

Republic of Zambia
Ministry of Local Government and Housing

National Rural Water Supply and Sanitation Programme (2006-2015)
Sanitation and Hygiene Component
June 2009

(This is a slightly adjusted and abbreviated version of the Executive Summary of the Component)

Background

According to the latest official estimate, in 2005 only 13% of rural households in Zambia had access to proper household sanitation facilities. The situation in schools is equally poor, where 2008 data show only 9% of schools had sufficient number of school toilets for girls, while 29% had sufficient toilets for boys. The limited data available on hand washing practices indicate that only around half of rural women and men wash hands after using the toilet, with hardly any of them using soap/ other medium.

The above are some of the issues the Government of the Republic of Zambia (GRZ) was addressing when it, through the Ministry of Local Government and Housing (MLGH), launched the National Rural Water Supply and Sanitation Programme (NRWSSP) in November 2007. At the same time, it was recognised that the sanitation component of the NRWSSP was not fully developed. This Sanitation and Hygiene Component has therefore been developed in order to achieve the Millennium Development Goal (MDG) of halving the number of people without access to adequate sanitation by 2015 and to achieve universal sanitation coverage by 2030 as is the goal set in Zambia's Vision 2030.

The Sanitation and Hygiene Component was developed based on an assessment of the rural sanitation and hygiene situation and interventions. The assessment included research in nine rural districts, one from each province, and two municipalities as well as interviews with key stakeholders in Lusaka and review of a number of documents. The Component also draws extensively on international experience and lessons learnt.

The National Working Group on Sanitation and Hygiene, which is chaired by MLGH, has steered and guided the development of the Component.

Objective, Outcomes and Overall Approach

The Sanitation and Hygiene Component form part of the NRWSSP and therefore the vision, mission and objectives of the NRWSSP also apply to this Component.

The overall objective of NRWSSP is *"To provide sustainable and equitable access to safe water supply and proper sanitation to meet basic needs for improved health and poverty alleviation for Zambia's rural population and contribute to achievement of the Millennium Development Goal for water and sanitation."*

The outcomes/ results of the Sanitation Component as described in the 2007 NRWSSP document have been expanded to include sanitation and hygiene in schools and have been made more specific as far as sanitation and hygiene at community level are concerned.

The outcomes/ results of the Sanitation and Hygiene Component are that by 2015:

1. 60% of the rural population have access to adequate toilets as defined in the NRWSSP document.
2. 60% of rural households have sufficient, adequate hand washing facilities within or next to toilets, with water and soap/ other hand washing medium available at the facilities.
3. 80% of rural household dispose of household rubbish in an adequate way.

4. 80% of rural households have adequate bath shelters.
5. 80% of rural schools have the number of adequate and functioning toilets stipulated in the Public Health Regulations of Zambia.
6. 80% of rural schools have sufficient, adequate hand washing facilities within or next to toilets, with water and soap/ other hand washing medium available at the facilities.

Based on the limited baseline data available, it is estimated that around 522,000 adequate household toilets have to be constructed during the period 2009 – 2015 in order to achieve outcome 1, i.e. on average 75,000 household toilets per year. A major effort is also needed to achieve the targets for household hand washing facilities, disposal of household rubbish and bath shelters.

Around 49,000 school toilets are to be constructed during the period 2009-2015, equal to around 7,000 school toilets per year, to achieve outcome 5 and a similarly large effort is needed to achieve the target set for hand washing facilities.

The following are the 10 key principles of the Sanitation and Hygiene Component.

10 key principles of the Sanitation and Hygiene Component

1. The WASHE approach with integration of water supply, sanitation and hygiene promotion is the overall approach, with focus on good hygiene practices (behaviour change) with particular attention to hand washing at critical times and use of toilets by both children and adults. This means that all future rural water supply interventions have to include sanitation and hygiene promotion from the start, with at least 26% of their budgets allocated to sanitation and hygiene promotion (same proportion as in the overall NRWSSP budget).
2. A multi-pronged, bottom-up approach is used, with demand creation and provision of information through use of different participatory approaches, social marketing and other means of communication.
3. A demand-responsive approach is used, with community members being able to make an informed choice between different types of toilets suitable for their local area; options include toilet(s) that can be used in technically difficult areas and options suitable for disabled persons.
4. The overall principle is that rural households finance their own toilets. GRZ and its partners will, however, provide indirect subsidies through training and promotional activities at community level. Furthermore, it is one of the criteria for prioritisation of allocation of support for improved water supply that a community has high sanitation coverage and/ or has put much effort into improving the use of latrines.
5. Initially, advocacy is given high priority so as to raise the awareness among politicians and other key decision-makers of the urgency to focus on rural sanitation and hygiene promotion and improvements, including the allocation of sufficient funds to rural sanitation and hygiene promotion.
6. Sanitation and hygiene in schools is given high priority, as this is essential for the health and learning environment of pupils and schools constitute good entry points for sanitation and hygiene promotion at community level.
7. Other public institutions are also required to have appropriate, clean and sufficient toilets and hand washing facilities with soap/ other hand washing medium for both the public and their staff, thus setting good examples for others.
8. It is actively encouraged that both women and men are involved in decision-making at community level and in schools, that various decision-making bodies and committees are gender-balanced and that training opportunities are offered to both women and men.
9. HIV/ AIDS considerations are mainstreamed into activities, in close coordination with local initiatives focused specifically on HIV/ AIDS prevention, including the information provided on HIV/ AIDS in schools and through the health system.

10. Environmental considerations are mainstreamed into activities, e.g. by providing training and support in relation to the location of toilets and through further research and development of appropriate toilet options.

Household Sanitation and Hygiene Promotion

The main target groups for promotion of adequate household toilets and good hygiene practices are at community level, namely:

1. Village leaders and organisations, incl. village headmen/ -women, V-WASHEs, CBOs, FBOs etc.
2. Village women and men
3. Village youth and children

Women, together with girls, have the majority of day-to-day tasks in relation to sanitation and hygiene; they therefore constitute an important target group for communication activities. It is, however, also important that communication activities reach men.

The communication channels that are/ will be used have been grouped as follows, with emphasis on face-to-face communication.

- a. Face-to-face communication, including village meetings, door-to-door visits, social marketing by local latrine builders and through local sanitation resource centres, peer-to-peer communication with inter alia visits to other rural communities
- b. Printed information materials/ tools, mainly sets of drawings, flip charts, leaflets and posters
- c. Mass media, mainly use of local radio stations
- d. Drama, music/ song performances and mobile video shows
- e. Other communication channels, including competitions/ quiz, speeches etc.

A review of printed information materials, guidelines etc. is to be carried out in 2009, with subsequent adjustment of materials and development of new materials, as required.

The Make Zambia Clean and Healthy Campaign activities will continue and will in the future give specific attention to sanitation and hygiene promotion in rural areas.

A National Hand Washing Campaign will be developed and implemented. It will build on the experiences of the Global Public-Private Partnership for Handwashing with Soap which has been/ is being implemented in a number of developing countries. In Africa, these include Ghana and Senegal. For it to have the greatest possible impact it is essential that a number of organizations cooperate, including manufacturers of soap.

Based on agreements in the National Working Group for the RWSS Information Management and Monitoring and Evaluation System, the NRWSSP considers the following adequate toilets:

- a) Ventilated Improved Pit (VIP) latrines
- b) Pit latrines with sanitation platforms or other concrete platforms
- c) Traditional pit latrines with a smooth floor surface
- d) EcoSan toilets
- e) Pour-flush toilets
- f) Septic tank toilets

Priority will, however, be given to research on hygiene aspects of the traditional pit latrine with a smooth floor surface and its health implications. This research is to feed into further policy discussions on toilet standards, with discussions in inter alia the Water Supply and Sanitation Infrastructure Standards Working Group.

Financing of household toilets is a much discussed issue both in Zambia and internationally. The following principles that emerged from the discussions in Zambia are based on the Public Health Regulations of Zambia, 1995.

- The overall principle is that rural households finance their own toilets.

- GRZ and its partners will provide indirect subsidies through training and promotional activities at community level. This includes training of local latrine builders and community members in construction of low-cost, locally appropriate toilets.
- It is one of the criteria for prioritisation of allocation of support for an improved water supply that a community has high sanitation coverage and/ or has put much effort into improving the use of latrines.
- Ongoing programmes and projects may continue to provide material support for construction of toilets for/ by selected households, following coordination with MLGH to avoid use of conflicting approaches and duplication.
- New programmes and projects may only provide indirect subsidies through training and promotional activities.
- Local communities are encouraged to provide support to construction of toilets for particularly vulnerable/ disadvantaged households.

School Sanitation and Hygiene Promotion

The School Health and Nutrition (SHN) programme continues its expansion to additional schools with the aim of covering all rural schools by 2011. The training of teachers on health and hygiene issues will be integrated into the teachers' training curriculum which is an important step in integrating the SHN programme in the regular school programme. It will be considered to incorporate the peer-to-peer concept in the SHN programme/ activities. Schools will be encouraged to implement a number of creative activities with focus on hygiene, use of toilets and safe water, including e.g. drama, drawing and other competitions, music and songs etc.

The required number of school toilets, as stipulated in the Public Health Regulations of Zambia, 1995, will be built in connection with any new school constructed. If this is not done, it is the Local Authority's duty to serve a notice on the school. For the many existing rural schools without sufficient numbers of adequate toilets and hand washing facilities, the situation will be gradually improved so they adhere to the stipulations in the Public Health Regulations of Zambia and the Ministry of Education (MoE) Standards, Assessment and Evaluation Guidelines from 2001. More research will be conducted for optimising the designs for school toilets to find the models/ elements that give the best value for money. Several organisations/ institutions are researching and testing various designs to optimise cost, user-friendliness and lifespan of school hand washing facilities. The gained knowledge will be shared with other stakeholders.

The main financing for school toilets and hand washing facilities will come from the Government and its partners. There will, however, be local contributions in the form of local unskilled labour and locally available materials to ensure local ownership and commitment to future operation and maintenance. The Parents and Teachers Associations have an important role in the identification of needs for additional and/ or improved school toilets and hand washing facilities and in the planning and mobilisation of community contributions.

Institutional Arrangements

The Ministries of Local Government and Housing, Health and Education all have important roles to play in the implementation of the Sanitation and Hygiene Component. The Ministry of Local Government is responsible for the overall planning, coordination and monitoring, setting of technical standards related to household toilets and other household sanitation products. Ministry of Health is responsible for the planning, coordination and monitoring of hygiene promotion at community level, while Ministry of Education is responsible for planning, coordination and monitoring school hygiene promotion and the construction of school toilets. Ministry of Community Development and Social Services also plays a role through its district and sub-district staff's participation in sanitation and hygiene promotion activities.

At district level, the responsibility for implementation and monitoring of sanitation and hygiene rests with the District Councils. Several districts have a RWSS focal point person, but as per the beginning of 2009 very few District Councils had a RWSS Unit as recommended in the NRWSSP. MLGH is continuing its dialogue with, and support to, the District Councils to establish RWSS Units. The D-WASHE committees, which comprise Council and district line ministry staff, are continuing to assist the Councils until such a time when decentralisation has been fully implemented.

MoH employees at district and sub-district levels play a key role, particularly Environmental Health Technicians, whose official job description is focused on preventive tasks.

Chiefs and other traditional leaders play a key role in enforcing existing legislation that all private and public buildings have to have appropriate toilets and are also important in the promotion of adequate toilets and good hygiene practices.

Also V-WASHE committees, community health workers, neighbourhood health committees, other community-based organisations and local religious institutions are important structures in promotional activities. From the private sector, particularly local latrine builders and manufacturers of soap and hand washing facilities are important.

Partnerships at different levels are actively promoted to achieve the highest possible impact and to maximise the use of human and financial resources, with the signing of Memoranda of Understanding.

Capacity Development

As part of the decentralisation process, it is envisaged that district-based line-ministry staff will be moved to the District Councils, which will enhance the capacity of the Councils to deal with sanitation and hygiene promotion. Also the establishment of RWSS Units as integrated parts of all District Councils will strengthen the district-level capacity to plan, implement and monitor sanitation and hygiene promotion activities. In addition, there will be sanitation and hygiene related capacity development in the form of training at community, district and national level. This will include participation in training courses, including refresher training, and on-the-job training and support.

Assumptions and Risks

Key assumptions are that:

- It will be possible to raise the profile of sanitation and hygiene promotion, so politicians and other decision-makers give priority to these areas and inter alia allocate sufficient funds for activities at both community level and in schools.
- The Government will fully implement the National Decentralization Policy and empower and develop the District Local Authorities to fulfil the roles entailed in the policy.
- District RWSS Units will be established within all District Councils within a short to medium timeframe.

Budget

Overview of GRZ/ Partners' Budget for Sanitation and Hygiene Component, 2009-2015

Main Elements of Component	Budget in ZMK	Budget in USD	% of Total Budget
1. Dissemination and Advocacy	4,470,000,000	798,214	1.60%
2. Household Sanitation & Hygiene Promotion	75,800,000,000	13,535,714	27.07%
3. School Sanitation & Hygiene Promotion	176,631,000,000	31,541,250	63.08%
4. Research and Development related to S&H	5,000,000,000	892,857	1.79%
5. Monitoring and Evaluation	2,500,000,000	446,429	0.89%
Total	264,401,000,000	47,214,464	
Contingencies (5%) and rounding	15,599,000,000	2,785,536	5.57%
GRAND TOTAL	280,000,000,000	50,000,000	100.00%

Note 1: The budget includes the costs of constructing toilets and hand washing facilities in schools, but not at household level.

Note 2: Exchange rate used in Component: 1 USD = 5,600 ZMK

Alternative scenarios of the costs for local communities to construct more than 500,000 toilets during the period 2009 – 2015 have been developed, showing total costs ranging from ZMK 13 billion (USD 2.3-2.4 million) to 209 billion (USD 36-37 million) depending on the types of toilets households choose to construct.