

THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA

**MINISTRY OF LOCAL GOVERNMENT, HOUSING, EARLY EDUCATION
AND ENVIRONMENTAL PROTECTION Community Led Total
Sanitation in Zambia: An Evaluation of Experiences and Approaches
to Date**

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Executive Summary

Community Led Total Sanitation (CLTS) is one of several approaches currently being implemented in Zambia to increase rural sanitation coverage. The Joint Monitoring Programme (JMP) on Water Supply and Sanitation estimated rural sanitation coverage in Zambia to be 43% in 2008 (UNICEF/WHO, 2010). The MDGs Report 2008¹ showed that Zambia had made significant progress towards reaching MDGs in all goals, except the MDG7: Ensuring environmental sustainability, Target 7c: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation. The achievement of the sanitation target is an obvious priority in Zambia, where over 80% of all diseases in Zambia are environmental and related to water and sanitation².

Following a successful pilot in Choma District which started in 2007, implemented by the GRZ and UNICEF, where Within the period of two months, sanitation coverage increased from 23% to 88% and 75% of the villages were verified as open defecation free (ODF) in just two months, the Government of Zambia has adopted CLTS as one of the key sanitation approaches in Zambia. At national level, CLTS is overseen by MLGH through the Department of Housing and Infrastructure Development and at district level, through the Local Authorities (District, Municipal and City Councils) who implements as well as coordinators of the CLTS activities of other government departments like health and education, including NGOs and agencies like UNICEF, Plan International, WaterAid, Oxfam GB, Africare, Village Water and World Vision.

In an effort to assess the processes of the CLTS approach, and to recommend ways of improving and scaling-up the approach to other parts of Zambia, this independent evaluation was commissioned by MLGH and UNICEF in June 2011 to look at aspects of CLTS and evaluate CLTS in the strategic areas of relevance, efficiency, effectiveness, sustainability and impact.

In upscaling CLTS in Zambia, lessons learnt from the pilot district of Choma have been replicated in other districts. A good capacity and ideas exist for taking the approach forward, and there has been some investment in the development of national, district and community level structures to oversee and carry on CLTS activities. District visits including interviews with communities indicate that in areas where CLTS has taken root people are taking responsibility for day to day use and maintenance of facilities, and a general hygiene improvement is noticeable. However there are a number of critical gaps that require stronger oversight.

This is highlighted by a review of data available which indicates that the gains achieved in the pilot district of Choma have not yet been replicated on the same scale in other districts, with a somewhat overall lower proportion of ODF villages against villages triggered achieved when discounting the pilot District of Choma.

¹ http://www.undp.org.zm/joomla/attachments/005_ZambiaMDGsProgressReportZambia2008.pdf

² Source: Internal project document "Business Case for WASH Intervention", 2011

Despite this there are very positive results demonstrated on the ground in some of the other districts visited and a strong basis has been formed for future activity. With a more comprehensive rolling out of systems planned to the districts and dedicated resources put towards a greater centralized focus overseen by a dedicated management unit, CLTS could achieve better results. Strengthened monitoring and information management systems are needed at all levels, and an active verification and certification system would strengthen the numbers currently being reported. Setting up an independent third party certification is needed, as well as a clear and uniform definition of what constitutes ODF.

Monitoring systems should also emphasize and be clear on different indicators and milestones towards reaching ODF status versus reaching 100% sanitation coverage according to government standards. In terms of training and facilitation, more focus on developing a roster of a small group of highly skilled champion facilitators with proven experience in successful triggering is needed.

At the village level, a major gap noted during the evaluation is the inadequate resources for support and training of local community members to carry on activities without a reliance on district staff. To ensure sustainability, more resources are needed to support EHTs (community health workers) through training and other support systems to monitor the programme on the ground. Follow ups, whether they are done by District staff, or EHTs are essential in maintaining sustainability of interventions.

Acronyms and Abbreviations

ADC Area Development Committee
CLTS Community Led Total Sanitation
CP Cooperating Partner
DC District Commissioner
DDCC District Development Coordinating Committee
DHID Department of Housing and Infrastructure Development
DHMT District Health Management Team-
DPO District Planning Officer
D-WASHE District Water, Sanitation and Hygiene Education
EHT Environmental Health Technologist
FGD Focus group discussion
GRZ Government of the Republic of Zambia
JMP Joint Monitoring Programme
JMPT Joint Monitoring Programme Team
KAP Knowledge Attitudes and Practice
LA Local Authority
LNGO Local Non Governmental Organisation
MoE Ministry of Education
MDG Millennium Development Goals
MLGHEEP Ministry of Local Government, Housing, Early Education and Environmental protection
MoH Ministry of Health
NRWSSP National Rural Water Supply and Sanitation Programme
ODF Open Defecation Free
PHAST Participatory Hygiene and Sanitation Transformation
Plan (Z) Plan International Zambia

PST MLGH Provincial Support Team
RWSSU Rural Water Supply and Sanitation Unit
SNDP Sixth National Development Plan
SAGs Sanitation Action Group (village level committee)
V-WASHE Village Water Sanitation and Hygiene Education ☐
MCDSS Ministry of Community Development and Social Services
VDC Village Development Committee
WHO World Health Organisation
UNICEF United Nations Children’s Fund
ZANAMA Zambia National Marketeers Association

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INTRODUCTION

a. Background

Sanitation coverage is one of the most serious development concerns facing Zambia. The Joint Monitoring Programme (JMP) on Water Supply and Sanitation estimated rural sanitation coverage in Zambia to be 43% in 2008 (UNICEF/WHO, 2010). The MDG Report 2008³ showed that Zambia had made significant progress towards reaching MDGs in all goals, except the MDG7: Ensuring environmental sustainability, Target 7c: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation. The achievements of sanitation targets is an obvious priority in Zambia, where over 80% of all diseases in Zambia are environmental and related to water and sanitation⁴.

In order to address key issues which have hindered provision of improved access to water supply and sanitation in rural areas, the Government of Republic of Zambia (GRZ) has developed and is implementing the National Rural Water Supply and Sanitation Programme (RWSSP) (2006-2015). The programme has a clear set of priorities common approaches that are intended to both speed up the achievement of MDGs and meet the Government's vision for universal coverage.

The community led total sanitation (CLTS) approach, an innovative results-based methodology which mobilises communities to completely eliminate open defecation (OD) through facilitating their own appraisals and analysis promoting them to take action to become ODF (open defecation free), is now a key sanitation method being promoted by the GRZ. In Zambia, as in many other countries, past approaches to household and community sanitation have not resulted in adequate increases in sanitation coverage which is generally defined by the ratio of the number of toilets to the number of households, and therefore further for effective methods were explored.

In order to meet the challenges in scaling up sanitation coverage in Zambia, GRZ in conjunction with UNICEF decided to pilot the CLTS approach in Choma District, Southern Province in 2007. At the time, overall sanitation coverage within the district was about 27%. Twelve communities were initially selected by the municipal council and introduced to the CLTS methodology through a process called triggering. This was undertaken by facilitators who were trained by an international expert, Karmal Kar at a national workshop held in November 2007. Within a period of two months after triggering, sanitation coverage increased from 23% to 88% within a population of 4,536 and 75% of the villages were verified as open defecation free (ODF), surpassing the MDG target for sanitation in the pilot area in just two months⁵. The Chiefdom, of 115 villages, became ODF in 2010. Based on these successes, which was largely due to strong involvement of dynamic local leadership, especially Chief Macha, CLTS was expanded through the remaining parts of the district, the Ministry of Local Government and Housing then decided to roll out CLTS and lessons acquired from Choma to other districts of the country. According to a report presented at a CLTS in Africa workshop held in 2010, it was stated that 1,200 villages triggered and 751 declared ODF in 18 districts in Zambia.

³ http://www.undp.org.zm/joomla/attachments/005_ZambiaMDGsProgressReportZambia2008.pdf

⁴ Source: Internal project document "Business Case for WASH Intervention", 2011

⁵ Harvey and Mukosha (date unknown): "Community Led Total Sanitation: Lessons from Zambia".

The GRZ has now adopted CLTS as one of the approaches to be used in rolling out sanitation as observed from its initial effectiveness. MLGH has introduced CLTS in 7 of the 9 provinces through provincial inception workshops where key stakeholders from the districts and chiefs are invited to be oriented on the CLTS concept/approach. By 2011, CLTS was being implemented in 25 of the 74 districts of Zambia through the local authorities with support from a range of International and local NGOs, government departments and other stakeholders and Contributing Partners (CPs).

In Zambia, a locally-adapted CLTS approach has been promoted throughout the country, through a distinct “3 pronged” approach which relies on the leadership of traditional leaders, councilors (elected officials) and technocrats. Another feature of CLTS which has been adapted by the government is a “total sanitation” approach which not only focused on latrines, but also household handwashing devices and other forms of environmental sanitation such as refuse pits.

Considering the relative successes of CLTS in Zambia, interest amongst different institutions is growing although rapid institutional take-up of CLTS has raised some dilemmas, as to how the approach can be established in the different regions throughout the country, which each pose their own particular challenges. Therefore the GRZ through MLGH has stated they are interested to understand the relative strengths and drawbacks of the approach to date, in order to ensure that the quality of the approach is maintained.

b. Purpose and objectives

In order to address these questions, this evaluation was commissioned by MLGH with support from UNICEF. The overall objectives of the evaluation were to undertake the following:

- Assess the processes of the CLTS approach, and to recommend ways of improving and up-scaling to other parts of Zambia by GRZ and Cooperating Partners.
- Generate information to be used by GRZ and cooperating partners in scale-up CLTS through most appropriate methods for Zambia.
- Assess the processes, of the CLTS approach as well as additional criteria like gender, environment, coverage, co-ordination, and coherence plus protection issues; and to recommend ways of improving promotion and scaling up the CLTS approach in Zambia

In particular as described in the Terms of Reference (Appendix C) the evaluators were asked to look at key questions under key strategic areas which are summarized below:

1. To assess the **sustainability** of CLTS at the community, district and the national levels.
2. To assess the **effectiveness** of CLTS by comparing the effectiveness of the various types of implementation arrangements
3. To assess the **efficiency** of CLTS by looking at the intervention cost-efficiency compared to other potential forms of support
4. To look at the **relevance** of the CLTS approach by assessing whether it is a good option to bring about the intended sanitation outcomes compared to other possible interventions.
5. To assess the **impact** of the CLTS approach on the well-being of the target populations, measured in direct and indirect health, desired behaviour, nutrition and social-economic terms.

Additional questions to be included in the evaluation included:

- What were the major lessons learned (both positive and negative) for CLTS process management relating to technocrat, civic and traditional leadership (at district, constituency, ward, chiefdom, sub-district and community levels) that may have relevance for CLTS promotion and scaling up in Zambia?
- How effective has the CLTS approach been compared to other approaches?
- Is there already evidence of potential for successful scaling up and evidence of sustainability of CLTS in the districts?

c. Methodology

The methodology for the evaluation as well as the 6 focus districts selected for field visits and data collection was decided and agreed between the consultants and MLGH/UNICEF, and set out in the Terms of Reference and Inception Report (Appendix C).

The evaluation team was composed of two people, Leslie Morris-Iveson with international project experience in water, sanitation and hygiene and evaluation approaches and Bonnarventure Siantumbu with national experience at field level in CLTS programming and monitoring and evaluation.

Data collection was conducted during a 2.5 week period while the international consultant was in Zambia (from 6 – 22 June 2011) gathered in Lusaka and the 4 of the 6 identified project districts. The remaining 2 districts were visited at the end of June by the national consultant during an additional 2 week period. Data collected comprised of both primary and secondary sources of information collected and included the following:

1. The **primary source** as the main source of information included data collected from the field trips to the 6 districts undertaken and interviews of civic leaders (councillors & MPs), technocrats (Government & NGO), Traditional Leaders (chiefs & headmen), communities, facilitators, natural leaders, other key stakeholders etc. involved in the CLTS promotion in Zambia.
2. Additional primary sources of information collected from meetings conducted at Lusaka and District level with relevant NGOs including Plan International, Oxfam, Village Water and World Vision.
3. The **secondary source** were in the form of review of CLTS manual, field reports, documents and publications available on the CLTS relevant to Zambia.
4. Interview for CLTS success stories and pictures, good/innovative/creative.
5. Gather information on the perceptions on crosscutting issues like perceptions and attitudes on gender, HIV/AIDS, environment and disabilities.
6. If available, analyse health data from rural health centres for CLTS areas (before and after CLTS) and compare with areas without CLTS, for the same periods; to assess the changes in disease patterns and the general health changes in the CLTS areas.

During the district visits, the evaluators were hosted by MLGH and met with the range of stakeholders when and if they were available, as detailed above. In the districts, the primary source of information was collected through semi-structured interviews mainly with facilitators, councillors, traditional leaders, NGO staff, technocrats (including EHTs and DHMT staff, Local Authority staff, JMPT members) and SAG members. The evaluation team strived to meet as many district stakeholders as possible during the tight time frame.

Table 1: Summary of topics discussed with stakeholder groups

Topics Discussed with District staff / facilitators	Topics discussed at community level
Pre-triggering and triggering techniques	Experiences with triggering & motivation for change
Coordination with other stakeholders	Community interaction and committee membership
Comparison with other sanitation approaches	Challenges post construction
Monitoring and information management	Technological choices, upgrading and sustainability
Challenges with longer term follow ups	Sanitation habits – before and after
	Maintenance and sustainability issues
	Treatment of vulnerable households
	Community participation

After discussions at district level, the evaluation team then visited villages with district hosts (MLGH, or NGOs Oxfam GB or Plan International). Although the villages were generally chosen by the district hosts, the evaluators attempted to visit as many villages as possible during the tight time frame, with a spread of different experiences (i.e. successful and unsuccessful, recent triggering or longer term triggered, challenging situations such as flooding). At the village level focus group discussions with different stakeholders including SAG members, village leaders, village members, women and children were undertaken. Additional methods of collecting information at the village level included transect walks taken with community members and observation.

Following field visits to the first 4 districts by the team, a debrief meeting of preliminary findings was held on 22 June, hosted by MLGH. This was an opportunity for MLGH, donors, and implementing agencies to be presented with the preliminary findings and recommendations and provide input. This preceded the report review and final writing up phase of the evaluation, and as well, the visit to the final 2 districts by the national consultant only.

Given the tight time frame for the evaluation, a desk study review of reports was not possible, however the evaluators were able to simultaneously review reports made available during the data collection phase.

d. Geographic coverage and summarized data collection methods by district

Six districts were chosen by MLGH/UNICEF and the evaluators were seen as having a spread of experiences. The following map and table outline data collection methods against locations (districts). A full list of people interviewed is found in Annex C.

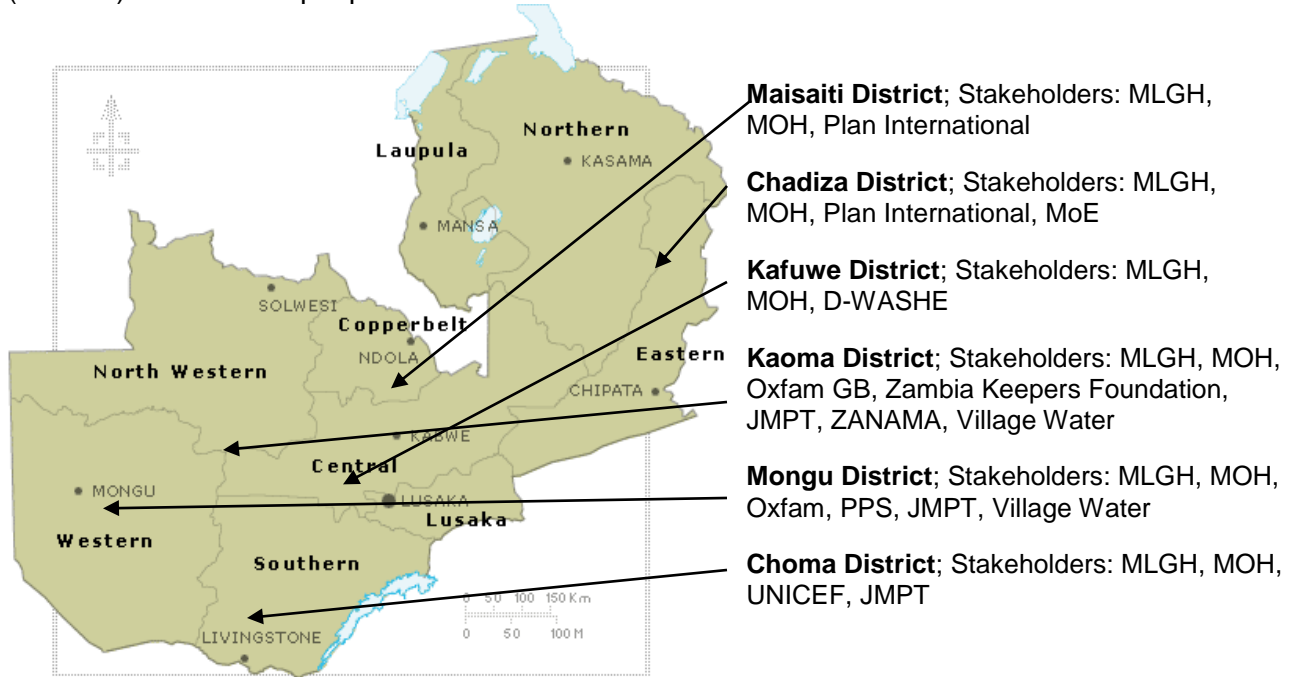


Table 2: Data collection summary table by District:

District	Key Features	Data collection methods used:	Agencies Interviewed	Field Visit Details	Reports/ Info made available
Choma (int. and national consultant)	First district where CLTS implemented in Zambia, first Chiefdom declared ODF. District on track to be declared ODF.	Semi-Structured interviews, focus group discussions, transect walk and observation, photographs	Town Clerk, District Health Office, World Vision, Chief Macha and Headmen, Facilitators (including Champion Facilitator), CLTS National Focal Point, SAG members	Villages in Choma Chiefdom, Training Centre visit; FCD with SAG group members and community members and many individual family visits	Heath reports, district data tables and monitoring tables
Kafue (int. and national consultant)	CLTS being implemented by government only since October 2010.	Semi-Structured interviews, focus group discussions, transect walk and observation	Town Clerk, CLTS Focal Point, Facilitators, SAG members	Villages in ???; FGD with school children (in the village); discussion with SAG member, headman's family and many individual family visits	None
Kaoma (int. and national consultant)		Semi-Structured interviews, focus group discussions, transect walk and observation, photographs,	MLGH, JMPT members (police, market vendors association), Zambia Keepers Assoc (LNGO), Oxfam, Chief Mutondo, Headmen, SAG members	Village visits, Discussion with SAG members, Inspection of toilets and other sanitation facilities	MICE Forms, CLTS Data
Mongu (int. and national consultant)	Many isolated villages which are semi-nomadic (move location 3 months a year during rainy season); regional characterized by sandy soils	Semi-Structured interviews, focus group discussions, transect walk and observation	MLGH, Oxfam, DHMT, SAG members, Village Water, PPS (LNGO)	Visit to Sachinduba Village, FGD with community members, interview with SAG members,	None
Masaiti (national consultant)		Focus Group Discussion, Transect Walk, Observation, Interview	Town Council, SAG Members, PST	Visit to Kampundu and Villages, FGD with SAG members, Transect Walk, Observations, Interviews	District CLTS Data Report,
Chadiza (national consultant)		Focus Group Discussion, Interview, Observation, Transect Walk	D-WASH Members, Chief Zingalume, CLTS Committee Members, Headwoman Geleta, Council Secretary, District Planning Officer (DPO), Plan (Z)	Villages in Chief Zingalume's Chiefdom, Transect Walk, Observation	Plan Project Evaluation

e. Sanitation Situation in Zambia/National policy context

According to Central Statistics Office (CSO) findings in 2005, sanitation coverage in rural areas was estimated at 13%. It is also estimated that 30% of Zambians did not have access to any type of sanitation facility, which represented around 2 million people⁶. These findings were according to the higher standards of “improved sanitation” as defined by Central Statistics Office (CSO). To address this situation, GRZ through MLGH developed and is implementing the National Rural Water Supply and Sanitation Programme (NRWSSP) document (2006-2015). This effort has resulted in some progress in the provision of sanitation services. For instance the Joint Monitoring Programme (JMP) on Water Supply and Sanitation estimated rural sanitation coverage in Zambia to be 43% in 2008 (UNICEF/WHO, 2010). However in spite of this progress, the 2008 MDG report states that sanitation targets are off-track. The GRZ estimates that taking into account population growth rates, in order to reach MDGs for sanitation, 4.3 million people will need access to sanitation in the 74 districts. The new program therefore has to reach 1 million people per year.⁷

The MLGHEEEP is the government Ministry responsible for Rural Water Supply and Sanitation (RWSS) subsector, with programmes being implemented and coordinated through the Local Authorities. MLGHEEEP has policy as well as technical oversight and facilitates all approaches being implemented, and as such, developed and is implementing the National Rural Water Supply and Sanitation Programme (NRWSSP) for provision of improved access to safe and adequate water and sanitation in rural Zambia. The GRZ takes a highly coordinated and harmonised approach to RWSS. One of the specific objectives of the NRWSSP is to increase and improve the number of proper sanitation facilities in rural areas through promotion of household latrine construction, health and hygiene education, and strategic demonstration facilities.

Specifically, in terms of sanitation policy, MLGHEEEP has as set five main aims in the Sanitation and Hygiene Component of the NRWSSP:

- To proactively support the creation and nurturing of a stand-alone national policy and strategy on sanitation and hygiene
- Support the designation of an institutional home and clear responsibilities for sanitation with accountability for sanitation
- Ensure that sanitation is explicit in key national strategy documents and investment plans
- Advocate for public sector allocations for adequate human and financial resources
- Facilitate a harmonized approach and implementation guidelines

The GRZ has adopted CLTS as one of the innovative approaches for scaling up sanitation and as a part of the RWSS framework, and recognizes that CLTS has a great potential for

⁶ GRZ National Rural Water Supply and Sanitation Programme document, June 2007

⁷ *ibid*

contributing towards meeting the Millennium Development Goals, however is mainly relevant for areas with low coverage of any type of toilet. It is suggested that the Western Province, followed by Southern and Eastern Provinces, thus had the highest proportion of households with no toilet facility, therefore it is more beneficial to concentrate the use of the CLTS approach in these areas. The document further states that “The sustainability of the impressive increase in sanitation coverage in areas where [CLTS is being] implemented is therefore being closely monitored so that lessons learnt can be used for adjustments of the approach, if required.” Despite this appraisal in the Sanitation and Hygiene Component document, there is no clear individual policy on CLTS.

The government now plans to expand CLTS from the current 25 districts to other districts in the country through the NRWSSP. Currently, GRZ through NRWSSP is implementing CLTS in collaboration with other partners such as UNICEF, DANIDA, Oxfam, Plan International, Village Water, Africare and other NGOs.

2. PROGRAMMATIC FINDINGS

a. Approaches

CLTS approaches being implemented in Zambia are based on original approaches developed by Karmal Kar, although approaches have been adjusted in order to suit national characteristics⁸. Features of the CLTS approach are to enable communities to analyse their sanitation conditions collectively and internalize the impacts of open defecation (OD) on public health for the entire community. This is carried out through a series of triggering activities, which then should lead to “no-subsidy” community developed approaches from elimination of OD to construction of latrines. According to the CLTS Handbook (Kar and Chambers, 2008) a new style of facilitation has evolved, using the crude local word for “shit” and includes community visits to filthiest areas, with a self-appraising and analyzing process which aims to shock and disgust and then leave action to the community.

Zambia Specific Approaches: In Zambia all of these aspects have been adopted, with additional “locally adapted” aspects. One of these has been the development of the “3 rope” approach which revolves around leadership of 3 elements: the traditional leadership (through Chiefs primarily as well as Headmen), technocrats (district and field level government staff from a variety of government departments) and civic leaders including elected officials such as councilors. The Chiefs were seen to represent the custodians of values, and had the power to address cultural taboos. The 3 rope approach enables leaders from all 3 groups to attend CLTS trainings and be involved in or facilitate triggering and conduct follow ups as well as monitoring.

The other aspect of CLTS being implemented in Zambia includes a “total sanitation” approach. Messages being spread by facilitators focus on not only the range of behaviour related to open defecation and construction of toilets but also according to the MLGH CLTS Brief (2010)

⁸ Karmal Kar came to Zambia and led the original training of facilitators in November 2007, at a National workshop that was attended by MLGH Permanent Secretary and other RWSS professionals country wide. 35 National facilitators were trained.

“washing hands with soap before preparing food and eating, after using the toilet, and after contact with babies’ faeces, or birds and animals; handling food and water in a hygienic manner; and safe disposal of animal and domestic waste to create a clean and safe environment”. This is evidenced by Chief Macha’s slogan in Choma District “One family one toilet, one toilet one handwashing facility!”. Monitoring of CLTS programming includes not only indicators on sanitation coverage but also handwashing devices, refuse pits, and dish racks. Therefore, approaches are output-focused, not only on changing sanitation habits but also on the increase in access to a range of household “hardware”.

Another adapted aspect of CLTS in Zambia is the legal enforcement approach, which is tailored to enforce the current existing laws to address public nuisances in urban and peri-urban areas using the Public Health Act Cap 295 and the Food and Drugs Act Cap 303 of the Laws of Zambia. Trainings have been held in 7 districts and is currently being rolled out to the entire country. The aim of the trainings is to sensitize the business community, government and public on adhering to public health and food safety laws. Through the programme over 60 court cases have been brought and prosecuted before Courts of Law. The specific target of legal enforcement is public buildings (i.e. government buildings, schools), food establishments and lodges etc. in urban and peri-urban areas⁹.

Specific Findings

From discussions with agencies and the field visits it was clear that all implementing agencies in districts visited were implementing CLTS with the total sanitation and either a direct or modification of the 3 rope approach. Considering that trainings and manuals are streamlined through MLGH, triggering methods used were very similar. The result of centralized training has led to a high degree of coherence amongst approaches and a common understanding of the methods being promoted.

Implementation of the 3 rope approach was variable and according to conditions or willingness of leadership. In some districts, where Chiefs were either not available or amenable to take part in trainings, representatives were sent and trained (eg Kafue). This had an effect of lessening the advancement of CLTS, as there was a diminished sense of promotion when the Chief was not actively publicizing the approach. According to the various interviews held, in some areas this is likely due to the fact that Chiefs may not be visible at the village level, and unlikely to interact and engage in discussions where crude language is likely used, with their subjects. One approach to counteract this custom has been to employ the use of advocates, such as Chief Macha who has travelled to other districts to discuss with other Chiefs about the need for a shift in attitude in terms of hierarchical thinking. It is Chief Macha’s belief that Chiefs should not be using their power to intimidate people to become ODF, but to facilitate and to act as champions of change (Zambia workshop report, 2010). There are now a number of Chiefs actively promoting CLTS in their Chiefdoms.

⁹ Note for the purposes of the evaluation, rural sanitation approaches were mainly evaluated and not legal enforcement urban approaches, which is therefore out of the scope of the evaluation.

In all areas, CLTS approaches and methodologies were promoted by technocrats, either from the Local Authority , DHMT or other local government bodies. The role of the CLTS focal point (generally the RWSS Unit lead) was found to be essential in driving forward agendas, promoting approaches and coordinating stakeholders, however abilities greatly varied. The field visits indicated that the absence of civic leaders was most common reason. In Choma, Councillors were found to have an effective role, doing triggering, and collecting data within their wards.

“An Inspired Leader”

Headman Kampundu was invited for a workshop in Masaiti at the Council Hall and did not know what to expect. During the workshop he was surprised that the subject of discussion was open defecation and use of latrines, the relationship between OD and the incidence of diseases. Upon reflection he realized that the message sounded as if they were talking about his village and his subjects because they all drank water from a stream below their defecation area as a village.

Soon after the training, he rushed back to his village and called for a meeting with his subjects; during which he told them about the meeting he had attended in Masaiti district. He was sad to think that all his subjects were at risk if they did not do anything about the situation and so they all agreed that they would take action and make a change.

He met with some of the facilitators and assured that he was going to lead by example by ensuring that his village was ODF in 10 ten days. He went back to his village and informed everyone that he had made an assurance that his village would be ODF in 10 days and that the work required everyone’s input.

A plan was devised where tasks were shared among them all, some dug the pits, others prepared the roofs, others built the structures for the toilets and he personally provided nails and other materials to put up roofs on the toilets in the village. Within 10 days all the households had built toilets and by the time the district team came to the village on the 10th day, they found that the village was ODF.

During the evaluation visit, the members of the community proudly showed off their toilets and spoke of the change that they had experienced and the pride they now had using their well built toilets. They all agreed that they used to defecate in the bush and the water from the bush ran into the stream from which they drew their water for drinking. Now they even have a borehole in the village to complement the latrine use. Their village is now one of the most frequently visited by people from all walks of life.

However in other districts this contribution was absent, perhaps as one interviewee stated, as the mandate of elected officials was too short to promote a longer term vision, and people might not trust them as they might link CLTS to electoral agendas.

Other champions behind CLTS not included in the 3 rope approach includes the contribution from NGOs (local or international) which also played the role of advocating and driving forward new ideas and agendas. In particular in the absence of leadership from technocrats or Chiefs, in some districts were found to have a dominant role in leadership of the CLTS concept and building trust and relationships with triggered communities. Informants also suggested that there are other sources of leadership that could input into CLTS approaches that have not been explored, such as the Area Development Committee (ADC). The ADC consists of community leaders and traditionally have been a source of leadership.

The total sanitation approach was followed by all agencies, in particular facilitators were trained on demonstrating construction of not only latrines, but the dish racks and refuse pits as well. Despite there being a high level of uptake in many of the villages visited, it can

appear challenging to take on so many messages at one time. This is a risk as potentially, the addition of the extra indicators can appear to obscure the CLTS message which focuses on faecal-oral pathways where toilet use and hand washing are obvious barriers to breaking pathways, but use of refuse pits and dishracks are not.

Triggering methods were followed from the Karmal Kar manual (made available to all facilitators), and included medical bill and shit calculations, disgust pathways of faecal contamination (food-shit-flies demonstration), and transect walks. This is followed by interactive discussions on toilet construction using local materials, followed by formation of SAG and development of Village Action Plans. Unique features included the involvement of the various levels of leadership in doing the facilitation, which in some cases included district government staff alongside Chiefs, Headmen or Councillors. In areas where traditional or civic leaders were not involved, facilitation was done entirely by district government staff and/or NGOs.

However, it was found that pre-triggering methods greatly varied. The method promoted through centralized training included collecting extensive data including environmental, social and technical (materials available and possible designs); discussing motivational factors with pre-existing latrine owners and understanding local cultural norms. This was supplemented by some NGOs by doing more extensive baseline data collection including a KAP (knowledge, attitudes, practices) survey and developed strong relationships with communities where CLTS interventions were planned, through previous project work. It can be assumed that in areas where the more extensive pre-triggering methods (Kaoma, Mongu, Choma) is a more effective method as these districts have a high triggered-village to ODF status.

Recommendations:

- Explore possibilities to incorporate a staged approach and scale down CLTS messages to focus on minimizing the risk of contamination and breaking the cycle of faecal-oral contamination through toilet use and handwashing. Clear definitions for hygiene behaviours and related benefits need to be developed as opposed to passing on too many messages during triggering and follow up activities.
- Emphasis on pre-triggering understanding power relationships and leadership in the local context, and possibilities for involvement by other groups beyond the 3 rope approach in order to feed into in depth understanding how people at the village level are influenced. Other sources of authority could include influential ADC or LNGOs.
- The 3 rope approach, when properly implemented has been proven to be an effective approach. However the full extent of the approach is not being followed in all districts, for various reasons. If CLTS is to become a national approach, this needs to be emphasized at a very high level, and continuously reinforced as a national priority, so that all levels of local/district leadership are encouraged to be involved and promote the approach themselves.

b. Leadership, Facilitation and Staffing of CLTS programmes

The CLTS approach are facilitated centrally through a CLTS National team, therefore management decisions, training and facilitation methods are developed centrally. The national team, which sits under MLGH, has a wide representation a range of interests and including the National CLTS Coordinator has representatives from MOH, Legal Enforcement (under MLGH), Media, WASHE/NGO Forum and Judiciary. The National Team meets quarterly, however there are also challenges in finding appropriate times as members have other commitments, such that there has been no meeting to date in 2011. Information flow from the decisions reached are communicated through the CLTS focal points in each of the districts. However, through the

district visits and discussions with various stakeholders at the district level revealed that despite there being a high degree of oversight, in some districts there lacks coherence, and challenges in rolling out prescribed approaches.

Training: Training has taken place at all levels, and to a wide range of people involved in CLTS including Government staff including D-WASHE members (from MOH, MLGH), local and national NGO staff, Chiefs, Headmen and district councillors, and EHTs¹⁰. Facilitators are trained through UNICEF, Plan International and other NGOs programming in new districts where it is decided to implement the CLTS approach as well as nationally. To date it is estimated that more than 1000 facilitators as well as 56 of the 286 Chiefs in Zambia have been trained, although some Chiefs who were unable to attend had sent a representative to the training. At the national level key facilitators were trained by Karmal Kar. A training of trainers took place, and then district facilitators were trained by lead trainers. Despite many levels of training, at grassroots level information has tended to be washed down. Therefore a further approach was taken to identify “champion” facilitators who had a very good ability to facilitate. There was an aim to introduce one champion facilitator to **each** training.

The MOH district staff are a vital element to the long term running of CLTS, as the EHTs are based in or close to the villages and are now involved in triggering and follow ups at village level. A visit to Ethiopia has sensitized MOH to how to improve level of professionalism of community health workers through a training and accreditation programme. There are ideas to increase the numbers of staff through doing a one year training of volunteers on health issues including CLTS, and then after a year will give a payment to encourage more health assistants.

Facilitation approaches: A scheme has been developed for furthering the skills of champion facilitators, through identifying people with exceptional leadership skills during triggering process, and then nominating the champion facilitators to become part of the national team to go to other provinces to do triggering after proven experience. There are four training institutions which support CLTS trainings.

**“Facilitation Skills Development”:
Geoffrey Makaya (Choma)**

Geoffrey Makaya is a Councillor for Chilalantambo Ward in Choma District and is one of the 27 Councillors that were trained in CLTS in Choma. He has been involved in the programme since 2007 when CLTS was introduced in Zambia.

He was trained as a trainer of trainers and has since travelled to several parts of the country to train other people in CLTS and has been part of the district team that has been triggering communities in Choma and other districts in the Country.

Having done this work for several years, he now sees an opportunity to grow his political career by aspiring to be a Member of Parliament. He feels that he has been able to build relationships with the people in his ward and the Constituency at large to enable him win the Parliamentary seat.

He attributes his success, and aspirations to the work he has been doing in spreading CLTS to all parts of the country. He also adds that if all other politicians took advantage of CLTS as an entry point in their communities, they would be able to increase development activities in their areas.

In order to support the growing cadre of facilitators, the MLGH has developed a 3 day facilitation skills training, as well as a manual which aims to teach facilitators how to organize, how to

¹⁰ Environmental health team (EHTs) are outreach staff through Ministry of Health based at the village level

handle challenges and support development of general facilitation. The training precedes the 5 day CLTS training, where technical aspects to the approach is taught.

Champion facilitators are generally district government staff, who will have another set of work responsibilities, therefore they must seek approval from supervisors to be released to do triggering in their own district, and if requested, in other districts. In each training, when expanding to new districts, the national team aims to include at least one champion facilitator, so that they can bring their experience to new CLTS areas. There is no formal roster of champion facilitators however.

Post-triggering facilitation: The SAG has responsibility for longer term follow up as well as being encouraged to conduct triggering of neighbouring villages, and can seek assistance from trained traditional leaders/councillors, as well as EHT (under the MOH), however in actual practice this may not be the case. In many cases, SAGs appear to face large challenges in the face of their responsibilities and are limited by the distances they need to travel, as neighbouring households might be located a long distance away. However, there is evidence that when travel is possible to accommodate, SAGs have triggered their neighbouring villages.

The zonal EHT was also found to have a critical role in post-triggering facilitation. EHTs are active at village level and generally visit villages over large distances, from on a frequent basis to one time each 3 months. EHT are known and generally respected by communities. The involvement of EHTs varied from location to location, and not all EHTs were trained in CLTS. Some facilitators reported that EHTs in their CLTS project areas when approached to be involved in projects stated they were too over-burdened by work to be involved. EHTs interviewed who were involved in CLTS requested for more support on their professional development, through practical manuals, information and updates on CLTS approaches in Zambia and follow up trainings.

Incentives to Facilitators: One of the drawbacks to facilitation and staffing of those running CLTS in the districts is the issue of incentives. Many different agencies, from NGOs to direct from government funds, are providing incentives to district level facilitators as well as zonal EHTs. Some EHTs are provided motorbikes, or bicycles – while discussions indicated that district government staff can have their salary doubled through incentive payments from triggering. Although the government allowance system is standardised, there appears to be no clear process that is accountable to all according to function of the facilitator. While in some cases this has led to a certain amount of commitment, in other cases this has demonstrated effects of causing demotivation when the project funding stops.

Recommendations:

- Community leaders and effective SAGs are a great potential for encouraging further “mushroom spread”. These people are often the driving force for action within their own villages, and in triggering surrounding areas and will function on par with skilled facilitators if supported correctly. Systems and recognition are needed to encourage and support them to spread CLTS outside their own communities. This needs to be thought

through as providing a reward system may serve to take away motivation from the neighbouring communities who are not provided rewards.

- There are existing experiences of having champion facilitators rotate to other newer districts to share experiences and lead on triggering activities. This process should be reinforced through development of a national roster which holds data on champion facilitators, skills and previous experiences, and could allow them to be hired as consultants to trigger villages.
- Considering the level of activity and responsibility allocated to SAGs, post triggering, better training and ongoing support should be provided to SAG.
- Additionally as zonal EHT can often be the link to communities in reinforcing CLTS in the long term, better long term support should be provided, especially where they are supporting SAGs. This should take the form of continuous professional development and training, or other incentives. Further investigation is needed into the future role of EHTs or plans for Community health workers into the longer term support to CLTS and how their role can be institutionalized.
- Standardize incentives system according to task to district government staff, especially where outside organizations such as NGOs are providing the incentives, so system for rewards is open and accountable for all. This would include incentives for transport (i.e. provision of motorbikes/bicycles or fuel) and overtime and incentives. Incentives according to task need further investigation so as not to take away staff motivation, after project resources are finished. Allowances and incentives should also be tied to results. For instance, government staff should not be discouraged from conducting long term post triggering follow ups if there are no resources for daily allowances, but there are funds available for transport.

c. Technical Aspects including Hand-washing and Addressing Standards

In all villages visited where there was evidence of CLTS taking root and where latrines were being constructed, a great degree of local innovation was shown using locally available materials and high technical standard being followed. Designs varied amongst districts, but all were based on a simple pit latrine, using similar materials and technologies as houses. It was discussed that pits were dug to about 2-3 meters in depth. In the western provinces where there are more sandy soils, a basket pit lining was usually constructed to reinforce the pit. The base/platform was under-lay with timber poles and covered with mud bricks with a mud plaster used to make a smooth squatting plate. In the southern provinces superstructure was generally mud brick and plaster with an open doorway (offset from squatting area) or covered with a fabric/sheeting, while in the Western provinces superstructures were made of grasses. The roof was generally grass thatched.

Most people interviewed indicated that it was their first time building a latrine. Despite this, the technical standards were surprisingly high. Drop holes were all a good size despite not having templates (i.e. not too large for children to use), superstructures were very sturdy although door openings were quite small and low, were acceptable. Many were very dark (due to design where the mud wall meets the thatch roof with no window) creating questions on whether people could use or clean them effectively. The high technical standard is likely due to facilitators taking the time to demonstrate options and taking time to have interactive discussions and rationalize each element of sanitation design (i.e. why pits need to be a certain depth).

Upgrading to higher standards/Intermediate Sanitation: There are many instances of families demonstrating personalized touches to their toilets, or some level of upgrading, more demonstrated in Choma where CLTS has been in existence for over 4 years but also in other districts such as Chadiza. More upgraded toilets included the following: tin sheet roof, breeze block as the first base for structural stability, hole/pipe from superstructure for drainage (for water for cleaning), guttering to roofing for rainwater drainage, or the addition of window in the superstructure. In several families in Choma had added a San-plat as a squatting plate which were removed from a previous Red Cross sanitation programme to use in the construction of their own toilets. There was also demonstrated evidence of upgrading through re-building and locating the toilet close to the home (first toilets were generally constructed a fair distance from the house, as if to replace the bush defecation in a fixed location) or through more permanent technical standards as demonstrated above.

According to the MLGH National RWSS Programme, minimum standards for sanitation include: VIP latrines; Pit latrines with sanitation platforms or other concrete platforms; Traditional pit latrines with a smooth floor surface; EcoSan latrines; Pour-flush latrines; and Septic tank latrines (MLGH, 2007). It was found that toilets generally met the national standards, and in terms of intermediate technology absolutely met the needs and capabilities of families building them. As toilets constructed were simple pit latrines, and slabs had a strong support to avoid collapse through the use of the timber poles, and in order to maintain cleanliness surfaces were generally hard and smooth. Drop holes were generally covered with improvised lids, although some were not tight fitting, allowing flies to enter.

Considering that technological options appeared to evolve from local knowledge and what materials were available and in use from housing design, with minimum standards being met immediately. In traditional CLTS, a major question in technology choice is what constraints and possibilities exist in particular settings to facilitate phased progression up the sanitation ladder (Kar and Chambers, 2008). On one hand, this could demonstrate that people were given adequate technical support in the form of latrine design demonstration and options on the other, it could show that outcomes of the programme were driven by the existence of the minimum standards. This is perhaps supported by discussions with communities and facilitators that ODF status correlates with 100% coverage of sanitation with minimum standards.

Difficult situations: Certain regions such as Kaoma, Chadiza and Mongu districts, which are characterized by unstable sandy soils provided more challenges for latrine construction, in particular there were problems with latrine pits collapsing during the rainy seasons. In these situations, more technical guidance was needed to be provided to communities, to guide on how to dig pits, with the addition of baskets to reinforce the pits. However in some villages people did not know how to construct the basket linings as this was not traditional knowledge. People felt that materials to do this were not available, and seemed reluctant to include such aspects. From the visits to these villages, evidence was shown that when the pits collapse during rainy season, and due to financial reasons or because they are tired of re-constructing, they are may not be re-built. However, local entrepreneurship was found in one village visited where a villager constructed the basket pits and sold to families for 15,000 Kwacha each.

Handwashing Devices: Virtually all of the toilets visited had a hand washing device inside or outside of the structure. The few that did not have devices had shown a bucket which they used to wash their hands. All of the devices were made from materials that were easy to access, such as plastic bottles or buckets. There is strong evidence to show that they were in use, in many cases with soap or ash nearby. However some devices were not filled with water, and it

was discussed that in some villages that without a reliable water source located nearby, they were facing difficulties accessing adequate quantities of water to re-fill devices.

Latrine Costing/Vulnerable Families: Most toilets were constructed with materials that were accessed for free from the surroundings. However, their ability to construct toilets for “free” depended on the household composition. In many cases, women headed and elderly households and in some cases small households with sick members were often charged for toilet construction. It was reported in some areas that SAG members or other village members constructed toilets for vulnerable families however most of the villages in the course of the evaluation either left vulnerable families who could not construct without toilets, or charged families for construction.

Typical prices for toilets varied, however a typical price for digging a pit was 15,000 Kwacha, and total price for the full pit toilet construction was in the region of 150,000 – 200,000 Kwacha.

Sanitation marketing plan: In order to further different technological options and the need to demonstrate upgrading possibilities, Plan International is developing plans for a sanitation marketing including a manual with different options. Ecosan is being explored as a possible upgrading option. Both Plan International and Oxfam have worked with various forms of sanitation marketing, either through artisan associations which includes such activities as training of potters to fabricate sanplats; and Oxfam has worked with Private Service Providers (PSPs) artisans who were trained to build demonstration sanitation units for instance as institutional buildings.

The National CLTS Team is also looking at a total sanitation social marketing plan, as a means of promoting sanitation at community level and stimulating demand. There is discussion that local masons and other trades will be trained through this plan, and sanitation products developed to be available at community level. Although this is not visible as of yet, this plan should also provide back-up for community developed options and help to sustain behaviour change.

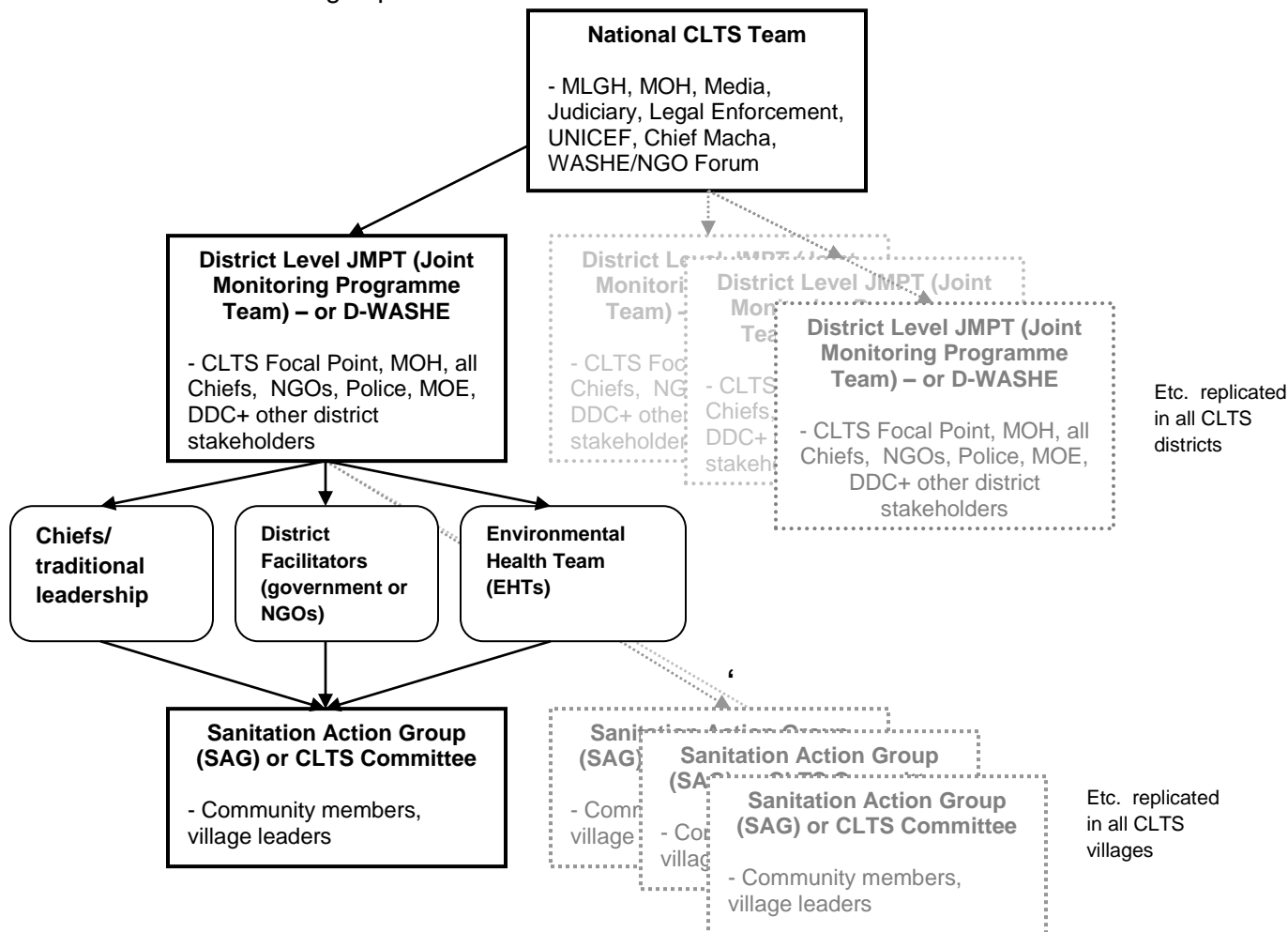
Recommendations:

- Look into other potential options for upgraded pit latrines to be promoted, for instance the ‘arborloo’, which uses a rotational shallow pit design to avoid collapse. Discussing this option with a community for possible piloting for use in other communities could be encouraged.
- Minimum standards for latrines should not be imposed; not all communities can accommodate the recommended standards
- Several agencies have some experiences of social marketing and using private service providers. Continue sharing of experiences through development of the social marketing plan which could include a technical manual of options.
- Look into different forms of technical support for emergency affected or locations with sandy soils, for instance more developed training on developing more robust pits to avoid collapse or assisting local artisans to develop basket pits for sale.

d. Coordination

Extensive networks to coordinate CLTS programming has been developed at national level (through a National CLTS team), district (through development of JMPT) and village level (through development of Sanitation Action Groups or SAGs and CLTS Committees).

Membership of committees at the national and district level demonstrated very positive examples of inclusion of a wide membership from different stakeholders throughout government and other agencies. However, strengthening of networks is required at all levels, particularly at the national and district level. An outline of coordination structures is included below, however structures being implemented in districts are variable:



District Level: The Joint Monitoring Programme Team (JMPT) was formed as a part of the CLTS programme, to have an overview at district level of progress of CLTS, and generally consists of district government staff including the CLTS focal point (under RWSS) and representatives from Town Council, MOH, all Chiefs, Police (for legal enforcement issues), Judiciary, MoE, Prisons, Media, District Development Committees (DDC), NGOs, and Councillors. Considering the range of other district level committees, the running of JMPT is a challenge, where members often sacrifice their time and own money (for fuel) to attend meetings as some will have to travel large distances over the district. For instance, in Choma JMPT meetings were initially planned to be held weekly and now are held quarterly, with declining attendance so that in 2011, no meetings at all were held. A previous UNICEF evaluation of WASHE programme in the southern districts found that members of the D-WASHE also serve on several other district developmental related committees spearheaded by other

organizations which negatively affects their level of participation in WASHE activities and there were concerns of members coordinating demands of committee membership.

In some districts, the JMPT was not formed at all, but the existing D-WASHE oversaw CLTS in addition to other programmes. The D-WASHE committee in each district was formed as a platform for coordination of partners in water supply and sanitation and as the JMPT, draws membership from core line ministries and NGO's operating within the district is led by Local Authority District Water Engineer or Public Health Specialist as RWSS unit. The NRWSSP indicates that the RWSS unit would eventually take over the functions currently performed by the D-WASHE. The Provincial Support Team (PST) is a temporary structure at province level with the responsibility of building capacity of the district RWSS units.

Village level: When villages are triggered, at the end of the triggering process a new committee is formed, known as the Sanitation Action Group (SAG). The main role of the committee is to continue promoting ODF status post-triggering and to monitor progress. It must however be noted that it is not all districts are aware of the existence of SAGs and have therefore formed CLTS Committees that oversee more than one village, with members drawn from several villages.

Prior to CLTS, communities formed Village Water, Sanitation and Health Education (V WASHE) committees in order to apply for a water or sanitation project. This group coordinates an application process to go through the Area Development Committee (ADC), who pre-approves projects and forwards it to the District Development Coordination Committee (DDCC). In the case of a water or sanitation project, the project is usually reviewed by the D-WASHE or RWSS sub-committee. Through the CLTS process, there are no longer clear links between sanitation programming and the District Development Coordination Committee (DDCC), as approvals are not needed.

Through the same process, V-WASHE committees were developed at the village level, in some areas, if there were previous programming there could be a range of other committees such as Village Development Committees (VDCs) and Disaster Management Committees. In one village, which had participated previously in the PHAST programme, the V-WASHE dealt with issues relating to water supply and the SAG looked at village sanitation issues. There were no cases reported of communities rejecting new structures, although as one district NGO staff felt that villages would always agree to form these new groups because they thought it might help them to be recognized beneficiaries of village development projects.

Recommendations:

- At the district level, on a case by case basis look into possibilities for incorporating JMPT into other district forums. Considering resources for transport and other priorities are a barrier to meeting regularly, look into possibilities to integrate JMPT function into existing D-WASHE or other RWSS meeting, while getting updates through phone and distributing minutes as a means of keeping members informed who are not able to attend; or potentially having CLTS focal point report to D-WASHE or RWSS group.
- At village level, more analysis with communities on ability to manage additional committees or whether SAG function can be integrated in V-WASHE or other existing committee, in order to avoid creating overly complex village committee structures. It would important to consider strengthening existing local structures than create more in small committees already overwhelmed by different interventions. Better support to

SAG to define terms of reference for their activities, in relation to other village development activities.

e. **Monitoring Mechanisms and Certification**

As with training and facilitation, guidance on monitoring and certification of ODF villages is driven centrally through the CLTS National Team, although approaches are not prescribed to districts and modifications are often made at the district level considering that monitoring and certification is very much a localized activity.

Monitoring: The process of monitoring outputs of CLTS at the village level has proven to be challenging with highly variable methods being demonstrated in all locations, the results of which are not always reflected adequately at the district level although there are some examples (for instance, Choma) where regular monitoring and updated village or ward level information is readily available. After triggering takes place and initial follow up visits are made, monitoring is often handed over to either to SAGs, headmen or councillors to collect data on numbers of households with constructed toilets, in addition to the other “total sanitation” indicators including refuse pits etc. In some districts EHTs were tasked with collecting data, to bring to the D-WASHE. After the village representative collects the data, there is usually a challenge to communicate the data on a regular basis to the next level, which is largely due to challenges that this will need to go to either the Chiefdom or District representative and distances can be expansive. Kaoma district has demonstrated innovation through piloting the involvement of village school teachers to bring collected data forms to the district focal point during their regular visits to collect their salary.

A series of forms have been developed centrally to track sanitation process, reflecting number of toilets constructed at village level which were proven to be clear and user friendly. Although templates exist for monitoring formats, at the district level indicators and formats for monitoring vary. One large challenge appears to be the lack of baseline information collected of sanitation coverage, as well as dates for triggering against targets. There also appears to be a challenge in defining ODF status, which correlates to be 100% toilet construction.

Guidance on monitoring numbers of toilets in rural Zambia, where polygamous families are common appears to be lacking. For instance, the overall aim of sanitation coverage is one family, one toilet – however there are cases where in polygamous families each wife is provided with a toilet, thereby creating three or four toilets per family. When this is represented on overall village, ward or district level statistics, it may seem that coverage is high, whereas in reality this may not be the case.

Another issue of monitoring is considering the “mushroom spread” of CLTS spreading from village to village. There is strong evidence of this occurring, and this was observed in Mongu district where SAG members had decided to trigger neighboring villages, as they felt their sanitation habits were impacting on their ODF status. However there is a lack of clarity on how this mushroom spread is being monitored.

Certification: Criteria for certifying a village as ODF has been developed by the national team including: more than one check up visit, A surprise visit, a signed verification from the chairperson and secretary of the JMPT, and a final certification if ODF status is sustained for 3 - 6 months from the first verification. There is no official reward for ODF status, although one village reported having a celebration, and household level rewards (of handwashing buckets with tap) were provided in Kafue. Although the household reward proved effective in getting

other households to build toilets, individual household incentives are generally discouraged as ODF status focuses on community level achievements. A village visited in Kafue which appeared to be ODF had not yet been certified, and village members were enquiring on the process and requested a sign to be put up celebrating their status.

Information, Education, Communication Materials: As a part of longer term monitoring and following up, there was little evidence of messages being promoted through materials used in the community. A good practice included the projects in Mongu (under Oxfam implementation) where people could write messages to other community members, reminding them of the dangers of open defecation (“talking trees” or “talking toilets”). These were located at strategic points, such as in the bush where people normally defecate. Another effective example is the use of “Banja” television dramas in Lusaka, where sanitation messages are incorporated into storylines of the soap operas. Following the drama focus group discussions are conducted to have a participatory discussion on sanitation topics.

However, at the village level once triggering messages took place there was little evidence of ongoing messages being promoted in order to support the ongoing process of behaviour change as would be the case in a traditional hygiene promotion campaign.

Recommendations:

- A strengthened certification process which is clear and accountable is needed to emphasize the critical outputs of behaviour change and sustained ODF status. The national level policy for certification needs to reach the districts where CLTS has started, so that verification can follow the outputs of the project. Each district should have a certification body developed at the same time that CLTS starts so that momentum is sustained and results can be demonstrated.
- Look into how the use of communication materials such as Oxfam programme can reinforce messages at the community level.
- The process of monitoring should be clear on different indicators and milestones towards reaching ODF status versus reaching 100% sanitation coverage according to government standards. Monitoring formats should reflect incremental steps on the sanitation ladder, and reflect that ODF status could be a milestone towards sanitation coverage (i.e. household toilet construction). People doing monitoring should also be aware of other indicators of progress such as households constructing joint latrines, or families sharing latrines that could reflect ODF status before 100% sanitation coverage. Standardised formats/guidance for monitoring should include other common issues such as counting latrine coverage for polygamous families.

f. Information management

At the national level, there are plans to harmonize data collection with IMIS for MLGHEEEP under three ministries concerned including Ministries of Education, Health and Local Government and Housing. The NRWSSP has its own information management systems and district staff working on data entry, however CLTS data is yet to be included at present.¹¹

¹¹ CLTS in Africa Workshop report, November 2010.

As a result, the national level picture of CLTS status is unclear as regional level reports are not readily available and difficult to attain. This is also likely due to the number of regional focal points that are responsible for developing progress reports, while centrally there appears to be no focal point to collect and analyze regional or district reports to form a national picture.

While clear formats exist for district or ward level, not all districts were following the same formats, and in some districts no data was available at all besides lists of triggered villages. For instance in Choma, a clear format was provided which indicated ward level data, with baseline and post triggering data. However for the most part, key information missing on formats include information on targets against timelines (for instance, date of triggering and ODF targets), as well as baseline sanitation coverage information against post CLTS coverage data. This demonstrates the lack of centralized overview, ease of information being available and accountable and updated progress being shown, and also creates challenges in evaluating the effectiveness of CLTS approaches.

At the district, ward and village level, as with monitoring procedures information management procedures varies from district to district. At district level a representative from the Council is tasked with updating formats however in some districts, when evaluators requested to view any progress or database reports, there was no information to provide.

Recommendations:

- Disseminate standardize forms, particularly at district and community level so that all districts are collecting the same indicators, with clear deadlines and reporting dates
- Formats should include targets against timelines and dates (i.e. date of triggering, target for ODF) and baseline information.
- A dedicated national database manager for CLTS is necessary, to develop a harmonized national IM system, with regular updates on national progress and support on rolling out standardized IM systems
- Considering the level of triggering and the changeable nature of CLTS, an online database where districts could provide regular updates could be used to demonstrate results in real time

3. STRATEGIC FINDINGS

For the following findings under the strategic areas, CLTS is evaluated in some cases against conventional approaches which had been present previously in Zambia (i.e. Phast, partial or full subsidy toilets). Data was collected from the semi-structured interviews with district staff with experience in WASH projects, or in discussion in villages which had been beneficiary of a WASH programme in the past.

a. Efficiency

In various discussions with government or NGO staff in the districts who have many years of previous WASH programming, revealed that when implemented correctly, the scale up in sanitation coverage through CLTS can be very rapid. In the villages visited where CLTS had taken root, from the point of first triggering, to first toilets being built ranged from within days, to several weeks. A study found that in triggered villages, 80% of households reached sanitation coverage within 2 months, however (Workshop report, 2010). In Masaiti, a village was visited that was ODF within 10 days of triggering. However there are many areas where of course,

toilets were never constructed after being triggering, demonstrating that a high degree of efficiency is dependent on good facilitation, local leadership, materials available for construction and follow-up.

Lack of efficiency appeared to correlate to areas experiencing challenges of follow-up. This appeared largely related to the issue of district staff who conducted the triggering, and resources not being available (for fuel and transport) post-triggering. The practice of defining clear timelines for toilet construction post-triggering by the community also led to enhanced efficiency.

The time required to complete construction also depended on several factors: technology, size, composition of family (i.e. women headed households took longer as they often had to pay for construction), and level of involvement in triggering activities. In some cases, people did not construct until they saw the incentive paid (i.e. the handwashing buckets in Kafiwe) and then decided to build toilets. However in discussion with villages, those that had constructed the toilets the quickest, explained that their greatest source of motivation was participating in triggering activities, most notably the visual demonstration of the flies-food-faeces pathways, and in some cases by the demonstration of medical costs related to diarrhoeal disease.

The high degree of efficiency in some cases were a result of coercion, could possibly impact negatively on behaviour change and sustainability. There is a case reported where CLTS sensitization among the Chiefs has led to bylaws being developed where people are dictated to construct toilets, and would be penalized by being evicted from the Chiefdom. In these cases, toilets are likely to be constructed rapidly, but questions remains on whether people will actually use or maintain them.

Recommendations:

- Post triggering follow ups need to be better supported and written into budgets. If triggering is to occur, than adequate support for follow ups should be clearly planned. If longer term monitoring activities is handed over to SAG or zonal EHT, some form of support is needed to ensure process is being followed.

b. Effectiveness

Reduction in OD: There clear evidence that practice of OD has been curtailed either completely or to a large degree in communities which openly admitted OD was commonplace before. Choma District has clearly set the precedent for success: within the period of two months, sanitation coverage increased from 23% to 88% within a population of 4,536 and 75% of the villages were verified as ODF, however it appears that similar levels of success has not yet reached other districts. The reasons for Choma's success is well documented (see Zulu, Harvey and Mukosha, 2010), however the overall level of effectiveness has proven to be highly variable in other districts.

According to the CLTS in Africa workshop report in 2010, there are now over 1,200 villages triggered and 751 declared ODF in 18 districts. However CLTS regional updates show that severe challenges exist: when discounting the pilot district of Choma, there are 135 ODF villages against 684 triggered showing a success rate of 19% (against a total success rate of 44% when Choma District is included). There are likely to be many reasons for such variances in district data. In some cases this likely reflects on the challenges experienced with certification and monitoring and information management, considering that some of these villages were triggered between July 2010 – April 2011.

Table 3: Summary of Triggered/ODF villages (Source: MLGH monthly progress report and Plan data)

District	Number Triggered Villages	Total ODF villages	Notes
Luangwa	32	0	Villages in southern region have not been evaluated for ODF status to date; triggered between July 2010 – April 2011
Chongwe	58	0	
Kafue	45	0	
Kalomo	32	0	
Namwala	80	0	
Itzhi-Tezhi	4	0	
Sesheke	19	0	
Kalabo	9	0	
Kaoma	76	13	
Mongu	66	0	
Senanga	18	0	
Shangombo	16	0	
Lukulu	41	36	
Choma	455	372	CLTS implemented since November 2007
Maisaiti	No data available	No data available	
Chadiza	54	27	
Mansa	134	59	
Kazangula	No data available	No data available	
TOTAL	1139	507	

Approaches: When questioned on strengths on country wide approaches, almost all interviewees identified the Three Pronged Approach to be a major strength in influencing communities on CLTS, particularly in the case of Choma. However as discussed in section 2a, the uptake of all three forms of leadership can be highly variable. As an entry point for communities, an amenable Chief and headmen is key to getting messages across at the community level. Chiefs are seen as the custodian of traditional values and their involvement is important to break non developmental traditional taboos. The very mention of sanitation habits is generally unmentionable, however when Chiefs come forward bringing up these issues it has been known to have far reaching effects. However as discussed, the involvement of traditional leaders needs to be approached in a sensitive manner, as there have been reports that involvement can lead to coercion which may have a negative affect on sustainability.

CLTS has been seen to have the effectiveness in breaking down many sanitation related cultural and social as well as economic barriers at the village level, as such norms are confronted and discussed openly. For instance, one common norm is observing the relationship protocol between father and daughter in-laws, where it was commonly believed that it is a sign

of lack of respect for in-laws to meet at the latrine. Another cultural belief affecting CLTS, particular to the Eastern province is the belief related to rearing of pigs for economic purposes. In these cases, people believe that pigs feeding on human faeces (e.g. pigs following people defecating in the bush) is nutritious in comparison to maize meal or other feed sources¹², which in turn encourages people to defecate in the open. It is held that discussing these topics openly in communities has led people to understand how these practices can be risky in relation to health.

“CLTS has shaken everyone and shown the risks that can really happen” – District Facilitator in Kafue

Pre Triggering/ Triggering: Due to the breadth of cultural diversity in Zambia, with over 70 languages spoken and a vast cultural diversity, there is no “one size fits all” approach to triggering. It was found that many of the people doing the triggering i.e. the district staff, were not from the same culture as the villages they were triggering. As such, emphasis on the pre-triggering phase were demonstrated to be critical. Several days are needed to scan existing local conditions and to do sanitary surveys, look at health data and then adjust the training. For instance, if triggering is to be done on an area where incidence of diarrhoeal disease is low, then messages related to dignity should be emphasized. Examples of good pre-triggering activities included: identifying what materials could be used for free for toilet construction, finding households who had already built latrines to understand why they had decided to construct and inviting them to meetings to help convince their neighbours.

Ideally facilitators should be able to do the pre-triggering data collection, to allow them to understand the particular issues in the locality, however some areas, such as Kaoma, have delegated pre-trigger data collection to EHTs in order to save on expenses.

While triggering techniques in themselves are likely to cause a reaction there have been reports where triggering events have been rejected by villagers. Considering the sensitivity of CLTS culturally, facilitators must be able to listen to villagers and understand how best to initiate discussions, which takes a great deal of understanding and facilitative ability.

Various discussions in villages where CLTS has taken root revealed that the ignition tools were the main reason for the success of CLTS, in particular as a key motivation factor in their decision to construct a latrine. In particular, the demonstration of the food-flies-shit pathway demonstration, made villagers react positively and remained in their minds after triggering.

Latrines for Vulnerable Groups: Communities were left to themselves to decide how to treat vulnerable groups. It was hoped that with the overall aims and decision to achieve an open defecation free area, that people would help each other. In Kafue district, one widow who had decided to construct a latrine was assisted by other villagers, but at a price of 150,000 ZKW (about \$30). Another widow in the same district did some of the work herself, and also paid for work. There are other cases described in Siavonga where the SAG built toilets for vulnerable

¹² Plan International evaluation (date unknown): “The Influence of Children and Youth in Changing Sanitation and Hygiene Practices and Attitudes in Chadiza District”

groups, without remuneration, as well as in Masaiti, where a Headman mobilised the community to share tasks and help each other while he used his own resources to provide roofs for each toilet in the village. However, given that CLTS is a community approach, when some households are unable to participate, community ODF gains are limited. Some households may decide not to join in, when they see other households not constructing their own latrines.

Links to safe water provision: One of the triggering approaches was to demonstrate faecal coliforms in water through demonstration of H₂S kits, which were often left in the village post-triggering. While effective in demonstrating levels of bacteriological water quality, in villages where unprotected shallow wells were the only water source, this created dilemmas as a demand for safe water is created which is not followed up with the means. There is then a demand for a safe water source, which in most cases remains unfulfilled if there are no adequate follow up plans or resources provided for safe water. This could in turn lead to poor sustainability, as villages realizing they are drinking faecal coliforms anyways, see less priority in upholding sanitation. In one positive case, a village had started collecting a down-payment towards a community contribution¹³ on a community borehole, which the RSS Focal Point promises to follow up.

Recommendations:

- An in depth pre-triggering data collection would facilitate a better understanding of the community and potentially lessen potential for unsuccessful triggering, and should be a pre-requisite for triggering. A checklist could assist in ensuring all forms of data have been collected and a thorough enough process has been conducted. Considering there have been several instances of facilitators conducting triggering have been confronted with contentions of disrespect for villagers' privacy, there needs to be stronger relationships built with local leadership before triggering is to occur.
- CLTS process at the village level should have better demonstrated links to V-WASHE, and if necessary, villages should have clear understanding in post triggering process on proposal processes for borehole requests. Post triggering follow ups should be able to discuss with communities the need for protected water sources to reinforce messages on breaking barriers for faecal oral disease pathways.
- During triggering and post triggering follow ups there should be clear village plans developed which address sanitation for vulnerable groups who are unable to construct their own latrine. SAGs should be encouraged to provide sanitation to vulnerable groups, instead of charging families which gives an increased burden for already vulnerable households.

c. Relevance

Many of the district facilitators or national level project staff (government and NGO staff) had been a part of various types of subsidized sanitation programmes in the past and many interviewees felt CLTS to be a relevant method of promoting sanitation coverage, although benefits and disadvantages of all approaches were cited. Many facilitators and most NGO or

¹³ According to the Guidelines in the NRWSSP Document community contribution for borehole is 1,500,000 Kwacha and 800,000 Kwacha for hand-dug well equipped with handpump.

government project staff had experience with Phast, or some form of partial or full subsidy toilet construction programme, such as the Zambian Social Investment Fund (Zamsaf) or Red Cross programme which provided Sanplats as incentive.

General reasons for drawbacks from conventional approaches include: lack of “mushroom” spread and effectiveness under subsidy programmes (numbers were not growing), problems on supply chain logistics (i.e. storing cement and other materials), dependence created in communities (example of people waiting for months for a shovel first before starting), less contradiction through demonstration (previously in Phast many trained hygiene promoters did not have latrines themselves), and no longer “thinking on behalf of the community” as one interviewee had discussed. CLTS was thought of being more relevant for communities as families could pick what technology they could afford and therefore sustain, adapt local materials and upgrade if desired. However the main limitations to the approach were also highlighted including: overcoming cultural sensitively, and concerns with longer term sustainability.

Table 4: Different Rural Sanitation Approaches Implemented in Zambia Compared

Sources: People interviewed and previous evaluation reported submitted

Approach	Key Principles	Advantages	Disadvantages
CLTS	Uses participatory methods to enable communities to analyze their own sanitation and hygiene conditions and collectively internalize the impact of open defecation (OD) on public health and the neighboring environment and facilitates support and the search for appropriate local solutions without pre-scribed solutions and subsidized hardware.	<ul style="list-style-type: none"> - More participatory approach, which involves the whole community - Easier to reach larger numbers and faster - Encompasses many forms of leadership, and community approach greater effectiveness - Self sustaining where communities use own materials for construction 	<ul style="list-style-type: none"> - can “play with people’s emotions” and difficult to sustain immediate impact - If done incorrectly, triggering methods can make people feel disrespected and infringe on privacy - Possibility to lead to coercion, not respectful and unsustainable - Prescribes latrine types to meet standards set by outsiders
PHAST	Promotes hygiene behaviours, sanitation improvements and community management of water and sanitation facilities using specifically developed participatory techniques based on 7 steps, which guide communities from the identification of problem to choosing solution to problems to monitoring the implementation of those solutions.	<ul style="list-style-type: none"> - Approach is very sustainable when implemented correctly, supports people’s understanding through longer term follow ups with communities - All elements of WASH approach disseminated - More respectful approach for communities 	<ul style="list-style-type: none"> - Can be complex and requires long term developed relationships with villages. Hygiene promoters can have difficulties following the entire curriculum, and usually all 7 steps are not followed - Lacks demonstration aspect (trained hygiene promoters shown to lack sanitation in their own homes) - Often yields minimal results and takes too long - Requires extensive resources to go to scale, therefore limited impact
Partial or Full Subsidy (Sanplat programme, Zamsif programme)	Various forms, however majority of toilet construction done by and funded by donor/outside agency. For instance, Sanplat purchased by family and then rest of toilet subsidized or Sanplat provided as	<ul style="list-style-type: none"> - Clear targeting and implementation - Outputs achieved easy to determine amongst targeted groups 	<ul style="list-style-type: none"> - Reports approaches targeted the well off (inequity issues), because implemented for people who could pay for Sanplat - Rarely covers the whole

	subsidy for toilet construction. Full subsidy through 100% toilet construction without household contribution.		village or community, doesn't reach all - Problems with long term storage and degradation of materials - Dependency created - In many cases unsustainable
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Relevance of Targeted Locations: CLTS literature guides that CLTS is most appropriate in locations where there has been no subsidy programme before. However there has been examples where there have been programmes in Phast or partial subsidy sanitation previously, and adequate sanitation coverage (e.g. acceptable latrines, however without roofs or handwashing devices). This was shown to limit relevance as populations demonstrated pre existing knowledge on sanitation approaches, and in some cases requested materials (such as Sanplats or shovels) to construct their toilets.

Appropriateness of methodology according to culture: Considering the low levels of sanitation in Zambia, and the level of challenge in meeting the MDG's (roughly 1 million toilets per year, according to the higher government standards and coverage of 13%), CLTS presents a relevant solution. The level of funding available, and unlikely feasibility of providing full or partial subsidy toilets to a large population shows that solutions where demonstrated results can be shown quickly. In this sense CLTS is highly relevant in meeting the challenges of meeting the MDG's.

In comparison with other approaches and given the cultural context, CLTS also appears to be relevant where concerted efforts including quality facilitation, and clear resources for following up, and are provided. However, there are now a large number of facilitators trained and triggering villages, and given the difficulty in assessing the performance of facilitators, and lack of monitoring systems in place in some districts, there have been reports where CLTS has been rejected (either initially or indefinitely) by community members. A number of NGOs reported that their facilitators have faced anger when confronted with triggering activities: In one village facilitators were told "people came here to insult us, is this the way you are going to treat us even if we are not educated?". Several NGOs have concluded that in their experience, combining CLTS through developing longer term relationships with communities with Phast which fosters a more gradual and sustainable changes, is a beneficial and sustainable approach.

Recommendations:

- Look into NGO experiences of combining Phast with CLTS, in particular in targeted challenging communities where there is a low level of hygiene knowledge and practice, and where hand washing and other hygiene practices to be promoted is uncommon. This approach could be possible in locations where resources and capacity already exists for Phast (i.e. trained LNGO staff who have conducted CLTS). The benefits of certain Phast approaches and methods should be better documented, and possibly used to assist in triggering in certain conditions for instance in areas where triggering activities is not socially accepted or in conducting longer term follow ups with communities.

"CLTS needs to be reminded on a daily basis to maintain and internalize the concept of health and cleanliness"

- Councillor Makaya in Choma District

d. Sustainability

Sustainability is a major issue, as villages declared ODF one day does not mean they will stay that way. Evidence suggests that there needs to be intensive monitoring, re-training and follow ups on triggering and in some cases, re-triggering. Training to SAGs will help to achieve this, and supporting leadership at the village or ward level. With the exception of visit to Choma and Maisaiti districts, the majority of villages visited ranged from 3 days post triggering to 18 months post triggering. Although a thorough analysis of sustainability is not possible, there are early indicators and concerns about long term sanitation status in CLTS communities. In some areas there are clear indicators that sanitation use has taken root, with evidence of upgrading of latrines, progressive improvement of technologies used and obvious use and maintenance of facilities. These indicators have occurred in locations where there is strong institutional take up of the CLTS approach, such as in Choma and Maisaiti, and there is widespread support for sanitation. However, the ability to upgrade and improve seemed to occur amongst the more affluent households, with the very poor relying on very simple pit latrines. Therefore, sustainability was seen as being very high where local institutional capacity and supportive leadership enabled sanitation to be seen as a continuous and ongoing priority.

However in other areas, where there are more challenges sustainability is an issue. One village visited in Kaoma was declared ODF mid-2010, and was also declared a model village, however a follow up visit demonstrated that declaration of ODF status showed that there was a continued need for support and attention to prevent community's motivation from stopping. Once the village was declared ODF the community began to face challenges with collapsing latrines, and while some households continued to re-build and upgrade toilets, other households stopped using toilets. There were however, calls for support to construct more permanent latrines using cement, which the communities cannot afford on their own. This demonstrates the need to continuously support behavior change, and work with community through continued challenges.

Siywa village in Kaoma, was declared ODF in late 2010, however heavy floods occurred in early 2011. All 24 toilets constructed through CLTS were collapsed. Some households decided against reconstructing latrines, as they felt it was too much trouble due to the floods and sandy soils. Now only 9 toilets remain. – Community visit in Kaoma

Despite this, for the most part and in particular in the CLTS villages where there was a high degree of sanitation coverage, people were clearly using the toilets and taking responsibility for day to day cleaning and maintenance. Floors made out of mud are swept; then sprinkled with water; and the pits all had covers placed on top of the hole (visible and in place during un-announced visits). There is also clear evidence the people had increased awareness of sanitation issues, including hand washing and were practicing day to day.

There were some cases viewed where SAGs were able to trigger neighboring villages, within close walking distance. In this sense, in the areas where CLTS has taken root and demonstrated more effectiveness, the benefits of CLTS are likely to continue long after the projects have ended. However, there are still too many cases (as mentioned under "Effectiveness") where CLTS has been unsuccessful either likely due to poor facilitation or not

enough resources being allocated to triggering, as well as in challenging locations (described below) that there is low levels of effectiveness and therefore, no sustainability.

Environmental challenges/access to water: One of the largest challenges in long term sustainability of sanitation at the village level is confronting continuous environmental challenges which occurs as facilities become less reliable, thereby creating the need for

In Muinga village, Kaoma District, a village of 13 households, after triggering the village became aware that their water source (a shallow unprotected well by the river) was contaminated. Within 3 weeks after triggering the village pooled together 200,000 Kwacha to go towards a community contribution for a borehole – Data collected from community visit

continuous re-building and maintenance, adding more cost to the household. This was shown to occur in areas of the west where there are sandy soils, and/or areas of annual flooding. In such locations populations are either displaced on a yearly basis where they do not construct sanitation facilities while displaced, or pits of latrines collapse on a regular basis requiring intensive rebuilding. After the initial “disgust” phase after triggering, if triggering is successful communities may achieve ODF status and have 100% sanitation coverage however then when challenges are met, motivation is reduced and in many cases, new-found

sanitation habits are abandoned.

This factor also is shown due to shortage of water, and availability of poor quality of water. Villages where triggering had taken place were left with H₂S kits where communities could see the presence of faecal coliforms in their drinking water. When communities constructed latrines, yet still saw that their water sources yielded poor quality water (usually from shallow dug wells), then people understood that despite the construction of latrines, they will still be ingesting faecal coliforms, thereby abandoning their new found habits. Similarly, in villages, where the water source is located a long distance from the house, some households experience problems accessing an adequate quantity of water for filling of the handwashing devices.

Behaviour Change: Considering the relatively low sanitation coverage in rural Zambia, the shift to widespread uptake of sanitation requires a strong element of behavior change in order to ensure sustainability.

The involvement of traditional leaders, particularly Chiefs, is likely to be a very primary cause for positive behaviour change. As Chief Macha articulated, Chiefs are there to break down cultural taboos and urge, and in some cases show (i.e. leading by example) that sanitation is positive. In Zambia there are certain cultural beliefs that are long held by populations that tend to negatively influence sanitation use, such as meeting a member of your in-law family in the vicinity of the toilet showing a lack of respect. A Chief can influence such strongly held beliefs based on tradition, and challenge people to change.

However, the process of behaviour change is such that continuous discussion is needed to curb people’s misconceptions about sanitation. While their beliefs may change, they still might believe that their toilets for instance, are not as private as the bush and hold negative attitudes towards sanitation. Facilitators may be able to answer questions during the triggering process (which lasts about 5 days), however more questions will arise after the triggering. Again, where there are increased follow-up visits done by good facilitators, these questions can be confronted

and resolved as they come up. Not only do post triggering visits confront continued negative attitudes that might arise, but also gives the opportunity to address enabling factors.

As such, particular attention needs to be paid to supporting gradual changes in sanitation awareness and habits. There are some cases where behaviour change has been forced, for instance, it was reported that in some Chiefdoms bylaws were introduced to construct latrines, or people would be evicted from the Chiefdom. While changes in bylaws may encourage compliance and quick change in sanitation coverage, it is likely that a too quick jump from ODF to 100% sanitation coverage may not be sustainable.

“Directive approaches”: Following a CLTS triggering in Mansa, Chadiza District a Chief has developed a bylaw preventing OD. People are given and first and second warning to construct a toilet on their property. On the third warning, if they do not construct they are made to do some short tasks for the Chief (Source: Plan International)

Institutional support: The level of support given to CLTS in certain districts is obvious, with a high level of involvement from everyone from Town Clerks and Chiefs to government representatives across sectors, knowing and understanding what the CLTS approach means. This level of understanding surely forms the basis for sustainability in an institutional sense.

Recognizing the need for continued programme activity, through training and triggering new locations, as well as carrying out monitoring of villages, longer term support has been addressed through differing means. In some locations there is a plan to devolve training and support to the village level, through training SAGs to do further triggering, supported by EHTs and Community Based Champion Facilitators, for instance in Kaoma and Chadiza. This plan addresses the problems with resource challenges (e.g. support for facilitators field allowances, fuel and transport to visit villages) for district staff to continue a meaningful involvement in the villages. The MLGH and UNICEF supported some of the districts with vehicles for the WATSAN sector but these are often used for other purposes other than the intended one. This is mostly in cases where the Local Authorities have no other means of transport for their day-to-day work.

The SAGs and CLTS committees appear to be known by communities and are carrying out activities such as triggering neighboring villages and monitoring other households, therefore there is some evidence of replication. However, there are no standard formats for reporting and some SAG members felt that the more they work alone without the district team to support, they feel discouraged and do not continue for long. They are not regarded as carrying out important work among their own people. In an institutional sense, the SAGs appear not to be linked to established structures such as Village Development Committees (VDCs) and V-WASHE committees (ideally, they are a subcommittee of the ADC)..

At the district level, in terms of the JMPT, there were clear challenges in the long term functioning of the committee. This is largely due to resources not being available to allow members to attend regular meetings, and the fact that members had competing priorities and found it difficult to find time to meet, in addition, there is a high turnover of staff. In the districts that had formed JMPT committees, meetings were not being held on a regular basis.

A similar case was found nationally, as the national team also found difficulties in finding resources and time to meet on a regular basis. There were no records of minutes of national CLTS meetings or records of decision-making. In particular in discussion with implementing NGOs, there was no clear venue for NGOs to share experiences and further national priorities, and such discussions were either furthered through the National sanitation group or through agency-to-agency networking.

Recommendations:

- Longer term support is needed to EHTs and SAGs, in the form of training and networking. Look into support needed for EHTs to monitor progress, such as need for transport, fuel and continuous capacity building particularly when they are conducting follow ups in support of SAGs.

e. Impact

Impact was difficult to evaluate in certain areas as programmes had just started (for instance, in Kafue triggering began October 2010) however in areas where there are more longer term results, for instance Choma, Masaiti and Chadiza some impact indicators were visible.

Disease trends: In all districts visited, the evaluators visited DHMT office to discuss impacts on disease rates, and request health data to back up findings. Although there was difficulty accessing health data, anecdotal reports from district health staff, as well as in discussion with community members, suggest there is an overall reduction in diarrhoeal disease. This trend is followed by a period of increased and more accurate reporting of diarrhoeal disease, which the DHMT attributes to an enhanced awareness of sanitation and hygiene. Another impact which the DHMT attributes to CLTS is that areas where widespread cholera occurred on a yearly basis have not experienced cholera since the programme began.

“Before we had many diseases, and people in the village would often get cholera. Now it is much better.” – Informant and participant in CLTS, Mwachaman village, Kafue

One particular LINGO active in CLTS held that clear disease trends and reduction in diarrhoeal disease patterns were key in promoting construction of toilets. Households were requested to “try it out” and then monitor and report on diarrhoeal cases after the toilet use. The LINGO staff said that after people saw the impact of reduced disease this was key in demonstrating to villages the impact of the CLTS approach.

Changes in governance: Another impact which can be attributed to CLTS, is a shift to more accountable and participatory form of governance in areas where CLTS is embraced by the 3 rope approach where all stakeholders including government and traditional leadership is involved. In some areas, such as in Choma, Kaoma, Mongu, Masaiti and Chadiza Chiefs and Councillors are present at triggering and also demonstrate some of the triggering methods. According to the National Coordinator, this has led to a better representation of village level information and community’s

“Before Chiefs were carried to visit communities. Now taboos have been lifted, and we are more free to visit villages” – Chief Motondo, Kaoma District

concerns to debates at the Town Council. This is due to leaders being more present in communities and understanding the challenges people face.

A further benefit is that through CLTS programming, Chiefs and Councillors, through facilitation, are more present at the village level, and interact more with communities, and are thus held accountable to the Chiefs Act and Village Act, which stipulates the frequency which leaders must visit villages each year, and the frequency of updating village level data.

At the village level, during the triggering process natural leaders, including women, emerge as credible community leaders. As a Plan evaluation of WASH in Chadiza explained, the definition of leadership has been refined, whereby one must lead by example and be a good role model to the rest of the community. This has created a conducive environment for developmental change.

Increase in awareness of sanitation issues: Evidence of increased awareness post CLTS has emerged, in particular through legal enforcement activities. In many cases, people are now demanding for sanitation and hand washing for instance at Health Centres, and taboos being broken (Choma, Mongu). Public institutions and food vending locations are now targets of sanitation orders, and there are now examples where the public has brought orders against Local Authorities, restaurants or schools to construct sanitation facilities. There are now several radio programmes, where people call in and report or complain against institutions that do not have sanitation facilities. The enhanced sense of public awareness on sanitation issues could likely feed into longer term collective behaviour change. Progressive changes in sanitation technology, cases of upgrading and re-building is evident (Choma and Masaiti) which demonstrates behaviour change.

f. Gender and Cross-Cutting Issues

At present there is no clear strategy to address how vulnerable groups are specifically addressed in the project. There is no clear data to demonstrate the level of vulnerable people, but through visiting the villages, there are clearly high percentages of vulnerable households, who face large challenges or are completely unable to construct sanitation facilities. The most vulnerable households are those affected by HIV/AIDS, headed by children, women or grandparents, and people living with disability. A very basic assessment from the evaluators visits assumes approximately 3 in 10 households meet this criteria, demonstrating the significance of understanding how vulnerable groups function in the face of sanitation change and especially considering the emphasis on the approach in Zambia to construct latrines, and not just control open defecation. Under other approaches, the NRWSSP indicates that vulnerable people (orphans, families with HIV/AIDS patients) should be assisted with targeted subsidies, however the CLTS approach does not specifically address how vulnerable groups who cannot support their own latrines should be included.

Community interviews show how villages defined treatment of vulnerable groups is highly variable. While some households are choosing to pay others to construct latrines, and in some communities SAG committees are responsible for assisting the vulnerable.

5. SUMMARY OF RECOMMENDATIONS

Many of following recommendations could be achieved through a more focussed centralized overview. If further gains are to be sustained the formation of a CLTS unit or atleast some dedicated focal points (whose only task is to work on furthering CLTS) could be created in order to oversee and strengthen the range of activities outlined. The dedicated unit would ensure that approaches are standardised and streamlined to districts, and provide support to districts. A summary of recommendations includes the following:

Areas	Recommendations
Approaches	<ul style="list-style-type: none"> • Explore possibilities to incorporate a staged approach and scale down CLTS messages to focus on minimizing the risk of contamination and breaking the cycle of faecal-oral contamination. Clear definitions for hygiene behaviours and related benefits need to be developed as opposed to passing on too many messages during triggering and follow up activities. • Emphasis on pre-triggering understanding power relationships and leadership in the local context, and possibilities for involvement by other groups beyond the 3 rope approach in order to feed into in depth understanding how people at the village level are influenced. Other sources of authority could include influential ADC or LNGOs. • The 3 rope approach, when properly implemented has been proven to be an effective approach. However the full extent of the approach is not being followed in all districts, for various reasons. If CLTS is to become a national approach, this needs to be emphasized at a very high level, and continuously reinforced as a national priority, so that all levels of local/district leadership are encouraged to be involved and promote the approach themselves.
Leadership, Facilitation and Staffing	<ul style="list-style-type: none"> • Community leaders and effective SAGs are a great potential for encouraging further “mushroom spread”. These people are often the driving force for action within their own villages, and in triggering surrounding areas and will function on par with skilled facilitators if supported correctly. Systems and recognition are needed to encourage and support them to spread CLTS outside their own communities. This needs to be thought through as providing a reward system may serve to take away motivation from the neighbouring communities who are not provided rewards. • There are existing experiences of having champion facilitators rotate to other newer districts to share experiences and lead on triggering activities. This process should be reinforced through developed of a national roster which holds data on champion facilitators skills and previous experiences, and could allow them to be hired as consultants to trigger villages. • Considering the level of activity and responsibility allocated to SAGs, post triggering, better training and ongoing support should be provided to SAG. • Additionally as zonal EHT can often be the link to communities in reinforcing CLTS in the long term, better long term support should be provided, especially where they are supporting SAGs. This should take the form of continuous professional development and training, or other incentives. Further investigation is needed into the future role of EHTs or plans for Community health workers into the longer term support to CLTS and how their role can be instutionalized. • Standardize incentives system according to task to district government staff, especially where outside organizations such as NGOs are providing the incentives, so system for rewards is open and accountable for all. This would include incentives for transport (i.e. provision of motorbikes/bicycles or fuel) and overtime. Incentives according to task need further investigation so as not to take away staff

	<p>motivation, after project resources are finished. Allowances and incentives should also be tied to results. For instance, government staff should not be discouraged from conducting long term post triggering follow ups if there are no resources for daily allowances, but there are funds available for transport.</p>
Technical Aspects	<ul style="list-style-type: none"> • Look into other potential options for upgraded pit latrines to be promoted, for instance the 'arborloo', which uses a rotational shallow pit design to avoid collapse. Discussing this option with a community for possible piloting for use in other communities could be encouraged. • Minimum standards for latrines should not be imposed; not all communities can accommodate the recommended standards • Several agencies have some experiences of social marketing and using private service providers. Continue sharing of experiences through development of the social marketing plan which could include a technical manual of options. • Look into different forms of technical support for emergency affected or locations with sandy soils, for instance more developed training on developing more robust pits to avoid collapse or assisting local artisans to develop basket pits for sale.
Coordination	<ul style="list-style-type: none"> • At the district level, on a case by case basis look into possibilities for incorporating JMPT into other district forums. Considering resources for transport and other priorities are a barrier to meeting regularly, look into possibilities to integrate JMPT function into existing D-WASHE or other RWSS meeting, while getting updates through phone and distributing minutes as a means of keeping members informed who are not able to attend; or potentially having CLTS focal point report to D-WASHE or RWSS group. • At village level, more analysis with communities on ability to manage additional committees or whether SAG function can be integrated in V-WASHE or other existing committee, in order to avoid creating overly complex village committee structures. Better support to SAG to define terms of reference for their activities, in relation to other village development activities.
Monitoring and Certification	<ul style="list-style-type: none"> • A strengthened certification process which is clear and accountable is needed to emphasise the critical outputs of behaviour change and sustained ODF status. The national level policy for certification needs to reach the districts where CLTS has started, so that verification can follow the outputs of the project. Each district should have a certification body developed at the same time that CLTS starts so that momentum is sustained and results can be demonstrated. • Look into how the use of communication materials such as Oxfam programme can reinforce messages at the community level. • The process of monitoring should be clear on different indicators and milestones towards reaching ODF status versus reaching 100% sanitation coverage according to government standards. Monitoring formats should reflect incremental steps on the sanitation ladder, and reflect that ODF status could be a milestone towards sanitation coverage (i.e. household toilet construction). People doing monitoring should also be aware of other indicators of progress such as households constructing joint latrines, or families sharing latrines that could reflect ODF status before 100% sanitation coverage. Standardised formats/guidance for monitoring should include other common issues such as counting latrine coverage for polygamous families.
Information Management	<ul style="list-style-type: none"> • Disseminate standardize forms, particularly at district and community level so that all districts are collecting the same indicators, with clear deadlines and reporting dates • Formats should include targets against timelines and dates (i.e. date of triggering, target for ODF) and baseline information. • A dedicated national database manager for CLTS is necessary, to develop a harmonized national IM system, with regular updates on national progress and support on rolling out standardized IM systems • Considering the level of triggering and the changeable nature of CLTS, an online

	database where districts could provide regular updates could be used to demonstrate results in real time
Efficiency	<ul style="list-style-type: none"> • Post triggering follow ups need to be better supported and written into budgets. If triggering is to occur, than adequate support for follow ups should be clearly planned. If longer term monitoring activities is handed over to SAG or zonal EHT, some form of support is needed to ensure process is being followed.
Effectiveness	<ul style="list-style-type: none"> • An in depth pre-triggering data collection would facilitate a better understanding of the community and potentially lessen potential for unsuccessful triggering, and should be a pre-requisite for triggering. A checklist could assist in ensuring all forms of data have been collected and a thorough enough process has been conducted. Considering there have been several instances of facilitators conducting triggering have been confronted with contentions of disrespect for villagers' privacy, there needs to be stronger relationships built with local leadership before triggering is to occur. • CLTS process at the village level should have better demonstrated links to V-WASHE, and if necessary, villages should have clear understanding in post triggering process on proposal processes for borehole requests. Post triggering follow ups should be able to discuss with communities the need for protected water sources to reinforce messages on breaking barriers for faecal oral disease pathways. • During triggering and post triggering follow ups there should be clear village plans developed which address sanitation for vulnerable groups who are unable to construct their own latrine. SAGs should be encouraged to provided sanitation to vulnerable groups, instead of charging families which gives an increased burden for already vulnerable households.
Relevance	<ul style="list-style-type: none"> • Look into NGO experiences of combining Phast with CLTS, in particular in targeted challenging communities where there is a low level of hygiene knowledge and practice, and where hand washing and other hygiene practices to be promoted is uncommon. This approach could be possible in locations where resources and capacity already exists for Phast (i.e. trained LNGO staff who have conducted CLTS). The benefits of certain Phast approaches and methods should be better documented, and possibly used to assist in triggering in certain conditions for instance where triggering activities is not socially accepted or in conducting longer term follow ups with communities.
Sustainability	<ul style="list-style-type: none"> • Longer term support is needed to EHTs and SAGs, in the form of training and networking. Look into support needed for EHTs to monitor progress, such as need for transport, fuel and continuous capacity building.

6. CONCLUSIONS: POTENTIAL FOR SCALING UP

With CLTS currently being implemented in 25 of Zambia's 74 districts, and plans for coverage in further districts, CLTS is already being replicated quickly. There has been a great deal of evolution of the approach practiced in Zambia, with spread and adaptation over time. Despite the clear success of Choma District, and the incremental successes in other districts such as Kaoma who have experienced an increase in uptake of ODF coverage, there is a need for targeted efforts in streamlining progress for further scaling up. The successes of Choma clearly indicate that when implemented with the right institutional support, with quality facilitation and resources to monitor results, that results can be yielded at scale over a short period in order to achieve sustainable coverage.

Champions in the districts, including traditional leaders, key government staff and community champions have often been the major drivers of going to scale to date in Zambia. Further activities are dependent on using resources to further a more centralized overview and support to the important functions of monitoring, certification, information management and hands on training in triggering communities. An emphasis on high quality training of some champion facilitators who can travel to other districts is needed, over mass training of acceptable quality.

There is a need to use other innovative approaches such as sanitation marketing to ensure that messages are targeted and are based on real motivations for sanitation uptake. Streamlined approaches, greater oversight, and clear guidance to districts is needed – with specific attention to monitoring and information management.

CLTS has been held as being the key approach in reaching MDGs, due to its effectiveness and ability to go to scale relatively quickly¹⁴. In order to meet MDGs time demands need to be met and quick uptake is needed. CLTS likely poses the most effective option given resources available, however in order to meet this great challenge, scale up must be paced according to communities ability to sustain interventions.

¹⁴ See many documents on IDS or www.communityledtotalsanitation.org including <http://www.communityledtotalsanitation.org/story/african-2nd-african-conference-sanitation-and-hygiene>

ANNEX A: Individual District Summaries

Choma District Summary

Implementing partners and locations: Choma Municipal Council, Department of Water Affairs, Ministry of Health, Ministry of Education, Zambia Police, Judiciary Department,

Data on number of people reached through CLTS: Number vs. Population in villages triggered

Brief explanation of district approach, stakeholders involved and method used to implement CLTS:

Choma District was the first district to start implementing the CLTS approach, since 2007, and has so far recorded favourable success in its implementation and results achieved.

To achieve the success that they have recorded so far, the team in Choma began by conducting training for various stakeholders that included Traditional Leaders (Chiefs), Civic Leaders (Councillors) and professionals from different institutions that included Government Departments and NGOs. The training focused on creating a cadre of Trainers of Trainers to help spread the programme effectively. The training was further extended to the members of the local communities in which the CLTS was intended for implementation. The use of the traditional and civic leaders in leading the work in CLTS has yielded favourable results as was seen on the ground. The Chiefs Macha and Mapanza have been in the forefront in spreading CLTS in their chiefdoms and this has seen a good response from the members of their respective communities. In addition, the district team has employed the three rope approach that includes Traditional Leaders, Civic Leaders and Technocrats from the various institutions in the district.

The Choma Team employed the existing CLTS implementation methods of Pre-trigger, trigger and evaluation methods. These methods are a combination that aims to achieve results in communities learning about sanitation and taking action on their own. The pre-trigger process is about gathering baseline information about a community and determining the type of triggering required in the community, the trigger process is a participatory learning process on the effects of poor sanitation on the health and wealth of the communities, whose overall aim is to encourage construction and use of latrines to reduce or eliminate Open Defecation.

CLTS project funding data:

Associated Costs

During interviews with the various stakeholders in Choma, there was an indication that the costs associated with CLTS are mainly training and facilitation costs at the initial stage of introducing CLTS in the communities. The costs of implementing CLTS eventually reduce as the communities carry out the rest of the activities on their own. Other costs in terms of implementation are only reflected during monitoring of the communities by the district team members.

Cost per sanitation unit

During interviews with members of the community on the cost of latrine construction, the most responses received from the respondents were that they did not spend money on any of the materials for construction of the toilets as they used local material such grass for thatching, mud for moulding bricks and making smooth floors in the toilets, and used old used containers for Handwashing facilities. In some cases, households that wanted to improve their latrines bought iron roofing sheets and cement to make the smooth surfaces for their toilets.

Subsidies and incentives

CLTS does not encourage any subsidies, the community has not received any subsidy for the construction of toilets and as indicated above, all the materials used for the construction of toilets was locally sources or bought by the households that wanted to improve their toilets.

Some responds felt that they could have done better with some incentives (money) given to them but have not received any; others felt that the training and T-shirts that they have received was an incentive enough for them as it was knowledge and skills they could always use.

District Strategic Findings

Effectiveness of CLTS in context

The CLTS Programme has shown levels of effectiveness as evidenced by the results achieved from the first year of implementation, within the first two months of triggering; the first six (6) villages inspected were declared Open Defecation Free.

The concept has since spread to neighboring villages with more households having built their own toilets, and have included bath shelters that they never had before; they used to bath outside their homes in the dark but now they can bath in the day light.

Village surroundings were swept clean and smartly kept as the people felt it was better to have a clean surrounding at all times to promote good hygiene.

Efficiency of CLTS Approach

While the approach has in some instances been received with reproach, the results have shown that the approach is efficient in terms of households that have constructed toilets from the time of the trigger in their communities. The district coverage for latrine construction in the space of time since 2007 is evidence of the efficiency of CLTS in achieving desired results; increase latrine construction and reduce Open Defecation.

Compared to other approaches used in the past, CLTS has seen a very high rate of toilet construction within short periods. There is no direct cost to Government in terms of toilet construction as an activity.

Relevance of Approach

With the recorded results in Choma, CLTS has proved a relevant approach as the number of households that have toilets has increased over a relatively short period of time; this is increasing the coverage of sanitation facilities as planned by the Government.

The target groups have been reached at the right time and the message in the approach has a relevance to the health of the people and the cost of maintaining good health especially among the children.

Sustainability of Interventions

In order to achieve sustainability of the CLTS Programme, the district has invested in training the local Sanitation Action Groups (SAGs) to carry out monitoring and training activities without the district staff. This is meant to ensure reduced reliance on district staff as they (district staff) have challenges in terms of transport and other resources to conduct monitoring in all areas triggered.

However, it must be noted that where there are reduced visits, communities may not continue the practice as they felt they have no one to report to whether they construct toilets or not.

Impact of CLTS

Discussing with the District Medical Officer, it was reported that since the introduction of CLTS in Choma, various areas of change have been seen in the sector. One has been the reduced incidence of diarrhoeal diseases in the district, given a three year review.

More people are aware of the diseases caused by poor sanitation and there have been responses to outbreaks by the communities themselves, in one such instance, the community reported a suspected cholera case and were able to avert any further outbreaks.

People in the township have since started accessing water from the local Water Utility after training on the dangers of using untreated shallow wells.

KAFUE DISTRICT SUMMARY

Implementing partners and locations: Kafue District Council, Department of Water Affairs, Ministry of Health, Ministry of Community Development and Social Services, Judiciary Department, (Support from the Programme Support Team – PST).

Data on number of people reached through CLTS: Data requested but not received.

Kafue District has been implementing the CLTS concept since they received their first training in March of 2010 and has so far recorded very little success in its implementation and results achieved.

Kafue district received training for various stakeholders that included Traditional Leaders (Chiefs were represented), Civic Leaders (Councillors) and professional staff of various background that included Government Departments and NGOs. The training was further extended to the members of the local communities in which the CLTS was intended for implementation. Unlike the Chiefs Macha and Mapanza in Choma, the local Chieftainesses in Kafue (Chiawa and Nkomesha Mukamambo) have not been part of the CLTS, making the Chieftainesses in the Three Rope Approach represented by Headmen. In addition, the CLTS team has employed the three rope approach that includes Traditional Leaders, Civic Leaders and Technocrats from the various institutions in the district.

The Kafue Team employed the existing CLTS implementation methods of Pre-trigger, trigger and evaluation methods. They have worked with and trained the Environmental Health Technologists (EHTs) to carry on-ground implementation and monitoring of CLTS activities.

The district receives its funding from the Ministry of Local Government and Housing and is not receiving any other funding from an external Non Governmental Organisation.

The district does not have a Joint Monitoring Programme Team; the functions of the JMPT are carried out by the D-WASHE committee.

Associated Costs

Programme costs in CLTS in the district are training and monitoring costs and these have been met by the Ministry of Local Government and Housing.

The district received K100,000,000.00 from the Ministry of Local Government and Housing to conduct training and triggering of new communities. Funding from DANIDA, through MLGH has dwindled and the Council funds are not adequate to support CLTS activities in the district. The Council meets costs for the Focal Point Person's and Driver's salaries and allowances.

Cost per sanitation unit

Some community members in Kafue indicated that the cost of constructing a toilet is K150, 000.00; this varies in terms of materials used for toilet construction. The high cost is also determined by the geographical location of the district, it is in an urban-influenced area and so costs are driven by the economy of the area.

Subsidies and incentives

There have been no subsidies to the community as the programme does not promote subsidies. During the implementation of the programme, some of the members of the community were awarded with buckets and dishes for achieving total sanitation at household level; this was misunderstood by others as a subsidy.

The previous subsidy driven programme supported by Government (Zambia Social Investment Fund, Micro Projects Unit) was felt to have benefitted the "well-to-do" who could afford the Sanitation Platforms.

District strategic findings

Effectiveness of CLTS in context

At the time of the evaluation, the district had triggered 45 villages but had not yet achieved 100%. One village visited had all households with latrines and members of the community expressed appreciation for the difference they had seen after introduction of the use of toilets to prevent diseases.

The adoption of the programme has also met resistance among some of the people in the communities. Several other households have not built toilets.

A notable Headman in one area has not built a toilet despite receiving training in CLTS, an interview with the Headman's wife indicated that he was not keen on building a toilet despite appreciating the importance of using a toilet. The wife claimed that they use the neighbor's toilet, and not the bush adjacent to the house. When visiting surrounding households, it was admitted that not all members of the household (perhaps wives only) attended the training, due to having to work in the fields all day until late afternoon.

Efficiency of CLTS Approach

Few of the people interviewed that have built toilets have indicated that the programme introduced sanitation and change was seen in a short space of time. This they said was better than before when people took their time to build toilets and change their way life.

The district team also indicated that the programme has helped them achieve more results in a short period. They felt that the programme's efficiency could be increased with more resource support to cover more areas and increase the construction of toilets to reduce Open Defecation and diarrhoeal diseases.

Relevance of Approach

One key objective of CLTS is to bring about change in behavior as the village visited has all households using toilets after using a nearby hill in the past. The use of toilets has reduced diarrhoeal diseases especially among the children and there are no faeces seen in the village's vicinity.

The need to scale up sanitation in the district was also echoed by the Ministry of Health as they have recorded reduced sanitation related diseases in areas where CLTS is being implemented.

Sustainability of Interventions

When asked for a comment on the sustainability of the approach, the Focal Point Person indicated that the best way to measure it was when toilets started filling up and whether people continued to build toilets without being prompted. The programme has been implemented for barely a year so far.

The lack of resources to monitor and trigger more areas poses a threat to the sustainability and scale up of the programme. The district has lamented that the resources are not adequate to continue promoting the programme and encourage behavioral change over time. There are only 3 of the 4 trained members of the D-WASHE that are actively involved in the programme in the district.

Impact of CLTS

The number of cases reported from communities has increased as people have become more aware of the diseases related to and caused by poor sanitation. According to Ministry of Health sources, more households have hygiene facilities with coverage of up to 60% in the areas where CLTS has been introduced. The Ministry of Health further says that the weekly disease surveillance reports indicate a reduction in sanitation related diseases from the time that the programme was introduced.

KAOMA DISTRICT SUMMARY

Implementing partners and locations:

Kaoma District Council, Department of Water Affairs, Ministry of Health, Ministry of Community Development and Social Services, Judiciary Department, Zambia Police, Zambia National Marketers Association (ZANAMA)

Data on number of people reached through CLTS: 52 Villages triggered since inception and 12 villages are ODF.

Brief explanation of district approach, stakeholders involved and method used to implement CLTS:

Kaoma District Council's Rural Water Supply and Sanitation Unit is in charge of coordinating, planning, monitoring and reporting activities in the sector and works with the has been implementing the CLTS concept since 2010 and has so far recorded little success in its implementation and results achieved.

Kaoma district received training for various stakeholders that included Traditional Leaders (Chiefs Mutondo, Kahare and Shakarongo), Civic Leaders (Councillors) and professional staff of various background that included Government Departments and NGOs. The district has also adopted an approach that addresses households and not communities after triggering; the team follows up on individuals to understand their reasons for success or failure.

The Kaoma Team employed the existing CLTS implementation methods of Pre-trigger, trigger and evaluation methods. These methods are a combination that aims to achieve results in communities learning about sanitation and taking action on their own. The pre-trigger process is about gathering baseline information about a community and determining the type of triggering required in the community, the trigger process is a participatory learning process on the effects of poor sanitation on the health and wealth of the communities. The information gathered during the pre-trigger is used as a monitoring tool when making follow ups to check changes in the communities.

Associated Costs

During interviews with the various stakeholders in Kaoma, there was an indication that the costs associated with CLTS are mainly training and facilitation costs at the initial stage of introducing CLTS in the communities. The costs of implementing CLTS eventually reduce as the communities carry out the rest of the activities on their own. Some of the costs shared were the training costs incurred by the district. Other costs in terms of implementation are only reflected during monitoring of the communities by the district team members. Others costs shared were budgets for the various training and workshops held in the initial stages of launching CLTS in the district.

The district received a training budget from the Ministry of Local Government and Housing of K100,000,000.00 and managed to train 4 wards and 12 villages.

Cost per sanitation unit

During interviews with members of the community on the cost of latrine construction, the most responses received from the respondents were that they did not spend money on any of the materials for construction of the toilets as they used local material such grass for thatching, mud for moulding bricks and making smooth floors in the toilets, and used old used containers for Handwashing facilities.

Subsidies and incentives

While CLTS does not encourage any subsidies, the community has not received any subsidy for the construction of toilets and as indicated above, all the materials used for the construction of toilets was locally sources or bought by the households that wanted to improve their toilets. Communities had expected to host the World Toilet Day but have to date not seen any feedback on why it failed.

Effectiveness of CLTS in context

The CLTS Programme has shown very high effectiveness as some villages turned ODF within a space of three days during training of the SAGs. In another area, the villages triggered were ODF within two weeks of triggering. While the CLTS principle of mushroom spread is expected to promote the spread of the concept, there has been a challenge on the speed of spread as the number of trained communities is inadequate to meet the demand.

Through the implementation of CLTS and the Legal Enforcement, the Local Authority in Kaoma has been able to achieve very positive results in the Council such as the provision of water borne toilets at the civic centre that were not there before, painting of buildings, creation of a Health Services Committee (Council), and there has been support from Zambia Leaf Tobacco Company, they provided to the programme in the form of three (3) bicycles for monitoring sanitation in the tobacco growing community in Kaoma.

Efficiency of CLTS Approach

While the approach has achieved good results in some of the areas, the approach is void of synchronizing other approaches that ensure sustainability such as PHAST and SARAR. The other approaches promote sustainability and increase levels of behavior change over time. CLTS achieves results in the short time but over long periods of time the people eventually abandon the practice as it has been a short approach.

Relevance of Approach

In order to ensure best results in the implementation of CLTS, the team in Kaoma has trained local community members in CLTS so as to increase participation and spread. The local community members are also responsible for the monitoring of LCTS in the community as the District Team does not have the resources to monitor on a regular basis.

The approach addresses the need to increase sanitation coverage within a short space of time and driven by the local communities and so its relevance cannot be overemphasized.

Sustainability of Interventions

Sustainability has not yet been achieved or seen as the programme has just been started in the district. However, the plan by the district team is to ensure that local community members, traditional leaders and civic leaders are trained to continue the work of triggering and monitoring in the absence of the district team.

Impact of CLTS

Traditional barriers have been broken with the introduction of CLTS in the communities as has been witnessed with the involvement of the traditional chiefs who now take part in triggering and monitoring of communities even without the presence of the district team.

Taboos have been broken as the language used during CLTS was initially found offensive but now the Chiefs themselves, custodians of tradition and culture; use the same language to create awareness on the dangers of open defecation.

Reported disease incidences have reduced in some of the areas where CLTS has been introduced and is practiced by the local communities. This has also seen a reduction in the cost of medical expenses incurred by the people in the community.

MONGU DISTRICT SUMMARY

Implementing partners and locations:

Mongu Municipal Council, People's Participation Services, Oxfam GB, Ministry of Health, Ministry Judiciary Department

Mongu District Council's Rural Water Supply and Sanitation Unit is in charge of coordinating, planning, monitoring and reporting activities in the sector and works with the has been implementing the CLTS concept since 2009 and has so far recorded very little success in its implementation and results achieved. Mongu district received training for various stakeholders that included Traditional Leaders (Chiefs Chiengele and Kandala) Civic Leaders (Councillors) and professional staff of various background that included Government Departments and NGOs.

The Mongu Team employed the existing CLTS implementation methods of Pre-trigger, trigger and evaluation methods. These methods are a combination that aims to achieve results in communities learning about sanitation and taking action on their own. The pre-trigger process is about gathering baseline information about a community and determining the type of triggering required in the community, the trigger process is a participatory learning process on the effects of poor sanitation on the health and wealth of the communities. The information gathered during the pre-trigger is used as a monitoring tool when making follow ups to check changes in the communities.

CLTS project funding data:

Associated Costs

During interviews with the various stakeholders in Mongu, there was an indication that the costs associated with CLTS are mainly training and facilitation costs at the initial stage of introducing CLTS in the communities. The costs of implementing CLTS eventually reduce as the communities carry out the rest of the activities on their own. Some of the costs shared were the training costs incurred by the district. Other costs in terms of implementation are only reflected during monitoring of the communities by the district team members. Others costs shared were budgets for the various training and workshops held in the initial stages of launching CLTS in the district.

Cost per sanitation unit

During interviews with members of the community on the cost of latrine construction, the most responses received from the respondents were that they did not spend money on any of the materials for construction of the toilets as they used local material such grass for thatching, mud for moulding bricks and making smooth floors in the toilets, and used old used containers for Handwashing facilities. The most common means of construction are the use of grass for the walls and roof thatching.

Subsidies and incentives

While CLTS does not encourage any subsidies, the community has not received any subsidy for the construction of toilets and as indicated above, all the materials used for the construction of toilets was locally sourced and/or bought by the households that wanted to improve their toilets.

District strategic findings (3 points under each heading)

Effectiveness of CLTS in context

The district team reported that the community in one area has taken the initiative to trigger other communities on their own and have since seen an increase in the number of households with latrines.

The community often has the challenge of heavy rains and flooding but has nonetheless chosen to build toilets to prevent spread of disease in their area.

In as far as CLTS is concerned, there has been a gap in the link between use of toilets and Handwashing as the two are part of one. There has been emphasis on building toilets but not Handwashing and therefore the intended objective of reducing diseases is defeated by incomplete hygiene practices. This leaves room for failure of the intervention despite the time taken to ensure that the efforts made.

Efficiency of CLTS Approach

While the approach has achieved good results in some of the areas, the approach is void of synchronizing other approaches that ensure sustainability such as PHAST. The other approaches promote sustainability and increase levels of behavior change over time.

CLTS achieves results in the short time but over long periods of time the people eventually abandon the practice as it has been a short approach.

Relevance of Approach

In order to ensure best results in the implementation of CLTS, the team in Mongu has trained local community members in CLTS so as to increase participation and spread. The local community members are also responsible for the monitoring of LCTS in the community as the District Team does not have the resources to monitor on a regular basis.

The approach addresses the need to increase sanitation coverage within a short space of time and driven by the local communities and so its relevance cannot be overemphasized.

Sustainability of Interventions

Sustainability of the CLTS in Mongu has met its own challenges from the time the programme started. In some areas where the programme started earlier, the community no longer continued with the sanitation activities. The programme has been seen as an Oxfam initiative and if the staff from the district team does not visit them, then there is no important need for them to continue.

Even among the district team members, it was noted that there is reliance on the funding and support from Oxfam to continue activities without which most have pulled back their energy from the programme.

A lack of funding to monitor was another issue raised in ensuring sustainability of the programme in the communities. Irregular monitoring would lead to a slackening in the implementation of the programme on the ground.

Impact of CLTS

Traditional barriers have been broken with the introduction of CLTS in the communities as has been witnessed with the involvement of the traditional chiefs who now take part in triggering and monitoring of communities even without the presence of the district team.

Taboos have been broken as the language used during CLTS was initially found offensive but now the Chiefs themselves, custodians of tradition and culture; use the same language to create awareness on the dangers of open defecation.

A village in Mongu reported that the pigs they keep no longer shit as there is not any shit left in the open for them to eat. They feed them on cassava peels and other left over foods.

CHADIZA DISTRICT SUMMARY

Implementing partners and locations:

Chadiza District Council, Plan (Z), Ministry of Health, Department of Forestry, Ministry of Education,

Data on number of people reached through CLTS: 71 Villages triggered since inception and 35 villages are ODF.

The CLTS Programme was introduced in Chadiza in 2008 by Plan (Z) and Kamal Kar through a training workshop supported by Plan (Z). One district staff trained at the time is the one that has trained the rest of the team in the district.

The key personnel involved in the programme have been the members of the D-WASHE as the Councillors and Chiefs have been busy to make equal time for the programme. Chiefs Zingalume, Mlolo and Mwangala also received training in CLTS and have since made their contribution to scaling up and supporting CLTS in their Chiefdoms. Chief Zingalume however noted that the Chiefs were too busy to dedicate more time to the programme.

Chadiza too does not have a JMPT and have never heard of it. The D-WASHE committee is responsible for all the CLTS activities in the district. The district team plan to train more EHTs and other community based cadres to promote the activities in the community in the absence of Chiefs and Councillors whose term of office ends this year.

The District Team carries out triggering in the villages with support from Plan (Z). Plan (Z) meets all costs for the field activities; these are planned and budgeted for at district level for Plan (Z) to fund. The Council is yet to make funds available for the programme though Council staff are part of the programme.

The district team has divided itself into three specialised teams, Water Point, CLTS and SLTS. The team finds the approach more effective as the different members focus on specific areas and make efficient follow ups.

In order to increase rate of adoption in communities, the team has devised an exchange trigger approach where facilitators from “outside” areas trigger new communities where they are not known; this is also meant to address the issue of taboos as no one can use the local word for sit in their own community.

Teachers have been trained but the team is considering training PTA members as their residence in the communities is more permanent and assured; teachers are transferable.

Associated Costs

In terms of implementation of the CLTS programme, Plan (Z) is currently the sole supporter for all activities in the district. Plan (Z) is providing resources for the programme that include transport, allowances, stationary, training material and the Council has been requested to make plans for future support to the programme as Plan(Z) could leave any time in the near future.

The Council has indicated that given resource support from the Ministry of Local Government and Housing, they would deliberately set funds aside to support CLTS activities as they too appreciate the change that CLTS has brought to the communities.

Cost per sanitation unit

The community in Zingalume Village said that the cost of construction of a latrine is about K150, 000.00, based on the design and material used for construction. The most preferred toilet type is built of bricks with iron roof sheets.

The cost of the unit is dependent on the type of materials used for the construction of the toilet.

Subsidies and incentives

The programme in Chadiza comes from a background of the Lutheran World Federation supported activities that promoted subsidies to members of the community. The LWF supported programme provided incentives in the form of Sanitation Platforms, Cooking Oil and Mealie Meal for those that constructed toilets. This disadvantaged those that were not part of the Women's Groups that were targeted.

The CLTS programme has not introduced any incentives and subsidies therefore the uptake has been based on the household and community commitment to reaching ODF.

While the programme does not offer direct incentives to communities, the exchange trigger approach is seen as an incentive for the facilitators as they eventually earn some money to support their families.

District strategic findings

Effectiveness of CLTS in context

Because not all villages have attained ODF, pigs in nearby villages still feed on shit as the people have not taken up the construction of latrines seriously. This has further compromised the health of the people that have constructed latrines as they still eat other people's shit.

Efficiency of CLTS Approach

While the CLTS programme has been in Chadiza for three years now, some of the areas are not ODF as the people have held a negative view of the programme. They have not built toilets since the programme begun. This has led to many villages not attaining ODF.

Relevance of Approach

The perception of the communities not implementing CLTS suggests that the people are content to continue with their way of life that they consider normal. Its relevance is not seen as they do not see much of a difference from the time it (CLTS) was introduced in their communities to date. Some felt that the others only parroted messages from their training while things were the same on the ground.

Sustainability of Interventions

As has been noted during the visit to some areas, the sustainability of the programme in most cases is dependent on several visits from the district team and in some cases; the fear of the Chiefs. The poor access to clean water also leads to incomplete practices as the Handwashing is often left out as water is difficult to find.

The depleting natural resources as a source of raw materials for latrine construction was one issue brought up by the Chief and Department of Forestry personnel. Bamboos for instance are found more than 15Km from the villages in the hillsides. The local trees have also fallen to charcoal burning.

The water logging areas also pose a threat to the sustainability of the interventions as the people have expressed concern over having to repeatedly construct latrines year-in-year-out. Institutionally, the team felt that the Ministry of Health was not taking a leading role in the implementation of CLTS in the district. The department has left most of the work with other stakeholders while they hold the largest stake in the programme.

Impact of CLTS

Households and villages that have constructed and are using latrines have shared positive impacts especially in the area of disease reduction and the dignity they now feel to use latrines and not have to go to the bush and found by their own children.

Eastern Province is known to have resistance to latrine construction because the people believe that the pigs feed on the shit and would therefore not have a source of food. It was noted that the pigs are now fed on maize bran and no longer feed on shit after the construction of toilets in the communities. Pigs can now be seen following their owners in the morning to be fed unlike before when they waited to watch for anyone going into the bush to shit and eat the shit.

There are no longer cases of pigs bumping people off their stool in which cases some people got hurt by the pigs wanting to eat.

MASAITI DISTRICT SUMMARY

Implementing partners and locations:

Masaiti District Council, Department of Water Affairs, Ministry of Health, Ministry of Community Development and Social Services

Data on number of people reached through CLTS: 22 Villages triggered since inception and 2 villages are ODF.

The CLTS Programme was introduced in Masaiti in 2009 through a training workshop supported by UNICEF and MLGH. The support did not extend to the roll out of the programme in the communities. The roll out was an initiative of the D-WASHE members with the support of the Local Authority. The CLTS Core Team carried out triggering in 22 villages and has so far recorded 2 ODF villages.

The key personnel involved in the programme have been the members of the D_WASHE as the Councillors and Chiefs have been busy to make equal time for the programme. However, the Chiefs too received training in CLTS and their involvement was only at the inception of the programme. The district also reported that the JMPT was not be formed as the functions were more or less the same as those of the D-WASHE and have since worked as a committee to implement CLTS. Of the 16 members of the D-WASHE, only 10 are trained.

The D-WASHE triggered villages using their own resources, transport and fuel, with support from the Council in the form of Mineral Water, and snacks to carry in the field. The team have mutually agreed that no one will receive any allowance for the work they do. This has reduced pressure on resources for monitoring and follow ups. The district team has since contributed monies twice to support CLTS activities. Other resources used are the funds received through Water and Sanitation grants to the Council; however, these resources have not been adequate as the Council has also used these funds to pay salaries and other administrative costs.

Associated Costs

As indicated above, the district received training funds from UNICEF and MLGH but has since not received any funds to support monitoring and follow ups pt triggered villages; not even for new triggering.

The district receives funds for Water and Sanitation from the Ministry of Local Government and Housing to the tune of K125, 000,000.00 every three months but as stated, is not always used for Water and Sanitation activities.

Cost per sanitation unit

Community members in Kampundu Village indicated that the average cost of construction of a latrine is about K15, 000.00, a much reduced price after negotiations. A non negotiated amount would be as much as K180, 000.00.

The cost of the unit is dependent on the type of materials used for the construction of the toilet.

Subsidies and incentives

While CLTS does not encourage any subsidies, the community has not received any subsidy for the construction of toilets and as indicated above, all the materials used for the construction of toilets was locally sources or bought by the households that wanted to improve their toilets.

Communities had expected to host the World Toilet Day but have to date not seen any feedback on why it failed.

District strategic findings (3 points under each heading)

Effectiveness of CLTS in context

Families in Masaiti reported that incidences of diarrheal diseases have reduced from the time that they became ODF. They admit to ignoring the use of toilets as they were lazy then; but now they all have toilets with some people in neighboring villages, construction toilets after seeing the difference in Kampundu village.

The team however, felt that that the programme was only 50% effective because of inadequate follow ups on the ground, failure to implement planned programmes due to lack of resources; and that **“CLTS is about behaviour change and not latrines”**.

Efficiency of CLTS Approach

Arriving at Kampundu village, one is greeted by a placard that reads “ODF in Ten Days! August 30th to September 10th, 2010”. The placard is posted at the front of the Headman’s house and tells a story of how efficient CLTS can be where a need is really felt to bring about change in a community. The people in the village constructed toilets within ten days, working in teams and assisting each other with the materials.

Ten days later the district team visited and found the village ODF (in a population of 141 people, there are 27 households all with toilets from a previous 6 only).

Other factors that have affected the programme’s efficiency include the trigger process, the local leadership and the people’s perceptions to the concept and change.

Relevance of Approach

CLTS draws relevance in achieving ODF as there are reduced incidences of diseases in communities and more people appreciating improved sanitation and hygiene practices. Mothers reported that even the youngest children did not shit anyhow and reported to their mothers that they had left shit and wanted their mothers to clean it up.

Sustainability of Interventions

In order to foster sustainability, the district team has embarked on training the local members of the community to carry on monitoring and follow up activities in their absence. However, one major challenge was the collapsing of toilets that causes fatigue in the people to construct toilets each time they collapsed.

Handwashing is the greatest challenge as most communities visited did not have any clean water nearby; this resulted in people not washing hands as it is not considered a priority; under the circumstances.

Impact of CLTS

In order to stress the impact of CLTS, on family narrated how their daughter returned from holiday in the city within three days after finding poor sanitary conditions at her relative’s home. The daughter had gotten used to using a clean toilet. The lesson was on how well people’s attitudes have changed since CLTS was introduced in their communities.

Some mothers talked to also indicated that their children are cleaner looking each day and not on church days only.

The men admitted that now they can pick and cook mushrooms from nearby their homesteads without worrying about shit in the vicinity. The surroundings are cleaner and without the smell of shit.

Medical expenses are now spent on other items like schools, grinding maize at the mill, buying cooking oil and other food stuffs.