

# Revolutionising sanitation in Zambia: scaling up CLTS

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## The Zambian sanitation challenge

In 2005, the official government sanitation coverage for Zambia was estimated to be 13% of the rural population.<sup>1</sup> The United Nations Children's Fund and World Health Organisation (UNICEF/WHO) Joint Monitoring Programme (JMP) put sanitation coverage at 52% (2007) and estimated that 32% of all rural Zambians currently defecate in the open.<sup>2</sup> Given the current rate of progress, Zambia will not meet the Millennium Development Goal (MDG) target for sanitation of 66% by 2015. It is therefore imperative that access to adequate sanitation is scaled up rapidly.

However, past approaches to household and community sanitation have not resulted in adequate increases in sanitation coverage. Post-independence, the strategy for sanitation promotion changed from enforcement to charity or government provision. Projects were heavily subsidised by government, donors or NGOs and were

supply-led. This resulted in increased sanitation coverage in specific project areas, but generally usage was low. The geographical extent of such projects was also very limited (based on donor choice of location and availability of funds) leaving the majority of the country underserved. During the UNICEF supported Participatory Hygiene and Sanitation Transformation (PHAST) programme in 26 out of the 72 districts in Zambia (1997–2007), it took two years to reach 20% coverage in each village, even with heavy subsidies.

## A new approach: piloting CLTS

Given the historical limitations of sanitation provision, the Government of Zambia and co-operating partners were looking for new strategies to accelerate progress towards the MDG target. In 2006 and 2007, the government drafted its National Rural Water and Sanitation Programme (NRWSSP 2006–2015). It wanted to make

<sup>1</sup> Defined by the ratio of the number of toilets to the number of households

<sup>2</sup> The rest of the rural population use non-improved toilets, which fall below the standard of the ventilated improved pit latrine (VIP) design. The JMP figure is more realistic as it includes non-improved toilets.

**Box 1: Serendipity or blessing in disguise**

On the last day of the workshop, His Royal Highness Chief Macha was noticed eating in the opposite corner of a restaurant. Kamal Kar walked over to Chief Macha's breakfast table. He informed chief Macha that during the previous two days we had gone to villages in Chief Singani's area and found that there was a lot of shit. He then told him that if we went to his chieftom we would find a lot of shit too. 'But I do not think that we can beat the amount of shit in India,' retorted Chief Macha. Kamal Kar continued in a rather cool tone, 'We are finalising the workshop today, if you have time come and hear the presentations from the villagers.'

When Chief Macha came to hear the presentations by the villagers from the 12 pilot villages, something awakened in him which turned him into a CLTS champion. 'Every household in my chieftom must have a toilet. One family, one toilet!'

a formal policy to use subsidies to provide sanitation services. However, the majority of donors were against the use of subsidies to pay for construction materials. This presented an opportunity for Community-Led Total Sanitation (CLTS) to be piloted – an approach which does not support subsidies. This was the first time that a zero subsidy approach had been tried in Zambia.

After initial resistance, the Ministry of Local Government and Housing (MLGH) decided to trial CLTS in conjunction with UNICEF, to see whether it could be an effective strategy for rural sanitation implementation. Choma district in Zambia's Southern province was chosen for the pilot as sanitation coverage there was only 27%. The government insisted that the approach should not be introduced or scaled up outside Choma district without first testing its impact (positive or negative).

The pilot began in November 2007 with a 'hands-on' training workshop facilitated by Dr Kamal Kar, who pioneered the CLTS approach in India. The workshop was opened by the Permanent Secretary of the Ministry of Local Government (MLGH) and attended by representatives from national government, Choma local government officials, UNICEF, the donor community and NGOs. During the training, participants triggered 12 pilot villages. However, traditional leaders, civic leaders and the media were not invited to this training, and Dr Kamal Kar regretted that the traditional leaders were not present at the workshop. So when he saw one of the

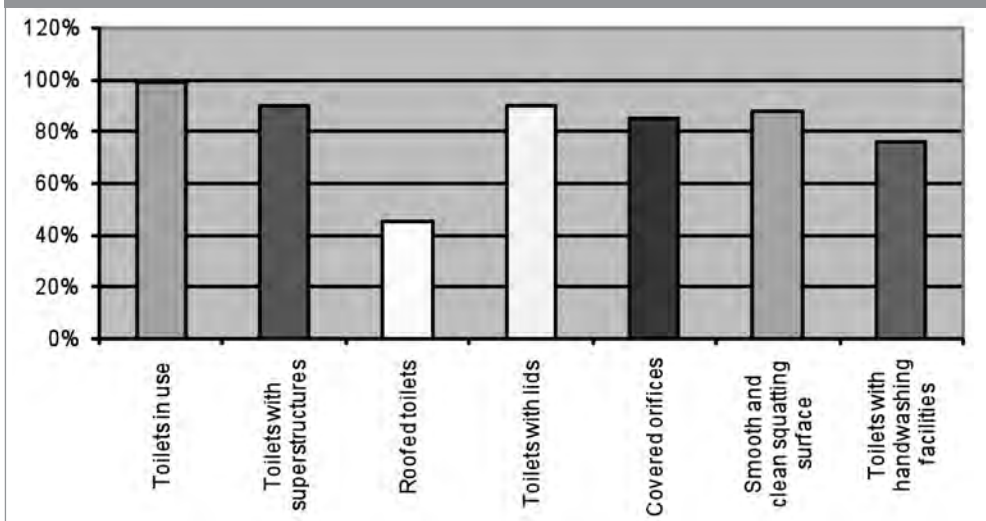
chiefs in a local restaurant, he seized the opportunity to invite him to the last day of the workshop (Box 1). This meeting proved to be extremely fortuitous!

District officials, environmental health technicians (EHTs) and NGO staff from Choma followed up the 12 pilot villages triggered to ensure the post triggering CLTS process was supported and monitored. After three months, sanitation coverage had increased from 27% to 88% in the 12 pilot villages. Dickson Muchimba, the Siatembo Village Headman, Choma was astounded by the progress. 'This programme is a miracle. The village is now clean and every household has a toilet.' Such rapid increases in sanitation coverage and usage have never been achieved in Zambia under the subsidised sanitation projects of the past.

**Scaling up in Choma District**

Given the size of the initial 12 village pilot, the district council and all five chiefs in Choma district were very keen to scale up the approach throughout the district. Since the initial pilot follow-ups involved government staff, NGOs, the media, some traditional leaders and elected civic leaders (councillors), a three pronged approach for CLTS was proposed. This took advantage of the:

- knowledge power of technical experts (government and NGO staff);
- civic/political power of elected counselors; and
- traditional authority of traditional leaders.

**Figure 1: Findings of the toilet quality survey in CLTS communities**


Elected councillors from each political ward in the district were subsequently trained as CLTS facilitators, as well as all the chiefs and EHTs. This expanded the pool of facilitators available for triggering CLTS and developed CLTS implementation capacity in all 24 rural wards in Choma. While the pilot phase concentrated on ending open defecation only, handwashing was now included within the revised CLTS approach.<sup>3</sup> The slogan, ‘One family, one toilet!’ expanded to ‘One family, one toilet, one handwashing facility!’

In Choma, the different groups involved in CLTS were brought together through the multi-sectoral District Water, Sanitation and Hygiene Education (D-WASHE) Committee, chaired by the District Council.<sup>4</sup> A district Joint Monitoring Programme Team (JMPT) for sanitation was also established, with Chief Macha as the chair. The JMPT includes the district commissioner, the mayor, town clerk, district director of health, chiefs, councillors and representatives from district level

government departments, including the judiciary and the police. The JMPT committee monitors CLTS and verifies open defecation free (ODF) status while the D-WASHE committee looks at water supply and sanitation in general.

### Successes in Choma

Between November 2007 and July 2009, a total of 635 out of 814 villages in Choma district were triggered using the CLTS approach. Out of these a total of 551 villages were verified as ODF. The rest of the triggered villages are at various levels of sanitation coverage. Approximately 25,000 toilets have been constructed by households with zero hardware subsidy, and over 150,000 people have gained access to sanitation during this period. Overall sanitation coverage across the district increased from 27% to 67%. So the MDG target of 66% has been reached, even though 20% of the communities in the district are yet to be triggered, and there are still challenges to overcome, including

<sup>3</sup> Handwashing after shitting and before handling/preparing food is just as important as stopping open defecation in preventing the spread of communicable diseases.

<sup>4</sup> The D-WASHE Committee is chaired by the District Council with membership from the District Council WASHE Unit, district level government departments (including Water Affairs, Health, Education, Community Development, Agriculture and Cooperatives, Forestry and Natural Resources, etc.) and NGOs. The D-WASHE is a sub-committee of the District Development Coordinating Committee (DDCC) chaired by the District Commissioner.

some local traditions (such as not using the same latrines as your in-laws) and difficulties in reaching villages for triggering which are long distances away.

Figure 1 summarises the findings of a toilet quality survey in CLTS communities (July 2008). The survey revealed that 99% of toilets were in use and 88% had a smooth and clean squatting surface, thereby meeting the National Rural Water Supply and Sanitation Programme (NRWSSP)/MDG definition. It also showed that almost 80% of toilets had handwashing facilities.

### Scaling up in other districts

Drawing on the lessons from Choma, the CLTS approach is now being implemented in nine districts in Zambia. CLTS has been adopted as one of the national strategies for rural sanitation promotion in the National Sanitation Programme, and the government of Zambia is planning to expand the programme to all 72 districts. Chief Macha has been chosen as the CLTS ambassador and Mr Mukosha as CLTS National Coordinator, in order to take the approach nationwide. Chief Macha's slogan 'One family, one toilet' has been adopted by the government's Make Zambia Clean and Healthy campaign, which is designed to improve sanitation nationwide.

According to James Phiri, Environmental Health Technician (EHT) at Chief Macha Hospital,

*People are now more knowledgeable about disease prevention and more involved. Women, men and children are all involved in sanitation activities. All are playing an active role in the construction and maintenance of latrines. The Sanitation Action Groups (SAGs) ensure village monitoring and household support.<sup>5</sup> The households*



Photo: Peter Harvey

Woman with child washing hands after using the toilet.

*understand the importance of using latrines properly and cleaned regularly, and ensuring that the handwashing facilities are filled with water at all times. For handwashing, lots of families use ash in the absence of soap, as it is the cheapest and easily accessible at the household level.*

### Lessons from Choma and other districts

Scaling up CLTS has taken place in eight other districts in Zambia in 2008–2009. At the end of 2009, several districts expressed the desire to surpass Choma's record and become ODF even faster. The results in these new districts have been encouraging. Introduction has been easier since these districts are able to draw on lessons and management structure from the Choma experience. However, flexibility in implementing the CLTS approach is also required because new best practices and lessons keep emerging as CLTS is rolled out in other areas, districts and provinces in Zambia.

<sup>5</sup> During the triggering process, emerging natural leaders are noted and selected to spearhead the sanitation revolution in their village. They form Sanitation Action Groups (SAGs) composed of five men and five women and are trained to support households, monitor progress in each village and to declare ODF status once achieved. Verification of ODF status is then carried out by the councillors and EHTs at ward level, and by the chiefs at chiefdom level.

**Government-led, multi-sectoral approach**  
 Involving all the relevant government ministries and ensuring that CLTS is government-owned and led is critical to the success of CLTS in Zambia. This is the function of the JMPT, which brings together representatives of government ministries, as well as elected and traditional leaders. Chief Macha is chairman of the Choma JMPT and all stakeholders in the district report to him on sanitation matters. This structure has been replicated in all the districts with great success. If the chairmanship were to be given to the head of a government department they would be unlikely to have the same position of influence as a chief. It is also likely that some government departments and other stakeholders would refuse to report to them, as there is usually competition between them.

In two districts, attempts by NGOs to introduce CLTS were far less successful because at first they did not make use of traditional, civic or government structures which reduced the involvement of key stakeholders.

Government departments, traditional leaders and civic leaders all respond well when government is involved in CLTS – especially since there are no NGO subsidies to be had and consequently stakeholders do not expect to receive subsidies for participating.

Consequently, UNICEF has encouraged exchange visits between districts to ensure that lessons learnt from the Choma experience are applied elsewhere. As a result, the NGOs are now taking on the role of facilitator or enablers rather than project implementers, which is reaping better results.

### Local champions

CLTS depends on finding or identifying champions at many different levels. For example, the authors have been leading champions since CLTS was introduced. Successful implementation and scaling up has been made possible due to the many



**A village headman with three latrines for his three wives and a fourth one for himself and visitors.**

Photo: Peter Harvey

CLTS champions: government (local, provincial and national), NGOs, UNICEF, donor organisations, villages, natural leaders, elected leaders, the private sector and the mass media (drama, print, radio and TV). CLTS champions are critical whether it be at village, ward, constituency, district, province, national or organisational level. Both Chief Macha and Leonard Mukosha were Choma district champions who proved themselves to be exceptionally effective and have now become national champions. Champions need to be active, passionate and patient as they lead the CLTS process, organisations, people and other champions below and above them, to align for success. Champions are identified among the government, traditional and civic leadership during the training and triggering process by the ownership stance they take towards promoting and implementing the CLTS approach.

The traditional chiefs are the custodians of all the people and are interested in the health and social-economic well-being of their people. Chief Macha has used his status to advocate for improved sanitation with a multitude of stakeholders, from ministers of state to elected councillors and from fellow chiefs to rural communities (including his own). As UNICEF Zambia Representative Lotta Sylwander said,





Photo: Peter Harvey

Chief Macha and district team inspecting a family latrine with external handwashing facility.

*Chief Macha has been a major force as a driver of change in the implementation of Community-Led Total Sanitation in Zambia, not just in his chieftdom, which is the first in Zambia to attain open defecation free status, but also across the country as a whole.*

Chief Macha also recently visited the Litunga, the King of the entire western province of Zambia. The Litunga consequently welcomed the CLTS programme and agreed to support its implementation in his kingdom.

#### Involve elected and traditional leaders

The use of civic leaders has also proved to be very beneficial to the CLTS programme in Zambia. They are local policymakers who make bylaws at the district level. Civic leaders are the custodians of development in their ward and understand the need for

being involved in CLTS and cleaning up their areas. Civic leaders are voted in by ward citizens and are therefore responsible for the well-being of the people in their wards. More villages are being triggered continuously by the trained elected civic councillors, the traditional chiefs and village heads. Civic leaders like Councillor Kabaza from Choma have turned out to be super facilitators in their wards, often triggering CLTS change while acting alone. Councillor Kabaza has been nicknamed as 'Dr Mazyu!', which translates as 'Dr Shit!' 'They call me Dr Mazyu or Dr Shit because I like to talk about shit all the time,' says Counsellor Kabaza.

The CLTS approach in Zambia is successfully harnessing the role of traditional leaders, making it a key component of the current strategy to scale up CLTS across the country. In May 2008, during the International Year of Sanitation, Chief

# Macha leads in sanitation drive

**EWTON SIBANDA**  
**COMMUNITY** led programs anchored the influence that local rulers wield in Chief Macha's area, about 70 km from Choma where it is being sanitation, diarrhoeal and improving attendance and edibly.  
 Community Led Total Sanitation (CLTS), is a EF supported project spearheaded by Chief Macha's pilot project which aimed in November last as improved sanitation age by promoting the use of toilets under the family, one toilet' sign, thereby reducing of diarrhoeal diseases improving school attendance year old Nancy Mwaanga, a housewife of a Village whose husband moonlighting operator in the area. Photo: Charles Mangwato



Chief Macha, (right), with Mbabala Member of Parliament Emmanuel Hachipuka, (centre), listen to Rural Water Supply and Sanitation Programme National Communication Specialist Mervin Mwaanga during a field visit to Simudanga village in Chief Macha's area. - Pictures by CHARLES MANGWATO.

a sense of shame and disgust. It propels the community into action even after you have gone," Mr Mwaanga said. In Simudanga village, where triggering has not yet been done, sanitation coverage has already improved tremendously due to lessons from other villages. The village, which has 25 households, already has 26 toilets.  
 "In some areas where triggering has not been done, people have already built toilets. This is because they have learnt from others," Choma mayor Mr Makaya said.  
 Headman Simudanga has led by example. He has built five toilets for his four wives and himself.  
 "The response has been very good. A few still don't have toilets but we are encouraging to build," headman Simudanga said.  
 UNICEF water, sanitation and sanitation chief Giverson Zulu is happy about the sanitation success. "I was picked from office and I didn't know what it meant to be a chief."  
 But today I am happy because I now know that (being a chief) means being a leader," Chief Macha said during the CLTS' field visit to his chiefdom last week.  
 He urged the community to take the responsibility of building family toilets seriously.  
 "UNICEF is not here to build toilets, not even for Chief Macha because building a family toilet is your own responsibility.  
 "UNICEF is here to supplement government efforts and provide professional advice," Chief Macha said.  
 The chief said the current 'toilet revolution' is just the beginning because the toilets at the moment are just providing service.  
 Chief Macha said there was need for his community to move towards building permanent structures which would last.  
 "If all families work together we will build better ensuring 60 percent sanitation coverage by 2015."  
 "I want to promise government and UNICEF that we will beat the government target by ensuring that every family has a toilet by the end of this year," Chief Macha said.  
 He has since promised to invite President Mwanawasa to visit his chiefdom before the end of the year to acquaint himself with the unfolding 'toilet revolution'.  
 The sanitation project going on in Chief Macha's area is a contribution to the millennium development goal (MDG) number seven that seeks to halve the proportion of people without access to proper sanitation by 2015.  
 It is within the framework of the Ministry of Local Government and Housing's National Rural Water Supply and Sanitation (NRWSSP) which aims at scaling up access to water and sanitation among the rural population to 60 percent by 2015.  
 "What is happening here in Macha is not an isolated development. It is happening in

Press article by Zambian journalist Newton Sibanda: 'Chief Macha leads in sanitation drive.'

Macha challenged his people to surpass the MDG target for sanitation in his chiefdom within two years. It shows remarkable vision and leadership that by July 2009 all the 105 villages went through the CLTS process and the whole Macha Chiefdom was already open defecation free. Sanitation coverage had doubled from 50% to 100% in less than two years. 'As a Chief you must not be distant. You must be with the people, have your doors open always, share their happiness,' said Chief Macha. His dedication to CLTS was recognised in November 2009 by the African Ministers' Council on Water (AMCOW), when the organisation awarded him with its top prize for leadership, citing his 'uniquely proactive manner to advocate for improved sanitation' in Zambia. The AMCOW AfricaSan Awards are dedicated to recognising outstanding efforts and achievements in sanitation and hygiene in Africa which result in large-scale, sustainable behaviour changes and tangible impacts.<sup>6</sup> Chief Macha has been successful because of his great commitment to the health and general well-being of his people. Traditionally, people belong to a chiefdom and their chiefs accept traditional responsibility for these areas. The lesson here is that the more chiefs become involved in CLTS in each district, the more successful CLTS will

be in their chiefdoms. Involve the media from the outset The engagement of the international, national and local mass media is also a key strategy in the CLTS implementation and scale up. Mass media involvement helps ensure stakeholder and government recognition and buy-in. The media report on the CLTS revolution, and it makes news headlines – for example, when the Ministry of Health called for CLTS to be rolled out nationwide. Primarily, as a result of national media coverage of the success of CLTS in Choma, the approach has now been adopted as one of the key sanitation strategies in the government's National Rural Water Supply and Sanitation Programme, designed to achieve the Millennium Development Goal (MDG) for sanitation. Initially members of the Zambian media environmental network were engaged since they are already interested in environment issues like sanitation. However, the government, private and community media are now all involved as CLTS has made headlines. Newspaper, radio, Internet and television coverage of the CLTS work in Choma and other districts has also led to increased interest from other stakeholders, traditional leaders and politicians.

<sup>6</sup> African Conference on Sanitation and Hygiene (AfricaSan).

**Box 2: Zambian TV soap opera *Banja* champions CLTS**

One recent scene in *Banja* depicted a young lady actor who was observed returning from defecating in the open by a male actor. He asked her where she came from. 'I went to visit a friend,' the lady actor answered, looking guilty. 'How can you have been seeing a friend, his side of the village is the bush. Tell your parents to make you toilets so that you do not defecate in the open,' suggested the male actor.

Local professional and school drama groups have been effective at community and school level for promoting sanitation and improved hygiene including gender and AIDS awareness. UNICEF has also recently partnered with a local television station to include CLTS within a very popular soap opera *Banja*, which is set in a rural village, to disseminate the approach further. People all over Zambia watch *Banja* every weekday, and so *Banja* is helping to inform people about and showcase improved water, sanitation and hygiene practices (see Box 2).

**Be flexible**

The CLTS champions – whether individual or organisations – need flexibility to allow for modification and adaptation of the CLTS approach. The Choma model evolved with time and there was enough flexibility to allow for adaptation and modification to both the CLTS approach and organisational structure at all levels. Flexibility is also very important in who gets to be included at the different levels as stakeholders or champions of sanitation. This is how the media, the traditional leaders, civic leaders and the law enforcement wings got to be included in Community-Led Total Sanitation movement in Zambia.

The Choma experience showed that lots of flexibility is required in both spending funds and the timing of the CLTS implementation and scale up. The champions need to be persistent and champion organisations need to have own funds to be flexible with the varying speed with which different communities, wards, chiefdoms and districts become open defecation free. Because the remaining 20% of villages in Choma are the furthest from the Choma district administration, it may take

more years and require more funding to become open defecation free. It is important to note that even though CLTS involves zero hardware subsidy, significant investment is still required for training, follow-up, data management, progress monitoring and evaluation. The cost of CLTS in Choma district was approximately US\$400 per ODF village, US\$14 per household using improved sanitation and US\$2.3 per capita. These costs may decrease as the CLTS approach expands to more communities.

**Monitoring and evaluation**

As CLTS implementation expanded, it was essential that the programme was rigorously monitored and data managed. In order for this to be sustainable, the government's NRWSSP Information Management System is being rolled out nationwide to accurately record changes in water and sanitation provision. This can be counterchecked and verified through the reports from village SAGs to each JMPT. Thorough documentation of monitoring and evaluation results and dissemination through a variety of means is also important to encourage buy-in and promote CLTS scale-up. Monitoring mostly looks for evidence of behaviour change within households and the communities as reflected in the number of toilets constructed, toilet use (or open defecation), toilet quality (smooth and clean squatting surface), cleanliness of toilets, toilets with handwashing and water, soap, ash or other materials for handwashing, solid waste management, general cleanliness, etc. The SAG reports to the village headman and the ward civic leader and uses a checklist for monitoring. The challenges however, are in the frequency of monitoring and reporting.



## Local adaptation of the CLTS approach

### Urban and peri-urban sanitation

When the Choma Joint Monitoring Team for Sanitation (JMST) set a target to have an open defecation free district, CLTS also had to be implemented in the urban and peri-urban areas of the district. However, initial attempts had limited success, especially in the most urbanised settings, because of the predominance of tenant households, the high population density and weaker community structures. Consequently, the JMST decided to adapt CLTS and compliment the continued CLTS programme in rural areas with a programme of legal enforcement in urban and peri-urban areas. This was designed to ensure adequate sanitation in institutions, public places and tenant households as specified in the Zambian Public Health Act. The main focus of this approach is to establish a mechanism for the enforcement of the various pieces of legislation that deter all forms of public nuisances, and strengthen, as well as harmonise the working relations between various stakeholders and the local authority. While this approach is very different to the 'pure' CLTS approach in rural areas, some of the triggering aspects are still applied and the community self-awareness created by the CLTS approach has demonstrated that the environment can be improved and communities can develop without external support.

### Socio-economic empowerment beyond CLTS

In addition to the increase in toilet coverage and usage, the CLTS approach has led to a range of other community-led initiatives. These include fruit tree planting, health (including HIV/AIDS prevention), education promotion (especially girls' education), and environmental protection measures. There is also significant interest from other sectors to harness the lessons learnt from CLTS to look at other aspects of social-economic change. 'We should always be thinking what we can do for

ourselves,' is a dictum Chief Macha is heard to repeat.

## Conclusion

There are clearly many lessons learnt from the Zambia CLTS experience. There are many successes with CLTS in Choma and the eight other districts, but there are also many challenges that we have to deal with to achieve success.

- **Multi-sectoralism and leadership** are critical for sustainable CLTS success. Though CLTS may be spearheaded by e.g. NGOs and government departments, other stakeholders like civic and traditional leaders need to work with government, though the process should eventually be government-led. Leadership at different levels, and especially government leadership (at district, province and national levels) has helped the rapid CLTS scale up in Zambia.

- **Involvement of the media from the onset helps to disseminate the CLTS approach** and promote involvement of all stakeholders. The media helped the adoption of CLTS as one of the key strategies for rural sanitation provision in the sanitation component of the government's National Rural Water Supply and Sanitation Programme.

- **CLTS scale up should be based on experience.** Based on the experience gained in the current nine districts, the Government of Zambia is planning to scale up CLTS to all 72 districts to meet the MDG for sanitation.

- **Scaling up CLTS requires rigorous monitoring, documentation and dissemination** via multiple means.

- **CLTS implementation and scaling up also requires flexibility** in terms of adapting the approach to suit different conditions, time and funding for success.

- **Local adaptation of the CLTS approach** should be done where socio-economic and demographic conditions differ, like in peri-urban and urban areas. The CLTS movement is a good entry for promoting other

social economic aspects of communities for sustainability.

It is hoped that the Zambia CLTS experience and Chief Macha's work can inspire other chiefs, district staff and communities across the continent to take sanitation in their own hands, improving the overall health of the population.

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