up the CLTS approach.

Collaborative sharing and learning of CLTS experiences

In order to enhance learning and create an enabling environment, Plan has teamed up with the founding institute of CLTS, the Institute of Development Studies (IDS) and International Water and Sanitation Centre (IRC). The role of IDS is to facilitate learning on CLTS in the Pan African countries and extend it to the global CLTS network. IDS documents and distributes information on the Pan African CLTS programme and advocates for the CLTS approach to an international audience. The IRC come in as a research partner within the Pan African programme to document the challenges, lessons learned and innovations made by implementing countries and other international bodies.

In February 2011, WASH advisors of the implementing countries met for the first annual review to evaluate their progress, share lessons learned, and to highlight the challenges they were facing. IDS facilitated the action learning process and documented the different challenges which they share on (<http://www.communityledtotalsanitation.org>).

WASH advisors in the Pan African CLTS participated in two important sanitation forums. The AfricaSan conference in Rwanda took place in June 2011; IDS facilitated a pre-conference CLTS Workshop. About 22 delegates from 8 Plan Countries made significant contributions. At the Global Sanitation Forum in India, October 2011, Plan representatives from Kenya, Malawi and Uganda played major role as panellists and presenters in different sessions.



In September 2011, IRC organised a forum in Uganda that enabled members of the Pan African programme to focus on the key challenges on developing learning alliances, the draft communication strategy and challenges of the CLTS approach within the programme. Different Plan Country Offices shared experiences on these topics and formulated actions which they followed up during the rest of the year.

Many CLTS stakeholders raise the query, "After ODF then what?" Though there are some innovations in most countries, the scale, systematic thinking, technology options, strengthening local, private/community institutions and financing mechanisms which enable the promotion of Sanitation Marketing are still a major challenge. The 8 countries will continue to dedicate their energy and time in the coming years as they climb the sanitation ladder.

Engaging media to profile CLTS and Sanitation Marketing (SANMARK) has been identified as an area to intensify efforts. Plan promotes positive change for millions of children, families and communities. Communicating to external stakeholders is critical to profiling the work Plan is doing. All the countries will work towards strengthening office partnerships, by working closely with communication officers to explore alternative avenues of interacting with the media.

Amsalu Negussie
Plan Pan African CLTS Coordinator



IRC reflections

Challenges and opportunities of CLTS



Measuring results, addressing difficulties, sharing good practices and scaling up effective programmes ensures that successful projects such as CLTS can be replicated for the benefit of humanity.

To better understand the issues and challenges around **CLTS**, an electronic survey (via survey monkey) was conducted between September/October 2011. The target audience were the Plan country officers responsible for the Pan-Africa programme. A total of 13 out of the 16 participants responded, which is an 80% response rate. The survey results on the challenges in CLTS during the pre-triggering, triggering and post-triggering phase can be found on (<http://www.irc.nl/page/65951>).

Pre-triggering



The pre-triggering phase refers to the preparation phase, raising awareness of the risk that open defecation presents and to reinforce a natural sense of 'disgust'. The survey confirmed that lack of government and inter-sectoral communication within government as key issues during the launch of CLTS.

CLTS is considered labour intensive and requires sufficient manpower dedicated to the programme. Plan Kenya has identified champions who understand the philosophy behind CLTS and are able to monitor and support frontline staff. In Malawi, Plan has identified a focus on capacity building for selected individuals for continuity and institutional memory. In order to increase government support, different country offices mentioned involving government from the onset. A thorough analysis of this phase can be accessed on <http://www.irc.nl/page/65951>.

Triggering

The triggering phase refers to members analysing their own sanitation profile, the extent of open defecation and the spread of faecal-oral contamination which is detrimental to the community. The crude 'local' equivalent word for 'shit' is always used with an aim to generate a sense of 'disgust' and 'shame.' The community collectively realise the terrible impact of open defecation, leading to a moment of 'ignition' when members initiate collective local action to improve their sanitation.

Clearly the triggering part is critical to the success of CLTS. Inevitably lack of resources remains a key challenge; however, some of the Plan country offices have come up with home-grown solutions. Plan Ethiopia has established



shit ('chilo') eradication school clubs that promote CLTS in Fura and Taremessa. Plan Malawi cites the importance of traditional and religious leaders to promote communities to bring their own resources together. In Plan Kenya, like-minded organisations are involved in resource mobilization endeavours to fill in the gap. They collaborate in order to benefit from the synergy of working together, and adopt innovative ways of cutting down on costs. In West Africa, Plan Sierra Leone cites awareness raising, sensitization meetings and inviting other community members to witness ODF celebrations as a means of eliminating false enthusiasm. A thorough analysis of this phase can be accessed on(<http://www.irc.nl/page/65951>).

Post-triggering



The post-triggering phase refers to awareness and momentum from the triggering translating into action plans for making the community open defecation free (ODF). The household members assess the water and sanitation situation in their community as well as the location of open defecation sites. Through further participatory exercises, discussions and awareness raising activities, a community plan is developed to stop open defecation and promote more hygienic individual behaviour, leading to the construction of latrines.

Undertaking post-triggering remains a challenge in the Pan-Africa programme. However there have been some practical solutions, Plan Kenya focuses on regular follow-ups and high commitment on the part of the natural leaders. Plan Malawi focuses on working in close coordination with Government extension workers such as Health Surveillance Assistants to ensure that communities have adopted good sanitation and hygiene

practices that maintain ODF behaviour. Plan Zambia places an effort on the grassroots Sanitation Action Groups at village level for capacity in monitoring. Access more on....<http://www.irc.nl/page/65951>.

Initial conclusions

Within the context of the electronic survey it is clear that there are some key issues that need to be focused on keenly to make CLTS a sustainable approach. Nonetheless, the data should be given more chances to potentially evolve through gathering further evidence.

CLTS is not founded on carrot of reward but on a balloon of awareness and self-realization that raises communities out of dependency. Within the context of this first electronic survey it is clear that there are some fundamental issues to be tackled. It is apparent from the data on the challenges and opportunities of CLTS that more evidence of its potential role in the area of sanitation and hygiene should continue to be gathered. This will inevitably continue based on the on-going experiences from the Plan country offices in the Pan-Africa programme.

It is clear that CLTS is more than an approach to sanitation provision. It can become a powerful community empowerment and development tool which improves the health and well-being of communities, as well as lift them out of poverty.

Triggered @ Kenya



Programme highlights

Target group:

600,000 people
264 communities
546 schools

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:

- %o To improve sanitation and hygiene practices in rural and peri-urban communities and schools in Kenya
- %o 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.
- %o To strengthen the capacity of stakeholders and establish networks for CLTS, SLTS and ULTS implementation.

Key Achievements in FY 2011:

- %o Country-wide impact as provincial administration and CHWs were empowered and trained on CLTS facilitation skills.
- %o Ministry of Public Health/provincial administration/CHWs/Plan facilitated to monitor the construction and use of latrines country wide.
- %o Through constant household follow ups, awareness levels of sanitation and hygiene education have been heightened in programme and non-programme areas.
- %o Participation in global celebrations such as World Toilet day and Global Hand Washing day provided an opportunity to profile the impact of the Pan African CLTS project in Kenya.
- %o By the end of 2011 about 352 villages were triggered and 199 villages attained ODF status. 105 schools were triggered and attained open defecation free status.
- %o So far 250,050 people have gained access to sanitation and improved their hygiene practices.

Action research areas:

- %o Research into the health outcomes arising from the implementation of CLTS.
- %o CLTS implementation and possible improved livelihood outcomes.

We have implemented hygiene activities in our school health club,
it is here where we became part of transforming our community

Inspiring children involvement in community and school-led total sanitation

“One of the greatest fairy-tales would have been to talk freely about open defecation,” remarks Jacinta, a standard seven pupil from one of the communities CLTS is being implemented in Kenya.

“It was not only difficult and but also embarrassing for children to imagine that our parents would sit in meetings to discuss ‘shit’. We were baffled to hear stories of people discussing ‘shit’ in neighbouring villages. But this perception was to change during the April 2011 school holidays.

“One of the community representatives came to our home and requested me to look for my friends for he had an assignment that would take five days. I gathered 20 friends and waited for the day which would mark the turning point of our interaction with children, youth and adults. It is here where we would become part of transforming our community.

“On the day, we noted adult members of the community walking into the venue. We also noticed two teachers attend the meeting. Little did we know that we were going to be part of the people who would participate in triggering our school and nearby villages. Apparently, the community representative/facilitator did not want to pre-empt this when he came mobilising us to attend the meeting.

“The presentation went so fast and soon we found ourselves in the mainstream of the activities of the day including participating in village and household mapping, transect walk and calculating ‘shit’ amongst others.

“Although the adults initially thought children should be triggered on their own, away from adults. One of the natural leaders refused saying that children ate together with their parents thus no need to segregate them when discussing defecation.

“We have since picked up participating in follow ups in our village to ensure that open defecation is completely eradicated. Since we go to school and have very little time to move from household to household, we spread this message to the rest of the pupils in school and each pupil monitors progress in their household and the immediate neighbourhood. Reports are received

weekly by pupil representatives in each class. We discuss these reports during the school health club meetings. Sometimes we go visiting our colleagues over the weekend. At some point when in the home, one of us pretends that they have a stomach problem and goes to the latrine to assess progress. Most times some of the parents have felt embarrassed and embarked on constructing latrines immediately after we leave.

“Our village was one of those declared Open Defecation Free (ODF) during the World Toilet Day celebrations in November 2011. Efforts of the children in Malela village were hailed by the provincial administration, teachers, parents, and the public health department representatives.

“We have implemented hygiene activities in our school health club. We ensure that there is a hand washing facility in school with constant supply of water and a duty roster to involve pupil’s participation.

“During the holidays we meet with the village CLTS volunteers and school teachers to share our progress in sanitation and hygiene efforts. Since the adults attend exchange forums where they share, we have requested our parents to allow us participate in forums that will enable us learn from other pupils in areas where CLTS/ SLTS is being implemented,” Jacinta reminisces.



Girls replenishing the school hand washing facility

Triggered @ Ethiopia



Programme highlights

Target group:

1,200,000 people
7,536 villages
20 schools

Geographical coverage:

Amhara, Southern Nations Nationalities People's Region, Oromia programme units, 211,000 households, 14,000 students, 200 teachers 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 objectives.

Key Achievements in FY 2011

- %o Undertook a baseline survey in the villages before they were triggered.
- %o Triggered 1071 Development Units/villages.
- %o Verified 46 kebeles or 1351 DUs/villages.
- %o 721 participants trained on CLTS and 338 participants given orientation.
- %o 46 sessions of review meetings conducted in all the programme units.
- %o One vehicle and 4 motor bikes for Oromia and SNNP PUs procured to enhance field visits.
- %o 9 natural leaders networks established in Oromia Programme Unit.
- %o Participated in 3 international meetings on sanitation and monthly national network meetings.
- %o Produced 3 quarterly, 10 monthly updates on CLTS and disseminated to stakeholders.
- %o SLTS is being used to promote sanitation and schools are the vanguards of CLTS approach.
- %o Established one sanitation marketing centre in the Southern Nations Nationalities People's Region Programme Unit (SNNP PU).
- %o Facilitated and organized the 2011 annual review meeting.
- %o By the end of 2011, about 241,844 people gained access to sanitation and have improved their hygiene behaviour.

Challenges:

- %o Lack of continuous follow up by government staff after triggering.
- %o Absence of water supply in schools to promote effective sanitation and hygiene activities.
- %o High inflation in Ethiopia.

Lesson's learnt:

- %o CLTS needs continuous follow up and monitoring after triggering.
- %o There is need for budget and logistical support to conduct review meetings
- %o Through advocacy attempts, government should accept the CLTS approach and prepare joint action plans to support implementation.
- %o Constantly pursue innovative ways to integrate WASH activities.

Action research areas

- %o Involving schools in sanitation and hygiene development.
- %o Going beyond ODF and sanitation marketing to promote sustainability of services and improve quality of latrines

Hygiene game plays empower children to promote sanitation

Sanitation game plays empower children to influence their parents improve hygiene practices by taking personal responsibility for sanitation, building latrines and maintaining them.

The game is drawn on the ground using stone and is played by children in different parts of the country by throwing a stone in seven boxes. It has been used to promote hygiene and sanitation in different households in the Southern Nations Nationalities People's Region, Programme Unit.

The purpose of the game is to inculcate the concept of hygiene and sanitation in the minds of the children so that they embrace using the latrine and washing hands as a daily routine.

This traditional game play dubbed "**Uffe/Andandosh**" is common in Ethiopia. However, the number of rectangles varies from 5 to 7. It is simulated at the parents' garden or the school compound. A child who throws his stone at the boundary line is jeered at '**Chilancho**' for defecating openly in his/her parents' garden. A child whose stone gets out of the play area is jeered at '**Chilancho**' for defecating in others people's garden or at the road side. A child who plays well and wins the 1st round constructs a latrine near his house at the centre of the rectangle. If he misses precision in throwing the ball he is charged to embrace personal hygiene. The first top ten children are screened for actual sanitation and hygiene situation at their homes. Eventually the top three children represent their school and 'kebeles' at district level competitions.

This game plays has mobilised the community towards improving their sanitation and hygiene ladders and forming a sanitation marketing association of natural leaders network called 'Leku Sanitation Marketing Centre.'



Sanitation and Hygiene Game Play in Galuko Haro School. Mastawot Yosef (seen bending) takes the 1st position.

Mastawot home visit

The game play lead teachers, Kebele administrator, and Plan staff paid a home visit to Mastawot's home to authenticate the sanitation standards. Yosef Wango, Mastawot's father, showed them a clean latrine which had a drop-in hole cover, and a hand washing facility with water and ash attached to it.

Yosef improved his old latrine last year after being triggered in his community. The move to construct the new latrine was as a result of Mastawot. "I came home one evening and Mastawot held my feet and cried. I asked her what happened. She told me that during the game play, children in our village jeered at her '**Chilancho**' for her latrine was far from the house and she was defecating in the open. It was an embarrassment. I promised her to construct a new latrine, which I did the following day," Yosef narrated.

When Mastawot and other children in the village play the game and shout '**Chilancho**', some passer-bys and guests stop defecating in the open and dropping their faeces out of the hole. This shouting from the children has recorded a positive influence during field visits to ascertain adoption of CLTS as defecation has ceased.

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 District (Sissala West, Wa Municipal, Agona East, Abura Asebu Kwamankese and South Tongu, Upper Manya Krobo)

Overall objective:

To reduce sanitation related illnesses, improve knowledge and skills and enhance sanitation services in 50 rural communities in Ghana

Specific objectives:

- %o To stop Open Defecation (OD) in 50 project communities and 5 districts in Ghana.
- %o To promote proper waste management through facilitating CLTS and management systems in the 50 communities and 25 schools.
- %o To promote proper hygiene in project communities through education, sensitisation and awareness district workshops for the beneficiary communities.
- %o To promote health, living standards and long term viability of the beneficiary rural communities by providing reliable, convenient access to clean water.
- %o To build capacity and networks in strengthening CLTS/ SLTS in the six program areas.

Key Achievements in FY 2011:

- %o There were post triggering activities in 50 communities and in 27 schools. These communities have developed their own action plans and acknowledge the need to stop open defecation.
- %o 20 communities have achieved Open Defecation Free (ODF) status, improving the sanitation situation. Many households have started constructing their own latrines for safe disposal of faeces, keeping the entire community clean from filth.
- %o To create a demand for sanitation in the ODF communities, Plan Ghana in collaboration with the district assembly secured a piece of land to construct sanitation market (SANIMART) at Asesewa Program Area. The SANIMART is to showcase sanitation options with low cost latrines using local available materials, information on artisans, IEC materials, on operation and maintenance of latrines.
- %o Increased networks and collaboration with various national and international organisations that deal with water, sanitation and health management.
- %o Various stakeholders at the community level trained and supported including; natural leaders, WATSANS and latrine artisans.
- %o 7 schools have attained ODF status.

Challenges

- %o General perception of Plan Ghana as subsidy providing organisation.
- %o Taboo days in some communities coinciding with market days in the affecting mobilisation.
- %o Competing against community time and interest.
- %o Promotion of subsidy by some NGOs in some of the neighbouring project communities such as Huni and Okuampa.

Lessons learnt

- %o Incorporating the use of religious dimension to successfully trigger shame and disgust leads to a rapid community ignition, adopting the CLTS approach.
- %o Planned hygiene promotion is essential in Post-Triggering phase to accelerate the pace of behaviour change.
- %o The CLTS process helps the re-emergence of communal spirit in the communities.

Communal latrines improve sanitation

Over the past months, Plan Ghana in partnership with TREND Ghana (Training Research & Networking for Development) triggered the people of Amanful village, in the Central Region of Ghana. They implemented the Community-Led Total Sanitation (CLTS) approach successfully and turned the village to an open defecation free status.

The partnership yielded by reducing diarrhoeal incidences. "We cleared our bushes and stopped shitting in the open, we even use soap to clean our hands and have witnessed a reduced number in fever-related cases, says Justic Tondah Village opinion leader. "We have acquired knowledge and are building community

We cleared our bushes and stopped shitting in the open, we even use soap to clean our hands and have witnessed a reduced number in fever-related cases

and household latrines. We now look after ourselves, just like the people in Accra town," adds Justic.

Joyce, 8, is in grade 2 lives in Amanful village, home to 1225 people. The village was triggered in a bid to stop open defecation. They share 8 communal latrines using the technology of one superstructure. Imagine an open room , lined up with 7 pit latrine squat holes and 7 people defecating at the same time. This offers little privacy to the villagers; however, latrine sharing is a cultural practice in Amanful, Ghana.

We envision Joyce growing up in a society that respects her rights to health, participation, education and much more. She will live in a community that practices safe waste disposal and healthy hygiene to reduce direct exposure to faeces. She will be protected as a girl-child, become an agent of change who can challenge the status quo and take charge of her life.

Joyce has a dream, that one day she will grow up and become a teacher, sharing knowledge and changing the lives of young children, just like hers. They in turn will be leading agents, able to thrive in their communities and participate in all aspects of society.



Joyce with her classmates, Ghana

Photo: © Plan Ghana

Triggered @ Malawi



Specific objectives

- %o To improve knowledge on key hygiene practices and corresponding behaviour change, leading to reduction of water borne diseases in homes and schools.
- %o To improve access to total sanitation in villages and schools.
- %o To develop and strengthen monitoring and evaluation, advocacy and networking systems.
- %o 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 Achievements in FY 2011:

- %o Since the project began 173 Villages have been triggered of which 53 have attained 100% latrine coverage and 33 villages are promising ODF.
- %o 7 villages certified and celebrated ODF status. All the celebrations were supported by Government Ministers, Deputy Ministers, Director of Sanitation and Hygiene and the members of parliament for the ODF areas. The trigger effect is that neighbouring villages have also improved thier sanitation and hygiene standards before actual triggering.
- %o Played a role in the writing and launch of ODF Malawi strategy by 2015 by Government of Malawi in an ODF village under the Pan African CLTS project.
- %o Neither cholera nor death was reported as a result of diseases caused by poor sanitation, showing that the CLTS approach has been effectively adopted and there is massive behaviour change.
- %o 8, 663 children have realized their right to education and good health through the attainment of the ODF status and adaption of improved hygiene practices by respective villages.
- %o To enhance lasting improvements 30 natural leaders had their capacity built in CLTS and 26 teachers in SLTS. In addition, 14 villages have been triggered by natural leaders and have attained 100% latrine coverage, 2 schools have already started implementing SLTS.
- %o Facilitated the formation of 2 natural leaders network chapters.
- %o Developed strong linkages with government structures and line ministries, which has led to effective project implementation.
- %o 2 schools gained ODF status and 46,610 people gained access to sanitation and improved their hygiene practices at the end of 2011.



Challenges

- %o Slow adoption of some hygiene and sanitation amenities such as hand washing facilities and drop hole covers by some households.
- %o Collapsing of some latrines due to heavy rains.
- %o Slow process of certifying of ODF villages by the District Coordinating Team (DCT).

Lesson learnt

- %o If villages are well triggered, CLTS enhances social cohesion by assisting those who are old, sick, child and female headed households.
- %o Working with natural and community leaders has resulted to speedy adoption of the approach through effective door to door monitoring to ensure that members adhere to the action plan. Natural leaders are able to use different forums like funeral and church gathering, since they have rapport with the community.
- %o Effective Partnership with Government and other stakeholders at National and District level ensures enhanced program quality delivery, sustainability and leveraging of resources.

Action research areas:

- %o Assessing the impact of open defecation free communities on the livelihood and health of the rural poor and vulnerable communities in Malawi.
- %o Integrating of CLTS in other WATSAN programmes.
- %o Verification process.

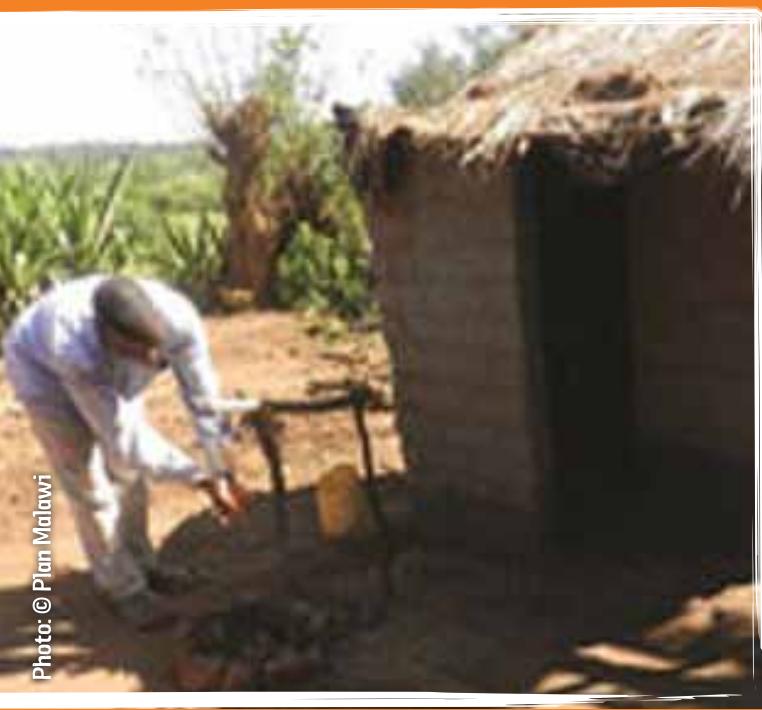


Photo: © Plan Malawi

Inspiring natural leaders to actively spread CLTS concept

Belenado Nazario, 38, has one boy and two girls. He was identified as a member who did not conform to the approach during triggering process in Buli area, Mlezi community. He is among the most prominent natural leader facilitators involved in promoting village sanitation hygiene under the Community Led Total Sanitation Approach.

Belenado Nazario openly confides about his slow behavioural adaptation. "It was cumbersome, to find bushes to hide from when 'shitting' the environment is no longer the same as it was in those days when you could find trees, shrubs and grass everywhere," recalls Belenado. His family has been using the bush as a toilet each time they went to 'shit'. They never thought a day would come when they would own a toilet.

Poor sanitation and hygiene practices coupled with open defecation have always been rampant in the communities, with young children defecating around their houses and adults defecating in the nearby bushes during the day. At night, people often defecate near their houses, such incidences evolved due to minimal latrine coverage and lack of adequate sanitation and hygiene practices.

"In the past, we had no latrines in our villages and we used to defecate in the bush nearby or in the grave yards. With this project introduced by Plan Malawi every person now is able to defecate in their newly constructed latrine, open defecation is now a thing of the past," Belenado adds.

In its endeavour to see children and youth realise their right to improved health and well-being through effective hand washing, basic sanitation, safe, reliable and affordable drinking water, Plan Malawi adopted the Community Led Total Sanitation (CLTS) approach.

In Lilongwe Program Area 27 extension workers were trained in CLTS trainer of trainers (TOT) in 2010. In 2011, 30 natural leaders and 30 teachers were trained in CLTS and SLTS, Belenado Nazario took part in this training.



Belenado Nazario demonstrates his hand washing facility. The villagers are committed to constructing latrines and practising healthy hygiene.

Triggered @ Niger



Programme highlights

Target group:

135,000 people, 8 schools
103 communities

Geographical coverage:

Dosso and Tillabéri regions

19,286 households, 7,522 under five children, 76 extension workers and 40 primary schools

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.

Specific objectives:

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

Key Achievements in FY 2011:

- %o 43 new communities triggered, 23 villages reached the Open Defecation Free (ODF) status, with 5 officially certified.
- %o The ripple effect of the CLTS approach is that ODF communities are beginning to tackle other issues of the local development such pump construction and road access amongst others.
- %o Women leaders empowered on matters of CLTS and religious leaders have taken ownership of the Community-Led Total Sanitation approach.
- %o Mounted robust awareness campaigns through; community conventions, 2 community radio stations, regional public radio stations, radio debates on CLTS in the week preceding 'World Water day,' engaged the use of theatre through 'Cultural troupes' and 'animated sessions' to highlight sanitation issues.
- %o Organised competitions on hygiene and sanitation which saw communities improve participation levels.
- %o Multiplied the number of natural leaders and trainers to 20 including 4 women to spread the sanitation approach in areas covered by the Pan African CLTS project. In addition, trained 21 teachers and 3 inspectors on multi-arts approach in the education sector.
- %o Funded a regional forum on the CLTS approach by the Regional Service of Hydraulics.
- %o Organised 3 quarterly meetings for shared learning between the players implementing the CLTS approach which involved; traditional authorities, religious leaders, natural leaders, technical services, implementing NGOs and Plan Niger.
- %o 15 schools have attained ODF status.

Challenges

- %o Practice of subsidizing of the latrines by other development partners.
- %o Overlap of latrine construction period and the onset of the rainy season.
- %o Persistence of negative view on women leadership in some communities.
- %o Time between triggering and reaching ODF
- %o Water points in CLTS communities.

Lessons learnt:

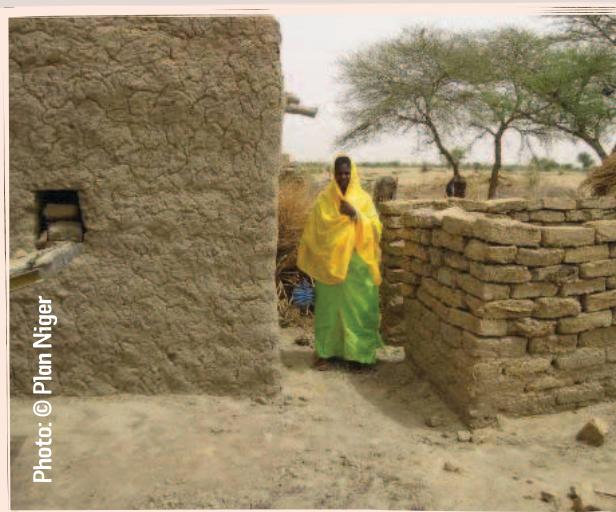
- %o The principal lesson learned is that the abandonment of the subsidy latrines strategy requires high commitment and strong advocacy to all partners of hygiene and sanitation.

Action research areas:

- %o Factors blocking various actor's commitment in the implementation of CLTS project.
- %o The media's role in the promotion of the CLTS approach.

Improved sanitation protects women's dignity

In some communities in the West of Niger women can only go to the toilet at night, whatever the emergency, so as to keep to their cultural traditions and preserve their privacy. They quickly defecate in an open area behind bushes, ensuring no roving eye is watching them.



Thanks to the Community-led Total Sanitation, Mariama comes out of her private toilet at daytime with restored dignity.

Thanks to Plan Niger's Community-Led Total Sanitation project (TE BON SE) this anxiety is coming to an end.

In the customs of Zarma-Sonrai communities in Niger, seeing a woman naked is a big shame. The honour of a family unit revolves around the woman: as a mother, a wife, stepmother, and a big sister. Discovering their nudity, even accidentally, is a source of mockery to any individual. Women bear the brunt by going to relieve themselves at night behind the bushes. Protecting a women's privacy, is a sacred affair.

In Tillaberi, Plan Niger is striving to end this ordeal through the Bangnay Koira community located 38km West of Niger, beneficiaries of the Plan Niger's CLTS project. After the triggering process, the community responded positively and expressed a sense of disgust and shame when they saw open defecation. Within a short time, there were latrines being built in the homes. Every Sunday, the Bangnay Koira community were involved in discussions and sessions on hygiene and sanitation.

The main beneficiaries were women, who tend to be more active and responsible over the maintenance of the toilets. With the newly constructed latrines in their respective households, women no longer waited for dusk to relieve themselves.

Mariama was the first woman in the community to build a latrine. "Prior to the adoption of the approach "**Te bon se**" ("do it for yourself" - CLTS local name), the only choice my children and I had was to defecate in places behind shrubs. The children were allowed to go there at daytime. I was the only one who went in the night. I recall fearing to squat behind the bush and many times took the risk of being exposed to the gaze of an unsuspecting passerby," recalled Mariama.

"I am a future mother in law; I knew it was inconceivable to allow a potential son or daughter in law to see my nudity. However, things started changing with the construction of latrines in the community. Thankfully, my family and many women of my village are no longer struggling to hold bowel movements the whole day in fear of prying eyes. With the technical support and guidance of Plan Niger's CLTS facilitators, we built ourselves latrines at an affordable rate. My dignity and that of many women has been restored through the sanitation project," Mariama said.

Triggered @ Sierra Leone



Target group:

32,630 people, 20 schools and 150 villages in two chiefdoms with children, youth and the elderly living with HIV/AIDS.

Geographical coverage:

Makari Gbanti Chiefdom and Paki Massabong chiefdom in Bombali District.

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, Sierra Leone by 2014.

Key Achievements in FY 2011:

- %o There is a strong political will to implement CLTS activities. This is manifested through the establishment of Hygiene and Sanitation Directorate, increased budget allocation, the adoption of WASH policy by Sierra Leone parliament. Government is still soliciting more support from donors for the implementation of WASH Activities.
- %o Trained facilitation groups to conduct triggering in communities.
- %o Trained Sierra Leone District Councillors (DCs), District Health Management Team (DHMT), teacher coordinators and natural leaders on data collection and reporting.
- %o Monitored triggered communities, including post ODF monitoring and follow-up.
- %o Distributed bicycles to project volunteers/facilitators/natural leaders.
- %o Profiled sanitation issues on radio debates and also used print media for publicity of the same.
- %o Held annual reflection meetings with partners.
- %o Facilitated start-up kits for school health clubs and learning visits with other Plan offices.
- %o Organised chiefdom health competitions and ODF celebrations for communities.
- %o Participated in CLTS District task force meetings.
- %o Produced quarterly publications distributed of IEC materials on hygiene and sanitation.
- %o Conducted street theatre in post ODF communities on Sanitation Marketing.
- %o We undertook KAP/Base line survey.
- %o 108 communities and 20 schools were triggered by the end of 2011, while 48 communities attained ODF status.
- %o 22,408 people gained access to safe sanitation and hygiene services. 50% of the remaining communities have almost completed construction of their local latrines, awaiting verification by the district health department.

Challenges:

- %o Difficulty in rolling out CLTS methodology and approach to other non-operational communities and neighboring chiefdoms by natural leaders.
- %o Unavailability of safe drinking water in most ODF communities.
- %o Some triggered communities are still lagging behind in achieving ODF status.

Lessons learnt:

- %o Once communities are sensitised they can play a leading role in sustaining their water and sanitation facilities and by keeping their communities free from open defecation.
- %o Chiefdom exchange visits of natural leaders will enhance the adoption of new ideas, creativity and innovations in the CLTS approaches and methodologies.
- %o The formation of a natural leaders network can lead to program success and sustainability.

Action research areas:

- %o The role of women in scaling up CLTS Activities

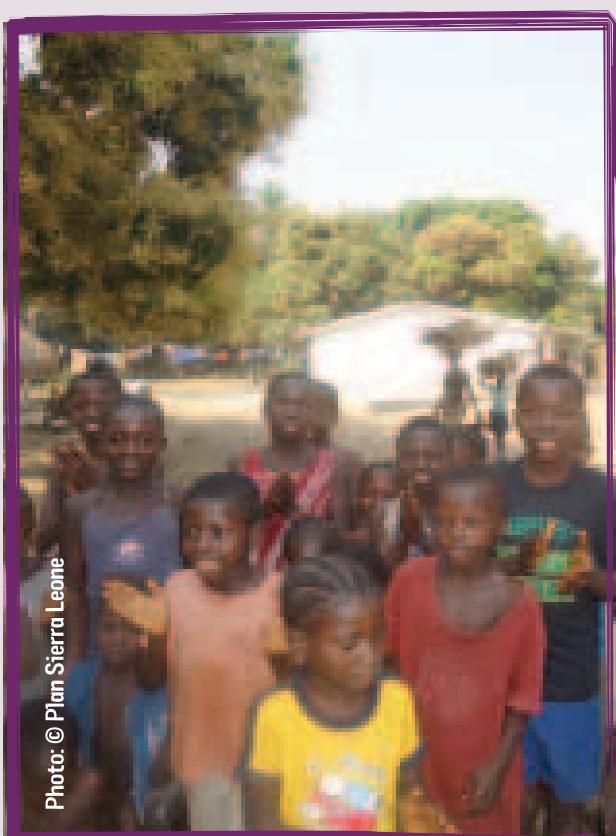


Photo: © Plan Sierra Leone

Children 'battle' for defecation free communities

My name is Alfred Koroma from Maforay village, Bombali district in Sierra Leone. I am 9 years old and in grade four. My mother once told me that all my sisters died from diarrhoea and vomiting before they reached their fifth birthday leaving me with no siblings. I have a play group in my village and we are eleven children.

During our play times, we have interesting games which include competing who of us can defecate quickly. You will hear one of us say, 'I am going to kaka' which means 'I want to defecate.' We will also compare notes at the backyard of who between us is able to clean faster using banana leaves and applaud the winner. The reason we use the bushes in the backyard of our village is because we do not have a community latrine, yet this is the same place that my late brothers and sisters used to defecate.

One day, staff from Plan Sierra Leone came and triggered us about the danger of open defecation. The children were mobilised to sing songs asking for child friendly latrines and shaming adults who defecate in the environment.

Three months later, my parents constructed child friendly latrines. Our village did not have 'shit' even in the backyards. I am glad that our participation in the children songs saw many homes construct latrines. I walk with a lot of pride now that our community has access to child friendly latrines and hand washing facilities.

Developing better sanitation facilities will save children lives by reducing substantial health risks including cholera and diarrhoea that can lead to death. When communities understand the dangers of open defecation, they take charge of their destinies by constructing latrines and practising healthy hygiene.

Developing better sanitation facilities will save children lives by reducing substantial health risks

Children from Maforay village lead a procession in the community shouting slogans against open defecation and asking for child friendly latrines

Triggered @ Uganda



Programme highlights

Target group:

137 rural communities

10 peri-urban communities

39 schools with a target 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

Key Achievements in FY 2011:

- %o 50 villages reached ODF out of 78 triggered villages in the two districts.
- %o 18,954 people have access to and use of latrines.
- %o 67 functional community sanitation committees.
- %o 77 masons in Tororo retrained on the corbelled latrine design options.
- %o Contributed to the development and dissemination of the Uganda CLTS manuals.
- %o Representing Uganda Water and Sanitation NGO Network (UWASNET) in the Global sanitation fund steering committee.
- %o Disseminated Pan African Community Led Total Sanitation project highlights with national, regional international stakeholders.
- %o Through national advocacy efforts, Uganda line ministries of health and water recognised CLTS as sanitation approach and allocated funds towards to 16 districts.
- %o Engaged with Ministry of Health and counter-signed a memorandum of understanding to institutionalize CLTS and sanitation marketing.
- %o Created strong linkages with local government structures to ensure sustainability.
- %o Secured one year grant with under UKNO, to enhance access to safe water in Open defecation free (ODF) communities.
- %o 12 schools have achieved ODF status.

Challenges:

- %o Collapsing latrines in ODF and triggered villages due to loose soils and heavy rains.
- %o Difficulty to attain ODF through CLTS in areas with scattered settlement patterns coupled with bushy land.
- %o Slow attainment of ODF in communities with large number of elderly people.

Action research areas:

The impact of gender in CLTS processes in Tororo and Luwero districts.

Shaping community champions

Community champions comprise of natural leaders, village health teams, sanitation committees and local leaders. These are revolutionary and enthusiasts who emerge and play a leading role during CLTS processes. They can be men, women, youth and children. Community champions usually become community resource persons who trigger, encourage and support communities beyond to attain ODF status.

Life has never been the same for Jessica Nalulya.

She got pregnant at 14 years and dropped out of school to become a second wife. Her husband got her an old house in Kalugondo village where she stays with three children. Unfortunately, he spends most of his time with Jessica's co-wife in the Luweero town, leaving Jessica with no financial support.

"Marriage has been a big challenge for me since I got into it at a tender age. I have struggled to raise my three children single-handedly. Things took a new turn when CLTS was introduced in our village" said Jessica.

"I remember during the triggering exercise, when we were disgusted and shocked about how much 'shit' we were eating and the resolve to stop open defecation as families and the larger community. I went public about having no latrine, because I didn't have resources to build one. I was further nominated by the community to be a member of the village health team (VHT). This exerted more pressure because I had to work on improving my sanitation to influence others.



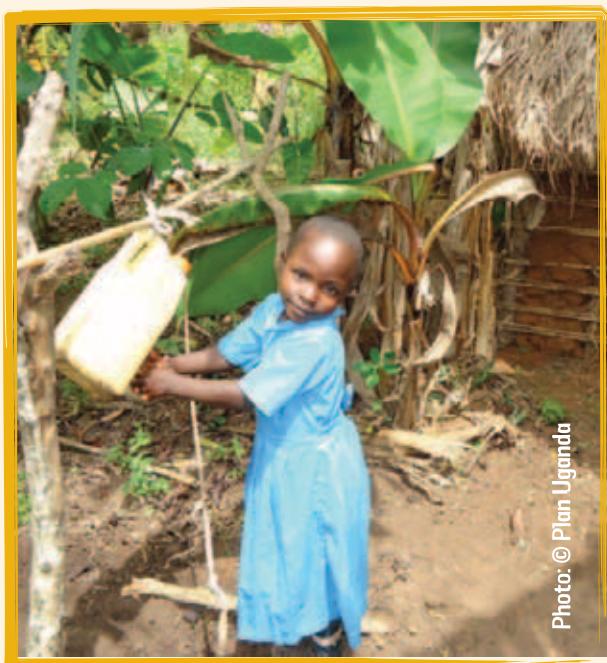
Jessica and her children outside her home. Children need to live in a safe environment devoid of diseases.

I recall one of the VHT meetings, it was resolved that all members should be exemplary in hygiene and sanitation aspects of the homes in order to gain the confidence and respect of community members. Our homes were to act as centres of learning. With my poor economic state and unstable home, it appeared that I would not take up the challenge," Jessica added.

Jessica talked to her husband about the benefits of constructing a toilet, but he would not hear of it, she even threatened to separate. Eventually, she got some odd jobs and saved some money which she paid her neighbour who helped in the pit excavation, roofing and building the super structure.

"I worked with him to construct the latrine by collecting poles, grass and preparing the mud for plastering. I am happy that I now own a latrine. The rains no longer disturb me, the latrine is not smelly and it gives me a lot of joy to know that I can influence others on latrine construction and sanitation matters, because I am an example," adds Jessica.

"I move with confidence, from house to house, mobilising people to construct latrines and referring them to mine. I have managed to see seven homes construct new latrines and become a person to reckon with in the VHT meetings. CLTS shaped me and I can now shape others. I usually advice women not to wait for their husbands to construct latrines for them, they can also work hard to ensure their children live in a safe environment," notes Jessica.



Mbekeke Cate (Jessica's daughter) washing hands with a tippy tap

Triggered @ Zambia



Target group:

120,000
600 rural communities
70 schools

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.

Specific objectives:

- %o 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.
- %o 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.
- %o To improve access to safe water sources to reduce water borne diseases that contribute to high child morbidity and mortality rate.
- %o To improve hygiene practices in the communities order to reduce communicable diseases.

Key Achievements in FY 2011:

- %o A total of 49 open wells have been rehabilitated and equipped with hand pumps. A sanitation marketing manual was produced during the reporting period.
- %o 2 V-WASHEs were trained in water management in Mibenge and Musaba. A total of 20 V-WASHE members were trained (10 men, 10 women).
- %o A CLTS Documentary was produced during the reporting period and will be shared with project beneficiaries, partners and donors.
- %o During the reporting period, construction of school latrines commenced in the targeted schools.
- %o During the period under review a total of 45 villages were triggered. The triggering was undertaken by the CLTS natural leaders. An exchange visit was undertaken to Chief Singani's Chiefdom in Choma district of Southern Province.
- %o Profiling CLTS by participating in the global hand washing day commemoration hosted at Malamba Basic School. A total of 900 children participated in the event.
- %o A quarterly review meeting was undertaken to review project progress. This was held in December 2011. During the workshop, the D-WASHE was oriented on their roles and on the National Rural Water Supply and Sanitation Program. They were also oriented on the National Rural Water Supply and Sanitation cycle and the on situation analysis.
- %o A total of 214 villages were triggered and 71 gained ODF status. 12 schools were triggered and 3 achieved the ODF status.

- %o Under the school garden project, 10 schools were supported with vegetable seed and treadle pumps. Nsonga and Mibenge schools established school gardens. Pupils at Nsonga school also planted Irish potatoes in the main field.
- %o During the year 2011, 390 natural leaders were trained in Mansa Program Unit. Of those trained, 199 were men, 129 women and 62 were children. 104 were trained in Lukangaba community, 40 in Lukola, 99 in Lwingishi, 30 in Myulu, 57 in Mutuna and 60 in Chibeleka. The trained natural leaders have been instrumental in continued monitoring of hygiene related activities at village level. This has led to an increased number of villages with improved sanitation profiles.
- %o 105 villages were triggered, 35 attained ODF whereas the remaining 70 were working towards attainment of ODF. This brings the cumulative number of triggered villages in Mansa to 211 and 71 ODF. A total of 47,491 people (28,495 women and about 9,498 children) have so far been reached.

Challenges:

- %o CLTS volunteer motivation.
- %o Collapsing of latrines in some areas.
- %o Limited community participation in some areas in the implementation of School-Led Total Sanitation (SLTS).
- %o Sustainability and motivation of villages that have attained ODF to remain defecation free.

Lessons learnt

- %o Children are excellent agents of change.
- %o WATSAN and Natural Leaders may have different roles and responsibilities.
- %o Media engagement can play a vital in the CLTS implementation.

Action research areas:

- %o Evidence of impact of CLTS
- %o Integration of CLTS with other WATSAN

It was shameful to be taken through the feaces we ate because of lacking a household latrine

Encouraging the role of natural leaders to improve sanitation

Bonius Chabala, 53, has 3 daughters and 2 sons and is the headman of Chitala village. He is one of the gate-keepers in Fikombo area under Lukola community and a champion facilitator in promoting village sanitation and hygiene.

Headman Bonius reveals that his family was using the bush as a toilet each time they went to 'shit'. They never dreamt of owning their own toilet one day.

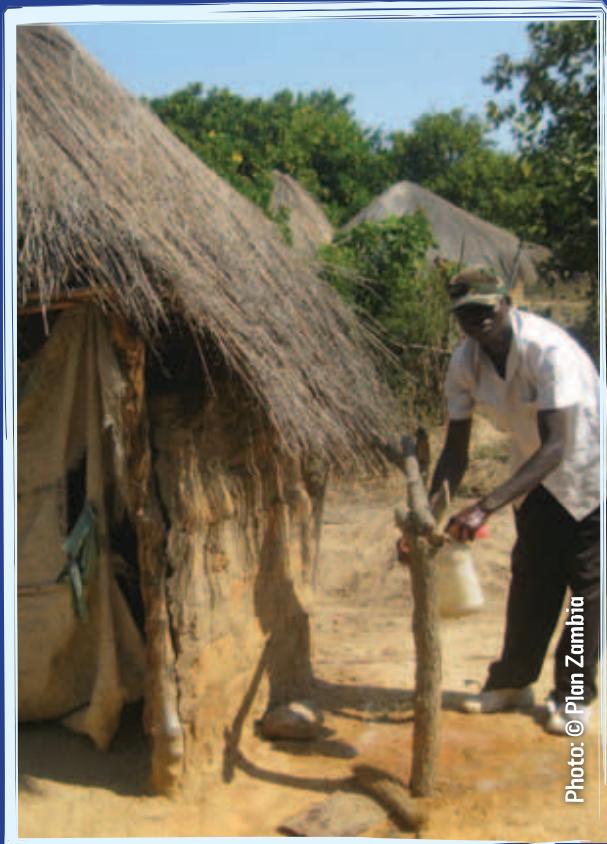


Photo: © Plan Zambia

Bonius Junior washing hands at the household latrine

The family practiced Open Defecation (OD) with children 'shitting' at their backyards. During rainy seasons, the faeces would be carried into the nearby streams and scoop holes. This meant that the community used water contaminated with 'shit' for drinking and household purposes.

Headman Bonius and the family suffered from diarrhoea-related diseases. This worsened during the rainy seasons. He recalls how nearly all his family members suffered from diarrhoea "Little did I know that the domestic animals we kept were bringing faeces to our pots, plates and drinking water," Reveals Headman Bonius.

Because of the frequency of diarrhoea he started suspecting his neighbour was using evil charms to harm his family. Bonius would spend up to \$12 per month towards medical fees at the health centre, traditional healers and witch finders. Considering he was a peasant farmer with little disposable income, this was costly.

In 2005 Plan Zambia facilitated the process of Participatory Learning and Action (PLA), where high morbidity among under-five children due to diarrhoea was tackled. An action plan to address this issue was developed and Community Health Workers were tasked to sensitise the community. This did not yield favourable results; in 2010 facilitators triggered Fikombo area. “It was so shameful to be taken through the faeces we ate because of lacking a household latrine. It was even more disgusting when visitors carried my family’s faeces to the meeting venue for demonstration,” narrated Headman Bonius.

It was after the shame and disgust experienced during trigger that Headman Bonius took it upon himself to put up a toilet with a hand washing facility. Children in the household were able to wash their hands after using the latrine. This helped his family as their health situation has improved. To complement his effort of promoting sanitation and hygiene in his village, Plan supported the construction of new hand-dug well fitted with a hand pump.

Bonius hopes to encourage the community to put up latrines and avoid unnecessary illnesses. “We have learnt a number of lessons that would avoid children from suffering from water borne diseases as a result of poor sanitation,” declares Bonius.

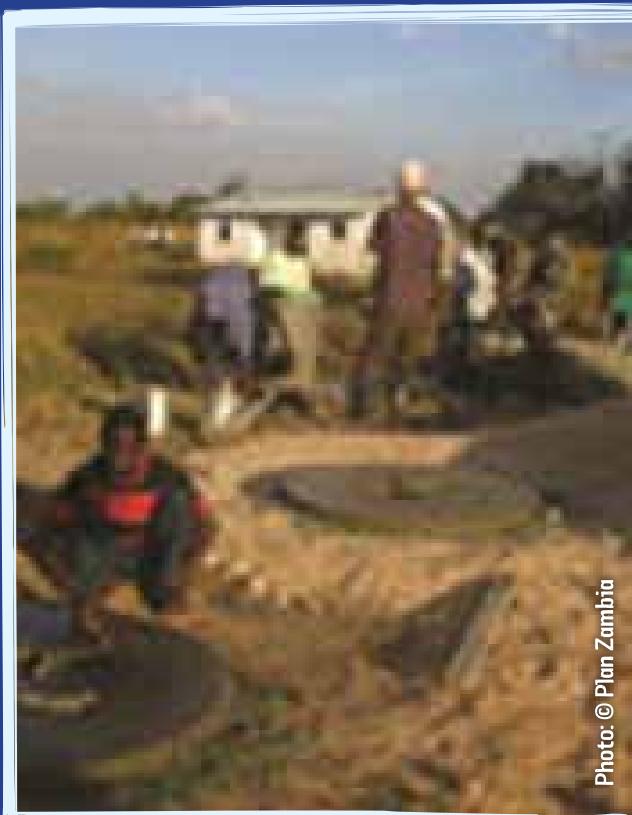


Photo: © Plan Zambia

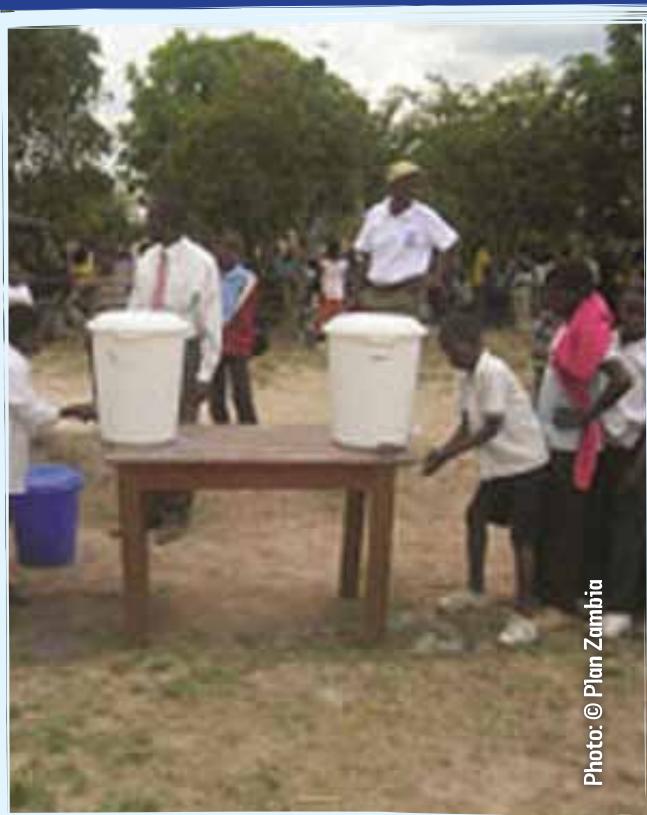
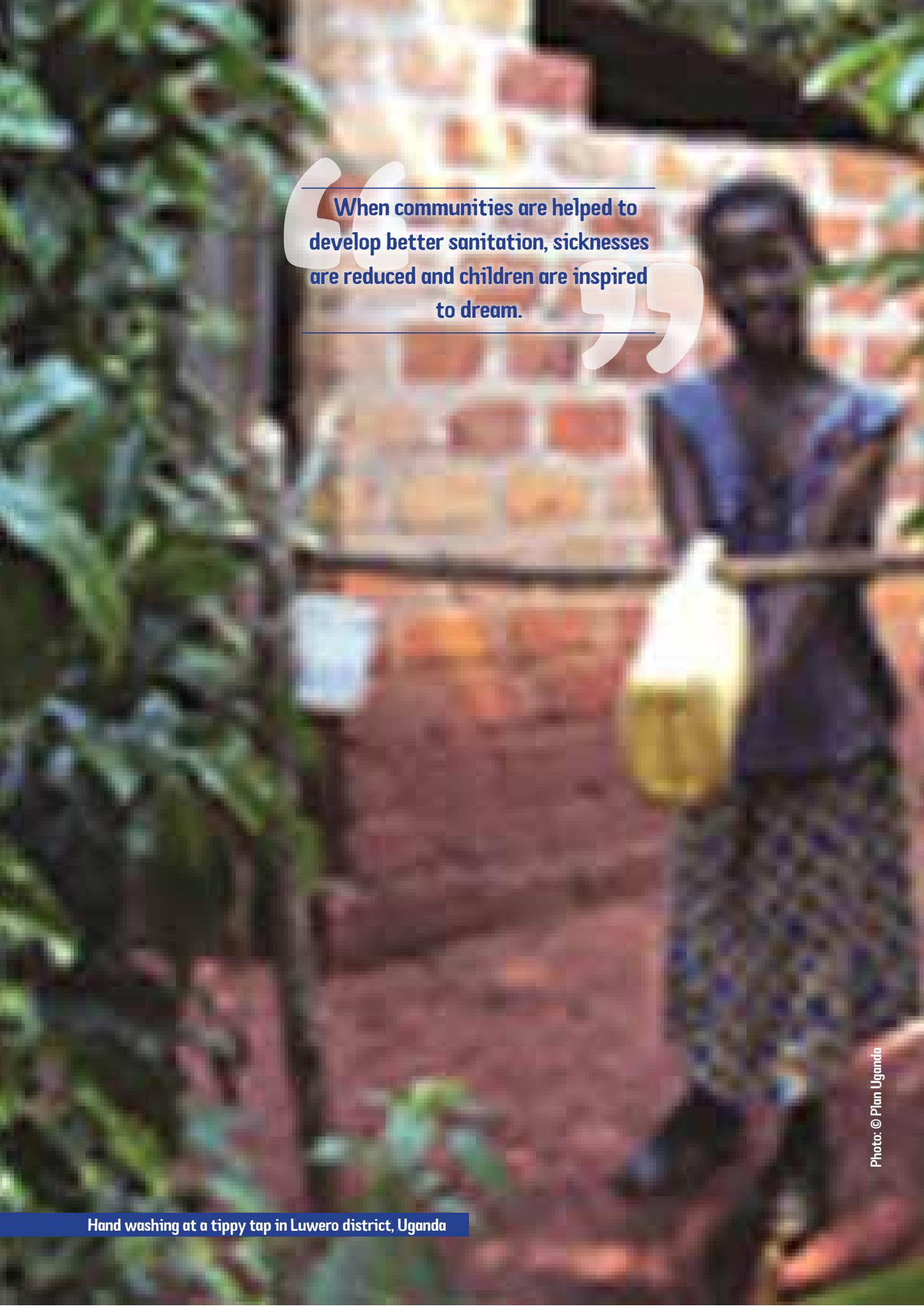


Photo: © Plan Zambia

Community members at Luwo Basic School casting rings and san plots during school latrine constructions

School children lined up to wash their hands during the 2011 Global Hand washing Day celebrations in Mansa

We have learnt a number of lessons that would avoid children from suffering from water borne diseases as a result of poor sanitation.



“When communities are helped to develop better sanitation, sicknesses are reduced and children are inspired to dream.”

Hand washing at a tippy tap in Luwero district, Uganda

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All activities in this publication have been informed by case studies, photos, annual reviews and documentation from Ethiopia, Ghana, IDS, IRC, Kenya, Malawi, Niger, Netherlands National Office, Sierra Leone, Uganda, Regional Office, and Zambia.



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