The 3 Million People Sanitation Program is promoting community-wide sanitation without hardware subsidy. Community led total sanitation and (CLTS), legal enforcement (LE), hygiene promotion and sanitation marketing are key programme activities.

The initiative, in its first year of implementation, has reported over 1,000 villages open free defecation (ODF). Ministry of Local Government and Housing (MLGH) with other stakeholders is designing verification and certification process so that villages that have attained ODF status can be recognized.

Verification entails an inspection to assess whether a community is ODF through the following process:

Step 1: The community through their local leaders or “Champions” file a report to the district claiming ODF status and requesting for verification visit.

Step 2: The District Team, after receiving the ODF claims by the community, constitute a team of at least three officials: one from District WASH Committee, the Joint Monitoring and Planning Team (JMPT) and a member from any a line ministry or the district administration.

Step 3: The district team will communicate to the village within a month after verification stating their findings. If the community is ODF, it will await certification process.

Certification is the assessment of the district verification procedure.

Step 4: The Provincial Engineer Department of Housing and Infrastructure upon receipt of district verification results will plan a certification visit.

Step 5: A provincial certification team composed of two professionals will review key documents — verification summary, council and District WASH minutes — and conduct a field visit. If at least 90% of the villages meet the set ODF criteria, the district will be certified.

Step 6: Awarding and recognition of ODF districts.

Villages are encouraged to organize their celebrations after verification as they await district certification.

The following Districts have not reported since September 2012
1. Kawambwa
2. Mansa
3. Kazungula
4. Chinengwe
5. Sinazongwe
6. Mwense
7. Nchelenge
8. Mwenge
9. Chinsali
10. Chirundu
11. Chidale

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No. of ODF Villages
Jan * 1,392
Nov* 1,529

No. People with access to sanitation
Jan *248,304
Nov*330,354
Mr. Katooka urged officers in the ministry to think beyond UNICEF and suggest ways of sustaining programmes without donor support.

The ministry has already launched guidelines for the sector and is also embracing sector-wide approaches in programming (SWAps).

SWAp is an approach that brings together stakeholders within any sector. It is characterized by a set of operating principles rather than a specific package of policies or activities and involves movement over time under government leadership towards: broadening policy dialogue; developing a single sector policy and a common realistic expenditure program; common monitoring arrangements; and more coordinated procedures for funding and procurement.

Advocacy at all levels is ongoing within the government and Mr. Katooka cited the immense interest of parliamentarians in the WASH sector. He said the MPs have been keen to understand how resources are allocated. He urged officers to establish allocation criteria that is evidence-based and transparent.

Ms. Asindua said that the programme may be facing bottlenecks but if these are addressed, the implementation process would improve and better results achieved.

Mr. Katooka reiterated that MLGH is in the driver’s seat and is striving to establish structures that will ensure the programme goes beyond the funding period of 2015.

“The Ministry is aware of the capacity gaps in the sector and efforts are underway to remedy the situation. There are challenges especially at the local authorities but transfers are being effected to mitigate the situation,” he said.

The ministry and the unit is open to positive criticism. Officers in the unit are acknowledging where they have fallen short and are willing to find solutions.
New Wave of implementation

The 3 Million People Sanitation Program was launched in April 2012 by the Minister of Local Government and Housing. After the launch, 12 districts were selected for the pilot that took place between April and June 2012. A review meeting was held to review implementation and based on the impressive results from the pilot, another 20 districts were identified for the roll-out.

To date, 32 districts have been trained and triggered and the team is preparing to scale up from April 2013 to cover a greater part of the country. As of December 2012, over 1,000 villages have reported to have achieved ODF status and are awaiting verification and certification.

The next phase takes into account challenges and successes recorded during the first phase.

The programme management team led by MLGH will identify 15 to 20 districts to be triggered this year.

National coaches will team up with national trainers to support the training in the selected districts. It is expected that all the districts will have been triggered by the end of 2013.

Management of the programme at the district level should include the council secretary/town clerk, district medical officer and representatives from the Ministry of Community Development, Mother and Child Health and the Ministry of Chiefs and Traditional Leaders.

District trainings will cover community led total sanitation (CLTS).

Community “Champions” will be identified and selected by the ward councilor and the environmental health technician (EHT) based on the set criteria.

Lessons learned
Although the 32 districts that were triggered in 2012 are doing well, the implementation team has learned some valuable lessons that will help improve implementation of the second wave.

- Weak monitoring systems by the “Champions,” district and central level teams.

Successes:
- Involvement of traditional leaders—chiefs, headmen, or their representatives, from training to monitoring, has had positive impact.
- The role played by political leaders, notably councillors whose support for CLTS has had remarkable impact in their wards.
- Mainstreaming CLTS with other health programmes.

Key challenges include:
- Coordination of the initiative at both the central and district levels. There has been little interaction especially between key ministries (Health, Community Development, and Chiefs & Traditional Affairs).
- Non functional district and village WASH committees to coordinate partners at the district and village levels.
- Lack of follow-up by community “Champions” after orientation and triggering villages.
One of the essential elements of CLTS is to enable the communities to lead the change process and use their own capacities to attain their objectives. Their role is central in planning and implementing improved sanitation, taking into account the needs of diverse community members, including vulnerable groups, people with disabilities, and women and girls.

CLTS focuses on building local capacities to enable sustainability. This includes the training of community facilitators or “Champions” as they are commonly called as well as local artisans.

The lead agency—MLGH—trains “Champions” who work to generate community demand and provide leadership for improved sanitation and behaviour change. The champions also encourage communities to develop mechanisms that align with local practices and address the needs of community members related to Sanitation and Hygiene.

In this issue, we feature “Champions” Charity Ilunga and Meddy Samakaye from Mufumbwe district in North Western Province.

Meddy and Charity are passionate about their work and in their own words are committed to see their community members improve their lives.

A mother of eight at 39 years from Chizela Ward, Meddy bubbles with life when she talks about her work. She is not new to community work. She has been a volunteer at Mufumbwe District Hospital for 9 years as a counsellor in maternal child health and trained in CLTS is June 2012.

Why do you think you were selected for training? I have been an active volunteer in my community and I think that is what they noticed.

What is interesting about your work? Seeing healthy people and a clean environment to live in. We notice reduction of diarrhea cases in the village too.

What do you find most challenging? Some people are very difficult to see sense. It takes several visits to convince them and even the intervention of the chief for them to act.

What has enabled you succeed as a “Champion”? The bicycle has made movement easier and I have good support from the His Royal Highness Chief Chizela, Cllr. Jameson Kantumana and the Council staff.

A mother of one, Charity talks with pride and confidence about her work as a CLTS Community Champion in her Lubosha village, Kikonge Ward of Mufumbwe district where she doubles up as a volunteer with the Zambia Prevention Initiative under Ministry of Health.

Why do you think you were selected for training? It must be because of my work as a traditional birth attendant volunteer. I have worked with the community in maternal child health and the leaders know my work.

What is interesting about your work? I enjoy the attention I get from the community members. They value my work and it is also a learning process for me. I command respect from both men and women.

What do you find most challenging? Expectations are high especially from family members. Most people don’t realize our work is voluntary and without pay. Lack of money to meet family expectations is my biggest challenge.

What has enabled you succeed as a champion? The support from His Royal Highness Chief Chizela, Cllr. Kenneth Solochi and the Council staff, especially Mrs. Elizabeth Chipango.