PAKISTAN APPROACH TO TOTAL SANITATION (PATS)

MINISTRY OF ENVIRONMENT
GOVERNMENT OF PAKISTAN

March 2011
1. **Background**

In 2006, Pakistan hosted the second South Asia Conference on Sanitation (SACOSAN II) which brought the sanitation agenda on the national level debate. Key stakeholders continuous efforts resulted in the formulation of National Sanitation Policy which was approved in 2006 by the Federal Government. The policy highlights social mobilization and behavior change as a key component in addressing sanitation issues at the household level especially in the rural areas. The Policy envisions creation of an open defecation free environment with safe disposal of liquid and solid waste and the promotion of health and hygiene practices in the country using various total sanitation approaches. One of the objectives of the National Sanitation Policy is to promote Community Led Total Sanitation model and other approaches for the creation of an open defecation free environment.

The National Sanitation Policy of Pakistan also provides broad guidelines and support to the Federal Government, Provincial Governments, Federally Administrated Territories, Local Governments and other Development Authorities to enhance the sanitation coverage in the country through formulation of their sanitation policies, strategies, action plans, programmes and projects. It is provided in the policy that the “Total Sanitation Model” for the provision of sanitation will be formalized and the procedures and regulations for its implementation will be developed.

A CLTS core group was notified by the Government of Pakistan in August 2008 with representation from UNICEF, RSPN, WSP-SA, WaterAid, Plan Pakistan and PIEDAR. RSPN was given the responsibility to chair the core group. The main objective of the core group was to operate as a "Think Tank" to advance common understanding of the issues related to scaling up Community Led Total Sanitation in Pakistan. The CLTS core group was requested by the Ministry of Environment to propose a Pakistan specific strategy to achieve “Total Sanitation” in Pakistan.

2. **Justification of a Pakistan Approach**

The rationale to have a specific Pakistan based sanitation approach is linked to the sector context and prioritizing sanitation. ‘Sector context’ refers to a country’s socio-economic, political, cultural and historical characteristics, including its development trajectory, occurrence of frequent disasters and the current development aid architecture. This also involves looking at political processes within the sanitation sector, the potential links to national political institutions and stakeholders and the assumptions that underpin sanitation sector investment.
There is on-going concern of the government that the sector is not devoting enough attention and resources to sanitation services, particularly when compared to spending on water supply and other infrastructure services. While there are no general figures showing on- and off-budget expenditures in the sanitation sector at national levels, evidence illustrates that investments and expenditures are very low compared to those for water supply and other infrastructure services. Although in the wake of disasters, considerable resources are made available for the provision of emergency services through humanitarian assistance. Additionally, existing sanitation investments and service provision are not always pro-poor. Efforts to increase access to sanitation infrastructure provision can benefit better-off urban residents at the expense of the urban poor, slum dwellers or the rural population. Many documents suggest that governments’ limited sanitation expenditures are determined largely by political, rather than technical or economic dimensions in the context of competing demands for resources. The sector demands synergy among all stakeholders from planning to execution of outcomes. Hence prioritising sanitation has to be anchored on promotion of multiple options that fit well within the socio-cultural, political and investment climate of Pakistan.

3. **Pakistan Approach for Total Sanitation**

The Pakistan Approach for Total Sanitation (PATS) is towards achieving and sustaining an open defecation free environment both in rural and urban context with clear emphasis towards behavior change and social mobilization enhancing the demand side of sanitation. The approach endorses the use of a number of branded total sanitation models, having a key role of communities, which include:

- Community Led Total Sanitation
- School Led Total Sanitation
- Component Sharing
- Sanitation Marketing
- Disaster Response

The above models may be adopted by the provincial and local governments in accordance to what suits best in their local context and in accordance with the reinforcement values of PATS. The planning, promotion, implementation, regulation and monitoring will be expected from municipalities and provincial governments.

The provinces will plan financing the sector which may include own funds, donors and federal government funds. The federal government will continue supporting through Information, Education and Communications and coordinating for capacity building among the provinces.
The approach will be revisited in three years time, it is expected that pilots and implementation through provincial programmes will provide feedback and learning.

4. Reinforcement Values of Pakistan’s Approach to Total Sanitation

Following are the reinforcement values of Pakistan’s Approach to Total Sanitation which provide greater programming flexibility in adopting context specific solutions as well as an opportunity to engage in meaningful discourse to advance the community led process in Pakistan and attain the desired MDG goals.

I. Integrated Total Sanitation: The Pakistan specific approach seeks to follow the following components for attaining total sanitation:

- **Sanitation Demand Creation Interventions**: through Information, Education and Communications (IEC) Campaigns, Community sensitization through Community Led Total Sanitation (CLTS), School Led Total Sanitation (SLTS), Marketing of hand washing etc;

- **Sustaining the Demand through Supply Side Interventions**: through “Marketing Sanitation”, supply chain mechanisms, training of masons, construction of environment friendly latrines for demonstration of technical solutions, trainings of sanitation entrepreneur and sanitation enterprises, facilitation to develop linkages with the microfinance institutions and incentivizing outcomes;

- **Hygiene Promotion Interventions**: through IEC material on active health and hygiene key massages, behaviour change communications, usage of mass media campaign and IEC campaigns promoting low-cost appropriate and informed sanitation solutions etc;

- **Drainage and Wastewater Treatment Interventions**: through community participation and component sharing models with the aim to minimize exposure to human excreta and wastewater management;

II. Launching of a country wide communications campaign to develop a national culture or social norms for total sanitation;
III. Creation of international and in-country partnerships with key development agencies and organizations such as UNICEF, WSP-SA, WSSCC, RSPN, WaterAid, Plan Pakistan, UN-Habitat, PIEDAR and others to harmonize and coordinate support to federal and provincial governments for conceptualizing and rolling out the large scale rural sanitation programs;

IV. Development of an enabling environment at the local, provincial and the national level through strong evidence based advocacy to ensure that programmatic approaches and the sanitation development initiatives are well understood, supported, financed and contributed to long term sustainability;

V. Recognizing that access to adequate sanitation facilities is the fundamental human right of every individual in disasters, a disaster response approach to be followed for provision of sanitation services, coupled with appropriate community social mobilization techniques, at a viable, affordable, cost effective and culturally and environmentally appropriate manner.

5. Guiding Principles of Pakistan’s Approach to Total Sanitation

The approach emphasizes on the following important guiding principles within PATS framework:

A. Emphasis on “Total” while using Total Sanitation Approach to change behaviours (stopping open defecation) on a community-wide bases i.e. achieving 100 % open-defecation free (ODF) status and working through with the communities after achieving the ODF status to stimulate and sustain the sanitation demand to achieve the remaining total sanitation outcomes i.e. sustainability of ODF environment, usage of sanitation facilities, provision of affordable and informed indigenous solutions, promotion of health hygiene, introduction to community sanitation ladder initiatives, provision of drainage facilities with the aim to minimize exposure to human excreta, wastewater management & the solid waste management;

B. Placing “Communities” at the centre of any planning process for collective action, behaviour change, application of triggers, follow ups, certification, and the institutionalization of behaviour change processes;

C. Development of a cadre of local human resource for sensitizing communities on the adoption of improved sanitation and safe hygiene practices. A cadre of male and female activists/ Community Resource Persons (CRPs) to be identified at the community level and developed for making their assigned area open defecation free. These activists can
initially work on a service fee and be further transformed into small entrepreneurs and help expand the capacity of the market to supply services and products;

D. **Developing intense engagement with communities** including households, schools, health centres, religious gatherings and other traditional leadership structures to attain the remaining outcomes of the total sanitation after declaration of the ODF status. Social mobilization not to be taken as one off activity. The role of CBOs/COs/VOs at the village level and Local Support Organizations (LSOs) at UC level to be institutionalized;

E. **Use of locally designed IEC material** to sensitize the communities on sanitation through hygiene promotion interventions. The messages imparted to be reinforced from time to time;

F. **Integration of “Hygiene ladder” along with the “sanitation ladder”** in any of the Total Sanitation program designs, to maximize the impact, through carefully sequencing the hygiene promotion components, especially hand washing based on the local context and through behaviour change communications;

G. **Emphasis on “Usage” of sanitation facilities** and not specifically on the construction work to ensure safe disposal of excreta and hygiene practices;

H. **Explore options for safe disposal of human excreta through affordable and appropriate technology** and enable communities to take decisions on the materials and designs which work best for them. A local “support mechanism” be established to provide communities with the informed and indigenous choices of sanitation technologies and other infrastructure. Guidance for the infrastructure needs to be extended through designated community activists/community resource persons and local masons/artisans to work on technology options with the communities;

I. **Quality facilitation and local capacity building** to ensure sustainability and scale up through building a critical mass of master trainers, community facilitators, resource persons, activists, natural leaders, local masons and artisans. A rigorous training program for trainers and the Local Government institutions to be introduced on the methodologies and the philosophical aspects of the approach. Capacity development of small entrepreneurs and micro financiers to develop a range of technologies and options for environmental sanitation.
J. **Marketing the sanitation component** through involvement with the local market and local entrepreneurs to further stimulate and sustain demand at the household level and move up the sanitation ladder through improved sanitation products and supplies;

K. **Strengthening the local private sector** to offer a wide range of sanitation products and services that are consumer-responsive (based on a formative research) and affordable to households with various socio economic incomes including the poor;

L. **Provision of subsidies at the outset** to be discouraged in any form to the households. Support extended in the form of in-kind to the poorest of the poor households. Households with different bands of poverty status be identified through an agreed criteria;

M. **Introduce community rewards and incentives** when an outcome based collective action to achieve “total sanitation” is undertaken and verified and/or sustainable “usage” of sanitation facilities is maintained through an agreed criteria;

N. **Participatory sanitation baseline** to be introduced to develop baseline data and help monitor the post triggering impacts at the village level;

O. **Ensure the local government participation** from the outset for enhancing the effectiveness of the PATS, monitoring & evaluation and exploring potential for scale-up through undertaking their capacity building in a wide range of areas;

P. **Results Based Monitoring and ODF Certification Processes** to be introduced to sustain behaviors and rewarding outcomes through the involvement of Local Government Institutes. The certification mechanism, to monitor the ODF status at any point in time, be devised which shall take into account the annual renewal of the commitment for maintaining ODF status.
Total Sanitation Models under Pakistan Approach to Total Sanitation

A. Community Led Total Sanitation (CLTS)

Community Led Total sanitation (CLTS) methodology is an entry point to achieve “total sanitation” and not a total sanitation in itself. It is an effective approach for triggering action to change defecation behaviours at the community level and to create demand for improved sanitation facilities. CLTS encourages sanitation, as a whole, to be taken as an entry point for greater social change and community mobilization. The CLTS process seeks to provoke communities through their own appraisal and analysis to decide to become open defecation-free (ODF) and undertake their own efforts to attain this status. CLTS is an approach in which people in rural communities are facilitated to do their own appraisal and analysis, come to their own conclusions, and take their own action. They are not instructed or taught. With CLTS in its classical form, a small team of facilitators conduct triggering. The facilitators may represent government, NGO or project staff, or Natural Leaders from other communities. The PRA (Participatory Rural Appraisal) principle that ‘they can do it’ is fundamental to this approach. Various PRA methods are used including participatory mapping on the ground to show where people live and where they defecate, transect walks to visit and stand in those places, calculations of quantities of human faeces (the crude local word is used) produced by each household and the community, and identifying pathways to the mouth leading to the shocking recognition that ‘we are eating one another’s shit’. This triggering is designed to lead to a moment of ignition and a collective decision to end Open Defecation (OD) followed by action to become Open Defecation Free (ODF). When triggering is successful, Natural Leaders emerge. People dig pit holes and build latrines. There are no standard models and construction is by self-help with or without purchase of hardware from the market.

Key steps identified under CLTS includes:

I. Pre-triggering: selecting community and developing a better defined sense of community

II. Triggering: educating the community regarding the consequences of living in a faecally contaminated environment until they come to the realization that they are eating, washing in, and drinking each other’s faeces. Some of the triggering activities include defecation area transect, mapping of defecation areas, calculations of faeces and medical expenses, triggering disgust and ignition. The “ignition” captures the moment
when the community becomes mobilized to take collective action to stop the ingestion of each other’s faeces and improve their poor sanitation.

III. Post-triggering: Once communities typically pledge to improve their sanitation by either becoming open-defecation free or by adopting improved sanitation technologies there is a danger that these pledges do not come to fruition without follow-up work. Follow-up activities include immediate follow-up and encouragement, community action follow-ups i.e engaging with communities to agree furthering action plans to achieve other sanitation outcomes including external systems, participatory monitoring and indicators setting, verifying and certifying ODF status, celebrations and the monitoring and sustaining of ODF status

B. School Led Total Sanitation (SLTS)

School-Led Total Sanitation (SLTS) places children at the centre of catalyzing total sanitation in schools, homes and communities. Developed and implemented by UNICEF and the Government of Nepal since 2005, SLTS draws on success elements from a wide range of Community Approaches to Total Sanitation (CATS) to create a complete package of sanitation and hygiene programming that begins at the school and extends through the community. Through participatory approaches, motivational tools, flexibility for innovation and building ownership at the local level, SLTS is accelerating latrine coverage across Nepal, and creating a social movement for communities to become open-defecation free (ODF). The main objective of SLTS is to build on children’s awareness of better sanitation and hygiene practices. This enables children to promote better practices in joint efforts with community groups and adults in their school catchments and settlements. This leads to the eradication of open defecation, through the construction, use and maintenance of latrines by 100% of households/institutions.

C. Sanitation Marketing

Sanitation Marketing is an approach which seeks to capitalize on the strength of various service providers in the provision of sanitation services using commercial marketing procedures and techniques and behavior change communication to create and sustain sanitation demand generated through CLTS and other community approaches. These service providers include small and medium scale private sector, retailers, entrepreneurs and masons etc.

The main aim is to provide technologically and financially sound sanitary materials, sanitary services and guidance as per the need of the project intervention areas as the demand for better sanitation hardware materials goes up, and with the shift in hygiene behaviour. This
approach is not meant to confine only on the provision of hardware but is meant to extend further to explain the value, use, and maintenance of latrines to the customers. In this regard, facilitators help in establishing linkages with local markets. In most cases where CLTS has been triggered on any scale, demand for sanitary hardware has exceeded supply. Lack of low-cost hardware can impede progress with CLTS and other community approaches and the subsequent movement up the sanitation ladder. Very soon after triggering or after achieving ODF status, those better off in communities tend to move to better quality latrines and improve the existing ones. Some may decide to move directly to higher-end latrines and skip low-cost models regardless of cost.

D. Component Sharing Model

In this model, the sanitation project is divided into two components namely internal component, with the responsibility resting with community for constructing sanitary latrine, household connection, and lane sewer, and the external component, with the responsibility resting with the external agency (Government, NGO, etc.) for constructing main sewers and treatment/disposal works. Rather than sharing the costs of the total system, the responsibility for components of service provision is clearly allocated between the involved stakeholders. The component sharing model is designed to rationalize the cost, encourage cost efficiency and create a sense of ownership as community contributions are substantial, often approaching 50% of the total scheme cost. The Orangi Pilot Project (OPP) is probably the most enduring success story from Pakistan in the sanitation sector. Developed in the 1980’s, this model has extended small bore sewerage across the Orangi settlement and various other slums (Katchi Abadis) of Karachi. The OPP model is based on a ‘component sharing’ arrangement where:

I. Household’s own, finance, operate & maintain their own latrines, interception chambers up to the point of connection to the lane sewers, while
II. Community organizations (comprised of all households) own, finance, operate & maintain the point of household connection, the lane and the feeder sewers, while
III. Local government’s own, finance, operate & maintain the trunk sewers and treatment plants.

E. Disaster Response Approach

In disasters and emergencies, sanitation remains as one of the basic necessities which contribute to human dignity and quality of life. Disasters also damage existing sanitation facilities and reverse the process towards achievement of total sanitation. Not only reconstruction of sanitation facilities back to pre-disaster coverage is a challenge but it is also
challenging to change behaviors where communities had been practicing open defecation before the disaster. It is therefore imperative to accord sanitation the highest priority along with water supply as there are potential risks associated to public health due to lack of or poor sanitation. Funding through humanitarian assistance comes in context of saving human lives threatened by disasters and calls for speedy interventions including provision of basic sanitation in relief phase and rehabilitation of sanitation facilities.

The disaster response approach puts special emphasis on the temporary and intermediate solutions for the provision of sanitary latrines in camps and affected villages during the relief operations. With regard to ensuring hygienic conditions and to prevent any ground water contamination in both camps and affected villages, the approach takes into consideration promotion of appropriate hygiene promotion messages and delivery of hygiene kits as per need and local context to the affected families through various campaigns.

For the early recovery and reconstruction phase, the approach stresses the need for having criteria for appropriate excreta disposal interventions both in temporary and permanent shelters. The long-term solution during the early recovery and reconstruction phase has two pronged approach: (a) As the shelter and access to sanitation is closely linked, the first prong deals with situations where the household latrine is considered as an integral part of any shelter home to be provided free of cost (b) For those who need to construct their own latrines, appropriate tools, knowledge and understanding is provided through social mobilization and by involving affected communities in the design and maintenance of their sanitation facilities. The approach takes into account the provision of a full or partly subsidy, based on the nature of the disaster. Provision of hardware through humanitarian assistance for extremely vulnerable and vulnerable families is not seen as subsidized provision of sanitation rather as an opportunity to demonstrate low cost sanitation technologies integrated with DRR aspects and its gradual links with development oriented approaches such as CLTS and sanitation marketing.

The approach also puts special emphasis on other cross cutting issues such as ensuring gender mainstreaming by addressing gender in all stages from designing, planning, implementation and evaluation, promoting use of environment friendly technologies, and construction of sanitation facilities as disaster resilient taking into consideration the disaster risk reduction as a cross cutting aspect.
Rewarding outcomes in the context of National Sanitation Policy:

The proponents of all sanitation programmes and projects should ensure keeping an adequate provision for rewarding sanitary outcomes. These outcomes will be rewarded at the provincial and local level after undertaking a thorough certification process to be fully owned by the local governments. The National Sanitation Policy endorses incentives in shape of rewards at the following levels/sanitary outcomes:

- Reward for all “Open Defecation Free” Tehsils/Towns
- Rewards for “100% sanitation coverage” Tehsils/Towns
- Rewards for the Cleanest Tehsils/Town
- Rewards for the cleanest industrial estates/clusters

These rewards may also be planned at village level or community level. Ideally, rewards may be of any nature ranging from infrastructure scheme to a standardized hand pump, however, demand based infrastructure scheme will be a preference especially for public-funded reward options. Rewards may be a means used by government at all tiers, international organizations, NGOs and even specific projects to create pilots and a healthy environment in the sector. However, public funded measures will rely on a government committee at an appropriate level to recognize and reward.