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**WATER, SANITATION AND HYGIENE:
SUSTAINABLE DEVELOPMENT AND MULTISECTORAL APPROACHES**

**Community-led total sanitation:
Triggering sustainable development in Zambia**

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Community Led Total Sanitation (CLTS) was introduced in Choma district in Zambia in late 2007. In twelve months sanitation coverage has increased from 38% to 93% across 517 villages, 402 of which are open defecation free. Over 14,500 toilets have been constructed by households with zero hardware subsidy and approximately 90,000 people have gained access to sanitation in less than a year. It is estimated that 88% of toilets met the Government's definition of 'adequate' sanitation and 76% had hand-washing facilities. If the approach is expanded to the remaining 300 villages in the district it is almost certain that the MDG sanitation target will be surpassed at district level more than five years ahead of time. The approach has accelerated access to sanitation far faster than subsidized sanitation approaches of the past and has enabled communities to recognize that they can develop without 'handouts'; this has led to community-led initiatives in other areas of development.

Introduction

The Joint Monitoring Programme (JMP) on Water Supply and Sanitation estimated rural sanitation coverage in Zambia to be 52% in 2006 (UNICEF/WHO, 2008). The official coverage estimate for 2005 currently quoted by the Government of Zambia is only 13%; however, this estimate is misleading since the Central Statistics Office (CSO) has considered Ventilated Improved Pit (VIP) latrines and flush toilets as the only acceptable technologies to be considered 'adequate' or 'proper' sanitation. Fortunately, under the recently formulated National Rural Water Supply and Sanitation Programme (NRWSSP), which is a detailed strategy to achieve the Millennium Development Goals (MDGs) for sanitation and water supply, a new broader definition for 'adequate' sanitation has been adopted. The following are considered adequate latrines: VIP latrines; Pit latrines with sanitation platforms or other concrete platforms; Traditional pit latrines with a smooth floor surface; EcoSan latrines; Pour-flush latrines; Septic tank latrines (MLGH, 2007). Consequently, subsequent official coverage figures based on the new definition should be more consistent with the JMP estimates.

Given the current 52% coverage there remains considerable work to be done if the MDG target of 66% is to be reached by the year 2015. It is also important to note that there is considerable geographical disparity in sanitation provision, with rural sanitation coverage in some provinces as low as 17%. It is therefore imperative that access to basic sanitation is scaled up rapidly. Effective strategies are required in order to do this.

Community Led Total Sanitation (CLTS) is an approach which facilitates a process of empowering local communities to stop open defecation and to build and use latrines without the support of any external hardware subsidy (Kar & Pasteur, 2005). While the Government of Zambia is yet to formalise a policy on the use of subsidy in the provision of sanitation services, the majority of donors active in the sector are against the use of hardware subsidy, and yet to date there has been little success in increasing access to sanitation in Zambia without subsidy. Consequently, in late 2007 UNICEF in conjunction with the Government of Zambia decided to pilot the CLTS approach in Southern province, where coverage in 2006 was only 40% (CSO, 2006), in order to determine whether this can be an effective strategy for rural sanitation implementation in the country.

The CLTS implementation approach

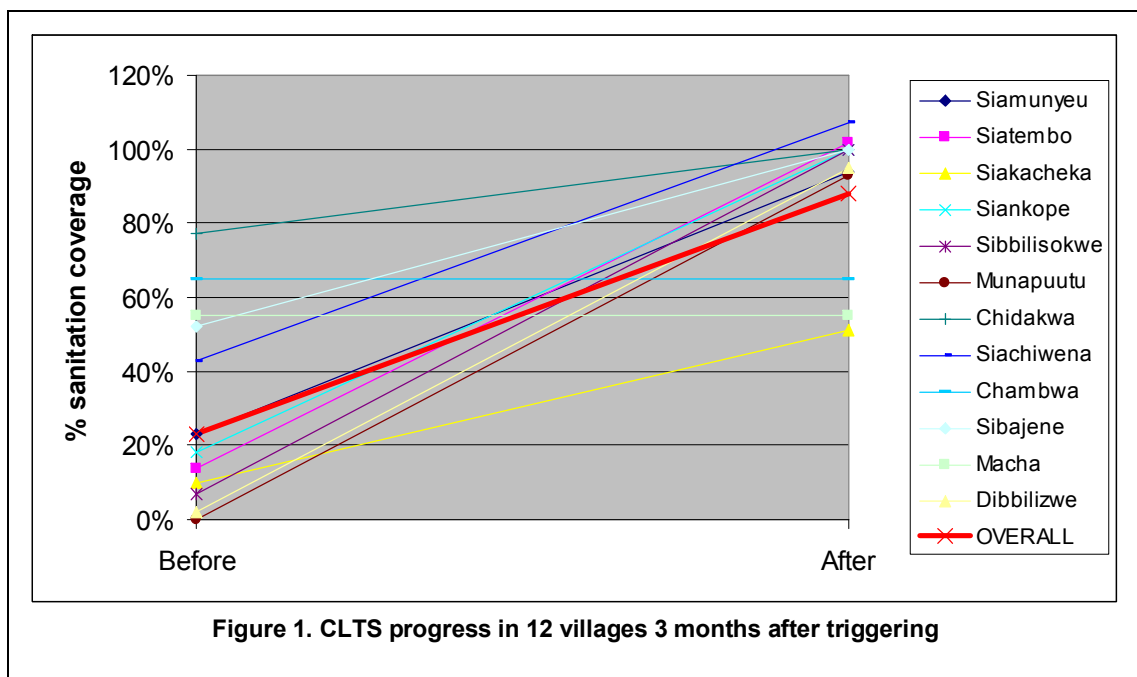
CLTS is based on the concept of self-respect rather than on standards, or health even. Kamal Kar, who developed the approach, refers to the ‘intellectual constipation’ of sector professionals who, all too often, place emphasis on engineering standards or construction quality, and the need for charity (i.e. subsidy) for the rural poor. CLTS challenges these norms by placing emphasis on community dynamics and individual perceptions and emotions as the drivers of sanitation provision by communities themselves. Communities are ‘triggered’ by a process led by trained CLTS facilitators, which enables them to see, and feel, the negative aspects of open defecation. One critical aspect of the approach is that the term ‘shit’ or the local equivalent is used. Standard terms such as ‘excreta’, ‘human waste’ or ‘faeces’ detract from the fact that shit is unpleasant and it’s not nice to have it lying around in the open, nor is it nice to effectively eat it by failing to break faecal oral transmission routes. The use of the term ‘shit’ is initially shocking to many participants and it’s important that this is the case, as this shock factor is a key part of the triggering process.

Training of facilitators

A national training course was held in late 2007 in which the CLTS concept was introduced and participants were trained in the triggering process. This was opened by the Permanent Secretary of the Ministry of Local Government (MLGH) and attended by representatives of MLGH, Ministry of Health (MoH) and Non-Governmental Organizations (NGOs). District officials, traditional leaders, Environmental Health Technicians (EHTs) and NGO staff were trained as CLTS facilitators and 12 villages were triggered in November and December 2007. The two Chiefs responsible for the respective areas in which these villages were located were part of this process.

Initial pilot

The initial pilot showed an astounding increase in sanitation coverage (defined by the ratio of number of toilets to number of households) from 23% to 88% within a three-month period, for a total rural population of 4,536. In one community coverage increased from 0% to 93%, while in another it increased from 14% to 102%, i.e. there were more toilets than households. The relative increases in sanitation coverage are represented graphically in Figure 1. Interestingly, two of the three villages with highest initial coverage made the least progress, with no increase in the number of toilets and coverage remaining static at 55% and 65% respectively. However, there was no evidence of open defecation in these villages and there was an existing practice of sharing toilets between households prior to the CLTS programme.



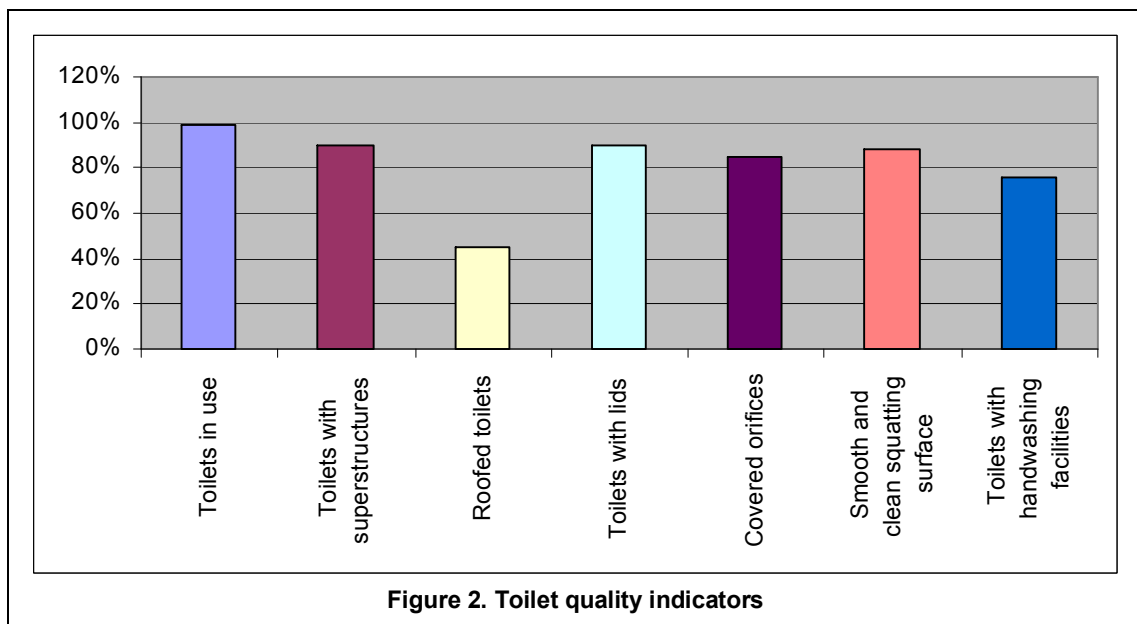
There was no evidence of open defecation to be found in nine out of twelve communities (75%) and these were verified as Open Defecation Free (ODF). The three communities in which there was evidence of open defecation had respective latrine coverage figures of 94%, 95% and 100%. This indicates that coverage figures alone are not reliable indicators for sanitation usage. It was estimated that 68% of constructed toilets met the NRWSSP adequate sanitation definition, although only 22% of toilets had hand-washing facilities.

Scaling up

Given the significant success of the initial 12-village pilot the District Council and all five Chiefs in the district were very keen to scale up the approach throughout the district. Elected councillors from each of the wards in the district were subsequently trained as CLTS facilitators, as were all the Chiefs and EHTs, in order to expand the pool available for triggering of communities. Given the lack of attention to hand-washing in the pilot this was also included within the revised CLTS approach. Consequently, capacity for CLTS implementation was developed in all 24 rural wards in the district. Sanitation Action Groups were established to monitor progress in each village and verification of ODF status was carried out by the councillors and EHTs at ward level, and by the Chiefs at chiefdom level.

Results

In the six months between April and October 2008, 517 villages were triggered across 19 wards in the district. For the triggered areas overall sanitation coverage increased from 38% to 93%. In 14 wards coverage increased by more than 40 percentage points, in 11 by more than 50 percentage points and in 7 by more than 60 percentage points; 14 out of the 19 wards had final coverage above 90%. Across the entire district, coverage increased from 27% to 51%, with still over 300 of the 824 villages yet to be triggered. A total of 402 villages were verified as ODF, although the district officials are yet to certify many of these. The only ward which saw no change at all was Maambo in Hamaundu chiefdom in which coverage remained at 77%, probably because a previous subsidized sanitation project had occurred here. However, it is interesting to note that it does not have 100% coverage. Meanwhile, coverage in Pemba ward increased from 40% to 82% despite the fact that no formal CLTS triggering took place. This was because the local Member of Parliament heard about the approach and decided to get involved. This may be because he was worried that the elected councillors who were already involved in CLTS would become more popular than him!



A sample of communities was selected for a more detailed study into the quality of toilets constructed. Figure 2 summarises the findings of this survey which revealed that 99% of toilets were in use, 90% had superstructures (although only 45% had roofs), 90% had lids for the squatting holes and 85% were covered at the time of the visit, and 88% had a smooth and clean squatting surface (thereby meeting the NRWSSP definition). It was also found that 76% of toilets had hand-washing facilities (a significant improvement on

the initial pilot), 84% of which had water, and that 51% of households were using soap and 34% using ash for hand-washing. 70% of individuals reported washing hands before eating and preparing food, 77% after using the toilet and only 30% after cleaning the bottom of an infant.

Stick, carrot or balloon?

The increase in sanitation coverage and number of ODF villages within less than a year has been astounding. The inclusion of hand-washing promotion within the CLTS approach has also had significant impact, although there is more to be done to improve hygiene behaviour in ODF villages. CLTS has had a huge impact on the district of Choma and is owned and led by traditional and civic leaders working side-by-side (there is no NGO leading the process). Those involved are keen to expand the approach to cover all communities in the district including urban, peri-urban and rural communities. The lessons learnt from Choma can then be applied in other districts in Zambia with low sanitation coverage. Despite this success, however, MLGH remains unconvinced and there are several criticisms of the approach.

Much criticism of CLTS appears to be based on the use of 'shame' in the triggering process, i.e. that individuals are shamed into building toilets. However, there is no evidence of this in Choma. What in fact seems to be the case is that people are enabled to understand and feel the importance of stopping open defecation, and thereby take great pride in building and owning a toilet (or toilets), and expect their neighbours to do the same for the good of the community. By engaging traditional leaders in the process it has also been argued that communities and households are forced into constructing toilets. However, this is simply not the case. As His Royal Highness Chief Mapanza reports: "When you use force, people will resist. That kind of resistance can go on for generations. Perhaps this is what has happened in our country. Perhaps CLTS has broken that chain of resistance, because it is amazing how people are responding to the programme and are now busy constructing toilets in their villages."

Another criticism of CLTS is that the toilets constructed are often of poor quality, however, there are many examples of high quality toilets constructed in Choma and many households have incrementally improved toilets over time. Indeed, the majority of toilets constructed to date appear to meet the Government's own standard for adequate sanitation.

Approaches to CLTS in other countries have included awards to be given to ODF communities, however, this has not been adopted in Zambia as it would be difficult to replicate and sustain. Communities are motivated primarily by the desire to live in a safe and healthy environment. Once they realize that they can make their community ODF without the need for any external 'hand-outs' they also recognize that they can develop their community in other ways. Consequently, the CLTS programme in Choma is now promoting food security, tree-planting and income generation activities, and is encouraging families to enrol their children in primary school. These areas of development have been selected by those in the district and have not been opposed, or even suggested, by those outside. Perhaps CLTS could be the trigger for grass-roots multi-sectoral sustainable development. Only time will tell!

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