

38th WEDC International Conference, Loughborough University, UK, 2015

**WATER, SANITATION AND HYGIENE SERVICES BEYOND 2015:
IMPROVING ACCESS AND SUSTAINABILITY**

**Zambia's 3 Million People Programme: a service delivery
model for scaling-up hygiene and sanitation**

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BRIEFING PAPER 2284

With funding from UK Aid, the Government of the Republic of Zambia and UNICEF are implementing a programme to support 3 million people in gaining access to improved sanitation facilities. Early in the implementation of this ambitious programme, progress stumbled. This joint paper reports the development and adoption of a Service Delivery Model that rejuvenated the programme's progress, based on three key principles: 1) Standardisation under the lead of the government; 2) Decentralised technical support and 3.) Strengthening leadership and accountability of the government. Since the model was rolled out in July 2013, the programme has had a period of outstanding exponential growth: access to improved sanitation has risen from 43% in 2012 (JMP) to 58% at the end of 2014 (government database) and the availability of functional hand washing station from 8.6% to 55% (government database). At the end of 2015, the programme has to potential to exceed the very ambitious planned milestones.

Introduction

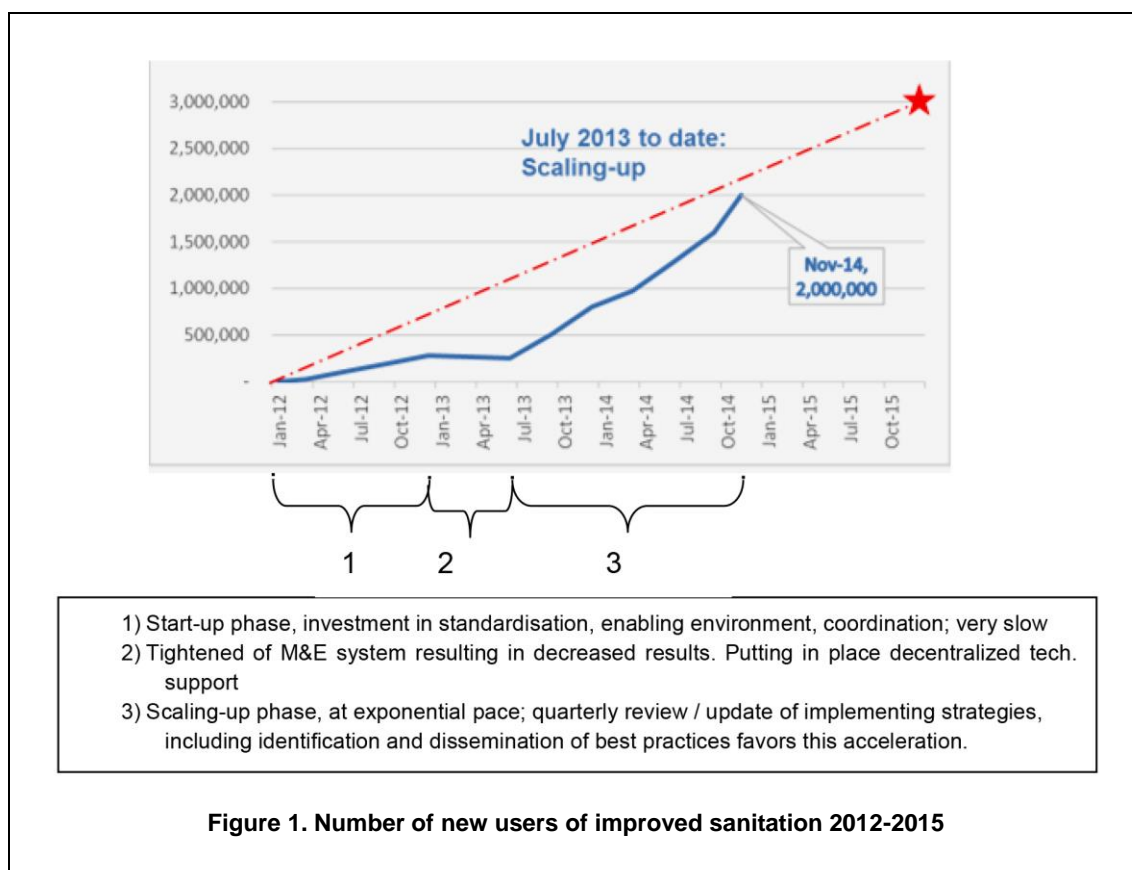
With only a 2% increase, access to improved sanitation in Zambia stagnated between 1990 and 2012 (JMP, 2014). As a result communities were vulnerable to diarrheal diseases and regular outbreaks of cholera and typhoid. Cholera is endemic in 11 districts; outbreaks start just before the rainy season and spread with the rains. Moreover, the high prevalence of faecally transmitted diseases is a likely contributor to the very high level of stunting among young children: 41% of Zambian children are stunted. The lack of sanitation also has appalling impact on the economic and social growth of the country. According to a study carried out by the Water and Sanitation Program of the World Bank (WSP) in 2012, Zambia loses 1.3% of its National GDP each year; this is due (1) to preventable deaths, (2) health care, (3) productivity losses of people affected by diarrheal diseases and by time spent to find an appropriate place where to defecate (2.5 days / person / year). According to a baseline survey carried out in 2012 by Zambia Centre for Applied Health Research and Development, with the support of UNICEF, 8.6% of rural households observed with a functional handwashing station. This joint paper considers the specific challenges for rural sanitation in Zambia and presents a unique approach for scaling up that was devised in response.

Recent rural sanitation initiatives: learning what works for scaling up

Community based approaches for sanitation – such as Community-Led Total Sanitation (CLTS) - were first introduced in Zambia in 2007 with the support of Kamal Kar, the co-founder of the methodology. Zambia now has matured experience in CLTS, particularly in the Southern Province, and has institutionalized the approach with national volunteers including Chiefs (Chief Macha, most notably) and traditional leaders as well as a national team of coaches and trainers.

Between 2011 and 2013 the Government of the Netherlands (DGIS) funded a Rural WASH Programme in 20 districts, the programme reached 186,000 new users of improved sanitation. This programme informed the design of the 3 Million People Sanitation and Hygiene Programme, currently implemented at national scale with funding from DFID and led by the Ministry of Local Government and Housing (MLGH) in coordination with other line ministries such as the Ministry of Chiefs and Traditional Affairs (MoCTA), Ministry of Community Development, Mother and Child Health (MCDMCH), and Ministry of Education

(MoE). The Programme aims for 3 million new users of improved sanitation and practising handwashing with soap or ashes by December 2015 in 67 districts. Yet, as Figure 1 below indicates, a difficult start-up meant that at one point the targets seemed out of reach.



Late 2012, the government and stakeholders began analysing the reasons for slow progress. Lessons from past experience with the DGIS programme were analysed in order to develop solutions that could work at-scale. Programme partners began implementing a package of measures including: standardisation, capacity building, creating an enabling environment, developing partnerships and planning to accelerate the delivery of results. In the process the M&E system was strengthened, this resulted in a decrease in the results reported in December 2012. In June 2013, the programme was more than a-third of the way through and yet despite all the efforts only 8% of the targets had been met.

Yet soon after the revisions made to the programme resulted in a tripling of the number of new users of improved sanitation; this improved ‘harvest’ of results between July 2013 and December 2014 were thanks to more efficient implementation modalities as well as strengthened M&E mechanisms. By the end of 2014, projections indicated that the programme will exceed the planned milestones. Monitoring, feedback and external reviews by DFID, GRZ, and several partners confirm that the results are real and sustainable. The remainder of the paper outlines the model developed to achieve these results and how the challenges faced have been overcome.

Service delivery model

Three key principles have guided the improvements to the service delivery model:

1. Standardisation under the lead of Government of the Republic of Zambia
2. Decentralized technical support
3. Strengthening the leadership and accountability of the Government of the Republic of Zambia

Key principle 1: standardisation under the lead of Government of the Republic of Zambia

To prepare for scaling-up, the government made tremendous efforts to clarify roles and responsibilities as well as to standardize the monitoring-evaluation-reporting system. Under the lead of GRZ/MLGH, with the

support of UNICEF, standardisation required the support of national experts (from ministries, districts, chiefs and the national coaches and trainers). These standards have been since been adopted by the National Rural Water Supply and Sanitation Programme led by MLGH. Key roles and responsibilities delineated in Table 1 below.

Level	Responsibility	Lead Sector from the Government
Community	Community volunteers trigger communities and visit at least twice a month; under the authority of the headmen / Women, the Sanitation Action Groups monitor ODF status for each household; community volunteers report aggregated results at village level and request for verification / certification when all criteria are met.	Traditional Sector, under the authority of the House of Chiefs and the Ministry of Chiefs and Traditional Affairs
Chiefdom	Developing Chiefdom Total Sanitation Plans, mobilise communities through headmen / women, reach OD Chiefdoms, Monitoring at zonal level; Quarterly review meetings with senior headmen	
Ward	Monthly meetings of extension workers (Environmental Health Technicians) with Community Volunteers; Verification; Report to districts (month)	Health Sector (Ministry of Community Development, Mother and Child Health)
District and provincial	DWASHE Meeting (month), review-planning; Reporting (data hand-in); Certification	WASH Sector, Ministry of Local Government and Housing
National	Capacity building through a group of national coaches and trainers** managed by the National CLTS Coordinator, Standardisation and adaptations; M&E = Sustain. Checks; Spot checks; Joint reviews	

** a group of skilled public servants from WASH and Health Sectors established since the early steps of CLTS back in 2007

As indicated in the table above, the scaling-up approach relies on the involvement and coordination of three key sectors of the government. One of Zambia’s key assets for such a programme is the strong and institutionalized Traditional Sector, which has the mandate to lead rural development.

Status	Indicator ¹
Going Beyond Quality check +, sustainability	# HHs the CC has done a quality check on # of HHs passed the quality check
Sanitation Ladder Step 2+ Adequate sanitation, Meeting the criteria of the 'adequate latrine' / Open Defecation Free Status	# latrines in use with platform # latrines with smooth cleanable floor # latrines with lid on top of hole # latrines with superstructure providing privacy # latrines with hand washer with soap/ash
Sanitation Ladder Step 1 Improved sanitation	# improved facilities built after sanitation interventions # latrines in use with platform
¹ HH = Household; CC = Community Champion	

Continuous routine monitoring after triggering and beyond ODF status is provided by Chiefs, Community Volunteers and district and provincial staff to support households to repair or redo their latrine as necessary. M&E includes Spot Checks, Sustainability Checks and Joint Reviews. MLGH is budgeting for this routine M&E in the long term but cannot yet cover all 92 rural districts fully. In 29 districts, the M&E system had been fully computerized and is performed on a real-time basis with mobile-to-web technologies. The monitoring-evaluation-reporting system relies on key output and outcome indicators that allows to monitor progresses from baseline situation up to the first steps of the sanitation ladder (described in Table 2 above).

At **Step 0** of the sanitation ladder: people are practicing OD or households with unimproved latrines (using the Joint Monitoring Programme definition: unsafe separation of the human beings with their excreta). From there, the M&E system monitors all household reaching **Step 1**: people gaining access to improved sanitation (as defined by JMP). **Step 2**: latrines meeting all the criteria of the ‘adequate latrine’ as defined by Government of Zambia: smooth and cleanable floor, lid on top of the drop hole, superstructure providing sufficient privacy and a functional handwashing station (container with water + soap or ash). **Going beyond** these achievements, the M&E system allows monitoring other important qualitative aspects related to sustainability. A standardised post-ODF surveillance system supported with national budget is being developed.

Key principle 2: decentralised technical support

Decentralised technical support is intended to support the Provincial and District Technical Teams to develop their skills in number of ways. Decentralised technical support is mainly provided through NGO partners including Plan International, SNV, World Vision, Village Water Zambia, WaterAid, CIDRZ, and Afya Mzuri. The best performing national and international NGOs active in WASH and/or Public Health Programmes have been selected to support implementation (i.e. to facilitate, enable, accelerate pace of implementation and ensure transfer of competences to implementing stakeholders). These NGOs do not implement themselves but ensure that each stakeholder complies with his or her role as defined in standardised approaches and strategies defined by the government. The duration of this decentralised support is between 12 and 24 months – depending on the capacity of local authorities – until key interventions of the National Sanitation Programme are performed routinely and in a satisfactory manner.

All NGOs and focal persons from line ministries attend a coordination workshop every quarter, led by MLGH, national coaches and trainers. This is an important moment to review achievements, exchange experiences and adapt the service delivery model to sustain scaling-up. Moreover, UNICEF recruited technical advisors to build the capacity of the provincial teams. The technical advisors, with complementary placements of Australia professional volunteers, have been placed in Luapula, Western and Eastern Provinces - the most remote and hard-to-reach provinces.

Figure 2 is a map that shows the percentage of the rural population that gained access to improved sanitation by the end of 2014. Western and North-Western provinces, indicated in light yellow, have had decentralized technical support put in place the most recently. Good performance relies importantly on local leadership in each district and chiefdom which has notably been enabled by the decentralised technical support. With such systems, for the very first time, decentralised service report regularly on progress and performance to promote hygiene and sanitation. The regular publication of performance and progress (e.g. with national or provincial maps) as well as with a provincial newsletter contributes to strengthen accountability of decentralized authorities.

Key principle 3: strengthening leadership and accountability of the government

At central level, government leadership has been strengthened through the provision of technical advisors to support coordination and M&E in MLGH, MOCTA and MoE; the positions are currently paid for through the programme, with the agreement that thereafter these posts will be paid through the national budget to ensure sustainability. Technical support has facilitated the active participation of MLGH and other Ministries in high-level policy dialogue including the High Level Meeting of the Sanitation and Water for All dialogue (where the MLGH committed to develop and roll-out a strategy for ‘ODF Zambia by 2020’), as well as participation in AfricaSan and World Water Week. Government has developed a number of strategies and policies, including: Sanitation Policy, Urban Sanitation Strategy, and the ODF Zambia 2020 Strategy. Very importantly, national coaches and trainers play a crucial role to strengthen the leadership of the government and its accountability to deliver sustainable results in the area of hygiene and sanitation.

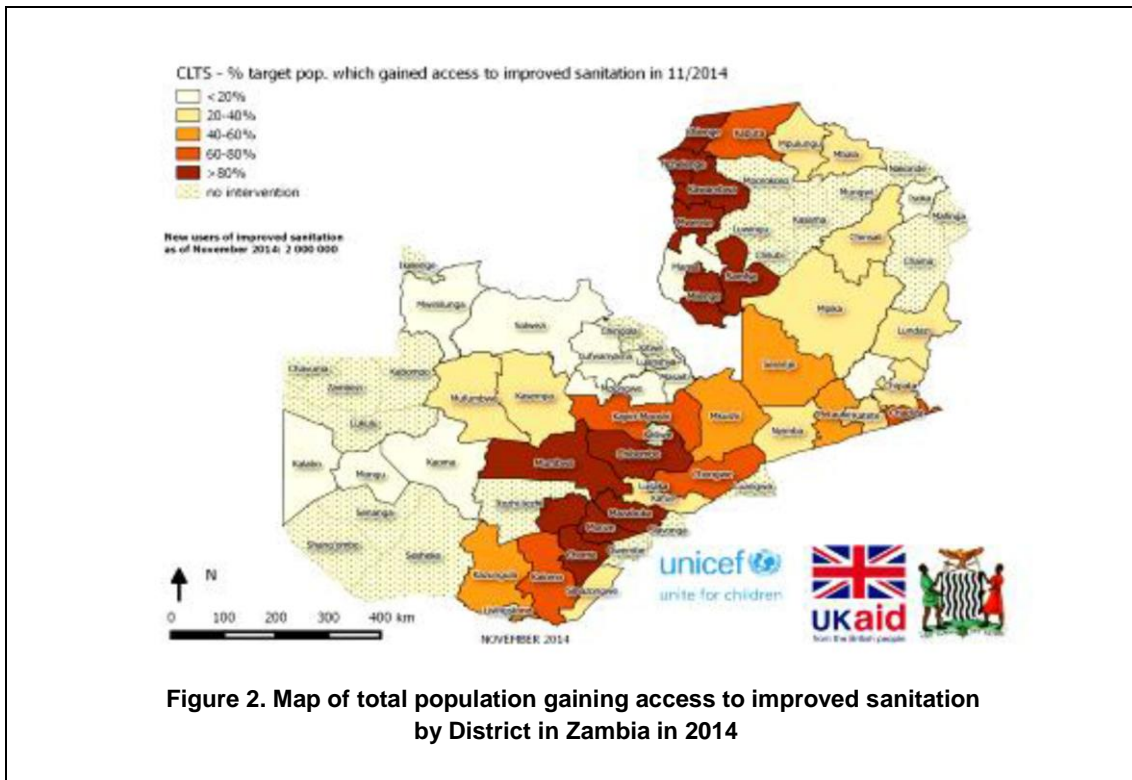
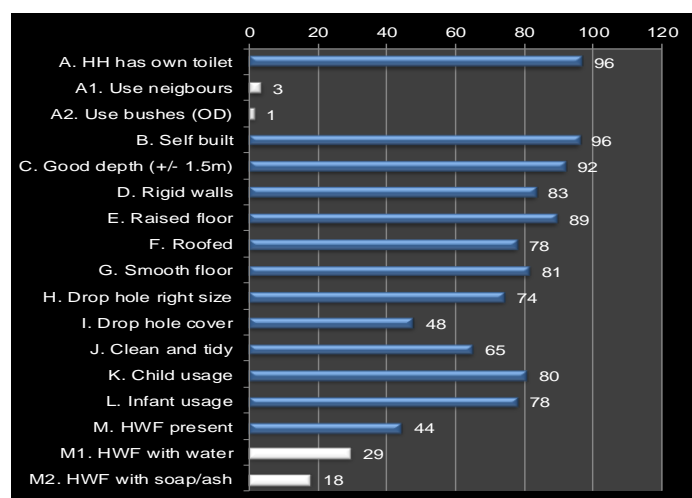


Figure 2. Map of total population gaining access to improved sanitation by District in Zambia in 2014

Sustainability checks

Sustainability Checks are a monitoring tool introduced in many African countries with the support of the Government of the Netherlands. It is one of the approaches used to collect and collate information to understand the sustainability of improved sanitation and hygiene. The graph below shows the results of the Sustainability Check carried out in 2013 for CLTS activities in 62 communities where more than 600 latrines were inspected. Around 25 of these communities were triggered in 2007-2008, the remainder were triggered between 2011 and 2013; data on sustainability 1 to 7 years after triggering was collected. Sustainability includes both the hardware and usage (practice). The Government of Zambia's definition of adequate sanitation is used: improved latrine with lid, superstructure, and smooth cleanable floor. Findings of the Sustainability Check indicate almost no slippage with only 1% of households practicing OD, however it does highlight concerns around handwashing facilities as well as lids on the drop holes. The government intends to institutionalize the Sustainability Check so that it continues beyond the 3 Million People Programme with government's funds. The government has also developed a light version of the tool with simple Spot Check processes to allow government to monitor the reliability of district reports.



**Figure 3. Assessment of structures and practices
(62 trigger communities, 620 pit latrines, % occurrence)**

Key challenges and adaptations

Despite evidence supporting the potential for sustainability, further improvements of the model are required in order to better reflect the current context and effectively meet a variety of challenges:

- In difficult areas (sandy soils, flooded areas, hard soil), latrine collapse can result in people using the neighbors' latrines or reverting to open defecation (OD) until they find the time and resources to rebuild a latrine. In response, the programme has developed **sanitation marketing approaches** to create demand for stronger and more durable sanitation components, and with the purpose of catering to the poorest population; this includes capacity building of local entrepreneurs: technical training for the supply of strong and affordable latrine components, promotion of sanitation and business skills; the product focus of the marketing workshops is on pit lining, slabs, tippy-taps, and sometimes roofing. June to September is the intensive business period, as this is the 'non-lean' season when households have most access to funds.
- Hand washing practices is an ongoing challenge. The roll-out of national campaigns has used school WASH and outreach through children (i.e. competition on handwashing facility designs) as well as training Community Volunteers and Sanitation Marketing entrepreneurs to promote hand washing with soap or ash. There is the need to continue putting emphasis on this behaviour change long after the hardware has been implemented.
- Zambia is one of the more rapidly urbanizing countries in Africa and there is a growing need to support the urban poor with adequate sanitation approaches. GRZ and partners are planning hardware-focused interventions (sewerage, drainage, treatment ponds and so forth); however this can only cover a small part of the need. The Service Delivery Model can be adapted for urban areas in order to integrate CLTS triggering, sanitation marketing / social marketing, hygiene promotion, legal enforcement, and M&E. As Traditional Chiefs are not present in peri-urban areas, there are plans for faith-based organisations and political leaders to take on their role.

Conclusion and next steps

The key principles outlined in this paper helped government and their partners to catch up and meet the challenge of service delivery at-scale. The model represents a shared approach with common goals and objectives that the government and partners will work together to deliver. The success of the DGIS and DFID-funded programmes has been used to leverage additional partners to support the roll-out of the hygiene and sanitation component of the National Rural Water Supply and Sanitation Programme (NRWSSP) in new districts:

- The African Development Bank will support implementation of the programme in Western Province to reach 200,000 new users of improved sanitation by December 2016

- The Sustainable Sanitation and Hygiene for All Programme led by SNV and funded by DFID will reach 230,000 new users in 4 districts by March 2018
- The Millennium Development Goal Initiative, a public health programme funded by the European Union, will reach 450,000 new peri-urban vulnerable users by mid-2016. The CLTS approach is adopted for the behaviour change component at community-level with an expected impact on health and nutrition outcomes

Acknowledgements

The authors would like to extend thanks to The UK, Department for International Development (DFID) and the Directorate-General for International Cooperation, Government of the Netherlands (DGIS)

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